NAACCR 2018 Implementation and Guidelines Task Force
2018 Concurrent Abstracting Overview Statement
December 13, 2017
Updated December 20, 2017

Data collection software: Due to the volume of new and changed data items being implemented for cases diagnosed January 1, 2018 and later, abstracts for these diagnoses may be started in NAACCR Version 16 (v16) but must be **completed** using NAACCR Version 18 (v18)-based software. The major changes affect stage, site-specific data items, and radiation treatment. A database conversion will be required.

Reporting facilities must install their v18 reporting software updates before completing cases diagnosed January 1, 2018 and later. If abstraction of cases diagnosed in 2018 is started in current v16 software, we recommend that **the following not be completed**, as new 2018 data items will be required to collect the information (requirements will vary by standard setter):

Known upcoming changes:

- **Grade:** The current grade data item will be replaced by three separate data items for grade assessed during the clinical and pathologic timeframes or for cases that had neoadjuvant therapy administered.
- **AJCC T, N, M, Stage Groups and Descriptors:** The current T, N, M data items are being replaced by similar items for the AJCC 8th Edition, with more space for the categories and a new way to code descriptors.
- **CS Site-Specific Factors 1-25:** All CS Site-Specific Factors (SSFs) will be replaced by individual data items, specific to the information being collected. Not all SSFs are collected moving forward; some completely new data items are being added. Some of the SSFs were revised to align with CAP protocols and AJCC 8th Edition.
- **Radiation Treatment:** New data items have been added to update the way phases of radiation treatment and treatment target volumes are described.

As the timeframe for software being ready is not known, and we currently don't know the magnitude and scope of changes which will be included in the final 2018 specifications, we recommend that as much textual documentation as possible be captured, to facilitate completion of the new and changed data items once the registry software has been updated to v18.

In addition to the new data items previously mentioned, other changes for 2018 include the following:

- Site-specific Data Items (SSDI's)
- Revised Solid Tumor Rules (formerly known as the Multiple Primary and Histology Coding Rules)
- Revised Hematopoietic and Lymphoid Neoplasm Database
- New histology codes
- 2018 Summary Stage
- 2018 Extent of Disease
- CoC STORE Manual

EDITS Implications: Until v18-compliant software is available, when performing concurrent abstracting for 2018 cases, registrars should focus on completing as many data items as possible (including text fields) except for the above-mentioned data items. Additionally, new histology codes have been added, thus some cases may need to be revisited to abstract the appropriate histology code. **PLEASE NOTE:** Hospital registry software systems are currently running v16-compliant edits. As a result, no attempt should be made to resolve edit errors generated on the above-mentioned data items for cases diagnosed in 2018. Registrars should not assign codes for any of the above data items with the purpose of passing v16 edits.

Transmission of Cases Diagnosed in 2018 using the v16 Record Layout: 2018 cases for which abstraction was started in current v16 software will not be considered complete until they have been fully processed using v18-compliant software, including conversion where appropriate, completion of new data items, and application of v18 edits. However, transmission of these cases may occur using the v16 record layout, depending on the entity to which cases are being reported. Each reporter should communicate closely with their central registry, the CoC, and their hospital registry software vendor to ascertain how to best move forward with the transmission of concurrent abstracts. Central registries will be in close communication with their reporting facilities to provide instructions specific to their state/provincial registry.

Reporting from non-Hospital Sources: Some cancer reporters (e.g., physicians' offices) will not have 2018-compliant reporting software until later in the year. Central registries will have to decide on their optimal plan, taking state and standard-setter requirements as well as practical considerations into account. Accepting submissions from these facilities in v16 will maintain their timeliness of reporting but may result in errors in their data.

Summary: NAACCR always tries to influence and carry forward mission critical information affecting our ability to conduct cancer surveillance work. We carry the burden of informing our members of the difficult reality we face. We feel that the changes for 2018 are truly a challenge to all of us, and we'll continue to keep you all informed as we face those challenges.

Canadian Council of Cancer Registries statement:

Canadian Provincial/Territorial Cancer Registries (PTCR's) do not perform concurrent abstracting and coding, however due to the anticipated delay of specifications being released, we anticipate some registries will be impacted. Registry vendor systems, both commercial and in-house supported, may not be in production until summer or fall. Those registries which need to begin abstracting and coding 2018 diagnosed cases before their system changes are in place are encouraged to follow the recommendations above as applicable to their situation.

CDC/NPCR statement:

There are fundamental and significant changes to the standard dataset for 2018 including changes to histology, staging, and treatment. Essential documents and software components are not expected to be available to software vendors until late December or January, making it probable that abstracting software will not be available for several months into 2018. Earlier target dates have not been met so it is possible that releases will be even later in 2018. Central registries can expect reporting delays and processing backlogs which are problematic but not unmanageable. Those most affected are facility registrars who perform concurrent abstracting. NPCR does not directly support concurrent abstracting in their software. However, CDC's abstracting software may be of use to support concurrent abstracting, which will in turn support data collection in NPCR-funded registries.

For 2018, NPCR will be requiring collection of directly-entered TNM from CoC-accredited facilities only. Other facilities will submit as available. All reporters will be required to submit directly coded Summary Stage 2018 (SS2018). The Registry Plus team is considering releasing versions of Abstract Plus and Web Plus (for Abstracting) in NAACCR v18 that do not include AJCC TNM 8 data items in the display and would not include the NPCR TNM 8 derivation function. We believe these products could be available sooner in 2018 than versions including TNM functionality. NPCR central registries could provide the versions without TNM to reporting sources other than CoC-accredited facilities, since those will not be required to collect TNM.

The Registry Plus team will be assessing the needs of its central registries to determine if versions of Abstract Plus and Web Plus that include AJCC TNM 8 will be needed at all for 2018 for use either by dual-funded registries (those supported by both NPCR and SEER) having facilities using Abstract Plus or by non-CoC-accredited facilities planning to collect AJCC TNM 8.

Commission on Cancer National Cancer Database (NCDB) statement:

Due to the nature of the prospective treatment alert function within NCDB RQRS and the new timeliness requirements for commendation on Program Standard 5.2 that were implemented in the calendar year of 2017, RQRS will be accepting cases diagnosed in 2018 in v16 format. Look for more details in upcoming communications from the NCDB.

National Cancer Institute SEER Program statement:

The NCI SEER Program acknowledges the complex changes and additional effort required from central and hospital registries to implement the NAACCR v18 Standards. The Program supports the general recommendations for concurrent abstracting developed by the NAACCR 2018 Implementation and Guidelines Task Force with no additional requirements for NCI-funded registries. Central registries and reporting facilities in SEER areas are in the best position to determine individually the most effective use of concurrent abstracting and the timing of version updates. The updated version of the SEER Registrar Staging Assistant (SEER*RSA) will be released in early 2018. The SEER abstracting tool (SEER*Abs) and the SEER*DMS system will be updated soon after the SEER*RSA release. NCI SEER expects that all cases diagnosed in year 2018 and thereafter will be staged using Extent of Disease 2018 and transmitted by central registries to NCI in NAACCR version 18.

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