

CoC Requirements for Implementing CS v02.04

Prior to Conversion

- 1) Special Review of EsophagusGEJunction/Stomach, Site-Specific Factor 25, Schema Discriminator

Review and recoding of cases with site code C161-C166, C168, C169 and SSF 25 code 010, assigned to either the EsophagusGEJunction or Stomach schema, must be carried out BEFORE the case is sent through the conversion program. Primary site code C160 should have been used for all cases with SSF 25 code of 010, and the conversion specifications are to convert code 010 to code 982. However, if code 010 appears in a case with a different stomach primary site code, the code or site must be corrected prior to conversion in order for the case to be processed correctly.
- 2) Clean all CS cases prior to conversion

With vendor support if required, all cases with stage coded and/or derived in V0203 should be re-edited with the most recent version of the NAACCR 12.1 metafile. By CS policy, this applies to all cases diagnosed in 2004 or later. All cases failing stage derivation before conversion should be identified and problems corrected so that complete, intact cases are sent through the conversion and review process.

Timing of Conversion

The NCDB and RQRS will accept either CSv02.03 or CSv02.04 for all submissions made during 2012. These are transmitted as NAACCR version 12.1 or 12.2, respectively, and different edits and a different version of GenEDITS Plus are used depending on whether the conversion has taken place or not.

See <http://www.facs.org/cancer/ncdb/edits.html> for more information.

CSv02.04 can be used to code cases diagnosed in any year through 2012, so there is no inherent need to delay conversion until the program has entered all 2011 cases. The CoC recommends implementing the upgrade as soon as practicable. However, facility registries should remain cognizant of relevant central registry requirements. If the facility registry starts abstracting 2012 cases before the software upgrade is available, the registry should develop its own plan to make sure that these cases are identified and recoded if necessary after data conversion.

After Conversion

After data conversion and processing of converted cases by the CS algorithm, the registry should receive a report of cases identified for review, cases which failed processing because the schema was not identified, and cases not listed for review which failed derivation of any CS derived value. Review is required for small numbers of bone, rectum, scrotum, skin and uterine corpus primaries due to changes in the CS algorithm and coding rules. The registry must review these cases, recode the obsolete codes using current V0204 codes, and rerun the algorithm to derive stage values. The conversion specifications identify the situations where manual review is required. CoC also strongly recommends

review of the cases CS identifies as “recommended” and “suggested”. The registry should process all converted records with the NAACCR 12.2 Edits Metafile to identify any possible problems with the data conversion. All cases that are updated by the registry manually will automatically be selected for submission in the next NCDB Call for Data.

What CS Items Must Be Coded?

All items in **FORDS: Revised for 2012** are required. For a convenient summary of required Site-Specific Factors by schema, see the *CoC and SEER Combined* list posted on the CS web site.