CDRI Cancer Data Registry of Idaho

2024 Data Collection Changes

Reportability

- **ICDO-3.2**
  - Reportability is based on ICD-O-Third Edition, Second Revision Morphology (ICD-O-3.2) and the associated 2023 Update tables.
  - See the ICDO-3 2024 Implementation Guidelines located on the NAACCR Website
  - Use of these guidelines is required for determining reportability.
  - Table 1: 2024 ICDO-3 Updates (Numeric)
  - Table 2: 2024 ICDO-3 Update (Alpha)

- **Most significant ICD-O-3.2 changes for cases diagnosed January 1, 2024, forward:**
  - Placental site trophoblastic tumor of testis (9140/3), behavior changed for /1 to /3, 01/01/2024+
  - Squamous cell carcinoma, HPV-associated (8085/3), valid for C60.x - C63.2, 01/01/2024+
  - Squamous cell carcinoma, HPV-independent (8086/3), valid for C60.x - C63.2, 01/01/2024+

- **AJCC**
  - AJCC 8th Edition Cancer Staging Manual
  - AJCC Version 9
    - Version 9 protocols replace the current AJCC 8th edition chapters for these disease sites.
      - New for 2024
        - NET Appendix
        - NET Colon and Rectum
        - NET Duodenum and Ampulla of Vater
        - NET Jejunum and Ileum
        - NET Pancreas
        - NET Stomach
        - Vulva

      - Other AJCC Version 9 Protocols
        - Cervix Uteri (cases DX 2021 - forward)
        - Appendix (cases DX 2023 – forward)
        - Anus (cases DX 2023 – forward)
        - Brain & Spin Cord (cases DX 2023 – forward)

- NO NEW CHANGES TO REPORTABILITY FOR 2024 DIAGNOSES!!
- REMINDER: COVID-19 Data no longer required for cases DX 2023 – Forward

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Cancer PathCHART Site-Morphology Combination Standards

- **About Cancer PathCHART:** The Cancer Pathology Coding Histology and Registration Terminology (Cancer PathCHART) initiative is a ground-breaking collaboration of North American and global registrar, registry, pathology, and clinical organizations. The main goal of Cancer PathCHART is to improve cancer surveillance data quality by updating standards for tumor sites, histology, and behavior code combinations and associated terminology. This initiative involves a substantial, multifaceted review process of histology and behavior codes (and associated terminology) by tumor site that includes expert pathologists and tumor registrars. The results of these in-depth reviews are incorporated into the Cancer PathCHART database, which serves as the single source of truth standards for tumor site, histology, and behavior coding across all standard setters. See the Cancer PathCHART website for further information: https://seer.cancer.gov/cancerpathchart/.

- **Cancer PathCHART Standards for 2024**: Tumor site-morphology combinations are designated as valid, unlikely, or impossible. Valid tumor entities can be abstracted without any issues. For cases diagnosed as of January 1, 2024, Impossible tumor entities will trigger an error on the Primary Site, Morphology-Type, Beh ICDO3 2024 (N7040) edit and cannot be abstracted. An alternative site, histology, and behavior combination will need to be coded for the tumor. Unlikely entities will also trigger an error on the N7040 edit. For these combinations, confirm the primary site, histology, and behavior code by thoroughly reviewing the medical record. If the information is determined to be correct as coded, the Site/Type Interfield Review override flag will need to be set for the abstract.

- **The 2024 Cancer PathCHART ICD-O-3 Site Morphology Validation List**: The 2024 Cancer PathCHART ICD-O-3 Site Morphology Validation List (CPC SMVL), output directly from the Cancer PathCHART database, is a comprehensive table that replaces both the ICD-O-3 SEER Site/Histology Validation List and the list of impossible site and histology combinations included in the Primary Site, Morphology-Imposs ICDO3 (SEER IF38) edit. **The downloadable list can be found at** https://seer.cancer.gov/cancerpathchart/products.html.

- **Cancer PathCHART SVML Search Tool**: For January 2024 implementation, a webtool will be available on the Cancer PathCHART website that will allow searches for tumor topography, histology, and behavior codes and terms and whether the site-morphology combinations are biologically valid, impossible, or unlikely. CPC*Search

- **See Also:** Cancer PathCHART: What Registrars Need to Know and Cancer PathCHART Edits

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STR Manual (highlights)

- The addition of new terminology, clarifications to equal/equivalent terms, and clarifications to terms that are not equal/equivalent comprise most of the changes for 2024.
- The content of the Solid Tumor Rules will be made consistent with the Cancer PathCHART tumor site and morphology standards.
  - Example of site/histology samples based off Cancer PathCHART in Other sites, liver; rules for 2024:

Site of BX or cytology	Path or cytology dx	Criteria	Primary Site/ Histology
Liver C220	Adenocarcinoma or Adenocarcinoma subtypes/variants	**Supporting documentation** such as scans, lab tests, or definitive clinical diagnosis of intrahepatic bile duct primary and/or definitive diagnosis of cholangiocarcinoma	C221 8160/3
Liver C220	Adenocarcinoma or Adenocarcinoma subtypes/variants	**No documentation supporting the primary site of intrahepatic bile duct is available in the medical record.** This includes scans, lab tests or definitive clinical diagnosis. Liver is a common metastatic site for other neoplasms such as breast, lung, and colon. Code unknown primary site C809 when a primary site is not indicated in the pathology report or medical record.	C809 8140/3
Liver C220 or Intrahepatic bile ducts C221	Hepatocellular carcinoma	Cancer PathCHART review has determined hepatocellular carcinoma is valid for liver C220 only. **Code C220 regardless of biopsy/cytology site**	C220 8170/3
Liver C220	Combined hepatocellular carcinoma and cholangiocarcinoma	Cancer PathCHART review has determined combined hepatocellular carcinoma and cholangiocarcinoma is valid for intrahepatic bile ducts C221 only. **Code C221 regardless of biopsy/cytology site**	C221 8180/3

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New/Updated/Deleted Data Items

- **New Data Item**
  - RX Hosp—Breast (Hospital specific)
    - Records breast reconstruction at this facility with a diagnosis year of 2024 and forward
  - RX Summ—Recon Breast (Treatment-1st Course)
    - Records the type of breast reconstruction performed as part of the first course of treatment 2024 and forward.

- **Deleted Data Items no longer required:**
  - **Tumor Size—Clinical**
  - **Tumor Size—Pathological**
  - Birthplace
  - Place of Death

New and Revised SSDIs

- Based on the SSDI Manual v3.0 and its associated appendices and change log located on the NAACCR website https://apps.naaccr.org/ssdi/list/

- **New SSDIs**
  - Brain Primary Tumor Location
    - Distinguishes between the Pons and all other subsites within the brain stem that have the same ICDO topography code (C717), which is for subsites of the Brain Stem 2024+ only.
  - P16 – Vulva
    - This data item is added to the Vulva V9 schema to be collected for cases diagnosed January 1, 2024, forward. For cases diagnosed prior to January 1, 2024, vulva cases would be in Vulva AJCC 8th edition, and p16 would not be captured.

- **Revised SSDIs**
  - Benign Molecular Markers
    - This SSDI is used in Brain V9 and CNS Other V9 schemas.
      - Codes 10-25 have been added to incorporate new terms for various histologies.
      - Code 85 is revised to incorporate the above changes.

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Surgery Codes v24

- Changes to SEER Appendix C - Site Specific Coding Modules
  - Added coding guidelines for the following sites:
    - Appendix C Coding Guidelines
    - Anus and Anal Canal
    - Brain/CNS, Benign and Borderline
    - Brain/CNS, Malignant
    - Breast
    - Pancreas
  - Surgery Codes changed from A to B Codes in the following sites:
    - Breast (B codes)
    - Colon (B codes)
    - Lung (B codes)
    - Pancreas (B codes)
    - Thyroid (B codes)

SEER Program Coding and Staging Manual Updates (Highlights)

- Based on the SEER Program Coding and Staging Manual 2024
- For a comprehensive set of updates for 2024, see SEER Summary of Changes
- **Ambiguous Terms for Reportability added:**
  - Equivalent to "Diagnostic for" (malignancy or reportable diagnosis)
  - In keeping with (malignancy or reportable diagnosis)
  - These phrases are reportable when no other information is available or there is no information to the contrary.
- **Primary Site Coding Instruction 15 added:**
  - When the choice is between ovary, fallopian tube, or primary peritoneal without designation of the site of origin, any indication of fallopian tube involvement indicates the primary tumor is a tubal primary. Fallopian tube primary carcinomas can be confirmed by reviewing the fallopian tube sections as described on the pathology report to document the presence of either serous tubal intraepithelial carcinoma (STIC) and/or tubal mucosal invasive serous carcinoma. In the absence of fallopian tube involvement, refer to the histology and look at the treatment plans for the patient. If all else fails, assign C579 as a last resort. For additional information, see the CAP GYN protocol, Table 1: Criteria for assignment of primary site in tubo-ovarian serous carcinomas.
- **Date Therapy Initiated, Coding Instruction 2 added:**
  - Code the treatment as first course of therapy if the patient refuses treatment but changes his/her mind and **the prescribed treatment is implemented less than one year** from the date of diagnosis, AND there is no evidence of disease progression.

STORE

- No major changes were made to the STORE manual

- **In Addition To…**
  - In addition to the updates to the *2024 SEER Program Coding and Staging Manual*, changes related to cancer coding and staging include 2024 updates to:
    - SEER Extent of Disease (EOD) (includes updates to SEER*RSA)
    - Solid Tumor Rules (important updates to existing site groups, comprehensive revision of Other Sites Rules)
    - Grade Manual
    - Site-Specific Data Items Manual
    - Summary Stage 20180218
    - SEER Site/Histology Validation List (Now Cancer PathCHART)

Current Coding and Staging Manuals for 2024

- **Manual Reference Guide**