Introduction

This is a communication update from organizations within the cancer surveillance community to share with their members and other constituents. It addresses the processes and ongoing efforts to coordinate and effectively transition from the Collaborative Staging v2 system to use of the AJCC staging standard with related biomarkers and prognostic factors. This is the second edition in the series of communication updates. Shortly after the decision was made to transition from Collaborative Stage, a CS Transition Group was formed as an information sharing and planning forum. This group brings together the four data collection agencies/organizations (Statistics Canada/Canadian Council of Cancer Registries, CDC/NPCR, NCI/SEER and CoC), the agency responsible for staging rules (AJCC), the cancer surveillance umbrella organization (NAACCR) and the organization representing cancer registry professionals (NCRA). The CS Transition Group provides a collaborative opportunity to identify the issues involved in the transition and to share the tasks involved in developing best practices for both the overall surveillance community and the individual agencies/organizations in addressing this change.

The agencies and organizations participating in this communication recognize that the transition away from CS is a major change and are committed to working with stakeholders to develop appropriate implementation plans and processes. This is a work in progress, and there are many questions that have yet to be fully addressed. As answers become available they will be shared and communicated to the surveillance community, and opportunities will be provided for members to identify issues and concerns.

There are a number of areas of confusion within the surveillance community that this communication will address. The initial change in 2016 for CDC and NCI registries will be focused on the transition to directly assigned AJCC stage, but will not eliminate all CS variables. In particular most of the Site Specific Factors (SSFs) will continue to be required as they are a) either a critical component of stage assignment or b) are essential to understanding the cancer (predictive or prognostic factors). Thus the initial transition will be focused on assignment of T, N, M, and the AJCC stage group. As the coordinating bodies, we will clarify which additional variables and which SSFs will continue to be required, but our intent is to carefully evaluate which are essential and which are feasible to be collected by the registrar. The methods/studies
and processes that will be used to make these determinations are described below. Each participating entity is performing specific and coordinated tasks related to assessing the needs for the transition, determining the impact of the transition and coordinating the logistical components for implementing the changes.

The CS Transition Group and the Uniform Data Standards Committee held a joint meeting via conference call to discuss the activities of the CS Transition Group and the existing plans to make decisions regarding data variables based on NAACCR’s deadlines for 2016 changes. There was considerable discussion about issues that need to be addressed in preparation for the collection of AJCC staging. In summary, the primary changes in data collection will be related to the CSv2 variables related to staging. A process has been developed for submitting proposed changes and for review of the programmatic and technical implications of these proposed changes.

The specific activities of each of the partner organizations are described in the section below with the organization and task leader responsible for that activity.

Agency Updates

The following is a collection of activity summaries written by the respective agency/organization in follow up to the original newsletter to provide a current status of the activities of each partner organization. We intend to continue providing regular updates on these activities. In some cases you will note that agencies are working independently on specific issues, while in other cases shared project work is underway.

We have identified several common questions and provided responses from NCI/SEER, CDC/NPCR and the COC at the end of the document. We have included the original questions and answers as well as new questions. The latter are highlighted in italics.

Current and planned activities by the partner organization in relation to the CS Transition:

A. AJCC Update
   Education on AJCC
   The American Joint Committee on Cancer (AJCC) will provide ongoing education around AJCC TNM Staging to support the transition to directly assigned AJCC stage. The AJCC currently provides an array of educational offerings for free through its website, cancerstaging.org. The educational resources that are available on the website include the Summary of Changes, the Cancer Staging Posters, Staging

In addition to these existing educational resources on AJCC Staging, the AJCC will develop new educational offerings through the support of the CDC cooperative agreement. The AJCC output will include the following:

- Production of effective training materials at clearly identified levels of complexity; foundational, introductory, intermediate, and advanced
- Education Needs Assessment staging questions will be developed into a webinar
- Mechanisms to disseminate training (classroom, on-line, webcasts, etc.)
- Establishment and maintenance of a mechanism to respond to staging questions

**Status:** Ongoing

**Contact Person:** Martin Madera

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**B. Statistics Canada and the Canadian Council of Cancer Registries**

*Update June 2014*

This is an update from the Executive Committee of the Canadian Council of Cancer Registries (CCCR). It is a report “from the field” and not meant to reflect new policy decisions. These await clarification.

CCCR has started discussion on the implications of waiting until the introduction of the 8th edition for introducing AJCC to the Canadian Cancer Registry and the Provincial/Territorial Cancer Registries.

There are a number of reasons for taking this approach in Canada including:

1. Allowing a longer time period to prepare for the change, particularly given the uncertainty in the overall transition process but also considering the fact that Canada has no significant history in AJCC collection.
2. Uncertainty at this point in costs associated with AJCC TNM licensing, which requires further investigation.
3. Concerns from Statistics Canada on resources and impacts for adjustments to the national CCR system. An earlier timeline is likely not doable.

Canadian staging stakeholders would appreciate understanding the impacts to NAACCR if the Canadian switch is not concurrent with US standard setters and have begun this
conversation with the NAACCR executive. Some of the issues already identified include
the NAACCR Edits; CINA data inclusion; and possibly being out of sync with training
opportunities.

C. Centers for Disease Control and Prevention

1. CDC-NPCR has formed an internal transition workgroup. The major focus of this
workgroup is to implement a smooth, timely staging transition. The NPCR internal
workgroup collaborates with partner organizations in the cancer surveillance
community and provides NPCR specifics to state cancer registries.

2. Communication
   a. CDC-NPCR will continue to schedule regional calls with NPCR Cancer Registries to
      provide information on the transition and to answer questions.
      Status: Information will be sent to NPCR Program Directors
      Contact Person: Mary Lewis, CDC-NPCR

   b. CDC has established a specific email address for NPCR registries to submit
      transition questions. Questions and answers will be posted on the NPCR
      SharePoint.
      Status: Ongoing
      Contact Person: Mary Lewis, CDC-NPCR

3. Guidelines for Implementation
   Purpose: An implementation guide for NPCR required data items through the
   transition. These guidelines may serve as a foundation for a complete
   implementation guide.
   Status: An initial draft has been created and will be reviewed internally by CDC-NPCR
during June. The draft attempts to address details of data definitions, collection and
editing requirements, plans for submission of AJCC data, and other issues of concern
to NPCR participants. After any changes are made based on the internal review, a
subsequent draft will be shared with NPCR programs for comments.
   Contact Person: Joe Rogers, CDC-NPCR

4. Education
   a. Purpose: Provide education and education materials to all cancer reporters. The
      first education offering of AJCC and Summary Stage took place at the NCRA
      Annual Meeting in May. The training was attended by approximately 100 people.
The complete presentations, with speaker’s notes are available on the NPCR SharePoint.

**Status:** Complete

**b.** CDC-NPCR is developing site specific training presentations with speaker’s note for both AJCC Staging 7th Edition and SEER Summary Stage 2000.

**Status:** Available this summer

**Contact Person:** Mary Lewis, CDC-NPCR

**c.** **Purpose:** CDC-NPCR revised the cooperative agreement with AJCC from support of CS stage to transition activities for AJCC stage. The expanded cooperative agreement with AJCC includes the following:

- Production of effective training materials
- Mechanisms to disseminate training (classroom, on-line, webcasts, etc.)
- Establishment and maintenance of a mechanism to respond to staging questions

**Status:** AJCC is developing a training plan that will include staging tips that may not be explicitly explained in the AJCC Staging Manual 7th Edition.

**Contact Person:** Mary Lewis, CDC-NPCR

5. **IT Needs**

CDC-NPCR has started a dialog with providers of central registry software for NPCR states. The software providers were asked to communicate their needs to CDC-NPCR in May.

**Status:** The responses are being collated in preparation for a teleconference between the providers and CDC staff to be held in early summer.

**Contact Person:** Joe Rogers, CDC-NPCR

D. **Commission on Cancer**

The Commission on Cancer participated with SEER and NPCR in a plenary session at the recent meeting of the National Cancer Registrars Association (NCRA) to describe each standard-setter’s plans for transitioning away from CS.

- In 2014-2015, there will be no changes in CS input or SSF items required by the CoC. The NCDB Call for Data in 2015 will require that data be in CSv02.05 form.
- Clinical T, N, M and AJCC Stage Group are currently required, and an effort is underway to continue to improve completeness of coverage for these items. Clinical stage is what is known about the tumor prior to any treatment; it is used to plan initial treatment.
• Pathologic T, N, M and AJCC Stage Group: CoC clinical leadership is troubled by the limited coverage of these items, and an effort it underway to continue to improve it.

• In 2016, prognostic and biologic SSFs will be required, perhaps with some modifications

The Commission on Cancer is embarking on a project to update the data collected by cancer registries in CoC accredited programs and, therefore, by the National Cancer Data Base. The goal is to assure that data collected are clinically relevant, current, available to registrars, and flexible for use. While this is not directly related to the transition away from CS, it is complementary and will affect most of the same constituencies.

• Do you have a really good idea for adding or changing FORDS data items?

• **FORDS** is a manual that contains all of the data items with rules and coding options for cancer registrars to collect data in their hospital registries. These data are then submitted to NCDB. The data available in the NCDB come from FORDS, Collaborative Stage, and the AJCC Cancer Staging Manual.

• The CoC is seeking input from registrars, data users, physicians, and others to modernize our **FORDS** manual. This project kicked off in April 2014, and input will be gathered through an electronic survey, which will be open through September 2014.

• You will be asked to submit one **FORDS Revision Survey** for each suggestion. The survey can be submitted multiple times per user.

• The PDFs below contain the questions for the survey based on whether you want to add, change, or remove a data item.

1. Change existing data item
2. Add new data item
3. Remove existing data item

Direct questions to fordsmanualrevision@facs.org.

**Contact Person:** Jerri Linn Phillips/Ryan McCabe

**E. NAACCR**

UPDATE:
NAACCR will continue to work with all of the partner agencies to facilitate a smooth transition to TNM staging with the following tasks accomplished since the prior communication newsletter:

1. A short term task force reviewed the data transmission layout structure to assess the pros and cons of maintaining the current structure of collecting stage related items (including SSFs) within schemas, or whether the collection of these data items would be more efficient outside of a schema structure. The group identified the following 3 options:
   a. Define new specific data items for each required prognostic factor, tumor marker and future data items. In this proposal each tumor marker and prognostic factor would have a specified name, definition, and coding instruction related to its use, and a specific location in the transmission file. These data items will be defined in a 2,000 byte reserved section of the current NAACCR data dictionary. The new data items will be used for data collection starting in 2016. In order to simplify analysis the Pre-2016 SSF information being carried forward, based on the new standard setters’ requirements, would be mapped to their respective new data items. The data items, naming conventions, and column numbers for the current Collaborative Stage data will also remain unchanged and could be used for data transmission in 2016 forward.
   b. The concept of the CS structure (SSF1-SSF25) will remain, and the data will be located in a new section of Volume II. The current CS data definitions would be replicated in a new set of data items. These new data items will get new data item numbers, data item names (NewSSF1-NewSSFXX), and data item descriptions. These data items will be defined in a 2,000 byte reserved section of the current NAACCR data dictionary. The new data items will be used for data collection starting in 2016. In order to simplify analysis the Pre-2016 SSF information being carried forward, based on the new standard setters’ requirements, would be mapped to their respective new data items. The data items, naming conventions, and column numbers for the current Collaborative Stage data will also remain unchanged and could be used for data transmission in 2016 forward.
   c. Maintain current CS data structure and definitions. Standard setters would continue to specify requirements. Continue to collect required CS data items in their current CS locations. The existing CS DLL could continue to be used for site group determination, valid code definitions and documentation. Once the AJCC 8th edition is published, the structure will need to be altered to accommodate this change.
d. The task force has invited IT staff from the standard setting organizations to participate with the group to evaluate the costs, feasibility and timeline to complete each of the 3 options and will present their findings to the CS Transition Group.

2. A second short term task force was formed to identify milestones that need to be achieved for the transition to be complete and tie these milestones to a timeline in order to monitor progress. Contact Lori Havener (lhavener@naaccr.org) for the 2016 Implementation Timeline. The following abbreviated form of the timeline was put in the Spring NAACCR Narrative:

<table>
<thead>
<tr>
<th>NAACCR Standards Volume II 2016 Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity</strong></td>
</tr>
<tr>
<td>Proposals for new and/or changed data items submitted to the Change Management Board (CMB)</td>
</tr>
<tr>
<td>Requests for change final review/approval by CMB and other groups as needed (e.g., UDS)</td>
</tr>
<tr>
<td>Convene Volume II Task Force</td>
</tr>
<tr>
<td>Finalize NAACCR Standards Volume II and submit to NAACCR Board for review/approval</td>
</tr>
<tr>
<td>NAACCR Standards Volume II Released</td>
</tr>
<tr>
<td>Implementation</td>
</tr>
</tbody>
</table>

a. A short term task force will be formed to evaluate consolidation for AJCC stage.

b. NAACCR will provide expertise on central cancer registry operations, data analysis, IT issues etc. by engaging its members in discussions of best practices and feasibility analysis, formulating recommendations and modifying standards if necessary.

c. After review by the Change Management Board, which is composed of the standard setting organizations, the Uniform Data Standards will review proposed new and revised data items and provide feedback concerning the feasibility of data collection, recommendations regarding the standardization and consistency of data items, and finalize coding structures.

d. NAACCR will coordinate the various implementation guidelines and try to incorporate recommendations into standards and a universal implementation guide if feasible.
e. NAACCR will work with partners to ensure that proper edits are in place to maintain the integrity of high quality surveillance data.

f. NAACCR currently includes and will continue to include TNM and Summary Stage training in site-specific webinars that are part of the Cancer Registry and Surveillance Webinar Series. Training on TNM and Summary Stage will be included in the NAACCR comprehensive training plan that is being developed.

**Contact person:** Betsy Kohler

**F. NCI**

1. **Assess the perceived availability of the clinical and pathological TNM by hospital and central registrars.** This was performed through the NCI SEER Registries, and the results suggested that the pathologic TNM stage was frequently available in the surgical pathology report, and the clinical TNM stage was less frequently available to registrars. The results were presented at an NCRA meeting in Las Vegas to supplement information from a broader NCRA survey described below under NCRA activities.

**Contact person:** Peggy Adamo
Conclusions

- Clinical staging is “sometimes” to “often” available. Slightly more available in CoC hospitals.
- Pathological staging is “often” available. Slightly more available in CoC hospitals.
- Most likely to be found in the path report, sometimes found in physician dictation or tumor board notes, and rarely found in AJCC staging forms.
2. Evaluation of the frequency of pTNM in the surgical pathology report

**Purpose:** to determine how often the registrar would need to directly assign pTNM if it were not present in the pathology report to direct training efforts. This includes using software with NLP to evaluate the frequency of e-pathology reports including TNM.

**Status:** Preliminary evaluations from AIM e-path reporting suggested that the AIM software was able to identify pathologic stage among a set of 1700 historic test electronic pathology reports for breast cancer and 800 for colorectal cancer in which 12% had all three TNM elements present but about one third had T or N present. Additional preliminary testing in breast cancer cases using AIM text searching to determine the availability of the TNM staging data is in process.

**Estimated completion date:** October 2014

**Contact person:** Carol Kosary/Annie Noone

3. Comparison of cases restaged with AJCC TNM

**Purpose:** this study will ask registrars to re-stage existing cases with known CSv2 stage to compare the agreement between CS and AJCC staging. This will provide information to direct training, but will also allow us to understand the potential impact of implementation of TNM stage on incidence trends over time.

**Status:** Case selection is complete, and the study will open on July 7th. The study will be open to all registrars- at any facility including both COC and Non-COC hospitals, and central registrars. Up to 10 CEUs will be available from NCRA for performing the AJCC TNM stage and Summary Stage 2000 assignment to these study cases. We are currently in the process of obtaining reviewer adjudicated stage by registry reviewers within and external to the NCI, and from Central and hospital registries. This study will be open for 1 month, and results available to the participants at the close of the study. Analysis is anticipated to be complete within a few months after the conclusion of the study.

**Timeline remaining:** 4 months

**Contact person:** Annie Noone

*Note: This study will be available to all registrars to receive CEUs beginning on July 7, 2014 and will be open for 30 days. Please mark your calendars to complete this study for up to 10 free CEUs.*

4. Evaluation of SSFs

**Purpose:** Develop a formal process for assessing whether or not to include/maintain SSFs as part of required data collection. This process entails a formal review of all SSFs (with a particular emphasis on biomarkers) to determine when they should be required as part of the cancer abstraction process.
Components of this assessment will include: 1) evaluation of whether or not there is either evidence or guidelines for the use of factor, 2) whether it is a component necessary to assign stage; 3) when in the cancer course the factor is assessed; 4) whether or not the registrar has access to the information (i.e. feasibility) and 5) are there existing data sources that might be tapped for automated data collection. This process is being used to assess both currently and previously collected SSFs that are part of CSv2. This same process will be used to determine whether or when to add new variables representing biomarkers that characterize cancer. The NCI will serve as the lead on this, however will include participation from clinical experts representing expertise for specific cancer sites and partners from across the cancer surveillance community. In addition to a focus on the biomarkers, there will be a formal evaluation of the SSFs that are not essential for staging or are not biomarkers. This will be led by the Surveillance Systems Branch personnel.

**Status:** A formal process for review of SSFs is in place. The assessment is based mainly on current guidelines recommendations (such as NCCN, ASCO, FDA, CAP). If there are not any guidelines on particular cancer/SSFs, a literature review was conducted to determine the current evidence regarding the clinical utility of a particular SSF/biomarker. Items such as frequency of an SSF in the population of interest, timing of the assessment/measurement during the course of treatment, where an SSF can be found in the medical records and how it is reported/referent ranges are evaluated also. In addition to the current SSFs, biomarkers that are not part of CS2 SSFs but which have become a standard of care are identified and reviewed for potential future consideration. The preliminary review of the SSFs for 11 schemas have been completed and include: colon, rectum, breast, prostate, lung, bladder, kidney (renal parenchyma and renal pelvis), and pancreas (three schemas). If you are interested in reviewing or commenting on the review for a particular site, please contact Valentina Petkov. Your input would be highly appreciated.

**Timeline for completion:** February 2015

**Contact person:** Valentina Petkov

5. **NCI coordinating with NPCR and NAACCR to assess needs for changes in algorithms, and other IT needs related to the transition.**

IMS and NCI SEER staff has been working with partners including CDC, COC and NAACCR subject matter experts to determine the IT needs and timeline that will be required for the change to TNM. IMS is working to develop software to capture AJCC TNM 7th Ed. The outcome will include a vendor communication plan to assure that the broader IT needs are met for the transition from CSv2 to TNM stage. As part of this effort, the NCI SEER Program is moving forward with the concept of creating one warehouse of information
that contains: 1) rules for schema selection, 2) data items required for staging with their permissible values and AJCC TNM rules, 3) prognostic and predictive data items with their permissible values, and 4) the algorithms for calculation of both AJCC 7th edition stage group and Summary Stage 2016. This warehouse will be readily adaptable to the AJCC 8th edition. The proposed system will simplify the change process with new versions of AJCC staging as well as for changes to the collection of predictive or prognostic factor data. The goal is to have the data (AJCC TNM stage and predictive and prognostic factors) in one warehouse agreed to by all standard setters. Vendors and users will be able to access the information in this warehouse in a variety of ways: on a public facing website, via an API, via a C DLL, and via a Java library. Discussions are ongoing with the AJCC regarding site licensing for permission to access the copyrighted AJCC TNM Staging information.

6. **Development of training aids to help registrars assign TNM**
   **Purpose:** Provide materials to assist registrars in directly assigning AJCC pTNM and cTNM.
   **Timeline:** This project is currently on hold as AJCC and CDC are currently developing training tools for this. Additional materials for training in staging for TNM are under development for inclusion in the SEER Educate software available to all registrars.
   **Contact Person:** Jennifer Ruhl

7. **Analysis of the possible reduction in number of schemas.**
   **Preliminary investigation as a first step to determine this will results in a simplification that will help data collection.**
   **Timeline:** Candidate schemas for combining have been identified focusing on collapsing the schemas to the AJCC chapters. A presentation has been made to the CS Transition Team and discussions are currently ongoing to determine the best solution. Three recommendations have been suggested reducing the number of schema from 153 to 127 schema- primarily focusing on mucosal melanomas of the head and neck. Analysis is ongoing to determine the impact of such a change and the potential benefits.
   **Contact person:** Jennifer Ruhl/Leon Sun

8. **Develop and lead focus groups consisting of hospital and central registrars (who perform abstraction)**
   **Purpose:** determine the needs as identified by the individuals who are performing the abstraction process. The groups will identify issues, comment on proposed changes and assist in determining the impact and feasibility of what is being proposed at the organizational level. The format will be similar to that used for assessing the MPH rules.
The timeline includes three focus groups via teleconference. Focus groups will include registrars stratified as follows: two each for CoC hospital registrars, non-CoC hospital registrars and for central registry personnel. Please notify Lois Dickie if you are interested in participating or have suggestions for participants. The timeline is to hold all three focus groups in July 2014.

**Timeline:** Next 4 months  
**Contact person:** Lois Dickie

9. **Development of Summary Stage 2016**
   **Purpose:** to develop and test a system that will permit staging over time consistent with the change to TNM staging. The intent is to create a system that will allow post hoc recoding for the analysis of time trends since 1988 (and possibly further back).
   NCI SEER is currently thinking that without CS we will not be able to continue to collect older staging systems. We are therefore investigating the idea of a new summary stage that will be based on TNM and will not require a separate stage collection, but can be calculated by the software from the data elements. It is understood that when definitions of TNM change over time this would result in a (hopefully small) discontinuity in SS2016. The initial intent is for post hoc analytic purposes. Sixteen schema are currently in process and under review by experts at NCI to assess impact of this new system on staging over time. Preliminary analysis suggests that this can be successfully accomplished. Once the system is determined to be reliable and valid after review by internal and external review, the NCI will develop a user manual for direct assignment of SS2016 for use by registries. This will be a modification of the current Summary Stage 2000 Coding Manual. A presentation on this system and some preliminary results will be presented at the 2014 NAACCR meeting by Lynn Ries.
   **Status:** in process of NCI internal evaluation.
   **Timeline:** next step for evaluation by external partners August 2014  
**Contact person:** Carol Kosary

10. **Coordinating with COC/ACS on the analysis of NCDB Data**
   This project is to directly compare for recent years the stage assigned through Collaborative Stage version 2 versus AJCC pathologic TNM or AJCC clinical TNM stage. This will provide an assessment of COC hospital registrars’ consistency in staging across the two systems.
   **Status:** ongoing  
   **Timeline:** estimated completion June 2014.
   **Contact person:** Ahmedin Jemal (ACS) - lead/Kathy Cronin NCI
G. NCRA

**Education** – NCRA began development and delivery of educational materials and programs to best prepare registrars for the transition through the NCRA 40\textsuperscript{th} Annual Convention (details below)

**Contact person:** Peggy Meehan (pmeehan@ncra-usa.org)

Abstracts from Related Presentations at NCRA 40\textsuperscript{th} Annual Convention

**THE NATIONAL TRANSITION TO DIRECTLY CODED STAGE**

Presenters: Christie Eheman, PhD, MSHP; Carol Kosary, D.Mgt; and Jerri Linn Phillips, MA, CTR

Description: Both hospital and central registries will transition to the direct coding of cancer stage for 2016 cases. The rationale for the change will be outlined and the plans to ensure success of the transition will be presented.

**RESULTS OF THE EDUCATIONAL NEEDS ASSESSMENT**

Presenter: Donna M. Gress, RHIT, CTR

Description: To ensure the cancer surveillance community is prepared for the transition to AJCC TNM and Summary Stage coding scheduled to begin January 1, 2016, the AJCC asked NCRA to prepare an Education Needs Assessment. The goal of the assessment was to identify gaps in knowledge and skills to determine the training and education needed to prepare for the 2016 shift in staging process. The session will provide a review of the survey results.

**THE CDC/NPCR EDUCATION & TRAINING COORDINATOR’S WORKSHOP: PREPARING TRAINERS FOR STAGE TRANSITION**

Presenters: Timothy Styles, MD, MPH; Lynda Douglas, CTR; Christie Eheman, PhD, MSHP; Mary Lewis, CTR; and Linda Mulvihill, RHIT, CTR

Description: The Education and Training Coordinators from the CDC/ NPCR state cancer registries are the target audience for this breakout. Hospital registrars, however, may also find the full-day breakout of interest. It will provide an excellent refresher or good start for those who have never directly collected either staging system. All NPCR central cancer registries, starting with 2014 diagnoses, require the submission as available of directly collected AJCC Stage from all ACoS-CoC hospitals within their states. Starting with 2015
diagnoses, NPCR will require all state registries to collect directly coded SS 2000 from all facilities. In 2016, all facilities must submit AJCC and SS to their state registries (in NPCR states). To position the Education and Training Coordinators to conduct training and support directly coded stage, this full-day breakout will provide an overview of general staging rules for both staging systems and provide educational materials to meet training needs in the individual states. Day includes sessions on Overview of Transition Activities; General Rules for Summary Stage; Summary Stage 2000: Site-Specific Chapters; General Rules for AJCC; AJCC: Breast, Colon, Lung, Prostate interactive exercises; and Q&A.

**Credentialing** – Council on Certification is actively monitoring the transition efforts and will post any CTR examination changes related to new content on its website [www.ctrexam.org](http://www.ctrexam.org)

**Contact person:** Michael Hechter ([mhechter@ncra-usa.org](mailto:mhechter@ncra-usa.org))

**Policy** – NCRA’s President will be forming a Transition to Directly Coded Stage Task Force to work with all NCRA committees in identifying information, education, and all efforts where internal documents, products, and publications need editing or modification to support the transition.

**Contact person:** Lori Swain ([lswain@ncra-usa.org](mailto:lswain@ncra-usa.org))

**Social Media** – Created web page on the NCRA website dedicated to “all things transition” with the purpose of being a one-stop shop for NCRA members as the transition moves forward ([http://www.ncra-usa.org/i4a/pages/index.cfm?pageid=4132](http://www.ncra-usa.org/i4a/pages/index.cfm?pageid=4132))

**Contact person:** Janice Ford ([jford@ncra-usa.org](mailto:jford@ncra-usa.org))

**Collaborative Stage Q&A**

**TNM Staging Transition**

**Question:** What data fields will be used for collecting directly assigned AJCC staging?

**Answer:**

**CDC NPCR/NCI SEER:** NAACCR data fields already exist for clinical and pathological TNM, and AJCC Stage Group. These data fields will be used to capture directly coded (directly assigned) AJCC staging.

*For example, the following standard NAACCR data items will be used for clinical and pathological TNM and AJCC Stage Group:*
Other standard data items may also be required by a standard setter. Any additions to NAACCR data items or changes in current data items will be completed as part of the normal production and timeline for NAACCR Vol. 2.

The collection of biomarkers and prognostic factors previously collected as Site Specific Factors under Collaborative stage is more complex. It is possible that the CS SSF fields will continue to be used for that purpose until the most efficient way of including these data items in the NAACCR record layout is determined.

For more questions and answers, please refer to the first issue of the Collaborative Stage Transition Newsletter.