

Site-Specific Data Item (SSDI) Manual
Effective with Cases Diagnosed 1/1/2018 and Forward
Published October 2023
Version 3.1

Manual Mania
Iowa Cancer
Registry
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1

1

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



2

2

Change Log

This document shows the changes that were made to the SSDI manual and the Grade manual for the SEER*RSA version 3.1 release on October 1, 2023

- **Table 1: New SSDIs, Version 3.1**
- **Table 2: Changes to Schemas**
- **Table 3: Changes to the general instructions, Version 3.1**
- **Table 4: Changes to current SSDIs, Version 3.1**
- **Table 5: Changes to Grade Manual, Version 3.1**

For 2018 dx cases forward

- V3.1
- 10/1/2023
- Change log:
<https://www.naaccr.org/wp-content/uploads/2023/10/Version-3.1-Changes-for-SSDI-and-Grade-Manuals.9.19.23.pdf?v=1710942037>

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

5

5

Organization of SSDI Manual cont.

[00200: Colon and Rectum \(2018+\)](#)

3823: Circumferential Resection Margin (CRM)

Item Length: 4

NAACCR Item #: 3823

XML Parent-NAACCR ID: Tumor-circumferentialResectionMargin

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

Active years: 2018+

Schema(s):

- 00200: Colon and Rectum (2018+)

Description

Circumferential or Radial Resection Margin, the distance in millimeters between the leading edge of the tumor and the surgically dissected margin as recorded on the pathology report, is a prognostic indicator for colon and rectal cancer. This may also be referred to as the Radial Resection Margin or surgical clearance.

6

6

Organization of SSDI Manual cont.

- Rationale
 - Reason why data item collected
- Definition
 - Additional background and clinical importance
- Coding Guidelines

7

7

Organization of SSDI Manual cont.

- Additional Information
 - Source documents – **Lab – Path report including** addenda, gross/micro, synoptic, CAP.
 - ***If not specified use any report***
 - Other names – ***JAK 2 -> JAK2, JAK2 exon 12, JAK2 exon13***
 - Normal reference ranges
- Coding Instructions and codes

8

8

General Rules



9

9

Timing

- Collect SSDI during initial diagnosis, workup and first course treatment.
- Some have specific timing
 - CEA collected prior to polypectomy
 - PSA collected prior to needle core biopsy

Note: Active Surveillance is first course treatment

10

10

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 [no longer collected]
- 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
 - ER/PR % pos fields do not have decimals
 - ER % pos 78.6 – code to 79%, code 079 (79%)
 - For ER/PR % Pos, value 99.5 to 99.9%, round up to 100% (code 100)

11

11

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%)

12

12

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 tissue.

GENERAL 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

13

13

Lab Values Table per SSDI

- PSA
 - Coding Guidelines specific to prostate site
 - Record last pre-diagnosis PSA lab value prior to biopsy of prostate and initiation of treatment.

1/5/2018: PSA 5.8 1/29/2018: PSA 5.2 2/22/2018: Biopsy positive for adenocarcinoma	5.2	PSA lab value closest and prior to the diagnostic biopsy
12/19/2017: PSA 44.3 3/11/2018: PSA 42.8 5/1/2018: DRE positive for bilateral palpable nodularity 5/5/2018: Casodex initiated without needle core biopsy	42.8	PSA lab value closest to the initiation of treatment

14

14

Schema Discriminators

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

15

15

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](#)

16

16

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



17

17

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	Esophagus and EGJ Tumor Epicenter	Esophagus (including GE junction) Squamous
48: Breast	3827	Estrogen Receptor Summary	Breast
48: Breast	3915	Progesterone Receptor Summary	Breast
48: Breast	3855	HER2 Overall Summary	Breast
48: Breast	3904	Oncotype Dx Recurrence Score-Invasive	Breast
56: Gestational Trophoblastic Tumors (Placenta)	3837	Gestational Trophoblastic Prognostic Scoring Index	Placenta
58: Prostate	3920	PSA (Prostatic Specific Antigen) Lab Value	Prostate
59: Testis	3923	S Category Clinical	Testis
59: Testis	3924	S Category Pathological	Testis
68: Retinoblastoma	3856	Heritable Trait	Retinoblastoma

18

18

SSDI's used for EOD Derived Stage Group – Page 36

SSDI#/Description	Schema ID#/Description
3883: LN Size	00100: Oropharynx HPV-Mediated (p16+)
3869: LDH Level	00470: Melanoma Skin
3882: LN Positive Axillary Level I-II	00480: Breast
3911: Peritoneal Cytology	00530: Corpus Carcinoma and Carcinosarcoma
3911: Peritoneal Cytology	00541: Corpus Sarcoma
3911: Peritoneal Cytology	00542: Corpus Adenosarcoma
3887: Measured Basal Diameter	00671: Melanoma Iris
3887: Measured Basal Diameter	00672: Melanoma Choroid and Ciliary Body
3888: Measured Thickness	00671: Melanoma Iris
3888: Measured Thickness	00672: Melanoma Choroid and Ciliary Body

19

19

Pg 201 SSDI Manual

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

Dates Collected 2018-2022 only

20

20

Grade

- Change Log, version 3.1
- <https://www.naaccr.org/wp-content/uploads/2023/10/Version-3.1-Changes-for-SSDI-and-Grade-Manuals.9.19.23.pdf?v=1710942037>
- Grade info starts on page 13, Table 5

21

Grade

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

CANCER SCHEMA LIST

Version Selection:
Data Last Updated: Sept. 13, 2023

Standard Search Site/Hist Search

Displaying 135 Schemas

RESOURCES

Version 3.1 (For use with cases diagnosed 2018 forward after registry software conversion to the NAACCR Data Standards and Data Dictionary, Version 24)

- » [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 [C Answer Forum](#).

22

Site-specific Grade

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

23

23

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
 - If range given for grade (1-2 or 2-3) code the higher grade
- 2. If more than one grade available (same time frame)
 - Priority goes to recommended AJCC grade system listed
 - If no AJCC grade, code highest grade per category for site

24

24

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. Priority order for grade
 - Synoptic (including CAP); Path report final dx; Physician statement
- 5. Code clinical grade prior to neoadjuvant therapy even if unknown
- 6. Consult grade varies from original case, record grade from consult

25

25

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

26

26

3838: 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

27

27

1068: 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
- Rarely have info for this time window

28

28

3844: Grade Pathological

- Record grade from solid 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

29

29

3845: 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.
- Blank if no neoadjuvant therapy

30

30

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

31

31

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

32

32

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

33


33

Heme-Lymph

- Histologies 9590/3-9992/3
 - clinical and path grade must be coded to 8
 - Post therapy grade blank

34

34

A graphic with the words "QUIZ TIME" in a stylized, glowing font. "QUIZ" is in yellow and "TIME" is in white. The text is surrounded by colorful geometric shapes like circles and triangles on a dark blue background with a brick-like pattern.

Quiz


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

35

35

Where are the SSDI fields?

- SEER*RSA by site [includes dates of collection]
- SSDI Manual for more site-specific detail

A 3D graphic where the word "Question" is written in white, block letters. A large, red, 3D question mark is positioned at the end of the word, appearing to pop out of the top of the letter 'n'.

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36

36