

## CS V01.02.00 Detailed Guidelines for Recoding/Conversion of Existing Data

There are two tables provided, Table 1 describing changes that can be managed by computer conversion, and Table 2 describing changes needing manual review and recoding. Each row in a table represents a set of cases/abstracts/records that need similar handling. The specifications in the Selection Criteria columns can be used to identify the cases in a database. The Action Recommended and Comments column describes what is required to bring any existing CS data completely in line with CS Version 01.02.00, with added explanations. The Derived Fields Affected columns indicate which of the categories of output fields are affected by the change. If taking the action does not result in a change to a category of derived fields, then the cell is blank. If the derived field does change, an X appears in the cell.

All standard setters are in agreement that the recommended actions should be taken for all existing 2005-diagnosed cases. They differ in recommendations for handling existing 2004 cases.

### Table 1 - Computer Conversions

Selection Criteria			Action Recommended and Comments	Derived Fields Affected			
[Schema Name]	CS Fields	CS Version 1st		TNM Elements	AJCC Stage Group	SS1977	SS2000
[Melanoma]  C440-C449, C510-C512, C518-C519, C600-C602, C608-C609, C632 AND M 8720-8790	SSF1 = 990	[any, as code is obsolete]	Computer conversion to 999  [Converting this code will not affect any derived fields, because the mapping of the obsolete codes has also been corrected. Change in code was made for consistency across schemas.]				
[MelanomaConjunctiva] [MelanomaChoroid] [MelanomaIrisCiliary]  C690, C693, C694 AND M 8720-8790	SSF1 = 990	[any, as code is obsolete]	Computer conversion to 999  [Converting this code will not affect any derived fields, because SSF1 does not participate in calculations for this schema. Change in code was made for consistency across schemas.]				
[Thyroid]  C739 AND M not (9140 or 9590-9699 or 9702-9989)	CS Lymph Nodes = 30 or 31	[any, as codes are obsolete]	Computer conversion to 15  [Converting these codes will not affect any derived fields, because the mapping of the obsolete codes has also been corrected. However, it may make future analyses easier as Level VII node involvement will be confined to only one code, 15.]				
[Prostate]  C619 AND M not (9140 or 9590-9699 or 9702-9989)		Not = 010200	Computer conversion of apex involvement coded in CS Extension and SSF3 to new codes in SSF4.  <b>See Note 3 for table of conversions.</b>  [Note that any existing data about PAP will be destroyed by the conversion. Those interested in retaining PAP information should move it to a locally-defined field, since there is no longer a place for it in the NAACCR record.]				

**Table 2 - Manual Recoding**

Selection Criteria			Action Recommended and Comments	Derived Fields Affected			
[Schema Name]	CS Fields	CS Version 1st		TNM Elements	AJCC Stage Group	SS1977	SS2000
<p>[H&amp;N]</p> <p>LIPUPPER LIPLOWER OTHLIP BASETONGUE ANTTONGUE (hbh) GUMUPPER GUMLOWER OTHGUM FOM HARDPALATE SOFTPALATE OTHMOUTH BUCCALMUCOSA PAROTIDGLAND (hbd) SUBMANDIBULARGLAND (hbr) OTHSALIVARY (hbq) OROPHARYNX HYPOPHARYNX (hpd) OTHPHARYNX (hbi) GLOTTICLARYNX SUPRALARYNX SUBLARYNX OTHLARYNX</p> <p>C000-C009, C019, C020-C029, C030-C039, C040-C049, C050-C059, C060-C069, C079, C080-C089, C090-C099, C100, C102-C109, C129, C130-C139, C140-C148, C320-C329</p> <p>AND M not (9140 or 9590-9699 or 9702-9989)</p>	<p>CS Mets at DX = 10 or 50</p>	<p>Not = 010200</p>	<p>Manually review and recode any supraclavicular node involvement under CS Lymph Nodes, and determine correct new code for CS Mets at DX.</p> <p>[Note that the head-and-neck primary site code ranges in the first column are condensed for convenience, and invalid codes are included in the ranges. However, these invalid codes should not exist in the data. The valid site codes not appearing in the ranges represent sites or schemas that were not affected by this change in supraclavicular node coding.]</p>	<p>X</p>	<p>X</p>		

Selection Criteria			Action Recommended and Comments	Derived Fields Affected			
[Schema Name]  Primary Site and Morphology	CS Fields	CS Version 1st		TNM Elements	AJCC Stage Group	SS1977	SS2000
[Lung]  C340-C343, C348-C349 AND M not (9140 or 9590-9699 or 9702-9989)	CS Extension = 73	Not = 010200	Manually review and recode any cases that should be assigned to new code 78, "73 plus any of (61-72) or (74-77)"	X	X		
[RenalPelvis]  C659, C669 AND M not (9140 or 9590-9699 or 9702-9989)	CS Extension = 62	[any, as code is obsolete]	Manual review and recoding to 35, 40, or 60	X	X		
[Prostate]  C619 AND M not (9140 or 9590-9699 or 9702-9989)	CS Extension-Clinical Extension = 31, 33, or 34	[any, as codes are obsolete]	Manually recode to 10-30  <b>See Note 1, below.</b>	X	X		
	SSF3 CS Extension-Pathologic = 031, 033, 034	[any, as codes are obsolete]	Manually recode to 020-030  [There is no T1 pathologically, so the Grade 1 restriction in Note 1 is not appropriate.]	X			
	SSF4 = 000, 010, 020, 030, 080, 999	[any, as codes are obsolete]	Neither the obsolete nor the new SSF4 codes participate in the calculations of derived fields. Those who are interested in apex involvement historically will want to clean up the data in this field.				
[Thyroid]  C739 AND M not (9140 or 9590-9699 or 9702-9989)	CS Mets at DX = 10 or 11	[any, as codes are obsolete]	Manually review and recode to 00 in CS Mets at DX AND appropriate code 13 or greater in CS Lymph Nodes  [Manual review recommended because existing code in CS Lymph Nodes could be >13, or could be a code now obsolete or could be already converted]  <b>See Note 2, below.</b>	X	X	X	X
	CS Mets at DX = 50	[any, as code is obsolete]	Manually review and recode to 40 or 51 in CS Mets at DX AND appropriate code 13 or greater in CS Lymph Nodes	X			
	CS Lymph Nodes = 10, 11, 20, or 21	[any, as codes are obsolete]	Manually review and recode to 12-15	X	X	X	

**Note 1:** Restricting review to cases with Grade = 1 will allow correction of any cases that were T2 using the obsolete codes but should have been T1. Cases with other grades, when reviewed, can be

assigned to a specific subgroup of T2, but stage grouping will not be affected. This option, if permitted by your standard setter, can substantially reduce the number of Prostate cases to be reviewed, achieving the desired accuracy but with some sacrifice of precision.

**Note 2:** When reviewing and recoding the thyroid lymph node involvement in the two affected fields, it is recommended that the impact of the code changes be evaluated on the case as a whole in light of any text relating to regional and distant lymph node involvement. There may be combinations of obsolete codes in more than one field such that correcting one without reference to the other would result in an incorrect code assignment.

**Note 3: Conversion to New SSF4 Values for Prostate**

To generate the new codes for Prostate SSF4 (apex involvement), use the existing codes for CS Extension and SSF3. In the following table, the cell at the intersection of the row representing CS Extension and the column representing SSF3 contains the appropriate new SSF4 code.

	SSF3 Pathologic Extension					
CS Extension - Clinical Extension	000-030, 032, 040-095	031	033	034	096-099	blank or other
00-30, 41-95	110	120	130	140	150	blank
31	210	220	230	240	250	blank
33	310	320	330	340	350	blank
34	410	420	430	440	450	blank
99	510	520	530	540	550	blank
blank or other	blank	blank	blank	blank	blank	blank