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<u>CASE ELIGIBILITY</u>		
Ambiguous Terms at Diagnosis - Clarification	3-4	3-4
<ul style="list-style-type: none"> •Added sentence to end of first paragraph: Words or phrases that appear to be synonyms of these terms do not constitute a diagnosis. For example, “likely” alone does not constitute a diagnosis. •Added sentence to Exception: If a cytology is identified only with an ambiguous term, do not interpret it as a diagnosis of cancer. 		
<u>OVERVIEW OF CODING PRINCIPLES</u>		
Cancer Identification – Changed paragraph	8	8
<ul style="list-style-type: none"> •Changed the paragraph, eliminated the ICD-O-3 reference since it is mentioned in the Primary Site section following this paragraph, expanded the paragraph to include Laterality, Grade Path Value and Grade Path System: The following instructions apply to <i>Primary Site</i> (NAACCR Item #400), <i>Laterality</i> (NAACCR Item #410), <i>Histology</i> (NAACCR Item #522), <i>Behavior Code</i> (NAACCR Item #523), <i>Grade/Differentiation</i> (NAACCR Item #440), <i>Grade Path Value</i> (NAACCR Item #441) and <i>Grade Path System</i> (NAACCR Item #449). 		
Hematopoietic and Lymphoid Cancers – Changed sentence	8	8
<ul style="list-style-type: none"> •Changed last sentence in paragraph: Appendix A has the former table for use for tumors diagnosed prior to January 1, 2010, for determining unique or same hematopoietic tumors. 		
Laterality - Clarification	9	9
<ul style="list-style-type: none"> •First paragraph changed wording: Organs that are not paired, unless they are recorded “right” or “left” laterality, are coded 0. Midline origins are coded 5. “Midline” in this context refers to the point where the “right” and “left” sides of paired organs come into direct contact and a tumor forms at that point. Most paired sites can not develop midline tumors. For example, skin of the trunk can have a midline tumor, but the breasts can not. 		
Morphology: Grade/Differentiation – Clarification and change	11-12	11-12
<ul style="list-style-type: none"> •Entire section was revised and is now Morphology: Grade/Differentiation, Grade Path Value, Grade Path System. •Incorporated the reference to the Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual to code hematopoietic cases. •Referenced Collaborative Stage Data Collection System to code Grade Path Value and Grade Path System. •A paragraph clarifies the Grade/Differentiation: Grade/Differentiation (NAACCR Item #440) is a four-grade system. Certain two-grade and three-grade systems can be converted to the four-grade Grade/Differentiation (NAACCR Item #440), as described below. These tumors may also have been assigned a four-grade histologic grade. When it is present, that is the grade that should be recorded as Grade/Differentiation (NAACCR Item #440). 		



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<ul style="list-style-type: none"> •New sentence: For sites other than those described below, code the tumor grade using the following priority order: (1) terminology, (2) histologic grade, (3) nuclear grade. 		
Coding Two-Grade Systems - Change	11	11
<ul style="list-style-type: none"> •First sentence rewritten and added urinary bladder: If the only grade information available for urinary bladder (C67._), colon, rectosigmoid junction, rectum (C18.0-C20.9), or heart (C38.0) is supplied as a two-grade system (“high” or “low”), convert them as shown below. 		
Coding Three-Grade Systems - Change	11-12	11-12
<ul style="list-style-type: none"> •Revised first paragraph: Three grade-systems that convert to <i>Grade/Differentiation</i> (NAACCR Item #440) include peritoneum (C48.1, C48.2), endometrium (C54.1), fallopian tube (C57.0), and brain and spinal cord (C71.0-C72.9). For these sites, code the tumor grade using the following priority order: (1) Terminology, (2) Histologic Grade, and (3) Nuclear Grade as shown in the following table. The 2010 version of this sentence read: For sites other than breast, prostate and kidney, code the tumor grade using the following priority order: (1) Terminology, (2) Histologic Grade, and (3) Nuclear Grade as shown in the following table. 		
Breast (C50.0-C50.9) – Change	12	12
<ul style="list-style-type: none"> •Changed sentence and order of priority: If a three-grade grade/differentiation grade is provided for breast, code the tumor grade using the following priority order: (1) Nuclear Grade (2) Terminology, and (3) Histologic Grade as shown in the table below. 		
Kidney (C64.9) – Change	12	
<ul style="list-style-type: none"> •Deleted kidney primary site grade information. 		
Prostate (C61.9) – Clarification	12	12
<ul style="list-style-type: none"> •Added a sentence to paragraph: The following table is used to convert Gleason Score to grade/differentiation. The grouping for conversion to Grade/Differentiation (NAACCR Item #440) is not the same as the prognostic grouping used by AJCC to assign stage, because they serve different purposes. 		
Multiple Primaries – Clarification		12
<ul style="list-style-type: none"> •New paragraph inserted: If an invasive and an in situ tumor are identified as a single tumor according to the SEER Multiple Primary and Histology Coding Rules, SEER Multiple Primary and Histology Coding Rules and they are located in different subsites, the primary site should be identified as the subsite in which the invasive tumor is located. If, however the two tumors are both <i>invasive</i>, then code the subsite as “9”. 		
Revising the Original Diagnosis – Changed sentence and inserted new sentence	13	13
<ul style="list-style-type: none"> •Inserted grade to the second sentence: Change the primary site, laterality, histology, grade and stage as the information becomes more complete. •Example 1 inserted new last sentence: If first course surgery was performed, the surgery codes should be reviewed. 		
Comorbidities and Complications – Inserted new sentence	15	14-15
<ul style="list-style-type: none"> •In first paragraph, new last sentence: Most hospitals in the United States are expected to implement use of ICD-10-CM during 2011. 		



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Registries should not combine use of ICD-9-CM and ICD-10-CM in a single record.		
<ul style="list-style-type: none"> •New sentence added after comorbidities and complications listed: Three general categories of information are collected: comorbidities, complications, and factors influencing the health status of patients. •Deleted last 2 sentences after paragraph starting with “Comorbidities are preexisting medical conditions...” Deleted: Comorbid conditions are identified by ICD-9-CM codes 001-139.8 and 240-999.1. Comorbid conditions are coded without the decimal point and adding trailing 0s to the code value. Thus, 496 (COPD) is coded as 49600. •Revised paragraph starting with “Complications are conditions that occur...” 		
Coding CS Items – Added the 2011 reference	19	19
<ul style="list-style-type: none"> •Changed first sentence, second paragraph: See the definitions for the Site Specific Factors in this manual for the requirements for staging for cases diagnosed in 2011. 		
Relationships among Radiation Items - Clarification	24	24
<ul style="list-style-type: none"> •Added new sentence at end of paragraph that discusses Radiation Treatment Volume: If two distinct volumes are radiated, and one of those includes the primary site, record the radiation involving the primary site in all radiation fields. 		
Treatment, Palliative, and Prophylactic Care - Clarification	28	28
<ul style="list-style-type: none"> •Second paragraph, sentence added at end: This treatment qualifies the patient as analytic if it is given as part of planned first course treatment. 		
<u>CODING INSTRUCTIONS – PATIENT IDENTIFICATION</u>		
Medical Record Number – Deleted bullet	40	40
<ul style="list-style-type: none"> •Deleted second bullet under Instructions for Coding: When a patient enters a military hospital as a family member of a military sponsor, do not code the patient’s relationship to the military sponsor in this field. See data item Military Medical Record Number Suffix (NAACCR Item #2310). 		
Military Medical Record Number Suffix –Deleted page	42	
<ul style="list-style-type: none"> •Deleted this page in manual. This data item is not required by the ACR. 		
First Name – Change of allowed punctuation and additional instruction	44	43
<ul style="list-style-type: none"> •Added to Instructions for Coding: Blanks, spaces, hyphens, and apostrophes are allowed. Do not use other punctuation. •Added bullet: This field may be updated if the name changes. 		
Middle Name – Change of allowed punctuation and additional instruction	45	44
<ul style="list-style-type: none"> •Added to Instructions for Coding: Blanks, spaces, hyphens, and apostrophes are allowed. Do not use other punctuation. •Added bullet: This field may be updated if the name changes. 		



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State at Diagnosis - Correction	49-50	48-49
<ul style="list-style-type: none"> •Code for Canada corrected under Instructions for Coding. It was correct in the table provided for Canadian Provinces and Territory Abbreviations. 		
State-Current – Correction	56-57	55-56
<ul style="list-style-type: none"> •Code for Canada corrected under Instructions for Coding. It was correct in the table provided for Canadian Provinces and Territory Abbreviations. 		
Comorbidities and Complications #1 – Expanded Instruction	74-84	73-83
<ul style="list-style-type: none"> •Allowable Values have been expanded to include ICD-10-CM. Additional instructions provided for coding. Expanded the table with instructions for ICD-9-CM and ICD-10-CM and expanded the Examples table. •Comorbidities and Complications #2-10: Expanded allowable values to include ICD-10-CM and expanded instructions for ICD-10CM. 		
Following Physician – Deleted page	86	
<ul style="list-style-type: none"> •Deleted this page in manual. Deleted page in 2011 version but still required for the ACR. 		
NPI-Following Physician – Deleted sentence	87	85
<ul style="list-style-type: none"> •Deleted second paragraph in Rationale: NPI-Following Physician is the NPI equivalent of Following Physician (NAACCR Item #2470). Both are required during a period of transition. 		
Primary Surgeon – Deleted page	88	
<ul style="list-style-type: none"> •Deleted this page in manual. Not required by the ACR. 		
NPI-Primary Surgeon – Deleted sentence	89	86
<ul style="list-style-type: none"> •Deleted second paragraph in Rationale: NPI-Primary Surgeon is the NPI equivalent of Primary Surgeon (NAACCR Item #2480). Both are required during a period of transition. Not required by the ACR. 		
Physician #3 – Deleted page	90	
<ul style="list-style-type: none"> •Deleted this page in manual. Not required by the ACR. 		
NPI-Physician #3 – Deleted sentence	91	87
<ul style="list-style-type: none"> •Deleted second paragraph in Rationale: NPI-Physician #3 is the equivalent of Physician #3 (NAACCR Item #2490). Both are required during a period of transition. 		
Physician #4 – Deleted page	92	
<ul style="list-style-type: none"> •Deleted this page in manual. Not required by the ACR. 		
NPI-Physician #4 – Deleted sentence	93	88
<ul style="list-style-type: none"> •Deleted second paragraph in Rationale: NPI-Physician #4 is the NPI equivalent of Physician #4 (NAACCR Item #2500). Both are required during a period of transition. 		



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CODING INSTRUCTIONS – CANCER IDENTIFICATION

Class of Case - Clarification

97-98 91-92

- Under Instructions for Coding, changed 5th bullet: Document *NPI-Institution Referred to* (NAACCR Item #2425) or the applicable physician NPI (NAACCR #s 2585, 2495, 2505) for patients coded 00 to establish that the patient went elsewhere for treatment.
- Added last bullet: If the hospital has purchased a physician practice, it will be necessary to determine whether the practice is now legally considered part of the hospital (their activity is coded as the hospital’s) or not. If the practice is not legally part of the hospital, it will be necessary to determine whether the physicians involved are staff physicians or not, as with any other physician.
- In the Class of Case table, the code 13 description has been revised with the following: part of first course treatment was done elsewhere.
- In the Class of Case table the code 21 description has been revised with the following: part of first course treatment was done elsewhere.
- In the Class of Case table the code 30 description has been revised with the following: treatment plan only.
- In the Class of Case table the code 31 description has been revised with the following: or hospital provided care that facilitated treatment elsewhere (for example, stent placement).
- In the Class of Case table the code 32 description has been revised with the following: (active disease).
- In the Class of Case table the code 33 description has been revised with the following: (disease not active).

Facility Referred From – Deleted page

99

- Deleted this page in manual. Not required by the ACR.

NPI-Institution Referred From – Deleted sentence

100 93

- Deleted second paragraph in Rationale: *NPI-Institution Referred From* is the NPI equivalent of *Facility Referred From* (NAACCR Item #2410). Both are required during a period of transition.

Facility Referred To – Deleted page

101

- Deleted this page in manual. Not required by the ACR.

NPI-Institution Referred To – Deleted sentence

102 94

- Deleted second paragraph in Rationale: *NPI-Institution Referred to* is the NPI equivalent of *Facility Referred to* (NAACCR Item #2420). Both are required during a period of transition.

Date of First Contact – Clarification

103 95

- Under Instructions for Coding added first course to first bullet. It now reads: Record the date the patient first had contact with the facility as either an inpatient or outpatient for diagnosis and/or first course of treatment of a reportable tumor.
- New second bullet inserted: For analytic cases (Class of Case 00-22), the Date of First Contact is the date the patient became analytic. For non-analytic cases, it is the date the patient first qualified for the Class of Case that causes the case to be abstracted.



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<ul style="list-style-type: none"> Deleted first example in table. In the first example in table changed example to be in a staff physician's office. Updated all the descriptions of year to be 2011 instead of 2003. 		
Date of Initial Diagnosis - Clarification	105	97
<ul style="list-style-type: none"> Moved the order of bullets for bullet 3 and 4. Bullet 4 changed to: Use the date treatment was started as the date of diagnosis if the patient receives a first course of treatment before a diagnosis is documented. Added Examples at bottom of page. Examples are related to ambiguous terminology and estimations of date. 		
Date of Diagnosis Flag – Deleted page	106	
<ul style="list-style-type: none"> Page deleted from manual. The ACR continues to allow for rare occasion when a Date of Diagnosis cannot be determined. 		
Grade/Differentiation - Clarification	112	103
<ul style="list-style-type: none"> Added a new 5th bullet: Code the grade or differentiation from the pathology report prior to any neoadjuvant treatment. If there is no pathology report prior to neoadjuvant treatment, assign code 9. 		
Grade Path System – Deleted bullets	114	105
<ul style="list-style-type: none"> Deleted several bullets under the Instructions for Coding. The CoC refers you to the CS Manual. 		
Grade Path Value – Deleted bullets	115	106
<ul style="list-style-type: none"> Deleted several bullets under the Instructions for Coding. The CoC refers you to the CS Manual. 		
Lymph-vascular Invasion – Deleted bullets	116	107
<ul style="list-style-type: none"> Deleted several bullets under the Instructions for Coding. The CoC refers you to the CS Manual. 		
Diagnostic Confirmation - Clarification	117	108
<ul style="list-style-type: none"> Inserted new bullet under Instructions for Coding Solid Tumors: See the section following this one for Coding Hematopoietic or Lymphoid Tumors (9590-9992). Inserted a sentence at the end of the bullet starting with Assign code 2: CoC does not require programs to abstract cases that contain ambiguous terminology regarding a cytologic diagnosis. 		
Ambiguous Terminology Diagnosis - Clarification	120	111
<ul style="list-style-type: none"> Inserted new bullet under Instructions for Coding: Leave blank for cases diagnosed prior to January 1, 2007. 		
Date of Conclusive Diagnosis – Deleted bullets, instruction to use the MP/H manual	121	112
<ul style="list-style-type: none"> Deleted several bullets under Instructions for Coding. Apply instructions in the Multiple Primary Histology and Coding Rules. 		
Date of Conclusive Dx Flag - Deleted bullets , instruction to use the MP/H manual	122	113
<ul style="list-style-type: none"> Deleted several bullets and table under Instructions for Coding. Apply instructions in the Multiple Primary Histology and Coding Rules. 		



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Date of Multiple Tumors - Deleted bullets, instruction to use the MP/H manual	124	114
•Deleted several bullets under Instructions for Coding. Apply instructions in the Multiple Primary Histology and Coding Rules		
Date of Mult Tumors Flag - Deleted bullets, instruction to use the MP/H manual	125	115
•Deleted several bullets and table under Instructions for Coding. Apply instructions in the Multiple Primary Histology and Coding Rules.		
Type of Multiple Tumors Reported as One Primary - Deleted bullets, instruction to use the MP/H manual	127	116
•Deleted the first bullet and reworded last bullet: Leave blank for cases diagnosed prior to January 1, 2007.		
Multiplicity Counter - Deleted bullets, instruction to use the MP/H manual	128	117
•Deleted several bullets under Instructions for Coding. Apply instructions in the Multiple Primary Histology and Coding Rules.		
•Reworded the last bullet: Leave blank for cases diagnosed prior to January 1, 2007.		
<u>CODING INSTRUCTIONS – STAGE OF DISEASE AT DIAGNOSIS</u>		
Clinical M – Clarification and correction	141	131
•Under Rationale, added a new second sentence: Effective January 1, 2008 the CoC requires that AJCC clinical TNM staging be recorded in its accredited cancer program cancer registries.		
•A correction was also inserted in the table under Instructions for Coding: Corrected Code 0+ to OI+ and definition to M0(i+).		
Clinical Stage Group - Clarification	142	132
•Changed 4 th bullet: If the value does not fill all 4 characters, then record the value to the left and leave the remaining spaces blank.		
Clinical Stage (Prefix/Suffix) Descriptor	143	133
•Corrected allowable values at the top of the page.		
Pathologic Stage Group - Clarification	148	138
•Changed 5 th bullet: If the value does not fill all 4 characters, then record the value to the left and leave the remaining spaces blank.		
CS Values – Changed reference	151-191	141-181
•On all pages changed references from “Collaborative Staging” to “Collaborative Stage.”		
CS Lymph Nodes Eval – Changed data item name	155	145
•Changed name from “CS Reg Nodes Eval” to CS Lymph Nodes Eval to be consistent with CS.		
CS Site-Specific Factor 1 – Changed CSv02.03	162	152
•Under Instructions for Coding, sentence before table, changed to new version: For tumors abstracted in CS v02.03 or diagnosed in 2011, the following Site-Specific Factor 1 (SSF1) items are required by CoC to be coded.		
CS Site-Specific Factor 2 – New requirements for CSv02.03	165-166	155-156
•Under Instructions for Coding, sentence before table, changed to new version: For tumors abstracted in CS v02.03.xx or diagnosed in 2011,		



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the following Site-Specific Factor 2 (SSF2) items are required by CoC to be coded.		
<ul style="list-style-type: none"> •Under Instructions for Coding table, additional histologies were added to table and a new schema and SSF. MyelomaPlasmaCell Disorder was added and SSF Durie-Salmon Staging System. Asterisk (*) added at end of table to indicate new with CS version 02.03.xx. •Under Instructions for Coding table, Vulva was deleted. •It is Important that registrars use the CS manual and do not rely on the FORDS manual for all the details. 		
CS Site-Specific Factor 3 – New requirements for CSv02.03	167-168	157-158
<ul style="list-style-type: none"> •Under Instructions for Coding table, additional histologies were added to table and a new schema and SSF. MyelomaPlasmaCell Disorder was added and SSF Multiple Myeloma Terminology. Asterisks (***) added at end of table to indicate new with CS version 02.03.xx. •It is Important that registrars use the CS manual and do not rely on the FORDS manual for all the details. 		
CS Site-Specific Factor 10 – New requirements for CSv02.03	177	167
<ul style="list-style-type: none"> •Under Instructions for Coding table, additional histologies were added to table and a new schema and SSF. BileDucts Intrahepat was added and SSF Tumor Growth Pattern. Asterisk (*) added at end of table to indicate new with CS version 02.03. •It is Important that registrars use the CS manual and do not rely on the FORDS manual for all the details. 		
CS Site-Specific Factor 13 – New requirements for CSv02.03	180	170
<ul style="list-style-type: none"> •Under Instructions for Coding table, additional histologies were added to table and a new schema and SSF. Testis was added and SSF Postorchiectomy Alpha Fetoprotein (AFP) Range. Asterisk (*) added at end of table to indicate new with CS version 02.03.xx. •It is Important that registrars use the CS manual and do not rely on the FORDS manual for all the details. 		
CS Site-Specific Factor 15 – New requirements for CSv02.03	182	172
<ul style="list-style-type: none"> •Under Instructions for Coding, a new table showing new schemas and SSF required. Breast and Testis were added and SSF HER2: Summary result of testing and Postorchiectomy Human Chorionic Gonadotropin (hCG) Range. Asterisk (*) added at end of table to indicate for Breast that SSF15 is required beginning with cases diagnosed in 2011 and for Testis SSF 15 new with CS version 02.03.xx. •It is Important that registrars use the CS manual and do not rely on the FORDS manual for all the details. 		
CS Site-Specific Factor 16 – New requirements for CSv02.03	183	173
<ul style="list-style-type: none"> •Under Instructions for Coding table, additional histologies were added to table and a schema and SSF. Testis were added and SSF Postorchiectomy Lactate Dehydrogenase (LDH) Range. Asterisk (*) added at end of table to indicate new with CS version 02.03.xx. •It is Important that registrars use the CS manual and do not rely on the FORDS manual for all the details. 		
CS Site-Specific Factors 1-25 – Updated reference table	162-192	152-182
<ul style="list-style-type: none"> •Updated 2010 reference tables used on pages related to Site-Specific Factors with new required for CS version 02.03 or required based on diagnosis date. Also corrected histology and/or primary site information in table. •It is important that registrars use the CS manual and do not rely on the FORDS manual for all the details. 		



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Derived AJCC-6 Stage Group – Correction	199	189
<ul style="list-style-type: none"> •Changed last bullet under Instructions for Coding: Refer to the AJCC Cancer Staging Manual, 6th Edition for the site-specific Stage Group descriptions. 		
Derived AJCC-7 Stage Group - Correction	206	196
<ul style="list-style-type: none"> •Changed last bullet under Instructions for Coding: Refer to the AJCC Cancer Staging Manual, 7th Edition for the site-specific Stage Group descriptions. 		
<u>CODING INSTRUCTIONS – FIRST COURSE OF TREATMENT</u>		
RX Summ-Treatment Status - Clarification	214	204
<ul style="list-style-type: none"> •New 3rd bullet under Instructions for Coding: Use code 0 when treatment is refused or the physician decides not to treat for any reason such as the presence of comorbidities. 		
Approach – Surgery of the Primary Site at this Facility - Clarification	223	213
<ul style="list-style-type: none"> •New 3rd bullet inserted under Instructions for Coding: For ablation of skin tumors, assign code 3. <p>Under Instructions for Coding changed bullet: If both robotic and endoscopic or laparoscopic surgery are used, code to robotic (codes 1 or 2).</p> <ul style="list-style-type: none"> •Under Instructions for Coding expanded definition for 3 to Endoscopic or laparoscopic. •Under Instructions for Coding expanded definition for 4 to Endoscopic or laparoscopic converted to open. 		
Radiation Treatment Volume - Clarification	241-244	231-234
<ul style="list-style-type: none"> •Inserted new bullet under Instructions for Coding: If two discrete volumes are treated and one of those includes the primary site, record the treatment to the primary site. •Inserted new example in table for code 33: TBI (total body irradiation) is administered prior to a bone marrow transplant. Both the radiation and the chemotherapy that also is given with bone marrow transplants act to destroy cancer cells, and both are recorded as treatment. 		
Regional Treatment Modality - Clarification	245-247	235-237
<ul style="list-style-type: none"> •Inserted new examples in table for code 00 and 53: Code 00-A patient was treated for melanoma with PUVA (psoralen and long-wave ultraviolet radiation). Code this treatment as Other Treatment (NAACCR Item #14200, code 1. Code 53-A prostate cancer patient is treated with I-125 seeds. I-125 is low dose brachytherapy. 		
Number of Treatments to this Volume – New example	253	243
<ul style="list-style-type: none"> •New example for code 010: The patient was given Mammosite® brachytherapy, repeated in 10 separate sessions. Record 10 treatments. 		
Radiation/Surgery Sequence – Clarification and new information	254	244
<ul style="list-style-type: none"> •In table under Instructions for Coding, new information added to code 4 definition: At least two courses of radiation therapy are given, before and after any surgery, to primary site; scope of regional lymph node surgery; surgery to other regional site(s), distant site(s), or distant lymph 		



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node(s).		
Systemic/Surgery Sequence – Clarification and new information	285	275
<ul style="list-style-type: none"> •In table under Instructions for Coding, new information added to code 4 definition: At least two courses of systemic therapy were given, before and after any surgical procedure of Primary site; scope of regional lymph node surgery; surgery to other regional site(s), distant site(s), or distant lymph node(s) was performed. 		
Other Treatment - Clarification	290	280
<ul style="list-style-type: none"> •Added new bullet under Instructions for Coding: Code 1 for PUVA (psoralen and long-wave ultraviolet radiation). •Deleted bullet under Instructions for Coding: A complete description of the treatment plan should be recorded in the text field for “Other Treatment” on the abstract. 		
<u>CODING INSTRUCTIONS – OUTCOMES</u>		
Type of First Recurrence – Changed sentence	300	290
<ul style="list-style-type: none"> •Reworded last bullet under Instructions for Coding: If the recurrent primary is identified later, revise the codes appropriately. 		
Following Registry – Deleted Page	307	
<ul style="list-style-type: none"> •Deleted page from manual. Not required by ACR. 		
NPI-Following Registry – Deleted sentence	308	296
<ul style="list-style-type: none"> •Deleted second paragraph under Rationale: NPI-Following Registry is the NPI equivalent of Following Registry (NAACCR Item #2440). Both are required during a period of transition. 		
<u>CODING INSTRUCTIONS – CASE ADMINISTRATION</u>		
Morphology Coding System-Original - Correction	341	329
<ul style="list-style-type: none"> •Second bullet under Instructions for Coding corrected: For cases diagnosed on or after January 1, 2010, this data item must be coded 8. This is an autocoded data item by vendor. 		
<u>APPENDIX B – SITE-SPECIFIC SURGERY CODES</u>		
Liver and Intrahepatic Bile Ducts – Clarification	262	262
<ul style="list-style-type: none"> •Reworded description for code 66: Excision of an intrahepatic bile duct PLUS partial hepatectomy. •Reworded description for code 75: Extrahepatic bile duct and hepatectomy WITH transplant. 		
Breast Surgery Codes – Clarification and new code	270	270
<ul style="list-style-type: none"> •Under code 40 notes, first sentence that starts with - A total (simple), a clarification was added: A total (simple) mastectomy removes all 		



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breast tissue, the nipple, and areolar complex. An axillary dissection is not done, but sentinel lymph nodes may be removed.		
<ul style="list-style-type: none"> •New code 76 added: 76-Bilateral mastectomy for a single tumor involving both breasts, as for bilateral inflammatory carcinoma. •Under code 50 notes, second paragraph that starts with - If contralateral breast, second sentence was changed: The surgical procedure is coded 41 or 51 for the first primary. 		
Prostate Surgery Codes - Clarification	278	278
<ul style="list-style-type: none"> •Code 19, changed code description: Transurethral resection (TURP), NOS, and no specimen sent to pathology or unknown if sent. •Code 21, changed code description: Transurethral resection (TURP), NOS, with specimen sent to pathology. 		
<u>APPENDIX D – FORDS ITEMS REQUIRED TO BE COMPLETE TO ENTER</u>		
Appendix D – Changes	3-7	3-7
<ul style="list-style-type: none"> •Deleted several data items from table: Military Record Number Suffix, Primary Surgeon, Physician #3, Physician #4, Facility Referred To and Facility Referred From. In the 2010 version, Facility Referred From was listed twice in error. •Added several data items to table: NPI-Primary Surgeon, NPI-Physician #3, NPI-Physician #4. 		