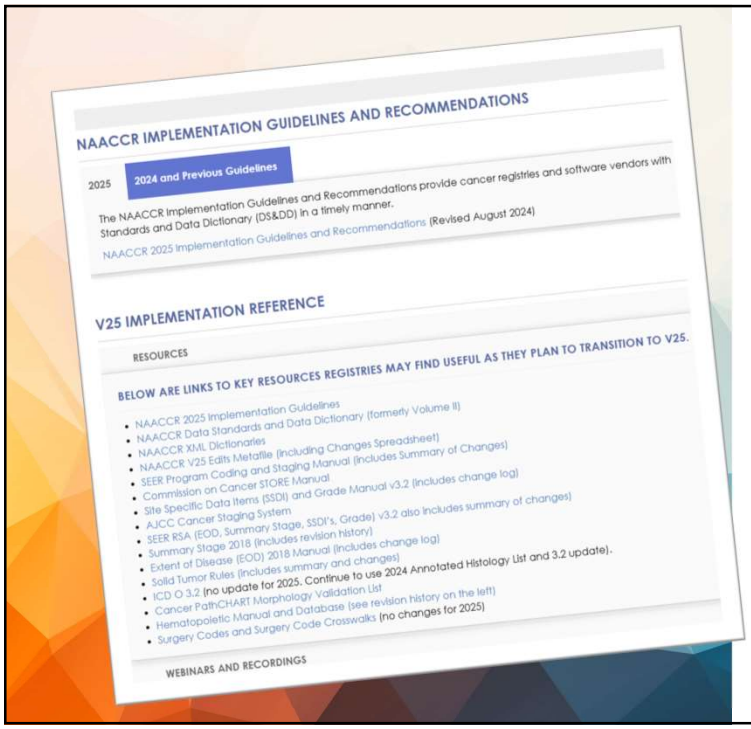


V25 Update: Solid Tumor Rules, SSDI, Grade and More!

NAACCR

12/13/2024

1

Questions

Please submit all questions concerning the webinar content through the Q&A panel.

2

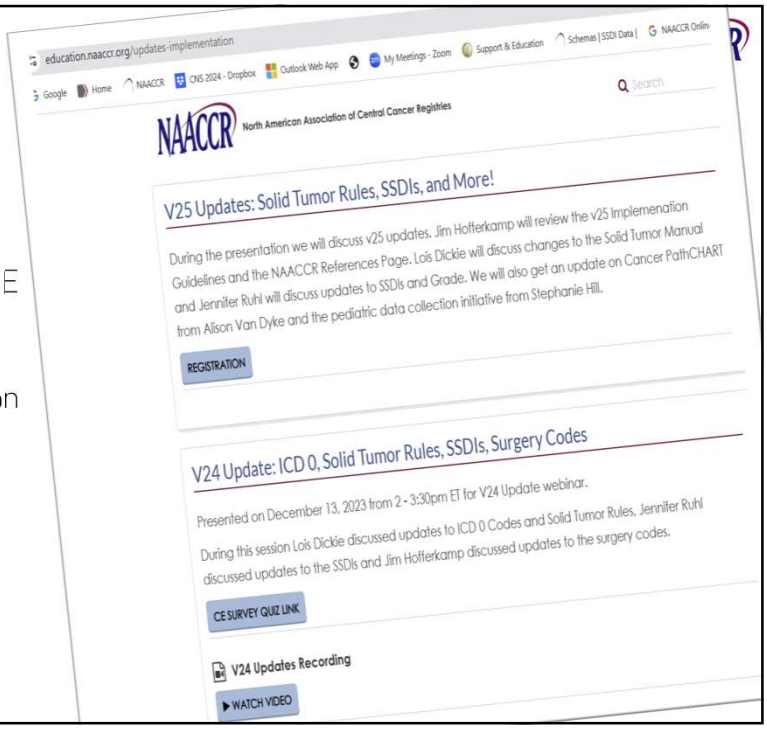
2

V25 Update

This session is eligible for 1.5 CE (not category A).

The following will be available on the NAACCR Education and Training (NET) site.

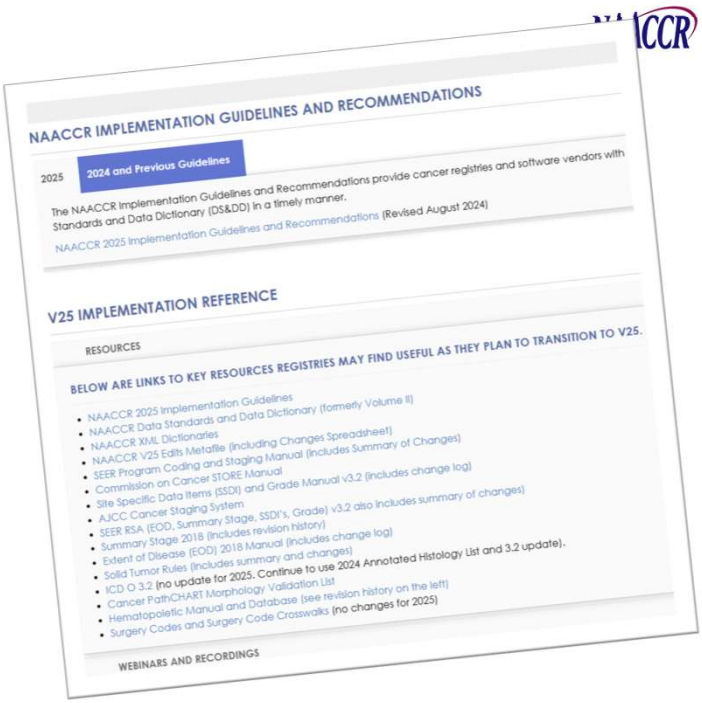
- Recording
- Slides
- Q&A
- Link to CE Survey/Quiz



3

Agenda

- V25 Implementation Guidelines and Resources
  - Jim Hofferkamp, ODS
- ICD O 3 and Solid Tumor Rules
  - Lois Dickie, ODS
- Cancer PathCHART
  - Alison Van Dyke
- SSDIs and Grade
  - Jennifer Ruhl, ODS
- Pediatric Initiative: Implementation and Training
  - Stephanie Hill, ODS
  - Jennifer Ruhl, ODS
- Q&A



4

V25 Implementation Guidelines and Resources Page

Jim Hofferkamp

NAACCR IMPLEMENTATION GUIDELINES AND RECOMMENDATIONS

2025 | 2024 and Previous Guidelines

The NAACCR Implementation Guidelines and Recommendations provide cancer registries and software vendors with Standards and Data Dictionary (DS&DD) in a timely manner.

NAACCR 2025 Implementation Guidelines and Recommendations (Revised August 2024)

V25 IMPLEMENTATION REFERENCE

RESOURCES

BELOW ARE LINKS TO KEY RESOURCES REGISTRIES MAY FIND USEFUL AS THEY PLAN TO TRANSITION TO V25.

- NAACCR 2025 Implementation Guidelines
- NAACCR Data Standards and Data Dictionary (formerly Volume II)
- NAACCR XML Dictionaries
- NAACCR V25 Edits Metafile (including Changes Spreadsheet)
- SEER Program Coding and Staging Manual (includes Summary of Changes)
- Commission on Cancer STORE Manual
- Site Specific Data Items (SSDI) and Grade Manual v3.2 (includes change log)
- AJCC Cancer Staging System
- SEER RSA (EOD, Summary Stage, SSDI's, Grade) v3.2 also includes summary of changes)
- Summary Stage 2018 (includes revision history)
- Extent of Disease (EOD) 2018 Manual (includes change log)
- Solid Tumor Rules (includes summary and changes)
- ICD O 3.2 (no update for 2025. Continue to use 2024 Annotated Histology List and 3.2 update).
- Cancer PathCHART Morphology Validation List
- Hematopoietic Manual and Database (see revision history on the left)
- Surgery Codes and Surgery Code Crosswalks (no changes for 2025)

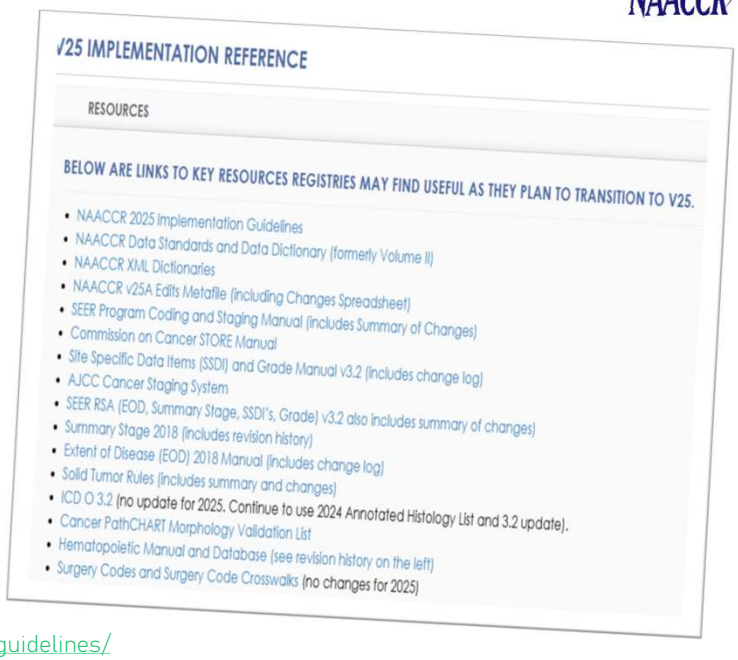
WEBINARS AND RECORDINGS

https://www.naaccr.org/implementation-guidelines/

5

Resources

- Hyperlinks to key resources updated for v25 implementation



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- Surgery Codes and Surgery Code Crosswalks (no changes for 2025)

https://www.naaccr.org/implementation-guidelines/

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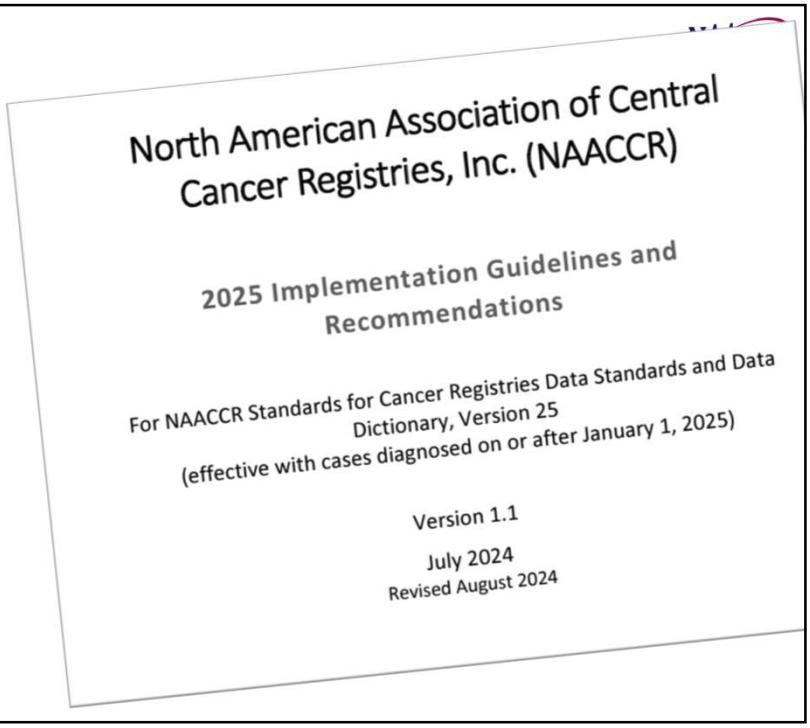
Implementation Guidelines


North American Association of Central Cancer Registries, Inc. (NAACCR)

2025 Implementation Guidelines and Recommendations

For NAACCR Standards for Cancer Registries Data Standards and Data Dictionary, Version 25
(effective with cases diagnosed on or after January 1, 2025)

Version 1.1

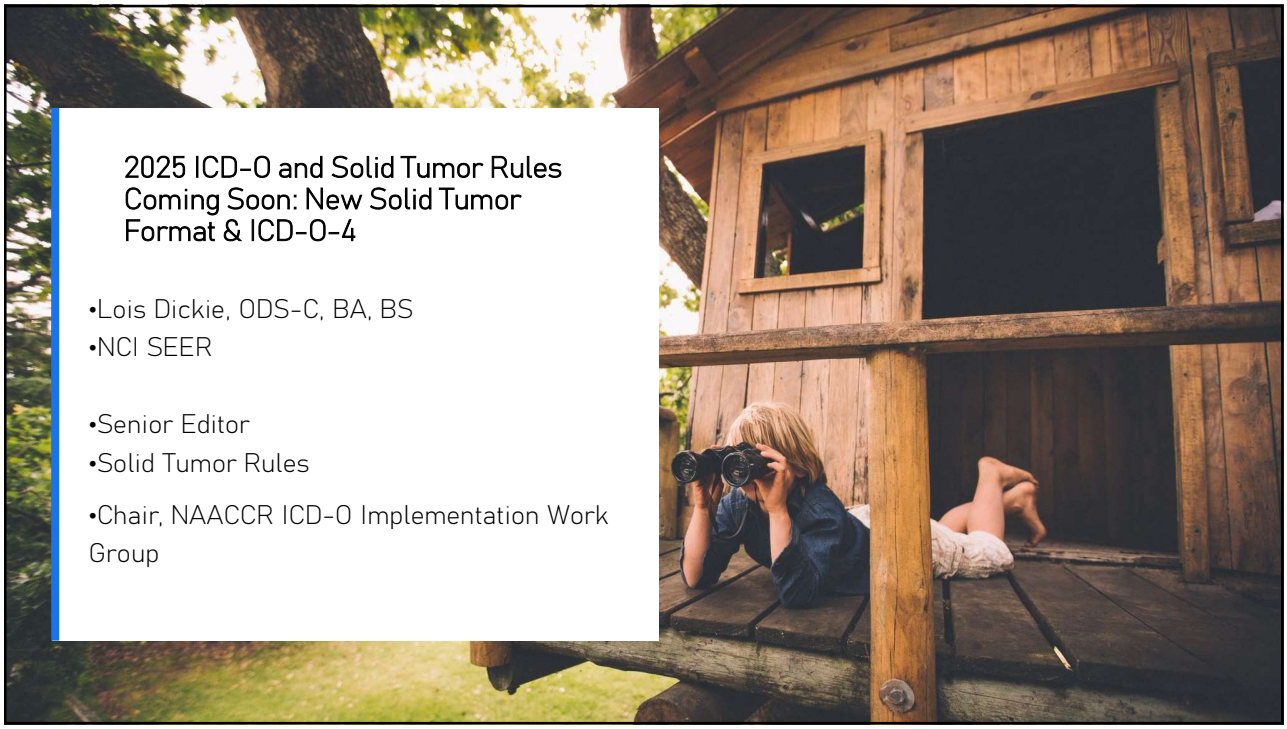
July 2024
Revised August 2024

7

ICD O 3 and Solid Tumor Rules Update

Lois Dickie

8



9

2025 ICD-O Update

- Good News! No update for 2025!!
- Continue using previous updates
- Continue using 2024 ICD-O-3.2 Annotated List
- Next update will be for 2026

10

Solid Tumor Editorial Board: New

- Last major update 2018
- Time for an overhaul
- Simplified board replacing Solid Tumor committee
- Review specific issues identified by the Solid Tumor editor
- Minor revisions applicable to all site modules
  - Require no education to use
- Major revisions to individual site modules
  - Requires education to correctly use new format

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Solid Tumor Editorial Board

- NCI SEER Senior leadership
- Expert Oncology Data Specialists
- ClinCORE Expert pathologists
- Project management specialist
- Ad hoc members
  - SME pathologists, oncologists, surgeons, radiologists, analyst, database developers

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Editorial Board Work Groups

- Format & Content
- Ambiguous Terminology
- Site specific modules

13

Format Work Group:

- ODS experts providing recommendations
- Restructure histology tables
- Remove repetitive information from each module and relocate to general instruction module
- Relocate repetitive notes to Terms & Definitions, M or H rules
- Increase examples for M and H rules
- New illustrations
- Minor and major revisions

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Ambiguous Terminology Work Group

- Expert pathologists and registrars
- Reviewing ambiguous terms for coding histology ***only***
- Rules revised based on results of work group recommendations
- Ambiguous terms used in reportability, and EOD are ***not*** being reviewed

15

Site Specific Module Review

- Specialty pathologists and expert registrars
- Surgeon, oncologist, radiologist
- Review site specific issues
- Analyst

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What's New for 2025?

- Available as a single/consolidated manual *only*
  - Individual site modules will no longer be provided for download
  - Download the manual and do not use on-line version
- Refer to MPH Rules and Solid Tumor Rules only
  - 2007 and 2018 removed
- DX years for which the solid tumor rules should be used
  - New table format
  - Duplicate information removed from M rules
- Table numbers and titles added to all tables in solid tumor rules

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What's New for 2025?

- Added Cancer PathCHART search tool reference
- Instructions in Terms & Definitions moved to M or H rules
- New terminology
- Clarified notes and examples
- New rules:
  - Head & Neck: two new H rules
  - Non-malignant CNS: one new M rule
  - Urinary: one new H rule

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Using the 2025 Solid Tumor Update

- Important to refer to the 2025 change log to understand the changes!
- Change log does not replace the rules!
- General Instructions new section: Annual Updates

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Breaking News!!!!

- To address complaints about offering only a consolidated manual, a Table of Contents has been added to allow for moving from site group to site group rules
- A minor error was corrected in Other sites Tables 6 and 7

The updated consolidated manual has been posted and should be used in place of the version posted in November

20

Update Examples for 2025

What You Need to Know About the Solid Tumor Rules Annual Updates

Solid Tumor Rules Modules by Diagnosis Year

	Solid Tumor Rules	MP/H Rules
Head and Neck*	2018-Current	2007-2017
Colon**	2018-Current	2007-2017
Lung	2018-Current	2007-2017
Breast	2018-Current	2007-2017
Kidney	2018-Current	2007-2017
Urinary Sites	2018-Current	2007-2017
Non-Malignant CNS*	2018-Current	2007-2017
Malignant CNS and Peripheral Nerves **	2018-Current	2007-2017
Cutaneous Melanoma	2021-Current	2007-2020
Other Sites	2023-Current	2007-2022*, **

*Peripheral nerves were moved from the MP/H Other Sites to the Solid Tumor Head and Neck, Non-Malignant CNS, and Malignant CNS modules beginning with cases diagnosed 2018.

**Rectosigmoid and rectum were moved from the MP/H Other Sites module to the Solid Tumor Colon module beginning with cases diagnosed 2018.

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Update Examples for 2025

- Removed outdated information from the site modules Introduction section in Terms & Defs
- Moved notes or instructions from General Instructions to site modules (M and/or H rules)
- Cleaned up equivalent/equal terms
- Added table name & number to all pages of the table, not just first page for easier use
- Added histology reportability dates as needed
- Removed guidelines for which rules to use based on DX date from all sites M rules
  - This information is only found in General Instructions beginning 2025
- Instructions for determining multiple primaries removed from H to and added to M rules

22

2026 and Beyond…

- Comprehensive format changes
  - Redesign of tables
- Repetitive instructions moved to General Instructions
- How to use the tables instructions will be found only in General Instructions
- Appendices added to each site module
  - Include rule specific examples
- New illustrations (C-codes added when possible)
- Hyper-links
- New site group rules

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Using the "New" Manual

- Must use the General Instructions along with site-specific rules
  - Information in general instructions apply to all sites unless otherwise stated and will not be repeated in individual modules
- Must use the H rules and not just refer to the information in "Coding Histology" section
- Education/training
  - Using the new table format
  - Where to find coding information
  - Understanding the changes

24

Future H Table Format

- Reformat from three columns down to two columns with instructions and note section below the table
- Move the synonyms from column 2 and indent under the NOS term and ICD-O code in column 1
- Notes currently found in the columns will be moved to section at bottom of table

25

Future H Table Format

NOS Histology Terms and Codes	Subtypes/Variants
Melanoma, NOS **8720** Melanoma in situ **8720/2** Early/Evolving melanoma in situ **8720/2**** [1] Nevoid melanoma **8720/3** Early/Evolving invasive melanoma **8720/3**** [1]	Acral melanoma **8744/3*** Acral lentiginous melanoma, malignant Amelanotic melanoma **8730/3** Balloon cell melanoma **8722/3** Desmoplastic melanoma Desmoplastic melanoma Amelanotic/neurotropic melanoma, malignant **8745/3*** Epithelioid cell melanoma **8771/3** Lentigo maligna **8742/2** Hutchinson melanotic freckle **8742/3** Lentigo maligna melanoma Melanoma in Hutchinson melanotic freckle Low cumulative sun damage melanoma **8743/3*** Superficial spreading melanoma

1 Reportable for cases diagnosed 1/1/2021 forward
2 Sarcomatoid melanoma is a rare subtype of melanoma characterized by almost complete loss of melanocytic differentiation both morphologically and phenotypically, with the bulk of the tumor being replaced by a spindle cell, sarcomatoid component. Use code

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When Will New Format be Released?

- Target date was 1/1/2026 provided the following happened:
  - Ambiguous Terminology Work Group recommendations adopted
  - Major changes to rules vetted by analyst
  - Adequate staffing and contract support
  - Education/training plans in place

But this all changed when the draft ICD-O-4 was released for review……..

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ICD-O-4 The Fun Begins….

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Background

- Planned:
  - Draft was to be released no later than May 2024 for review and comments
  - Review period was to be 6 months
  - Codes expanded to five digits plus behavior (XXXXX/X)
  - Draft would not be released until all 5th Ed WHO books published
- Actual
  - Received notice draft available for review August 2024
  - Review and comment period changed to two months
  - Four WHO 5th Ed books still not published
  - 5th digit includes numeric characters 0-9 *AND* alpha A-Z

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ICD-O-3.2 to ICD-O-4

- ICD-O-3.2 includes 2957 codes and terms
- ICD-O-4 includes 4036 codes and terms
- ICD-O-4 has1340 "new" codes which differ by 5th digit
- Deleted ICD-O codes (longstanding codes such as 8042 oat cell)
- ICD-O-4 added four new C-codes
  - GE Junction; specific bile ducts

30

What We're Looking For

- Changes that may or will impact cancer surveillance in the US
  - Behavior code changes
- Changing codes
  - Term with longtime code moved to another code
- Deleted codes
- New histology terms not found in 5th Ed WHO books
  - Added by the IARC/WHO ICD-O committee
- Numbering issues
- Inconsistent use of NOS
- Spelling: American versus European

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Implementing ICD-O-4

- Approved by standard setters to adopt
- Creating an achievable timeline
- Moving to new five-digit format will require:
  - Revising manuals and references that include ICD-O codes or instructions
    - Solid Tumor rules, program manuals, EOD, Summary Stage, TNM
  - Data Collection Tools
    - Hematopoietic DB, CPC Search tool, site/type list
  - Software
  - Electronic path reports
  - Surveillance Tools
  - Edits
  - Updating educational resources (SEER*Ed)
  - Beta testing

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Implementing ICD-O-4

- Successful implementation of ICD-O-4 will require:
  - Harmonization of all registry/surveillance tools, manuals, references, software
  - CAP protocols
  - Education
- Goal is all products are implemented at the ***same time***

Earliest Implementation TBD

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REMINDER

- Sign up for notifications on the SEER Registrar Listserv:

https://seer.cancer.gov/registrars/news.html

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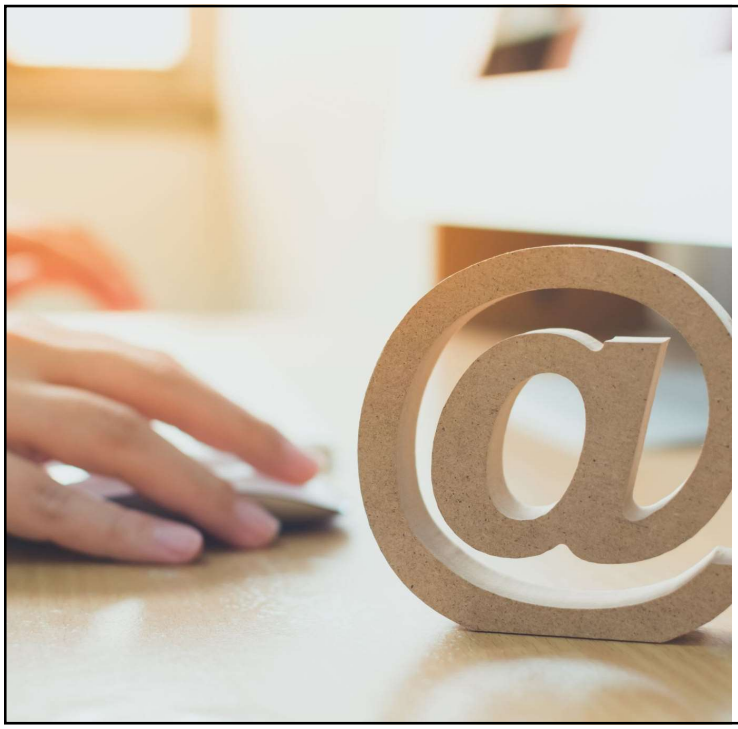

Thank You!

LOIS DICKIE
DICKIELO@MAIL.NIH.GOV

ASK A SEER REGISTRAR
HTTPS://SEER.CANCER.GOV/REGISTRARS/CONTACT.HTML

35

NAACCR

Review of the Solid Tumor Rules

Jim Hofferkamp

36

Scenario 1

- A patient is diagnosed at your facility with a single tumor in the upper lobe of the left lung in March of 2025.
- A biopsy confirms poorly differentiated squamous cell carcinoma.
- The patient was referred for radiation treatment.

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Scenario 1: Steps to Determine Multiple Primaries

- Select the correct Site Group
  - Lung
- Select the section
  - Multiple Primary Rules
- Select the correct Module
  - Single Tumor
- Single Primary per rule M2
  - Abstract a single primary when there is a single tumor.

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Scenario 1: Steps to Determine Histology

- Select the correct Site Group
  - Lung
- Select the section
  - Histology Rules
- Select the correct Module
  - Single Tumor
- Per rule H4 assign histology 8070/3 Squamous Cell Carcinoma
  - H4: Code the histology when only one histology is present.
    - Note 1: Use Table 3 to code histology.

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Scenario 2

- Patient has a history of infiltrating ductal carcinoma in the left breast diagnosed in 2017.
  - She had a lumpectomy at that time but refused any further treatment.
- She was found to have metastasis from the breast in a single axillary node in 2021.
- She presents in 2025 with a new tumor in her left breast. Pathology shows infiltrating ductal carcinoma.

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Scenario 2: Steps to Determine Multiple Primaries

- Select the correct Site Group
  - Breast
- Select the section
  - Multiple Primary Rules
- Select the correct Module
  - Multiple Tumor (begin with rule M4)

- Single Primary per rule M18
  - Abstract multiple primaries when the patient has a subsequent tumor after being clinically disease-free for greater than five years after the original diagnosis or last recurrence.
    - Initial diagnosis: 2017
    - Recurrence: 2021
    - New tumor in left breast: 2025

41

Scenario 2: Steps to Determine Histology

- The 2025 tumor in the left breast is **not** a new primary. There is no reason to use the histology rules.

- Updates to 2017 case
  - Do NOT update primary site or histology.

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Scenario 3

- Patient had a non-invasive papillary urothelial carcinoma of the bladder diagnosed at your facility in March of 2022.
- The patient had 2 additional non-invasive papillary urothelial carcinomas of the bladder diagnosed in March of 2023.
- In March of 2025 the patient was diagnosed with urothelial carcinoma of the bladder with muscle invasion.

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Scenario 3: Steps to Determine Multiple Primaries

- Select the correct Site Group
  - Urinary
- Select the section
  - Multiple Primary Rules
- Select the correct Module
  - Multiple Tumors
- Multiple Primaries per rule M6
  - Abstract multiple primaries when an invasive tumor occurs more than 60 days after an in-situ tumor.
- Complete a new abstract for the invasive bladder tumor.

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Scenario 3: Steps to Determine Histology

- Select the correct Site Group
  - Urinary
- Select the section
  - Histology Rules
- Select the correct Module
  - Single Tumor
- Per rule H1 assign histology 8120/3 Urothelial Carcinoma
  - H4: Code the histology when only one histology is present.
    - Note 1: Use Table 2 to code histology.

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Cancer PathCHART (CPC)

Cancer
Pathology
Coding
Histology
And
Registration
Terminology

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CPC Validity Standards

Sites Reviewed for 2024 Implementation

Validity Status	Site-Type Edit Errors	Coding in Cancer Registry Database
Valid	Will not generate edit errors	Can be coded
Impossible	Will generate an edit error	Cannot be coded
Unlikely*	Will generate an edit error	Requires manual override or correction to site and/or morphology to be coded

Sites Not Reviewed for 2024 Implementation

2024 Standard Used for Primary Sites Not Yet Reviewed	2024 Validity Status
2023 ICD-O-3 SEER Site-Histology Validation List	Valid
2023 Primary Site, Morphology-Imposs ICDO3 (SEER IF38)	Impossible
Combinations not included in 2023 Valid or Impossible standards listed above	Unlikely

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What does the CPC validity status mean?

NAACCR

Unlikely

Impossible

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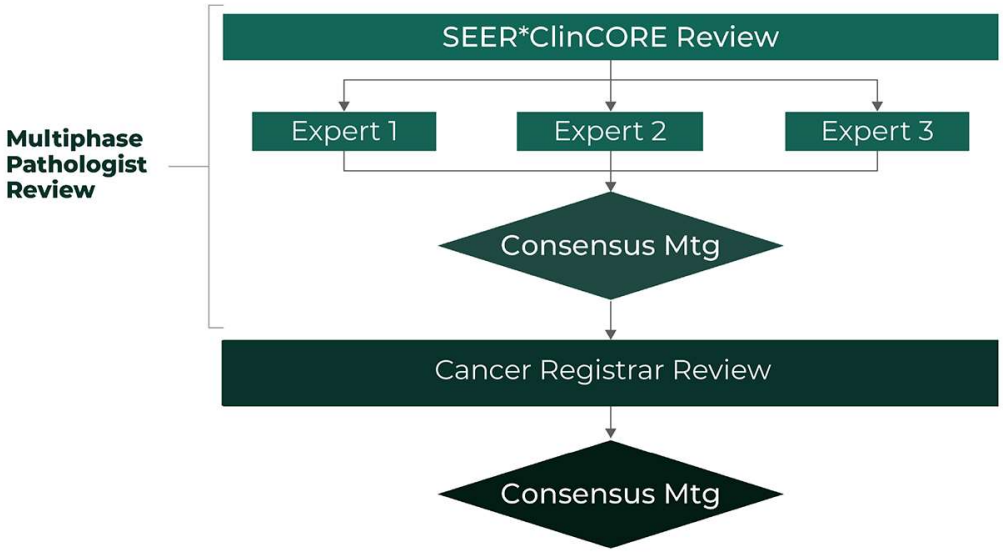
Interdisciplinary Review Process



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Organ Systems Reviewed Excluded Hematolymphoid Morphologies

Implemented – 2024	To Be Implemented – 2025
Bone & soft tissue*	Central nervous system
Breast	Male genital*
Digestive	Respiratory
Female genital & reproductive	Soft tissue*
Male genital*	Thorax
Urinary*	Urinary*

*Review of morphologies at these sites completed for 2025

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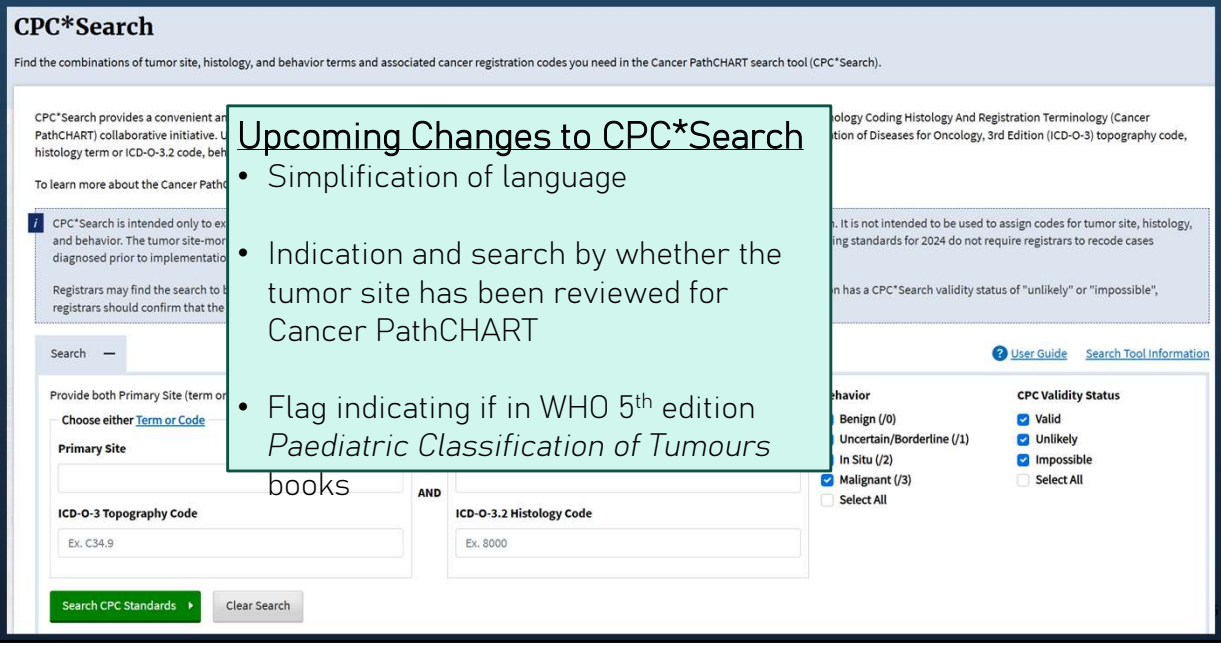
https://seer.cancer.gov/cancerpathchart/search/tool/



Upcoming Changes to CPC*Search

- Simplification of language
- Indication and search by whether the tumor site has been reviewed for Cancer PathCHART
- Flag indicating if in WHO 5th edition *Paediatric Classification of Tumours* books

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CPC & NAACCR Edits v25A and v25B

Edits corrected with v25A for cases diagnosed 2024 and forward

Hematolymphoid morphologies have not been reviewed yet for CPC

ODSs should refer to the Hematopoietic and Lymphoid Neoplasm Database for hematolymphoid morphologies: https://seer.cancer.gov/seertools/hemelymph/

Extragonadal germ cell tumors undergoing more in depth review. Confirm any impossible combinations & hold case for V25B NAACCR Edits Metafile.

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For More Information

Visit the Cancer PathCHART website & CPC*Search tool

https://seer.cancer.gov/cancerpathchart/

https://seer.cancer.gov/cancerpathchart/search/

?s

Submit all questions to Ask a SEER Registrar

Select Cancer PathCHART

https://seer.cancer.gov/registrars/contact.html

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SSDI and Grade Updates

Jennifer Ruhl

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New Version 9 AJCC Chapters

- Nasopharynx
- Thymus
- Lung
  - New SSDI PD-L1 for 2025+
- Pleural Mesothelioma

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Schema IDs

- The following schemas now have 8th edition and Version 9
- Version 9 for these schemas is for **2025+ only**
  - 09090: Nasopharynx
  - 09350: Thymus
  - 09360: Lung
    - New SSDI PD-L1 for 2025+
  - 09370: Pleural Mesothelioma

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SSDI Manual/SEER*RSA

- Project implemented so the SSDI manual can be directly populated from the SEER API (in other words, a separate WORD version of the manual does not need to be maintained).
- Reasons:1) to avoid discrepancies between SEER*RSA and the SSDI manual, 2) not as many documents will have to be maintained, and 3) save time for those who are maintaining SEER*RSA and the SSDI manual.
- Changes implemented in SEER*RSA and the SSDI manual
- Version 3.2 in SEER*RSA and the SSDI manual will now have the same information. Currently, SEER*RSA (and NAACCR website) do not have Description/Definition, Rationale, Additional Information, and Coding guidelines.

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SSDI Manual/SEER*RSA

- Some "Notes" that are currently shown in each SSDI have now moved to Coding Guidelines. In addition, for some SSDIs, notes have been removed because they are a duplicate from what is in the description/definition.
- The Notes have also been reformatted. For each note, there is a short header before the note that will provide the registrar with what the note is about. This has been done to help registrar's find what they are looking for more quickly.
- All those changes are not included in the change log, because every SSDI was impacted. These changes were format changes, not content changes.
- The information in the change log are for content changes only. These content changes are documented in the new format
- The codes and code descriptions were not affected.

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Version 3.2: ER

Notes

Note 1: Physician Statement

- Physician statement of ER (Estrogen Receptor) Summary status can be used to code this data item when no other information is available.

Note 2: In-situ and Invasive components present

- If ER is positive on an in-situ component and ER is negative on all tested invasive components in the primary tumor, code ER as negative (code 0)
- If in situ and invasive components present and ER only done on the in-situ component in the primary tumor, code unknown (code 9)

Note 3: Single tumor, multiple biopsies or surgical resection, different results

- Use the highest (positive versus negative)

Note 4: Multiple tumors, different results

- Code the results from the largest tumor size (determined either clinically or pathologically) when multiple tumors are present.
  - Do not use specimen size to determine the largest tumor size

Note 5: Results from nodal or metastatic tissue

- May be used ONLY when there is no evidence of primary tumor
  - **Note:** In-situ is evidence of primary tumor

Note 6: Neoadjuvant Therapy

- Record the assay from tumor specimens prior to neoadjuvant therapy.
- If neoadjuvant therapy is given and there are no ER results from pre-treatment specimens, report the findings from post-treatment specimens

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Version 3.2: CRM

Note 1: Physician Statement

- Physician statement of Circumferential or Radial Resection Margin can be used to code this data item when no other information is available, provided the criteria for evaluation has been met *(see Note 2)*.

Note 2: Criteria for evaluating CRM

- A surgical resection must be done to evaluate tumor deposits
- See *Coding Guidelines #3 and #4* for further information

Note 3: Exact measurements versus XX codes

- An exact measurement takes precedence over codes 0.0 and those beginning with XX**. Exact measurement also takes priority even if the pathologist states the margin is positive.
  - ***Example:*** CRM stated as 0.3 mm in Final Diagnosis and Synoptic states: Circumferential (Radial) Margin Interpreted as involved by invasive carcinoma (tumor less than 1mm from margin).
    - Code the 0.3 mm instead of 0.0 (margin involved with tumor). Code 0.0 is for positive margins, or margin is less than 0.1 mm.

Coding Guidelines

The following guidelines were developed for the coding of surgery codes in relation to CRM. These guidelines were confirmed by the CAP Cancer Committee.

1) Record in Millimeters (mm) to the nearest tenth the distance between the leading edge of the tumor and the nearest edge of surgically dissected margin as recorded in the pathology report.

- ***Examples:*** CRM is 2 mm, code 2.0; CRM is 2.78 mm, code 2.8

2) If the value is recorded in Centimeters, multiply by 10 to get the value in Millimeters (mm).

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Post Transplant Lymphoproliferative Disease (PTLD)

- Post-transplant lymphoproliferative disorder
- Collected as 9971/3 for years 2010-2020
- Became /1 in 2021(non-reportable except for CNS)
- Starting in 2025, PTLD (by itself) will be reportable again as 9971/3 (any site)

- See Hematopoietic Manual and database for further information on this
- Heme DB is not updated yet, but should be before the end of the year
- Heme Manual is updated and posted on the SEER website

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Post Transplant Lymphoproliferative Disease (PTLD)

- Applicable schemas:
  - 00710: Lymphoma Ocular Adnexa
  - 00790: Lymphoma (excluding CLL/SLL)
  - 00795: Lymphoma-CLL/SLL
  - 00812: Primary Cutaneous Lymphomas (excluding Mycosis Fungoides)
  - 00821: Plasma Cell Myeloma
  - 00822: Plasma Cell Disorders

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  - SSDI applicable for 2025+ only

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Post Transplant Lymphoproliferative Disease (PTLD)

- Polymorphic: PTLD only, no other neoplasm present (9971)
- Monomorphic: PTLD associated with malignant heme neoplasm. Most common, DLBCL and Burkitt lymphoma
- Classic Hodgkin Lymphoma-PTLD type: PTLD associated with a Hodgkin lymphoma (Reed Sternberg cells)
- PTLD, NOS: PTLD associated with malignant heme neoplasm, not specified as monomorphic or Hodgkin PTLD type

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Post Transplant Lymphoproliferative Disease (PTLD)

Code	Description
0	PTLD not documented on the pathology report or in the medical record
1	Monomorphic PTLD • PTLD WITH a specified histology (lymphoma, plasmacytoma, plasma cell myeloma)
2	Classic Hodgkin lymphoma-PTLD type PTLD, Hodgkin like
4	PTLD not specified as monomorphic or Hodgkin lymphoma-PTLD type • WITH a specified histology (lymphoma, plasmacytoma, plasma cell myeloma) • Includes Burkitt type PTLD
8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code 8 will result in an edit error)
<BLANK>	Diagnosis year prior to 2025

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Post Transplant Lymphoproliferative Disease (PTLD)

- Two relevant rules in the Heme manual regarding PTLD
  - M14: Abstract a single primary* when post-transplant lymphoproliferative disorder is diagnosed **simultaneously** with any B-cell lymphoma, T-cell lymphoma, Hodgkin lymphoma or plasmacytoma/myeloma.
  - PH1: Code the primary site to the **site of origin**, lymph node(s) or lymph node region(s), tissue(s), or organ(s), and code the **histology of the accompanying lymphoma or plasmacytoma/myeloma when the diagnoses of post-transplant lymphoproliferative disorder and any B-cell lymphoma, T-cell lymphoma, Hodgkin lymphoma, or plasmacytoma/myeloma occur simultaneously.** See Rule M14
- Note: These rules do not apply to Polymorphic PTLD (PTLD by itself)

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Post Transplant Lymphoproliferative Disorder (PTLD)

- **Polymorphic PTLD (PTLD by itself):**
  - Reportable 2010-2020 as 9971/3
  - Changed to 9971/1 in WHO 4th Edition Hematopoietic Blue Book
    - Only reportable for CNS primaries
  - Starting in 2025, PTLD (Polymorphic) by itself will be reportable again as 9971/3 (any site)
    - Note: ICD-O-3.2 and the WHO 5th edition blue book for Heme, both have this listed as 9971/1. US rules state that starting in 2025, these are to be 9971/3.
    - Heme DB has instructions on what to do, including dates

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PTLD: Case Scenario

- PTLD, EBV+, Diffuse large b-cell lymphoma (non-germinal center); staining supports the diagnosis of PTLD, monomorphic type, EBV+ diffuse large b-cell lymphoma (non-germinal center)

- *Per Rule M14, one primary. Per PH1, code lymphoma histology (9680/3)*
- *PTLD SSDI: Code 1 (monomorphic)*

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PTLD Case Scenario

- 2022 LN EXC BX: POST TRANSPLANT LYMPHOPROLIFERATIVE DISORDER, DIFFUSE LARGE B CELL LYMPHOMA

- *Per Rule M14, one primary. Per PH1, code lymphoma histology (9680/3)*
- *PTLD SSDI: Code 4 for PTLD (NOS)*
  - *Path report says PTLD, but does not indicate whether it's monomorphic or Hodgkin lymphoma type, so the appropriate code is PTLD, NOS*

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PTLD Case Scenario

- Liver mass, needle core biopsy:
- Post transplant lymphoproliferative disorder, EBV-positive with extensive necrosis

- *No mention of lymphoma, plasmacytoma, multiple myeloma*
- *This is a polymorphic PTLD, use Heme DB*
- *For 2025+, abstract as 9971/3 (HemeRetic schema)*
- *Rules M14, PH1 and PTLD SSDI are not applicable*

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PTLD Case Scenario

- Patient has h/o renal transplant, now with finding of nasopharyngeal mass. PET scan showed a nasopharyngeal mass and an upper abdominal retrocrural gastric mass c/w active neoplasm.
- BM was negative, bx of the nasopharyngeal mass showed-EBV pos DLBCL c/w monomorphic PTLD.

- *Per Rule M14, one primary. Per PH1, code lymphoma histology (9680/3)*
- *PTLD SSDI: Code 1 for Monomorphic*

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PD-L1 (Lung, Version 9, 2025+ only)

- Treatment Related SSDI
- The absence or presence of PD-L1 expression determines if the tumor will respond to treatment with a targeted inhibitor (immunotherapy).
- PD-L1 is done for metastatic Non-Small Cell lung cancers (NSCLC).
  - For small cell carcinomas, code XXX.9

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PD-L1 (Lung, Version 9, 2025+ only)

- PD-L1 is documented by the tumor proportion score
- Record the actual Tumor Proportion Score (0.0-100.0) as stated from the pathology report.
- If actual tumor proportion score not available, can also code
  - XXX.2 (Stated as negative)
  - XXX.3 (Stated as low)
  - XXX.4 (Stated as high/positive)
- See the Lung Biomarker Protocol for further information

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PD-L1 (Lung, Version 9, 2025+ only)

Code	Description
0.0	No PD-L1 expression identified Tumor Proportion Score = 0%
0.1-100.0	0.1-100.0 PD-L1 expression Tumor Proportion Score = 0.1%-100.0%
XXX.2	PD-L1 expression absent AND Tumor Proportion Score (TPS) stated as negative
XXX.3	PD-L1 expression present AND Tumor Proportion Score (TPS) stated as low
XXX.4	PD-L1 expression present AND Tumor Proportion Score (TPS) stated as high/positive
XXX.7	Test ordered, results not in chart
XXX.8	Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code 8 will result in an edit error)
XXX.9	Not documented in medical record No microscopic confirmation of tumor PD-L1 cannot be determined PD-L1 not assessed or unknown if assessed
BLANK	N/A - Diagnosis year is prior to 2025

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Update on collection of pediatric data items and upcoming training efforts

Stephanie Hill, MPH, ODS-C

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Context

- Adult cancer ⇒ prevention & early detection
- Pediatric/AYA cancer ⇒ improving survival
- No single staging system in clinical practice for pediatric & AYA cancers
- Prior to 2003
  - Pediatric Stage [1120]
  - Pediatric Staging System [1130]
  - Pediatric Staged By [1140]
- 2014 Consensus Meeting in Toronto
- Toronto Pediatric Cancer Staging Guidelines

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Toronto Staging Guidelines

What They ARE

- A set of recommended staging systems and non-stage prognostic factors (NSPs) for each of 15 major childhood malignancies.
- Meant to standardize how PBCRs collect and analyze data for pediatric & AYA cancers.

What They Are NOT

- A new staging system for use by clinicians.
- A basis for making treatment decisions.
- A method for determining an individual patient's prognosis.

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Pediatric Data Collection System

- 15 schemas
- Modeled after SEER EOD
  - Pediatric Primary Tumor
  - Pediatric Lymph Nodes
  - Pediatric Mets
  - SSDIs
  - Derived Pediatric T, N, M & Stage Group
  - Derived Toronto T, N, M & Stage Group
- V25 – limited implementation ages 0-19 (20-39 optional)

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Schema	Peds PT	Peds LN	Peds Mets	SSDIs
Acute Lymphoblastic Leukemia	888	888	✓	White Blood Cell Count
Hodgkin Lymphoma	✓	888	888	B Symptoms
Non-Hodgkin Lymphoma	✓	888	888	None
Ependymoma	✓	888	✓	None
Astrocytoma	✓	888	✓	BRAF Mutational Analysis
Medulloblastoma	✓	888	✓	None
Neuroblastoma	✓	✓	✓	INRGSS, n-MYC Amplification, INPC
Retinoblastoma	✓	✓	✓	IRSS
Renal Tumors	✓	✓	✓	Chromosome 1p, Chromosome 16q, Chromosome 1q, EWSR1-FLI1 fusion
Hepatoblastoma	✓	✓	✓	Pretext Clinical Staging
Bone Tumors	✓	✓	✓	None
Rhabdomyosarcoma	✓	✓	✓	FOXO1 Gene Rearrangement
Non-Rhabdomyosarcoma	✓	✓	✓	None
Testicular	✓	✓	✓	S Category Clin, S Category Path
Ovarian	✓	✓	✓	None

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Overlap Between EOD vs PDSC

EOD (all ages)	PDSC (0-19)
EOD Primary Tumor [772] EOD Regional Nodes [774] EOD Mets [776]	Pediatric Primary Tumor [1136] Pediatric Regional Nodes [1137] Pediatric Mets [1138]

‼ Codes may or may NOT be the same ‼

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Overlap Between EOD vs PDSC

SSDIs Overlapping – Same Schema	SSDIs Overlapping – Different Schema	SSDIs Pediatric Only
B Symptoms [3812] S Category Clinical [3923] S Category Pathological [3924]	Chromosome 1p Status [3801] BRAF Mutational Analysis [3940]	White Blood Cell Count [1184] INRGSS [1185] n-MYC Amplification [1186] INPC [1187] IRSS [1188] Chromosome 16q [1189] Chromosome 1q [1190] EWSR1-FLI1 fusion [1191] Pretext [1192] FOXO1 Gene Rearrangement [1193]
Same codes	Different Codes	No overlap

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V25 Implementation

- Diagnosis years 2025+
- Ages 0-19 (20-39 optional)
- SEER states only*
- 2+ facilities in each state
- Software products involved:
  - ONCOLog (Onco Inc)
  - Metriq (Elekta)
  - KACI (NeuralFrame)
  - CNExT (C/NET Solutions)
  - CRStar (Health Catalyst)

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Education & Support

- New NAACCR Pediatric Webpage
  https://www.naaccr.org/pediatric-resources
- FREE on-demand NAACCR Shorts (<30 minutes)
  - Site-specific
  - Beginning in Jan/Feb
  - Available on the NAACCR LMS
- SEER Ask a Registrar
  https://seer.cancer.gov/registrars/contact.html

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Let's Remember…

Cancer registries have had a profound impact on adult cancer incidence, morbidity, mortality, and quality of life by providing relevant, high-quality data for population-based cancer surveillance, research, and control…

…now we have an opportunity to do the same for children.

WORKING TOGETHER TO MAKE EVERY CANCER COUNT.

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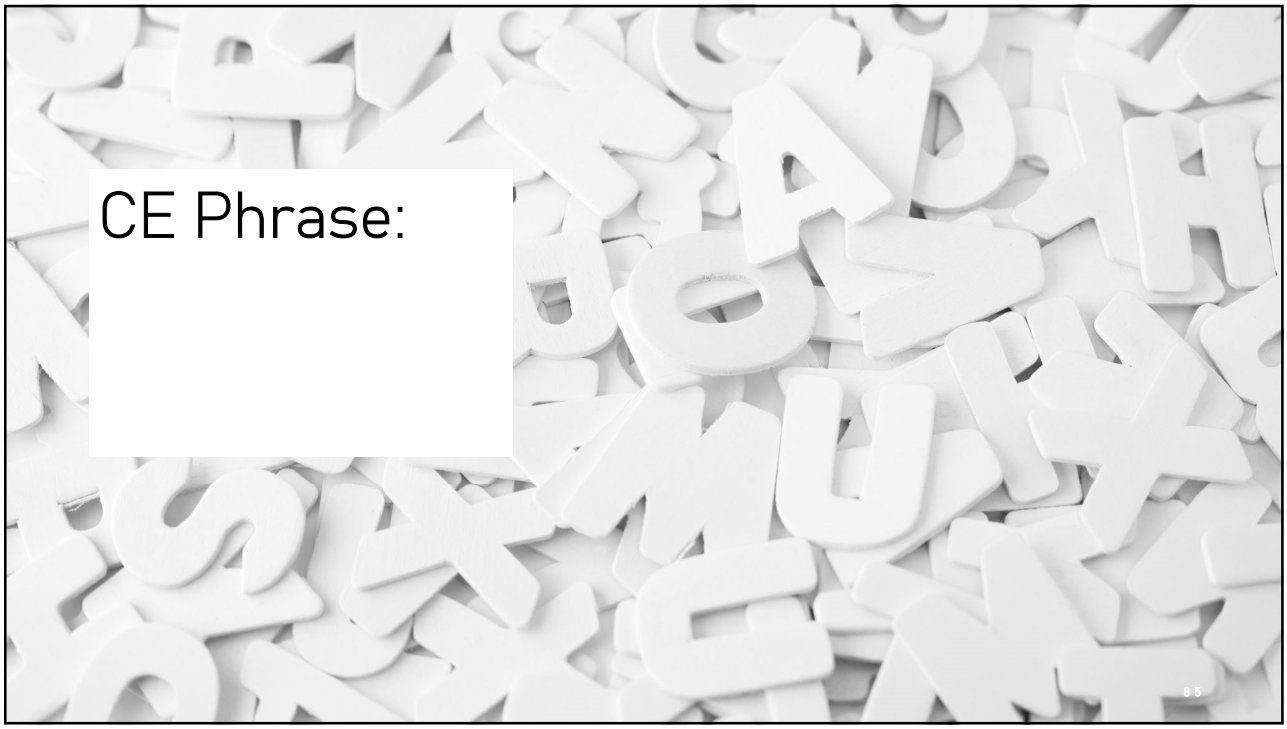

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