# SPRING NEWSLETTER

*PR & COMMUNICATIONS*

## Stay Connected

If you would like to help with this newsletter, either as an editor or contributor, please email us: TRAC@trac-ct.org

Our Organization's Website www.trac-ct.org

Follow us on Facebook! Our page is public and has 49 likes with 51 followers.

*EDUCATION*

## Next Educational Meeting

The plan is for a June Meeting. It will be hosted at the State of Connecticut Department of Public Health. A save the date will be emailed soon.

This edition has lots of information for Quality Abstracting as well as other ways to earn continuing education.

*MEMBERSHIP*

## 2019 Membership

The deadline to renew membership has now passed. To be reinstated, please complete a membership form and send with applicable annual dues and fees to Michele W.

New members may join at any time! Simply complete the Membership Form and provide dues for the year.

## How's it going?

Keeping up with industry standards? Working to ensure quality and productivity is always important. Set short term goals and work out a plan on how to achieve them. Make sure you have the most up to date manuals from all the standard setters. Take time to educate yourself. When you get stuck, or something isn't making sense, ask for help. If you have a topic you'd like to learn more about, let us know. We will do our best to incorporate education about your topic into our next educational meeting.

# President's Message

Brooke Chang, BA, CTR

I hope this newsletter finds you all well and eager to bring in the new! The vernal equinox has passed and brought with it a new season. The days are getting longer now. I hope this time of year brings you a sense of renewal and relief from the winter. It's time for new beginnings.

This time of year is also a time for "Spring Cleaning". We finally have a new version of software. With the implementation of the new software, here's our chance to clean up our incomplete data and make it the best it's ever been. We get an opportunity to double check our work with each incomplete case we put through the new edits. I'm curious how everyone did preparing for this. Did your text fields help you out in coding SEER Summary Stage 2018, EOD 2018, and the AJCC 8th Edition? Which situations and sites are you finding most challenging? Personally, I've always found it more difficult try to code older cases with newer versions of software. Which fields are needed now as a 2018 abstract, even though it's an older diagnosis? Lucky for me I'm using software that allows customizing my view of an abstract to help. Do you use tools like this? Nothing is black and white anymore figuratively and literally. We have a rainbow of fields highlighted in color text to bring attention to new and required 2018 fields helpful for determining now versus then. I hope you will reach out to TRAC leadership with struggles, you are likely not the only one, and our education is imperative to doing our best. Let us try to help you out.

I want to thank the membership, for lots of things. For being "human first" and knowing we are all busy but capable of great things. For the respect and expectation that I could lead our organization into the future. For allowing me to represent our organization at regional and national meetings. For friendships and connections built upon over years of service in TRAC. I am among a group of true professionals who have shown that despite differences, we can all work towards a common goal and become better people in the process.

My term as your president is ending this year. I am charging the election committee to begin their search for candidates to serve TRAC membership on the executive board for the 2020 term. We will be voting this year prior to our annual meeting in the fall. I have had a great experience working on behalf of the membership, learning more about our organization and about myself. I hope I have added value to our organization to make it better. I hope during my time as TRAC President I have set a good example. I hope I've done enough to encourage and inspire others to volunteer to serve. If you have never done so, please consider running for TRAC Executive Board. Give yourself the opportunity to showcase and build upon your professional skills. I have made effort to keep communication open, up to date and honest with our membership. I have enjoyed being TRAC President and Communications Chair, in part by the support of the executive board who served alongside me, but also by the membership's support and encouragement.

I look forward to seeing you all again at the next educational meeting.

-Brooke

> "You can make a difference by how you treat people. If you cannot be a bridge to connect people, then do not be a wall to separate them. If you cannot be a light to brighten people's good deeds, then do not be darkness covering their efforts." -Basetsana Kumalo

# Vice President's Message

Sheri Amechi, CTR

I'm pleased to report we have finally found a venue for our next educational meeting. We are working on building a group of speakers and agenda. Be on the lookout for a save the date.

## NCRA Basket

This year, Sheri Amechi has volunteered to coordinate the basket. The theme is going to be Basket Ball. We will be adding fun fan items including gear from UConn and Connecticut Sun WNBA team. Please contact Sheri if you'd like to donate an item or money towards building this basket. The participation form must be turned in to NCRA by May 1st. A significant percentage of the proceeds from the State Baskets will be donated back to the State Associations who participated in the basket raffle.

# SEER Education

## The 2019 EOD/SS/SSDI Reliability Study

The study that aims to:

- Assess how well registrars can assign EOD Primary Tumor, EOD Regional Nodes, EOD Mets, SS2018, Grade, SSDIs, Regional Nodes Positive and Tumor Size using information available in the medical record
- Provide information on training needs
- Provide a baseline to evaluate the effectiveness of training materials that are developed

This study takes place from 8 a.m. EDT, **March 1, 2019** to 12:00 a.m. EDT, **April 15, 2019.** Participants must have access to the SEER reliability studies site (https://reliability.seer.cancer.gov) during this period.

Completion of the study will require the review and coding of EOD 2018 Data Items (Primary Tumor, Regional Nodes, Mets), SS2018, Grade, SSDIs (schema specific), Regional Nodes Positive and Tumor Size. Registrars will complete 1 randomly selected set of cases (10 cases) with an option to complete as many as 4 additional sets (up to 40 additional cases). In addition to Continuing Education credits, participants in this activity will have an opportunity to view the preferred answers as given by an expert panel. You will be notified when the study results become available online.

- NCRA has approved 10 CEUs for completion of one set (10 cases). No partial credit will be given.

Note that since the objectives of this study are to determine training needs and not designed as a test for accuracy of EOD code assignment, **individual study results will remain confidential** and not released to NCI SEER staff or registry managers. Study results will be de-identified before analysis.

- **For CoC hospitals**, we have received the following from CoC:
  - The EOD Reliability study will be considered a Regional Meeting for 2019 and *help programs qualify for commendation.*
  - Each registrar is responsible for printing out their certificate (receipt) and uploading it to the SAR for proof of participation/completion. A participant will not get credit without proof of participation (the "receipt.").

Your participation is important for helping NCI-SEER assess the training needs for EOD 2018, Summary Stage 2018, Grade and SSDIs and therefore, while participation is voluntary, we *strongly encourage* you to participate in this study.

Please email reliability@imsweb.com for technical questions

# REMEMBER


What are you doing to celebrate?

# From the Treasurer's Desk

Michele Wojewodzki, CTR

We have a current membership of 40 people. Welcome to our new members! I will be getting a list out to the membership in the next few days.

I plan to have the books audited in April.

I have reviewed our bylaws and I'd like to know if everyone has/ knows their membership ID#. If you do not, please contact me.

# BYLAWS

Committee: Cathryn Phillips CTR, Mary Jeanne Pierce CTR, Brooke Chang CTR

At the NOV 2018 TRAC meeting, attended by 33 TRAC members, two issues regarding TRAC bylaws were discussed. First, there had been prior discussion to the effect of having two signatories for TRAC funds and securities; this would provide some latitude for continuing fiscal operations in the event that the Treasurer is unable to sign. It was agreed that the TRAC President should serve as the secondary signatory.

Secondly, it was noted there are discrepancies regarding when TRAC bylaws can be changed or amended. A consensus felt it appropriate to approve amendments at any meeting, providing adequate advance notice is provided to the membership.

**The suggested TRAC Bylaws are as follows:**

**ARTICLE VI - OFFICERS**

Section III - Duties

A. The President shall be the executive officer of TRAC; shall preside at the meetings of TRAC, the Board of Directors, and the Executive Committee; and shall be an ex-officio member of all committees except the Nominating Committee; **the President shall serve as the secondary signatory for all TRAC funds and securities**; The President shall officially represent TRAC at the National Cancer Registrars Association (NCRA) Annual Meeting. The President shall first seek funds from his/her hospital or other means to cover expenses, and shall submit to the TRAC Treasurer for reimbursement the paid receipts for the "Early Bird Registration" and travel expenses, using the best economical routing for travel not reimbursed by other means. In the event the President cannot attend the NCRA Annual Meeting, the Vice-President shall attend. If the Vice- President cannot attend, an alternate shall be appointed by the Executive Committee.

**ARTICLE IX- MEETINGS**

**Section III - Voting**

**A.** The following voting must take place at an annual meeting: **Costs for dues and meeting fees.**

**ARTICLE X - FISCAL POLICIES**

Section I - Fiscal Year

A. The fiscal year shall be from January 1st through December 31st.

Section II - **Fund and Securities Signatories**

**A. There shall be established a primary and secondary signatory for all funds and securities of TRAC; the Treasurer shall serve as the primary signatory; the President shall serve as a secondary signatory in the event that the Treasurer is unable to sign.**

**Section III - Audit**

A. The books and accounts of TRAC shall be audited annually and reported to the membership annually.

**ARTICLE XI - AMENDMENTS AND RULES OF ORDER**
**Section I - Amendments** (NO CHANGE)

# FROM THE STATE

NANCY SANTOS, CTR

## Connecticut Tumor Registry – 2018 UPDATES

*Coding Reminders*

## 2018 UPDATES

### SEER ANNOUNCEMENTS

Released January 29th, 2019

Final 2018 SEER Program Coding and Staging Manual

Updated January 22nd, 2019

2018 Solid Tumor Coding Rules-final versions and complete manual have been posted.

Release January 22nd, 2019

Hematopoietic and Lymphoid Neoplasm Database and Coding Manual (2019 update)

### SOLID TUMOR RULES MANUAL

This manual replaces the previously posted 2018 Solid Tumor Manual and should be used for coding cases diagnosed JANUARY 1, 2018 and forward.

https://seer.cancer.gov/tools/solidtumor

Use the 2018 Solid Tumor coding rules to determine the number of primaries to abstract and the histology to code for cases diagnosed 1/1/2018 and forward.

## 2018 SEER PROGRAM CODING MANUAL

**Effective for cases diagnosed:**

**January 1, 2018 and forward.**

### Summary of Changes:

Extent of Disease and Summary Stage

Beginning in 2018, Extent of Disease (EOD) and Summary Stage data items are being incorporated into cancer staging.

### Site-Specific Data Items

Formerly referred to as Site Specific Factors (SSF's) were assigned to specific cancer sites. SSF's have been transitioned into individual data items called Site Specific Data Items (SSDI's) that can be utilized across cancer sites in 2018.

### Solid Tumor Rules

2018 Multiple Primary Histology Rules are now referred to as Solid Tumor Rules.

### Reportability

Reportable and non-reportable examples move to Appendix E.
Appendix E 1: reportable examples
Appendix E 2: non reportable examples
Ambiguous Terminology Lists: Reference of Last Resort added.

### Sections Added:

Changing information of the Abstract
Section VI: Stage related Data Items

The Solid Tumor coding rules and the 2018 General Instructions replace the 2007 MP/H rules for the following sites **ONLY:**

Breast

Colon (includes rectosigmoid and rectum for cases diagnosed 1/1/2018 forward)

Head & Neck

Kidney

Lung

Malignant CNS and Peripheral Nerves

Non-malignant CNS

Urinary Sites

Revision status for remaining 2007 MPH site rules: still a work in progress.

Release date has not yet been determined. The 2007 MP/H and 2007 General Instructions are to be used, with a few exceptions, for cases for the following site group until instructed to do otherwise:

***Cutaneous Melanoma –***
Based on the recent WHO 4th ed., Tumors of Skin, it is anticipated there will
not be major changes to the cutaneous melanoma rules.

***Other Sites-***
The following primary sites are excluded for 1/1/2018 forward:
Rectosigmoid and rectum which are included in 2018 Colon rules
Peripheral nerves which are included in the 2018 Malignant CNS rules

We have identified the need to separate select sites into individual modules. These Site-specific rules may be individual sections within the Other sites rules, or free-standing modules. The following sites have been determined to need additional rules: GYN, GI (excluding colorectal), Thyroid, Soft tissue/bone, and Male genital.

**ICD-0-3 CODES and BEHAVIORS and TERMS (effective January 1st, 2018)**

For 2018

114 new terms added to existing codes in ICD-0-3. Of these terms, 85 are malignant (3) terms, 12 insitu (2), and three are benign or borderline (0 and 1) tumors of the CNS. **All are reportable.**

Nine of the 32 codes new codes were listed in the prior cross-walk effective for January 1, 2015.

19 New Behavior codes and terms have been added.

*IMPORTANT INFO:*
New term: 8551/3 Acinar Adenocarcinoma (C34.) Lung primaries diagnosed prior to 1/1/18 use code 8550/3.

## Data items added

Section II:
Information Source
COC Accredited Flag

## Section III

Demographic Information

## Section IV:

Description of this Neoplasm

## Section V:

Stage of Disease at Diagnosis

## Section VII:

First Course of Therapy

## Section VIII:

Administrative Codes

## DATA ITEMS MOVED:

*Moved from Stage of Disease at Diagnosis to Description of this Neoplasm section:*

Tumor Size- Clinical
Tumor Size- Pathologic

Lymphovascular Invasion
Mets at Diagnosis-
Bone
Brain
Liver
Lung
Distant LNS
Other

## Moved from Stage of Disease at Diagnosis to First Course of Treatment

Regional Nodes Positive
Regional Nodes Examined

*IMPORTANT NOTE*: LUNG
8253/2 Adenocinoma insitu, mucinous (C34.)
Lung primaries ONLY. For cases diagnosed 1/1/18 forward DO NOT USE code 8480 (mucinous adenocarcinoma)
for insitu adenocarcinoma mucinous or invasive mucinous adenocarcinoma.

Refer to a complete alpha/numeric listing at:
**https://www.naaccr.org/implementation-guidelines/#ICDO3**

## NEW GRADE CODING RULES

Beginning with 2018+ cases – MAJOR CHANGES
Previous single grade/differentiation data item and coding instructions *discontinued* for cases diagnosed 2018 forward.
Retained for cases diagnosed *prior* to 1/1/18.

Former SSF's which collected chapter specific grades (e.g., Breast, Prostate, Soft Tissue, etc.) *Discontinued* for 2018 forward.
Retained for cases 2004-2017.

**GRADE 2018 - MAJOR CHANGES**
Grade definitions expanded
Classification of grade varies by tumor site and/or histology
Grading systems for a cancer type may use a two, three, or four grade system
No longer will all grades be converted to a four-grade system.

**3 New Grade Data Items**
**Grade Clinical**- collects grade during clinical time frame-usually from a biopsy or FNA. Before any treatment such as surgical resection or neoadjuvant therapy, etc.

**Grade Pathological** – collects grade from the primary tumor which has been resected (unless microscopic clinical grade is higher or surgical resection grade is unknown), and neoadjuvant therapy was ***NOT*** administered.

**Grade Post-Therapy**- collects grade from a tumor resection ***AFTER*** completion of neoadjuvant therapy.

Grade codes and/or coding instructions vary for each grade data item:

Clinical
Pathological
Post-therapy
} **Based on type of cancer**

**Data Items deleted**
**Data Items modified**
**Codes Added/modified**
**Appendices modified**
**New Appendix**

## Where to send Questions:

### ASK A SEER REGISTRAR-
Solid Tumor Rules
Hematopoietic & Lymphoid Manual
SEER Rx Drug Database
ICD-0-3 , ICD-10-CM
SEER Coding & Staging Manuals

### ACOS- CAnswer Forum-
AJCC TNM
Site-Specific Data Items
Grade 2018

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## Just an FYI…

What is the difference between "Ask a SEER Registrar" and "SINQ".

***SEER response…***
AASR questions are answered by NCI SEER staff who specialize in the particular topic of the question. The answer is returned to the author of the question. AASR questions are usually answered within a week, sometimes within a day. In contrast, questions can be submitted to "SINQ" only by designated registrars in SEER registries. The questions are answered by a trained contractor and reviewed by NCI SEER staff. The answers are then reviewed by the designated registrars in SEER registries. All reviewer comments are taken into consideration before the SINQ answer is finalized. Once the answer is final, it becomes available to everyone via the SINQ database on the SEER website. Certain AASR questions are added to SINQ to make the information available to the cancer registry community. These AASR questions in SINQ go through the same process as other SINQ questions. The review process takes time, so questions submitted to SINQ take longer to answer, sometimes a month or more. https://seer.cancer.gov/

**GRADE 2018 – MAJOR CHANGES**

The standard setters have transitioned from the familiar codes 1-9 to using both those codes and some alpha…

**Template for a Cancer-Specific Grade Table**

| Code | Grade Description |
|---|---|
| 1 | Site-specific grade system category |
| 2 | Site-specific grade system category |
| 3 | Site-specific grade system category |
| 4 | Site-specific grade system category |
| 5 | Site-specific grade system category |
| L | Low grade |
| H | High grade |
| M | Site-specific grade system category |
| S | Site-specific grade system category |
| A | Well differentiated |
| B | Moderately differentiated |
| C | Poorly differentiated |
| D | Undifferentiated and anaplastic |
| 8 | Not applicable (Hematopoietic neoplasms only) |
| 9 | Grade cannot be assessed; Unknown |
| Blank | (Post-therapy only) |

Combination of numeric and alphabetic codes within the same table.

Codes 1-5 reserved for 8th edition site-specific grade definitions.

May include additional applicable CAP surgical checklist grade definitions.

May include generic (historical grade definitions.

**GENERIC GRADE**

Applies when:
No applicable AJCC Chapter for Site (e.g. trachea), OR
No recommended grading system for site (e.g. melanoma of skin).
Historical generic grade categories will still apply and be used for all three grade fields.

HOWEVER, "codes" have changed….

**Generic Grade Table Example**

| 2018 Code | Grade/Cell Type Description |
|---|---|
| A | Well differentiated |
| B | Moderately differentiated |
| C | Poorly differentiated |
| D | Undifferentiated, anaplastic |
| 9 | Grade cannot be assessed; Unknown |

## CODING REMINDERS

### Diagnostic Confirmation -

Assign code "2" when the microscopic diagnosis is based on examination of cells rather than tissue. Examples include; sputum smears, bronchial brushings and washings, spinal fluid, pleural fluid, etc.

### Scope of Regional LN Surgery-

FNA of a regional LN should be coded as a "1" for biopsy or aspiration of regional LN, NOS.

### BREAST –

If the invasive tumor is in one quadrant only and insitu tumor(s) are found in other quadrants, code the quadrant where the invasive cancer is located.

If multifocal breast tumors are all in one quadrant, code that subsite (NOT C50.9)

If no breast primary is found but regional LNS are found to be positive, code laterality to the side with positive LN.

| Prior to 2018 | Description |
|---|---|
| 1 | Well differentiated |
| 2 | Moderately differentiated |
| 3 | Poorly differentiated |
| 4 | Undifferentiated, anaplastic |
| 9 | Grade cannot be assessed; Unknown |

**Historically codes were 1-4**

Codes 1, 2, 3, 4 now reserved for the preferred AJCC grade.
Code 9 retained for "unknown" definitions.
A, B, C & D now used for standard historical grade.
In all grade tables where applicable.

EXAMPLE:
These sites still use the generic historical definitions.
There is no AJCC preferred or recommended GRADE for these Sites.

- Cervical Lymph Nodes and Unknown Primary
- Major Salivary Glands
- Nasopharynx
- Oropharynx HPV-Mediated (p16+)
- **Mucosal Melanoma of Head & Neck**
- Thymus
- Merkel Cell Carcinoma
- Melanoma of Skin
- Placenta
- Testis
- Melanoma Conjunctiva
- Thyroid
- Thyroid-Medullary
- NET Adrenal Gland

| Code | Grade Description |
|---|---|
| A | Well differentiated |
| B | Moderately differentiated |
| C | Poorly differentiated |
| D | Undifferentiated, anaplastic |
| 9 | Grade cannot be assessed; Unknown |

## CODING REMINDERS

### PROSTATE-

Acinar Adenocarcinoma PROSTATE - **DO NOT USE 8550/3.**
For **PROSTATE** all years, use 8140/3.

### MULTIPLE PRIMARIES:

Prostate & Bladder
*Cardinal Rule:* One patient, one ***prostate*** malignancy *for life!* No patient should ever be assigned two prostate primaries.
In cases where a "new" tumor is reported years after the initial diagnosis, it should be recorded as a recurrence, and any treatment should be moved to course 2+.

### BLADDER TUMORS-

Limit is one in situ and one invasive bladder cancer *for life!* If the ***first*** bladder cancer is invasive (/3), then the patient should not be assigned a second bladder primary.
In cases where a "new" tumor is reported several months or years after the initial diagnosis, it should be recorded as a recurrence, and any treatment should be moved to course 2+.

### BLADDER -TURB

BLADDER-AJCC TNM pathological staging requires a total cystectomy, including, a LN dissection.
If the only procedure performed was a TURB, pathologic stage *cannot!* be assigned. The exception to this would be if the patient had pathologically proven metastatic disease.

**TURBT- MARGIN** should be coded to (9) unknown, not (7) margins not evaluable.

GRADE – GENERAL CODING INSTRUCTIONS

## What's the Same?

- **Basic core coding concepts unchanged:**
- Code grade from the primary tumor- not metastatic site
- If more than one grade available from same time period code the higher
- If grade given for an in situ tumor, code it
- Do NOT code grade for dysplasia or high grade dysplasia
- If both in situ and invasive components, code grade of invasive component

## What's Different?

- **2018 Grade items apply only when DX Date 2018+**
- Priority goes to the recommended AJCC grade listed in the applicable AJCC chapter
- If none of the specified grades documented are from the recommended AJCC grade system, record the highest [documented] grade
- If there is no recommended AJCC grade [for that site], code the highest [documented] grade
- **Grade for hematopoietic and lymphoid neoplasms NO LONGER COLLECTED for DX Date 2018+ ***

Cell lineage indictor/grade for hematopoietic and lymphoid neoplasm NO LONGER COLLECTED for DX DATE 2018+
Histology range 9590 – 9992
Historically cell lineage indicator (B-cell, T-cell, Null cell, NK-cell collected)

*Exception:* Ocular Adnexa Lymphoma AJCC 8th ed., Chapter 71
AJCC has a defined grading system for the follicular histologies
Applicable primary sites: C441, C690, C695, C696
Applicable histologies: 9690/3, 9691/3, 9695/3, 9698/3

Grade for all other histologies collected in AJCC Chapter 71 code to 9.

## CODING REMINDERS

**LATERALITY** – a frequent ERROR. When in doubt, refer to SEER Coding & Staging Manual 2018, pg. 99.

Laterality describes the side of a paired organ or side of the body on which the *reportable tumor originated.*

In general, if you don't have two of them, laterality is coded to "0".

***Exceptions:*** Brain & Skin of face.
**LATERALITY is coded for select invasive, benign, and borderline primary intracranial and CNS tumors.*

**GRADE 2018**

Grade assigned for every reportable case, even if grade is unknown.

Registrar codes recommended AJCC Grade if used, even when case is not eligible for TNM Staging.

If recommended grading system not used, generic grade categories may apply.

If primary site is unknown, CODE TO GRADE "9".

**SITE SPECIFIC DATE ITEM (SSDI)**

Site-Specific data items are based on primary site, AJCC chapter and Summary Stage chapters.
Previously collected as Collaborative Stage Site-Specific Factors, however, not all SSF's were converted to SSDI's. Most changes are to length of data items and decimal points allowed for applicable data items. Each SSDI applies only to selected schemas. Additional information about the process of converting SSF's to SSDI's can be found in the SSDI manual.

(https://www.naaccr.org/SSDI/SSDI-Manual.pdf)

# Retirement

TRAC would like to wish Eliza Cleveland, a longtime member of TRAC and our person for Ways and Means, a very happy retirement. Prior to working for the State of CT, she worked for the tumor registry at New Britain General Hospital. Eliza started her work at the state in July 2001 as Tech1. She retired, 15 years later, as Head Tech. Congratulations Eliza.


# Cancer Awareness Calendar:

**March:** National Nutrition Month and Colorectal Cancer Awareness Month. Have you had a colonoscopy yet?

**April:** Oral Cancer Awareness Month. Have you seen a dentist in the last year?

World Health Day (April 7th) and National Cancer Control Month

**May:** Melanoma Monday (May 6th) and Melanoma/Skin Cancer Detection and Prevention Month

National Women's Health Week (May12-18) Have you had a wellness visit this year?

https://www.cancer.org/

# COC Cancer Program News – Updates and Alerts

## NCDB: The Corner STORE

Stay up to date with the latest news, updates and alerts. https://www.facs.org/quality-programs/cancer/news

Here's where you can find the latest registry coding manual (STORE)

https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals

Online February 28, 2019

### 2019 Call for Data and RQRS

The submission window will open April 1, 2019 through June 30, 2019 (12:00 midnight CST). Submit all analytic cases diagnosed in 2017 plus all analytic cases added or updated on or after December 1, 2017 (excluding diagnosis dating prior to program's Reference Date and not earlier than 1985). NCDB will be accepting both NAACCR v16 and v18 layouts for this submission. New programs submitting their first Call for Data submission must submit *all* analytic cases diagnosed on or after the program's Reference Date (and not earlier than 1985) through diagnosis year 2017.

As the NCDB moves forward with the new Rapid Cancer Reporting System (RCRS), programs are encouraged to continue submitting new and updated cases to RQRS as soon as the case has been identified as reportable. RCRS will replace RQRS and other NCDB tools while introducing a single source of data submission for all of our hospital registries. Communication will be distributed to the programs and in this publication, The Brief, as more information becomes available

### Coding LVI

Clarification for NAACCR Data Item with regards to neoadjuvant therapy. "Lymphovascular invasion identifies the presence or absence of tumor cells in lymphatic channels (not lymph nodes) or blood vessels within the primary tumor as noted microscopically by the pathologist."

### Coding Palliative Care

Clarification for the NAACCR data item Date of First Course of Treatment and how it should be coded in the situation of a patient who receives palliative care for pain management only with no other cancer directed treatment.

WEBSITE https://www.facs.org/quality-programs/cancer/news/corner-store-022819

### Coding Cancer Status March 7, 2019

There is clarification regarding the STORE Data Item. "The rationale for the development of the new data items Cancer Status and Date of Last Cancer Status and the corresponding date flag is to track recurrence after the completion of first course treatment. The use of the Date of Last Cancer (tumor) Status flag should be infrequent, as there should always be relevant date from the medical information which is used to assign the cancer Status." Examples are provided. See the link for more information.

WEBSITE https://www.facs.org/quality-programs/cancer/news/corner-store-030719