



Mississippi Cancer Registry Newsletter
December 2020 | Volume 15 Issue 4

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EDUCATIONAL CORNER



Class of Case: Did you know? If a patient is diagnosed at your facility and there is no treatment at your facility, the Class of Case could be a 00, 10 or 14.

Many registrars are confused about when to use a class 00 versus a class 10. The easiest way to explain it is: If you know what happened to the patient after they left your facility, then the Class of Case cannot be a 10.

Let's look at the definitions to further clarify:

Class of Case 00: Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere.

An example would be a patient with a benign brain tumor at your facility who has a consult after discharge with an outside physician, and that physician recommends active surveillance.

Class of Case 10: Initial diagnosis at the reporting facility and it is unknown if or where the patient was treated for their cancer. The key to Class of Case 10 is that you do not know anything about the patient's treatment. If, or where, it was recommended.

This includes patients that leave your facility AMA, or patients that have a biopsy or a scan, which reveals a diagnosis of malignancy, and they go home before any recommendations are made at the reporting facility.

Class of Case 14: Initial diagnosis at the reporting facility AND all first course treatment or a decision not to treat at the reporting facility.

For example: A patient comes to your facility with back pain, a scan is positive for a mass in the kidney. Further studies reveal that this is a renal cell cancer. Due to the fact that the patient has several comorbidities and the tumor is small, the recommendation is for active surveillance. This would be a class 14. The patient is diagnosed at your facility and your facility made the decision not to treat at this time.

Some other points to remember when assigning a class 00, 10 and 14:

"Referred To" should be filled in for Class 00.

- "Referred To" identifies the facility to which the patient was referred for further care after discharge from the reporting facility. Some common questions to ask include, "Where did the patient go for treatment after being diagnosed at your facility?" and "What facility made the treatment decisions?"

The "Date of Diagnosis" and the "Date of First Contact" should always be the same date for class 00, 10 and 14.

- Date of first contact with the reporting facility for an analytic case is the date the case became analytic. For class 00, 10 and 14 the diagnosis date is the date the case became analytic.
- So now you know: If a patient is diagnosed at your facility and receives no treatment at your facility, you have to investigate further to find out if any treatment was recommended and if so where before assigning the Class of Case.

Source: Champs Oncology, *Julie Bell, CTR, Quality Data Coordinator*

For more information or questions contact: Angel Davis, RHIT, CTR - adavis6@umc.edu

UPDATES:

***Solid Tumor Rules: December 2020 Update**

<https://seer.cancer.gov/tools/solidtumor/>

We strongly recommend you read the December 2020 Change Log to understand what changes were made.

***ICD O 3 Coding Updates:**

These documents address the implementation of ICD-O-3 for cases diagnosed on or after January 1, 2021.

ICD O 3.2 Implementation Documents

[2021 ICD O 3.2 Coding Guidelines](#) – 10/05/2020

[2021 ICD O 3.2 Tables 1-5](#) (tables with new term, new codes, changed behaviors, etc) – 10/01/2020

[2021 ICD O 3.2 Table 6 Numeric](#) (combined tables 1-5 in numeric order) – 11/10/2020

- 11/10/20 Paraganglioma, NOS histology code corrected (8680 is correct code)
[2021 ICD O 3.2 Table 7 Alpha Table](#) (combined tables 1-5 in alpha order)- 11/10/2020
- 11/10/20 Paraganglioma, NOS histology code corrected (8680 is correct code)
[2021 ICD O 3.2 Coding Table Excel](#) (full list of ICD 3.2 histology codes)- 10/01/2020

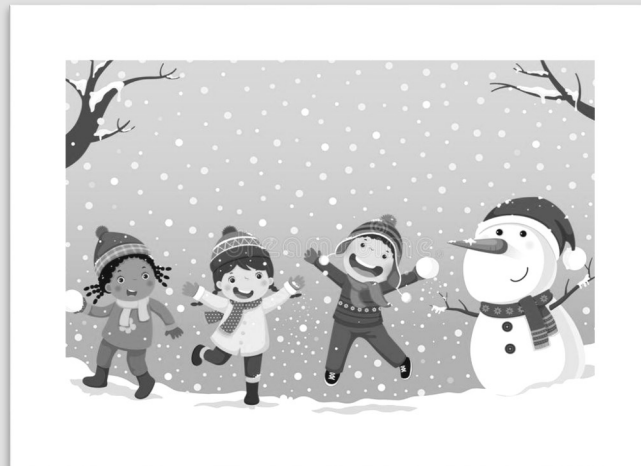
FLccSC

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!

mss.fcslms.med.miami.edu

For more information contact: Angel Davis, CTR, RHIT– adavis6@umc.edu



Abstracting Resources



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

This provides data collection rules for hematopoietic and lymphoid neoplasms for 2010+. The SEER Hematopoietic and Lymphoid Neoplasm manual is available at

https://seer.cancer.gov/tools/heme/Hematopoietic_Instructions_and_Rules.pdf.

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

The STORE Manual has replaced the FORDS Manual. The STORE is now available at <https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals>.

Upcoming Webinars



1/7/21 Treatment 2021

Wilson Apollo, CTR

Jennifer Ruhl, Chair SSDI WG, Public Health Analyst HIH/NCI Seer

2/4/21 Lymphoma 2021

Jim Hofferkamp, CTR

For more information contact: Angel Davis, adavis6@umc.edu

CTR Exams



2021 EXAM TESTING WINDOWS

The CTR exam continues in its 38th year, and are scheduled to be offered during 3 testing windows next year.

March 5-27, 2021

June 18-July 10, 2021

October 15-November 6, 2021

For more information visit: www.ncra-usa.org/CTR

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