

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

What You Need to Know for 2017

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Table of Contents

1	Introduction	3
2	ICD-O-3 Histologies	3
2.1	New Terms and Codes Not Yet Implemented.....	3
2.2	Reportability of NIFTP as a New Term for EFVPTC	3
3	Reportability	4
4	Multiple Primary and Histology (MP/H) Rules.....	4
5	EDITS	4
6	Standard Setters Reporting Requirements for 2017	5
6.1	CoC Reporting Requirements.....	5
6.2	CDC NPCR Reporting Requirements	6
6.3	NCI SEER Reporting Requirements	6
6.4	CCCR Reporting Requirements	6
7	Software Vendor Considerations.....	7
8	Appendix A Continued Use of ICD-O-3 Histology Code Crosswalk.....	8
9	Appendix B Histology Coding Clarifications for Thyroid Cases	10
10	Appendix C Revision Control.....	11

1 Introduction

The North American Association of Central Cancer Registries, Inc. (NAACCR), has been working with the American College of Surgeons (ACoS) Commission on Cancer (CoC), National Cancer Institute (NCI) Surveillance Epidemiology and End Results (SEER) Program, Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR), Canadian Council of Cancer Registries (CCCR), National Cancer Registrars Association (NCRA), central cancer registries, and cancer registry software vendors to develop a document that will provide guidance for cases diagnosed in 2017. The *What You Need to Know for 2017* document is in response to the delay of implementing the AJCC Staging Manual 8th Edition to 2018 and the resulting decision that there will not be a NAACCR Standards for Cancer Registries, Volume II, Data Standards and Data Dictionary, Version 17. Refer to the [2016 Implementation Guidelines](#) for details.

2 ICD-O-3 Histologies

2.1 New Terms and Codes Not Yet Implemented

The NAACCR Guidelines for ICD-O-3 Update Implementation (published December 2013) included a table of new ICD-O-3 codes and terms effective for 2015; however, the use of the new codes was postponed due to issues with adding these codes to the CSv2 software. For diagnosis year 2017, all standard setters have agreed to postpone these codes once again, and to use the alternate codes published in Table 2 of the NAACCR Guidelines for ICD-O-3 Update Implementation. See Appendix A.

Hospital registrars should look for use, by their pathologists, of the terms included in the Appendix A. Since the codes associated with these terms have not yet been officially adopted for cancer surveillance in North America, registrars should abstract cases using the acceptable codes listed in Appendix A to report them to central registries and to CoC.

2.2 Reportability of NIFTP as a New Term for EFVPTC

Over the last several years, there have been discussions as to how pathologists should be reporting “encapsulated follicular variant of papillary thyroid carcinoma” (EFVPTC). A multidisciplinary international expert panel reviewed this issue and described the criteria for invasive and noninvasive EFVPTC. The panel stated that noninvasive “encapsulated follicular variant of papillary thyroid carcinoma” (EFVPTC) should be reported as “noninvasive follicular thyroid neoplasm with papillary-like nuclear features” (NIFTP)^{1,2,3}. Some pathologists have begun using this new NIFTP language. Because NIFTP is a synonym for noninvasive EFVPTC, the standard setters have agreed to collect NIFTP as ICD-O-3 morphology code 8343/2.

In addition, to address the confusion as to how EFVPTC is currently reported by registrars using ICD-O-3, the standard setters have agreed to collect EFVPTC specified as invasive or NOS as 8343/3 (papillary carcinoma, encapsulated) beginning with cases diagnosed in 2017. In the WHO IARC ICD-O-3 online (<http://codes.iarc.fr/code/2800>), there is a definition of 8343/3:

A papillary carcinoma of the thyroid gland which is encapsulated and resembles an encapsulated follicular neoplasm. Despite the complete encapsulation, metastasis can occur. The prognosis is usually similar to that of conventional papillary carcinoma.

These histology codes are effective with cases diagnosed January 1, 2017 and forward. See Appendix B for a clear listing of codes and terms.

References

¹Nikiforov YE, Seethala RR, Tallini G, Baloch ZW, Basolo F, Thompson LDR, Barletta J, Wenig BM, Ghuzlan AA, Kakudo K, Giordano TJ, Alves VA, Khanafshar E, Asa SL, El-Naggar AK, Gooding WE, Hodak SP, Lloyd RV, Maytal G, Mete O, Nikiforova MN, Nosé V, Papotti M, Poller DN, Sadow PM, Tischler AS, Tuttle RM, Wall KB, LiVolsi VA, Randolph GW, Ghossein RA (14 April 2016). "Nomenclature Revision for encapsulated follicular variant of papillary thyroid carcinoma: A Paradigm Shift to Reduce Overtreatment of Indolent Tumors". *JAMA Oncol.* [doi:10.1001/jamaoncol.2016.0386](https://doi.org/10.1001/jamaoncol.2016.0386). PMID 27078145.

²<http://news.naaccr.org/addressing-overdiagnosis-in-thyroid-cancer/>

³Patel KN (14 April 2016). *Noninvasive Encapsulated Follicular Variant of Papillary Thyroid "Cancer" (or Not): Time for a Name Change*. *JAMA Oncol.*

<http://oncology.jamanetwork.com/article.aspx?articleid=2513246#tab10>

3 Reportability

There are no reportability changes in 2017.

4 Multiple Primary and Histology (MP/H) Rules

Registries will continue to use the 2007 MP/H rules for cases diagnosed in 2017.

5 EDITS

The Version 16D metafile was released in February 2017, and is available to download from the NAACCR Web site: <http://www.naaccr.org/StandardsandRegistryOperations/VolumeIV.aspx>. Cases diagnosed January 1, 2017 and later should use the Version 16D metafile. Previous versions of the V16 metafile include edits that may not work correctly with cases with a diagnosis year of 2017. A V17 metafile will not be released.

Contact Jim Hofferkamp at jhofferkamp@naaccr.org with any questions or concerns about the NAACCR metafile.

The EDITS50 tools were released in January 2017, consisting of a fully-rewritten Edit Engine and API, new metafile format (SQLite), and new versions of EditWriter and GenEDITS Plus. Central registries and vendors have all of 2017 to transition their software to use the new tools.

EditWriter v5 includes a metafile converter (converts EDITS40 .EMF to EDITS50 .SMF), so that authors of custom metafiles can bring their work forward.

The EDITS50 tools offer new and more powerful features, including:

- EDITS50 version of the Engine runs edits more than twice as fast as the current EDITS40 version
- EDITS50 API and documentation are more powerful and easier to use
- MetafileBrowser opens SQLite databases for programmers and power users to perform ad hoc queries
- EditWriter v5 provides new features:
 - edit logic syntax checker catches more errors and issues warnings
 - edit set form generates a GenEDITS-style report
 - table form supports copy/paste data from Excel-type spreadsheet
 - import metafile module performs analysis of differences within 1-2 *seconds* (vs. 20-30 *minutes* under EDITS40)
- GenEDITS Plus v5 features include:
 - multiple-document interface allows opening several concurrent configurations
 - EDITS run-time debugger lets power users drill down into the reasons a case passed or failed an edit unexpectedly
 - writes the results of the run into a SQLite database, available for ad hoc querying

Beginning with NAACCR v16C, NAACCR will publish two versions of the metafile:

- the EDITS40 .EMF and .RMF formats and
- the EDITS50 .SMF (SQLite) format

Those central registries that customize their metafiles, as well as authors of other special-purpose metafiles, should expect to publish in both versions for the duration of 2017. Note that maintaining both versions imposes a burden upon the publishers of metafiles, because the metafiles must be tested in both formats. Therefore, the plan is to *discontinue support* for EDITS40 .EMF/.RMF effective with the 2018 metafiles.

Those vendors and central registries that convert their software to use the EDITS50 API *will not* have to retain backward compatibility to EDITS40. If a metafile needed by the software is not provided in EDITS50 format, it can be converted using EditWriter v5.

A forum has been established for anyone using the EDITS50 tools to post questions, report problems or simply see what others have posted: <http://news.naacccr.org/forums/forum/edits-support/edits50-implementation/>.

6 Standard Setters Reporting Requirements for 2017

6.1 CoC Reporting Requirements

Beginning with cases diagnosed January 1, 2017 and forward, the CoC will continue using the record layout and data collection requirements as published in NAACCR Standards Volume II, Version 16. There are no changes to CoC reporting requirements for 2017.

Small updates will be released via *FORDS: Revised for 2017*:

1. The allowable values listed in the header for Sex [#220] were corrected to 1-6, 9 to reflect the addition of codes 5 and 6 in 2015.
2. For Mets at DX—Other [#1117] the following code has been added:
2 Generalized metastases such as carcinomatosis.
3. Minor coding clarifications were made to Tumor Size Summary [#756].
4. Pagination was corrected for the First Course of Treatment section of the manual.
5. The coding clarification in APPENDIX B: Site-Specific Surgery Codes for SKIN was updated to state “1 cm or more”.

6.2 CDC NPCR Reporting Requirements

Beginning with cases diagnosed January 1, 2017 and forward, CDC-NPCR will continue using the record layout and data collection requirements as published in NAACCR Standards Volume II, Version 16. There are no changes to CDC reporting requirements for 2017.

6.3 NCI SEER Reporting Requirements

NCI SEER will continue using the record layout and data collection requirements as published in NAACCR Standards Volume II, Version 16 for cases diagnosed January 1, 2017 and forward. There are no changes to SEER reporting requirements for 2017.

SEER registries collecting Collaborative Staging (CS) data items for cases diagnosed in 2016 are to continue collecting CS for 2017 diagnoses.

The codes and instructions in the *2016 SEER Program Coding and Staging Manual* remain in effect for 2017.

Revised coding instructions will be posted on the [SEER website](#) for the data items listed below. There are no changes to codes or code definitions.

- Tumor Size – Clinical
- Tumor Size – Pathologic
- Tumor Size – Summary
- Mets at Dx – Bone
- Mets at Dx – Brain
- Mets at Dx – Liver
- Mets at Dx – Lung
- Mets at Dx – Distant Lymph Node(s)
- Mets at Dx – Other

6.4 CCCR Reporting Requirements

Beginning with cases diagnosed on or after January 1, 2017, the Canadian Council of Cancer Registries (CCCR) will implement the data collection, and submission requirements as published in the Standards Volume II, Version 16, Chapter VIII, Required Status Table CCCR column.

Canada will continue to use the Collaborative Stage Data Collection System Version 02.05 to stage their new cases until the end of the 2017 diagnosis year. Beginning with cases diagnosed January 1, 2018, Canada plans to implement TNM stage data collection to coincide with the delayed release of the AJCC

Cancer Staging Manual 8th Edition. Specific stage variables that will be required for collection are not yet defined. Cases will be submitted to the Canadian Cancer Registry during Statistic Canada’s Canadian Cancer Registry Call for Data. Provincial/Territorial registries can reference the Canadian Cancer Registry Input Record layout of the Canadian Cancer Registry Data Collection Documentation for a more comprehensive listing.

7 Software Vendor Considerations

Software specifications generated to adapt programs will be vendor-specific and will vary for reporting facility applications and central registry applications. Specifically, vendors will need to accommodate the following changes and additions documented in this guide:

Section Number	Section Contents
2.2	Update picklists with histology changes.
5	Start planning for EditWriter v5 implementation in 2018.
6.1	Update help pages when <i>FORDS: Revised for 2017</i> is published.
6.3	Update help pages with <i>Revised Coding Instructions for 2017</i> . Accommodate state registries that require the continued collection of CS data items for cases diagnosed in 2017.

8 Appendix A Continued Use of ICD-O-3 Histology Code Crosswalk

The following table is an excerpt from the NAACCR Guidelines for ICD-O-3 Update Implementation (December 2013). The complete document can be found on the NAACCR web site:

[Guidelines for ICD-O-3 Update Implementation](#)

ICD-O-3 Change	ICD-O-3 Histology Code (do NOT use these codes)	Description	Comment	Histology Code Effective January 1, 2015 and forward
New term and code	8158/1	Endocrine tumor, functioning, NOS	Not reportable	
New related term	8158/1	ACTH-producing tumor	Not reportable	
New term and code	8163/3	Pancreatobiliary-type carcinoma (C24.1)	DO NOT use new code	8255/3
New synonym	8163/3	Adenocarcinoma, pancreatobiliary-type (C24.1)	DO NOT use new code	8255/3
New term	8213/3	Serrated adenocarcinoma		8213/3*
New code and term	8265/3	Micropapillary carcinoma, NOS (C18., C19.9, C20.9)	DO NOT use new code	8507/3*
New code and term	8480/1	Low grade appendiceal mucinous neoplasm (C18.1)	Not reportable	
New term and code	8552/3	Mixed acinar ductal carcinoma	DO NOT use new code	8523/3
New term and code	8975/1	Calcifying nested epithelial stromal tumor (C22.0)	Not reportable	
New term and code	9395/3	Papillary tumor of the pineal region	DO NOT use new code	9361/3*

ICD-O-3 Change	ICD-O-3 Histology Code (do NOT use these codes)	Description	Comment	Histology Code Effective January 1, 2015 and forward
New term and code	9425/3	Pilomyxoid astrocytoma	DO NOT use new code	9421/3
New term and code	9431/1	Angiocentric glioma	DO NOT use new code	9380/1*
New term and code	9432/1	Pituicytoma	DO NOT use new code	9380/1*
New term and code	9509/1	Papillary glioneuronal tumor	DO NOT use new code	9505/1
New related term	9509/1	Rosette-forming glioneuronal tumor	DO NOT use new code	9505/1
New term and code	9741/1	Indolent systemic mastocytosis	Not reportable	

* ICD-O-3 rule F applies (code the behavior stated by the pathologist). If necessary, over-ride any advisory messages.

9 Appendix B Histology Coding Clarifications for Thyroid Cases

Histology Coding Clarifications for Thyroid Cases Effective January 1, 2017 and forward		
Primary Site	Description	Use Histology/ Behavior Code
Thyroid (C73.9)	Non-invasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP)	8343/2
	Non-invasive encapsulated follicular variant of papillary thyroid carcinoma (non-invasive EFVPTC)	8343/2
	Invasive encapsulated follicular variant of papillary thyroid carcinoma (invasive EFVPTC)	8343/3
	Encapsulated follicular variant of papillary thyroid carcinoma, NOS (EFVPTC, NOS) Synonym: Papillary carcinoma, encapsulated	

10 Appendix C Revision Control

What You Need to Know for 2017 Revision Control			
Version Number	Revision Date	Section	Revision Notes
1.1	3/1/17	9 Appendix B	Revised the Description column in the table and removed coding clarifications for lung.
1.1	3/1/17	2.1	Deleted last paragraph that referenced Appendix B of this document.
1.1	3/1/17	2.2	Added this section.
1.1	3/1/17	6.1	Added CoC requirements. Deleted sentence that stated CoC information will be added as soon as it is available.
1.1	3/1/17	7	Added the Software Vendor Considerations.
1.1	3/1/17	8 & 9	The addition of the Software Vendor Considerations section changed Appendix A from section 7 to section 8, and changed Appendix B from section 8 to section 9.
1.1	3/1/17	10	Added Appendix C Revision Control.