

Surveillance, Epidemiology, and End Results (SEER) Program, National Cancer Institute - CS version 02.04.40

SEER recommends that participating central cancer registries work closely with their hospital registries to avoid duplication of effort in implementing CS version 0204 (version 02.04.40 or later). SEER requires that all SEER reportable cases diagnosed 1/1/2012 and forward be coded and processed under CS version 0204. Therefore, CS version 0204 will have to be implemented before the processing of any 2012+ cases. After CS version 0204 has been implemented, all cases need to be processed under CS version 0204 even if the diagnosis year is prior to 2012. In the event that a facility sends 2010 cases originally coded in CSv1 or version 020000, the central registry must ensure that the cases have been reviewed and coded with at least version 020001. In the event that a facility sends 2011 cases coded in a CS version before CS version 0203, the central registry must ensure that the cases have been reviewed and coded with CS version 0203 codes including all required CS version 0203 SSFs. In the event that a facility sends 2012 cases coded in a CS version before CS version 0204, the central registry must ensure that the cases have been reviewed and coded with CS version 0204 codes including all required CS version 0204 SSFs. All prior conversions and reviews need to be done sequentially. These specifications are only for the conversion from CS version 0203 to CS version 0204.

Specifications for the implementation of CS version 0204 including the conversion of CS version 0203 to CS version 0204 are provided on <http://cancerstaging.org/cstage/> web site.

1. The implementation guide for CS version 0204: Collaborative Stage Data Collection System Version 2: 0204 Implementation Guide for Registries and Vendors. [Implementation Guide](#)
2. Conversion specifications: Collaborative Stage Version 2: 020300/020301/020302 to Collaborative Stage Version 2: 020410/020412/020413/020420/024023/020430 Conversion Specifications 12/05/2011 [Conversion specifications](#)
3. A spreadsheet documenting some of the detailed conversion specifications. [Conversion Specifications Spreadsheet](#)
4. The software products also contain information about CS version 0204 on the CS website at <http://www.cancerstaging.org/cstage/software/index.html>.
5. Registrars will find the ([Release Notes](#)) helpful in understanding the changes for CS version 0204 in addition to the manuals on the 'Coding Instructions' page and the 'Site Specific Schema' page. The Conversion spreadsheet also contains a tab of all of the new codes added in CS version 0204.

There are two steps which need to be performed before the actual conversion in order that the conversion proceeds correctly:

1. Ensure that the CS version input original and CS version input current fields are valid and the combination of the two fields makes sense. The CS version input current field will be recoded during the conversion based on these two fields.
2. 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.

Review: The review specifications are noted in the conversion document and spreadsheet.

1. SEER required review:
 - a. All of the reviews listed as required in the conversion specifications/spreadsheet need to be done. This includes all 2004+ corpus cases with histologies 8950 or 8951 because these cases switched from the CorpusSarcoma schema to the CorpusCarincoma schema. The other required reviews involve a small number of cases.

- b. Any 2010+ case which uses a code that is designated in CS version 0204 as OBSOLETE DATA RETAINED AND REVIEWED CS V0204 or
 - c. Any 2010+ case which uses a code that is designated in CS version 0204 as OBSOLETE DATA RETAINED V0204 is required to be reviewed.
2. Optional review for cases prior to 2012:
 - a. Review is STRONGLY RECOMMENDED for 2004-2009 cases with the tag OBSOLETE DATA RETAINED AND REVIEWED V0204.
 - b. Review is SUGGESTED for all cases with the tag OBSOLETE DATA RETAINED CS VERSION 0204. Cases with these codes will continue to derive stage values, but the codes should not be used for new cases originally coded in CS VERSION 0204, or for cases with a diagnosis date of 2012 and later.
 3. The conversion program should generate a list of review cases which should be reviewed and recoded according to the specifications provided in the conversion document provided on the [CS Software Page](#).

Derivation: The new algorithm (version 02.04.40 or the most recent version) should be run on all cases (2004+) ASAP after the CS version 0204 algorithm has been placed into operation in order to have the CS derived fields correctly defined. The CS version 0204 algorithm will correct errors in the previous algorithms for the derivation of T, N, M and stage for AJCC 6th and 7th edition and the derivation of SEER summary stage 1977 and 2000. It will continue to be necessary to use the three CS version flags to help determine the case's status. New CS version 0204 edits will be provided.

As registrars are coding and/or updating cases, the IT staff should electronically provide the codes, descriptions, and any notes/footnotes to the abstractor and coder for each CS field that is collected. The list of SEER required SSFs for 2012 is also posted on the Collaborative Stage Data Collection System web site. [SEER Required SSFs](#).

Lymph-Vascular Invasion (LVI) [NAACCR #1182]: LVI is required for cases originally coded under CS version 0200 or higher or diagnosed 2010+ for the sites/histologies that are included in the schemas for penis and testis only.

CS Site-specific factors (SSFs): SEER does not require all of the SSFs CS data items but there are schema-specific requirements for the site-specific factors (SSFs). The required list of SSFs is the same for COC and SEER and is found on the CS web site. The list is the same as that for 2011+. SEER registries may collect additional SSFs and submit them. A listing of the required SSFs by schema is provided in a spreadsheet and is color-coded to show the required SSFs broken into those needed for staging, those already required under CSv1, and those thought to be clinically relevant. CS version 0204 codes are required for all 2012+ cases. The SSFs are required for all 2012+ cases and for cases originally coded under CS version 0204 (including any cases prior to 2012). The SSFs are to be collected only when they are readily available in the medical record. Some of the original SSFs 1-6 that were required have been made Obsolete and are no longer required for future cases but must be submitted for cases when it was required. Note: For prostate, CS Site-Specific Factor 4 (Prostate Apex Involvement) is not required for cases diagnosed 2010+. It will, however, be required up until 2010 diagnosis and therefore, is not marked as Obsolete. If a non-required SSF is not collected by a registry for a specific-schema, it should be submitted as a '988' [not applicable]. Please do NOT use code 988 for any SSF which is required.

Grade Path Value, Grade Path System, CS Mets at Dx–Bone, CS Mets at Dx-Brain, CS Mets at Dx-Liver, and CS Mets at Dx-Lung are required for 2010+ diagnoses.

SEER requires that the latest version of the CS version 0204 algorithm be run on all cases diagnosed 2004+ before they are submitted for the November 2012 SEER data submission.