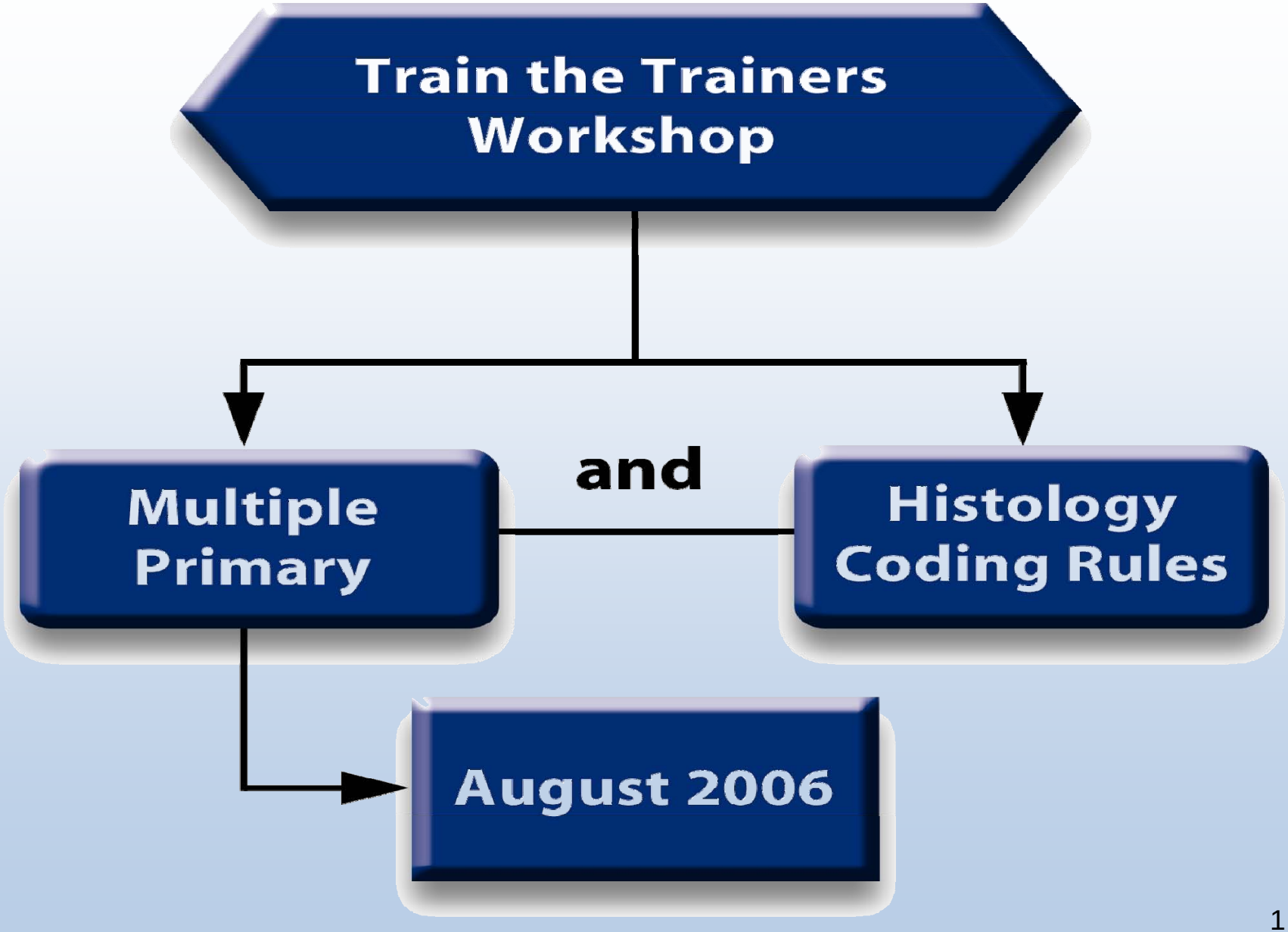

Train the Trainers Workshop
Multiple Primary
and
Histology Coding Rules
August 2006

Multiple Primary and Histology Rules Changes

The Problem

Multiple Primary and Histology Coding Rules--Lung

Case 1: Poorly differentiated non-small cell lung carcinoma (mixed large cell undifferentiated and adenocarcinoma)

Case 2: Lung with moderately differentiated adenocarcinoma, mucin secreting cells, mixed acinar, papillary, and bronchioalveolar features

Case 3: Poorly differentiated carcinoma, non-small cell type

Multiple Primary and Histology Coding Rules--Lung

Current Rules Issues:

- Too many descriptors
- Too many choices for histology codes
- No hierarchy of rules when there are choices

Multiple Primary and Histology Coding Rules--Lung

Case 4: Lung, right upper lobectomy: 2 nodules of carcinoma with mucin production (c/w pulmonary primary), one nodule has bronchoalveolar features, the other shows focal squamous differentiation

Multiple Primary and Histology Coding Rules--Lung

Current Rules Issues:

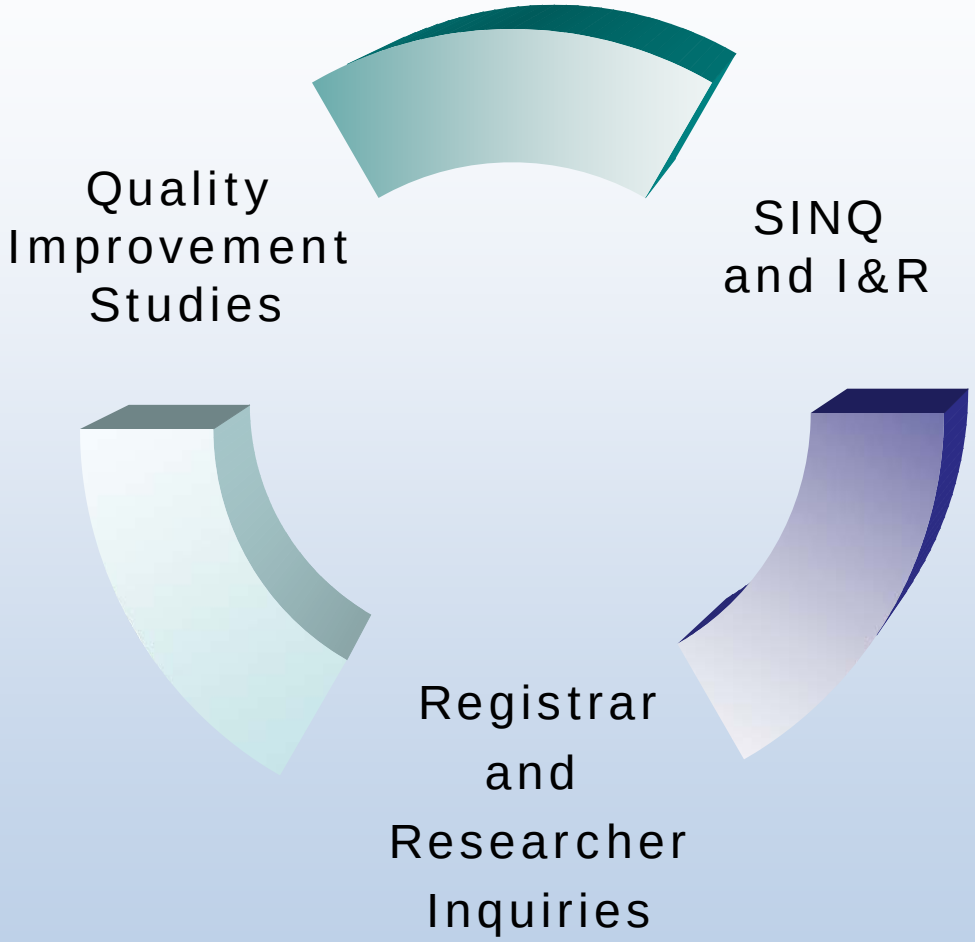
- One primary or more?
- Too many descriptors and ambiguous terms
- Multiple choices for histology codes

  adenocarcinoma, squamous cell carcinoma, bronchiolo-alveolar adenocarcinoma, bronchiolo-alveolar carcinoma (mucinous)
- No hierarchy of rules when there are choices

Overview

- Problem identification
- Problem definition
- Purpose of new rules
- Committee structure
- Rules development process
- Project timeline
- Field study
- Final product
- National training

Problem Identification



Problem Identification: Current Rules

- 25 year old rules
- Site-specific exceptions
- Difficult to train
- Could not flowchart

Problem Definition

- ICD-O-3
  - New terms and new codes
- Non standard usage of nomenclature

Problem Definition

- Changes in clinical practice
- Technology advances
  - More histology characteristics descriptors
  - Electron microscopy to immunohistochemistry

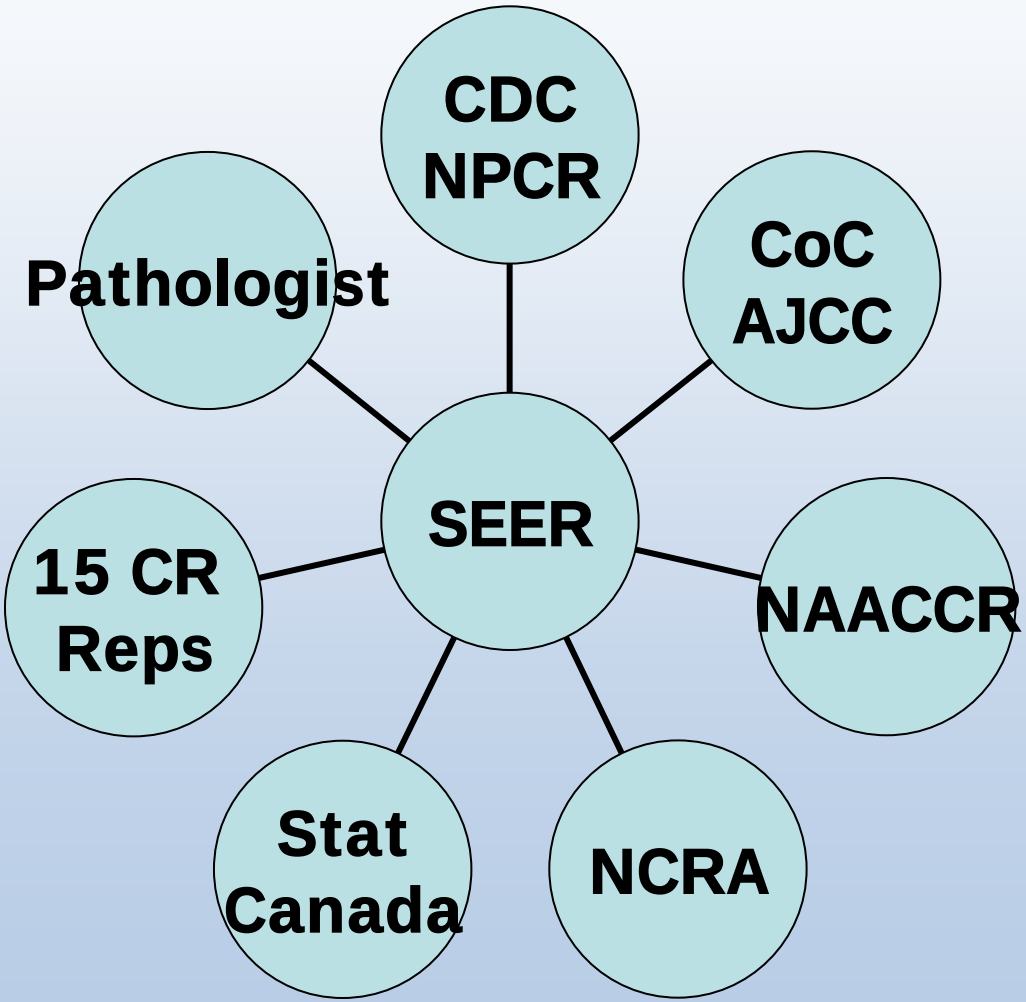
Conclusion

- Existing rules were not effective
- Adding additional modifications to the modifications made over time would only add more confusion
- Too many site specific exceptions
- Training very challenging

Why New Rules Are Needed

The Plan

Committee Structure



Purpose of New Rules

- Promote consistency in coding
  - Clarify multiple primary rules
  - Clarify histology coding rules
- Preserve integrity of incidence rates and trends
- Improve quality of data

Why Site-Specific Rules?

- General rules cannot address site-specific issues
  - Histologies
  - Disease process for that site
  - Valid mixed and combination histology codes

Primary Sites

- Lung
- Colon
- Breast
- Kidney
- Renal pelvis, ureter, and bladder
- Head and neck
- Melanoma
- Brain

Rules Development Process

- Subcommittee develops rules
  - Ad hoc consultation specialty physicians
- Committee: Review and revise
  - Ad hoc consultation ICD-O-3 editors

Rules Development Process

- Editing committee: Review, revise, format
- Web-based Feasibility Testing
  - Hospital-based registrars
  - Central registry coders and abstractors
  - Independent contractors

Rules Development Process

- Analysis of Beta results
  - Revision
- Presentation to CoC clinical advisors
  - Revision
- Committee review
- Presentation to NAACCR ROC

Project Timeline

- Committee formed January 2003
  - Videoconferences 2003 -- 2006
- Beta testing of rules started September 2004
- Concept presented to NAACCR Registry Operations Committee January 2005
- Presentations to COC Clinical Advisory Panels started February 2005

Project Timeline

- Statistical impact meetings started April 2005
- SEER Workshop at NCRA April 2005
- Decision to delay implementation to 2007 made June 2005
- Train the Trainers Workshop September 2005
- Planning for 2006 field studies began during last quarter of 2005

Field Studies

- Develop protocol October 2005
- Select participants November 2005
  - Hospital
  - Central Registry
- Training participants January 2006
- Field study conducted February 2006

MP/H Reliability Study

Participants abstracted and coded 20 medical records
10 each from 2 of the 9 site groups

1. Lung
2. Colon
3. Breast
4. Melanoma
5. Head and Neck
6. Kidney
7. Renal Pelvis, Ureter, and Bladder
8. Brain
9. All Other Sites

MP/H Reliability Study
STUDY PARTICIPANTS

- ACoS CoC (representing tumor registrars from CoC approved hospitals)
- Canadian cancer registries
- CDC NPCR
- NCI SEER Program
- NCRA (representing tumor registrars from non-CoC approved hospitals)
- Other non-affiliated participants, such as independent contractors and vendors

Project Timeline

- Tabulation/evaluation of field study and reliability study results April 2006
- Revision of MP/H materials May 2006
- Publication of final materials July 2006

Project Timeline

- Additional training materials published on web
- Train the Trainers Workshop II August 2006
- Implementation planned for cases diagnosed January 1, 2007 and after
- Trainings at National Meetings
- You as the trained trainer

MP/H Task Force