Train the Trainers Workshop

and

Multiple Primary

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

- Quality Improvement Studies
- SINQ and I&R
- Registrar and Researcher Inquiries
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

- Pathologist
- CDC NPCR
- CoC AJ CC
- NAACCR
- NCRA
- Stat Canada
- 15 CR Reps
- SEER
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