SSDI & Grade Manual

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Iowa Cancer Registry

2021 Updates

New SSDI's for 2021

Schema Discriminator 2 – Soft Tissue Sarcomas

ALK Rearrangement EGFR Mutational Analysis (Lung)

BRAF & NRAS Mutational Analysis (Colon/Rectum)

CA 19-9 PreTx Lab Value (Pancreas)

Schema Discriminator 2 – Soft Tissue Sarcomas

- Coded for **only** ICDO-3 Primary Sites: C473, C475, C493-C495

- Required for cases Dx 2018 and forward
  - Existing cases Dx 2018-2020 will be auto-converted to Code 8
  - After conversion:
    - New 2018-2020 may still use code 8
    - 2021 + cases code 8 cannot be used

Schema Discriminator 2 – Soft Tissue Sarcomas Codes

SSDI Code	Description	Schema / AJCC Chapter	Example
1	External Structures	00410/Ch 41	Trapezium muscle (C493): outer layer of periphery of the body
2	Internal Structures and viscera	00421/Ch 42	Aorta (C493): internal structure, inner parts of the body
8	Not applicable: Dx Date 2018-2020	00421/Ch 42	Previously abstracted 2019 diagnosed case
9	Not specific enough	00450/Ch 45	Chest, NOS (C493): no further information

ALK Rearrangement Analysis

- Anaplastic Lymphoma Kinase (ALK) gene

- New SSDI for **Lung** cases beginning with January 1, **2021**

- Source documents: Path, Lab, Molecular, or IHC reports

- Other Names:
  - ALK tyrosine kinase receptor
  - Anaplastic lymphoma receptor tyrosine kinase
  - CD246, CD246 antigen, or NBLST3

ALK Rearrangement Codes

Codes	Description
0	Normal; ALK Negative; Negative for rearrangement, no rearrangement ID, no mutations ID, not present, not detected
1	Abnormal rearrangement identified/detected: EML4-ALK, KIF5B-ALF, TFG-ALK, and/or KLC1-ALK
2	Rearrangement identified/detected: Other ALK rearrangement not listed in code 1
4	Rearrangement, NOS
7	Test ordered, results not in chart
8	Not applicable
9	Not documented in medical record, ALK rearrangement not assessed or unknown if assessed

EGFR Mutational Analysis

- Epidermal Growth Factor Receptor (EGFR)

- New SSDI For **Lung** cases beginning with January 1, **2021**

- Other Names:
  - EGFR tyrosine kinase inhibitor
  - ERBB, ERBB1, ErbBB1, HER1

- Source documents: Path and Lab reports

EGFR Mutational Analysis Codes

Codes	Description
0	Normal; EGFR negative, EGFR wild type; Negative for mutations, no alterations
1	Abnormal (mutated)/detected in **exon(s) 18, 19, 20, and/or 21**
2	Abnormal (mutated)/detected but not in exons mentioned in Code 1
4	Abnormal (mutated)/detected, NOS, exon(s) not specified
7	Test ordered, results not in chart
8	Not applicable
9	Not documented; EGFR not assessed or unknown if assessed

BRAF Mutational Analysis

- New SSDI for **Colon/Rectal** cases beginning with January 1, **2021**

- Source documents: Path and Lab reports
  - Most common mutation: **BRAF V600E** (c.1799T>A)

- May record results from nodal or metastatic tissue

BRAF Mutational Analysis Codes

Codes	Description
0	Normal; BRAF negative, BRAF wild type; Negative for mutations, no alterations, not detected
1	Abnormal (mutated)/detected: BRAF V600E (c.1799T>A) mutation
2	Abnormal (mutated)/detected: Not BRAF V600E (c.1799T>A) mutation
4	Abnormal (mutated), NOS
9	Insufficient amount of tissue available to test; No microscopic confirmation of tumor; BRAF not ordered, or unknown if done

NRAS Mutational Analysis

- NRAS gene is one of the RAS oncogenes (KRAS, NRAS, HRAS)

- New SSDI for **Colon/Rectal** cases beginning with January 1, **2021**

- Source documents: Path and Lab reports
  - Most common mutations: Codon 12, Codon 13 and Codon 61

- May record results from nodal or metastatic tissue

NRAS Mutational Analysis Codes

Codes	Description
0	Normal; NRAS negative; NRAS wild type; Negative for mutation; no alterations, not detected
1	Abnormal (mutated)/detected in codon(s) 12, 13, and/or 61
2	Abnormal (mutated)/detected in codon(s) specified but not included in code 1
4	Abnormal (mutated), NOS, codon(s) not specified

CA 19-9 PreTx Lab Value

- Carbohydrate Antigen (CA) 19-9

- New SSDI for **Pancreas** cases beginning with January 1, 2021

- Other Names: Cancer Antigen-GI, CA-GI, Cancer Antigen 19-9

- Source documents: Clinical Lab reports
  - Highest value prior to treatment

CA 19-9 PreTx Lab value Codes

Code	Description
0.0	0.0 units/milliliter (U/ml) exactly
0.1-9999.9	0.1-9999.9 U/ml (**Exact value to nearest tenth in U/ml**)
XXXX.1	10,000 U/ml or greater
XXXX.7	Test ordered, results not in chart
XXXX.8	Not applicable
XXXX.9	Not documented in medical record; CA 19-9 not done, unknown if done

CA 19-9 6.7 U/ml = Code as 6.7   CA 19-9 over 15,000 = Code XXXX.1

CA 19-9 1583 U/ml = Code as 1500.0

SSDI's Collected for New Schema's

HER2 Overall Summary (Esophagus, Esophagus Squamous, Stomach)

Ki-67 (NET Schemas)

HER2 Overall Summary

- Currently defined for Breast

- Begin to collect for Esophagus and Stomach Schemas for 2021+

- HER2 may be recorded for all histologies – primarily performed for adenocarcinomas

HER2 Overall Summary Codes

Code	Description
0	HER2 negative; equivocal
1	HER2 positive
7	Test ordered, results not in chart
9	Not documented in MR; Cannot be determined; HER2 status not assessed or unknown if assessed

Ki-67

- Currently defined for Breast

- Begin to collect for Neuroendocrine Tumors (NET) for 2021+
  - NET Ampulla of Vater (00302)
  - NET Appendix (00320)
  - NET Colon and Rectum (00330)
  - NET Duodenum (00301)
  - NET Jejunum and Ileum (00310)
  - NET Pancreas (00340)
  - NET Stomach (00290)

Ki-67 Codes

Code	Description
0.0-100.0	0.0 to 100.0 percent positive: Enter percent positive
XXX.4	Ki-67 stated as less than 3%
XXX.5	Ki-67 stated as 3-20%
XXX.6	Ki-67 stated as greater than 20%
XXX.7	Test done; actual percentage not stated
XXX.8	Not applicable; not collected for this case
XXX.9	Not documented in patient record; Ki-67 (MIB-1) not assessed or unknown if assessed

SSDI Manual – Version 2.0

2021 Update

General Instructions

- Timing for Recording Lab Tests
  - All labs no earlier than **3 months before** diagnosis
    - Prior to neo-adjuvant treatment AND
    - If multiple – take highest or positive over negative

- Consult Reports - New Section
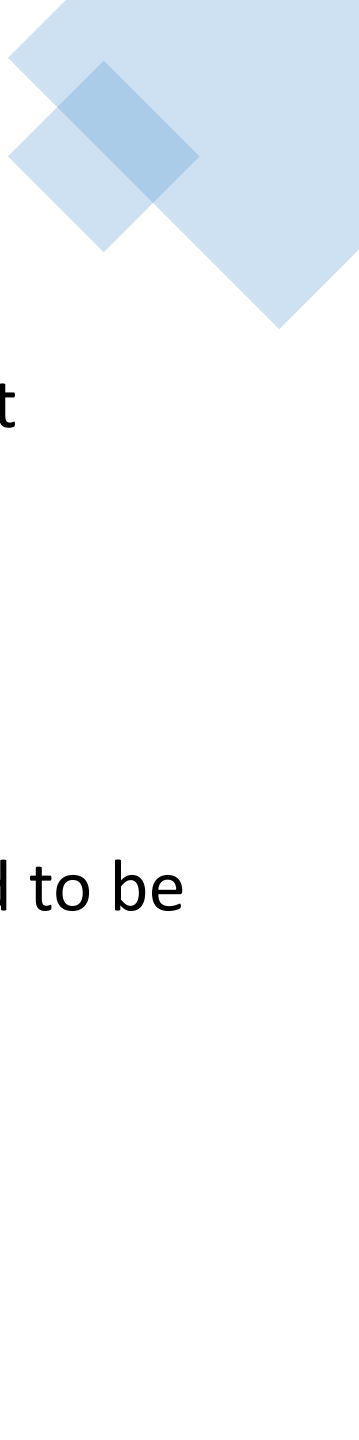 - Take consult over original results

Extranodal Extension Head & Neck - Clinical

- Schemas 00060-00150: Head and Neck Cancer

- New Code 4
  - Regional lymph nodes involved, ENE present/identified, unknown how identified

- Clarified Note 4
  - Code 0 when lymph nodes are determined to be **clinically** positive and physical examination does not indicate any signs of extranodal extension

Extranodal Extension Head & Neck - Clinical cont.

Code 7: No lymph nodes involvement during diagnostic workup (cN0)

- Added New Note 6
  - Note 6: Code 7 when
    - Lymph nodes are determined to be clinically negative
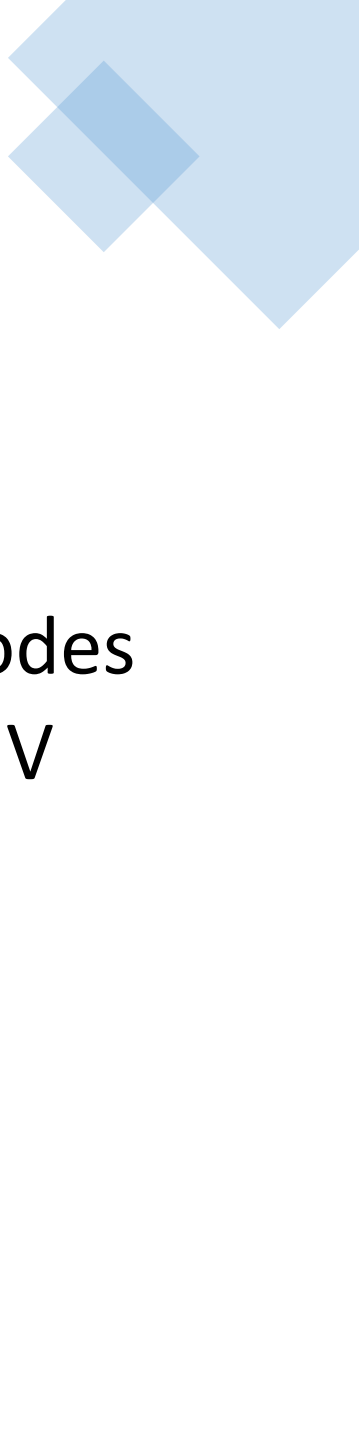   - Behavior /2 (in situ)

Extranodal Extension Head & Neck - Pathological

- Schemas 00060-00150: Head and Neck Cancer

- Note 2 – Added Bullet
  - If codes 0.0-0.9, X.1-X.7 are used, this indicates that the lymph nodes were surgically resected and Scope of Regional Lymph Node Surgery <u>must be 3-7</u>

LN Head & Neck Levels IV-V

- Schemas 00060 & 00140

- New Note 4: Supraclavicular nodes
  - Lower jugular chain – Level IV
  - Posterior triangle – Level V
  - Unknown – Code as Level V

Circumferential Resection Margin

- Schema 00200: Colon and Rectum

- New Note
  - For Colon primaries, surgery of primary site <u>must be coded as 30-80</u>
    - If surgery of primary site is 00-20, then CRM must be coded as XX.7

  - For Rectal primaries, surgery of primary site <u>must be coded as 27, 30-80</u>
    - If surgery of primary site is 00-26 or 28, then CRM must be coded as XX.7

KRAS

- Schema 00200: Colon and Rectum

- New Note – Listing of common KRAS mutations grouped by codons
  - Codon 12
    - Gly12Asp (GGT>GAT)
    - Gly12VAL (GGT>GTT)
    - Gly12Cys (GGT>TGT)
    - Gly12Ala (GGT>GCT)
    - Gly12Arg (GGT>CGT)

Fibrosis Score

- Schemas 00220 & 00230: Liver and Bile Ducts Intrahepatic

- Note 5: Code 0 and 1
  - In order to code 0 or 1 you must have a histological (microscopic confirmation)
  - Added to Code table – "Any of the following histologically confirmed"

Visceral and Parietal Pleural Invasion

- Schema 00360: Lung

- Notes and codes added, updated and deleted
  - Deleted Codes 1, 2 and 3
  - Definition updated for Code 4
  - New code 5
  - Codes 0, 6, 8, and 9 stayed the same

Visceral and Parietal Pleural Invasion Codes

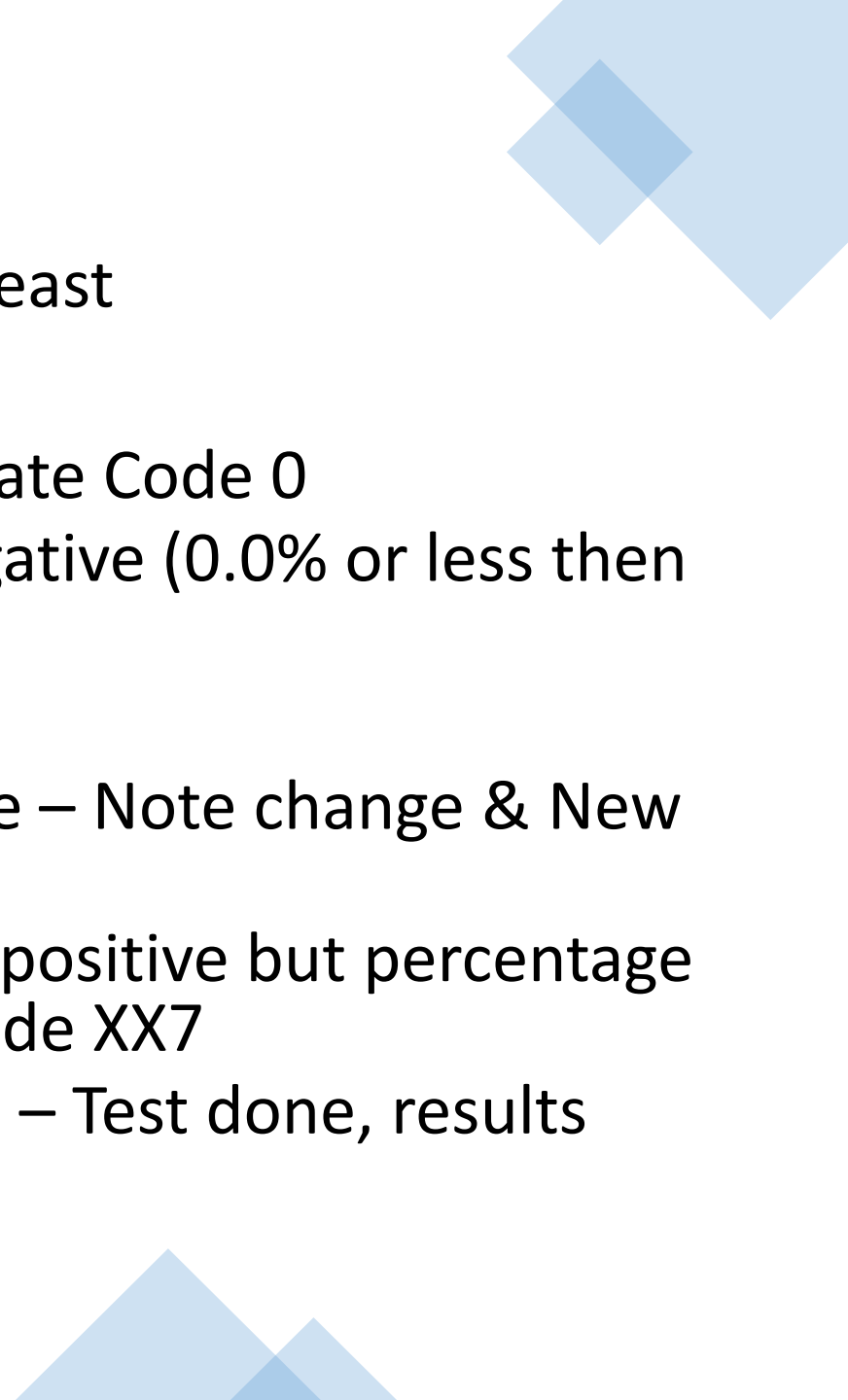| Code	Description	Change
0	No evidence of visceral pleural invasion ID; Stated as PL0	No change
4	Invasion of visceral pleural present, NOS; Stated as PL1 or PL2	Formerly Code 1 and 2
5	Tumor invades into or through the parietal pleura OR chest wall; Stated as PL3	Formerly Code 3
6	Tumor extends to pleura, NOS; not stated if visceral or parietal	
8	Not applicable	No change
9	Not Documented; No surgical resection of primary site is performed;	

ER Summary & ER Percent Positive

- Schema 00480: Breast

- ER Summary: Update Code 0
  - Code 0: ER Negative (0.0% or less then 1%)

- ER Percent Positive: New Code
  - New Code: XX7 – Test done, results not in chart
  - Note 5: If ER is positive but percentage is unknown, Code XX7

PR Summary & PR Percent Positive

- Schema 00480: Breast

- PR Summary: Update Code 0
  - Code 0: PR Negative (0.0% or less then 1%)

- PR Percent Positive – Note change & New Code
  - Note 5: If PR is positive but percentage is unknown, Code XX7
  - New Code: XX7 – Test done, results not in chart

FIGO Stage

- GYN Schemas: 00500, 00510, 00520, 00530, 00541, 00542, 00551, 00552, 00553, 00560

- The numbering structure has changed – left justified field

Description	Version 1.7	Version 2.0
FIGO Stage I	01	1
FIGO Stage IA	02	1A
FIGO Stage IAI	03	1A1
FIGO Stage IA2	04	1A2
FIGO Stage IB	05	1B

FIGO Stage (Sarcoma & Adenosarcoma)

- Schemas: 00541 (Corpus Sarcoma) & 00542 (Corpus Adenosarcoma)

- In situ is not allowed for these two schemas
  - Removed Code 97: Carcinoma in situ

Residual Tumor Volume Post Cytoreduction

- Schemas: 00551 (Ovary), 00552 (Primary Peritoneal Carcinoma) & 00553 (Fallopian Tube)

- Deleted Codes 10-40, 90-93
  - Codes related to neo-adjuvant therapy no longer criteria

- 4 New Codes Added
  - 50, 60, 70, 80

Residual Tumor Volume Post Cytoreduction Codes

Code v 2.0	Description	v 1.7
00	No gross residual tumor nodules	
50	Residual tumor nodule(s) 1 cm or less	10 & 20
60	Residual tumor nodule(s) greater than 1 cm	30 & 40
70	Macroscopic residual tumor, size not stated	90 & 91
80	Procedure described as optimal debulking and size of residual tumor nodule(s) not given	92 & 93
97	No cytoreductive surgery performed	

Testis Schema: 00590

- New Code 5 for all:
  - 3806: AFP Post-Orchiectomy Range
  - 3847: hCG Post-Orchiectomy Range
  - 3867: LDH Post-Orchiectomy Range
  - 3864: S Category Pathological

Post-Orchiectomy (AFP, hCG, LDH, serum tumor markers) unknown or not done but pre-orchiectomy (AFP, hCG, LDH, serum tumor markers) were normal

Kidney Schema: 00600

- Clarified Note 2 for all:
  - 3864: Invasion Beyond Capsule
  - 3886: Major Vein Involvement
  - 3861: Ipsilateral Adrenal Gland Involvement

Note 2: Bullet

If surgical resection is done and the tumor is "confined to kidney" and staging is based on size, then there…
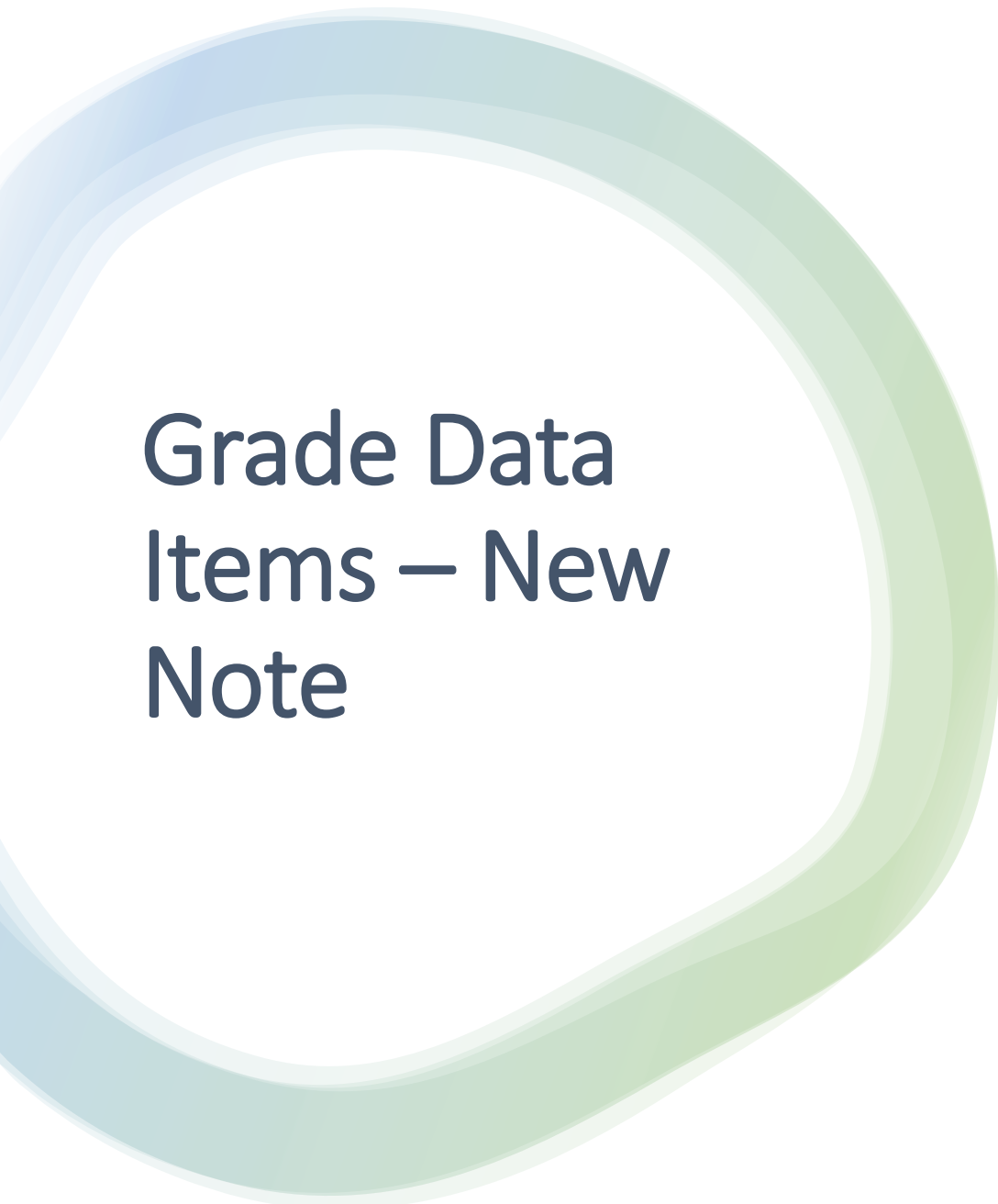
Grade Manual – Version 2.0

2021 Updates

General

- Many notes added to all the Grade Tables

- New Field: Grade Post Therapy Clinical (yc)
  - Applicable for cases diagnosed 1-1-2021 and forward

- Field Name Change: Grade Post Therapy Path (yp)

- Effective with cases diagnosed **1-1-2018**
  - **Not required to go back and update previous grade**

Grade Data Items – New Note

When there are multiple tumors with different grades abstracted as one primary -> Code the <u>highest grade</u>

When to Use the Generic Grade Table?

- Grade described using generic description or term <u>only</u>

- Site-specific Grade table includes grade codes <u>A, B, C, D</u>

- Grade description/term used is listed in Generic Grade category table

MUST MEET ALL OF THE ABOVE

Grade Post Therapy Clinical (yc)

- New field introduced for cases 1-1-2021
  - For cases 2018-2020 <u>can be</u> left blank

- Records grade that has been microscopically sampled following:
  - Neo-adjuvant therapy OR
  - Primary systemic/radiation therapy

- Allowable values: 1-5, 8-9, A-E, L, H, M, S

Grade Post Therapy Clinical (yc) cont.

- Leave blank when:
  - No neo-adjuvant therapy
  - Clinical or path case only
  - Neo-adjuvant therapy completed – no exam done prior to surgery/resection
  - Only one grade available – can't determine if its clinical, path, post therapy clinical/path

Grade Post Therapy Clinical (yc) cont.

- If multiple tumors with different grades abstracted as single primary:
  - Code the highest grade

- Code 9:
  - Path done after neo-adjuvant and grade not documented
  - Path done after neo-adjuvant and there is no residual cancer
  - Grade checked "Not applicable" on CAP Protocol **AND** no other grade information available

Grade Pathological

- Use the grade from the clinical work up from the primary tumor:
  - Behavior
    - Behavior for both clinical and path are the same **AND** clinical grade is higher
    - Behavior for clinical is invasive, behavior for path is in situ
  - Surgical Resection
    - Resection done AND no grade documented from resection
    - Resection done AND no residual found
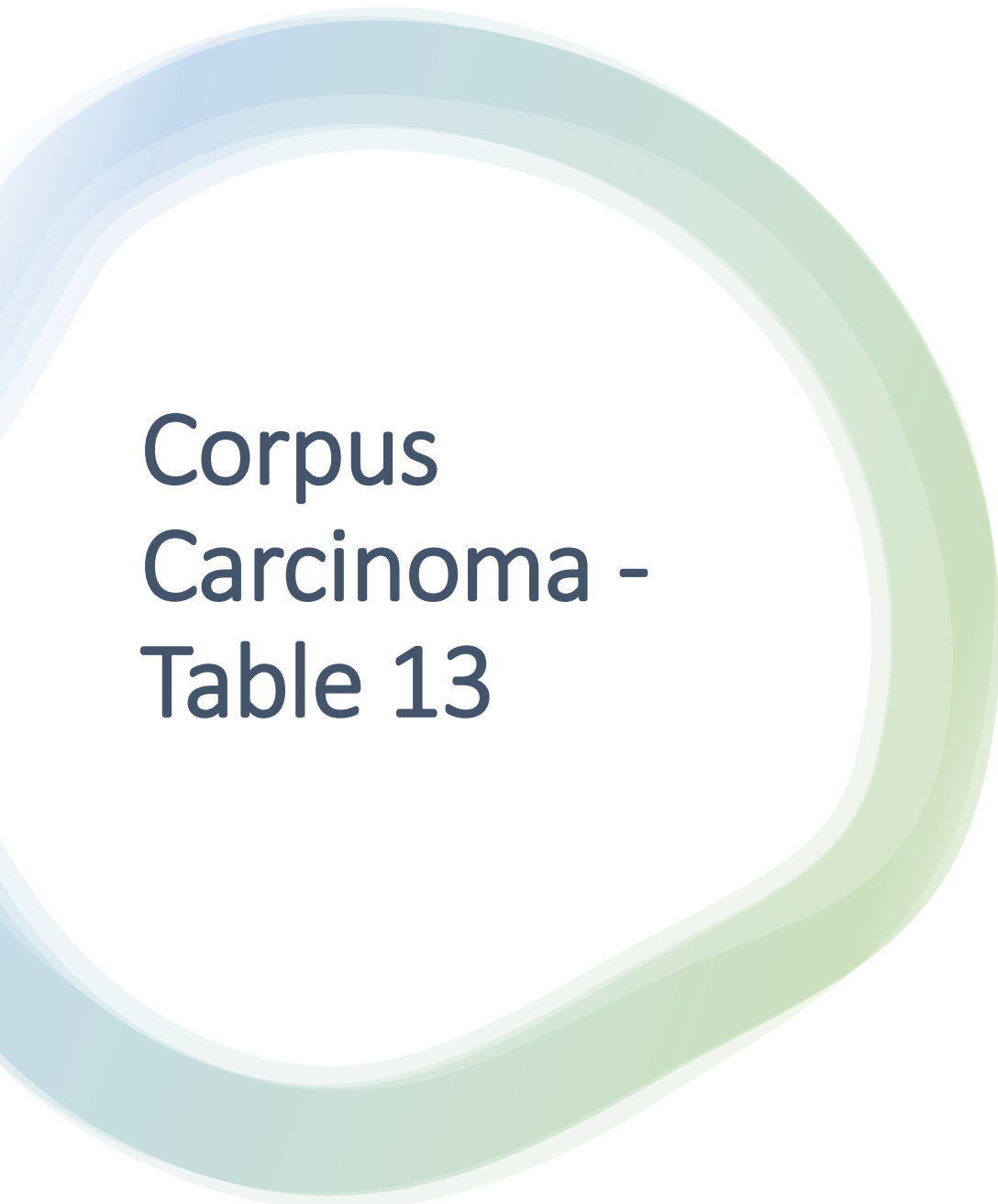   - Resection not done, but positive microscopic confirmation of distant metastases during clinical time frame

Breast – Table 12

- Grade Clinical and Pathological – **New Note**

  "Grade from nodal tissue may be used **ONLY** when there was never any evidence of primary tumor (T0). Grade would be coded using G1, G2, or G3, even if the grading is not strictly Nottingham, which is difficult to perform in nodal tissue."
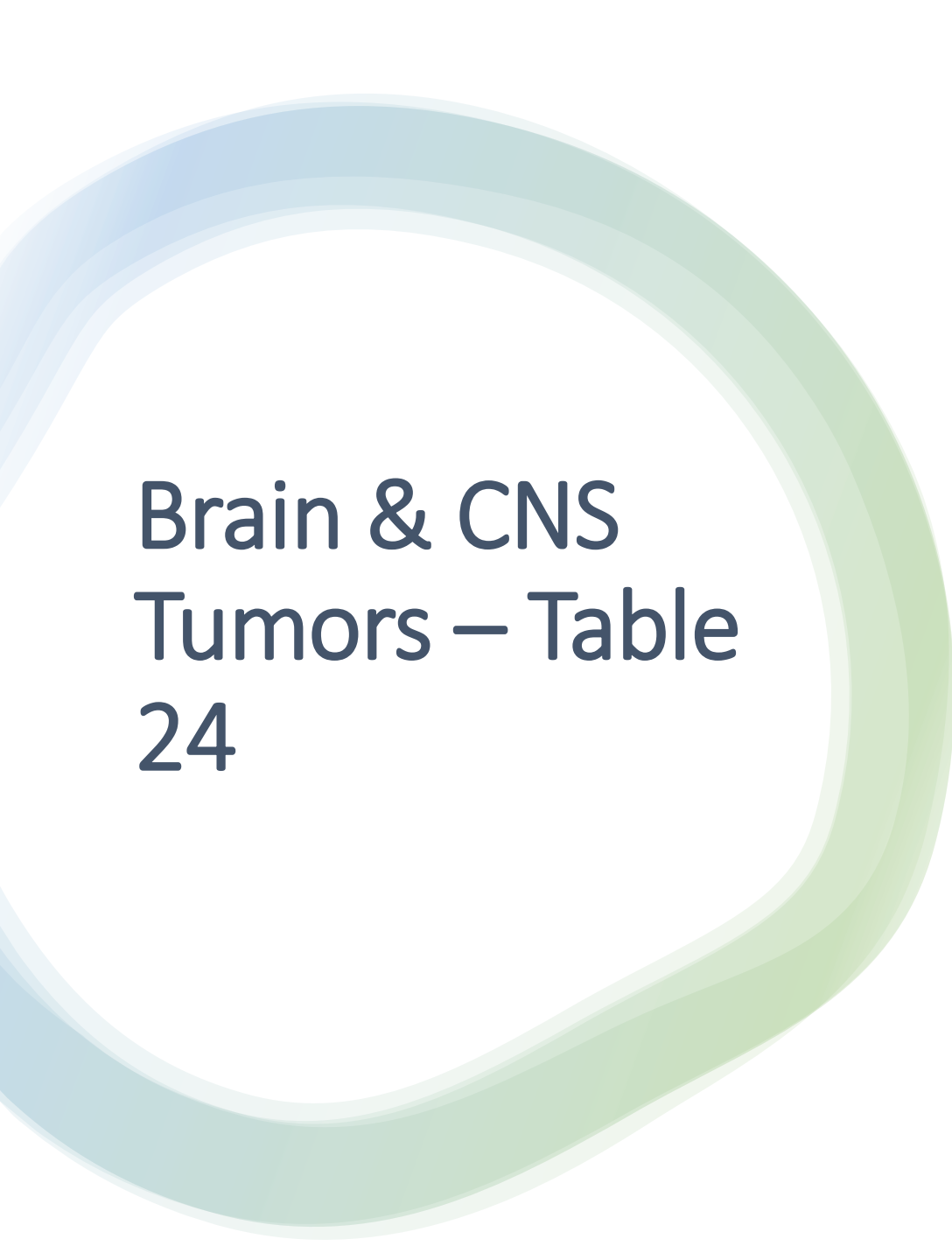
  Example: No breast tumor identified, but axillary nodes positive. Nodes metastatic from breast primary, described as poorly differentiated with a high mitotic rate.
  Code G3 – High Grade

Corpus Carcinoma - Table 13

- Following histologies must be assigned a G3 (Code 3):
  - Serous
  - Clear cell
  - Undifferentiated/De-differentiated carcinomas
  - Carcinosarcomas
  - Mixed mesodermal tumors (Mullerian/MMMT)

Brain & CNS Tumors – Table 24

- For benign tumors ONLY (behavior 0)
  - Code 1 can be automatically assigned for all histologies

- For borderline tumors (/1)
  - Can be either a code 1 or 2 – no default for these tumors

- When there is no stated grade for select tumors
  - AJCC 8th edition table 72.2
  - Brain/Spinal Cord CAP Protocol in Table 1-3
  - Solid Tumor Rules

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