



Arizona Cancer Registry Updates

September 2007

ICD-9 Casefinding Codes

The Surveillance, Epidemiology and End Results Program’s (SEER) list of revised, recommended ICD-9 casefinding codes effective 1/1/2007 is attached to this email. The list is divided into two main parts: the casefinding list for reportable tumors and the supplementary codes. It is strongly recommended that the supplemental codes be included in your disease index, as they will be used for auditing purposes. The ACR’s list of casefinding codes is identical to the one found on SEER’s web site at http://training.seer.cancer.gov/module_icdo3/icd_o_3_lists.html

Major changes to the list include the removal of codes 238.7, 284.9 and 285.0. These codes have been replaced by several five-digit codes, 238.71-238.76, and 238.79.

SEER has issued an errata that contains instructions for updating the “Abstracting and Coding Guide for the Hematopoietic Diseases” to make it consistent with the changes in ICD-9. The errata is attached to this communication. You may also find Errata # 2 at <http://www.seer.cancer.gov/tools/codingmanuals>, under “Other Manuals” towards the bottom of the page.

NPI Number Database Went Live on September 4th

National Plan and Provider Enumeration System (NPPES) health care provider data that are disclosable under the Freedom of Information Act (FOIA) is now available to the public by the Centers for Medicare & Medicaid Services (CMS). Data are available in two forms, a query-only database (AKA NPI Registry) and a downloadable file. You can find the registry at <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>. User ID’s and passwords are not required and use of the registry is free of charge. Additional information about the downloadable file can be found at http://www.cms.hhs.gov/NationalProvIdentStand/06a_DataDissemination.asp

Reminder About Site/Type Edits

Reminder- When you are correct a “Site & Morphology conflict - ICDO3 error,” remember to place a flag in the item “SEER-- Flag-Site/Type” NOT “CoC- - Flag-CoC-Site/Type.” The message will look similar to this:

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Primary Site, Morphology-Type ICDO3 (SEER IF25)
  E: Site & Morphology conflict - ICDO3
    Over-ride Site/Type (1128)           = <BLANK>
    Primary Site (291)                   =
    Histologic Type ICD-O-3 (301)       =
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Rocky Mountain Software Users– Updated Screens Now Available

The revised hospital-specific (i.e., the “00 AZ 1 Col Central” screen set) screens are now available for download through RMCDS’s FTP site. If your facility uses so-called “3rd screens” (i.e., additional hospital-specific screen items) you will need to coordinate the additional items with David Fawcett at RMCDS (phone (801) 581-4307).

If you have any issues with the screens layout, please contact Chris Newton at (602) 542-7324.

Multiple Primary and Histology Coding Rules– Additional Training Opportunities

SEER has recently expanded their “Beyond the Basics” series to include four sites– Lung, breast, colorectal, and urinary. The presentations are designed for registrars who have had beginner-level training and are now ready to move to a higher level. In other words– to know enough to ask questions!

You may access the presentations, transcripts, and exercises at <http://www.seer.cancer.gov/tools/mphrules/training.html> .

Collaborative Staging Updates

The Collaborative Staging (CS) Steering Committee is currently working on an update to the Collaborative Staging System that will be released on October 31, 2007 as Version 01.04.00. An announcement detailing the changes included in this release will be made on October 31, 2007. It will include effective dates for this version as defined by each standard-setting agency. Cancer registry software vendors have been made aware of this expected release date and will be updating their products accordingly.

Version 01.04.00 will encompass minor changes identified through the CS Reliability Study, concerns identified through case abstracting, and questions from the CoC I&R and SEER SINQ systems. This release clarifies coding issues identified by registrars, but does not contain major changes.

As of October 31, the CS Web site, <http://cancerstaging.org/cstage/index.html>, will include resources required to implement the new version. The AJCC will be hosting national Web conferences to review the changes. Details will be provided in CoC Flash and posted on the CS Web site. Questions should be sent to the AJCC at AJCC@facs.org.

Coding Prostate Cancer: A Message from the Collaborative Staging Steering Committee

Clarification on the Use of Outside Resources for Coding Prostate Cancer

A great deal of confusion surrounds the interpretation of clinical reports with regard to whether the prostate cancer was apparent or inapparent. In 1998, SEER published an interpretation of "apparent" and "inapparent" terms for use in their Extent of Disease (EOD) Coding System for prostate cancer. This list was in effect for prostate EOD cases diagnosed in 1998-2003. There were several questions regarding whether this list could be used in Collaborative Staging (CS). After consultation with the AJCC curators for genitourinary disease, the CS Steering Committee has determined that the SEER list of terms for apparent and inapparent in the SEER Extent of Disease Manual is NOT to be used for interpreting reports for Collaborative Staging. While it was a convenient tool for registrars, the curators are of the opinion that the use of the list will lead to misinterpretation of reports. Rather, the curators recommend that registrars rely on a direct physician statement of apparent or inapparent disease for Collaborative Staging. It is not anticipated that prior cases will require review and recoding.

Registrars should continue to send problem cases to CoC I&R or SEER SINQ as they continue coding cases without reference to the list.