2007 New Data Items
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- Multiplicity Counter
- Date of Multiple Tumors
- Type of Multiple Tumors Reported as One Primary
2007 New Data Items

• Ambiguous Terminology
• Date of Conclusive Terminology
Multiplicility Counter
Multiplicity Counter

- Counts number of tumors (multiplicity) abstracted as a single primary
- Do not count metastatic tumors
- Use multiple primary rules to determine if single primary or multiple primaries
- Leave blank for cases diagnosed prior to 01/01/2007
Multiplicity Counter - Codes

- 01 One tumor only
- 02 Two tumors present
- 03 Three tumors present
- ..
- 88 Information on multiple tumors not collected/not applicable for this site
- 99 Multiple tumors present, unknown how many
Multiplicity Counter - Instructions

- Code number of tumors abstracted as a single primary
- Do not count metastasis
- Do not count ‘foci’ when single or multiple foci present
Multiplicity Counter - Instructions

• Code 01
  – Single tumor in the primary site
  – Single tumor with separate foci of tumor
  – Unknown if single tumor or multiple tumors and the multiple primary rules instructed you to default to a single tumor
Multiplicity Counter - Instructions

- Code 88
  - Leukemia
  - Lymphoma
  - Immunoproliferative disease
  - Unknown primary
Multiplicty Counter - Instructions

- Code 99
  - Pathology report not available and other report(s) do not specify number of tumors
  - Tumor described as multifocal/multicentric and number of tumors not mentioned
  - Tumor described as diffuse
  - Operative/pathology report describes multiple tumors but does not give exact number
Date of Multiple Tumors
Date of Multiple Tumors

• Identifies the date patient diagnosed with multiple tumors
• Use multiple primary rules to determine if single primary or multiple primaries
Date of Multiple Tumors

- MMDDCCYY format
- 99 for unknown month or day
- 99999 for unknown year
- Leave blank for cases diagnosed prior to 01/01/2007
Special (Date) Codes

- 00000000 – Single tumor
- 88888888 – Information on multiple tumors not collected/not applicable for this site
- 99999999 – Unknown date
Date of Multiple Tumors

- Same as date of diagnosis when multiple tumors present at diagnosis
- Change Multiplicity Counter to 02 and enter the date the second tumor was diagnosed when subsequent tumor(s) are counted as same primary
Type of Multiple Tumors Reported as one Primary
Type of Multiple Tumors Reported as one Primary

• Identifies the type(s) of multiple tumors abstracted as a single primary
• Do not count metastatic tumors
• Leave blank for cases diagnosed prior to 01/01/2007
<table>
<thead>
<tr>
<th>Code</th>
<th>Code Text</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>Single tumor</td>
<td>All <strong>single tumors</strong>. Includes single tumors with both in situ and invasive components</td>
</tr>
<tr>
<td>10</td>
<td>Multiple benign</td>
<td>At least two benign tumors in same organ/primary site</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use this code for reportable tumors in <strong>intracranial</strong> and CNS sites only</td>
</tr>
<tr>
<td></td>
<td></td>
<td>May be used for reportable by agreement cases</td>
</tr>
<tr>
<td>11</td>
<td>Multiple borderline</td>
<td>At least two borderline tumors in the same organ/primary site</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use this code for reportable tumors in <strong>intracranial</strong> and CNS sites only</td>
</tr>
<tr>
<td></td>
<td></td>
<td>May be used for reportable by agreement cases</td>
</tr>
<tr>
<td>Code</td>
<td>Code Text</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>--------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>12</td>
<td>Benign and borderline</td>
<td>At least one benign AND at least one borderline tumors in the same organ/primary site Use this code for reportable tumors in <strong>intracranial</strong> and <strong>CNS</strong> sites only May be used for reportable by agreement cases</td>
</tr>
<tr>
<td>20</td>
<td>Multiple in situ</td>
<td>At least two in situ tumors in the same organ/primary site</td>
</tr>
<tr>
<td>Code</td>
<td>Code Text</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>--------------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>30</td>
<td>In situ and invasive</td>
<td>One or more in situ tumor(s) AND one or more invasive tumors in the same organ/primary site</td>
</tr>
<tr>
<td>31</td>
<td>Polyp and adenocarcinoma</td>
<td>One or more polyps with either • In situ carcinoma or • Invasive carcinoma AND one or more frank adenocarcinoma(s) in the same segment of colon, rectosigmoid, and/or rectum</td>
</tr>
<tr>
<td>32</td>
<td>FAP with carcinoma</td>
<td>Diagnosis of familial polyposis (FAP) AND carcinoma (in situ or invasive) is present in at least one of the polyps</td>
</tr>
<tr>
<td>Code</td>
<td>Code Text</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>40</td>
<td>Multiple invasive</td>
<td>At least two invasive tumors in the same organ</td>
</tr>
<tr>
<td>80</td>
<td>Unk in situ or invasive</td>
<td>Multiple tumors present in the same organ/primary site, unknown if in situ or invasive</td>
</tr>
<tr>
<td>88</td>
<td>NA</td>
<td>Information on multiple tumors not collected/not applicable for this site</td>
</tr>
<tr>
<td>99</td>
<td>Unk</td>
<td>Unknown</td>
</tr>
</tbody>
</table>
Ambiguous Terminology
Ambiguous Terminology

• Identifies all cases, including DCO and autopsy only, accessioned based on ambiguous terminology
• Allows identification of cases in database
Ambiguous Terminology

- Cases excluded from research studies
- Direct patient contact not recommended
- Leave blank for cases diagnosed prior to 01/01/2007
Ambiguous Terminology

• Reportable case when term used as basis for a diagnosis
• See list of terms
• Detailed instructions
  – 2007 SEER Coding and Staging Manual
  – FORDS
Conclusive Terminology

• A clear and definite statement of cancer
  – Statement may be from a physician (clinical diagnosis); or from a laboratory test, autopsy, cytologic findings, and/or pathology
Ambiguous terms that are reportable

- Apparent(ly)
- Appears (effective with cases diagnosed 1/1/1998 and later)
- Comparable with (effective with cases diagnosed 1/1/1998 and later)
- Compatible with (effective with cases diagnosed 1/1/1998 and later)
- Consistent with
- Favor(s)
Ambiguous terms that are reportable

- Malignant appearing (effective with cases diagnosed 1/1/1998 and later)
- Most likely
- Presumed
- Probable
- Suspect(ed)
- Suspicious (for)
- Typical (of)
<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Definition</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Conclusive term</td>
<td>There was a conclusive diagnosis within 60 days of the original diagnosis. Case was accessioned based on conclusive terminology. Includes all diagnostic methods such as clinical diagnosis, cytology, pathology, etc.</td>
<td>Within 60 days of the date of initial diagnosis.</td>
</tr>
<tr>
<td>Code</td>
<td>Label</td>
<td>Definition</td>
<td>Time Frame</td>
</tr>
<tr>
<td>------</td>
<td>------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
</tbody>
</table>
| 1    | Ambiguous term only   | The case was accessioned based only on ambiguous terminology. There was no conclusive terminology during the first 60 days following the initial diagnosis. Includes all diagnostic methods except cytology.  
**Note:** Cytology is excluded because registrars are not required to collect cases with ambiguous terms describing a cytology diagnosis. | N/A        |
<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Definition</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Ambiguous term followed by conclusive term</td>
<td>The case was originally assigned a code 1 (was accessioned based only on ambiguous terminology). More than 60 days after the initial diagnosis the information is being updated to show that a conclusive diagnosis was made by any diagnostic method including clinical diagnosis, cytology, pathology, autopsy, etc.</td>
<td>60 days or more after the date of diagnosis</td>
</tr>
<tr>
<td>9</td>
<td>Unknown term</td>
<td>There is no information about ambiguous terminology.</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Date of Conclusive Terminology
Date of Conclusive Terminology

• Date of definite statement of malignancy
• Abstractor must change the code for “Ambiguous Terminology” from a 1 to a 2
• Abstractor must enter the date that the malignancy was described conclusively
Date of Conclusive Terminology

- MMDDCCYY format
- 99 for unknown month or day
- 9999 for unknown year
- Leave blank for cases diagnosed prior to 01/01/2007
Special (Date) Codes

- 00000000 – Accessed based on ambiguous terminology only
  - Code 1 in data item “Ambiguous Terminology”

- 88888888 – Not applicable. Case was accessioned based on conclusive diagnosis
  - Code 0 in data item “Ambiguous Terminology”
Special (Date) Codes

- 99999999 – Unknown date; unknown if diagnosis was based on ambiguous terminology or conclusive terminology
  - Code 9 in data item “Ambiguous Terminology”
MP/H Task Force