CDRI Cancer Data Registry of Idaho

2025 Data Changes

Reportability

- **ICD-O-3.2**
  - NO UPDATES FOR 2025!!
  - Continue using the 2024 ICD-O-3.2 Annotated List
  - Table 1: 2024 ICDO-3 Updates (Numeric)
  - Table 2: 2024 ICDO-3 Update (Alpha)

- **AJCC**
  - AJCC Cancer Staging System released four Version 9 Protocols effective for cases diagnosed Jan 1, 2025, and forward:
    - Lung
    - Thymus
    - Diffuse Pleural Mesothelioma
    - Nasopharynx
  - Version 9 protocols replace the current AJCC 8th edition chapters for these disease sites.
  - If you do not want to purchase individual chapter protocols, subscriptions can be purchased through AJCC Staging Online containing both AJCC 8th edition and Version 9 protocols. *Subscriptions can't be shared and must be purchased for each user.

Solid Tumor Rules (highlights)

- The most recent update to the Solid Tumor Rules should be used as soon as it is released.
- Available as a single/consolidated manual only
  - Individual site modules no longer provided for downloading.
- Review the general instructions as they are no longer repeated on every site.
- Refer to the change log to understand the changes.

New Rules:

- Head & Neck
  - M Rule: Abstract multiple primaries when there are separate/non-contiguous tumors in any two of the following sites: Bullet added: "Aortic body C755 AND carotid body C754"
  - New H Rule in both Single Tumor and Multiple Tumors Abstracted as a Single Primary modules: When the diagnosis is carcinoma ex pleomorphic adenoma AND the histologic type of the malignant component is provided, code the malignant component.
- Non-malignant CNS
  - New M Rule in both Single Tumor and Multiple Tumors sections: Abstract a single primary when a neoplasm is originally diagnosed as low-grade glioma and subsequently recurs in residual tumor with a more specific histology.
- Urinary
  - M Rule: Abstract multiple primaries when the patient has micropapillary urothelial carcinoma 8131/3 AND a urothelial carcinoma 8120/3: Rule now applies to all urinary sites (previously limited to bladder).
  - H Rule: Added to both Single Tumor and Multiple Tumors Abstracted as a Single Primary modules: Code combined large cell carcinoma 8013 when the final diagnosis is large cell neuroendocrine carcinoma and any other type of carcinoma (does not apply to sarcoma).

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New/Updated/Deleted Data Items

- No major changes for 2025
- **Reminder of 2024 changes:**
  - **Deleted Data Items no longer required:**
    - **Tumor Size—Clinical**
    - **Tumor Size—Pathological**
    - **Birthplace**
    - **Place of Death**

New, Revised & Discontinued SSDIs

- Based on the SSDI Manual v3.2 and its associated appendices and change log located on the NAACCR website https://apps.naaccr.org/ssdi/list/

  New SSDIs
  - Post Transplant Lymphoproliferative Disorder (PTLD) (Lymphoma, Lymphoma-CLL/SLL, Plasma Cell Disorders, Plasma Cell Myeloma, Primary Cutaneous Lymphoma)
    - The presence of PTLD, either polymorphic or monomorphic, has clinical significance and prognostic value, especially in the Pediatric and Adolescent and Young Adult (AYA) populations. It is to be collected for cases diagnosed on January 1, 2025, and later.
  - PD-L1 (Lung V9)
    - Treatment Related SSDI
    - The absence or presence of PD-L1 expression determines if the tumor will respond to treatment with a targeted inhibitor (immunotherapy).
    - PD-L1 is performed for metastatic Non-Small Cell lung cancers (NSCLC).
    - For small cell carcinomas, code XXX.9

- **Revised**
  - BRAF Mutational Analysis (Colon and Rectum)
    - Code 3 added to capture abnormal (mutated)/detected, *KIAA1549: BRAF* gene fusion

Surgery Codes V25

- No new codes added.
- Added diagrams and examples to the breast coding guidelines for subsites C508 and C509
- Text revisions, coding examples, and SEER notes added to various sites

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SEER Program Coding and Staging Manual Changes (highlights)

- For comprehensive set of updates for 2025 see SEER Program Coding and Staging Manual 2025 summary of changes
- Section VII: Text edited and/or revised, coding descriptions revised, coding instructions exceptions and examples revised, coding instructions added and/or revised, definitions revised for the following:
  - Surgery
  - All systemic treatment fields
  - All neoadjuvant treatment fields
- Appendix E: Reportable and non-reportable examples added and/or revised.

STORE Manual Changes (highlights)

- For comprehensive set of updates for 2025 review the Summary of Changes section in the STORE manual
  - Chemotherapy: Deleted radiosensitizer instructions.
    - Code chemotherapy including radiosensitizers starting with cases diagnosed in 2025.
  - Palliative Care: Instructions regarding Hospice care have been added.
  - Radioembolization
    - Assign Radiation Modality to code 13 Radioisotopes for radioembolization procedures (e.g., intravascular Yttrium-90). **This was previously coded as brachytherapy, now coded as radioisotopes. **

• New coding options for limited information date of diagnosis (example, patient diagnosed in "Spring", "Summer", "Fall", or "Winter" without additional information.)

In Addition To…

- **Changes related to cancer coding and staging include 2025 updates to:**
  - **Site-Specific Data Items Manual**
  - **Grade Manual**
  - **SEER Extent of Disease (EOD) (includes updates to SEER*RSA)**
  - **Summary Stage 2018 Version 3.2**
  - **Cancer PathCHART**

Current Coding and Staging Manuals for 2025

- **Manual Reference Guide**

2025 Pediatric Data Collection System (PDCS)

The Pediatric Data Collection System (PDCS), developed by the SEER Program, standardizes pediatric cancer staging and collects site-specific data items (SSDIs), aligned with Toronto Childhood Cancer Staging Guidelines.

Supports:

- Comprehensive pediatric patient staging
- Monitoring trends and outcomes
- Research and long-term trend analysis

Access: SEER Pediatric Staging

Schema Definition

PDCS schemas are defined using combinations of the following standard data items:

- Year of Diagnosis [390]
- Primary Site [400]
- Histology ICD-O-3 [522]
- Behavior ICD-O-3 [523]
- Age at Diagnosis [230]

Some schemas also incorporate:

- Tumor Size Summary [756]
- Regional Nodes Positive [820]
- Derived Summary Grade 2018 [1975]
- RX Summ—Surg Prim Site 2023 [1291]
- RX Summ—Surgical Margins [1320]

Certain schemas use SSDIs already defined in NAACCR standards, including:

- Chromosome 1q Status [1190]
- B Symptoms [3812]
- BRAF Mutational Analysis [3940]
- S Category Clinical [3923]
- S Category Pathological [3924]

When SSDIs overlap with adult definitions, the validation tables and notes are identical, and information may be sourced from either the standard SSDI or PDCS.

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Pediatric Data Collection System (PDCS) – New Data Items

The following 25 new fields were defined specifically for PDCS.

Tumor Classification Fields

Item Name	Item #	Brief Description
Pediatric Primary Tumor	1136	Primary tumor extension for a pediatric cancer
Pediatric Regional Nodes	1137	Regional lymph node involvement for a pediatric cancer
Pediatric Mets	1138	Distant metastatic spread for a pediatric cancer

Site-Specific Data Items (SSDIs) with Primary Sites

Item Name	Item #	Brief Description	Pediatric Primary Site / Schema
Chromosome 16q Status	1189	Loss of heterozygosity (LOH) on the long arm of chromosome 16; significant in pediatric renal tumors.	Pediatric Renal Tumors (e.g., Wilms Tumor)
Chromosome 1q Status	1190	Gain of heterozygosity (GOH) on the long arm of chromosome 1; significant in pediatric renal tumors.	Pediatric Renal Tumors (e.g., Wilms Tumor)
EWSR1-FLI1 Fusion	1191	Fusion present in ~90% of Ewing sarcomas; acts as a transcription factor and oncogene.	Ewing Sarcoma (Bone & Soft Tissue)
FOXO1 Gene Rearrangements	1193	Presence of FOXO1 gene fusions, associated with poorer prognosis in fusion-positive rhabdomyosarcoma (FP-RMS).	Rhabdomyosarcoma
Intl Neuroblastoma Path Prog Class (INPC)	1187	The International Neuroblastoma Pathology Prognostic Classification categorizes tumors as favorable or unfavorable based on age, differentiation, stromal content, mitosis-karyorrhexis index (MKI), and other histologic features.	Neuroblastoma
Intl Neuroblastoma Risk Grp Stag Sys (INRGSS)	1185	The International Neuroblastoma Risk Group Staging System is based on clinical workup and image-defined risk factors.	Neuroblastoma

Site-Specific Data Items (SSDIs) with Primary Sites (continued)			
IRSS Stage for Eye-2	1188	For bilateral retinoblastoma (abstracted as a single primary), this field captures the stage of the second eye at diagnosis.	Retinoblastoma
n-MYC Amplification	1186	Records amplification of the MYCN oncogene, associated with poor prognosis in neuroblastoma.	Neuroblastoma
Pretext Clinical Staging	1192	PRETEXT (PRE-Treatment Extent of Tumor) describes liver lobe involvement at diagnosis for pediatric liver tumors.	Hepatoblastoma (Pediatric Liver Tumors)
White Blood Cell Count	1184	Records the actual white blood cell (WBC) laboratory value prior to treatment initiation.	Acute Lymphoblastic Leukemia (ALL)

Summary

The Pediatric Data Collection System (PDCS):

- Standardizes pediatric cancer staging across registries
- Integrates Toronto Childhood Cancer Staging Guidelines
- Expands surveillance capability beyond traditional staging
- Aligns with existing NAACCR and SEER data infrastructure
- Supports long-term trend analysis and pediatric cancer research

Links

SEER*RSA
NAACCR 2025 Implementation Guidelines (Chapter 3)