NAACCR 2003 Implementation Work Group: Guidelines and Recommendations

Contents

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INTRODUCTION

Consensus standards developed through NAACCR involve all standard setting organizations and representatives, including NCRA. Data transmission standards should be consistently maintained among all hospital and central registries and should be implemented in a planned and timely manner. As with the introduction of any new set of standards, and its potential consequences, implementation must be evaluated by each national progra, central cancer registry, and reporting facility during the planning process.

NAACCR's 2003 Implementation Work Group has been working with the CoC, SEER, NPCR, NCRA, central cancer registries and cancer registry software vendors to develop an implementation plan to assist cancer registries and to help ease the transition from Version 9.1 to Version 10 standards.

Version 10 of the NAACCR data exchange layout was largely developed in response to broad changes introduced by the CoC's revisions to its data collection and reporting requirements for registries in approved cancer programs, known as the Facility Oncology Registry Data Standards manual (FORDS). Several new data items of interest to other standard setters were introduced in Version 10 including Latitude, Longitude, two Rural/Urban Continuum fields and the new Census Tract Certainty 2000 data item. In addition, Version 10 accommodates the data elements necessary to support the Collaborative Stage (CS) schema. Note, however, that the delayed implementation of CS, withheld until 01/01/04, does not, in and of itself, delay the utilization of Version 10. Between FORDS, CS, and other new data items introduced for 2003 the NAACCR data exchange record absorbed a total of 60 new items and 62 modifications of existing items. Both the CoC requirement revisions and the Version 10 NAACCR Data Exchange and Record Layout are effective for cases diagnosed on or after January 1, 2003.

A number of items introduced with the publication of FORDS will require the utilization of Version 10 for transmission of data. This has consequences for the design and application of EDITS as well as data management schemes for hospitals, central registries, standard setters and vendors.

Reporting facilities should prioritize the abstraction of cases diagnosed on or before 12/31/2002 so that as many as possible are abstracted and entered into their registry before converting their data and/or beginning to use FORDS compatible software. Completion, or near completion, of all 2002 cases and subsequent conversion should occur as soon as possible for all reporting facilities in the year 2003.

potential needs for additional guidelines

Overview

Section 1 provides guidance for the forward conversion of cases that were collected under coding rules

SECTION 1: FORWARD CODE CONVERSION

The Work Group recognizes that the preservation of the analytic use of data is of the utmost importance. Furthermore, the standard setters are sensitive to the fact that forward conversion may not be appropriate for all convertible items if the longitudinal descriptive power of reported data is to be maintained. In order to avoid the degradation of data interpretation as a result of conversions made to existing data items the Work Group recommends that hospital registries use ROADS definitions on data items describing the surgical treatment of patients diagnosed on or before 12/31/2002. ,
In addition, vendors are advised not to install their "FORDS" product release until their respective hospital registry clients have completed or almost completed their 2002 abstracting and these cases have been entered into the local registry. This will minimize the double coding of specific surgery treatment items.

Among the modifications made to the CoC data collection requirements were a number of changes to the

Once codes for these new items have been correctly assigned, forward conversion of the surgery items for

TABLE 3	
Surgery Items For All Cases Diagnosed on or before 12/31/2002:	
Item Name	**Item #**
RX Summ - Surgical Margins	1320

If cases diagnosed on or before 12/31/2002 are not abstracted and entered into a reporting facility's registry by the time vendors install their "FORDS" product release, reporting facilities will have to 'double-code' the surgery items appearing in Table 1. For further discussion see "Coding Cases Diagnosed On Or Before 12/31/2002" below.

A complete list of treatment items, as required by the CoC, NPCR and SEER, appears in Table 10 below ("NAACCR Version 10 Reporting Requirements").

Technical Recommendations: Radiation Items

The CoC will require that all registries at approved cancer programs implement the forward conversion rules for the items describing administered radiation therapy. The conversion should be applied to all cases without regard to diagnosis date. However, the two items *CoC Coding System - Original* (#2150) and *CoC Coding System - Current* (#2140) must be coded to denote the application of this conversion for cases diagnosed on or before 12/31/2002. The appropriate rules, with available computer algorithm, are available from the CoC via the American College of Surgeons Web site at: *http://www.facs.org/dept/cancer/ncdb/roadstofords.html*.

SEER requirements for collecting and reporting radiation therapy remain unchanged for *RX Summ - Radiation* (#1360).

Central registries in states where most hospitals follow CoC rules must be aware that the CoC no longer requires collection of the item *RX Summ - Radiation* (#1360). This information can be derived from the CoC required radiation therapy items *Rad - Regional RX Modality* (#1570) and *Rad - Boost RX Modality* (#3200). See Table 9.

Technical Recommendations: Systemic Therapy Items

The CoC will require that all registries at approved cancer programs implement the forward conversion rules for the items describing administered systemic therapy. However, the two items *CoC Coding System -Original* (#2150) and *CoC Coding System - Current* (#2140) must be coded to denote the application of this conversion for cases diagnosed on or before 12/31/2002. The appropriate rules, with available computer algorithm, are available from the CoC via the American College of Surgeons Web site at: *http://www.facs.org/dept/cancer/ncdb/roadstofords.html*.

SEER will require the forward conversion of items describing administered systemic therapy for all cases coded according to the SEER 3rd edition (see NAACCR vol II, Version 10, p. 320, 321 and 323). Because SEER did not adopt the use of the "reason no therapy" items for the chemotherapy and hormone therapy in 1996 the conversion rules for the SEER Program Code Manual are different than those developed by the CoC for conversion from ROADS to FORDS. The forward conversion of systemic

TABLE 4	
RX Summ - Chemotherapy (#1390)	
SEER Program Code Manual ed3	**Conversion to new RX Summ - Chemotherapy***
0	00
1	01
2	02
3	03

7

TABLE 6	
RX Summ - BRM (#1410)	
SEER Program Code Manual ed3*	**Conversion to new RX Summ - BRM****
0	00
1	01
2	00
3	00
4	00
5	00
6	01
7	87
8	88
9	99

***** Note Codes 2 (Bone marrow transplant - autologous), 3 (Bone marrow transplant - allogeneic), 4 (Bone marrow transplant - NOS), 5 (Stem cell transplant), and 6 (Combination of BRM and any of codes 2, 3, 4, or 5) are recorded in the new item

TABLE 7: For SEER, Conversion from RX Summ - Hormone and RX Summ - BRM to RX Summ - Transplnt/Endocr (#3250)		
SEER Program Code Manual 3rd edition		**RX Summ - Transplnt/Endocr (#3250)**
Rx Summ - Hormone	**Rx Summ - BRM**	
0, 1, 7,8	0,1,7,8	00
0,1, 7, 8, 9	2	11
	3	12
	4, 6	10
	5	20
2,3	0, 1, 7, 8, 9	30
	2, 3, 4 , 5, 6	40
9	0, 1, 7,8	00
0,1,7,8	9	00
9	9	99

Note for SEER: After analysis of data, it was decided that codes 7 and 8 in RX Summ - Hormone would be treated as though they only referred to hormonal therapy and not endocrine surgery. Similarly for RX

SECTION 2: CODING CASES DIAGNOSED ON OR BEFORE 12/31/2002

"Straggler" cases diagnosed on or before 12/31/2002 that either remain to be abstracted and entered into hospital registries after the installation of their "FORDS" software or that are identified after a hospital has started accessioning year 2003 cases, ***must*** be coded using the standard coding rules appropriate for the respective diagnosis year. Thus, for "straggler" cases, it will be necessary to manually double-code only the surgery items, as described below.

Supporting both ROADS/SEER Program Code Manual 3rd edition treatment items and FORDS/SEER Program Code Manual 3rd edition Revision 1 treatment items in hospital registries will allow flexibility for hospitals when reporting cases to central registries or standard setters. The standard setters clearly define their reporting requirements with respect to first course treatment items (see "Reporting Requirements" below).

Technical Recommendations: Surgery Items

Vendors must provide hospital registry clients with the ability to code the surgery items appearing in Table 8 for "straggler" cases:

TABLE 8	
Item Name	**Item #**
RX Hosp Surg Site 98-02	746
RX Hosp Scope Reg 98-02	747

Technical Recommendations: Chemotherapy Items

For the CoC:
For the items *RX Summ - Chemo* (#1390) and *RX Hosp - Chemo* (#700) use the codes defined in FORDS.

For SEER:
For the item *RX Summ - Chemo* (#1390) use the codes defined in the SEER Program Code Manual 3rd edition Revision 1. However, codes 82, 85 and 86 are invalid for cases diagnosed on or before 12/31/2002 and should be reset to 00 for these cases.

Technical Recommendations: Hormone Therapy Items

For the CoC:
For the items *RX Summ - Hormone* (#1400) and *RX Hosp - Hormone* (#710) use the codes defined in FORDS.

For SEER:
For the item *RX Summ - Hormone* (#1400) use the codes defined in the SEER Program Code Manual 3rd edition Revision 1. However, codes 82, 85 and 86 are invalid for cases diagnosed on or before 12/31/2002 and should be reset to 00 for these cases.

Technical Recommendations: Immunotherapy Items

For the CoC:
For the items *RX Summ - BRM* (#1410) and *RX Hosp - BRM* (#720) use the codes defined in FORDS.

For SEER:
For the item *RX Summ - BRM* (#1410) use the codes defined in the SEER Program Code Manual 3rd edition Revision 1. However, codes 82, 85 and 86 are invalid for cases diagnosed on or before 12/31/2002 and should be reset to 00 for these cases.

SECTION 3: NAACCR Version 10 REPORTING REQUIREMENTS

A complete list of data collection requirements for treatment items, as identified by the CoC, NPCR and SEER, appears in Table 10. Refer to NAACCR vol II Version 10, Chapter IX: Required Status Table (errata are provided in Appendix D of this document) for specific information regarding standard setter data reporting requirements. Where necessary, refer to individual program or state central registry requirements for additional information.

The CoC, NPCR and SEER all agree that "straggler" cases must be coded using the standard coding rules for a limited number of surgery items appropriate for the respective diagnosis year. Per CoC reporting requirements, items describing first course surgery may have to be manually 'double-coded' using FORDS codes and definitions, see Table 8. Items describing first course radiation and systemic therapy need only be recorded using FORDS/SEER Program Code Manual 3rd edition Revision 1 codes and definitions (see technical recommendations for radiation, Table 9; chemotherapy; hormone therapy; immunotherapy above).

Reporting Requirements Statement, CoC:

Starting with the diagnosis year 2003, per NAACCR Volume II, Version 10, the CoC will require full implementation of the FORDS data collection standards for hospital cancer registries at CoC approved cancer programs. Forward conversion of all items identified by the CoC (see the conversion tables and computer algorithm, updated since their original release in August, 2002, posted on the web at: *http://www.facs.org/dept/cancer/ncdb/roadstofords.html*) must be completed in advance of using the NAACCR Version 10 data transmission standard.

The CoC recognizes that implementation of the 2003 diagnosis year changes may impact the quality and timeliness of data across the entire cancer surveillance community. While the changes in the CoC's data standards may present initial challenges to registries in CoC approved hospitals, the CoC believes that it

Reporting Requirements Statement, SEER:

Following discussions with the SEER PIs and registry directors, the NCI Program staff decided that there will be a year of transition for the treatment items collected for cases diagnosed in 2003. SEER will allow for the surgery items for 2003 cases to be transmitted to SEER using either the SEER 3rd edition codes (ROADS codes) **OR** FORDS codes. Most of the SEER areas are planning on coding the majority, if not all, of their cases to the FORDS codes for the diagnosis year 2003. However, concerns were raised regarding the effect of the Version 10 changes on timeliness of the 2003 data. SEER does not want to stop the processing of 2003 cases and create a large backlog due to delays in the availability of software necessary to manage and process year 2003 cases. The longer it takes for new software for reporting facilities and central registries to be developed, written, tested and implemented, the greater the impact on

more compatible with earlier data that have been collected. A substantial amount of effort has been put forth to ensure that the new codes and definitions in FORDS are compatible with previous code definitions. The final resolution, as expressed in these guidelines and recommendations, involves the introduction of six surgery items to retain the surgery information for cases diagnosed on or before 12/31/2002.

Standard Setter's Reporting Specifications

TABLE 10							
Item Name	**Item#**	**CoC**		**NPCR**		**SEER**	
		Dx Date <= 12/31/02	**Dx Date >= 1/1/03**	**Dx Date <= 12/31/02**	**Dx Date >= 1/1/03**	**Dx Date <= 12/31/02**	**2003 Diagnoses**
RX Hosp - Surg Prim Site	**670**	**F**	**F**	**.**	**.**	**.**	**.**
RX Hosp - Surg Site 98-02	**746**	**R**	**.**	**.**	**.**	**.**	**.**
RX Hosp - Scope Reg LN Sur	**672**	**F**	**F**	**.**	**.**	**.**	**.**
RX Hosp - Scope Reg 98-02	**747**	**R**	**.**	**.**	**.**	**.**	**.**
RX Hosp - Reg LN Removed	**676**	**R**	**.**	**.**	**.**	**.**	**.**
RX Hosp - Surg Oth Reg/Dis	**674**	**F**	**F**	**.**	**.**	**.**	**.**

APPENDIX A

Sequence Number - Central

Changes to the item *Sequence Number-Central* (#380) make clear that this data item "indicates the sequence of all reportable neoplasms over the lifetime of the person." The prior description stated, "in the patient's lifetime, according to the information and rules of the central registry." Subsequently, some registries have defined this terminology to mean within the reference year of the registry. This change creates a challenge for those registries using this later definition. NPCR recommends a twofold Approach: clean up the data as they are found during the normal work flow and notify the state's NPCR Project Officer with an estimation of the cost to find and update sequence number for those cancers in the

TABLE A-2				
			Seq Num-Central (Numeric Series)	
Terms Changing from: Borderline to Malignant	**ICD-O-2**	**ICD-O-3**	**Diagnosis on or before 12/31/2000**	**Diagnosis on or after 01/01/2001**
Polycythemia rubra vera	9950/1	9950/3	60 - 87	00 - 35
Chronic myeloproliferative disease, NOS	9960/1	9960/3	60 - 87	00 - 35
Chronic myeloproliferative disorder	9960/1	9960/3	60 - 87	00 - 35
Myelosclerosis with myeloid metaplasia	9961/1	9961/3	60 - 87	00 - 35
Megakaryocytic myelosclerosis	9961/1	9961/3	60 - 87	00 - 35
Myelofibrosis with myeloid metaplasia	9961/1	9961/3	60 - 87	00 - 35
Idiopathic thrombocythemia	9962/1	9962/3	60 - 87	00 - 35
Essential thrombocythemia	9962/1	9962/3	60 - 87	00 - 35
Essential hemorrhagic thrombocythemia	9962/1	9962/3	60 - 87	00 - 35
Idiopathic hemorrhagic thrombocythemia	9962/1	9962/3	60 - 87	00 - 35
Refractory anemia, NOS	9980/1			

TABLE A-3				
			Seq Num-Central (Numeric Series)	
Terms Changing from: Malignant to Borderline	**ICD-O-2**	**ICD-O-3**	**Diagnosis on or before 12/31/2000**	**Diagnosis on or after 01/01/2001**
Papillary cystadenoma, borderline malignancy (C56.9)	8451/3	8451/1	00 - 35	60 - 87
Serous papillary cystic tumor of borderline malignancy (C56.9)	8462/3	8462/1	00 - 35	60 - 87
Papillary serous cystadenoma, borderline malignancy (C56.9)	8462/3	8462/1	00 - 35	60 - 87
Papillary serous tumor of low malignant potential (C56.9)	8462/3	8462/1	00 - 35	60 - 87
Atypical proliferative papillary serous tumor (C56.9)	8462/3	8462/1	00 - 35	60 - 87
Mucinous cystic tumor of borderline malignancy (56.9)	8472/3	8472/1	00 - 35	60 - 87
Mucinous cystadenoma, borderline malignancy (C56.9)	8472/3	8472/1	00 - 35	60 - 87
Pseudomucinous cystadenoma, borderline malignancy (C56.9)	8472/3	8472/1	00 - 35	60 - 87
Mucinous tumor, NOS, of low malignant potential (56.9)	8472/3	8472/1	00 - 35	60 - 87
Papillary mucinous cystadenoma, borderline malignancy (C56.9)	8473/3	8473/1	00 - 35	60 - 87
Papillary pseudomucinous cystadenoma, borderline malignancy (C56.9)	8473/3	8473/1	00 - 35	60 - 87
Papillary mucinous tumor of low malignant potential (C56.9)	8473/3	8473/1	00 - 35	60 - 87
Pilocytic astrocytoma (C71._)	9421/3	9421/3	00 - 35	00 - 35
Piloid astrocytoma (C71._)	9421/3	9421/3	00 - 35	00 - 35
Juvenile astrocytoma (C71._)	9421/3	9421/3	00 - 35	00 - 35
Spongioblastoma, NOS (C71._) [obs]	9422/3	9421/3	00 - 35	00 - 35

NOTE: ICD-O-3 now classifies this diagnosis as “borderline”; however, by agreement in North America the diagnosis is still coded as “malignant”.

TABLE A-4				
			Seq Num-Central (Numeric Series)	
Terms Changing from: Benign to Borderline	**ICD-O-2**	**ICD-O-3**	**Diagnosis on or before 12/31/2000**	**Diagnosis on or after 01/01/2001**
Transitional cell papilloma, NOS	8120/0	8120/1	60 - 87	60 - 87

TABLE A-4			
			Seq Num-Central (Numeric Series)
Terms Changing from: Benign to Borderline	**ICD-O-2**	**ICD-O-3**	

APPENDIX B

FORDS Required Over-Ride Flags

FORDS incorporates twelve edit override items, all part of the standard NAACCR data exchange record

Table B-1 lists the EDITS Override items required by FORDS to be available to reporting facilities.

TABLE B-1	
Item Name	**Item #**
OverRide Acsn/Class/Seq	1985
OverRide HospSeq/DxConf	1986
OverRide CoC Site/Type	1987
OverRide HospSeq/Site	1988
OverRide Site/TNM-Stage Group	1989
OverRide Age/Site/Morph	1990
OverRide Surg/DxConf	2020
OverRide Site/Type	2030
OverRide Histology	2040
OverRide Leuk, Lymphoma	2070
OverRide Site/Behavior	2071
OverRide Site/Lat/Morph	2074

These override items are designed to work with standard NAACCR edits and/or the EDITS software and Metafiles distributed by NAACCR or other standard setters to implement standard edits. Some edit errors and/or warnings can be associated with rare – but not impossible – code combinations. Usually, the error or warning message indicates a coding or data entry problem than can be corrected. However, when the registrar establishes that a rare combination was correct, entering the appropriate value for the override flag will identify that the record has been verified and allow future runs of the edit to accept the case. If no warning or error message is generated by the respective edit, the override flag remains **blank** (spaces). The specific edits associated with the override items are identified in FORDS and in the NAACCR

TABLE B-3			
Item Name	**Item #**	**Historic Records if Unknown**	**Preferred Version for cases Dx'd > 12/31/2002**
COC Coding System -- Current	2140	99	08
Race Coding System -- Current	170	9	6
Site Coding System -- Current	450	9	5
Morphology Coding System -- Current	470	9	7
RX Coding System -- Current	1460	99	06

ICD-O Conversion Flags: The distributions of ICD-O-2 and ICD-O-3 site and morphology codes (histologic type and behavior) differ depending on whether the codes were assigned directly or converted from other versions, and whether or not case review took place as part of a conversion. The ICD-O

If the record does not contain ICD-O-2 histology and behavior codes, leave the field **blank** (space); the flag does not apply.

If the registry direct-coded ICD-O-3 morphology and converted to ICD-O-2, the flag should be set to **5** for those cases (unless the registry is able to identify reviewed cases, which can be flagged **6**). If the registry direct-coded *both* ICD-O-2 and ICD-O-3, no conversion took place and ICD-O-2 conversion flag is **0**.

If the registry never collected ICD-O-1 morphology codes or the codes published in the field trial editions that preceded ICD-O-2, all records with ICD-O-2 morphology codes in them that were not recoded from ICD-O-3 codes should be flagged **0**.

Most registries will be able to identify a date after which all ICD-O-2 codes were direct-coded. This date may be as early as 1991 or as late as 1993 (occasionally earlier or later). Cases after that date (not converted from ICD-O-3) should be flagged **0**.

If at all possible, encourage registries that once collected ICD-O-1 codes to review their own records to determine with more precision when their data collection switched from ICD-O-1 to ICD-O-2 coding. Some registries converted site codes separately from morphology codes, or did not convert morphology codes at all. The suggestions that follow emphasize identification of converted morphology codes. Possible information sources include the software provider's version number (software distributed prior to 1990 would have used ICD-O-1 coding), paper documentation of conversion records, or frequency counts of morphology codes valid under one but not both coding systems. (The appendix of ICD-O-2 lists morphologies introduced in ICD-O-2; 9990 was discontinued then, but many registrars continued using it or 9999 for unknown morphology long after otherwise adopting ICD-O-2, so it may not be a useful indicator.) If the registry collected ICD-O-1 morphology codes, and is unable to identify accurately records for which ICD-O-2 was keyed directly, apply the following steps, in sequence. Registrar assistance in reviewing the data is required if these steps are applied.

If ICD-O-1 codes are stored unconverted in ICD-O-2 morphology fields, leave the flag **blank** (space) for the period involved.

If the morphology codes for cases diagnosed prior to 1990 are all valid ICD-O-2 codes, presume they were converted from ICD-O-1 (flag **1**).

Presume cases with both ICD-O-1 and ICD-O-2 morphology codes stored in the record (separately) were converted from ICD-O-1 to ICD-O-2 (flag **1**), unless documentation of backward conversion exists (flag **0**).

This leaves cases diagnosed during the period 1990-1993 or so in registries with a history of ICD-O-1 coding but lacking the applicable registry records or independent identification of ICD-O-1 codes in the database. If it is apparent that the fields contain only ICD-O-2 codes but the timing of conversion cannot be determined, presume that 1991 cases were converted (flag **1**) and subsequent cases were direct-coded (flag **0**). Otherwise, if a year-by-year check indicates the codes are mixed, leave the flag **blank** (space) for years having mixed codes.

APPENDIX C

This appendix to the 2003 Implementation Guidelines and Recommendations provides specific constituents in the cancer registry community a summary description of how the guidelines and recommendations will effect their transition from Version 9.1 standards to Version 10.

Summary for Central Cancer Registries (CCRs): important points for consideration when developing Version 10 implementation plans:

Reportability

State Specific Fields

CCRs should clearly delineate any non-standard, or state specific data items they will be collecting, and should generate detailed abstracting instructions for each item. If a CCR will be collecting a standard data item but will not be conforming to the data standards for that item (as described in NAACCR Volume II, or elsewhere by the item's standard setter), a clear description of your alternate data standards for the item should be provided.

Edits Metafiles

CCRs should decide what edits within the Version 10 EDITS metafile they will be utilizing, and should apply these edits as soon as possible to incoming Version 10 records. CCRs should continue to check the NAACCR website for expected updated metafiles following the initial release of the Version 10 metafile. CCRs that generate and distribute their own metafiles should have a plan to keep them updated.

State Specific Edits

CCRs should note that certain Version 10 NAACCR EDITS may need to be revised to accommodate CCR-specific reporting requirements, and that special edits may need to be developed to be applied to state specific data items. Implementation, testing and distribution of state specific EDITS metafiles to reporting facilities and vendors should be considered as CCRs develop their overall Version 10 implementation plans. CCRs that generate and distribute their own metafiles should have a plan to keep them updated.

Acceptable Record Versions

CCRs should have a plan to accommodate incoming Version 10 records. If a CCR anticipates receiving records submitted in the Version 10 layout before the CCR’s internal data system is prepared to accommodate them, the CCR should have a plan to address the processing of these records.

new fields need to be added to your CCR data system to accommodate the Version 10 layout (Appendix D); ensuring additional space for new items; and accommodating the varying degree of Version 10 implementation across all reporting facilities.

between accession year and diagnosis year. Ensure that reporting facilities and vendors understand the double coding issue for pre-2003 cases accessioned after system conversion. In areas collecting non-analytic cases (such as Class 3's) that may have their first facility contact long after diagnosis, emp em

Summary for Registry Software Developers and Vendors: Important points for consideration when supporting clients' transition to Version 10 standards:

Database Conversion
Databases should be converted to FORDS codes when all or virtually all 2002 cases are abstracted.

Recording and Storing the Appropriate Code Values
ROADS code values must be retained for all cases diagnosed on or before 12/31/2002 for the following ten items (per the instructions appearing on pages 7-9 of this document).

All cases entered into a client's registry, diagnosed on or before 12/31/2002, after the client's data base has been converted to FORDS standards, will require the eleven items shown in Table C-1. Unless the FORDS release of your product facilitates on-the-fly forward conversion of "straggler" cases be sure to inform hospital/reporting facility registries that these cases will have to be manually double-coded, recording the ROADS co

In addition, all cases entered into a client's registry, diagnosed on or before 12/31/2002, after the client's data base has been converted to FORDS standards, must be coded using FORDS codes and definitions for the six items appearing in Table C-2.

TABLE C-2	
Item Name	**Item #**
RX Hosp Surg Prim Site	670
RX Hosp Scope Reg LN Surg	672
RX Hosp Surg Oth Reg/Dis	674
RX Summ Surg Prim Site	1290
RX Summ Scope Reg LN Surg	1292
RX Summ Surg Oth Reg/Dis	1294

All cases diagnosed on or after 01/01/2003 require the seven items listed in Table C-3 to be coded using FORDS codes and definitions.

TABLE C-3	
Item Name	**Item #**
RX Hosp Surg Prim Site	670
RX Hosp Scope Reg LN Surg	672
RX Hosp Surg Oth Reg/Dis	674
RX Summ Surg Prim Site	1290
RX Summ Scope Reg LN Surg	1292
RX Summ Surg Oth Reg/Dis	1294
RX Summ - Surgical Margins	1320

Data Collection of New Items

NAACCR Version 10 implementation will require changes to data collection for new fields and changes to existing fields (including look-ups), state reporting programs, and updates/additions to existing report design.

Transmission of Converted Records

FORDS is synonymous with the NAACCR Version 10 layout. Therefore NAACCR Versions earlier than 10 will no longer be valid after conversion to FORDS. For data submissions to the CoC, a case that has not been converted should not be transmitted using NAACCR Version 10.

Conversion Logs

Vendors should provide conversion logs to assist the clients in identifying the changes to data that have been made and identifying any questionable data for review. Conversion logs should include a comprehensive list of code value changes indicating for each record in the client's database pre-converted and converted code values. This is not provided in the year 2003 conversion algorithm package and may be vendor specific.

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Summary for Hospital Cancer Registrars and Reporting Facilities: Important points for consideration when making the transition to FORDS standards:

Review Data Reporting Requirements

Version 10 of the NAACCR data exchange layout was largely developed in response to FORDS and the

TABLE C-4	
ROADS Data Item Name	**NAACCR Item #**
Reconstruction/Restoration - First Course	1330

• All cases entered into a hospital/reporting facility registry, diagnosed on or before 12/31/2002, after the database has been converted to FORDS standards, must be coded using FORDS codes and definitions for the six items shown in Table C-5.

TABLE C-5	
FORDS Data Item Name	**NAACCR Item #**
Surgery Of The Primary Site At This Facility	670
Scope Of Regional Lymph Node Surgery At This Facility	672
Surgery Of Other Regional Site(s), Distant Site(s) Or Lymph Nodes At This Facility	674
Surgery Of The Primary Site	1290
Scope Of Regional Lymph Node Surgery	1292
Surgery Of Other Regional Site(s), Distant Site(s) Or Lymph Nodes	1294

• All cases diagnosed on or after 01/01/2003 **ONLY** require the seven items in Table C-6 to be coded using FORDS codes and definitions.

TABLE C-6	
FORDS Data Item Name	**NAACCR Item #**
Surgery Of The Primary Site At This Facility	670

ERRATA. NAACCR vol II Version 10, Chapter VIII: Record Layout Table

C #		#			
1-1	1	10			
2-9	8	20			
10-10	1	30			
11-11	1	35	C		
12-18	7	37	00		
19-19	1	50	AACC		
20-29	10	40			
30-31	2	60			
32-51	20	370	01		
52-71	20	70	A --C		
72-73	2	80	A --		
74-82	9	100	A -- C		
83-85	3	90	C		
86-91	6	110	C 1970/80/90		
92-92	1	120	C C 1970/80/90		
93-98	6	130	C 2000		
99-99	1	362	C B		
100-100	1	364	C C 1970/80/90		
101-101	1	365	C C 2000		
102-102	1	150			
103-104	2	160	1		
105-106	2	161	2		
107-108	2	162	3		
109-110	2	163	4		
111-112	2	164	5		
113-113	1	170	C --C		
114-114	1	180	C --		

C #		#		
227-228	2	3300	1993	
229-230	2	3310	2000	
231-280	50	530	02	
281-282	2	380	--C	C
283-290	8	390		C
291-294	4	400		C
295-295	1	410		C

C #		#			

C #		#			
589-590	2	1030		/	
591-591	1	1040	B	/	

C #		#			
755-762	8	1200	--	-1 C	
763-770	8	3170	--	-1 C	
771-778	8	3180	--	-1 C	
779-786	8	1210	--	-1 C	
787-794	8	3220	--	-1 C	
795-802	8	3230	--	-1 C	
803-810	8	1220	--C	-1 C	
811-818	8	1230	--	-1 C	
819-826	8	1240	--B	-1 C	
827-834	8	1250	--	-1 C	
835-842	8	1260	--	-1 C	
843-850	8	1270	1 C --C C	-1 C	

C #		#			
911-912	2	3200	--B	-1 C	
913-917	5	3210	--B	-1 C	
918-918	1	1580	-- C	-1 C	
919-919	1	1590	-- C	-1 C	
920-922	3	1600	C 1	-1 C	
923-925	3	1610	C 2	-1 C	
926-928	3	1620	C 3	-1 C	
929-931	3	1630	C 4	-1 C	
932-933	2	1640	--	-1 C	
934-934	1	1642	-- /B 1	-1 C	
[illegible]					
937-937	1	1645	-- /B 4	-1 C	
938-938	1	3190	30	-1 C	
939-940	2	1646	-- 98-02	-1 C	
941-941	1	1647	-- 98-02	-1 C	
942-942	1	1648	-- 98-02	-1 C	
943-987	45	1190	06	-1 C	
988-995	8	1660	2 C	- &	
996-1002	7	1670	2 C C	- &	
996-997	2	1671	2 C	- &	
998-998	1	1672	2 C	- &	
999-999	1	1673	2 C C	- &	
1000-1000	1	1674	2 C	- &	
1001-1001	1	1675	2 C B	- &	
1002-1002	1	1676	2 C	- &	
1003-1010	8	1680	3 C	- &	
1011-1017	7	1690	3 C C	- &	
1011-1012	2	1691	3 C	& 0 2-6400( ) 74.16 0 2-6400(	

C #

C #		#			
1148-1155	8	2114	1	A /C /	
1156-1163	8	2115	2	A /C /	
1164-1173	10	2081	C C C C	A /C /	
1174-1181	8	2090	C C	A /C /	
1182-1189	8	2100	C C	A /C /	
1190-1197	8	2110	C	A /C /	
1198-1198	1	2120	C --C	A /C /	
1199-1199	1	2130	C --	A /C /	
1200-1201	2	2140	C C C --C	A /C /	
1202-1203	2	2150	C C C --	A /C /	
1204-1213	10	2170		A /C /	
1214-1214	1	2180	-	A /C /	
1215-1216	2	2190		A /C /	
1217-1218	2	2200	73-87	A /C /	
1219-1226	8	2111	C	A /C /	
1227-1234	8	2112	C	A /C /	
1235-1242	8	2113	A	A /C /	
1243-1243	1	2116	C - -3 C	A /C /	
1244-1293	50	1650	08	A /C /	
1294-1301	8	1750	C	- / /	
1302-1302	1	1760		- / /	
1303-1303	1	1770	C	- / /	
1304-1304	1	1780		- / /	
1305-1305	1	1790	-	- / /	

C #		#			
2108-2147	40	2330	A &	-C	
2148-2187	40	2335	A	-C	
2188-2227	40	2350	A C &	-C	
2228-2267	40	2355	A C	-C	
2268-2277	10	2360		-C	
2278-2283	6	2380	C	-C	
2284-2313	30	2394	- C	-C	
2314-2353	40	2392	- C &	-C	
2354-2393	40	2393	- C	-C	
2394-2403	10	2352		-C	
2404-2414	11	2354		-C	
2415-2464	50	1835	10	-C	
2465-2474	10	2430	-	-C	
2475-2484	10	2440		-C	
2485-2494					

C #		#			
3845-4094	250	2570	-- --	-	
4095-4134	40	2580	--	-	

#		C	C C C	C C	C			
310	--	*	.	.	.	.	C	
320	--	*	.	.	.	.	C	
330	C		.	.	.	.	C	
340		.	.	.	.	.		
350	A	.	.	.	.	.		
360	C	.	.	.	.	.		
362	C B	.	.	.	.	.	C	
364	C C 1970/80/90		.	.				
365	C C 2000		.	.				
370	01	.	.	.	.	.		
380	--C		.	.			AACC	
390							/C C	
400							/C C	
410							/C C	
419	-- &B C - -2							
420	(92-00) C - -2		.				/C C	
430	B (92-00) C - -2		.				/C C	
440							/C C	
450	C --C				.	.	AACC	
460	C --	.			.	.	AACC	
470	C --C				.	.	AACC	
480	C --	.			.	.	AACC	
490	C						/C C	
500			.	.				
510		.	.	.	.	.	C C	
520		.	.	.	.	.	C C	
521	-- &B C - -3							
522	C - -3						/C C	
523	B C C - -3						/C C	
530	02	.	.	.	.	.		

Codes for Recommendations: R = Required. RH = Historically collected and currently transmitted. RC = Collected by SEER from COC approved hospitals. RS = Required, site specific. S = Supplementary/recommended. D = Derived. T = Required status to be determined based upon implementation date of CS (see note on the first page of Chapter IX). = Not in dataset but available. * = When available. # = Central registries may code available data using either SEER or COC data item and associated rules. ^ = These text requirements may be met with one or several text block fields.

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Codes for Recommendations: R = Required. RH = Historically collected and currently transmitted. RC = Collected by

Codes for Recommendations: R = Required. RH = Historically collected and currently transmitted. RC = Collected by

#		C	C C C	C C	C			
2400	16	.	.	.	.	.		
2410		.		.	.	.	AACC	
2420		.		.	.	.	AACC	
2430	-	.	.	.	.	.	AACC	
2440		.		.		.	AACC	
2450	17	.	.	.	.	.		
2460	--	.	.	.	.	.	C C	
2470	-- -	.		.		.	C C	
2480	--	.		.	.	.	C C	
2490	3	.		.	.	.	C C	
2500	4	.		.	.	.	C C	
2520	-- --		.	.		.	AACC	
2530	-- -- - /		.	.		.	AACC	
2540	-- --		.	.		.	AACC	
2550	-- --		.	.		.	AACC	
2560	-- --		.	.		.	AACC	
2570	-- --		.	.		.	AACC	
2580	--		.	.		.	AACC	
2590	--		.	.		.	.	.

Codes for Recommendations: R = Required. RH = Historically collected and currently transmitted. RC = Collected by SEER from COC approved hospitals. RS = Required, site specific. S = Supplementary/recommended. D = Derived. T = Required status to be determined based upon implementation date of CS (see note on the first page of Chapter IX). = Not in dataset but available. * = When available. # = Central registries may code available data using either SEER or COC data item and associated rules. ^ = These text requirements may be met with one or several text block fields.

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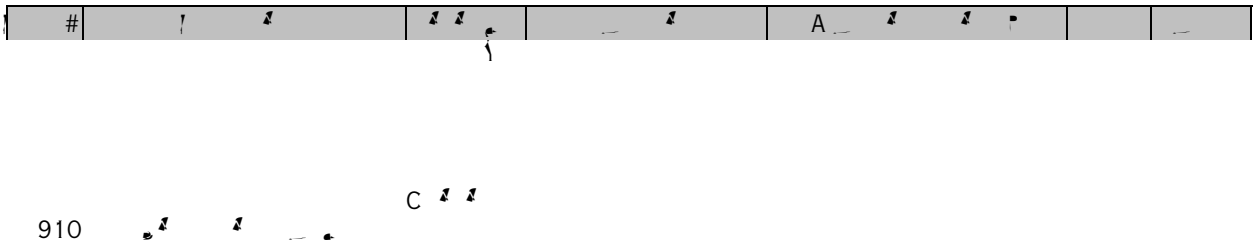
#				A		
10		C		, C, A, , ,	1	
20		C	,		8	
30		C		1-3	1	
35	C	C		1-3, 9	1	
37	00	C			7	
40		C	,	10- . B A B	10	
50	AACC	C		B , 1, 4-9, A	1	
60		C	,	01-99	2	

6(0 -1 5 2,39.16 52 6 499)13.2 4.1(,) 0 -1.2133 0.

70A --C C

#						
160	1	C		01-14, 20-22, 25-28, 30-32, 96-99	2	
161	2	C		01-14, 20-22, 25-28, 30-32, 88, 96-99,	2	
162	3	C		01-14, 20-22, 25-28, 30-32, 88, 96-99,	2	
163	4	C		01-14, 20-22, 25-28, 30-32, 88, 96-99,	2	
164	5	C		01-14, 20-22, 25-28, 30-32, 88, 96-99,	2	
170	C --C	C		1-6, 9	1	
180	C --	C		1-6, 9	1	
190	/	C		0-7, 9	1	
200	C	C		0-7,	1	
210	C	C		0-9,	1	
220		C		1-4, 9	1	
230	A	C		000-120, 999	3	
240	B	C	CC	99999999	8	



#						
1294	--	C		0-5, 9	1	
1296	--	C		00-90, 95-99	2	
1300	07	C			50	
1310	--	C		0-9 ( )	1	
1320	--	C		0-3, 7-9	1	
1330	-- 1	C		0-9 (9.7 72		8(

#						
1570	--	C		00, 20-32, 40-43, 50-55, 60-62, 80, 85, 98, 99	2	
1580	-- C	C		0-9	1	
1590	-- C	C		0-4, 8, 9	1	
1600	C 1	C			3	
1610	C 2	C			3	
1620	C 3	C			3	
1630	C 4	C			3	
1640	--	C		00-99 ( )	2	
1642	-- /B 1	C		: 0 ( ); 1-3, 5, 9 ( ); 1-4, 9 ( )	1	
1643	-- /B 2	C		: 0 ( ); 1-7, 9 ( ); 1-3, 9 ( )	1	
1644	-- /B 3	C		: 0 ( ); 1, 9 ( ); 1-5, 9 ( )	1	
1645	-- /B 4	C		: 0 ( ); 1-4, 9 ( ); 1-7, 9 ( )	1	
1646	-- 98-02	C		00, 10-90, 99 ( )	2	
1647	-- 98-02	C			1	
1648	-- 98-02	C			1	
1650	08	C			50	
1660	2 C	C	CC	, 00000000, 99999999	8	
1670	C 2 C	C			7	
1671	2 C	C		00, 10-90, 99	2	
1672	2 C	C		0-5, 9	1	
1673	C 2 C	C		0-3, 9	1	
1674	2 C	C		0-3, 9	1	
1675	2 C B	C		0-9	1	
1676	2 C	C		0-3, 6-9	1	
1677	2 --	C		0-9	1	

#						
1732				0-5, 9	1	
1733				0-3, 9	1	
1734				0-3, 9	1	
1735						

#				A		
1842	- C --C	C			20	
1844	- C --	C		A . B A B	2	
1846	- C --	C		5- 9- ; 6- C ; 888888888, 999999999	9	
1850	-	C		0-9	1	
1860	--1	C	CC	, 00000000, 99999999	8	
1871	1	C		0-9	1	
1872	2	C		0-9	1	
1873	3	C		0-9	1	
1880	--1	C	,	00, 04, 06, 10, 13-17, 20-22, 25-27, 30, 36, 40, 46, 51-60, 62, 70, 88, 99	2	
1890	--1 --	C		00, 01, 06, 10, 11, 15-17, 20-22, 25-27, 30, 36, 40, 46, 70, 88, 99	2	
1900	11	C			50	
1910	C	C	4 (C -7, 8, 9) 3 (C -10)	C -7, C -8, C -9, C -10 ; 0000, 7777, 7797	4	
1920	C	C		0, 1, 7, 8, 9	1	
1930	A	C				

#

#				A		
2840	C	C		0-3, 5, 6, 8, 9	1	
2850	C	C		00-99 ( )	2	
2860	C	C		0-3, 5, 6, 8, 9	1	
2880	C - 1	C		000-999 ( )	3	
2890	C - 2	C		000-999 ( )	3	
2900	C - 3	C		000-999 ( )	3	
2910	C - 4	C		000-999 ( )	3	
2920	C - 5	C		000-999 ( )	3	
2930	C - 6	C		000-999 ( )	3	
2940	A CC	C		C	2	
2950	A CC	C		C ( )	1	
2960	A CC	C		C	2	
2970	A CC	C		C ( )	1	
2980	A CC	C		C	2	
2990	A CC	C		C ( )	1	

3000 A CC 1 1 47 28 0.472 295.929292929292921

#						
3110	C /C 1	C		00000, 00100-13980, 24000-99990, 8700-8799, 9300- 9499	5	
3120	C /C 2	C		00100-13980, 24000-99990, 8700- 8799, 9300- 9499,	5	
3130	C /C 3	C		00100-13980, 24000-99990, 8700- 8799, 9300- 9499,	5	
3140	C /C 4	C		00100-13980, 24000-99990, 8700- 8799, 9300- 9499,	5	
3150	C /C 5	C		00100-13980, 24000-99990, 8700- 8799, 9300- 9499,	5	
3160	C /C 6	C		00100-13980, 24000-99990, 8700- 8799, 9300- 9499,	5	
3170	--	C	CC	, 00000000, 99999999	8	
3180	--	C				

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RESERVED 04

Alternate Name	Item #	Length	Source of Standard	Column #
	750	46		482-527

RESERVED 05

Alternate Name	Item #	Length	Source of Standard	Column #
	1180	50		705-754

RESERVED 06

Alternate Name	Item #	Length	Source of Standard	Column #
				943-987

RX HOSP--SCOPE REG 98-02 **(New Field)**

Alternate Name	Item #	Length

RX HOSP--SURG OTH 98-02 **(New Field)**

code 7) and the SEER Program Code Manual, (RX Coding System #1460, code 5) 1998 for site-specific codes.

RX SUMM--SCOPE REG 98-02 **(New Field)**

Alternate Name	Item #	Length	Source of Standard	Column #
	1647	1	SEER/COC	941-941

Description
Describes the removal, biopsy or aspiration of regional lymph node(s) at the time of surgery of the primary site or during a separate surgical event at all facilities. This field is to be used for ROADS codes

APPENDIX E

The following documentation and conversion tools have been or will be made available to facilitate the implementation of NAACCR Version 10 standards:

TABLE E-1	
Documentation/Tools	**Anticipated Availability**
NAACCR vol II, Version 10	June 10, 2002
NAACCR vol II, Version 10, Errata	January 6, 2003
FORDS	July 15, 2002
FORDS, published page revisions	August - December 2002
SEER Program Code Manual 3rd edition, Revision 1	January 2003
CoC ROADS to FORDS Conversion Rules and Computer Code	August 15, 2002
CoC ROADS to FORDS Conversion Rules and Computer Code, Revisions	January 3, 2003
NPCR NAACCR Version 9.1 to Version 10 Conversion Computer Code	February 2003