

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

SEER recommends that participating central cancer registries work closely with their hospital registries to avoid duplication of effort in implementing CSv2 (version 02.00.01 or later).

SEER requires that all SEER reportable cases diagnosed 1/1/2010 and forward be coded and processed under CSv2. Therefore, CSv2 will have to be implemented before the processing of any 2010+ cases. After CSv2 has been implemented all cases need to be processed under CSv2 even if the diagnosis year is prior to 2010. In the event that a facility sends 2010+ cases originally coded in CSv1 and converted to CSv2, the central registry must ensure that the cases have been reviewed and coded with CSv2 codes including all required CSv2 SSFs. Implementation of CSv2 will involve the conversion of CS input data items under CSv1 to CSv2 data items before the CSv2 algorithm can be operational. For two CS data items, this will require going from a two digit field to a three digit field. The conversions are extensive and should be done with care. Specifications for the conversion of CSv1 to CSv2 data fields will be provided. Very few cases will have to be reviewed and recoded in order to implement CSv2. The new algorithm (version 02.00.01 or the most recent version) should be run on all cases (2004+) ASAP after the CSv2 algorithm has been placed into operation in order to have the CS derived fields correctly defined. The CSv2 algorithm will correct errors in the CSv1 algorithm for the derivation of T, N, M and stage for AJCC 6th edition and the derivation of SEER summary stage 1977 and 2000. It will be necessary to use the 3 CS version flags to help determine the case's status. New CSv2 edits will be provided.

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.

Refer to Appendix E.1 for a list of data items required by SEER. The list of SEER required SSFs for 2010 is also post on the Collaborative Stage Data Collection System web site (<http://www.cancerstaging.org/cstage/manuals/seer-ssf.htm>). 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 CSv2 or diagnosed 2010+ for the sites/histologies that are included in the schemas for penis and testis only.

CS Site-specific factors (SSFs): SEER will not require all of the SSFs CS data items but there will be schema-specific requirements for the site-specific factors (SSFs). Only those SSFs which 1) have been required under CSv1; or 2) are needed to derive AJCC 6th edition, AJCC 7th edition, or SEER Summary Stages (1977 and 2000) will be required plus a few SSFs that are considered to be clinically relevant. 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. CSv2 codes are required for all 2010+ cases. The SSFs are required for all 2010+ cases and for cases originally coded under CSv2 including any cases prior to 2010. 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].

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 CSv2.

SEER requires that the latest version of the CSv2 algorithm be run on all cases diagnosed 2004-2008 before they are submitted for the November 2010 SEER data submission.

The CS Implementation Guide, the conversion specifications, and other tools will provide detailed information to ensure a smooth transition from CSv1 to CSv2.