



2022 Updates: SSDI & Grade Manuals

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Version 2.1: SSDI and Grade Manuals

- For use with cases diagnosed 2018 forward after conversion to the NAACCR v22 layout

Change Log:

<https://www.naacr.org/wp-content/uploads/2021/08/Version-2.1-Changes-for-SSDI-and-Grade-Manuals.pdf?v=1677703499>

Updated link 3/1/2023

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3955: Derived Rai Stage

- Collected for Schema: Lymphoma – CLL/SLL (9823/3) (00795)
- Derived based on the following SSDI's for all 2018+
 - Lymphocytosis (SSDI 3885)
 - Adenopathy (SSDI 3804)
 - Organomegaly (SSDI 3907)
 - Anemia (SSDI 3811)
 - Thrombocytopenia (SSDI 3933)
- No registrar review necessary

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3955: Derived Rai Stage Codes

Rai Stage	Rai Code	Description
0	0	Lymphocytosis
1	I	Lymphocytosis and Adenopathy
2	II	Lymphocytosis and Organomegaly
3	III	Lymphocytosis and Anemia
4	IV	Lymphocytosis and Thrombocytopenia
8	N/A	Does not apply, primary site not bone marrow (C421)
9	9	Unknown

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3956: p16

- Collected for Cervix schemas (00520/09520) beginning with 2021+ cases
- A tumor suppressor protein (aka cyclin-dependent kinase inhibitor 2A)
- Biomarker that is overexpressed in response to HPV
 - Surrogate marker for HPV
 - Test done by immunohistochemistry (IHC)

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3956: p16 Notes

- Effective for Diagnosis years 2021+
 - Leave blank for 2018-2020
- Code 0 when p16 is stated as:
 - Weak intensity
 - Limited distribution
- Must be based on testing for p16 overexpression
 - Statement of HPV positive/negative not enough to code
 - Testing by DNA, mRNA, antibody, or other methods not coded in this field
 - **p16 and HPV 16 are NOT equal**

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3956: p16 Codes

Code	Description
0	P16 Negative; Nonreactive
1	P16 Positive; Diffuse, Strong reactivity
8	Not applicable
9	Not tested for p16; Unknown
Blank	NA – Diagnosis year prior to 2021

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LN Status: Femoral-Inguinal, Para-aortic & Pelvic

- Currently SSDI 3884:
 - Collected for Vulva, Vagina, and Cervix
- 3 new SSDI's created
 - 3957: LN Status: Pelvic
 - 3958: LN Status: Para-aortic
 - 3959: LN Status: Femoral Inguinal
- No longer filled out after 2022 software update

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3957: LN Status: Pelvic

- Collected for Schemas: Vulva (00500), Vagina (00510), & Cervix (00520/09520)

Pelvic Nodes	
Iliac, NOS <ul style="list-style-type: none"> - Common - External - Internal (hypogastric) (obturator) 	Sacral, NOS <ul style="list-style-type: none"> - Lateral (laterosacral) - Middle (promontorial) (Gerota's node) - Uterosacral
Paracervical	Pelvic, NOS
Parametrial	

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Notes for LN Status: Pelvic

- Physician statement of pelvic status can be used when no other information is available
- If no mention of pelvic LN involvement in area being imaged, biopsied, or in surgical field and no other mention of involvement, **assume negative (Code 0)**
- No imaging, biopsy or surgical workup, **Code 9**

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Notes for LN Status: Pelvic cont.

- Isolated tumor cells (ITC's) are **not** coded as positive nodes
- For Vulva Schema only: Pelvic nodes are distant
 - Still code status under SSDI 3957

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3957: LN Status: Pelvic Codes

Code	Description
0	Negative pelvic lymph nodes
1	Positive pelvic lymph nodes
8	Not applicable/required
9	Not documented in medical record Pelvic lymph node(s) not assessed or unknown if assessed

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3958: LN Status: Para-aortic

- Collected for Schemas: Vagina (00510) & Cervix (00520/09520)

Para-Aortic Nodes
Aortic
Lateral aortic/lumbar aortic
Para-aortic, NOS
Periaortic

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Notes for 3958: LN Status: Para-aortic

- Physician statement of para-aortic status can be used when no other information is available
- If no mention of para-aortic LN involvement in area being imaged, biopsied, or in surgical field **AND** no other mention of involvement, **assume negative (Code 0)**
- No imaging, biopsy or surgical workup, **Code 9**
- Isolated tumor cells (ITC's) are **not** coded as positive nodes

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3958: LN Status: Para-aortic Codes

Code	Description
0	Negative para-aortic LN
1	Positive para-aortic LN
8	Not applicable
9	Not documented in medical record Para-aortic LN not assessed or unknown if assessed

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3959: LN Status: Femoral-Inguinal

- Collected for Schemas: Vulva (00500) & Vagina (00510)

Femoral-Inguinal Nodes
Femoral
Inguinal, NOS <ul style="list-style-type: none"> - Inguinofemoral (groin) - Node of Cloquet or Rosenmuller (highest deep inguinal) - Superficial inguinal

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3959: LN Status: Femoral-Inguinal Notes

- Physician statement of femoral-inguinal status can be used when no other information is available
- If no mention of femoral-inguinal LN involvement in area being imaged, biopsied, or in surgical field **AND** no other mention of involvement, **assume negative (Code 0)**
- No imaging, biopsy or surgical workup, **Code 9**
- Isolated tumor cells (ITC's) are **not** coded as positive nodes

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3959: LN Status: Femoral-Inguinal Notes cont.

- Code this data item for the lower third of the vagina only
 - Code 9:
 - Upper two thirds of vagina
 - Unknown whether lower 1/3 or upper 2/3's

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3959: LN Status: Femoral-Inguinal Codes

Code	Description
0	Negative femoral-inguinal LN
1	Positive femoral-inguinal LN
8	Not applicable
9	Not documented in medical record Femoral-Inguinal LN not assessed or unknown if assessed

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00060: Cervical Lymph Nodes & Unknown Primary

- Specific histology's were moved to the Ill-Defined schema
 - See schema list of histology's
- AJCC Stage: No effect
- EOD fields: defaulted to Not Applicable
- Summary Stage: Set to Code 9

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00450: Soft Tissue Rare (NEW 2018+)

- Split Schema Soft Tissue Other (00459) into 2 schemas:
 - Soft Tissue Rare – Site/histology combinations [covered](#) in AJCC 8th edition Chapter 45
 - Soft Tissue Other – Site/histology combinations [not covered](#) in AJCC 8th edition Chapter 45
- AJCC staging not affected
- EOD, Summary Stage, Grade, & SSDI: Both schemas use the same tables

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00528: Cervix Sarcoma (NEW 2021+)

- New Schema created due to new guidelines from Cervix Version 9 update
- TNM based on AJCC Chapter 54.1: Corpus Uteri
- EOD fields: New schema
- Summary Stage: Same (Cervix chapter)
- Grade and SSDI: Same as Corpus Sarcoma schema
- Require review for all 2021+ cases done prior to 2022 update

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00811: Mycosis Fungoides

- Schema now includes **ALL** primary sites with 9700-9701 histology's effective for 2018+ cases
- AJCC Staging: Not affected
- EOD, Summary Stage and SSDI fields: Converted to 9's
- Grade fields: Converted to 8 (Not applicable)
- Effected very few cases – no registrar review required

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**KNOW THE
RULES!**



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Rules for Recording Laboratory Values

- Previously called: Timing for Recording Laboratory Tests
- New definition of laboratory values: Tests based on blood, urine, ascites, or spinal fluid
- Tests based on tissue – New section/rules in manual
- New table in manual, page 23

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Rules for Recording Lab Values cont.

- Guideline:
 - All lab values must be done no earlier than ~ 3 months before diagnosis **AND** unless instructed otherwise:
 - Before any cancer-directed treatment **AND**
 - If multiple lab tests results, record the highest lab value

The following SSDIs record laboratory values. If the SSDI specific coding rules column is yes, then check the SSDI for additional coding instructions

Schema	SSDI#	SSDI	SSDI Specific Coding Rules
Colon and Rectum	3820	CEA Pretreatment Lab Value	Yes
Colon and Rectum	3819	CEA Pretreatment Interpretation	Yes
Liver	3810	AFP Pretreatment Lab Value	
Liver	3809	AFP Pretreatment Interpretation	
Liver	3813	Bilirubin Pretreatment Total Lab Value	

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Rules for Recording Tests Based on Solid Tissue

- New section in SSDI manual under General Instruction
- Guideline:
 - Unless instructed otherwise record the highest value obtained from any tissue based examination
 - Includes biopsy, surgical resection, bone marrow biopsy)

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SSDI Tests Based on Solid Tissue Table

If the SSDI specific coding rules column is yes, then check the SSDI for additional coding instructions

Schema	SSDI#	SSDI	SSDI Specific Coding Rules
Bile Ducts Intrahepatic	3935	Tumor Growth Pattern	
Bile Ducts Intrahepatic, Bile Ducts Perihilar	3917	Primary Sclerosing Cholangitis	
Bone	3908	Percent Necrosis Post Neoadjuvant	Yes
Brain, CNS	3816	Brain Molecular Markins	
Brain, CNS	3801	Chromosome 1p: Loss of Heterozygosity	
Brain, CNS	3802	Chromosome 19q: Loss of Heterozygosity	

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Changes to Current SSDI's



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New SSDI's in 2021

- New notes to reflect SSDI's that were added in 2021
 - 3855: HER2 Overall Summary (Esophagus/Stomach)
 - 3940: BRAF Mutational Analysis (Colon/Rectum)
 - 3941: NRAS Mutational Analysis (Colon/Rectum)
 - 3942: CA 19-9 PreTx Lab Value (Pancreas)
 - 3863: Ki-67 (NET)
 - 3938: ALK Rearrangement (Lung)
 - 3939: EGFR Mutational Analysis (Lung)

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3890: Microsatellite Instability

- Colon and Rectum Schema (00200)
- Update
 - New Note 3: Results from nodal or metastatic tissue may be used for Microsatellite Instability
 - Added to Code 9: MSI - equivocal

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3942: CA 19-9 PreTx Lab Value

- Pancreas Schema (00280)
- New Codes Added to Table
 - XXXX.2: Lab value not available, physician states CA 19-9 is negative/normal
 - XXXX.3: Lab value not available, physician states CA 19-9 is positive/elevated/high
- New Note
 - A known lab value takes priority over codes XXXX.2 and XXXXX.3

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3913: Pleural Effusion

- Pleura Mesothelioma Schema (00370)
- Recording the absence or presence of pleural effusion **AND** if present, whether the pleural effusion is non-malignant, malignant, atypical or NOS
- New Notes were added for clarification – see next slide

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3913: Pleural Effusion cont.

- Code 1:
 - Microscopically confirmed to be non-malignant
 - Stated to be negative for malignant cells
 - Seen on imaging, cytology is negative for malignant cells
- Code 2:
 - Microscopically confirmed to be malignant
 - Stated to be positive for malignant cells
 - Described as suspicious or suspicious for mesothelioma
 - Physician states positive in absence of positive cytology

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3913: Pleural Effusion cont.

- Code 3:
 - Cytology described as atypical or atypical mesothelial cells but not specifically as non-malignant or malignant
- Code 4:
 - Reported on imaging, no cytology report
 - Reported on imaging, no physician's statement on whether positive

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3936: Ulceration

- Melanoma Skin Schema (00470)
- Clarification of Note 2:
 - Ulceration can only be confirmed by microscopic examination. **Do not use findings from physical exam**
 - Its possible to present with an ulceration lesion on physical exam, which is not the same as ulceration seen on microscopic exam

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3882: Lymph Nodes Positive Axillary Level I-II

- Breast Schema (00480)
- Expanded Note 4:
 - If clinical nodal is more extensive, **include only those nodes positive during clinical workup**
 - Example: Pt with positive FNA of axillary LN, neoadjuvant done. LN dissection revealed negative nodes
 - Code X6: Positive aspiration or needle core biopsy of LN

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3882: Lymph Nodes Positive Axillary Level I-II cont.

- Expanded Note 4 cont:
 - If post-neoadjuvant nodal more extensive, **include only those nodes positive during surgery**
 - Example: Pt with large breast mass, LN negative on clinical exam. Neoadjuvant therapy done. Mastectomy and sentinel node bx done, 1 of 2 SLN positive
 - Code 01: 1 node positive during mastectomy

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3826/3914: ER/PR Percent Positive or Range

- New Note 6:
 - If a range is given in steps other than those provided in the codes, code to the range that contains the lowest number of the range in report
 - Example:
 - Report states ER 90-95% positive
 - R90: Stated as 81-90% **OR**
 - R99: Stated as 91-100%

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Breast SSDI's no longer collected (2021+)

3850: HER2 IHC Summary
3851: HER2 ISH DP Copy No
3852: HER2 ISH DP Ratio
3853: HER2 ISH SP Copy No
3854: HER2 ISH Summary

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LN Assessment Method SSDI's

- (3) separate SSDI's:
 - LN Assessment method Femoral-Inguinal (3871)
 - LN Assessment method Para-aortic (3872)
 - LN Assessment method Pelvic (3873)
- Vulva (00500), Vagina (00510), & Cervix (00520) Schemas
- Added under Code 2:
 - Sentinel Node Biopsy

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Number of Examined Nodes SSDI

- (2) separate SSDI's (Corpus Schemas: 00530, 00541, 00542)
 - Number of Examined Para-aortic nodes (3899)
 - Number of Examined Pelvic nodes (3900)
- Added list of applicable lymph nodes for each SSDI
- Deleted note about ITC's
 - ITC's are not positive nodes, but are still **counted as nodes examined**

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Number of Examined Nodes SSDI cont.

- Updated Note 4:
 - Code 00 when no lymph nodes are examined by FNA, core biopsy or removal of lymph node(s)
 - Code X6 if only a FNA or core biopsy is done
 - Code X9 if it's unknown if lymph nodes were removed

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Number of Positive Nodes SSDI

- (2) separate SSDI's (Corpus Schemas: 00530, 00541, 00542)
 - Number of Positive Para-aortic Nodes (3901)
 - Number of Positive Pelvic Nodes (3902)
- Added list of applicable lymph nodes for each SSDI

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Number of Positive Nodes SSDI cont.

- Note 6: Code X9 if no lymph node dissection is performed:
 - If only a FNA or core biopsy is done and it is **positive**, then **code X6**
 - If only a FNA or core biopsy is done and it is negative, then code X9
 - Code X9 when no lymph nodes are removed

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3836: FIGO Stage

- Corpus Carcinoma and Carcinosarcoma (00530) , Ovary (00551), and Fallopian tube (00553) Schemas
- Code 97 for cases with behavior /2
- New Note – Confusing!
- Clarifications coming in 2023!

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00530: Corpus Carcinoma/Carcinosarcoma Schema

- **Note 4:** For Endometrial intraepithelial **carcinoma** (EIC) (8380/2) and Serous endometrial intraepithelial **carcinoma** (SEIC) (8441/2), assign the FIGO Stage based on the managing physician's documentation of FIGO. (See Note 1)
 - If FIGO stage for EIC or SEIC is not documented by the managing physician, code unknown (code 99)
 - If diagnosis is Endometrial intraepithelial **neoplasia** (EIN) (8380/2), code 97.

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Ovary (00551) and Fallopian Tube (00553) Schemas

- **Note 4:** For High-grade (HGSC) serous tubal intraepithelial carcinoma (STIC) (8441/2), assign the FIGO Stage based on the managing physician's documentation of FIGO. (See Note 1)
 - If FIGO stage for HGSC or STIC is not documented by the managing physician, code unknown (code 99)
 - If diagnosis is low grade serous intraepithelial carcinoma (LGSC) (8441/2) or serous intraepithelial carcinoma (no grade stated) (8441/2), code 97

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3921: Residual Tumor Volume Post Cytoreduction

- Ovary (00551), Primary Peritoneal Carcinoma (00552), Fallopian Tube (00553) Schemas
- New Note:
 - Information for this SSDI is found in the operative report, procedure report, or managing physician notes.
- Removed pathology report from source documents

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3920: PSA Lab Value

- Prostate (00580) Schema
- New codes added:
 - XXX.2: Lab value not available, physician states PSA is negative/normal
 - XXX.3: Lab value not available, physician states PSA is positive/elevated/high
- New Note added:
 - A known lab value takes priority over codes XXX.2 and XXX.3

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3838: Gleason Patterns Clinical

- Prostate (00580) Schema
- Clarified Note 2:
 - Added simple prostatectomy
 - Included in SSDI: Gleason Score Clinical
- New Note 5:
 - If the only information available is the Gleason score, code the patterns X6 – both the primary and secondary pattern unknown

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3841: Gleason Score Pathological

- Prostate (00580) Schema
- Clarification on prostatectomy
 - Added Radical to notes and codes
- Same for SSDI Gleasons Patterns pathological and Gleason Tertiary Pattern

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3925: Sarcomatoid Features

- Kidney (00600) Schema
- New Code and Note
 - **XX5**: Sarcomatoid features present from metastatic site **AND** Sarcomatoid features not present, or unknown if present, in primary site

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3859: HIV Status

- Lymphoma (00790) and Lymphoma CLL/SLL (00795) Schemas
- New Note
 - If patient has a history of HIV, assign code 1 even if HIV is not currently detectable

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00795: Lymphoma – CLL/SLL Schema

- SSDI:
 - Lymphocytosis (3885)
 - Adenopathy (3804)
 - Organomegaly (3907)
 - Anemia (3811)
 - Thrombocytopenia (3933)
- New Code
 - Code 5: Not applicable: Primary site is not C421

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00811: Plasma cell Myeloma Schema

- SSDI:
 - LDH Level (3869)
 - High Risk Cytogenetics (3857)
 - Serum Albumin Pretreatment Level (3930)
 - Serum Beta-2 Microglobulin Pretreatment Level (3931)
- New Code:
 - Code 5: Schema Discriminator 1: Plasma cell Terminology coded to 1 or 9

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Grade Manual Updates

Version 2.1



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General Updates

- Formatting changes
 - Rearranged or added bullets
- Added a Stated as.... grade to codes
 - Stated as WHO grade
 - Stated as FNCLCC grade
 - Stated as Nottingham/Scarff Bloom-Richardson grade
 - Stated as WHO/ISUP grade

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Grade Path Tables

- When to use the grade from the clinical workup for Path grade
 - Based on either behavior or surgical resection
 - Behavior:
 - Clinical and Path grade the same **AND** Clinical grade higher
 - Clinical grade invasive **AND** Path grade in-situ

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Grade Path Tables cont.

- Surgical resection done:
 - No documented path grade
 - No residual cancer
- Surgical resection (primary site) **NOT** done:
 - And positive confirmation of distant mets during clinical time frame

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Grade Post Therapy Clinical (yc)

- Note 1: Leaving Grade Post Therapy Clinical (yc) blank
 - No neoadjuvant therapy
 - Clinical or pathological case only
 - **Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor**
 - There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clinical or post therapy path

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Grade Post Therapy Path (yp)

- Note 1: Leaving Grade Post Therapy Path blank
 - No neoadjuvant therapy
 - Clinical or pathological case only
 - **Neoadjuvant therapy completed; surgical resection not done**
 - There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clinical or post therapy path

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Breast Table (12)

- Taking a grade from nodal tissue
 - Only when there was never any evidence of primary tumor (T0)
 - Code using G1, G2, or G3, even if not stated as Nottingham
 - Well differentiated = G1
 - Moderately differentiated = G2
 - Poorly/undifferentiated = G3
 - Example: Pt with no breast tumor ID, but 2/3 axillary nodes positive for poorly diff metastatic breast cancer
 - Code 3 (G3)

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Prostate Table 17

- Grade Clinical and Grade Post Therapy Clin:
 - Note 5: For prostate, TURP or **simple prostatectomy** qualify for a clinical grade only
- Grade path and Grade Post Therapy Path:
 - Note 6: For prostate, A TURP or **simple prostatectomy** do not qualify for surgical resection. A radical prostatectomy must be performed

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Send Questions to
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