

CS V01.04.00 Detailed Guidelines for Recoding/Conversion of Existing Data

The table describes changes needing conversion or manual review and recoding. 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 01.04.00, 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. It is recommended that all code conversions be performed, even when the conversion does not affect a derived field of interest. CoC, SEER, and NPCR have issued recommendations regarding the timing of implementation for the new CS version. These are available on the CS Web site.

For this version release, only cases coded with the Hypopharynx, Breast, FallopianTube, and HemeRetic schemas require review. Because of the number of changes to the Fallopian Tube schema, and because it is such a rare site, **we are recommending that all cases of fallopian tube cancer with CS extension codes from 60-77 be reviewed and recoded.** If you wish to review only selected cases, use the following table to determine the cases to be reviewed.

The number of cases requiring review overall is very small, and many facilities will have no cases meeting the review criteria for this release.

Selection Criteria			Action Recommended and Comments	Derived Fields Affected			
[Schema Name] Primary Site and Morph	CS Version 1st	CS Fields		TNM Elements	AJCC Stage Group	SS1977	SS2000
[Hypopharynx] C12.9, C13.0, C13.1, C13.2, C13.8, C13.9 AND M not (9140 or 9590-9699 or 9702-9989)	Earlier than 010400	CS Extension = 51	Convert to CS Extension code 45. See Note 1.	X			
[Breast] C50.0-C50.6, C50.8-C50.9 AND M not (9140 or 9590-9699 or 9702-9989)	Earlier than 010400	CS Lymph Nodes = 28 AND CS Reg Nodes Eval resolves to p, y, or a or is missing AND SSF3 is between 004 and 009	Convert to CS Lymph Nodes code 30. After the conversion, review any remaining cases still coded to 28: review and recode, based on whether case was N2, NOS, clinically or pathologically; whether nodes were fixed or matted; whether internal mammary nodes were involved; and whether neoadjuvant therapy was given. See Note 2.	X	X		
		CS Lymph Nodes = 50 AND CS Reg Nodes Eval resolves to p, y, or a or is missing AND SSF3 is between 004 and 090	Convert to CS Lymph Nodes code 52. After the conversion, review any remaining cases still coded to 50: review and recode based on whether pathologic exam of nodes was done and whether neoadjuvant therapy was given. See Note 2.	X	X		

Selection Criteria			Action Recommended and Comments	Derived Fields Affected			
[Schema Name] Primary Site and Morph	CS Version 1st	CS Fields		TNM Elements	AJCC Stage Group	SS1977	SS2000
[FallopianTube] C57.0 AND M not (9140 or 9590-9699 or 9702-9989)	Earlier than 010400	CS Extension = 60	Review for cases to which both codes 50 and 60 apply, and recode those to CS Extension code 61 See Note 3.	X	X		
		CS Extension = 65	Review for cases coded to 65 because of small intestine involvement, and recode those to CS Extension code 68, 69, 72, or 73, depending on size of metastases. See Note 3.	X	X		X
		CS Extension = 70	Convert to CS Extension code 68. See Note 3.	X	X		X
		CS Extension = 71	Convert to CS Extension code 66. See Note 3.				X
[HemeRetic] NOT (C42.0 or C42.1 or C42.4)) AND M = (9823 or 9827)	Earlier than 010400		Review and recode CS Extension, CS TS/Ext Eval, SSF1, SSF2, and SSF3 according to lymphoma schema. See Note 4.		X	X	X

Note 1: Change to the mapping of the T category was required, to vary with the extension code as well as the tumor size. Code 10 with tumor fixation (formerly in code 51) was assigned to new code 15. To reorder the codes appropriately, code 51 was converted to new code 45. Fewer than 1% of the cases coded to this schema had been assigned to code 51, so manual review to identify those few cases coded 51 to represent code 10 with fixation was not deemed necessary. Mapping of extension codes to T was corrected by replacing the Extension Size Table with a new table, Specific Extension with Size. The conversion itself does not affect the T category, but once the cases are converted, the reapplication of the algorithm may derive a different T category.

Note 2: Problems were detected with the CS algorithm when the clinical staging information was required to be used in lieu of pathological information in some situations where neoadjuvant therapy was given. A further complication with breast cancer is that the clinical and pathological N categories are not identical. The new algorithm relies on the coding of CS Reg Nodes Eval to derive the correct N code, while allowing for the Eval field to be blank or not collected. Review of cases not automatically converted will remove inconsistencies between CS Lymph Nodes and the count of positive axillary nodes in SSF3, and will allow for correct generation of clinical N when appropriate. The conversion itself does not affect the N category, but once the cases are converted, the reapplication of the algorithm may derive a different N category. SEER data for 2004 showed only 665 breast cases with CS Lymph Nodes coded 28 and 742 cases coded 50, out of over 49,000 breast cases total. Of these, only 360 fell into the groups for review. Most facilities will have no cases meeting the review criteria. The changes are complicated, so we are providing the following pseudocode to assist in identifying cases for conversion and review.

```

If CS Lymph Nodes EQ 28
  If ( ( SSF3 GE 004 AND SSF3 LE 009 ) AND
      ( CS Reg Nodes Eval EQ 2 OR CS Reg Nodes Eval EQ 3 OR CS Reg Nodes Eval EQ 6 OR CS Reg Nodes
        Eval EQ 8 OR CS Reg Nodes Eval EQ <missing> ) )
    Then CS Lymph Nodes = 30
  Else
    Review

Else If CS Lymph Nodes EQ 50
  If ( ( SSF3 GE 004 AND SSF3 LE 090 ) AND
      ( CS Reg Nodes Eval EQ 2 OR CS Reg Nodes Eval EQ 3 OR CS Reg Nodes Eval EQ 6 OR CS Reg Nodes
        Eval EQ 8 OR CS Reg Nodes Eval EQ <missing> ) )
    Then CS Lymph Nodes = 52
  Else
    Review

Else
  Skip

```

Note 3: Fallopian tube cancer is very rare, with only 174 cases being reported in the SEER program in 2004. Several issues were identified with the schema. New notes were added to clarify pelvic and abdominal involvement, and new codes were added. All cases coded to 70 or 71 must be converted to codes 68 and 66, respectively, and codes 60 and 65 should be reviewed as noted above. However, we recommend that all fallopian tube cases with CS Extension codes from 60-77 (inclusive) be reviewed because of the confusion about some of the categories. Only 46 cases in the SEER data for 2004 fall into this group for which we are recommending review, so most facilities will have no cases meeting the review criteria. If cases are not reviewed, the description of the code may not match the cases, even if the derived stage categories are still correct.

Note 4: In prior versions of CS, all cases with histologies of 9823 (B-cell chronic lymphocytic leukemia/small lymphocytic lymphoma) or 9827 (Adult T-cell leukemia/lymphoma (HTLV-1 positive)) were directed to the HemeRetc schema. This was incorrect, and cases presenting as lymphoma with primary sites other than C42.0 (Blood), C42.1 (Bone marrow) or C42.4 (Hematopoietic system, NOS) will now be directed correctly to the Lymphoma schema. The number of cases to be reviewed will be quite small. Note that the SEER Summary Staging Manual 2000, used for direct coding of SS2000, categorizes all cases of 9823 and 9827 as hematopoietic, etc., and not lymphoma. SEER is aware of the discrepancy.