

CS Release 01.02.00: CoC Review and Recode Specifications for Approved Programs and the Software Providers that Serve Them

Registrars, software providers, and others identified several problems in the initial release of the CS manual and computer algorithm that are addressed in CS Release 01.02.00. Because the changes affect the integrity of CS staging information already collected, some correction of data already collected is necessary. The specifications that follow are based on documents posted at <http://www.cancerstaging.org/cstage/cs042505news.html>. **The purpose of this document is to clarify which of the changes are required for registries associated with CoC approved programs.**

I. Software providers

- 1. Incorporate the new CS DLL for Release 01.02.00, associated CS documentation, and the NAACCR version 10E metafile which includes edits associated with that release into registry software, and distribute it to facility registries as soon as practicable.** Doing so will enable registrars to begin coding new cases using the revised input codes as soon as they implement the software revisions, thus reducing any review and recoding required of them.
- 2. Provide all of the automated changes described in Table 1** of Detailed Guidelines for Recording/Conversion of Existing Data for all CS-coded cases. CoC requires approved facilities to code all CS input items for all analytic cases diagnosed January 1, 2004, or later.
- 3. Provide a mechanism whereby registrars can identify cases required by CoC to be reviewed and recoded, as described below under **Registries**, II.2 and II.3 below.**

Software provider steps I.2 and I.3 may take place after I.1 above. However, all must precede the registry review process. Some providers will prefer to do their own programming for these two steps. The CS Task Force will provide an executable that performs the necessary conversions and derives the lists for review using a NAACCR 10.2 Layout input, and outputting changed records in a NAACCR 10.2 Layout. That program will be available by the end of June.

II. Registries: All cases diagnosed in 2005 must be coded according to the new release.

- 1. Install the software update** from your provider when it becomes available. Use it for coding CS input for future newly-acquisition cases, whether they were diagnosed in 2005 or earlier.

Updated CS manual pages may be downloaded from <http://www.cancerstaging.org/cstage/manuals.html>. Printed update pages will be available 5/27/05. DO NOT use the new pages for coding CS input until you have installed the program updates; continue using your current software until

that time.

Hint: Make note of the date when you began CS coding using the new program.

2. Your software provider will perform the automated conversions, and give you instructions for identifying cases for review and recoding. **CoC is requiring registries for CoC approved programs to review and recode certain cases diagnosed in 2005**, and recommends (but does not require) review and recoding of cases diagnosed before that. **DO NOT** make any code changes until your software has performed the automated conversions.

NOTE: Cases diagnosed in 2004 that will be submitted for next fall's NCDB Call for Data ARE NOT required to be recoded. However, as there will be no penalty if you do recode them, please do not attempt to reconvert them backwards.

Hint: If your facility plans to use any CS values for analysis, it is important that you also review and recode the CS values for affected cases prior to your study whether the diagnosis was in 2005 or before then.

3. **Refer to the Table below for the types of cases and CS input items requiring manual review and recoding.** The cases that need to be reviewed and recoded are those with a site and histology matching those identified in the first column, and the CS Input field values equal to those in the second column. The third column specifies what recoding is needed.

Hint: As you get ready to review and recode the required cases, be sure you have a method to identify which cases have been updated and which have not.

4. **Re-run the CS algorithm** on all CS-coded cases, regardless of diagnosis date, when you have completed the review and recode process. Your software will generate the derived values using the revised program and identify the rerun cases with the "CS Version Latest" with the up-to-date version code.
5. **That's it! Go celebrate!**

Manual Recoding Required by CoC for Existing Cases Diagnosed in 2005

Selection Criteria		Action Recommended and Comments
Primary Site and Morphology	CS Field Content	
<p style="text-align: center;">All Head & Neck Schema</p> <p>[LIP UPPER; LIP LOWER; LIP, OTHER BASE TONGUE; ANTERIOR TONGUE GUM, UPPER; GUM, LOWER GUM, OTHER; FLOOR OF MOUTH HARD PALATE; SOFT PALATE MOUTH, OTHER; BUCCAL MUCOSA PAROTID GLAND; SUBMANDIBULAR GLAND SALIVARY, OTHER; OROPHARYNX HYPOPHARYNX; PHARYNX, OTHER GLOTTIS LARYNX; SUPRALARYNX SUBLARYNX; LARYNX, OTHER]</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</p> <p>ICD-O-3 Histology is NOT equal to: 9140 or 9590-9699 or 9702-9989</p>	<p>CS Mets at DX = 10 or 50</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 style="text-align: center;">Lung</p> <p>C340-C343, C348-C349</p> <p>AND</p> <p>ICD-O-3 histology is NOT equal to: 9140 or 9590-9699 or 9702-9989</p>	<p>CS Extension = 73</p>	<p>Manually review and recode any cases that should be assigned to new code 78, “73 plus any of (61-72) or (74-77)”</p>
<p style="text-align: center;">Renal Pelvis</p> <p>C659, C669</p> <p>AND</p> <p>ICD-O-3 Histology is NOT equal to: 9140 or 9590-9699 or 9702-9989</p>	<p>CS Extension = 62</p>	<p>Manual review and recoding to 35, 40, or 60</p>
<p style="text-align: center;">Prostate</p> <p>C619</p> <p>AND</p> <p>ICD-O-3 Histology is NOT equal to: 9140 or 9590-9699 or 9702-9989</p>	<p>CS Extension- Clinical Extension = 31, 33, or 34</p>	<p>Manually review for Grade = 1 and re-code to 10-30</p> <p>[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, if reviewed, can be assigned to a specific subgroup of T2, but stage grouping will not be affected.]</p>

Selection Criteria		Action Recommended and Comments
Primary Site and Morphology	CS Field Content	
<p style="text-align: center;">Thyroid</p> <p>C739</p> <p>AND</p> <p>ICD-O-3 Histology is NOT equal to: 9140 or 9590-9699 or 9702-9989</p>	CS Mets at DX = 10 or 11	<p>Manually review and re-code to 00 in CS Mets at DX AND appropriate code 13 or greater in CS Lymph Nodes</p> <p>[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.]</p>
	CS Mets at DX = 50	Manually review and re-code to 40 or 51 in CS Mets at DX AND appropriate code 13 or greater in CS Lymph Nodes
	CS Lymph Nodes = 10, 11, 20, or 21	Manually review and re-code to 12-15