

October 31, 2007
Special Announcement

New Release

COLLABORATIVE STAGING SYSTEM VERSION 01.04.00

The Collaborative Staging Task Force is pleased to announce the release of Collaborative Staging (CS) version 01.04.00, on October 31, 2007. The CS Task Force has resolved issues and enhanced the documentation to improve the quality of data collection, and considers all revisions necessary. The Task Force extends its appreciation to those who identified issues.

All files for this release are available for downloading from the CS Web page at <http://cancerstaging.org/cstage/index.html>. Changes in this new version affect most of the schemas and some derived fields. It is recommended that vendors deliver these updates to their clients as soon as possible.

Implementation of Collaborative Staging Version 01.04.00 requires four actions:

1. **Replace the Site-specific Schemas and Instructions**

Registrars may download the new, complete *Collaborative Staging Manual and Coding Instructions* contained in a pdf file. This new file was created to ensure that the “paper” document is synchronized with the online schemas for version 01.04.00. **Store this file on your computer to reference during abstracting or use it to print a new manual.** Replacement pages to update your version 01.03.00 manual are also available. The Release Notes, a list of the changes, can be found in the “CS Release Notes - Changes” on the CS Web page. Vendors may download HTML and XML versions of the changed schemas. Registrars and vendors affiliated with a CoC-approved cancer program should access further instructions outlined in the “CoC Specifications for Implementing CS Version 01.04.00 for Approved Programs and Software Providers” document posted on the CS Web page.

2. **Replace the Computer Algorithm**

Vendors should replace the CS algorithm that calculates derived stage values and follow “Vendor Actions” instructions in the “Software” section of the CS Web pages to implement the necessary changes. Systems utilizing the Windows Dynamic Link Library (DLL) should replace the cstage.dll file. For other systems, some programming or recompiling will be required.

3. **Recode Certain Specific Cases by Site and Stage**

Registrars should recode specific cases of the following sites, hypopharynx, breast, fallopian tube, and HemeRetic. The breast cases affected are only those with a CS Lymph Node code of 28 or 50 with designated SSF3 codes. There are probably one or less cases per hospital, on average. Instructions for handling these new codes are provided in the document, “Recoding Specs V010400.” Instructions from standard-setters for recoding cases are summarized below.

4. **Re-run the Algorithm**

Software vendors will provide instructions to registrars on how to re-run the algorithm on all cases previously entered with older versions, ensuring derived fields for all cases will be consistent with version 01.04.00. This may be done all at once on existing data, depending on software capability, or there may be procedures for applying the new algorithm when data are extracted. Cases will have the new version number stored in the CS Version Latest field.

The CS Version 01.04.00 documents available online include:

- CS Manual and Coding Instructions – new manual and replacement pages
- CS Site-Specific Schemas in HTML and XML
- CS Algorithm DLL and All Release Documents and Files
- Release Notes (contained in the following documents):
 - CS Release Notes - Changes (for schemas and instructions)
 - Recoding Specs V010400
 - Vendor Actions
 - CoC Specifications for Implementing CS Version 01.04.00 for Approved Programs and Software Providers

Organization Recommendations and Requirements for Implementation of CS Version 01.04.00

- **Commission on Cancer (CoC)**

The Commission on Cancer encourages expeditious implementation of the new CS version 01.04.00 and use of the updated CS Manual, which clarify many coding issues. A small number of CS coded breast cancers (where CS Lymph Nodes = 28 or 50 and the LN Eval code does not indicate pathologic staging), fallopian tube cancers (where CS Extension is 60-77), and hematopoietic cancers (where histology is 9823 or 9827, and primary site is C77.x) must be reviewed and recoded, regardless of the diagnosis date. Specific instructions are included in the document, “CoC Specifications for Implementing CS Version 01.04.00 for Approved Programs and Software Providers”. Cases resubmitted after January 1, 2008, for the remainder of the ongoing NCDB Call for Data may be coded either in version 01.03.00 or version 01.04.00. All updates and recoded cases must be completed by the time of the NCDB Call for Data submission that begins in the fall of 2008.
- **National Cancer Institute–Surveillance, Epidemiology and End Results Program (NCI-SEER)**

SEER recommends that participating central cancer registries work closely with their hospital registries to avoid duplication of effort in implementing CS version 01.04.00. SEER requires that version 01.04.00 be implemented for all cases diagnosed 1/1/2008+. For efficiency of operations, it may be easier to start using the new algorithm before processing cases diagnosed in 1/1/2008+ or to use the new algorithm for older cases after processing of the 1/1/2008+ cases has begun. Therefore, while v01.04.00 must be used for cases diagnosed 1/1/2008+, SEER will allow earlier cases to be coded using v01.04.00 with one exception: the rule change (Note 1: A) for breast cancer SSF1 and SSF2 not be implemented before 1/1/2008 diagnoses. For at least cases beginning with 1/1/2008 diagnoses, the CS eval fields (CS Tumor Size/Ext Eval [#2820], CS Reg Node Eval [#2840] and CS Mets Eval [#2860]) are required. The eval fields can be submitted for prior years. A new Part I and II CS manual and replacement pages will be available on <http://cancerstaging.org/cstage/manuals.html>. There will also be replacement pages for the 2007 SEER Coding Manual that will incorporate these changes. The review and recoding of earlier cases must be completed before the November 2008 data submission for cases diagnosed 2004-2006 and by November 2009 for cases diagnosed in 2007. Information about which cases require review and recoding for the November 2008 data submission will be posted at a later date. Very few cases will need review. The CS Release Notes - Changes posted on <http://cancerstaging.org/cstage/index.html> gives detailed information on the changes made between CS version 01.03.00 and CS version 01.04.00.
- **Centers for Disease Control and Prevention National Program of Cancer Registries (CDC/NPCR)**

NPCR recommends that participating central cancer registries work closely with their hospital registries to avoid duplication of effort in implementing CS version 01.04.00. NPCR requires that version 01.04.00 be implemented for all cases diagnosed 1/1/2008+. For efficiency of operations, it may be easier to start using the new algorithm before processing cases diagnosed in 1/1/2008+. Summary stage changes affect fallopian tube (with morphology of 9140, 9590-9699 or 9702-9989) and lymphoma schemas only. A new Part I and II CS manual and replacement pages will be available on <http://cancerstaging.org/cstage/manuals.html>. The review and recoding of earlier cases may begin after the initiation of processing of 2008 cases and must be completed before the January, 2009 data submission for cases diagnosed 2004-2006 and by January 2010 for cases diagnosed in 2007. The CS Release Notes - Changes will be posted on <http://cancerstaging.org/cstage/index.html> and will give detailed information on the changes made between CS version 01.03.00 and CS version 01.04.00.

- **Canadian Council of Cancer Registries (Statistics Canada–Canadian Cancer Registry)**
Statistics Canada recommends that the new CS version be implemented as soon as possible in the Provincial/Territorial Cancer Registries. Beginning with cases diagnosed 1/1/2008, all cases must be coded using CS version 01.04.00. The review and conversion or recoding of 2004-2007 cases should be completed before the data submission to Statistics Canada. Very few cases will need review. Please review the release notes for more detailed information on the changes made between CS version 01.03.00 and CS version 01.04.00.

Note to the Cancer Registrar Community

With the increasing use of neoadjuvant treatment modalities in various types of cancer diagnosis, the Collaborative Staging Task Force has been challenged with meeting the needs of the registrar in properly coding the presentation of disease upon diagnosis of the patient. The clinical presentation is extremely important in this setting. In order to allow for the best clinical stage in the neoadjuvant setting, there have been some enhancements to specific schemas in which this occurs most often. The schemas enhanced are colon, rectum, breast and stomach. There is an addition of SSF 2 for both colon and rectum schemas and a new SSF 1 for the stomach schema to address the collection of clinical regional lymph node information. In the breast schema, the collaborative stage lymph node table has been updated to allow for the collection of clinical regional lymph node information.

We are hopeful that the capture of clinical information in the neoadjuvant setting will further assist those utilizing the data collected within the cancer registry. We are also hopeful that we have empowered and enabled the registrar to record the best and most accurate data during the abstracting process.

Vendor Conference Call and Sharepoint

A second conference call for software vendors and programmers to address version 01.04.00 technical issues has been scheduled for November 14, 2007. If you would like to be included in the next call, and to receive the October 12, 2007 conference call minutes, please notify Donna Gress, dgress@facs.org, to be added to the email list. If you want to be added to the Sharepoint for vendors and programmers, a venue for discussion and comment, please send your name and affiliation to ajcc@facs.org.

Vendor questions or general questions regarding the CS release can be submitted to Donna Gress, RHIT, CTR, AJCC Technical Specialist at ajcc@facs.org or dgress@facs.org, or to Tom Rawson, CS Programmer at tkr2@cdc.gov. All technical and coding questions regarding CS should be submitted to the Inquiry and Response System at <http://web.facs.org/coc/default.htm>.