

Coding for cases diagnosed before 2004

10 digit EOD (1988-2003)

CSS field 021 / NAACCR fields 0780-0830

Size of primary tumor (3 digits)

Extension (2 digit) – coded the furthest documented extension of tumor away from the primary site, either by contiguous extension or distant metastasis

Lymph Nodes (1 digit) – recorded the highest specific lymph node chain that is involved by tumor

Number of Positive Regional Lymph Nodes (2 digits)

Number of Regional Lymph Nodes examined (2 digits)

Extension and Lymph Nodes combined information for both regional and distant extension. So, if a lung primary had brain metastases, you lost the information on the primary lung tumor's extension. Or, if a lung primary had pelvic lymph nodes metastases, you lost information on the regional lymph node involvement.

Coding for cases diagnosed 2004 and forward

Collaborative Staging

CSS fields 101-112 / NAACCR fields 2800-2930

Created to address the discrepancies in staging guidelines between the three major organizations in the cancer registry field (American Joint Committee on Cancer [AJCC], SEER, American College of Surgeons [ACoS]) used in the United States.

CS Tumor Size (3 digits)

CS Extension (2 digits) – identifies contiguous growth/extension of the primary tumor with the organ of origin or its direct extension into neighboring organs

CS Lymph Nodes (2 digits) – identifies regional lymph nodes involved with cancer at the time of diagnosis

Regional Nodes Positive (2 digits)

Regional Nodes Examined (2 digits)

CS Mets at Dx (2 digits) – identifies the distant site(s) of metastatic involvement at time of diagnosis

CS Site Specific Factors (SSF 1-6) (3 digits per SSF) – identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival

With the new CS Mets at Dx field, both distant metastasis and distant lymph node involvement can be captured without sacrificing information on the primary tumor's regional spread.

With CS coding also come several new Derived fields, most notably Derived TNM and Derived Summary Stage (both 1977 & 2000). These are computer generated from the manual CS coding.

SSF fields

SSF fields are not applicable for every primary site and/or histology scheme and vary between schemes.

Previous Tumor Marker fields have been addressed in SSF fields for primaries sites breast, prostate, and testis.

Previously uncollected items are now coded in SSF fields, such as the alpha fetoprotein (AFP) level for liver primaries and more specific information about lymph node involvement for head and neck primaries.

Example of SSF fields:

Prostate–

SSF 1 = PSA lab value (actual value with implied decimal point)

SSF 2 = PSA (positive/elevated; negative/normal/WNL; borderline, etc)

SSF 3 = CS Extension- Pathologic Extension (from prostatectomy only)

SSF 4 = Prostate Apex Involvement (records both clinical and pathological involvement)

SSF 5 = Gleason's Primary Pattern and Secondary Pattern Value

SSF 6 = Gleason's Score (combined primary and secondary patterns)

For prostate, these were all items you could have gleaned from our hardcopy abstract, but they are now available on the MPI.

Other changes in CSS coding with the conversion to SQL

When CSS converted to the new SQL database, the goal was to code according to SEER guidelines without any local adjustments to the scheme. In the past, coding manuals were modified if our pathologist consultant indicated it was appropriate for clarity. Now all issues are directed to SEER who is much more timely in their resolution of issues with their documentation. This means that you can use the SEER Coding Manual to look up all CSS coded values. There are no longer any CSS-specific coding manuals.

These changes include:

- Separating our previous single “Vital Status” field to 2 fields, “Vital Status” which codes whether the patient is alive or dead, and “Cancer Status” which codes whether the patient is with or without disease.
(CSS fields 308, 309 / NAACCR fields 1760, 1770)
- County coding is now done in both FIPS values, which is the SEER standard, and CSS values. Only the FIPS value is exported for study use.
(CSS fields 007, 305 / NAACCR field 0090)
- Stage coding (see separate table)

New Query fields for stage and treatment fields:

This is a way for us to mark whether or not we need to continue to look for specific information on a patient. For example, when documentation comes in that a patient will not be receiving radiation therapy, we turn off the radiation query field.

For all SEER coding manuals (both current and historical) go to:

<http://www.seer.cancer.gov/tools/codingmanuals/>

The Program Coding Manual includes all the demographic coding information and the Site-Specific Coding Modules include the tumor-level coding information for each primary site and/or histology scheme.