'tis the season!

Mississippi Cancer Registry
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### Helpful Breast Staging Tips

<table>
<thead>
<tr>
<th>INCORRECT</th>
<th>CORRECT</th>
</tr>
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<tbody>
<tr>
<td>pTis pNX cM0 Stage 99</td>
<td>pTis cN0 cM0 Stage 0</td>
</tr>
<tr>
<td>cTis cNX cM0 stage 99</td>
<td>cTis cN0 cM0 Stage 0</td>
</tr>
<tr>
<td>cT(anything) cNX Stage 99</td>
<td>cT (anything) cN0 Stage?</td>
</tr>
<tr>
<td>(Review physical exam. If a patient is being seen for breast cancer, there should be a mention of regional lymph nodes. If there is not mention we assume the lymph nodes are negative. If there were palpable lymph nodes, the physician would document that. Rather than unknown clinical stage, assume cN0)</td>
<td></td>
</tr>
<tr>
<td>Unknown Clinical Grade may be able to be staged</td>
<td>Look at grid for staging Clinical with no grade (see page 2)</td>
</tr>
<tr>
<td>LVI on in situ cases should not be 9</td>
<td>LVI for in situ cases should always be a 0</td>
</tr>
<tr>
<td>Surgery Code 40 or 50</td>
<td>these codes should not be used, its either the patient did not have contra-lateral breast removed or they did have it removed during surgery (41 or 42) (51 or 52) if no reconstruction mentioned</td>
</tr>
<tr>
<td>Surgery Code 41, 42, 51, or 52 but patient had reconstruction</td>
<td>If patient had reconstruction it will never be a 41 or 42, or a 51 or 52 surgical code</td>
</tr>
<tr>
<td>Axillary LN Dissection</td>
<td>If axillary In dissection is done during a mastectomy, code should be bumped up to a MRM surgical code</td>
</tr>
<tr>
<td>Sequence #’s</td>
<td>Please check sequence # on all cases, we are finding a lot of errors with it coded an 01 but should be an 02, and the first primary has not been changed to an 01</td>
</tr>
</tbody>
</table>

### Timing Rules for Laboratory Values

Laboratory values refer to any tests based on blood, urine, ascites, or spinal fluid (most will be blood). All laboratory values must be done no earlier than approximately 3 months before diagnosis **AND**

Unless instructions for a specific laboratory tests state otherwise, record only tests results obtain

Before any cancer directed treatment is given

If multiple laboratory results are available, record the highest laboratory value.

Source: NAACCR 2022 Updates Webinar: Jennifer Ruhl

For questions please contact Angel Davis—adavis6@umc.edu
New Year, New Codes – What’s New with Reportability:

Implementation Guidelines for ICD-O-3.2 Update

Effective for cases diagnosed January 1, 2022, forward, use of implementation guideline is REQUIRED for determining reportability & accurate coding.

http://www.naaccr.org/icdo3/

Major changes apply to behavior code & reportable terminology for GI high grade dysplasias and Low Grade Appendiceal Mucinous Neoplasm (LAMN).

Beginning 01/01/2022 code LAMN 8480/2 when the behavior code is stated to be in situ/non-invasive or behavior is not indicated.

Beginning 01/01/2022 Serrated dysplasia, high grade 8213/2 is reportable for stomach (C16.0–C16.9) & small intestines (C17.0-C17.3; C17.8-C17.9) ONLY.

There are 12 NEW ICD-O-3 codes and terms for example:

8044/3 Small cell carcinoma, large cell variant - Ovary only (C56.9)

Resources for Coding Histology:

Solid Tumor Rules
Hematopoietic Database
ICD-O-3.2 & all updates
ICD-O-3.2 Annotated table

Source: NAACCR 2022 Updates Webinar: Lois Dickie

For questions contact Angel Davis—adavis6@umc.edu
AJCC Cancer Staging Manual

Cases with a diagnosis date of 01/01/2018 and forward should be staged using AJCC 8th Edition Cancer Staging Manual. The 3rd printing 2018 Edition is now available.

Please visit https://cancerstaging.org/references-tools/deskreferences/Pages/8EUpdates.aspx# for all 8th Edition updates and corrections. For all other information, visit https://cancerstaging.org/Pages/default.aspx.

Summary Stage 2018

The 2018 version of Summary Stage applies to every site and/or histology combination, including lymphomas and leukemias. Summary Stage uses all information available in the medical record; in other words, it is a combination of the most precise clinical and pathological documentation of the extent of disease. The Summary Stage 2018 manual is available at https://seer.cancer.gov/tools/ssm/.

Site Specific Data Items (SSDI)

Site Specific Data Items (SSDI) are similar to the Site Specific Factors (SSF) collected with Collaborative Stage. These data items are specific to certain site/histology combinations. For example, the SSDI’s for breast will be used to collect information such as estrogen receptor status, progesterone receptor status, Her2 status, Nottingham grade, and additional information related to primary tumors of the breast. The information collected in these data items are specific to breast. The SSDI manual is available at https://apps.naaccr.org/ssdi/list/.

Grade

Beginning with cases diagnosed in 2018 grade information will be collected in three fields; Clinical Grade, Pathological Grade, and Post-Therapy Grade. Within the Grade Manual you will find definitions for the three new grade data items, coding instructions, and the site/histology specific grade tables. The Grade manual is available at https://www.naaccr.org/SSDI/Grade-Manual.pdf?v=1527859766.

SEER Hematopoietic and Lymphoid Neoplasm Database


2018 Solid Tumor Coding Manual

Use the 2018 Solid Tumor coding rules to determine the number of primaries to abstract and the histology to code for cases diagnosed 2018 and forward. The Solid Tumor coding rules replace the 2007 Multiple Primary and Histology( MP/H) Rules. The manual is available at https://seer.cancer.gov/tools/solidtumor/. The change log contains updates made to the FINAL module sections. This does not include changes made to the drafts.

CoC 2018 STORE Manual

**Upcoming Webinars**

**LUNG 2022**
- Guest Host: Vicki Hawhee, Med, CTR
- 1/06/2022

**Data Item Relationships**
- Guest Host: Jennifer Ruhl, CTR
- 2/03/2022

**FLccSC**

**Fundamental Learning Collaborative for the Cancer Surveillance Community:**
The FlccSC site is up and running. If you have not yet registered you can do so at the link below. The MS FLccSC site will stay updated with current news, webinars and educational opportunities. You do not want to miss out!

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