

**Site-Specific Data Item (SSDI) Manual**

Effective with Cases Diagnosed 1/1/2018 and Forward  
Published (September 2021)  
Version 2.1

**Manual Mania**  
**Iowa Cancer Registry**  
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Suggested Citation: Ruhl J, Ward E, Hofferkamp J, et al. (September 2021). Site-Specific Data Item (SSDI) Manual. NAACCR, Springfield, IL 62704-4194

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## Introduction

- SSDI's
  - Unique names
  - NAACCR Data Item numbers
  - Can be applied to as many sites as needed
  - Decimals allowed
  - Different coding conventions for actual values, percentages and ranges
  - NAACCR custodian and SSDI Taskforce responsible for updates



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# Change Log

For 2021 dx cases forward

- V2.1
- 9/2021
- Change log:  
<https://www.naaccr.org/wp-content/uploads/2021/08/Version-2.1-Changes-for-SSDI-and-Grade-Manuals.pdf?v=1664475102>

VERSION 2.1 CHANGES FOR SSDI AND GRADE MANUAL

Table 4: Changes to current SSDIs, Version 2.1

Schema ID Name	Data Item # and Description	Original Text	Updated Text
00480: Breast	3851: HER2 ISH DP Copy No.		<p><b>New Note 1:</b></p> <p>This SSDI is no longer required by any of the standard setters starting with 2021 diagnoses.</p> <ul style="list-style-type: none"> <li>• For cases diagnosed 2021+, this SSDI may be left blank</li> </ul> <p>Rest of notes renumbered</p>
00480: Breast	3852: HER2 ISH DP Ratio		<p><b>New Note 1:</b></p> <p>This SSDI is no longer required by any of the standard setters starting with 2021 diagnoses.</p> <ul style="list-style-type: none"> <li>• For cases diagnosed 2021+, this SSDI may be left blank</li> </ul> <p>Rest of notes renumbered</p>
00480: Breast	3853: HER2 ISH SP Copy No		<p><b>New Note 1:</b></p> <p>This SSDI is no longer required by any of the standard setters starting with 2021 diagnoses.</p> <ul style="list-style-type: none"> <li>• For cases diagnosed 2021+, this SSDI may be left blank</li> </ul> <p>Rest of notes renumbered</p>
00480: Breast	3854: HER2 ISH Summary		<p><b>New Note 1:</b></p> <p>This SSDI is no longer required by any of the standard setters starting with 2021 diagnoses.</p> <ul style="list-style-type: none"> <li>• For cases diagnosed 2021+, this SSDI may be left blank</li> </ul>

# Organization of Manual



## Organization of SSDI Manual

Organized using Primary Site Groupings (Schemas)

- Ordered same as AJCC Manuals
  - Alpha index for SSDI's last 2 pages
- 
- Table of Contents – uses hyperlinks

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## Organization of SSDI Manual cont.

### Colon and Rectum

#### Circumferential Resection Margin (CRM)

**Item Length: 4**

**NAACCR Item #: 3823**

**NAACCR Alternate Name: Circumferential or Radial Resection Margin (CRM)**

**AJCC 8th Edition Chapter(s): Chapter 20, Colon and Rectum**

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## Organization of SSDI Manual cont.

- Description
  - Summary used to define data item
- Rationale
  - Reason why data item collected
- Definition
  - Additional background and clinical importance
  - Previously in CSV2 Part 1, Section II

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## Organization of SSDI Manual cont.

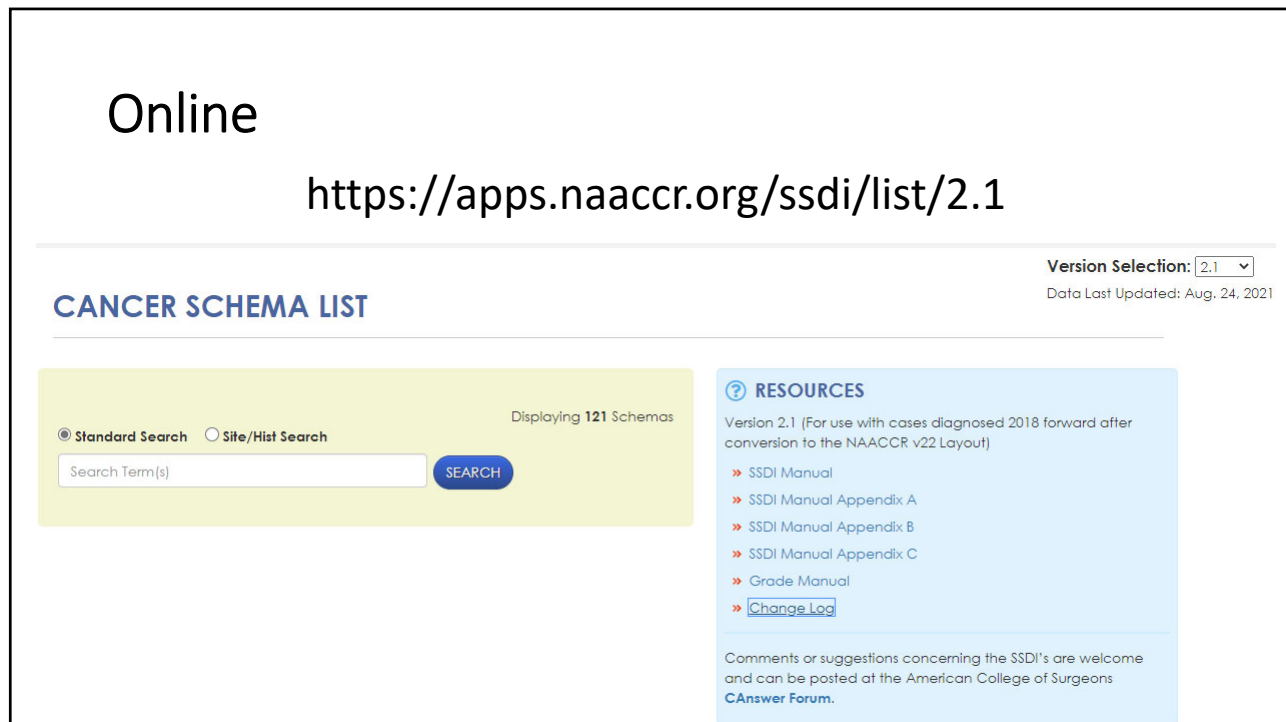
- Coding Guidelines
  - Instructions as numbered notes
  - Table with codes
- Additional Information
  - Source documents – *Lab – Path report*
  - Other names – *JAK 2 -> JAK2, JAK2 exon 12, JAK2 exon13*
  - Normal reference ranges
- Instructions and Codes/Notes

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# Online

<https://apps.naaccr.org/ssdi/list/2.1>



**CANCER SCHEMA LIST**

Version Selection: 2.1   
Data Last Updated: Aug. 24, 2021

Displaying 121 Schemas

Standard Search  Site/Hist Search

Search Term(s)

**RESOURCES**

Version 2.1 (For use with cases diagnosed 2018 forward after conversion to the NAACCR v22 Layout)

- » [SSDI Manual](#)
- » [SSDI Manual Appendix A](#)
- » [SSDI Manual Appendix B](#)
- » [SSDI Manual Appendix C](#)
- » [Grade Manual](#)
- » [Change Log](#)

Comments or suggestions concerning the SSDI's are welcome and can be posted at the American College of Surgeons [CAnswer Forum](#).

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## Source Documents

- If no source document suggested, use any
- If path report suggested, includes addenda, gross/micro, synoptic, CAP.

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## General Rounding Rules

- If digit is 0-4 round down
- If digit is 5-9 round up
  - Exceptions to rounding rules: HER2 ISH Single probe copy, HER2 ISH Dual probe copy and HER2 ISH dual probe ratio.
- Examples of rounding:
  - Breslow 4.32 mm – since last digit 2, round down and record 4.3
  - CEA 18.35 – since last digit 5, round up and record 18.4
  - HER2 ISH Dual Probe Copy 6.78 – per note 8, do not round, code 6.7
  - ER/PR fields do not have decimals – ER % pos 78.6 – code to 79%, code 079.

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## Values “less than” or “greater than”

- Record one less than stated when value is reported as “less than X”
- Record one more than when value reported as “more than X”
- May refer to whole number or decimal, depending on field coded.

Example:

PSA stated as <5. Code 4.9 (decimal in field structure)

Ki-67 reported as >20%. Code as 20.1 (decimal in field structure)

ER % Pos stated as <60%. Code as 059 (59%)

PR % Pos stated as >75%. Code as 076 (76%)

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## Rules for recording lab values

- Any tests based on blood, urine, ascites, spinal fluid
- Do not apply these rules to SSDIs that are based on blood

### Timing for recording Lab Tests:

- ✓ No earlier than approx. 3 mos before diagnosis AND
- ✓ Before any cancer-directed treatment given (neoadjuvant therapy or surgical), unless instructions for a specific laboratory test state otherwise AND
- ✓ If multiple tests available, record highest value, unless instructions for a specific laboratory test state otherwise

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## Lab Values Table per SSDI

Schema	SSDI#	SSDI	SSDI Specific Coding Rules
Colon and Rectum	3820	CEA Pretreatment Lab Value	Yes
Colon and Rectum	3819	CEA Pretreatment Interpretation	Yes

**Note 2:** Record the lab value of the highest CEA test result documented in the medical record **prior to treatment or polypectomy**. The lab value may be recorded in a lab report, history and physical, or clinical statement in the pathology report.

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## Rules for Recording tests based on Solid Tissue

Schema	SSDI#	SSDI	SSDI Specific Coding Rules
Breast	3827	Estrogen Receptor Summary	Yes
Breast	3826	Estrogen Receptor Percent Positive or Range	Yes
Breast	3828	Estrogen Receptor Total Allred Score	Yes
Breast	3882	LN Positive Axillary Level I-II	Yes
Breast	3915	Progesterone Receptor Summary	Yes
Breast	3914	Progesterone Receptor Percent Positive or Range	Yes
Breast	3916	Progesterone Receptor Total Allred Score	Yes
Breast	3855	HER2 Overall Summary	Yes

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## Schema Discriminators

- Additional info needed to identify the correct schema
- With the 8<sup>th</sup> edition – more were needed!
- 3 separate SSDI fields created
- No **Not applicable** code – Leave blank

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## 3926: Schema Discriminators 1

- [Schema Discriminator 1: BileDuctsDistal/BileDuctsPerihilar/CysticDuct](#)
- [Schema Discriminator 1: EsophagusGEJunction \(EGJ\)/Stomach](#)
- [Schema Discriminator 1 \(Histology Discriminator for 9591/3\)](#)
- [Schema Discriminator 1: Lacrimal Gland/Sac](#)
- [Schema Discriminator 1: Melanoma Ciliary Body/Melanoma Iris](#)
- [Schema Discriminator 1: Nasopharynx/Pharyngeal Tonsil](#)
- [Schema Discriminator 1: Occult Head and Neck Lymph Nodes](#)
- [Schema Discriminator 1: Plasma Cell Myeloma Terminology](#)
- [Schema Discriminator 1: Primary Peritoneum Tumor](#)
- [Schema Discriminator 1: Thyroid Gland/Thyroglossal Duct](#)
- [Schema Discriminator 1: Urethra/Prostatic Urethra](#)

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## Schema Discriminators 2 and 3

- [Schema Discriminator 2: Histology Discriminator for 8020/3](#)
- [Schema Discriminator 2: Oropharyngeal p16](#)
- [Schema Discriminator 2: Soft Tissue Sarcoma \(C473, C475, C493-C495\) \(Schema IDs: 00410, 00421\)](#)

Schema Discriminator 3



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## SSDI's Required for Stage – Page 34

AJCC Chapter	NAACCR Data Item #	NAACCR Data Item Name	EOD Schema(s)
16: Esophagus (Squamous cell only)	3829	<a href="#">Esophagus and EGJ Tumor Epicenter</a>	Esophagus (including GE junction) Squamous
48: Breast	3827	<a href="#">Estrogen Receptor Summary</a>	Breast
48: Breast	3915	<a href="#">Progesterone Receptor Summary</a>	Breast
48: Breast	3855	<a href="#">HER2 Overall Summary</a>	Breast
48: Breast	3904	<a href="#">Oncotype Dx Recurrence Score-Invasive</a>	Breast
56: Gestational Trophoblastic Tumors (Placenta)	3837	<a href="#">Gestational Trophoblastic Prognostic Scoring Index</a>	Placenta
58: Prostate	3920	<a href="#">PSA (Prostatic Specific Antigen) Lab Value</a>	Prostate
59: Testis	3923	<a href="#">S Category Clinical</a>	Testis
59: Testis	3924	<a href="#">S Category Pathological</a>	Testis
68: Retinoblastoma	3856	<a href="#">Heritable Trait</a>	Retinoblastoma

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## SSDI's used for EOD Derived Stage Group – Page 35

Applicable AJCC Chapter	NAACCR Data Item #	NAACCR Data Item Name	EOD Schema(s)
10: HPV-Mediated (p16+) Oropharyngeal Cancer	3883	<a href="#">LN Size</a>	Oropharynx p16+
47: Melanoma Skin	3869	<a href="#">LDH Pretreatment Lab Value</a>	Melanoma Skin
48: Breast	3882	<a href="#">LN Positive Axillary Level I-II</a>	Breast
53: Corpus Uteri-Carcinoma and Carcinosarcoma	3911	<a href="#">Peritoneal Cytology</a>	Corpus Carcinoma and Carcinosarcoma
54: Corpus Uteri-Sarcoma	3911	<a href="#">Peritoneal Cytology</a>	Corpus Adenosarcoma and Corpus Sarcoma
67: Uveal Melanoma	3887	<a href="#">Measured Basal Diameter</a>	Melanoma Choroid and Ciliary Body; Melanoma Iris
	3888	<a href="#">Measured Thickness</a>	

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## ALLRED Tables

Proportion Score	Positive Cells, %
0	0
1	<1
2	1 to 10
3	11 to 33
4	34 to 66
5	≥67

Intensity	Intensity Score
None	0
Weak	1
Intermediate/Moderate	2
Strong	3

- Proportion Score
- Intensity Score

Need both scores added together for final ALLRED score; otherwise, cannot calculate.

Example:

ER 70% pos; Moderate staining.  
Add 5 from top table to 2 from bottom table = Allred 07

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## Grade

- Change Log, version 2.1
- <https://www.naacr.org/wp-content/uploads/2021/08/Version-2.1-Changes-for-SSDI-and-Grade-Manuals.pdf?v=1664475102>
- Grade info starts on page 34, Table 5

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# Grade

<https://apps.naaccr.org/ssdi/list/>

Data Last Updated: Sept. 5, 2018 (Version 1.4)

## CANCER SCHEMA LIST

Standard Search  Site/Hist Search  Displaying 118 Schemas

Search Term(s)  SEARCH

### RESOURCES

- » SSDI Manual
- » SSDI Manual Appendix A
- » SSDI Manual Appendix B
- » **Grade Manual** ←
- » Change Log

Comments or suggestions concerning the SSDI's are welcome and can be posted at the American College of Surgeons [CAnswer Forum](#).

Adnexa Uterine Other	Eye Other	Melanoma Choroid and Ciliary Body	Plasma Cell Disorders
Adrenal Gland	Fallopian Tube	Melanoma Conjunctiva	Plasma Cell Myeloma
Ampulla of Vater	Floor of Mouth	Melanoma Head and Neck	Pleural Mesothelioma

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## Site-specific Grade

- Grade measures the aggressiveness of tumor
- Important prognostic factor
- Several AJCC Chapters require grade to assign stage group

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## Grade for Solid Tumors General instructions

- 1. Code grade from primary tumor only
  - Do not code based on metastatic tumor or recurrence.
  - If pri site unknown, code grade to 9
- 2. If more than one grade available (same time frame)
  - Priority goes to recommended AJCC grade listed
  - If no AJCC grade, code highest grade per category for site

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## General Instructions cont'd

- 3. In situ and/or combined in situ/invasive components:
  - Grade given for in situ, code it. DO not code grade for dysplasia. i.e. high-grade dysplasia
  - Both invasive and in situ components, code only the grade for the invasive portion, even if unknown
- 4. Code clinical grade prior to neoadjuvant therapy, even if unknown
- 5. Code from path consult if different from original case

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## Grade Fields

- Grade Clinical
- Grade Post Therapy Clinical (yc)
- Grade Pathological
- Grade Post Therapy Path (yp)
  
- Codes and instructions depend on type of cancer
- May be combination of numeric and alpha codes

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## Grade Clinical

- Record grade of solid primary tumor **before** any treatment
  - Treatment may include:
    - Surgical resection
    - Systemic therapy
    - Radiation therapy
    - Neoadjuvant therapy

All surgical procedures are not treatment, i.e. TURBT or endoscopic biopsy

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## Grade Post Therapy Clin (yc)

- Leave blank for dx 2018-2020
- Start 2021 dx
- Grade from solid primary tumor, microscopically sampled following neoadjuvant therapy or primary systemic/radiation therapy

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## Grade Pathological

- Record grade from primary tumor surgically resected
- No neoadjuvant therapy administered
- If AJCC path stage assigned, must meet surgical resection requirements in AJCC Manual
- May include grade from clinical workup
  - Includes all information from diagnosis (clinical staging) through surgical resection

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## Grade Post Therapy Path (yp)

- Record grade of solid primary tumor resected following neoadjuvant therapy.
- Neoadjuvant therapy must meet guidelines or standards and not given for unconventional reasons noted in AJCC manual.
- Grade prior to neoadjuvant therapy (clinical grade) cannot be used after initiation of neoadjuvant therapy and not used for yp grade.
- Frequently will be blank

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## Breast Grade Table 12

Code	Description
1	G1: Low combined histologic grade (favorable); SBR score of 3-5 points
2	G2: Intermediate combined histologic grade (moderately favorable); SBR score of 6-7 points
3	G3: High combined histologic grade (unfavorable); SBR score of 8-9 points
L	Nuclear Grade I (Low) (in situ only)
M	Nuclear Grade II (interMediate) (in situ only)
H	Nuclear Grade III (High) (in situ only)
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown

**Generic 4-grade system with A-D categories**

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## Generic Grade Table

**Note 1:** Only use the table below when the appropriate grade table for a cancer uses the generic categories with alphabetic codes A-D, OR for a cancer site which includes codes A-D for when the priority grade system was not used/documented. In addition, do not use the table below for a cancer that uses the generic categories but assigns numeric codes. The latter condition means that the site uses nuclear grading for which the alphabetic codes are not appropriate.

**Note 2:** Do not use this table to code any priority AJCC recommended grade system terms.

Description	Grade	Assigned Grade Code	Description	Grade	Assigned Grade Code
Differentiated, NOS	I	A	Medium grade, intermediate grade	II-III	C
Well differentiated	I	A	Moderately poorly differentiated	III	C
Only stated as 'Grade I'	I	A	Moderately undifferentiated	III	C
Fairly well differentiated	II	B	Poorly differentiated	III	C
Intermediate differentiation	II	B	Relatively poorly differentiated	III	C
Low grade	I-II	B	Relatively undifferentiated	III	C
Mid differentiated	II	B	Slightly differentiated	III	C
Moderately differentiated	II	B	Dedifferentiated	III	C
Moderately well differentiated	II	B	Only stated as 'Grade III'	III	C
Partially differentiated	II	B	High grade	III-IV	D
Partially well differentiated	I-II	B	Undifferentiated, anaplastic, not differentiated	IV	D
Relatively or generally well differentiated	II	B	Only stated as 'Grade IV'	IV	D
Only stated as 'Grade II'	II	B	Non-high grade		9

## Colon Grade Table 02

Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated
4	G4: Undifferentiated
9	Grade cannot be assessed (GX); Unknown

## Heme-Lymph

CHANGE

- Historically cell lineage collected (B-cell, T-cell, Null cell, NK-cell)
- Cell lineage indicator/grade no longer collected as of 2018 dx.
- Histologies 9590/3-9992/3
  - clinical and path grade must be coded to 8
  - Post therapy grade blank

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## Quiz

- Locate the online MS Forms Quiz that matches the name of this presentation.
- Complete prior to moving to the next presentation.

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## Where are the SSDI fields?

- SEER\*RSA by site
- SSDI Manual for more site-specific detail



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