



**Arizona Cancer Registry (ACR)
 Supplement Documentation - Summary of Most Significant Changes and Requirements for 2011
 Effective for cases diagnosed on January 1, 2011 and after**

This supplement contains the highlights of the new data items and changes that are required for 2011 and the most significant changes in FORDS, 2011. Registrars should use their current FORDS, 2010 and this handout to assist in abstracting 2011 cases. The ACR is waiting to see if additional changes or clarifications will be announced to determine if a new manual will be distributed. The FORDS, 2011 can be found at <http://www.facs.org/cancer/coc/fordsmanual.html>.

New Data Items Required for 2011

NAACCR #	Data Item	
1430	Reason for No Radiation	
CS Site-Specific Factors	Required for Site	
2880	SSF1	Brain, CNSOther, IntracranialGland
2864	SSF10	BileDuctsIntraHepat
2867	SSF13	Testis
2869	SS15	Testis, Breast
2870	SS16	Testis, Breast

Most significant changes in FORDS, 2011

New Site-Specific Surgery Code for Breast

76 Bilateral mastectomy for a single tumor involving both breasts, as for bilateral inflammatory carcinoma

Clarification to Grade/Differentiation Section One

- New paragraph inserted: Grade/Differentiation (NAACCR Item #440) is a four-grade system. Certain two-grade and three-grade systems can be converted to the four-grade Grade/Differentiation (NAACCR Item #440), as described below. These tumors may also have been assigned a four-grade histologic grade. When it is present, that is the grade that should be recorded as Grade/Differentiation (NAACCR Item #440).
- New inserted sentence: For sites other than those described below, code the tumor grade using the following priority order: (1) terminology, (2)histologic grade, (3)nuclear grade.

- Change to first sentence, rewritten and added urinary bladder under Coding Two-Grade Systems: If the only grade information available for urinary bladder (C67.█), colon, rectosigmoid junction, rectum (C18.0-C20.9), or heart (C38.0) is supplied as a two-grade system ("high" or "low"), convert them as shown below.
- Revised first paragraph under Coding Three-Grade Systems: Three grade-systems that convert to Grade/Differentiation (NAACCR Item #440) include peritoneum (C48.1, C48.2), endometrium (C54.1), fallopian tube (C57.0), and brain and spinal cord (C71.0-C72.9). For these sites, code the tumor grade using the following priority order: (1) Terminology, (2) Histologic Grade, and (3) Nuclear Grade as shown in the following table. The 2010 version of this sentence read: For sites other than breast, prostate and kidney, code the tumor grade using the following priority order: (1) Terminology, (2) Histologic Grade, and (3) Nuclear Grade as shown in the following table.
- Changed sentence under breast: If a three-grade/differentiation grade is provided for breast, code the tumor grade using the following priority order: (2) Nuclear Grade (2) Terminology, and (3) Histologic Grade as shown in the table below.
- Deleted kidney primary site grade information.

Grade/Differentiation (#440) - Clarification

- Provided additional clarification that the ACR has already inserted related to coding grade from pathology report prior to any neoadjuvant treatment.

First Name A88(#2240) and Middle Name (#2250)

- Change of allowed punctuation. Blanks, spaces, hyphens, and apostrophes are allowed.

State - State at Diagnosis (#80)/State Current (#1820) - Correction

- Code for Canada corrected under Instructions for Coding. It was correct in the table provided for Canadian Provinces and Territory Abbreviations. Code should be CD not CN. Facilities should perform a review of their cases to determine if any cases were incorrectly coded to CN.

Deleted from the FORDS, 2011 pages but are still required by the ACR

NAACCR # Data Item

2470 Following Physician

2480 Primary Surgeon

391 Date of Diagnosis Flag

Deleted from the FORDS, 2011 pages but not required by the ACR

NAACCR # Data Item

2490 Physician #3

2500 Physician #4

2410 Facility Referred From

2420 Facility Referred To

2440 Following Registry

Class of Case (#610) - Added some clarifications to codes

- Added clarification about a physician practice: If the hospital has purchased a physician practice, it will be necessary to determine whether the practice is now legally considered part of the hospital (their activity is coded as the hospital's) or not. If the practice is not legally part of the hospital, it will be necessary to determine whether the physicians involved are staff physicians or not, as with any other physician.
- Clarifications added to codes:
 - 13 - Initial diagnosis at the reporting facility AND part of first course treatment was done at the reporting facility; part of first course treatment was done elsewhere.
 - 21 - Initial diagnosis elsewhere AND part of first course treatment was done at the reporting facility; part of first course treatment was done elsewhere.
 - 30 - Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in diagnostic workup (for example, consult only, treatment plan only, staging workup after initial diagnosis elsewhere).
 - 31 - Initial diagnosis and all first course treatment elsewhere AND reporting facility provided in-transit care; or hospital provided care that facilitated treatment elsewhere (for example, stent placement).
 - 32 - Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease recurrence or persistence (active disease).
 - 33 - Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease history only (disease not active).

TNM - Clinical M (#960) Correction

- A correction was also inserted in the table under Instructions for Coding: Corrected Code 0+ to OI and definition to M0(i+).

Collaborative Stage Data Collection System

- Changed any references to CS to CSv02.03.
- Added information about new Site-Specific Factors.
- It is important that registrars use the CS manual and do not rely on the FORDS manual for all the details.

Treatment Status (#1285) - Clarification

- Use code 0 when treatment is refused or the physician decides not to treat for any reason such as the presence of comorbidities.

Approach - Surgery of the Primary Site at this Facility (#668) - Clarification

- Expanded definition for code 3 and 4.
 - 3 - Endoscopic or laparoscopic
 - 4 - Endoscopic or laparoscopic converted to open

Radiation/Surgery Sequence (#1380) - Clarification and new information

- New information added to code 4 definition: At least two courses of radiation therapy are given, before and after any surgery, to primary site; scope of regional lymph node surgery; surgery to other regional site(s), distant site(s), or distant lymph node(s).

Systemic/Surgery Sequence (#1639) - Clarification and new information

- New information added to code 4 definition: At least two courses of systemic therapy were given, before and after any surgical procedure of primary site; scope of regional lymph node surgery; surgery to other regional site(s), distant site(s), or distant lymph node(s) was performed.

Site-Specific Surgery Codes: Liver and Intrahepatic Bile Ducts - Clarification

- Reworded description for code 66: Excision of an intrahepatic bile duct PLUS partial hepatectomy.
- Reworded description for code 75: Extrahepatic bile duct and hepatectomy WITH transplant.

Site-Specific Surgery Codes: Breast Surgery Codes - Clarification and new code

- Under code 40 notes, clarification added: A total (simple) mastectomy removes all breast tissue, the nipple, and areolar complex. An axillary dissection is not done, but sentinel lymph nodes may be removed.
- New code 76 added: 76-Bilateral mastectomy for a single tumor involving both breasts, as for bilateral inflammatory carcinoma.
- Under code 50 change, added 41 to sentence: If contralateral breast reveals a second primary, it is abstracted separately. The surgical procedure is coded 41 or 51 for the first primary. The surgical code for the contralateral breast is coded to the procedure performed on that site.

Site-Specific Surgery Codes: Prostate Surgery Codes - Clarification

- Changed code description for code 19: Transurethral resection (TURP), NOS, and no specimen sent to pathology or unknown if sent.
- Changed code description for code 21: Transurethral resection (TURP), NOS, with specimen sent to pathology.

Changes in Data Items from Other National Standard Setters

Marital Status (#150)

- New code 6 added: Unmarried or Domestic Partner (same sex or opposite sex, registered or unregistered)

Multiple Primary and Histology Coding Rules - Multiplicity Counter (#446)

- New code of 00 added and is effective for 2011: 00 - No primary tumor identified
- New code of 89 added and is effective for 2011: 89 - Multicentric, multifocal, number unknown

This new information is not yet posted on the SEER website. As soon as we are notified that the Data Items have been updated on the website, we will notify you.