



JIM HOFFERKAMP, CTR  
OCRA ANNUAL MEETING

*V24 (and a few v23) Updates*

10/27/23

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## Agenda

- Overview v24
- Surgery Codes
- SSDI Updates

### V24 IMPLEMENTATION REFERENCE

RESOURCES

BELOW ARE LINKS TO KEY RESOURCES REGISTRIES MAY FIND USEFUL AS THEY PLAN TO TRANSITION TO V24.

- NAACCR 2024 Implementation Guidelines
- NAACCR Data Standards and Data Dictionary (formerly Volume II)
- NAACCR XML Dictionaries
- NAACCR V24 Edits Metafile (Including Changes Spreadsheet)
- SEER Program Coding and Staging Manual (Includes Summary of Changes)
- Commission on Cancer STORE Manual
- Site Specific Data Items (SSDI) and Grade Manual v3.1 (Includes change log)
- AJCC Cancer Staging System
- SEER RSA (EOD, Summary Stage, SSDI's, Grade) v3.1 also includes summary of changes
- Summary Stage 2018 (Includes revision history)
- Extent of Disease (EOD) 2018 (Includes change log)
- Solid Tumor Rules (Includes summary and changes)
- ICD O 3.2 (Includes new codes, coding guidelines, and changes for 2023 implementation)
- SEER Site/Histology Validation List
- Hematopoietic Manual and Database (see revision history on the left)
- Surgery Codes and Surgery Code Crosswalks

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## NAACCR 2024 Resources Page

- Key resources that may have been updated for 2024.
- Resources are hyperlinked to website

<https://www.naaccr.org/v23referencepage/>  
<https://www.naaccr.org/implementation-guidelines/>

### V24 IMPLEMENTATION REFERENCE

RESOURCES

BELOW ARE LINKS TO KEY RESOURCES REGISTRIES MAY FIND USEFUL AS THEY PLAN TO TRANSITION TO V24.

- NAACCR 2024 Implementation Guidelines ←
- NAACCR Data Standards and Data Dictionary (formerly Volume II)
- NAACCR XML Dictionaries
- NAACCR V24 Edits Metatile (Including Changes Spreadsheet)
- SEER Program Coding and Staging Manual (Includes Summary of Changes)
- Commission on Cancer STORE Manual ←
- Site Specific Data Items (SSDI) and Grade Manual v3.0 (includes change log)
- AJCC Cancer Staging System
- SEER RSA (EOD, Summary Stage, SSDI's, Grade) v3.0 (includes summary of changes) ←
- Summary Stage 2018 (includes revision history)
- Extent of Disease (EOD) 2018 (includes change log)
- Solid Tumor Rules (includes summary and changes) ←
- ICD O 3.2 (includes new codes, coding guidelines, and changes for 2023 implementation) ←
- SEER Site/Histology Validation List
- Hematopoietic Manual and Database (see revision history on the left)

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## 2024 Implementation Guidelines

# North American Association of Central Cancer Registries, Inc. (NAACCR)

## 2024 Implementation Guidelines and Recommendations

(For NAACCR Data Standards and Data Dictionary, Version 24, effective with cases diagnosed on or after January 1, 2024)

Version 1

July 2023

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STORE 2023

**COLON**

**C18.0–C18.9**

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure/Other Site* (NAACCR Item #1294).

**Codes**

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

**No specimen sent to pathology from surgical events A100–A120.**

A200 Local tumor excision, NOS

A260 Polypectomy, NOS

APPENDIX A: Site-Specific Surgery Codes

# V23 & V24

## Surgery

### Jim Hofferkamp, CTR

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# Surgery Codes 2003-2022

- RX Hosp--Surg Prim Site [670]
- RX Summ--Surg Prim Site [1290]

STORE 2022

20 Local tumor excision, NOS

26 Polypectomy, NOS

27 Excisional biopsy

28 Polypectomy-endoscopic

29 Polypectomy-surgical excision

Any combination of 20 or 26-29 WITH

22 Electrocautery

30 Partial colectomy, segmental resection

32 Plus resection of contiguous organ; example: small bowel, bladder

40 Subtotal colectomy/hemicolectomy (total right or left colon and a portion of transverse colon)

41 Plus resection of contiguous organ; example: small bowel, bladder

*Continue to code for all cases diagnosed through 2022*

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# v23 Surgery Codes

- New data item for cases diagnosed 2023+
  - RX Hosp--Surg Prim Site 2023 [671]
  - Rx Summ- Surg 2023 [1291]
- Name change

RX Hosp--Surg Prim Site [670]

↓

RX Hosp--Surg Prim Site 03-2022 [670]

RX Summ--Surg Prim Site [1290]

↓

RX Summ--Surg Prim Site 03-2022 [1290]

*(These fields will be used for cases diagnosed 2003-2022)*

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## v23 Surgery Codes

- Code format is different
  - Code starts with alpha character and ends with zero
- Little or no change to code definitions for most sites.
  - Skin codes are the exception

### Colon

A200 Local tumor excision, NOS  
 A260 Polypectomy, NOS  
 A270 Excisional biopsy  
 A280 Polypectomy-endoscopic  
 A290 Polypectomy-surgical excision  
 Any combination of A200 or A260-A290 WITH  
 A220 Electrocautery

A300 Partial colectomy, segmental resection  
 A320 Plus resection of contiguous organ; example: sma

A400 Subtotal colectomy/hemicolectomy (total right or left co  
 A410 Plus resection of contiguous organ; example: sma

A500 Total colectomy (removal of colon from cecum to the re  
 the rectum)  
 A510 Plus resection of contiguous organ; example: sma

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## Skin Surgery Codes

- Codes begin with a B
  - This indicates a major change from previous versions

B000 None; no surgery of primary site; autopsy ONLY

B100 Local tumor destruction, NOS

B110 Photodynamic therapy (PDT)

B120 Electrocautery; fulguration (includes use of hot forc

B130 Cryosurgery

B140 Laser

B200 Local tumor excision, NOS; Excisional biopsy, NOS

B220-Shave Biopsy, NOS

B230-Punch Biopsy, NOS

B240-Elliptical Biopsy (aka fusiform)

B300 Mohs Surgery NOS

B310 Mohs surgery performed on the same day (all Mohs

B320 Mohs surgery performed on different days (slow M  
 day)

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## Significant changes for 2023

- The two most significant changes are:
  1. All biopsies should be coded in the data item RX Summ--Surg Prim Site 2023[1291]
    - This would include shave, punch, elliptical, fusiform, biopsy NOS.
    - The absence or presence of residual tumor does not affect coding of this data item.
    - EXCEPTION: A procedure that is clearly done to remove a small portion of the tumor for diagnostic purposes (i.e. incisional biopsy of a large tumor) would be coded as a diagnostic staging procedure.
  2. Margin status does not impact coding of a wide excision.
    - The distance from the original biopsy site and the peripheral margin does not impact coding of the surgical procedure.
    - Clinical peripheral margin information is collected in the data item Clinical Margin Width[3961]

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## Clinical Margin Width (Item 3961)

- Melanoma of the Skin (Schema 00470) for cases diagnosed 2023 only
- Code XX.9 if no wide excision
- Code the peripheral surgical margins from the operative report from a **wide excision**
  - Do not use the pathology report to code this data item
  - Order of priority:
    - Operative Note
    - Physician statement in medical record



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## Example-Diagnosis Year 2023

- Patient presents for excision of a suspicious mole on her left arm
- Operative Report: Shave biopsy
- Pathology Report: Malignant melanoma, with extension to a single peripheral margin. Breslow's depth 2.1mm

Data Item	Value
RX Summ-DX/Stg Proc [1350]	00
Rx Summ Surg 2023 [1291]	B220
Clinical Margin Width [3961]	XX.9

B200 Local tumor excision, NOS; Excisional biopsy, NOS  
 B220-Shave Biopsy, NOS  
 B230-Punch Biopsy, NOS  
 B240-Elliptical Biopsy (aka fusiform)

For a 2022 case this would be coded as dx/stg proc due to margin status.

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## Example-Diagnosis Year 2023

- Patient returns for wide excision
- Operative report: Wide excision. Surgical margins 2cm.
- Pathology report:
  - Results from wide excision: Microscopic residual melanoma present at site of previous surgery.
  - All other margins negative.

Data Item	Value
RX Summ-DX/Stg Proc [1350]	00
Rx Summ- Surg 2023 [1291]	B220
Rx Summ- Surg 2023 [1291]	B520
Clinical Margin Width [3961]	2.0

B500 Biopsy (NOS) of primary tumor followed wide excision of the lesion; Wide Excision NOS, Re-excision  
 B510-Incisional Biopsy followed by wide excision  
 B520-Shave Biopsy followed by wide excision  
 B530-Punch Biopsy followed by wide excision  
 B540-Elliptical Biopsy (aka fusiform) followed by wide excision

For a 2022 case this would be coded as 31 Shave biopsy followed by a gross excision of the lesion (no margin info)

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## Example-Diagnosis Year 2023

- 10/18/23 Shave biopsy of L upper cheek dark brown patch
  - Path: Melanoma in-situ grossly extending to the edges of the specimen.
- 11/18/23 First stage of slow MOHs excision
  - Path: residual MIS extends to within 0.5mm of inked surgical margin
- 11/19/23 Second stage of slow MOHs excision
  - Path: no residual MIS

Data Item	Value
RX Summ-DX/Stg Proc [1350]	00
Rx Summ- Surg 2023 [1291]	B220
Rx Summ- Surg 2023 [1291]	B320
Rx Summ- Surg 2023 [1291]	B320
Clinical Margin Width [3961]	2.0

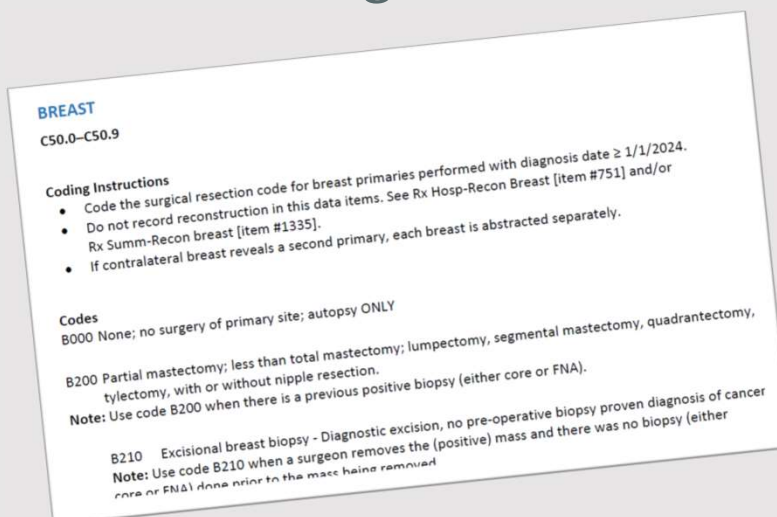
B200 Local tumor excision, NOS; Excisional biopsy, NOS  
 B220-Shave Biopsy, NOS  
 B230-Punch Biopsy, NOS  
 B240-Elliptical Biopsy (aka fusiform)

B300 Mohs Surgery NOS  
 B310 Mohs surgery performed on the same day (all Mohs procedures performed during the same day).  
 B320 Mohs surgery performed on different days (slow Mohs)(each Mohs procedure performed on different day)

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## New Surgery Codes Coming in 2024

- Breast
- Colon
- Lung
- Thyroid
- Pancreas



See STORE 2024

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## 2023 v 2024 Breast Codes

A200 Partial mastectomy, NOS; less than total mastectomy, NOS  
 A210 Partial mastectomy WITH nipple resection  
 A220 Lumpectomy or excisional biopsy  
 A230 Reexcision of the biopsy site for gross or microscopic residual disease  
 A240 Segmental mastectomy (including wedge resection, quadrantectomy, tylectomy)

Procedures coded A200–A240 remove the gross primary tumor and some of the breast tissue (breast-conserving or -preserving surgery). There may be microscopic residual tumor.

[SEER Note: When a patient has a procedure coded to A200-A240 (e.g., lumpectomy) with reconstruction, code only the procedure (e.g., lumpectomy, code A220) as the surgery.]

[SEER Note: Assign code A220 when a patient has a lumpectomy and an additional margin excision during the same procedure.

According to the Commission on Cancer, re-excision of the margins intraoperatively during same event does not require additional resources; it is still A220. Subsequent re-excision of lumpectomy margins during separate surgical event requires additional resources: anesthesia, op room, and surg staff; it qualifies for code A230.]

B200 Partial mastectomy; less than total mastectomy; lumpectomy, segmental mastectomy, quadrantectomy, tylectomy, with or without nipple resection  
**Note:** Use code B200 when there is a previous positive biopsy (either core or FNA).

B210 Excisional breast biopsy - Diagnostic excision, no pre-operative biopsy proven diagnosis of cancer

**Note:** Use code B210 when a surgeon removes the (positive) mass and there was no biopsy (either core or FNA) done prior to the mass being removed. An excisional biopsy can occur when the nodule was previously not expected to be cancer.

B215 Excisional breast biopsy, for atypia

**Note:** Use code B215 when patient has biopsy that shows atypical ductal hyperplasia (ADH), an excision is then performed, and pathology shows in situ or invasive cancer. The excisional breast biopsy for ADH diagnosed the cancer, not the core biopsy. An excisional breast biopsy removes the entire tumor and/or leaves only microscopic margins.

This surgical code was added for situations when atypia tissue is excised and found to be reportable. Approx. 10-15% of excised atypia are cancer and reportable.

B240 Re-excision of margins from primary tumor site for gross or microscopic residual disease when less than total mastectomy performed

B290 Central lumpectomy, only performed for a prior diagnosis of cancer, which includes removal of the nipple areolar complex

**Note:** Use code B290 when the nipple areolar complex needs to be removed for patients with Paget disease or cancer directly involving the nipple areolar complex.

A central lumpectomy removes the nipple areolar complex, whereas a lumpectomy does not. Central lumpectomy and central portion lumpectomy, central portion excision, central partial mastectomy are interchangeable terms.

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## 2024 Breast Surgery Codes

B200 Partial mastectomy; less than total mastectomy; lumpectomy, segmental mastectomy, quadrantectomy, tylectomy, with or without nipple resection

**Note:** Use code B200 when there is a previous positive biopsy (either core or FNA).

B210 Excisional breast biopsy - Diagnostic excision, no pre-operative biopsy proven diagnosis of cancer

**Note:** Use code B210 when a surgeon removes the (positive) mass and there was no biopsy (either core or FNA) done prior to the mass being removed.

An excisional biopsy can occur when the nodule was previously not expected to be cancer.

B215 Excisional breast biopsy, for atypia

**Note:** Use code B215 when patient has biopsy that shows atypical ductal hyperplasia (ADH), an excision is then performed, and pathology shows in situ or invasive cancer. The excisional breast biopsy for ADH diagnosed the cancer, not the core biopsy.

An excisional breast biopsy removes the entire tumor and/or leaves only microscopic margins.

This surgical code was added for situations when atypia tissue is excised and found to be reportable. Approx. 10-15% of excised atypia are cancer and reportable.

B240 Re-excision of margins from primary tumor site for gross or microscopic residual disease when less than total mastectomy performed

B290 Central lumpectomy, only performed for a prior diagnosis of cancer, which includes removal of the nipple areolar complex

**Note:** Use code B290 when the nipple areolar complex needs to be removed for patients with Paget disease or cancer directly involving the nipple areolar complex.

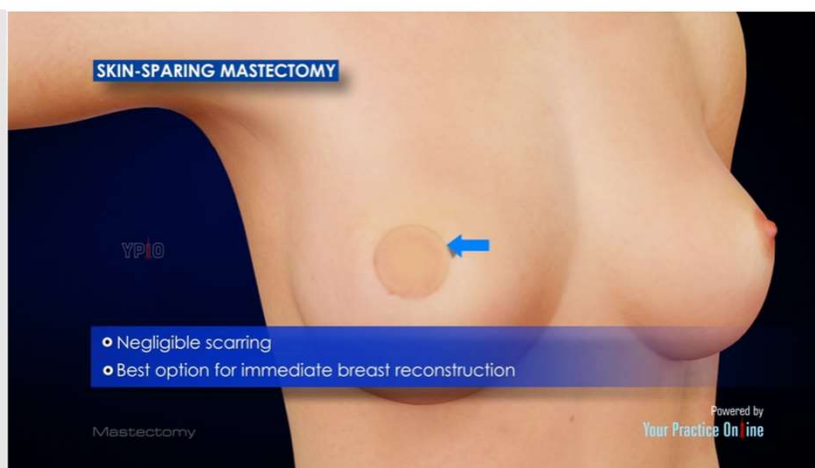
A central lumpectomy removes the nipple areolar complex, whereas a lumpectomy does not. Central lumpectomy and central portion lumpectomy, central portion excision, central partial mastectomy are interchangeable terms.

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### B300 Skin-sparing mastectomy

**Note:** A skin-sparing mastectomy removes all breast tissue and the nipple areolar complex and preserves native breast skin. It is performed with and without sentinel node biopsy or axillary lymph node dissection (ALND).

## 2024 Breast Surgery Codes



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### B400 Nipple-sparing mastectomy

B410 WITHOUT removal of uninvolved contralateral breast

B420 WITH removal of uninvolved contralateral breast

**Note:** A nipple-sparing mastectomy removes all breast tissue but preserves the nipple areolar complex and breast skin. It is performed with and without sentinel node biopsy or ALND.

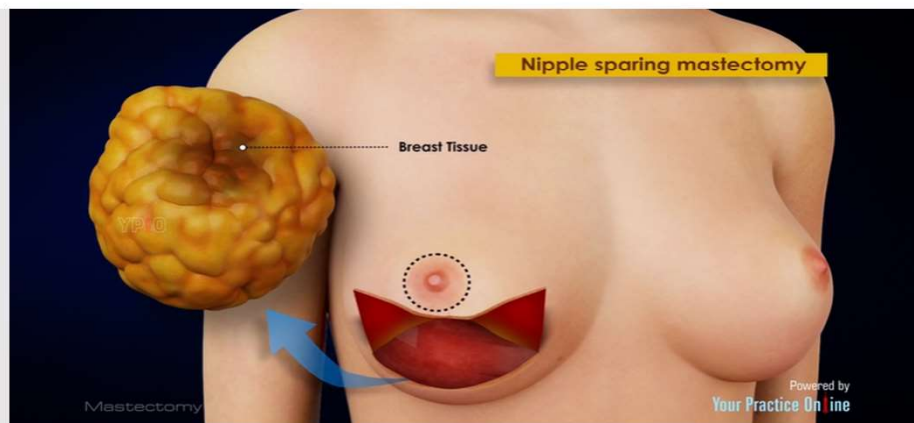
### B500 Areolar-sparing mastectomy

B510 WITHOUT removal of uninvolved contralateral breast

B520 WITH removal of uninvolved contralateral breast

**Note:** An areolar-sparing mastectomy removes all breast tissue and the nipple but preserves the areola and breast skin. It is performed with and without sentinel node biopsy or ALND.

## 2024 Breast Surgery Codes

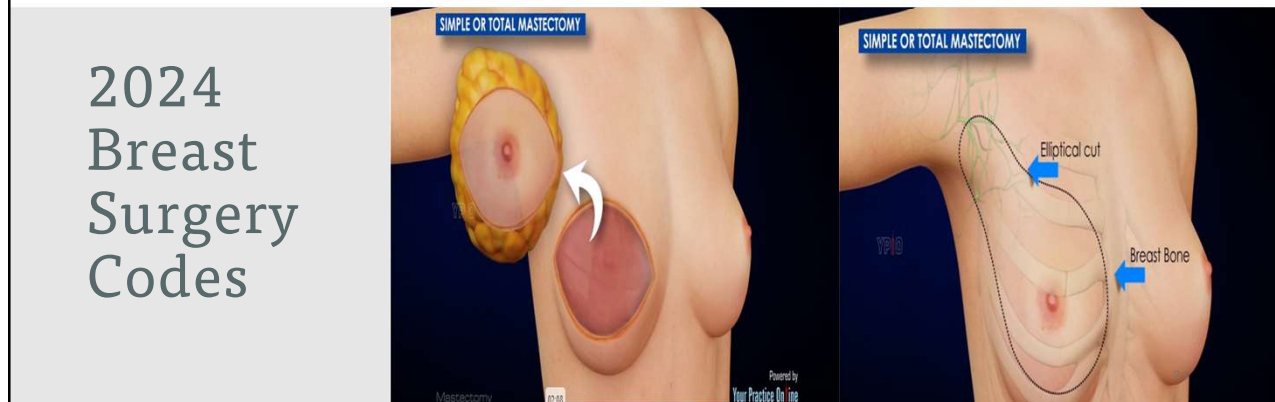


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**B600** Total (simple) mastectomy  
**B610** WITHOUT removal of uninvolved contralateral breast  
**B620** WITH removal of uninvolved contralateral breast  
**Note:** A total (simple) mastectomy removes all breast tissue, the nipple, areolar complex, and breast skin. It is performed with and without sentinel node biopsy or ALND. Use code B600, B610, B620 if patient had a modified radical mastectomy.

**B700** Radical mastectomy, NOS  
**B710** WITHOUT removal of uninvolved contralateral breast  
**B720** WITH removal of uninvolved contralateral breast  
**B760** Bilateral mastectomy for a single tumor involving both breasts, as for bilateral inflammatory carcinoma

A radical mastectomy removes all breast tissue, the nipple areolar complex, breast skin, and pectoralis muscle. It is performed with level I-III ALND.



# 2024 Breast Surgery Codes

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## Colon

*A120 ( Electrocautery; fulguration, no specimen sent to pathology) goes away*

*When an appendix primary is found incidentally during resection for a colon primary, code the extent of the surgical resection for the colon primary. Assign B330 for the appendix primary site*

From Code	From Definition	Site	To Code	From Definition
A000	None; no surgery of primary site; autopsy ONLY		B000	None; no surgery of primary site; autopsy ONLY
A100	Local tumor destruction, NOS <sup>1</sup>		B100	Local tumor destruction, NOS, any form of local tumor destruction, includes electrocautery, and/or fulguration <sup>1</sup>
A120	Electrocautery; fulguration (includes use of hot forceps for tumor destruction) <sup>1,3,4</sup>		B100	Local tumor destruction, NOS, any form of local tumor destruction, includes electrocautery, and/or fulguration <sup>1,3,4</sup>
A200	Local tumor excision, NOS <sup>2</sup>		B200	Local tumor excision, NOS <sup>2,3</sup>
A260	Polypectomy, NOS <sup>2</sup>		B260	Polypectomy, NOS <sup>2</sup>
A270	Excisional biopsy <sup>2</sup>		B270	Excisional biopsy <sup>2</sup>
A280	Polypectomy-endoscopic <sup>2</sup>		B280	Polypectomy-endoscopic <sup>2,5</sup>
A290	Polypectomy-surgical excision <sup>2</sup>		B290	Polypectomy-surgical excision <sup>2</sup>
A220	Any combination of A200 or A260-A290 WITH electrocautery <sup>2</sup>		B220	Any combination of B200 or B260-B290 WITH electrocautery <sup>2</sup>
A300	Partial colectomy, segmental resection <sup>2</sup>	C180, C182-C187, C189	B300	Partial colectomy, removal of one or more segments with colon resection but less than half of colon is removed <sup>2</sup>
A300	Partial colectomy, segmental resection <sup>2</sup>	C181	B330	Appendectomy for appendiceal primaries only, includes incidental findings
A320	Partial colectomy, segmental resection PLUS resection of contiguous organ; example: small bowel, bladder <sup>2</sup>		B320	Partial colectomy, removal of one or more segments with colon resection but less than half of colon is removed PLUS resection of contiguous organ; example: small bowel, bladder <sup>2</sup>
A400	Subtotal colectomy/hemicolectomy (total right or left colon and a portion of transverse colon) <sup>2</sup>		B400	Hemicolectomy (total right or left colon and a portion of transverse colon) <sup>2,5</sup>

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# Lung

*A700 (Extended radical pneumectomy) goes away*

From Code	From Definition	To Code	To Definition
A000	None; no surgery of primary site; autopsy ONLY	B000	None; no surgery of primary site; autopsy ONLY
A190	Local tumor destruction or excision, NOS	B190	Local tumor destruction or excision, NOS
A150	Local tumor destruction, NOS <sup>1</sup>	B150	Local tumor destruction, NOS <sup>1</sup>
A120	Laser ablation or cryosurgery <sup>1</sup>	B120	Laser ablation or cryosurgery <sup>1</sup>
A130	Electrocautery; fulguration (includes use of hot forceps for tumor destruction) <sup>1</sup>	B130	Electrocautery; fulguration (includes use of hot forceps for tumor destruction) <sup>1</sup>
A200	Excision or resection of less than one lobe, NOS <sup>2</sup>	B200	Excision or resection of less than one lobe, NOS <sup>2</sup>
A230	Excision, NOS <sup>2</sup>	B230	Excision, NOS <sup>2</sup>
A240	Laser excision <sup>2</sup>	B240	Laser excision <sup>2</sup>
A250	Bronchial sleeve resection ONLY <sup>2</sup>	B250	Bronchial sleeve resection ONLY <sup>2</sup>
A210	Wedge resection <sup>2</sup>	B210	Wedge resection <sup>2</sup>
A220	Segmental resection, including lingulectomy <sup>2</sup>	B220	Segmental resection, including lingulectomy <sup>2</sup>
A300	Resection of [at least one] lobe or bilobectomy, but less than the whole lung (partial pneumonectomy, NOS)	B300	Resection of lobe or bilobectomy, but less than the whole lung (partial pneumonectomy, NOS)
A330	Lobectomy WITH mediastinal lymph node dissection	B330	Lobectomy WITH mediastinal lymph node dissection
A450	Lobe or bilobectomy extended, NOS	B450	Lobe or bilobectomy extended, NOS
A460	WITH chest wall	B460	WITH chest wall
A470	WITH pericardium	B470	WITH pericardium
A480	WITH diaphragm	B480	WITH diaphragm
A550	Pneumonectomy, NOS	B550	Pneumonectomy, NOS
A560	WITH mediastinal lymph node dissection (radical pneumonectomy)	B560	WITH mediastinal lymph node dissection (radical pneumonectomy)
A650	Extended pneumonectomy	B650	Extended pneumonectomy, NOS
A660	Extended pneumonectomy plus pleura or diaphragm	B660	Extended pneumonectomy plus pleura or diaphragm
A700	Extended radical pneumonectomy <sup>3</sup>	B660	Extended pneumonectomy plus pleura or diaphragm
A800	Resection of lung, NOS	B800	Resection of lung, NOS
A900	Surgery, NOS	B900	Surgery, NOS
A990	Unknown if surgery performed; death certificate ONLY	B990	Unknown if surgery performed; death certificate ONLY

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# Thyroid

Put the codes in numerical order

<p>A000 None; no surgery of primary site; autopsy ONLY</p> <p>A130 Local tumor destruction, NOS No specimen sent to pathology from surgical event A130</p> <p>A250 Removal of less than a lobe, NOS A260 Local surgical excision A270 Removal of a partial lobe ONLY</p> <p>A200 Lobectomy and/or isthmectomy A210 Lobectomy ONLY A220 Isthmectomy ONLY A230 Lobectomy WITH isthmus</p> <p>A300 Removal of a lobe and partial removal of the contralateral lobe</p> <p>A400 Subtotal or near total thyroidectomy</p> <p>A500 Total thyroidectomy</p> <p>A800 Thyroidectomy, NOS</p>	<p>B000 None; no surgery of primary site; autopsy ONLY</p> <p>B130 Local tumor destruction, NOS No specimen sent to pathology from surgical event B130</p> <p>B200 Removal of less than a lobe, NOS B210 Local surgical excision B220 Removal of a partial lobe ONLY</p> <p>B250 Lobectomy and/or isthmectomy B251 Lobectomy ONLY (right or left) B252 Isthmectomy ONLY B253 Lobectomy WITH isthmus</p> <p>B300 Removal of a lobe and partial removal of the contralateral lobe</p> <p>B400 Subtotal or near total thyroidectomy</p> <p>B500 Total thyroidectomy</p> <p>B800 Thyroidectomy, NOS</p>
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# Pancreas

Codes	Codes
A000 None; no surgery of primary site; autopsy ONLY	B000 None; no surgery of primary site; autopsy ONLY
A250 Local excision of tumor, NOS	B250 Local excision of tumor, NOS; example: Enucleation Laser tumor destruction, thermal therapy, or ablation
A300 Partial pancreatectomy, NOS; example: distal	B300 Partial pancreatectomy, NOS; example: Distal pancreatectomy or subtotal pancreatectomy
A350 Local or partial pancreatectomy and duodenectomy	B350 Local or partial pancreatectomy and duodenectomy; example: Pancreaticoduodenectomy (Whipple Procedure)
A360 WITHOUT distal/partial gastrectomy	B351 WITHOUT distal/partial gastrectomy
A370 WITH partial gastrectomy (Whipple)	B352 WITH partial gastrectomy, Classic Whipple
A400 Total pancreatectomy	<i>Note:</i> Use code B350 when it is not specified where the stomach was cut.
A600 Total pancreatectomy and subtotal gastrectomy or duodenectomy	B400 Total pancreatectomy
A700 Extended pancreatoduodenectomy	B600 Total pancreatectomy and subtotal gastrectomy and/or duodenectomy, extended pancreatoduodenectomy
A800 Pancreatectomy, NOS	B800 Pancreatectomy, NOS

A700 goes away

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## Site Specific Data Items (SSDI) Change Log

<https://apps.naaccr.org/ssdi/list/>

### RESOURCES

Version 3.0 (For use with cases diagnosed 2018 forward after registry software conversion to the NAACCR Data Standards and Data Dictionary, Version 23)

- » SSDI Manual
- » SSDI Manual Appendix A
- » SSDI Manual Appendix B
- » SSDI Manual Appendix C
- » Grade Manual
- » Change Log

Comments or suggestions concerning the SSDI's are welcome and can be posted at the American College of Surgeons **CAnswer Forum**.

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## SSDI Change Log

### Summary of Changes v3.0

This document shows the changes that were made to the SSDI manual and the Grade manual for the SEER\*RSA version 3.0 release on August 1, 2022

- Table 1: New SSDIs, Version 3.0
- Table 2: Changes to Schemas
- Table 3: Changes to the general instructions, Version 3.0
- Table 4: Changes to current SSDIs, Version 3.0
- Table 5: Changes to Grade Manual, Version 3.0

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CANCER SCHEMA LIST

Version Selection: 3.0  
Data Last Updated: Sept. 12, 2022

Displaying 127 Schemas

Standard Search  Site/Hit Search

Search Term(s)  SEARCH

**RESOURCES**

Version 3.0 (For use with cases diagnosed 2018 forward after registry software conversion to the NAACCR Data Standards and Data Dictionary, Version 23)

- SSDI Manual
- SSDI Manual Appendix A
- SSDI Manual Appendix B
- SSDI Manual Appendix C
- Grade Manual
- Change Log

Comments or suggestions concerning the SSDI's are welcome and can be posted at the American College of Surgeons [CAnswer Forum](#).

<https://apps.naacr.org/ssdi/list/>

## 2023 and 2024 SSDI Updates

Developed with Jennifer Ruhl

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## New SSDI (2023+ diagnoses)

- Histology Subtype (Appendix Schema)

Code	Description
0	Histology is NOT 8480
1	Low-grade appendiceal mucinous neoplasm LAMN
2	High-grade appendiceal mucinous neoplasm HAMN
3	Mucinous Adenocarcinoma/carcinoma Mucus Adenocarcinoma/carcinoma Mucoïd adenocarcinoma/carcinoma Colloid adenocarcinoma/carcinoma
4	Other terminology coded to 8480
BLANK	NA-Diagnosis year is prior to 2023

- If histology not 8480, code 0
- If histology 8480 (in-situ and malignant), code according to the best description
- As a reminder, LAMN(without mets) becomes reportable 1/1/2022 as 8480/2
- In Field Testing for 2021: Did very well

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## New Schemas for 2023+ diagnoses

- 09190: Appendix
- 09210: Anus
- 09721: Brain
- 09722: CNS Other
- 09723: Intracranial Gland
- 09724: Medulloblastoma
  - This is a brand-new schema for 2023
  - *Cases diagnosed prior to 1/1/2023 will be collected in their current schema*

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## Change in SSDI Requirements

- Starting with 2023 diagnoses, no longer required by any standard setter
  - 3828: ER Allred Score
  - 3916: PR Allred Score
  - For diagnoses 1/1/2023, leave data item blank (note will be added)
- Decision based on feedback from AJCC physicians
- Registrars can continue to collect data item if their hospital wants to

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## 3836: FIGO Stage (GYN Schemas)

**Note 1:** *There must be a statement about FIGO stage from the managing physician in order to code this data item*

- Do **not** code FIGO stage based on the pathology report
- Do **not** code FIGO stage based only on T, N, M
- If "FIGO" is not included with a stated stage, then do **not** assume it is a FIGO stage
- This will result in more of your cases being coded as unknown FIGO, but this is the instruction that is coming from AJCC
- **Note:** Do not worry if unknowns for this SSDI increase

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## Default Grades

- A primary site/histology combination having a default grade, does NOT mean you automatically assign that grade to all the grade fields
- You must still meet the criteria for assigning grade
  - Grade must still come from the primary site
  - Grade can come from tumor tissue that has extended to a contiguous adjacent site and the tissue from the primary tumor is not available
  - To assign Clinical Grade, you still need to meet the criteria for Clinical Grade
    - Same for Pathological Grade, Post-Therapy Clinical Grade, Post-Therapy Pathological Grade

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## Default Grades

- Here are Several CAnswer Forums posts related to Grade (some have multiple posts):
  - [Lung Grade with generic term - CAnswer Forum \(facs.org\)](#)
  - [Well differentiated liposarcoma grade - CAnswer Forum \(facs.org\)](#)
  - [CNS Clinical Grade based on Imaging - CAnswer Forum \(facs.org\)](#)
  - [Leiomyosarcoma grade - CAnswer Forum \(facs.org\)](#)
  - [CNS - coding clinical grade when biopsy done during surgery - CAnswer Forum \(facs.org\)](#)
  - [Grade for Angiosarcoma of Breast - CAnswer Forum \(facs.org\)](#)
  - [Clarification on Sarcoma Grade - CAnswer Forum \(facs.org\)](#)

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## Version 3.0 SSDI and Grade Manuals

- [Site-Specific Data Item \(SSDI\) Manual v3.0 \(naaccr.org\)](https://naaccr.org/SSDI-Manual)
- [Grade Coding Instructions and Tables v3.0 \(naaccr.org\)](https://naaccr.org/Grade-Coding-Instructions)
- *These manuals can be used for cases diagnosed 2018+*

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## New v9 AJCC Protocols for 2024

- Vulva Version 9
- Neuroendocrine Tumors of the Stomach Version 9
- Neuroendocrine Tumors of the Duodenum and Ampulla of Vater Version 9
- Neuroendocrine Tumors of the Jejunum and Ileum Version 9
- Neuroendocrine Tumors of the Appendix Version 9
- Neuroendocrine Tumors of the Colon and Rectum Version 9
- Neuroendocrine Tumors of the Pancreas Version 9

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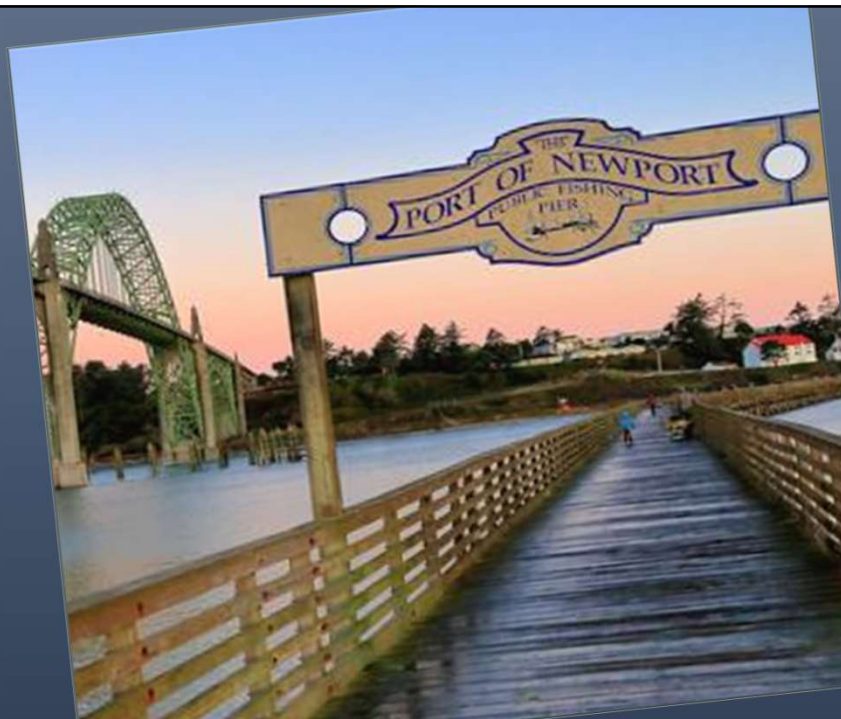
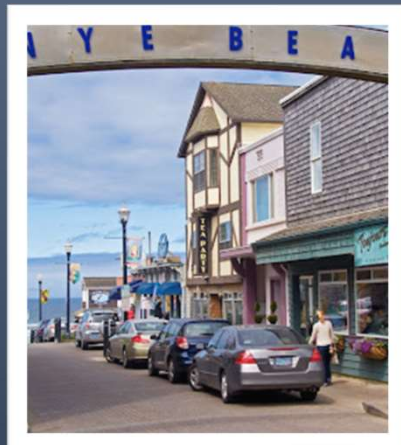
Questions?



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Thank you!



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