

Collaborative Staging Part I General Rules And Guidelines

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Purpose Of The Collaborative Staging System

- To collect a unified data set in all registries to report to central agencies
- Collaborative Staging (CS) uses best available clinical and pathologic data for staging

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CS General Rules

- Site-specific and histology specific guidelines take precedence over general guidelines
- For each field, code the highest applicable number
- Read the instructions carefully

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CS Timing Rule

CS utilizes a timing rule which is to include all information from the date of diagnosis through the completion of surgery in the first course of treatment, or all of the information available within four months of the date of diagnosis in the absence of disease progression, whichever is longer.

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New Rule For 'Inaccessible' Sites

Code regional lymph nodes (RLN's) and distant metastasis as negative when there is no mention of RLN or metastatic involvement in the patient record and the patient receives 'standard' treatment to the primary site

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No Rule Change For 'Accessible' Sites

Code regional lymph node and/or metastatic status as unknown when there is no mention of RLN and/or metastatic involvement in the record

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CS General Rules

- Most CS schemas apply to cases defined by primary site
- A few schemas apply to cases defined by histology
- Histology specific schemas take precedence over site specific schemas

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CS General Rules

Histology specific coding schemas are used for:

- Melanoma (8720-8790)
 - Kaposi Sarcoma (9140)
 - Retinoblastoma (9510-9514)
 - Lymphoma (9590-9699 & 9702-9729)*
 - Mycosis Fungoides (9700-9701)
 - Hematopoietic/Reticuloendothelial System (9731-9989)*
- Exception: For cases dx'd prior to 1/1/01, Morphology 9722 and 9723 are included under hematopoietic /reticuloendothelial system, not lymphoma.*

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CS General Rules

Malignant melanomas are divided by the following primary site schemas:

- Malignant melanoma of skin, vulva, penis and scrotum (C44.0-C44.9, C51.0-C51.2, C51.8-C51.9, C60.0-C60.1, C60.8-C60.9, C63.2)
- Malignant melanoma of conjunctiva (C69.0)
- Malignant melanoma of iris and ciliary body (C69.4)
- Malignant melanoma of choroid (C69.3)
- Malignant melanoma of other eye (C69.1, C69.2, C69.5, C69.8-C69.9)

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CS General Rules

- Record greatest extent of disease based upon combined clinical and pathologic assessment
- If no pre-operative treatment was performed, pathologic information takes priority
- If pre-operative treatment was performed, clinical information takes priority in most cases

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CS General Rules

- Disease progression is excluded when determining extent of disease
- Autopsy Reports are treated the same way as pathology reports in coding CS
- In the event of a discrepancy, the documented TNM stage in the medical record takes precedence over the physician's assignment of TNM stage

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CS Tumor Size

CS Tumor Size records the largest lateral dimension or diameter of the primary tumor in millimeters, including melanoma

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CS Extension

CS Extension identifies contiguous growth of the primary tumor within the organ of origin or its direct extension into surrounding tissues (except Corpus Uteri and Ovary)

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CS Tumor Size/Ext Eval

CS Tumor Size/Ext Eval records how the codes for "CS Tumor Size" and "CS Extension" were determined based upon the diagnostic methods employed (PE, Radiographic, Surgery, Autopsy, Etc.)

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CS Lymph Nodes

CS Lymph Nodes identifies the regional lymph nodes involved with cancer at the time of diagnosis

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CS Reg Nodes Eval

CS Reg Nodes Eval records how the code for “CS Lymph Nodes” was determined based upon the diagnostic methods employed

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Regional Nodes Positive

Regional Nodes Positive records the exact number of RLN’s examined by the pathologist and found to be positive

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Regional Nodes Examined

Regional Nodes Examined records the total number of RLN’s that were removed and examined by the pathologist

- The number of RLN’s examined is cumulative from all procedures that removed RLN’s through the completion of surgery in the first course of treatment
- The fields Regional Nodes Positive and Reg Nodes Examined are based upon pathologic information only

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CS Mets At Dx

CS Mets At Dx identifies the distant site or sites of metastatic involvement at the time of diagnosis including distant lymph nodes

- Assign the highest code for CS Mets At Dx whether determined clinically or pathologically and whether or not the patient had any neo-adjuvant treatment

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CS Mets Eval

CS Mets Eval records how the code for “CS Mets at DX” was determined based upon the diagnostic methods employed

- Select the CS Mets Eval code that documents the report or procedure from which the information was obtained about metastatic involvement or non-involvement farthest from the primary site

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CS Site Specific Factors

CS Site-Specific Factors 1-6 identify additional information necessary to generate stage or prognostic factors that effect stage or survival including HIV status and tumor markers

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CS Derived Data Items

The derived data items are generated by FCDS at the time of batch processing

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FCDS Implementation of Collaborative Staging

- Conversion of the FCDS database to NAACCR V10.1 was implemented on October 1, 2004
- **FCDS requires that all cases, including historical cases, be submitted in the NAACCR V10.1 record layout, including all 15 items of the CS schema, regardless of the date of diagnosis**

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CS Additional Information

- <http://www.training.seer.cancer.gov>
- <http://www.cancerstaging.org/collab.html>

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