

News You Can Use Spring, 2013

Beginning with cases diagnosed in 2013 there are several notable changes. Be sure to apply these changes in your abstraction of 2013 cases and update your registry polices and procedure to reflect these changes.

FORDS: Revised for 2013 – Three sets of new data items have been added. The areas of new items are in "Address at Dx fields, Secondary Diagnosis fields, and Over-rides for CS fields. Check the *Preface* and *Appendix C* for complete listing of these data items. It is extremely important to review this listing of changes to identify all the data items that have revisions, clarifications, or code definition changes. See below for link to free download of FORDS-2013 manual.

Also, some data items are **no longer required beginning with 2013 diagnosis**. These are:

>Ambiguous Terminology Diagnosis-Rules for abstracting based on ambiguous terminology are not changed. (Section One-Case Eligibility and Overview of Coding Principles)

> Date of Conclusive Diagnosis > Date of Conclusive Diagnosis flag > Date of Multiple Tumors > Date of Multiple Tumors flag > Multiplicity Counter > Type of Multiple Tumors Reported as One

http://www.facs.org/cancer/coc/fordsmanual.html

SEER RX -JANUARY 2013 IMPORTANT UPDATE:

A comprehensive review of chemotherapeutic drugs currently found in SEER*RX has been completed and in keeping with the FDA, the following drugs listed in the table below have changed categories from Chemotherapy to BRM/Immunotherapy. This change is effective with diagnosis date January 1, 2013.

For cases diagnosed prior to January 1, 2013 continue coding these six drugs as chemotherapy. Coding instructions related to this change have been added to the remarks field for the applicable drugs.

Drug Name(s)	Previous Category	New Category	Effective Date
Alemtuzumab/Campath	Chemotherapy	BRM/Immunotherapy	1/1/2013
Bevacizumab/Avastin	Chemotherapy	BRM/Immunotherapy	1/1/2013
Rituximab	Chemotherapy	BRM/Immunotherapy	1/1/2013
Trastuzumab/Herceptin	Chemotherapy	BRM/Immunotherapy	1/1/2013
Pertuzumab/Perjeta	Chemotherapy	BRM/Immunotherapy	1/1/2013
Cetuximab/Erbitux	Chemotherapy	BRM/Immunotherapy	1/1/2013

CSvs2 Reliability Study - In 2010, the CSv2 Field Study Team developed coding practice studies to evaluate the cancer registrar's ability to code the CSv2 items consistently and to evaluate inconsistencies so that improvements could be made to codes, coding structures, notes, and instructions.

Some significant findings in this recent study were:

- > Lung CE Ext was most problematic This is consistent with previous reliability studies done.
- > Lung Lymph Nodes were also an area of concern
- > Higher education and experience with CSv2 both reduce the risk of staging errors
- > The transition from CSv1 to CSv2 has added complexity to staging

This study will be used to develop training and potential changes in CSvs3. For a copy of the complete study results and recommendations read the entire report.

http://www.cancerstaging.org/cstage/news/registrars.html