November 2003 Data Submission Requirements and Guidelines

NOVEMBER 2003 DATA SUBMISSION

1. The data submission **due Monday, November 3, 2003** includes all cases through 12/31/2001 diagnoses.

2. The file may be submitted in either NAACCR 9 or NAACCR 10 format. A list of the variables to be included in the submission in NAACCR version 9 format and NAACCR version 10 can be downloaded from http://www.seer.cancer.gov/tools/seer.dataitems.pdf. When the submission is completed, please notify Lynn Ries AND Jennifer Stevens of IMS via the submission form attached to this document (Attachment B).

3. This is the first submission to NCI-SEER under the new contract. New contract requirements are in effect for this submission. Attachment A describes how the rates are calculated for the November 2003 submission.
   a. The new contract states these follow-up rates (malignancies only):
      • All invasive cancers: at least 95% but not below 90%
      • Ages 20-64: at least 90% and not below 80%
      • Age under 20: at least 90% and not below 80%
   b. The separately calculated follow-up rate for in situ cancers EXCLUDES cervical carcinoma in situ cases.
      • All in situ cancers: at least 90% and not below 80%

4. The file should be edited prior to submission using the SEER EDITS bundle recently distributed to the regions. This bundle includes edits for 2003 cases. Recent changes in the Site/Type edits have been incorporated into the recent EDITS bundle. Please let Lynn Ries know if SEER is to submit your data for the NAACCR Call for Data. Use Attachment B to notify Lynn Ries and Jennifer Stevens that the file has been submitted.

5. **ICD-O-3 issues**
   a. Cases diagnosed in 2001 and forward should use the ICD-O-3 morphology and behavior fields and leave the ICD-O-2 fields blank.
   b. For cases diagnosed prior to 01/01/01, ICD-O-2 fields are required and ICD-O-3 fields can be filled in by conversion from ICD-O-2, but this conversion will not be required until November 2004.

6. **Prostate code 31 review**
   a. All prostate cancer cases coded to 31 from 1/1/1995 forward must be reviewed and recoded to 33 or 34 by the November 1 submission (code 31 will remain an option when no information is available).

7. **Census tract 2000 codes** should be put into the "Census Tract Alternate" field (NAACCR 9) or Census Tract 2000 field (NAACCR 10) for cases diagnosed from January 1, 1996 forward. There is no flag to set for Census Tract 2000. The following is an excerpt from the October 4, 2002 memo regarding the 2002 submission:

Clarification on Census Tracting:

1990 Census tract definitions should be applied to all cases diagnosed 1988-1999. In addition, we would like 1990 Census tract definitions for cases diagnosed in 2000 but understand that some registries can't provide it. The table below shows the fields that pertain to the 1990 census tract data:

NAACCR 9 name	NAACCR 10 name	NAACCR Item Number
Census Tract	Census Tract 1970/80/90	110
Census Tract Certainty	Census Tr Cert 1970/80/90	364
Census Tract Coding System	Census Cod Sys 1970/80/90	120

A code '3' should be submitted in the field, Census Tract Coding System (NAACCR Item #120) for all of the cases that have census tract based on 1990 definitions. These field names were changed in order to avoid confusion with the census tract 2000 fields. Note that the item numbers for the fields did not change.

2000 Census tract definitions should be applied to all cases diagnosed 1996+. The table below shows the NAACCR fields that pertain to the 2000 census tract information:

NAACCR 9 name	NAACCR 10 name	NAACCR Item Number
Census Tract -- Alternate	Census Tract 2000	130
-	Census Tr Certainty 2000	365

In the NAACCR 9 record, there wasn't a place for Census Tr Certainty 2000. Therefore, we asked you to submit the field in column position 212 in the NAACCR 9 record (e-mail from Jennifer Stevens on 7/9/2002). There is no Census Tract Coding system for 2000 since any data (besides blank) in item #130 should be a valid census 2000 tract.

8. **Radiation therapy data from COC hospitals**
   a. Information on radiation treatments reported by COC hospitals must be converted to the SEER radiation therapy treatment codes. This involves combining three fields from the hospital record:

      • Rad -- Boost RX Modality
      • Rad -- Regional RX
      • Palliative Procedure codes 2, 5, 6 (palliative radiation alone or in combination with other palliative treatments)
   b. The following amended conversion information is based on the "2003 Treatment Codes Replacement Pages" document distributed to all SEER areas.

**Conversion Table for FORDS Regional Radiation Therapy Fields
to SEER RX SUMM--Radiation**

Step 1. For cases that are received from College approved hospitals, information for RX–Summ Radiation can be derived from Rad – Boost RX Modality, Rad – Regional RX Modality and Reason No Radiation by the following table:

Rad – Boost RX Modality	Rad – Regional RX Modality	RX SUMM--Radiation (temp)
00	00, 99	0*
00	20-43	1
00	50-55	2
00	60-62	3
00	80-85	4
00	98	5
20-43	00, 20-43, 98, 99	1
20-43	50-55, 60-62, 80-85	4
50-55	00, 50-55, 98, 99	2
50-55	20-43, 80-85	4
50-55	60-62	3
60-62	00, 50-55, 60-62, 98, 99	3
60-62	20-43, 80-85	4
80-85	00-99	4
98	00, 98, 99	5
98, 99	20-43	1
98, 99	50-55	2
98, 99	60-62	3
98, 99	80-85	4
99	00	0*
99	99	9

 *   Note: For asterisked items review Reason No Radiation. If Reason No Radiation is 7, RX Summ--Radiation code 0 becomes 7; if Reason No Radiation is 8, RX Summ--Radiation code 0 becomes 8.

Step 2. If the temporary RX Summ -- Radiation is 0 or 9, review the Palliative Procedure code. If Palliative Procedure is coded 2, 5, or 6, the temporary 0 or 9 becomes final RX Summ -- Radiation

code 5. If Palliative Procedure is coded 0, 1, 3, 4, 7, or 9, the final RX Summ -- Radiation is the same as the temporary code.

9. **Surgery codes** for cases diagnosed 1998 - 2001 should be submitted in SEER 3rd edition (ROADS) codes format.

10. The **NAACCR Hispanic Ethnicity Algorithm** (NHIA) code should be stored in columns 1026-1026 in the NAACCR 9 record and columns 1447-1447 in the NAACCR 10 record.

OTHER REVIEW ISSUES NOT RELATED TO THE NOVEMBER 2003 SUBMISSION

A. Other Race code 98
    a. Registries may review cases diagnosed 1/1/1988 through 12/31/1990 with race code 98 and recode to codes 14, 20-97 (Thai, Asian, Pacific Islander). One of the purposes of this review is to identify and recode any Hispanics coded as 98. Please notify NCI-SEER (Lynn Ries) when this is done so that NCI-SEER can change the edits on the file. (Currently only SFO/SJM and Los Angeles are permitted to use codes 14 and 20-97 for cases prior to 1/1/1991.)
    b. Registries need to review code 98 cases from 01/01/1991 to the present to ensure that they are coded correctly. There should be very few cases coded to 'other' after 01/01/1991. Please maintain a tally of the descriptions you are still coding to 98 after the review and send the list to Lynn Ries. This information will be very useful for proposing new race codes at some point in the future.
    c. This process may be started as soon as the revised SEER Race and Ethnicity coding guidelines are published.

B. 2003 Surgery Codes
    a. Conversion of 2003 surgery codes is NOT required for the November 2003 submission.   The years to be included in the review are 1998 diagnoses and forward. The following sites and surgery codes should be reviewed and recoded before the November 2004 submission. This list does not include codes that can be "moved" without review.

Scheme	Review former codes
Bones, Joints and Articular Cartilage (C40.0 - C41.9)	10, 20
Periph Nerves and Autonomic Nervous Syst (C47.0 - C47.9)	10, 20
Connect, Subcut, and Other Soft Tissues (C49.0 - C49.9)	10, 20
Prostate (C61.9)	10
Brain and other CNS (C70.0 - 70.9, C71.0 - 71.9, C72.0 - 72.9)	20, 21-23, 30

C. Data prior to start date for expansion registries
    a. A videoconference was held for the expansion registries to address changes to the edits for the expansion registries so that their earlier cases can pass the edits.

D. Benign and Borderline Central Nervous System Tumors Follow-up
    a. Although it is not stated in the current contract, annual follow-up will be required on benign and borderline central nervous system tumors diagnosed after January 1, 2004.

Attachment A.
SEER Patient Follow-up Calculation
for Nov 2003 submission only

Note 1: The following explanation of the follow-up calculation is based on the SEER contract statement of work.

2001 is the last year of data being submitted. The percent of patients diagnosed during the years prior to 2001 who have current follow-up is defined as

$$P = 100(D + A)/T$$

where D is the number who died prior to January 1, 2002, A is the number with follow-up dates on or after January 1, 2002 (includes both alive and dead patients), and T is equal to A + D + the number of patients who were last known to be alive with follow-up dates prior to January 1, 2002. P can be calculated for individual years of diagnosis up through 2000 and for all years combined prior to 2001.

For all invasive cancers and calendar years specified by NCI, P shall be at least 95 percent, but must not be below 90 percent.

For patients ages 20-64, and under age 20, P shall be at least 90 percent in each case, but must not be below 80 percent.

For all in situ cancers (excluding cervix in situ) and calendar years specified by NCI, P shall be at least 90 percent, but must not be below 80 percent.

Note 2: Although it is not in the statement of work, follow-up is expected on benign and borderline central nervous system tumor cases diagnosed 1/1/2004 and forward.

Attachment B.
November 2003 Submission to NCI

Please complete for each submission and e-mail to:
Lynn Ries (lynn_ries@nih.gov) AND
Jennifer Stevens (StevensJ@imsweb.com)

Registry Name: _____

Registry ID number: _____

Date of file transfer to SEER: _____

Data file name: _____

Years of diagnosis submitted: _____

Number of cases submitted: _____

NAACCR format version: _____

NAACCR call for data:
    Do you want SEER to submit your data to NAACCR? _____
    Have you included Summary Stage 77(SS77) on file? _____
    Submit SS77 or SEER recoded SS77. _____

Technical Contact:
    Name: _____
    Telephone number: _____
    e-mail address: _____

Registry Manager Contact:
    Name: _____
    Telephone number: _____
    e-mail address: _____

Known data problems including reasons:

Comments: