

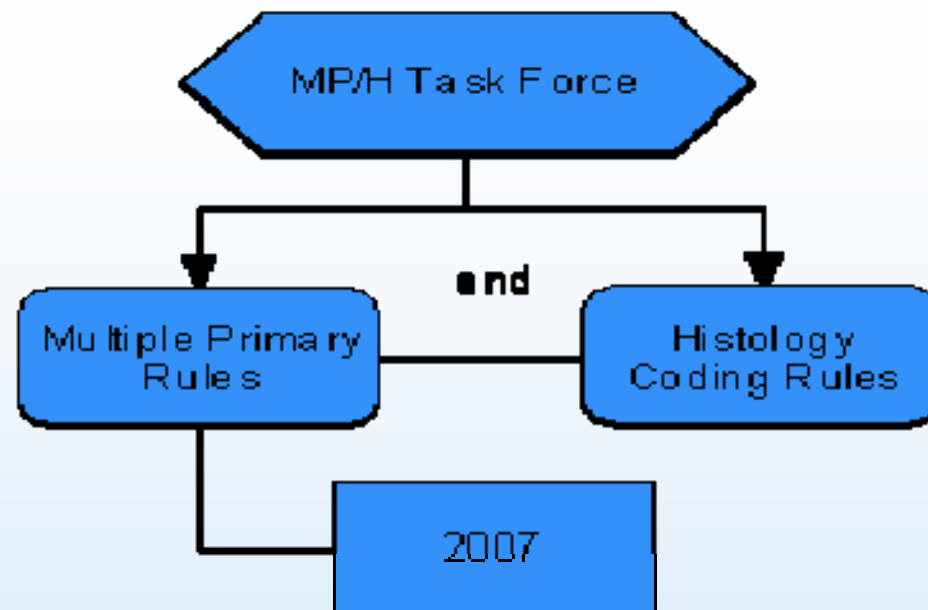
## 2007 New Data Items

# 2007 New Data Items

- Multiplicity Counter
- Date of Multiple Tumors
- Type of Multiple Tumors Reported as One Primary

# 2007 New Data Items

- Ambiguous Terminology
- Date of Conclusive Terminology



# Multiplicity 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

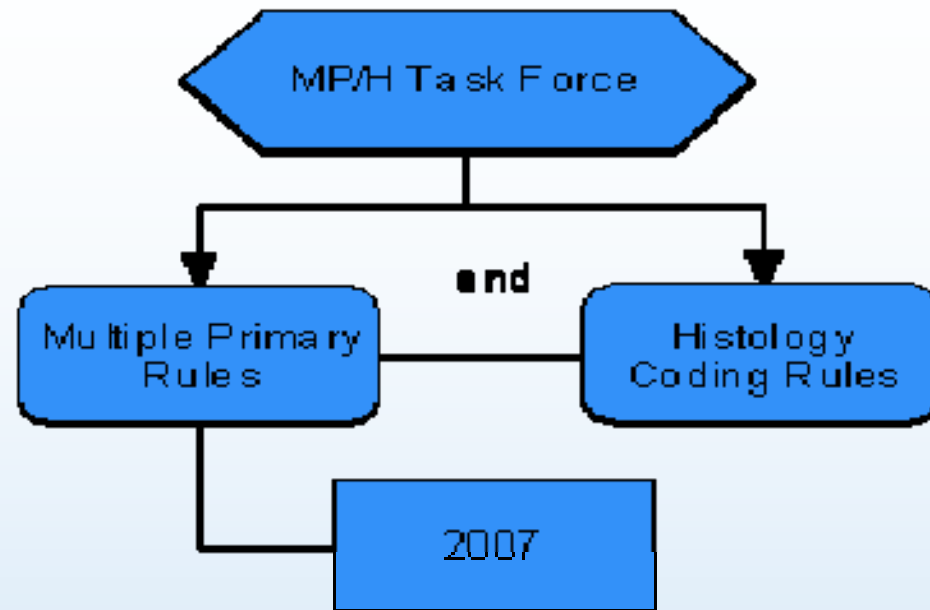


# Multiplicity Counter - Instructions

- Code 88
  - Leukemia
  - Lymphoma
  - Immunoproliferative disease
  - Unknown primary

# Multiplicity 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

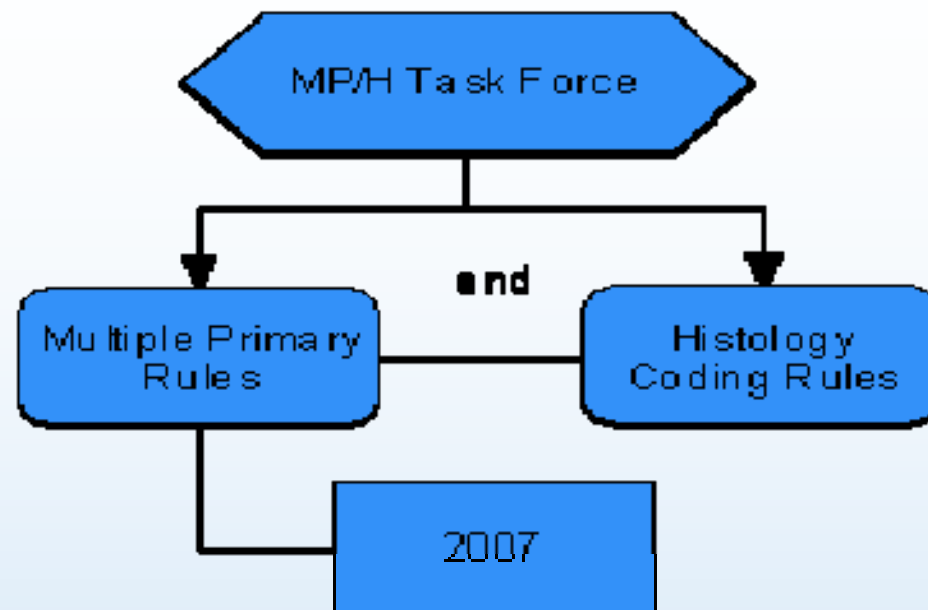
- MMDDCCYY format
- 99 for unknown month or day
- 9999 for unknown year
- Leave blank for cases diagnosed prior to 01/01/2007

# 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

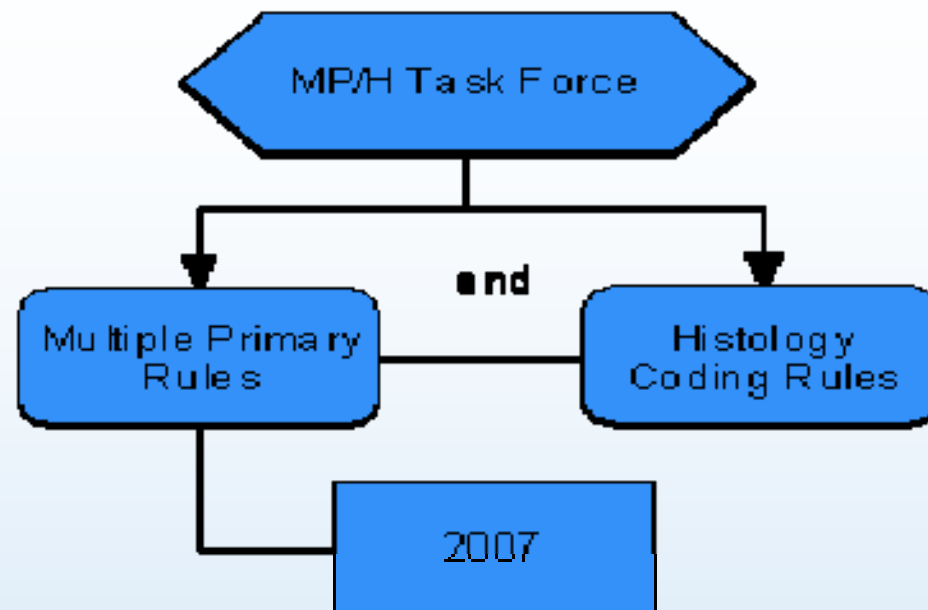
- Identifies the type(s) of multiple tumors abstracted as a single primary
- Do not count metastatic tumors
- Leave blank for cases diagnosed prior to 01/01/2007

<b>Code</b>	<b>Code Text</b>	<b>Description</b>
00	Single tumor	All <b>single tumors</b> . Includes single tumors with both in situ and invasive components
10	Multiple benign	At least two benign tumors in same organ/primary site Use this code for reportable tumors in <b>intracranial</b> and <b>CNS</b> sites only May be used for reportable by agreement cases
11	Multiple borderline	At least two borderline tumors in the same organ/primary site Use this code for reportable tumors in <b>intracranial</b> and <b>CNS</b> sites only May be used for reportable by agreement cases

Code	Code Text	Description
12	Benign and borderline	<p>At least one benign  <b>AND</b> at least one borderline tumors in the same organ/  primary site  Use this code for reportable tumors in <b>intracranial</b> and  <b>CNS</b> sites only  May be used for reportable by agreement cases</p>
20	Multiple in situ	At least two in situ tumors in the same organ/primary site

Code	Code Text	Description
30	In situ and invasive	One or more in situ tumor(s) <b>AND</b> one or more invasive tumors in the same organ/primary site
31	Polyp and adenocarcinoma	One or more polyps with either <ul style="list-style-type: none"> <li>• In situ carcinoma or</li> <li>• Invasive carcinoma</li> </ul> <b>AND</b> one or more frank adenocarcinoma(s) in the same segment of colon, rectosigmoid, and/or rectum
32	FAP with carcinoma	Diagnosis of familial polyposis (FAP) <b>AND</b> carcinoma (in situ or invasive) is present in at least one of the polyps

<b>Code</b>	<b>Code Text</b>	<b>Description</b>
40	Multiple invasive	At least two invasive tumors in the same organ
80	Unk in situ or invasive	Multiple tumors present in the same organ/primary site, unknown if in situ or invasive
88	NA	Information on multiple tumors not collected/not applicable for this site
99	Unk	Unknown



# 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)

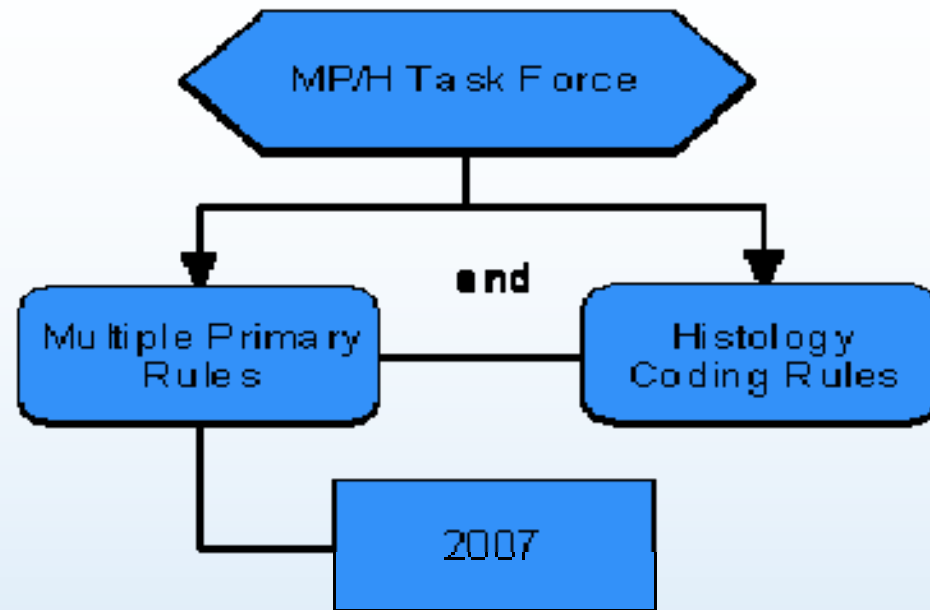
# Ambiguous terms that are reportable

- Malignant appearing (effective with cases diagnosed 1/1/1998 and later)
- Most likely
- Presumed
- Probable
- Suspect(ed)
- Suspicious (for)
- Typical (of)

<b>Code</b>	<b>Label</b>	<b>Definition</b>	<b>Time Frame</b>
0	Conclusive term	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.	Within 60 days of the date of initial diagnosis.

Code	Label	Definition	Time Frame
1	Ambiguous term only	<p>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.</p> <p><i>Note:</i> Cytology is excluded because registrars are not required to collect cases with ambiguous terms describing a cytology diagnosis.</p>	N/A

<b>Code</b>	<b>Label</b>	<b>Definition</b>	<b>Time Frame</b>
2	Ambiguous term followed by conclusive term	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.	60 days or more after the date of diagnosis
9	Unknown term	There is no information about ambiguous terminology.	N/A



## 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 – Accessioned 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

- 999999999 – Unknown date; unknown if diagnosis was based on ambiguous terminology or conclusive terminology
  - Code 9 in data item “Ambiguous Terminology”

# MP/H Task Force



National  
Cancer Institute  
of Canada

Institut national  
du cancer  
du Canada

