E.2 Surveillance, Epidemiology, and End Results (SEER) Program, National Cancer Institute - CS version 02.03.02

SEER recommends that participating central cancer registries work closely with their hospital registries to avoid duplication of effort in implementing CSv0203 (version 02.03.02 or later). SEER requires that all SEER reportable cases diagnosed 1/1/2011 and forward be coded and processed under CSv0203. Therefore, CSv0203 will have to be implemented before the processing of any 2011+ cases. After CSv0203 has been implemented, all cases need to be processed under CSv0203 even if the diagnosis year is prior to 2011. 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 v0203, the central registry must ensure that the cases have been reviewed and coded with CSv0203 codes including all required CSv0203 SSFs. Implementation of CSv0203 will involve the conversion of CS input CSv0200/v0201/v0202 data items before the CSv0203 algorithm can be operational. The conversions are extensive and should be done with care. Some of them are two-step conversions that need to be done sequentially. Specifications for the conversion of CS v0200/v0201/v0202 to CSv0203 data fields will be provided on www.cancerstaging.org web site.

Review: There are some prostate cases which should have been reviewed and recoded from version 1 but still exist on the current SEER file. We are asking that if these cases are on your file, please review and recode them before doing the conversion. Any review of the prostate cases coded 310, 330, or 340 in CS Extension or 031, 033, 034 in CS Site-Specific Factor 3 must be done prior to conversion since these codes will cease to exist after conversion. Also before conversion, any SSF25 with a value of 100 for cases diagnosed 2010+, should be reviewed and fixed before conversion. Some cases will have to be reviewed and recoded in order to implement CS v0203. For all other review cases, a list of review cases should be pulled after the conversion, reviewed and recoded according to the specifications provided in the conversion document provided on www.cancerstaging.org web site.

Derivation: The new algorithm (version 02.03.02 or the most recent version) should be run on all cases (2004+) ASAP after the CSv0203 algorithm has been placed into operation in order to have the CS derived fields correctly defined. The CSv0203 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 CSv0203 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 2011 is also posted on the Collaborative Stage Data Collection System web site (http://www.cancerstaging.org). Note: CS Pre- and Post-RX items will be not be required for 2010 or 2011 cases.

Lymph-Vascular Invasion (LVI) [NAACCR #1182]: LVI is required for cases originally coded under CSv0200 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). SEER continues to require all of their previous list of required SSFs with the following exceptions:

No longer required:
- SSF 11 for Testis
- SSF 1 for MyelomaPlasmaCellDisorders

Additionally required:
- Testis: SSF 13, 15, and 16
- Breast: SSF 15
- BileDuctsIntrahepat : SSF10
- MyelomaPlasmaCellDisorders : SSF 2 and 3.

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. CSv0203 codes are required for all 2011+ cases. The SSFs are required for all 2011+ cases and for cases originally coded under CSv0203 (including any cases prior to 2011. 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 will no longer be required.

Note: For prostate, CS Site-Specific Factor 4 (Prostate Apex Involvement) will not be 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. They do not have to be completed for 2004-2009 cases originally coded under CSv02, any version.

SEER requires that the latest version of the CSv0203 algorithm be run on all cases diagnosed 2004-2009 before they are submitted for the November 2011 SEER data submission.

The CS conversion specifications and a document describing the conversions and reviews will be posted on www.cancerstaging.org to ensure a smooth transition from CSv0200/0201/0202 to CSv0203.