Michigan Cancer Surveillance Program October 2011 Update

Revised Multiple Primary and Histology (MP/H) Coding Rules Manual ~

The MP/H manual has been updated to include the new codes for Multiplicity Counter. This data item is only used to count the number of tumors (multiplicity) reported as a single primary. (Remember – Use the site-specific modules in the *Multiple Primary and Histology Coding Rules* manual first to determine whether the tumors are a single primary or multiple primaries.)

Revision History for the MP/H Coding Rules Manual, September 27, 2011

Data Item	NAACCR Item #	MP/H Page	Revision
Multiplicity Counter	446	339	Added codes 00 and 89, effective for 1/1/2011 diagnoses and forward

The revised MP/H manual or replacement pages are available on the SEER website at http://www.seer.cancer.gov/tools/mphrules/download.html.

Michigan Abstract Plus Users ~

Issues with coding TNM Staging fields as 'Blank' or 'X' have been identified in Abstract Plus Version 3.1, which is currently effective for cases diagnosed prior to January 1, 2011. Category X has been eliminated from the 7th Edition of the TNM Staging System. It is not a valid code for the TNM Path M field and 'Blank' is listed as a valid code for TNM if the information is unknown or not recorded. The use of 'X' in the TNM Path M field or 'Blank' for a TNM Staging field will generate an edit error in Abstract Plus Version 3.1.

Until the Abstract Plus software is upgraded to the next version, the data entry procedures for TNM staging fields are as follows:

- If the value for TNM Path M is determined to be 'Blank,' use code 0 (zero). TNM Path M coded to zero will be converted by the MCSP when the case is submitted to the central cancer registry.
- If the value is determined to be unknown or not recorded for a TNM Staging field other than TNM Path M, do NOT leave this data item blank, use code X.

What is the TNM Staging System ~

The TNM Staging System is one of the most commonly used staging systems. This system was developed and is maintained by the American Joint Committee on Cancer (AJCC) and the International Union Against Cancer (UICC). The TNM classification system was developed as a tool for doctors to stage different types of cancer based on certain standard criteria.

The TNM Staging System is based on the extent of tumor (T), the extent of spread to lymph nodes (N), and the presence of metastasis (M).

The T category describes the original (primary) tumor.

Tx	Primary tumor cannot be evaluated
T0	No evidence of primary tumor
Tis	Carcinoma in situ (early cancer that has not spread to neighboring tissue)
T1-T4	Size and/or extent of the primary tumor

The N category describes whether or not the cancer has reached nearby lymph nodes.

NX	Regional lymph nodes cannot be evaluated
N0	No regional lymph node involvement (no cancer found in the lymph nodes)
N1-N3	Involvement of regional lymph nodes (number and/or extent of spread)

The M category tells whether there are distant metastases (spread of cancer to other parts of the body).

M0	No distant metastasis (cancer has not spread to other parts of the body)
M1	Distant metastasis (cancer has spread to distant parts of the body)

Each primary site and/or cancer type has its own classification system, so letters and numbers do not always mean the same thing for every type of cancer. Once the T, N, M are determined, they are combined and an overall "Stage" of I, II, III, IV is assigned. Sometimes these stages are subdivided as well, using letters such as "A" or "B" to create an overall stage of IIIA or IIIB.

In some cancer types, nonanatomic factors are required for assigning the anatomic stage/prognostic group. These are clearly defined in each chapter (e.g. Gleason Score in Prostate). These factors are collected separately from T, N, M, which remain purely anatomic, and are used to assign stage groups. Where nonanatomic factors are used in groupings, there is a definition of the groupings provided for cases where the nonanatomic factor is not available (X) or where it is desired to assign a group ignoring the nonanatomic factors.

For more information on the TNM Staging System, visit the AJCC website at http://www.cancerstaging.org/mission/whatis.html.

2011 SEER Program Coding and Staging Manual ~

The *2011 SEER Program Coding and Staging Manual* explains the format and the definitions of the data items required by SEER. The 2011 edition, released on September 27, 2011, is available on the SEER website at http://www.seer.cancer.gov/tools/codingmanuals/index.html.

The revisions in the 2011 SEER Manual were made only to data items with new codes. These are:

- SEER Coding System Original

- SEER Coding System Current
- Marital Status
- Multiplicity Counter
- Surgery of Primary Site, Breast

ICD-10 CM: An Update for Cancer Registrars, Part I-III ~

This 3-part webinar series offered by the National Cancer Registrars Association (NCRA) provides cancer registrars with updates on the International Classification of Disease, 10th revision, Clinical Modification (ICD-10-CM) Diagnosis Code Set. The schedule for the 3-part webinar series is:

November 9, 2011:	ICD-10-CM: An Update for Cancer Registrars, Part I
February 2012:	ICD-10-CM/Hematopoietic codes, Part II
May 2012:	ICD-10-CM/D codes, Part III

For more information, visit the NCRA website at http://www.ncra-usa.org/i4a/pages/index.cfm?pageid=3281#adv.

Submission of Data ~

The MCSP began accepting submission of data for 2010 cases in NAACCR Version 12.0 format in October 2010. Please submit your 2010 cases (and prior years if necessary) BEFORE upgrading your software to CSv02.03 or NAACCR v12.1. After you upgrade to NAACCR 12.1 you will no longer be able to report ANY cases to us in NAACCR 12.0 layout.

Keep in mind; we are not ready to receive cases in the NAACCR 12.1 layout. The tentative date for submission of data in NAACCR version 12.1 is November 15th. However, prior to submitting data, please contact the MCSP first, to ensure that the MCSP is able to accept version 12.1 submissions.

Due to the delay of our in-house software conversion and loading of the data, you will NOT be penalized by the MCSP for timeliness.

Cases Due ~

Any outstanding 2010 diagnoses cases must be submitted by November 15, 2011. Your cooperation is much appreciated! If you are unable to meet this deadline please contact your MCSP field representative or Won Silva at 517.335.9391 or silvaw@michigan.gov.

Collaborative Stage (CS) Frequently Asked Questions ~

Some of the questions and answers to frequently asked questions (FAQs) have been summarized in a document to provide coding guidance for known issues in CSv0203. The CSv0203 FAQs report is available on the CSv2 website at http://www.cancerstaging.org/cstage/csv2/faqs.html.

CSv0203 FAQs

The table below lists the reference number, schema name and CS field for the known issues in the CSv0203 FAQs report.

Reference #	Schema Name	CS Field(s)
#351	Part 1	
#45	Part 1, Kidney Parenchyma	CS Site-Specific Factor 3
#251	Colon, Rectum	CS Extension
#423	Colon, Rectum	CS Site-Specific Factor 2, Extra Table
#268	Corpus Carcinoma, Corpus Sarcoma	Schema Page
#531	Esophagus GE Junction	CS Extension
#353	Lung	CS Extension, Extra Table
#271	Testis	CS Site-Specific Factor 8, CS Site-Specific Factor 14

Previous versions of Collaborative Stage (CS)

Q: Which version of CS do I use based upon date of diagnosis?
A: 2004 - Collaborative Staging Manual and Coding Instructions, Version 1.0 and 1.1, published August 2004

2005 – Collaborative Staging Manual and Coding Instructions, Version 01.02.00, published May 2005

2007 – Collaborative Staging Manual and Coding Instructions, Version 01.03.00, published September 2006

2008 – Collaborative Staging Manual and Coding Instructions, Version 01.04.00, published October 2007

Version 01.04.01 software only, published March 2008

2010 – Collaborative Staging Manual and Coding Instructions, Version 02.02, published January 2010, updated April 2010

MCSP Staff ~

If you have any questions regarding cancer reporting, or would like more information about workshops, please feel free to give one of us a call.

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