Collaborative Stage Transition Newsletter
January 19, 2016

Introduction

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Introduction

Agency Updates

This is the latest issue in a series of newsletters providing communication updates 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 the AJCC TNM staging standard, beginning with the 2016 incidence data. This includes continued collection of information regarding related biomarkers and prognostic factors. 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 American College of Surgeons CoC), the agency responsible for staging rules (AJCC), the cancer surveillance umbrella organization (NAACCR), the organization representing cancer registry professionals (NCRA), and the American Cancer Society. The CS Transition Group provides a collaborative opportunity to identify 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 to address 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 transition continues to be a work in progress and the partners are working hard to answer the many questions that have yet to be fully addressed. As answers become available, they will be shared and communicated to the surveillance community through the updates provided in subsequent sections. In addition, all of the partners continue to provide opportunities for members to identify issues and concerns. If you have ideas that you think are important for the partners and/or the CS Transition Group to consider, please email them to Trish Murphy (Murphy, Patricia (NIH/NCI)), who will collate and disseminate them.

As a reminder, the initial change in 2016 for CDC and NCI registries will be focused on the transition to directly assigned TNM stage, but will not eliminate all of the variables collected under CS. In particular, most Site Specific Factors (SSFs) will continue to be required, as they are either: a) a critical component of stage assignment; or b) essential to understanding the cancer (predictive or prognostic factors). Thus the initial transition will focus on assignment of T, N, M, and the AJCC TNM stage group. As the coordinating bodies, we will clarify which additional variables and which SSFs will continue to be required based on their importance and feasibility

to be collected by registrars. The methods, studies, and processes that will be used to make these determinations are described below. It is worth noting Item 4 in the NCI project list (NCI coordinating with NPCR and NAACCR to assess needs for changes in algorithms, and other IT needs related to the transition). One important aspect of the move to AJCC TNM stage and the maintenance of the SSFs is that the data warehouse and the Application Program Interface (API) that is being developed will eliminate obsolete variables and values, simplifying what registrars must consider in their abstraction.

Each participating entity continues to perform specific and coordinated tasks focused on assessing needs for the transition, projecting its impact, and coordinating the logistical components to implement the changes. Updates to these activities are described below along with the organization and task leader responsible for that activity.

New AJCC T, N, and M Categories to be Implemented in 2016:

The primary considerations when assigning AJCC staging classifications are timeframe and criteria. The clinical staging (or classification) timeframe includes information obtained from the time of diagnosis throughout the diagnostic workup and ends at the initiation of definitive treatment. Within the clinical staging timeframe, criteria include physical exam, imaging, endoscopies, and diagnostic biopsies. It is important to emphasize that the mere existence of a pathology report that includes microscopic assessment does not exclude it from the clinical staging criteria. If the assessment was a part of the diagnostic workup, it has occurred within the clinical timeframe and can be used for clinical staging.

The pathologic staging/classification timeframe includes information obtained from the moment of diagnosis and throughout the diagnostic workup (i.e., all information from clinical classification), the operative findings and pathology report from the definitive surgery. Within the pathologic staging timeframe, criteria include all of the clinical staging criteria, operative findings from the surgeon, and the pathology report for the resected specimen. Observations from the surgeon in the operative findings that are not accompanied by a biopsy are included in the pathologic staging criteria (e.g., observation of extension without a tissue sample for pathologic review). Similarly, involvement found on imaging is considered in the pathologic staging criteria even in the absence of tissue biopsy.

According to the AJCC manual and trainings, the appropriate T, N, and M categories should be assigned based on the above AJCC rules. This may entail allowing, for example, the pathologic staging M category to be properly assigned as cM1. However, cancer registry abstracting software is currently set up to code two separate and mutually exclusive clinical and pathologic strings of T, N, M, and stage categories, with an implied “c” in the clinical TNM string, and an implied “p” in the pathologic TNM string. Upon abstraction, the registrar has no way of recording the appropriate M category for the pathologic stage if it is cM1. This discrepancy between registry software data items and AJCC staging classification rules causes a dilemma for registrars when abstracting the T, N, and M data items and results in inconsistent coding practices and data loss.

As a result, this issue will be addressed upon implementation of NAACCR version 16-compliant software with the addition of new AJCC T, N, and M categories for the AJCC T, N, and M data items [940, 950, 960, 880, 890, and 900]. The new categories have been generated by adding the prefixes of 'c' and 'p' to existing valid clinical and pathologic T, N, and M categories respectively, and by modifying, adding, and deleting specific existing categories newly prefixed with a 'c' or 'p'. For example, the addition of pTis to the clinical classification T category will enable its use for *in situ* patients in accordance with the AJCC rules (serves as a reminder that the *in situ* diagnosis cannot be made on imaging alone). *FORDS Revised for 2016*, due to be released later this month, will include listings of valid categories and instructions for coding.

This implementation will allow registrars to comply with AJCC rules while abstracting, thus reducing stage assignment confusion and increasing registrar confidence in assigning AJCC stage, increasing data integrity, and reducing the time and resources that registrars and standard setters currently spend addressing these issues.

Continued Collection of Site-Specific Factors:

Recently it has come to our attention that there is still some confusion about the continued collection of Site Specific Factors (SSFs). All of the standard setting organizations have agreed to continue collecting biomarkers and prognostic factors through the SSFs as they are currently collected for the foreseeable future. Our previous newsletters have stated (emphasis added):

> On June 17, 2014 the CS Transition Group agreed to continue collecting Site Specific Factors using the current NAACCR data layout and definitions **at least through** 2016.

We anticipate continuing to use the data and variable definitions for SSFs used in Collaborative Stage until there has been a thorough review of the biomarkers and prognostic factors to determine which are clinically relevant, available to be collected by cancer registrars, and for which the best NAACCR data structure for collection of the SSFs has been established.

The 8th Edition of the AJCC staging manual is scheduled to be released in 2016, and will take effect for cases diagnosed as of January 1, 2017. We anticipate that there will be changes in the collection of SSFs at that time (effective date of AJCC 8th edition) to accommodate any changes in the modified staging system, as well as any changes in requirements that may be proposed by others (CDC, NCI, Canada).

Given the inherent uncertainties and the complexity of the issues involved with coordinating various agencies and priorities, and the evolution of scientific knowledge, it is difficult to pinpoint the timing of any changes. However, for the foreseeable future, central cancer registries should continue to collect SSFs as they have in the past and in compliance with program guidelines. We will continue to work together to ensure that central cancer registries will have adequate time to prepare for any changes.

Agency Updates

Following are summaries, written by the respective agency/organization, that report on the status of each activity being undertaken by the 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. These are available in previous newsletters and on the web at http://seer.cancer.gov/registrars/cs-tnm/.

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

A. American Cancer Society

No new updates

B. AJCC

AJCC Staging Critical Clarifications for Registrars

It has come to the attention of the AJCC that there are some misconceptions regarding the staging rules for Melanoma. The AJCC will be clarifying these issues in the 8th Edition Cancer Staging Manual. However, the AJCC recognizes that it is critical to provide clarification and explanation on 7th edition staging rules for the registry community as part of the ongoing educational efforts. We want to ensure that misconceptions do not perpetuate and that any errors in education provided outside of the AJCC are clarified as soon as possible.

Therefore, a document with the 7th staging rules for both clinical and pathologic classifications for melanoma has been added directly on the AJCC home page.

This new section on the AJCC home page is entitled "AJCC 7th Edition Staging – Critical Clarifications for Registrars." The first topic addressed is the melanoma staging issue. Watch this area for future posts dealing with critical clarifications.

New Category Options

The AJCC supports the new AJCC T, N, and M category options for the cancer registry abstract data fields. With the implementation of these options in NAACCR version 16-compliant software, the cancer registrar will be able to record the accurate AJCC T, N, and M categories according to the AJCC rules. No longer will the registrar have to put the clinical classification M category of pM1 in the pathologic staging M category field. This is not mixing as it was in CS, but following the AJCC rules.

The new options will allow the use of pTis in the clinical classification T category for in situ patients, according to the AJCC rules. This serves as a reminder that the in situ diagnosis cannot be made on imaging alone.

The new options will allow the use of cN0 in the pathologic classification N category for in situ patients.

The new options will also allow the use of the correct M category in both the clinical classification and pathologic classification. According to AJCC, cM0, cM1, or pM1 may be used in the clinical classification, and they may also be used in the pathologic classification. This provides crucial information for survival analysis on the certainty of the metastasis.

AJCC has updated the "Explaining Blanks and X" presentation, and added a new presentation "AJCC T, N, and M Category Options for Registry Data Items in 2016." These are available on the AJCC Web site under the Cancer Staging Education – Registrar – Presentations tab: https://cancerstaging.org/CSE/Registrar/Pages/Presentations.aspx.

AJCC Curriculum for Registrars

The CDC Cooperative Agreement has provided support for AJCC to develop the education product, "AJCC Curriculum for Registrars," for cancer registrars and the surveillance community. It has been met with much success. This education from AJCC as the authoritative source will assist registrars with the transition to directly assigning AJCC TNM stage.

This education has revealed that the difference between coding stage and assigning stage is not a matter of semantics. It is a philosophical difference and the reason for some incorrect interpretations of AJCC staging rules.

The lessons for all of the Modules, I through IV, are available on the AJCC website under Cancer Staging Education – Registrar, which includes two presentations that were posted in September 2014 on the AJCC Chapter 1 cancer staging rules and Explaining Blanks and X, and other issues. The recorded webinars are available along with the pre-education quiz, webinar quiz, and post-education quiz for those who were unable to attend the live broadcast, providing them the same opportunities to measure their self-learning and understanding of the six lessons in each of the Modules. These will remain on our website through the life of the AJCC 7th edition.

Modules II, III, and IV live and recorded webinars each provide 2.0 CE hours of ***FREE*** continuing education credit. Module I was basic and did not meet the NCRA criteria for credit.

PARTICIPATION as of 12/31/15	Live Webinar	Recorded Webinar
Module I – February 24	906	2,335
Module II – April 21	1,000	1,787
Module III – June 23	992	1,040
Module IV – August 25	963	464

Information regarding the Module and Lesson Approach, and Module Content are available on the Curriculum Web page.

Questions may be submitted to the CAnswer Forum. AJCC Curriculum subforums have been added to the AJCC forum explicitly for these modules.

The intent is to provide accurate detailed information to guide the registrars in learning or refreshing their knowledge of AJCC TNM staging. AJCC, as the authoritative source for our staging system, is seeking to meet the needs of cancer registrars and the surveillance community in using AJCC TNM staging.

Visit the AJCC Curriculum for Registrars Web page now to further your knowledge. Please encourage everyone to use this important resource.

COLLABORATIVE STAGE

Collaborative Stage Sunset December 31, 2015

Collaborative Stage Data Collection System will no longer be supported as of December 31, 2015. The CS SSFs will continue to be collected through the CS algorithm for 2016 cases.

The CS Web site will remain available indefinitely for completion of 2015 cases, and for future data analysis. The CSv2 mailbox will be discontinued in January 2016. The CS forum in the CAnswer Forum will be closed to new questions, but will remain available as a resource for registrars to read the posted questions and answers. For those registries that continue to use Collaborative Stage in 2016, please direct any questions about CS to your standard setter. The AJCC will no longer provide support to the Collaborative Stage Data Collection System.

C. Statistics Canada and the Canadian Council of Cancer Registries

Definition of TNM Variables for Canada Final Recommendations- October 2015

The Canadian Cancer Staging Working Group (CCSWG) submitted its final recommendation for the TNM data variables that Canada will collect, effective in January 2017. This recommendation has been forwarded to the full Council of the

Canadian Cancer Registries (CCCR) for a vote to accept these recommendations as part of our national data collection standard. Work is also underway to finalize data definitions/values and to start the integration process into the Canadian Cancer Registry Standards documentation.

Readiness Assessment

The CCSWG completed a Readiness Assessment survey in June 2015. The survey provided baseline information regarding information management issues facing Canadian registries related to TNM transition. Questions related to training needs were also included. A summary report from the survey has been prepared and will be circulated.

Training Plans

The need for a coordinated, national level approach for training has been identified. A group of representatives from across Canada met face to face on May 4, 2015 to develop a training framework. The framework has been used to brief the Canadian Partnership Against Cancer (CPAC) and Statistics Canada on a go-forward approach. After a recent review, CPAC has indicated its willingness to look at its role in TNM transition. Council Executive has also discussed the role it can play in a training initiative. Discussion on next steps will begin in January.

Dialogue with NCI

We continue to have an active dialogue with NCI in regard to the development of their API tool. Canadian representatives had a site visit to NCI in August to gain a better appreciation of the API functionality and how it might be used for the collection of TNM in Canada. The review group felt there was great value in further investigating its suitability and as result, a webinar for all Canadian registries and their system vendors was held November 20 with a follow up teleconference with the registries held on December 17. A summary and determining the next steps for the level of support for Canadian use is being worked on.

D. Centers for Disease Control and Prevention

Effective with cases diagnosed in 2016, the Collaborative Stage Data Collection System will no longer be used for deriving stage; however, the CSv2 items and algorithm will remain in place for coding historical cases diagnosed from 2004-2015. The existing CSv2 fields will also continue to be used for capturing required SSFs for 2016 diagnosis forward. Both directly assigned SEER Summary Stage 2000 and AJCC-TNM Clinical and Pathologic Stage are now required for all cases except for those cases when stage is not applicable.

Each component of the AJCC stage is important. Even if complete AJCC TNM information is not available in the record, any piece of staging information should be collected and reported. For example, if the T and N are available but no information is available on M, the T and N should be reported.

CDC is developing an Application Program Interface (API) to assist NPCR registries with the collection of AJCC TNM Staging. The software will have two purposes:

1. Coding assistance for data entry, provided via site-specific pick lists for the clinical and pathologic T, N, and M elements and the directly-assigned stage groups based on the AJCC TNM Manual content.

2. Quality control and consolidation assistance at the central registry, provided via a derivation algorithm that will calculate clinical and pathologic stage groups based on TNM values and any related biomarkers or prognostic factors used in the AJCC staging tables. Two new calculated data items (NPCR Derived Clin Stg Grp and NPCR Derived Path Stg Grp) have been created to capture this information. These calculated values for consolidated data will be required in future data submissions to CDC.

With permission from AJCC, the full CDC API will be incorporated into the CDC Registry Plus software and also made available to NPCR grantees with their own home-grown software systems. For NPCR grantees that use vendor-based systems for their central registry, the API will be made available with the derivation functionality operational, but access to the copyright-protected AJCC content will be disabled. Commercial software vendors for central registries and hospitals should contact AJCC to discuss using copyright-protected AJCC content in their application. All NPCR grantees will be required to use the API to derive and submit the new NPCR-calculated clinical and pathologic stage group data items.

NPCR will include edits in the NAACCR 2016 metafile to help ensure standardized data collection of all directly coded TNM items throughout the NPCR program. There will be edits that validate codes for each item and also edits that enforce relationships among data items. Where NPCR edits differ from those of other standard setters, data from NPCR registries will be expected to pass NPCR's edits.

CDC will not require conversion of existing TNM data to 2016 data standards. CDC will work with the NPCR registries on managing TNM data from 2015 diagnoses and earlier submitted by CoC hospitals that may have c and p prefixes added retroactively.

NPCR is continuing regular calls with grantees aimed at discussing updates and issues related to the Stage Transition. During our most recent call on December 2nd, we discussed the implementation of the prefix c/p with the AJCC TNM data elements to be able to identify the point in the diagnosis and treatment in which the information was obtained. This will result in more accurate recording of the clinical and pathologic stage

in the cancer registry software. The next Stage Transition call with the states is scheduled for February 3rd, 2016 from 3-4:30 EST.

NPCR is also focusing on education and training efforts for both Summary Stage 2000 and AJCC TNM. The current focus is the development of Summary Stage 2000 training materials for the state Education and Training Coordinators to use in preparation for directly assigned stage with cases diagnosed January 1st, 2016 and after. NPCR is also working through a cooperative agreement with AJCC to develop and deliver the next cycle of AJCC TNM training webinars.

E. Commission on Cancer

1. NCDB Stage Data Submission Requirements for NAACCR Version 16.0 (UPDATED)

SEER Summary Stage 2000 [759]
Regional Nodes Positive [820]
Regional Nodes Examined [830]
TNM Path T [880]
TNM Path N [890]
TNM Path M [900]
TNM Path Stage Group [910]
TNM Path Descriptor [920]
TNM Path Staged By [930]
TNM Clin T [940]
TNM Clin N [950]
TNM Clin M [960]
TNM Clin Stage Group [970]
TNM Clin Descriptor [980]
TNM Clin Staged By [990]
TNM Edition Number [1060]
Lymph Vascular Invasion [1182]
Prognostic Factors/Biomarkers (CS Site-Specific Factors)

New Data Items:

Tumor Size Summary [756]
Mets at Diagnosis - Distant Lymph Nodes [1114]
Mets at Diagnosis – Bone [1112]
Mets at Diagnosis – Brain [1113]
Mets at Diagnosis – Liver [1115]
Mets at Diagnosis – Lung [1116]
Mets at Diagnosis – Other [1117]

2. Implementation of New AJCC T, N, and M Categories:

CoC will require CoC-approved Cancer Programs to use the new T, N, and M categories and convert historical data upon upgrading to NAACCR version 16-compliant software (Please see the NAACCR 2016 Implementation Guidelines for complete details). The new category options will be implemented for cases of all diagnosis years abstracted using NAACCR version 16-compliant software. Conversion of historical data for the diagnosis years of 2015 and earlier is being carried out for the purposes of formatting the data to accommodate consistent viewing, abstraction, and editing of the data across all diagnosis years. Please note that the prefixes included in the new categories are only intended to reflect clinical significance for cases diagnosed January 1, 2016 and later, and should not be analyzed in any fashion for cases diagnosed earlier.

***Cases Diagnosed in 2016 that are Initially Abstracted in NAACCR Version 15-compliant software*:**
Conversion will occur only for cases diagnosed 2015 and earlier. As a result, the T, N, and M categories for cases diagnosed in 2016 for which abstraction is started in NAACCR Version 15-compliant software will not be converted (existing T, N, and M categories will be copied over). When abstracting these cases registrars should be sure to clearly document the appropriate T, N, and M categories via text. For these 2016 cases, upon upgrade to NAACCR Version 16-compliant software, the original T, N, and M categories assigned by the registrar will be retained (i.e., the c and p prefixes will not be added by the conversion process). As a result, these cases will not pass the new v16 TNM data quality edits that require a c or p prefix for the T, N, and M data items. The registrar will have to accurately re-assign the new T, N, and M categories (that include c and p designations) for these cases from within their NAACCR Version 16-compliant software based on review of the textual documentation.

3. Clinical and Pathologic AJCC Stage Required
Beginning with cases diagnosed January 1, 2016 and later, both clinical and pathologic AJCC stage will be required for data submission to the NCDB. The requirement will be enforced via edits.

4. No Submission of Derived Stage to the NCDB for Cases Diagnosed 2016 and Later

a. For cases diagnosed 2016 and later, no software-derived values should be submitted in the directly-assigned AJCC Stage data items [910, 970]; Registrars are encouraged to fully understand how their vendor software functions, and should never manually copy over any derived values.
b. Algorithms are being developed to identify derived values submitted in the directly-assigned data items.
c. Programs will receive a deficiency on CoC Program Standard 5.6 if derived values are detected.

5. Documenting Clinical and Pathologic AJCC Stage
The hospital registrar will be responsible for recording the physician-assigned stage in the registry database.

a) If the stage assigned by the physician is inconsistent with the documentation in the medical record, the registrar should assign the stage and record the registrar-assigned stage in the registry database. The registrar should verify the case information with the physician, as he or she may have additional information that would aid in the assignment of a stage. However, it is outside the realm of the responsibility of the registrar to educate the physician. The registrar should inform the registry physician advisor and refer identified coding issues to the Cancer Committee for quality improvement activities.

b) If no physician-assigned stage can be found in the medical record, the registrar should assign the stage and record it in the registry database. The registrar should inform the registry physician advisor and refer identified documentation issues to the Cancer Committee for quality improvement activities.
c) CoC Program Standard 1.10, Clinical Educational Activity states that the required cancer-related educational activity offered to physicians, nurses, and other allied health professionals is to be focused on the use of AJCC (or other appropriate) staging. The cancer committee is encouraged to use AJCC-developed materials for this purpose.

F. NAACCR

NAACCR convened the Implementation Guidelines Taskforce to develop an implementation plan for Standards Volume II, Version 16. The Taskforce had representation from central cancer registries, software vendors, and each of the standard setters. There are numerous changes and many new data items effective with Standards Volume II, Version 16 that are addressed in the 2016 Implementation Guidelines and Recommendations. The implementation guidelines were recently updated, 2016 Implementation Guidelines and Recommendations version 1.2, and include information on the addition of clinical and pathologic indicators for the AJCC T, N, and M data items, and Appendix G that comprises a document revision control table.

G. NCI

1. **Evaluation of the frequency of pTNM in the surgical pathology report**
   No new updates

   Contact person: Carol Kosary/Annie Noone

2. **Comparison of cases restaged with AJCC TNM**
   The preferred answers and rationales for the TNM study were posted in October 2015. Participants can view these by logging into their account on the SEER Reliability website (https://reliability.seer.cancer.gov).
   We are working on the preferred answers for the 2015 SEER Building Blocks for Stage study and we will let participants know when they are ready.

   Contact person: Carol Kosary/Annie Noone/Kevin Ward

3. **Evaluation of Site Specific Factors (SSFs)**
   New Predictive and Prognostic Factors (PPFs) have been identified for collection during the evaluation of Site Specific Factors (SSFs). The majority of those are biomarkers. For example: BRAF mutation in melanoma, lung (NSCLC) and colorectal cancer; EGFR mutation, ALK rearrangement, KRAS mutation, and/or PD-L1 expression in lung (NSCLC); and Epstein Barr Virus presence in nasopharyngeal

cancers. SEER plans to evaluate the collection of these biomarkers and other important PPFs identified in the AJCC 8th edition in pilot studies before implementing their required collection. The pilot studies will involve information extraction from pathology reports through natural language processing and machine learning technologies. The overall goal is to automate the collection of PPFs and reduce manual data capture and interpretation as much as possible.

Contact person: Valentina Petkov

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

TNM Informatics

Work continues to use Helios, the Subject Matter Expert data entry tool, to edit all TNM metadata (TNM data items with their lists of permissible values, coding instructions for each data item, agency requirements, schema matching, as well as TNM and Combined staging) for release of version 1.0 of the TNM metadata. Reviews are taking place and editing of the metadata is expected to be completed in mid-January.

Work has been completed on the SEER Staging REST API. This API is used by Helios, as well as the upcoming public facing SEER*RSA – Registrar Staging Assistant website. This same REST API can be used to access a copy of the CS 02.05.50 data in preparation for accessing a copy of the TNM metadata. The REST API, including version 1.0 of the TNM metadata, is expected to be released towards the end of January. Technical documentation for using the API can be accessed at https://api.seer.cancer.gov/api.do under the API page, Staging Algorithms section.

An early version of the Java library containing CS version 02.05.50 can be accessed on GitHub at https://github.com/imsweb/staging-client-java. Technical documentation is available at https://github.com/imsweb/staging-client-java/wiki. This release supports only the legacy CS version 02.05.50 data but will contain TNM metadata in late January. The setup used to access the CS data from the Java library or from the API is the same basic setup that will be used to access the TNM data. Work is nearly complete in creating a C++ DLL in addition to the Java library and the API. This new DLL, along with technical documentation and sample code for its use, will be posted on GitHub in late January along with the TNM version 1.0 release. Along with the release of the TNM functionality in the SEER API, the C++ DLL and the Java library, a python library will also be posted on GitHub. This library will contain open source python code to streamline access to the API when accessing the TNM or CS metadata.

Work is nearly complete on the public facing SEER*RSA website. This website will present users with access to the metadata that Subject Matter Experts are just about finished with. This website will allow users to view the TNM data items with their lists of permissible values and coding instructions, will have links to NAACCR documentation, will present visual representations of each staging algorithm for each schema, and will have a staging tool as well. It will allow users to view the documentation for CS 02.05.50 and to switch between CS and TNM and all future versions of TNM metadata. The website will also provide links to documentation in the use of the REST API, and to download any available TNM and CS libraries.

5. **Use of UICC TNM staging tables in NCI API**
   SEER is working collaboratively with both AJCC and UICC to assure continuity and comparability of the two systems.

6. **Development of training aids to help registrars assign TNM**
   No new updates

7. **Development of Summary Stage 2017**
   Work is continuing on the Summary Stage 2017 (previously 2016). This will be aligned with the 8th edition.

Contact person: Jennifer Ruhl

H. NCRA

NCRA 2016: Several Sessions to Focus on AJCC TNM Staging

NCRA's 2016 Annual Educational Conference will be held April 10-13, at the Westgate Resort Hotel in Las Vegas, NV. Several sessions will focus on AJCC TNM staging, including *AJCC TNM Staging of Melanoma and CAP Templates for Molecular Testing* with Alexander Lazar, MD; *Timing is the Key to AJCC TNM Staging* with Donna Gress, RHIT, CTR; and three rotating concurrent sessions on *AJCC TNM Staging: Cancer of the Breast, Colon, and Lung* with Melissa Riddle, CTR; *AJCC TNM Staging: Cancer of Larynx/Pharynx* with Jayne Holubowsky, CTR; and *AJCC TNM Staging: Cancer of the Pancreas* with April Fritz, RHIT, CTR. To learn more, get updates, and register, go to www.ncra-usa.org/conference.

All of NCRA's Training on AJCC TNM Stage and NCI-SEER Summary Stage Now Available on a CD and as an Online Product

NCRA is committed to preparing its 5,700 members for the transition from Collaborative Stage to AJCC TNM Stage and NCI-SEER Summary Stage. To that end, NCRA focused its 2014 and 2015 live webinars on creating high-quality training on the general rules of AJCC TNM Stage and NCI-SEER Summary Stage as well as key specific sites. NCRA has archived these webinars on a CD and via an online product.

The goal is to provide registrars quick access to first-rate training on this important subject. To learn more, go to www.ncra-usa.org/transition.

Online Cancer Case Studies
NCRA produced 15 online cancer case studies to provide opportunities for registrars to practice assigning AJCC TNM Stage and coding SEER Summary Stage. The correct answers and corresponding rationales are provided. The Online Cancer Case Studies can be found on NCRA's Center for Cancer Registry Education at: http://bit.ly/1hO5paM

Second Edition of *Cancer Case Studies: A Workbook to Practice Assigning AJCC TNM Stage and Coding SEER Summary Stage* to be Released Spring 2016
NCRA is producing a second edition of its popular *Cancer Case Studies: A Workbook to Practice Assigning AJCC TNM Stage and Coding SEER Summary Stage* to be released in spring 2016. The workbook contains 40 cases with answers and rationales. It provides opportunities for registrars to practice assigning AJCC TNM Stage and coding SEER Summary Stage. Donna Gress, RHIT, CTR, is preparing the cases. The second edition will be available at www.ncra-usa.org/casestudies.

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