ACTIONS THAT SHOULD BE TAKEN AS SOON AS POSSIBLE

1) Provide users with new CS DLL and EDITS Metafile. The CS DLL is ready to use as you receive it, but most installations use customized Metafiles, meaning that the NAACR10E Metafile will need some work before it can be used. Each installation should keep a record of the date when these changes are installed.

2) Provide users with updated CS documentation. Printed manual pages are in process, but will be ready by the end of May. Revised documentation is available now on www.cancerstaging.org. Software that uses the new CS DLL to produce pick-lists or pages of documentation will have up-to-date internal documentation as soon as the new library is installed. Users should be directed to the current documentation. Registry Plus Online Help is being revised to include the updated CS documentation, but users should not rely on it until the next RPOH release which will occur before the NAACCR Conference in June.

These two steps will ensure that all subsequent calculations of CS follow the current standard.

ACTIONS THAT SHOULD BE TAKEN BEFORE ANY CALLS-FOR-DATA THAT INVOLVE 2004 AND 2005 DATA (INCLUDING ANALYSES OR REPORTS INCLUDING STAGE)

Some standard-setters will be providing detailed instructions for records that have already been saved. The following procedures should be attempted only after you know what is required by the standards that your institution observes. Bringing an existing database into conformance with the new version of Collaborative Stage requires some conversion and recoding followed by re-calculation. Some of the conversion can be done fairly easily by a computer program. The recoding requires CTR review and decision. We will begin by outlining the steps that must be taken to bring a database into 100% compliance with the new version 01.02.00 Collaborative Stage definition. We recognize that these changes can be expensive and inconvenient, so we will also describe some less costly alternative choices that may be preferred by you and your users, and be acceptable to the relevant standard-setting institutions.

3) Modify some database records. Use an ad-hoc program or query statements to replace codes that can positively be identified and converted in a automatic way. The records to be modified will be those with Dates of Diagnosis in 2004 and 2005 which meet the criteria for change described in Table 1. The Task Force will provide a program that will process an extract in NAACCR format and do these conversions. The program will be ready by the end of June. It may or it may not be useful to you, because it will be able to work on NAACCR-formatted extracts only, and users will still require a means of applying the changes to their databases. The C source code will be released.

4) Identify potential manual changes. Use a program or query statements to identify and print records that need to be reviewed and possibly updated. These will be cases with Dates of Diagnosis in 2004 and 2005 and which meet the criteria for change described in Table 2. The

Collaborative Stage Task Force will provide a program that will read a file of NAACCR records and output a list of those records that should be reviewed with some hints of what to look for.

5) Make manual changes to database records after review. Apply changes to some of the records identified in 4), above, as described in the Recoding Specifications document. It is not necessary to re-calculate stage at this time, but if you do, be sure that your software updates CS Version Latest.

6) Re-calculate stage. Re-run the CS algorithm on all cases with Dates of Diagnosis in 2004 and 2005, updating CS Version Latest to 010200.

REDUCING THE RE-CODING BURDEN

The steps described above will bring a database into conformance with version 010200 Collaborative Staging. Standard-setters do not all require the same level of conformance, so the standards that apply and local needs may allow substantial reductions in the amount of manual review needed to correct a particular database. In particular, Note 2 of Table 2 may be used in some circumstances to limit the number of Prostate cases that must be examined.