North American Association of Central Cancer Registries, Inc. (NAACCR)

2024 Implementation Guidelines and Recommendations

(For NAACCR Data Standards and Data Dictionary, Version 24, effective with cases diagnosed on or after January 1, 2024)

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1 Introduction

The North American Association of Central Cancer Registries, Inc. (NAACCR), works with the American College of Surgeons (ACoS) Commission on Cancer (CoC), American Joint Committee on Cancer (AJCC), National Cancer Institute (NCI) Surveillance Epidemiology and End Results (SEER) Program, Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR), Canadian Council of Cancer Registries (CCCR), National Cancer Registrars Association (NCRA), central cancer registries, and cancer registry software vendors to develop an implementation plan for NAACCR Standards for Cancer Registries Data Standards and Data Dictionary, Version 24 (referred to as Data Standards and Data Dictionary, Version 24). The 2024 data standards are developed in response to requested revisions from a broad set of constituents.

This Implementation Guidelines document (IG) provides an overview regarding changes in cancer surveillance reporting standards which the various stakeholders need to consider for 2024 diagnoses. There are links to source documents that are referenced throughout this IG, each being maintained by either the relevant standard setter or NAACCR. The NAACCR website continues to be an essential destination for the latest version of this Implementation Guide and for standards documents, including the Data Standards and Data Dictionary, Version 24, and its log of changes. Given the complexity and dynamics involved in the changes for 2024, the sources referred to in the IG are the most up-to-date and the most granular information.

This document is a collaborative effort, in the true NAACCR spirit, to inform the many stakeholders of the changes that are expected to be incorporated in training materials, software, and databases so that cancer data will continue to be defined, collected, and transmitted in a standardized manner. The standardized data collection facilitates the amazing sharing of data that has characterized cancer surveillance in North America since the inception of the American Association of Central Cancer Registries in 1987.

2 New Data Items

See Appendix A for the new data items table with the XML specifics.

2.1 Brain Primary Tumor Location

Brain Primary Tumor Location [3964] is added to Brain V9 to distinguish between the Pons and all other subsites within the brain stem. All new SSDI information is incorporated into the Staging APIs. See the SSDI Manual, Version 3.1.

2.2 Derived Summary Grade 2018

Derived Summary Grade [1975] has been defined. This field will be calculated at the central registries for all cases diagnosed in 2018 and later. The more severe value from Grade Clinical [3843] and Grade Pathological [3844] will be used. Breast is a special case because behavior affects the priority. If this field is required for your registry, logic is provided in section 14.1. The current expectation is that this logic

will be added to NAACCR*Prep. Central registries may choose to calculate this value via NAACCR*Prep and not store it in their database.

2.3 RX Hosp- and RX Summ-Recon Breast

CoC added two new data items, RX Hosp-Recon Breast [751] and RX Summ-Recon Breast [1335] for cases diagnosed on or after January 1, 2024. For diagnosis years 2022 and 2023, CoC collected these data in RX Hosp-Recon Breast [10106] and RX Summ-Recon Breast [10107].

2.4 Geocoding Quality Code and Geocoding Quality Code Detail

There are two new geocode data items, the Geocoding Quality Code [86] is used to describe the quality of the geocoding match and the Geocoding Quality Code Detail [87] provides the details of the elements related to the quality of the geocode. Both data items have been available in the NAACCR Geocoder since 2017 and the first request for the NAACCR Call for Data was in December 2022. Registries that do not use the NAACCR Geocoder will be unable to generate these codes.

3 Revised Data Items

3.1 Site-Specific Data Items

Some SSDI codes and code descriptions are changed to reflect changes in clinical management and/or staging and to improve clarity or to address questions that were raised in the various forums. Code changes for SSDIs are applicable to cases diagnosed January 1, 2018, and forward, but registrars will not be required to update previously coded information.

Significant changes are made to three SSDIs:

- Brain Molecular Markers [3816] is used in Brain V9 (09721) and CNS Other V9 (09722) schemas. Codes 10-23 are added to incorporate new terms for various histologies. Code 85 is revised to include all histologies applicable for this data item.
- p16 [3956], which is an existing SSDI for the Cervix V9 (09520) and Anus V9 (09210) schemas, is added to the Vulva V9 schema (09500) (see section 5.6). For cases diagnosed prior to January 1, 2024, Vulva cases would be in Vulva 8th and p16 would not be captured.
- SEER Site Specific Fact 1 [3700] is the HPV status for the Oral Cavity schemas (Buccal Mucosa, Floor of Mouth, Gum, Hypopharynx, Lip, Mouth Other, Oropharynx HPV-Mediated (p16+), Oropharynx (p16-), Palate Hard, Tongue Anterior). It is expanded to 2 digits to allow for more values and greater specificity. Existing values will need to be converted (see section 14.2).

New SSDIs and code changes are incorporated in the AJCC Cancer Surveillance DLL and the SEER Staging REST API/library. Other than updating the staging API that you use, there is no need for action for these types of changes. They are documented in the change log which can be accessed on https://apps.naaccr.org/ssdi/list/. Also, the SSDI Manual, Version 3.1 provides the changes to existing notes, codes, and code descriptions.

3.2 Location of Radiation Treatment

Location of Radiation Treatment [1550] coding labels were updated to align with the wording for radiation phases. In the label and definition of the code "administered" was changed to "started".

3.3 NPCR-Sponsored Data Item Changes

The descriptions and rationales for the following six NPCR-sponsored data items have been updated:

- Indian Health Service (IHS) Purchased/Referred Care Delivery Area [194]
- Urban Indian Organization (UIO) [284]
- Urban Indian Organization (UIO) Service Area [285]
- Tobacco Use Smoking Status [344]
- Early Detection Program Minimum Data Element (EDP MDE) Link Date [530]
- Early Detection Program Minimum Data Element (EDP MDE) Link [531]

Refer to the NAACCR Data Standards and Data Dictionary v24 for updated descriptions and rationales.

3.3.1 Urban Indian Organization (UIO) [284]

The data item name for Urban Indian Health Organization (UIHO) [284] changed to Urban Indian Organization (UIO) [284].

For UIO [284], the text description for code 9 has been updated to “the county is unknown or unknown if county is designated as UIO”.

Note: the XML NAACCR ID does not change when the data item name is changed.

3.3.2 Urban Indian Organization (UIO) Service Area [285]

The data item name for UIHO City [285] changed to Urban Indian Organization (UIO) Service Area [285].

For UIO Service Area [285], the text description for code 43 has been corrected to "Bismarck”.

Note: the XML NAACCR ID does not change when the data item name is changed.

3.3.3 Tobacco Use Smoking Status [344]

The following coding instructions are implemented for Tobacco Use Smoking Status [344]:

- Record cigarette, cigar, and/or pipe use only. Tobacco Use Smoking Status does not include marijuana, chewing tobacco, e-cigarettes, or vaping devices.
- Tobacco smoking history can be obtained from sections such as the Nursing Interview Guide, Flow Chart, Vital Stats or Nursing Assessment section, or other available sources from the patient's hospital medical record or physician office record.
- Use code 1 if there is evidence in the medical record that the patient quit smoking within 30 days prior to diagnosis. The 30 days prior information is intended to differentiate patients who may have quit recently due to symptoms that led to a cancer diagnosis.
- Use code 2 if medical record indicates patient smoked tobacco in the past but does not smoke now. Patient must have quit 31 or more days prior to cancer diagnosis to be coded as ‘Former smoker.’
- Use code 3 if it cannot be determined whether the patient currently smokes or formerly smoked. For example, the medical record only indicates “Yes” for smoking without further information.
- Use code 9 (Unknown if ever smoked) rather than code 0 (Never smoker), if
    - the medical record only indicates “No” for tobacco use;
    - smoking status is not stated or provided; or
    - the method (cigarette, pipe, cigar) used cannot be verified in the chart.
- This data item can be left blank for cases diagnosed prior to 1/1/2022.

3.4 Coding System Data Items

- NAACCR Record Version [50]: Code 240 is added for 2024 version 24.
- Morph Coding Sys--Current [470] and Morph Coding Sys—Original [480]: Code E is added for ICD-O-3.2, plus WHO new terms used for conditions effective January 1, 2024***.
- Schema ID Version Current [2117] and Schema ID Version Original [2118]: Code 3.1 is added. Schema ID Version Current should be updated to the new value for all cases in the database diagnosed January 1, 2018, or later when the system is updated to include the new EOD 2018 version. Schema ID Version Original should be set to the version in use when the case is collected. While this version is required for the 2023 diagnosis year, if a 2018-2022 case is collected after the system is updated, the schema ID Version Original should be set to 3.1.
- AJCC Cancer Surveillance DLL Version Current [2158] and AJCC Cancer Surveillance DLL Version Original [2159]: Code 09.02.00.0001 is added. AJCC Cancer Surveillance DLL Version Current [2158] should be updated to the new value for all cases in the database diagnosed January 1, 2018, or later when the system is updated to NAACCR V24. AJCC Cancer Surveillance DLL Version Original [2159] should be set to the version in use when the case is collected. While this version is required for the 2024 diagnosis year, if a 2018-2023 case is collected after the system is updated, the AJCC Cancer Surveillance DLL Version Original [2159] should be set to 09.02.00.0001.
- AJCC API Version Current [2156] and AJCC API Version Original [2157]: Code 09.02.00 is added. AJCC API Version Current [2156] should be updated to the new value for all cases in the database diagnosed January 1, 2018, or later when the system is updated to NAACCR V24. AJCC API Version Original [2157] should be set to the version in use when the case is collected. While this version is required for the 2024 diagnosis year, if a 2018-2023 case is collected after the system is updated, the AJCC API Version Original [2157] should be set to 09.02.00.

  Note: The versioning of the AJCC API and DLL may be updated after the release of the 2024 Implementation Guidelines. See Cancer Staging System Products for the latest version number(s).

  See section 14.4 for the conversions of the three staging API/DLL Version Current fields.

3.5 Follow-up Source Central

The parent XML element for Follow-up Source Central [1791] was changed from tumor to patient.

4 Retired Data Items

4.1 Birthplace

In 2013, two new data items were added (Birthplace-State [252] and Birthplace-Country [254]) and were intended to replace the use of Birthplace [250]. All standard setters agreed that Birthplace [250] should have been previously converted to the new interoperable codes. See the 2013 Implementation Guidelines for further information.

4.2 Place of Death

In 2013, two new data items were added (Place of Death-State [1942] and Place of Death-Country [1944]) and were intended to replace the use of Place of Death [1940]. All standard setters agreed that Place of Death [1940] should have been previously converted to the new interoperable codes. See the 2013 Implementation Guidelines for further information.

4.3 Name-Maiden

In 2021, a new data item was added (Name-Birth Surname [2232]) and was intended to replace the use of Name-Maiden [2390]. See the 2021 Implementation Guidelines for further information.

4.4 LN Status Femoral-Inguinal, Para-aortic, Pelvic

In 2022, three new data items were added (LN Status Para-aortic [3958], LN Status Pelvic [3957], and LN Status Femoral-Inguinal [3959]); these replace the data item LN Status Femoral-Inguinal, Para-aortic, Pelvic [3884] which has been retired and no longer included in any schema. See the 2022 Implementation Guidelines for further information.

4.5 CRC Checksum

The CRC Checksum [2081] is no longer used; it was designed to address potential data file errors that could be introduced in media such as diskettes.

5 Other Changes

5.1 ICD-O-3

The Guidelines for 2024 ICD-O-3.2 Histology Code and Behavior, effective January 1, 2024, developed by the NAACCR ICD-O-3 Implementation Work Group and approved by the High-Level Strategic Group (HLSG), address implementation of updated histology terms and new codes for cases diagnosed on or after January 1, 2024. Members of the work group represent standard setting organizations, central registries, hospital registries, and cancer registry software vendors.

The 2024 ICD-O-3.2 update includes changes identified during review of recently published World Health Organization's WHO Classification of Tumours 5th Edition books (WHO "Blue Books"). This series covers all principal sites of cancer and includes ICD-O morphology codes for each neoplasm. Each new edition underwent thorough review to identify new histologies and ICD-O codes, behavior changes to existing ICD-O codes, and new terminology. The ICD-O-3 Implementation Work Group recommended adopting the changes for 2024 and implementation of the changes was approved by the standard setting agencies. These changes will be made congruent with Cancer PathCHART standards (see section 6 for additional information).

The 2024 ICD-O-3.2 histology code and behavior update includes tables listing changes made after the 2023 update and is effective for cases diagnosed January 1, 2024, and forward. As introduced in 2022, the 2024 update tables include columns for each standard setter which indicates if that code and/or term are required for data collection and submission.

The ICD-O-3 Implementation Work Group created a guide for users which provides important information on the background and issues for this update along with how to use the tables. The 2024 guidelines have been modified to include only two tables, numeric and alpha, listing new ICD-O codes, terminology, behavior changes, and required status. The Work Group strongly recommends that users read the guidelines to efficiently use ICD-O-3.2 and the 2024 Update tables.

Note: Use of these guidelines is required for determining reportability and accurate coding.

Following the release of the 2023 Guidelines for ICD-O-3.2 Histology Code and Behavior Update, the ICD-O-3 Implementation Work Group reviewed the recent 5th Ed WHO Blue Books published after the creation of ICD-O-3.2. The Work Group submitted their implementation recommendations to the Mid-Level Technical Group (MLTG) and High-Level Strategic Group (HLSG) in March 2023. The MLTG and HLSG reviewed the recommendations and accepted them for implementation in 2024.

Additional updates to site and morphology combination standards will be released via the Cancer PathCHART standards, including the 2024 Cancer PathCHART ICD-O-3 Site Morphology Validation List.

The ICD-O-3 Implementation Work Group is charged with developing the implementation documents and acting as the clearinghouse for the review and resolution of new histology code implementation questions. If there are any questions, they are to be submitted through Ask A SEER Registrar.

These documents will be posted to the NAACCR web site at: ICD O 3 Coding Updates (naaccr.org)

Blast emails from the standard setting organizations will also include links to the updated tables. The documents can then be saved to your desktop or printed. A link to the tables will also be posted on SEER.

Implementation guidelines and updates will be posted on NAACCR's website. The Work Group will also be communicating updates via email using the NAACCR listserv and mailing lists of all organizations.

5.2 Site/Histology Validation List

In the past, the SEER Site/Histology Validation List was updated to reflect new ICD-O-3.2 histology codes and behaviors identified in the 2024 ICD-O-3 Update guidelines and was posted on the SEER website. This list has now been replaced by the 2024 Cancer PathCHART ICD-O-3 Site Morphology Validation List.

5.3 Solid Tumor Rules

The Solid Tumor Rules are a comprehensive revision to the 2007 site specific Multiple Primary and Histology Rules (MP/H), which were developed to promote consistent and standardized coding for cancer surveillance. In 2018, eight site groups were revised: Malignant and Non-malignant CNS, Breast, Colon, Head & Neck, Kidney, Lung, and Urinary. Since their implementation in 2018, these site groups continue to be updated to reflect changes in histology coding. In 2021, Cutaneous Melanoma MP/H site rules were revised as Solid Tumor Rules and became effective for cases diagnosed January 1, 2021, and forward. Beginning January 1, 2022, the 2018 Solid Tumor Rules are now called "Solid Tumor Rules" and no longer include year. The General Instructions and each site-specific module include instructions on which rules to use depending on diagnosis date. The content of the *Solid Tumor Rules* will be made consistent with the Cancer PathCHART tumor site and morphology standards as outlined in the 2024 Cancer PathCHART ICD-O-3 Site Morphology Validation List.

General: The addition of new terminology, clarifications to equal/equivalent terms, and clarifications to terms that are not equal/equivalent comprise most of the changes for 2024.

New site-specific modules are not planned for 2024 at this time, pending the publication of the remaining *5th Edition WHO Classification of Tumours* books.

5.4 Reportability

Reportability for cases diagnosed in 2024 is based on the ICD-O Third Edition, Second Revision Morphology (ICD-O-3.2) plus the ICD-O-3.2 updates posted on the NAACCR website.

There are no changes to reportability for 2024 diagnosis.

5.5 Surgery Codes

The Site-Specific Surgery Codes for Lung (C34), Pancreas (C25), Thyroid (C73), Colon (C18), and Breast (C50) are updated to align with the Synoptic Operative Report for cases diagnosed January 1, 2024, and forward. As a reminder, these codes are defined by disease site and change with each release per disease site. These surgery codes are in Appendix A of the STORE 2024 Manual and Appendix C of the SEER Manual. As noted in the STORE 2024 Manual and SEER Manual, valid values are based on year of diagnosis. Pay close attention to these specific instructions.

5.5.1 Surgery Code Crosswalks

Crosswalks of surgery codes for the data items RX Summ--Surg Prim Site 03-2022 [1290] and RX Summ--Surg Prim Site 2023 [1291] have been developed for sites where significant changes occurred to the surgery codes and code definitions. These crosswalks are intended to be used for quality control, by registry software vendors, and by data analysts interested in reviewing surgery codes over time. Footnotes within each crosswalk worksheet have been provided for those who may want to perform additional text review to translate to a more specific code when additional code translations are technically possible. The spreadsheets include the codes as they appear in the STORE and the SEER Program Coding and Staging Manuals, 2022, 2023 and 2024 versions. The crosswalks should not be used to directly code the surgery fields.

5.6 AJCC Version 9 Protocols

AJCC Cancer Staging System will release seven Version 9 Protocols to go into effect with cases diagnosed January 1, 2024, and forward:

- Vulva Version 9
- Neuroendocrine Tumors of the Stomach Version 9
- Neuroendocrine Tumors of the Duodenum and Ampulla of Vater Version 9
- Neuroendocrine Tumors of the Jejunum and Ileum Version 9
- Neuroendocrine Tumors of the Appendix Version 9
- Neuroendocrine Tumors of the Colon and Rectum Version 9
- Neuroendocrine Tumors of the Pancreas Version 9

These Version 9 protocols replace the current AJCC 8th edition chapters for these disease sites.

AJCC Cancer Staging System has changed the AJCC IDs for Version 9 Protocols. This will align with the fact that there are no longer chapters with chapter numbers. The following will be the new AJCC IDs for Version 9 Protocols. See section 14.5 for conversions.

AJCC Protocol	AJCC ID
Cervix Uteri	9001
Appendix	9002
Anus	9003
Brain and Spinal Cord Other	9004
Brain and Spinal Cord Medulloblastoma	9005
Vulva	9006
Neuroendocrine Tumors of the Stomach	9007
Neuroendocrine Tumors of the Duodenum and Ampulla of Vater	9008
Neuroendocrine Tumors of the Jejunum and Ileum	9009
Neuroendocrine Tumors of the Appendix	9010
Neuroendocrine Tumors of the Colon and Rectum	9011
Neuroendocrine Tumors of the Pancreas	9012

5.7 AJCC Histology Changes

The following Histology ICD-O-3 [522] with AJCC ID [995] is now eligible for AJCC staging for cases diagnosed January 1, 2024, and forward. Note: the staging DLL/APIs will also indicate these histologies are eligible for AJCC staging in 2018-2023, but registries are not expected to collect stage for those years. Each registry may decide how to handle these earlier cases.

AJCC ID	AJCC Chapter	Histology
57	Penis	8085
57	Penis	8086
20	Colon and Rectum	8154

The following Histology ICD-O-3 [522] for Primary Site [400] has been moved to a new protocol (AJCC ID) for cases diagnosed January 1, 2024, and forward.

AJCC ID	AJCC Chapter	Primary Site/Histology	Notes
46	Merkel Cell Carcinoma	C51.0, C51.1, C51.2, C51.8, C51.9 with 8041	These primary sites and histology combinations will now be in Version 9 Vulva

5.8 Extent of Disease (EOD)

For cases diagnosed January 1, 2024, and forward, new schemas are added to align with changes in AJCC version 9 (V9):

- NET Ampulla of Vater [V9: 2024+] (09302)
- NET Appendix [V9: 2024+] (09320)
- NET Colon and Rectum [V9: 2024+] (09330)
- NET Duodenum [V9: 2024+] (09301)
- NET Jejunum and Ileum [V9: 2024+] (09310)
- NET Pancreas [V9: 2024+] (09340)
- NET Stomach [V9: 2024+] (09290)
- Vulva [V9: 2024+] (09500)

The existing related schemas are "[8th: 2018-2023]" appended to the name (for example, Vulva [8th: 2018-2023]) and their schema IDs remain unchanged. The schemas based on the 8th edition continue to be used for cases diagnosed from January 1, 2018, through December 31, 2023.

Some histologies are added to the new schemas based on version 9. These histologies continue to be included in the original schemas for cases diagnosed from January 1, 2018, through December 31, 2023, so no conversions are necessary. The original schemas include:

- Merkel Cell Skin (00460) – 8041 with C51._moves to Vulva V9
- Pancreas (00280) – 8272 with C25._moves to NET Pancreas V9
- Soft Tissue Abdomen and Thoracic (00421) – 8982, 9064 with C51._moves to Vulva V9

There are significant differences between the Vulva 8th and Vulva V9 EOD Primary Tumor [772] and EOD Regional Nodes [774] definitions so that the Vulva V9 definitions align with the AJCC T and N definitions.

The calculation tables for the Derived EOD 2018 fields are updated so that In Situ cases, where AJCC does not define Tis, the table now derives 88 for the four Derived EOD 2018 fields. See section 14.3 for conversion.

The calculation tables for Derived EOD 2018 Stage Group for the 8 schemas where Grade is considered as part of the stage group determination have been updated. The calculation no longer prioritizes by timing, but now uses the more severe grade captured between Grade Clinical [3843] and Grade Pathological [3844]. **If Derived EOD 2018 Stage Group is collected, it will need to be recalculated for cancers diagnosed January 1, 2018, and later**. This affects Schema ID [3800] = 00190 (Appendix 8th), 09190 (Appendix V9), 00381 (Bone Appendicular Skeleton), 00480 (Breast), 00430 (GIST), 00580 (Prostate), 00440 (Retroperitoneum), 00410 (Soft Tissue Trunk and Extremities).

Some Extent of Disease fields changed to improve clarity or to address questions that were raised in the various forums. These changes are applicable to cases diagnosed January 1, 2018, and forward, but registrars are not required to update previously coded information. The new information is incorporated in the SEER Staging REST API/library. Other than updating the staging API that you use, there is no need for action for these types of changes. They are documented in the change log which can be accessed on https://seer.cancer.gov/tools/staging/eod/.

5.9 Summary Stage 2018

The Summary Stage 2018 [764] notes for Prostate are updated similarly to the EOD fields to improve clarity. Registrars are not required to update previously coded information. This information is incorporated in the SEER Staging REST API/library and will be available once the staging API has been updated.

5.10 Hematopoietic and Lymphoid Neoplasms Manual and Database

The Hematopoietic and Lymphoid Neoplasms Manual and Database (Heme manual) is effective for cases diagnosed 2010+.

There are no changes to the Heme manual or to the Heme database for 2024.

6 Cancer PathCHART

The Cancer Pathology Coding Histology and Registration Terminology (Cancer PathCHART) initiative is a ground-breaking collaboration of North American and global registrar, registry, pathology, and clinical organizations, including the following tumor and histology cancer data standard setters:

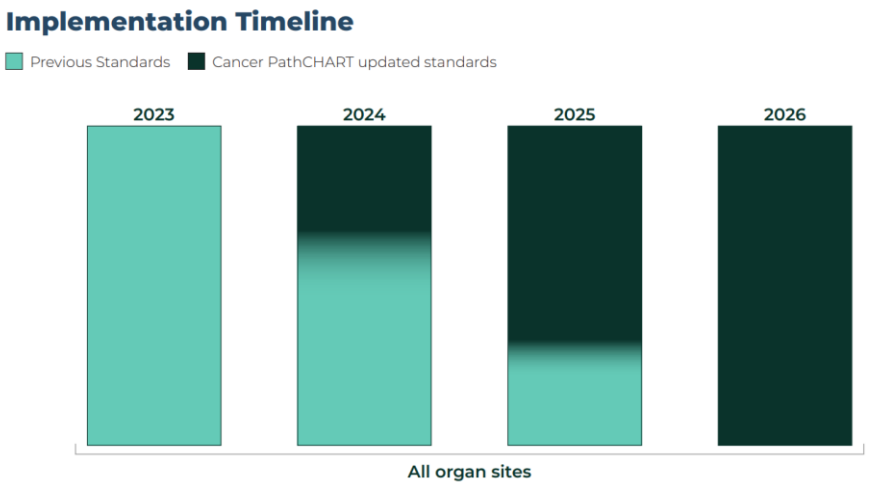
- World Health Organization/International Agency for Research on Cancer
- College of American Pathologists
- National Cancer Institute, Surveillance Research Program
- Center for Disease Control and Prevention, National Program of Cancer Registries
- American College of Surgeons, Commission on Cancer
- American Joint Committee on Cancer
- International Association of Cancer Registries
- International Collaboration on Cancer Reporting
- National Cancer Registrars Association
- North American Association of Central Cancer Registries

Cancer PathCHART aims to improve cancer surveillance data quality by updating standards for tumor site, histology, and behavior code combinations and associated terminology.

This initiative involves a substantial, multifaceted review process of histology and behavior codes (and associated terminology) by tumor site that includes expert pathologists and tumor registrars. The results of these in-depth reviews are incorporated into the Cancer PathCHART database, and serve as all-new, single source of truth standards for tumor site, histology, and behavior coding across all standard setters. The 2024 Cancer PathCHART ICD-O-3 Site Morphology Validation List, output directly from the Cancer PathCHART database, is a comprehensive table that replaces both the ICD-O-3 SEER Site/Histology Validation List, which serves as the basis of the Primary Site, Morphology-Type, Beh ICDO3 (SEER IF25), as well as the list of impossible site and histology combinations included in the Primary Site, Morphology-Imposs ICDO3 (SEER IF38) edit. The 2024 Cancer PathCHART ICD-O-3 Site Morphology Validation List is freely available to cancer registration software vendors and any other end users in easily consumed, computer-readable formats (e.g., Excel, CSV, XML).

Updated standards will be implemented as follows (see Implementation Timeline graph below).

- For cases diagnosed in 2023 and earlier, 2023 tumor site and morphology standards will be used; standards will not be applied retroactively, no review of cases diagnosed prior to 2024 will be required.
- For cases diagnosed in 2024 at topographical sites that have undergone the Cancer PathCHART review processes, updated 2024 standards will be used.
- For all other cases diagnosed in 2024 at topographical sites that have yet to be reviewed, 2023 tumor site and morphology standards will be used.



7 XML

The NAACCR XML Data Exchange Work Group continues to develop the *NAACCR Data Exchange Standard, XML Specifications for Cancer Registry Records*. The latest standard base dictionary, sample data, and software tools are available to registries and software vendors. The XML website provides links to these documents, changes been versions, and products.

7.1 Date Fields

In the original NAACCR fixed-width file format, column position and field length for each data item was explicitly defined to ensure that information from one item did not encroach into another. To maintain this structure, a strict set of rules were established with empty spaces used as placeholders to ensure correct positioning within a fixed-width record. The migration to eXtensible Markup Language (XML) removes the necessity for these strict column requirements. Instead, the XML format only restricts the maximum length of a variable.

NAACCR XML data items are populated with non-space characters from left to right, up to, but not exceeding the maximum length. In XML v24, left-to-right storage of data – without spaces – is the default for all variables except those involving free-form text or in rare cases where standard-setter requirements require alternative rules to conform with edits.

As example, the structure for all date fields in NAACCR XML is:

1. a maximum of eight (8) numeric characters/digits
2. left justified
3. formatted from left to right as YYYYMMDD

This format is defined for transmission of cancer registry data using the NAACCR XML data exchange standard, it is not meant to inform how data should be stored in a registry database or viewed on a screen. The order of components - year, then month, then day - follows a left-to-right transmission priority which ensures that the minimum allowable information is listed first and to the left. With this structure, only valid portions of the date are transmitted while missing/unknown portions of dates are not transmitted. Below are transmission examples for dates when only certain components are known:

- YYYYMMDD – when a date is complete, known, and valid, then all eight (8) numeric characters are transmitted from left-to-right as a 4-digit year, then 2-digit month, then 2-digit day.
- YYYYMM – when the year and month are known and valid, but the day is unknown, then the first 6 digits are transmitted.
- YYYY – when the year is known and valid, but the month and day are unknown, then the first 4 digits are transmitted.
- If the date is fully unknown, then the date field should not be filled with anything – this includes the space character (i.e., any whitespace such as the space bar entry). Such date fields are not included in a transmitted NAACCR XML file.

7.2 Updated Data Exchange Standard

The NAACCR Data Exchange Standard specification is updated to version 1.7. In this version, the "trim" data item attribute was retired. The default value of the "padding" data item attribute changes to "none", the other valid value is "leftZero", and the other values are retired.

7.3 XML Software Utilities

This section highlights several XML software tools. Software vendors should use a standard software tool or NAACCR XML library to validate XML files.

Registry Plus XML Exchange Plus software by NPCR is an aid for central registries that want to collect their own data items. It produces a valid user dictionary that can be distributed to cancer registry software vendors. XML Exchange Plus can be used for: 1) dictionary maintenance; 2) convert flag and NAACCR XML files; 3) produce flat and delimited files; 4) run EDITS, producing edit reports similar to GenEDITS Plus; 5) import, view, update, export NAACCR data; and 6) record validation.

File*Pro by SEER provides a variety of useful functions for central registries. It can be used to view, edit, and manage data in text files.

The NAACCR XML Dictionary Editor creates and validates XML dictionaries.

The NAACCR XML Utility Tool translates fixed-width NAACCR files to NAACCR XML files and back. It also validates XML files and creates and validates user-defined NAACCR XML dictionaries.

7.4 Other Considerations

Software that still requires some form of fixed-width format for software vendor needs or application tools should conform to the format described in the XML Specification v1.7 using the NAACCR XML ID as headers as explained in the *Guidelines for Creating a Delimited Data File from a NAACCR XML File (section 2.4.8)*. Users are strongly encouraged to migrate away from flat file considerations as these will not be supported indefinitely, though no end date is yet established.

Contact the NAACCR XML Data Exchange WG with any questions. Valerie Yoder (valerie.yoder@hsc.utah.edu) and Isaac Hands (isaac.hands@uky.edu) are the work group co-chairs.

8 EDITS

8.1 V24 NAACCR Edits Metafile

A beta version of the v24 edits metafile was made available in mid-July. The beta version is available upon request (see contact info below). The initial release of the v24 metafile is scheduled to be made available online by August 31 at https://www.naaccr.org/standard-data-edits/

Changes to edits for cases diagnosed 2018 through 2023 address fixes to edit logic as well as updates to accommodate changes to existing data items for 2024. The NAACCR v24 Change Spreadsheet includes:

- "Corrections" page that lists corrected edits
- "Updates" page that lists modifications to existing edits
- "Updates-2024" page that list modifications to existing edits for 2024 changes
- "New Edits" page that lists all new edits for both existing and new data items
- "Categories" page that groups new and changed edits by the types of changes that were made
- "Pediatric" page that lists all new and existing edits for Pediatric Staging implemented by SEER

Corrections to edits include changes to edit names, edit descriptions, and edit logic. Changes were prompted by problem reports from users as well as review of edits when considering required updates for 2024. Updates to existing edits were made in response to user requests, to enhance edit logic, or to improve edit performance.

The "Updates-2024" to edits respond to the following changes in data standards:

a) Retiring of data items: Birthplace; CRC CHECKSUM; LN Status Femoral-Inguinal, Para-aortic, Pelvic; Name-Maiden; Place of Death.
b) Change in data item length: SEER Site-Specific Fact 1, from 1 to 2 characters.
c) New codes for Brain Molecular Markers SSDI.
d) New data items: Brain Primary Tumor Location for Brain V9 schema (09721); Derived Summary Grade; RX Hosp--Recon Breast and RX Summ--Recon Breast for Primary Site C500-C509. These last two data items use new A codes to record breast reconstruction that occurs at the same procedure as breast surgery. No edits have been developed for the other new data items: Geocoding Quality Code and Geocoding Quality Code Detail, derived data items from the geocoding process.
e) New format for AJCC ID for schemas with Version 9 staging: The AJCC IDs are numbered in publication order for Version 9 staging, starting with 9001 for Cervix Uteri, 9002 for Appendix, 9003 for Anus, 9004 for Brain, 9005 for Medulloblastoma, and 9006 through 9012 for the new Version 9 staging schemes released for 2024. Edits have been updated to accommodate these new AJCC IDs, and to use the 4-digit numeric values starting with "9" to identify cases staged in Version 9.
f) Version 9 staging is new for Vulva (9006, 09500), NET of Stomach (9007, 09290), NET of Duodenum and Ampulla (9008, 09301, 09302), NET of Jejunum and Ileum (9009, 09310), NET of Appendix (9010, 09320), NET of Colon and Rectum (9011, 09330), and NET of Pancreas (9012, 09340). There are some changes to staged histologies in all these schemas,

and changes to AJCC T and AJCC N values for Vulva. Edits have been updated to include the new AJCC IDs and Schema IDs where appropriate. p16 is a new SSDI for Vulva V9 in 2024.

g) New B surgery codes have been added for Colon, Pancreas, Lung, Breast, and Thyroid. B codes have been required for breast from COC facilities for 2022 and 2023, reported in custom data fields, but they will be standard for all reporting facilities starting with 2024. A codes will continue to be used in the RX Hosp--Surg Prim Site 2023 and RX Summ--Surg Prim Site 2023 for all cases diagnosed before 2024 for these primary sites. Edits will enforce the use of A and B codes by diagnosis date.

h) The Cancer PathCHART initiative, supported and managed by NCI/SEER, will be the source for the validation of site/histology/behavior combinations, starting with 2024 diagnoses. Existing edits that check valid and impossible site/type combinations will remain in place for diagnoses through 2023. A new edit for 2024 will check valid and impossible combinations with reference to a single table imported from the PathCHART database. Combinations not found in the table are considered unlikely and will require review and an override if correctly coded. For sites and histologies where the PathCHART review has not been completed for 2024, the values from the existing site/type lists will be brought forward.

The "New" page lists all new fields, tables, and edits for this metafile. All new edits begin with "N7".

The "Categories" page groups both new and existing edits according to their purpose or reason for modification or updating.

The "Pediatric" page lists all new data items and edits developed to support Pediatric Staging based on the Toronto Childhood Cancer Staging Guidelines. Pediatric Staging will be collected by some SEER registries for 2024. The data items use temporary NAACCR numbers 9600 through 9625; it is recommended that registries developing their own custom data items avoid these numbers if possible. Also, the edits use tags starting with "Ped" and in the 71XX range.

The v24 edits metafile was developed in EditWriter v5 (EW5) and will only be available in a .smf format.

Contact Jim Hofferkamp at jhofferkamp@naaccr.org with any questions or concerns about the NAACCR edits metafile. For NPCR EDITS technical support via email contact cancerinformatics@cdc.gov.

8.2 Running Edits on XML Files

Edits can be run directly on XML files using GenEDITS Plus and XML Exchange Plus. The Edit Engine 5.1 no longer requires the flat buffer with data items in fixed column positions for processing the v24 metafile. The NAACCR edit metafile will be published without the layout object that has been required for versions of the Edit Engine before 5.1.

Registries with defined local data items are instructed to add the local items to the user-defined data dictionary. To run edits on local data items, these same registry-specific data items must also be added to the Fields object when creating a customized edit metafile in EditWriter 5. It is very important that the same NAACCR item numbers are assigned in the user-defined dictionary and in a customized edit metafile. With the change to the Edit Engine 5.1 that no longer requires a layout, NAACCR item numbers are used to locate the data items instead of data item column positions.

Note that the current version of EditWriter 5 cannot edit XML files when running Edits to test Edit Sets and when using the Data Wizard within the Test Bench. The interactive testing tool known as the Test Bench within EditWriter 5 can still be used to test individual edits using the Test button with the user entering values for each of the fields involved in the edit to determine the test result.

9 Standard Setters Reporting Requirements for 2024

Each standard setting agency provided their respective information for this section.

9.1 CoC Reporting Requirements

Beginning with cases diagnosed January 1, 2024, and forward, all CoC accredited programs should follow the rules and instructions in STORE 2024. A summary of the STORE 2024 changes is included in the STORE Manual chapter "Summary of Changes". Two new data items are added RX Hosp-Recon Breast [751] and RX Summ-Recon Breast [1335] effective with diagnosis January 1, 2024. The Site-Specific Surgery Codes for Lung (C34), Pancreas (C25), Thyroid (C73), Colon (C18), and Breast (C50) are updated to align with the Synoptic Operative Report for cases diagnosed January 1, 2024, and forward.

The data item Location of Radiation Treatment [1550] was updated with wording definition to align with wording for radiation phases. In the label and definition of the code, the word administered has been changed to started.

CoC will no longer collect the CoC specific breast and reconstruction codes, RX Hosp-Surg Breast [10104], Rx Summ-Surg Breast [10105], Rx Hosp-Recon Breast [10106], and Rx Summ-Recon Breast [20107] in the user defined data fields effective with cases diagnosed January 1, 2024, and forward.

CoC Accredited programs will collect the following SSDI effective with cases diagnosed January 1, 2024, and forward.

- p16 [3956] -Vulva V9

Questions related to STORE can be submitted to the CA Forum. The STORE Manual 2024 will be released to the NCDB Call for Data website in August 2023.

9.2 CDC NPCR Reporting Requirements

Beginning with cases diagnosed January 1, 2024, and forward, CDC-NPCR will adopt the new record format and data collection requirements as published in the Data Standards and Data Dictionary, Version 24. Refer to the CDC-NPCR requirements listed in the Data Standards and Data Dictionary, Version 24, Required Status Table. Share these requirements with your software vendors and key stakeholders.

CDC-NPCR will require site-specific data item p16 [3956] for vulvar cancers.

New data items required are Brain Primary Tumor Location [3964] for Brain V9, Derived Summary Grade [1975], Geocoding Quality Code [86], and Geocoding Quality Code Detail [87].

CDC is following the NAACCR Guidelines for 2024 ICD-O-3.2 Histology Code and Behavior Update (published for 2024).

9.2.1 Staging Requirements for 2024 Diagnosis

CDC-NPCR continues to require directly assigned Summary Stage 2018 [764] (most current version). NPCR requirements for Summary Stage 1977 [760], Summary Stage 2000 [759], and CS Derived Summary Stage 2000 [3020] have not changed. If voluntarily capturing AJCC TNM and/or SEER EOD stage data items, rules and requirements provided by those sources should be followed.

Central registries will inform state reporters of their individual state requirements.

Questions related to CDC-NPCR Stage requirements can be submitted to**: cancerstaging@cdc.gov**

9.3 NCI SEER Reporting Requirements

Beginning with cases diagnosed January 1, 2024, SEER registries will follow the instructions in the 2024 SEER Manual and the most recent Solid Tumor Rules, Hematopoietic Manual, Grade Manual, SSDI Manual, SEER*RSA, EOD, Summary Stage, and ICD-O-3.2 updates. See Appendix C, Source References, for links to the manuals.

The following data items are required for cases diagnosed January 1, 2024, or later, they were not previously required.

Data Items Required for v24 or Later, Not Previously Required	
Item #	**Item Name**
86	Geocoding Quality Code
87	Geocoding Quality Code Detail
751	RX Hosp Recon Breast
1335	RX Summ Recon Breast
1975	Derived Summary Grade
3964	Brain Primary Tumor Location

p16 [3956], which was required for Cervix V9 for 2021-2022 if CoC Accredited Flag [2152] = 1, and required for all Cervix V9 and Anus V9 cases diagnosed from January 1, 2023, forward, is now required for vulva cases diagnosed from January 1, 2024 and forward.

Beginning with cases diagnosed January 1, 2024, SEER will require Tumor Size Summary [756]. Tumor Size Clinical [752] and Tumor Size Pathologic [754] will no longer be required by SEER.

The instructions for coding Date Initial RX SEER [1260] will be changed for cases with active surveillance or watchful waiting as their first course of treatment. As of January 1, 2024, enter the date the decision was made to treat with active surveillance or watchful waiting in this data item.

COVID-19 data collection was discontinued as of cases diagnosed in 2023.

See the Required Status Table in NAACCR Data Standards and Data Dictionary, V24 for more information.

Submit questions about SEER requirements to Ask A SEER Registrar.

9.4 CCCR Reporting Requirements

Beginning with cases diagnosed on or after January 1, 2024, the Canadian Council of Cancer Registries (CCCR) will implement the data collection and submission requirements as published in the NAACCR Data Standards and Data Dictionary, Version 24, Required Status Table.

For cases diagnosed January 1, 2024, and forward, Canada will continue to collect TNM stage data using the AJCC Cancer Staging Manual 8th Edition and Version 9. For 2024, stage data will be collected using AJCC V9 for the following schemas: NET Stomach, NET Duodenum, NET Ampulla of Vater, NET Jejunum and Ileum, NET Appendix, NET Colon and Rectum, NET Pancreas, and Vulva. Information regarding new and updated SSDIs is available in the NAACCR SSDI Manual. Refer to the Canadian SSDI spreadsheet and the 2024 Canadian Cancer Registry Variable Specifications for specific requirements.

Canada will follow the NAACCR ICD-O-3 Implementation Guidelines to adopt updates to ICD-O-3.2 for cases diagnosed January 1, 2024, onward. Refer to the 2024 Canadian Cancer Registry Reference Tables for more information. Canada will follow any updates to the NAACCR Grade Manual and the Solid Tumor Rules for cases diagnosed January 1, 2024, onward.

Cases will be submitted to the Canadian Cancer Registry during Statistics Canada's Call for Data. Provincial/Territorial cancer registries can reference the 2024 Canadian Cancer Registry Record Layout and supporting data provider documentation for a more comprehensive listing.

10 Summary for Central Cancer Registries

Each central cancer registry should review this entire document to determine which revisions will affect their operations. Central registries must consider the revisions that will be necessary to meet the different requirements of national standard setters. These determinations should be communicated to reporting facilities and registry software vendors as soon as possible.

10.1 Central Registry XML User Dictionary

NAACCR established the User Dictionary Clearinghouse website to share examples of XML User Dictionaries from central registries. Central registries with state-specific data items are encouraged to upload their XML User Dictionary along with the MS Excel data items workbook describing their user dictionary by the October 1st deadline. Software vendors can acquire the documents, and all registries benefit from learning from each other's state-specific data field requirements.

With each new NAACCR version, central registries should review their XML User Dictionary and MS Excel data items workbook, or their decision not to create one, and update their entry accordingly on the Clearinghouse. XML User Dictionaries may include a NAACCR version attribute that must be updated with each new NAACCR version. In addition, making note of new or changed data items via communication with software vendors or clear notations within the MS Excel workbook is recommended. When developing a new user dictionary, or updating an existing one to a new version, use of XML Software utilities as described in section 7 is recommended.

10.2 Central Registry Edits

Central registries should carefully review section 8 for information regarding the NAACCR v24 edits metafile. Also, the updated SEER*Edits will be released after the NAACCR v24 edits metafile. It is expected that all SEER registries will run all the SEER edits. If central registries wish to write their own edits, create new edit sets, or develop customized metafiles, EditWriter 5 should be utilized. It is important to remember that state-specific data items need to be defined in an XML User Dictionary so that edits can be incorporated in metafiles.

With each major metafile release, NAACCR hosts Edit Metafile Workshops for central registries. In these virtual sessions, changes to the metafile are discussed and instructions for creating new and updating existing custom metafiles are provided. At a minimum, Metafile administrators and central registry staff managing the central registry metafile are encouraged to attend. In addition to these Workshops, changelogs and instructional documents are provided for all minor releases. Recordings of past workshops, along with metafile documentation and how-to guides can be found on the NAACCR Edits Webpage.

Central registries should review the new NAACCR edits metafile, associated documentation, and the data items required by their standard setters in the Required Status Table of the Data Standards and Data Dictionary when developing edit sets for incoming abstracts and consolidated records in their metafile. Edits in the metafile may need to be revised to accommodate central registry-specific or state-specific reporting requirements, and custom edits may need to be developed for any non-standard or custom data items. Implementation, testing, and distribution of metafiles to reporting facilities and registry software vendors should be considered as central registries develop their requirements for reporting.

Metafiles and associated documentation, including instructions for use and changelogs, should be uploaded to the NAACCR Edits Clearinghouse by the October 1st deadline. The Clearinghouse allows central registries to easily share their metafiles with other registries, software vendors, and users of their metafile. Any MyNAACCR user may download metafiles, but only designated central registry users are authorized to upload. Central registries that choose not to upload or utilize standard edit sets and have no custom edits or edit sets, are still encouraged to upload an instructional document which makes note of that fact.

Central registries should evaluate the time required to correct errors in previous years' data that appear retrospectively when applying new standard edits, particularly when there are no guidelines that limit diagnosis years to which the new edits are applied. This can be done by running the new edit metafile on the central registry database and reviewing edit summary reports, and subsequently reviewing detailed edit errors for edits with a high number of error records. When reviewing edit errors, the relative importance of the affected data items and the amount of time required to fix the error records should be considered. Keep in mind that the backdating of edits is largely avoided by the NAACCR Edits Work Group and standard setters. When an older edit is added to the central registry edit set specifications are often included to accommodate newer cases, such as date ranges or edit override functionality. For large edit impacts, global data fixes can be developed to automatically correct data as applicable and decrease manual work efforts. Global fixes may be provided by standard setting organizations, central registry software vendors, or developed in-house. It is recommended that central

registries communicate and work in conjunction with their standard setters and/or software vendor prior to implementing a fix.

Keep in mind that not all reporting facilities are able to implement the newest NAACCR metafile at the same time as the central registry throughout the year. Cases received from reporting facilities using the previous NAACCR metafile may fail edits upon receipt at the central registry. Central registry staff processing submissions should be made aware of this fact and given information about any new and changed edits so that they may better determine when a file is failing edits simply because the reporting facility is using a prior version. Registries should proactively communicate metafile expectations for facilities as new versions are released.

10.3 Software Implementation Plan

Central registries that receive submissions from facilities using commercial vendor software to generate their files should pay close attention to the new releases of these products and coordinate their own v24 implementation plan accordingly. Every new vendor software version should be reviewed to ensure compliance with the NAACCR XML data transmission format and with registry requirements. This review should be completed before files are added to the central registry's database. Various methods can be used to test a submission for compliance with standards, such as running edits and performing visual reviews of abstracts. The use of a test environment into which submissions can be loaded and reviewed is recommended.

When implementing a new version of the NAACCR base dictionary or user dictionary, some central registries may require a "test file" from each software vendor and/or reporting facility. Regardless of whether a registry requires an initial test file, a reporting facility's first transmission file following the change should be tested as thoroughly as possible to identify format or code problems before additional records are accepted from that facility.

The central registry should be alert to directives from their software vendor about any conversion logs. Only minimal manual review is anticipated to be needed, see Appendix B.

10.4 Communication with Reporting Facilities and Software Vendors

Central registries will need to distribute their implementation plan and timeline to reporting facilities and software vendors as early as possible, including metafile and data transmission expectations.

Communication is especially critical when it comes to transmission of cases in the new NAACCR format. There may be times when the central registry is unable to process the newest NAACCR format but facilities using vendor software are ready to upgrade or vice versa. The central registry must use discretion when deciding when they will begin accepting cases in the newest NAACCR version, particularly if they are unable to process or run appropriate edits on received files. Once the timeline or criteria for transmission has been established, it should be communicated to reporting facilities and software vendors. Note that each central registry, software vendor, and reporting facility may have different implementation timelines. Being clear and concise about when the central registry will begin accepting cases in the new format, and what edit metafile and edit set must be run, is imperative.

Central registries should send out communications on a regular basis and be sure to provide materials and information relating to the 2024 implementation as it relates to their current timeline. Note that the way these items are provided may change based on the intended audience. Separate communications

which are specific to software vendors and reporting facilities may be beneficial for communication purposes, but software vendors should typically be copied on any communications involving the above information sent to reporting facilities. Reporting facilities that are not CoC-accredited may be less aware of upcoming changes and may need more transition time. Facilities that do not use a commercial vendor for their reporting software or utilize local, non-cloud environments will need extra attention.

The following information should be provided, and any updates should be promptly communicated to both reporting facilities and software vendors:

- Updated list of reportable tumors, particularly if they are specific for the state/province/territory.
- Updated list of required data items with explicit instructions for state/province/territory-specific data items.
- Updated Reporting Manual which may include coding instructions, list of reportable tumors, resources, and other materials.
- Estimate of when the central registry anticipates accepting files v24 format, and subsequent announcement when the v24 format is being accepted.
- The EDITS Metafile and Edit Set which must be run on v24 files prior to transmission, along with information on where it can be retrieved, such as on the EDITS Clearinghouse.
- Specifications for File Naming conventions for submission files, including any special requirements for modified records.
- Note on whether test files are required prior to acceptance of v24 records, or other rules based on the central registry implementation plan.

Central registries relying on vendor software for their own systems or for their reporting facilities should be aware that delays in the communication of this information or customizations to software vendors may result in a delay receiving and processing cases in the new format.

Central registries must continue to support the reporting and processing of v23 records for diagnosis years 2023 and earlier until all reporting facilities are converted to v24.

10.5 Education and Training

Central registries will need to facilitate training to their reporting facilities on changes identified in this document. Training should focus on new required data items and new or revised coding manuals.

It is anticipated that education and training opportunities will be offered by AJCC, NCRA, and all national standard setters, which should be utilized by central registries as appropriate. Information on education and training resources will be available on the v24 Reference Page under the Central Registry Standards tab on the NAACCR website. Organizations may also be open to suggestions for training and education needs.

11 Summary for Software Developers and Vendors

Until a state registry is fully converted to Data Standards and Data Dictionary, Version 24 software vendors will need to provide continued support for reporting and processing of records for 2023 and earlier diagnoses except where a facility's database has been converted to version 24 software structure.

Regarding 2024 data changes, software vendors will be responsible for identifying required software changes; accommodating new and changed data items; providing support for the implementation of revised staging systems; performing data conversions; and providing access to updated supplementary coding resources such as updated and new manuals. Vendors will also need to address testing and implementation issues, as well as technical support and training. Instructions to development staff should address the additions/updates needed to registry software.

11.1 Identify Software Changes

Each vendor will need to review published documentation of changes and generate appropriate specifications for their software, based on their user base (hospital or central registries; U.S. or Canadian registries), their software capabilities, and standard-setter requirements. Specifically, vendors will need to accommodate the following changes and additions documented in this guide:

Section #	Section Contents
2	New data items: Consider only displaying fields appropriate for the year of diagnosis. Brain Primary Tumor Location [3964] DX 2024+, Blank for < 2024 Derived Summary Grade 2018 [1975] DX 2018+, derived at the central registry RX Hosp-Recon Breast [751] DX 2024+, Blank for < 2024 and non-breast cases RX Summ-Recon Breast [1335] DX 2024+, Blank for < 2024 and non-breast cases Geocoding Quality Code [86] Derived item used in Call for Data Geocoding Quality Code Detail [87] Derived item used in Call for Data

3	Revised items:
	• Location of Radiation [1550] Update to code 2 and 3 labels
	• IHS PRCDA [194] Verbiage change
	• Urban Indian Health Organization (UIHO) [284] Name change and correction to code 9
	• UIHO City [285] Name change and correction to code 43 labels
	• Tobacco Use Smoking Status [344] Verbiage change
	• EDP MDE Link Date [530] Verbiage change
	• EDP MDE Link [531] Verbiage change
	• SSDI Brain Molecular Marker [3816] New codes added
	• SSDI p16 [3956] Added to Vulva V9
	• SEER Site-Specific Fact 1 [3700] Verbiage change and added codes. Convert 2018+ data to new two-digit codes
	• Coding System Data Item updates for:
	  ○ Morph Coding Sys-Current [470] and Original [480]
	  ○ Schema ID Version current [2117] and Original [2118]
	  ○ AJCC Cancer Surveillance DLL Version Current [2158] and Original [2159]
	  ○ AJCC API Version Current [2156] and Original [2157]

4	Five data items are being retired: • Birthplace [250] • Place of Death [1940] • Name-Maiden [2390] • LN Status Femoral-Inguinal, Para-aortic, Pelvic [3884] • CRC Checksum [2081]

Section #	Section Contents
5.1	ICD-O-3.2 changes
5.2	Site/Histology Validation List
5.3	Solid Tumor Rules
5.4	Reportability
5.5	Surgery codes. The new surgery codes for Breast, Colon, Lung, Pancreas, and Thyroid are being implemented. For cases diagnosed in 2023 (when the new surgery field was implemented), cases for these sites will have a surgery code that starts with "A". For cases diagnosed in 2024 these cases will have a surgery code that starts with a B.
5.6	AJCC changes
5.8	EOD changes
5.9	Summary Stage 2018 changes
7	XML Standard 1.7
8	EDITS

11.2 Tracking Versions

Vendor software should store the Original and Current versions for any included components such as APIs or DLLs as system-generated fields (vendor-specific).

The SEER Staging APIs TNM and EOD versions are listed on the SEER*RSA website and can be acquired from the API. The AJCC Cancer Surveillance Staging DLL includes version fields for the DLL as well as for TNM and EOD. The AJCC API has a version field to designate whether the disease site is using 8th or V9. All three Original staging API/DLL version fields should be set when the case is initially collected and not changed thereafter. All three Current staging API version fields should be set to the current version of the API/DLL in use.

NAACCR Record Version [50] will have a new value of '240' meaning '2024 Version 24'.

11.3 Data Conversion

The CDC will provide a NorthCon 240 Registry Plus Utility Program conversion utility for the conversions provided in Appendix B and for the changes going from v23 to v24.

11.4 XML Repository and Edits Clearinghouse

Refer to section 7 for XML updates. The NAACCR User Dictionary Clearinghouse allows central registries to upload their XML User Dictionary along with the MS Excel data items workbook describing their dictionary, or their decision not to create one.

Refer to section 8 for general EDITS information. The NAACCR Standards for Cancer Registries, Standard Data Edits, Volume IV (naaccr.org) Clearinghouse will be maintained to allow central registries to post their registry specific metafile and supporting documentation. Individuals will be able to register to get notifications from specific registries each time a new file is posted.

11.5 Staging

CoC (section 9.1), NPCR (section 9.2), and SEER (section 9.3) specified that hospital facilities are not required to submit derived stage groups. CoC requires physician AJCC staging.

11.6 Programming, Testing, and Implementation

Clear communication with standard setters, central cancer registries, and reporting facility customers is critical to avoid delays in delivering software that can meet the requirements for 2024 cases. Software vendors should provide programming instructions to their developers to support the necessary changes for the Data Standards and Data Dictionary, Version 24, as well as testing (if time allows, beta site testing) and implementing the items listed elsewhere in this document. Software vendors, to the best of their ability, need to revise/develop, test, distribute, and install software prior to implementation dates set by standard setting organizations and central cancer registries.

Central cancer registries may require software vendors to submit test files prior to reporting in the Version 24 format. Testing should determine that appropriate values are validated within the software. Testing should also accommodate verification of revisions for data import and export, revisions to the software interface, addition of lookups for new and changed data items where applicable, data entry verifications internal to the software (if available within the software), data item consolidation where applicable, data item conversion where applicable, and standard as well as ad hoc report writing. Any changes to the implementation timeline should be immediately reported to all involved parties. If there are delays to the standards or errata that have not yet been identified, the software vendor programs will be at risk of delay. States must communicate individual changes to state-specific data items, as well as correction record triggering fields, early in the coding and implementation period to accommodate the software release. State-specific edit metafiles which address the state-specific data items must be provided in a timely manner.

11.7 Help Files

Changes to any software's online help system (if available) will need to be made in conjunction with Data Standards and Data Dictionary, Version 24-related changes made to the software.

11.8 Technical Support and Training

Software vendors are expected to support the data changes in the Data Standards and Data Dictionary, Version 24 in the software and provide their clients with training and documentation appropriate to use the updated software. For reporting-facility-level applications, this will include instruction regarding export of records for transmission to their respective central registries in the correct format with correctly coded and error-free data, as well as import from their previously supported casefinding interface. Documentation to support the updated software may include information presented via the software's online help system and/or training or tutorial guides. Training and support on new coding rules should be referred to the appropriate standard setting organization.

11.9 Communication with Central Cancer Registries and Hospital Registries

Software vendors should provide a timeline to the central registries, as well as their registry clients, for plans to release registry software that is able to process and export NAACCR v24 case records in the XML format. Vendors and central registries need to communicate expectations for the delivery of state-specific changes in required data reporting including data fields, metafiles, and XML dictionaries for state-specific data items. Delays in providing state specific changes to vendors may result in delay of facility reporting capabilities. Vendors should work with central registries to accommodate test files in their state-specific export version as may be required by individual central registries. Central registries

should be aware that delays in communication of this information from central registry clients to the software vendor may result in further delays in reporting 2024 cases.

12 Summary for Hospital Cancer Registrars and Reporting Facilities

12.1 Case Abstracting Considerations

Registrars should pay particular attention to the requirements of national standard setters, the state central registry to which they submit cases, and the Commission on Cancer (if applicable) for cases diagnosed January 1, 2024, and forward. Often these requirements will be similar, but occasionally data fields may be required by only one entity. Registrars should consult their reporting manuals and state central registry for instructions and updates on reportable and reportable-by-agreement cases. Hospital registries should also be aware of any completeness and timeliness guidelines established by their state central registry.

12.2 Communication with Central Cancer Registries and Software Vendors

Several new developments for 2024 will affect cancer reporting software requirements. New edits have been developed and updates to existing edits were necessitated by changes to data item names, changes in code structure in existing data items, and changes to coding instructions for the v24 NAACCR Edits Metafile. Use the v24 Edits Detail Report and the Changes Spreadsheet located on the NAACCR Volume IV (Standard Data Edits) webpage as a resource to resolve edits.

Registrars should maintain open communications with their software vendor and state central registry to ensure their registry software is up to date with current edit files and guidelines. Dates and timelines should be communicated to all parties. Registrars should include their IT departments in communications if needed.

12.3 Education and Training

Continuing education is necessary to maintain a high level of knowledge and skills in cancer registry practice. New data field requirements for 2024 and the implementation of these new fields will likely enhance the education and training opportunities for registrars. Registrars should register for standard setter ListServs including NAACCR, CoC, and NCI SEER. In addition to state and regional professional organizations, NAACCR, CoC, AJCC and NCRA, regularly post educational opportunities on their websites and notify members of upcoming events. Consider following these organizations on social media to be aware of current training opportunities. Registrars should also check with their state central registry for additional opportunities or make suggestions for needed subjects. Many organizations offer a great deal of online training.

13 Appendix A New Data Items

New Data Items for 2024					
Length	**Item #**	**Item Name**	**XML NAACCR ID**	**PARENT XML ELEMENT**	**Section**
1	86	Geocoding Quality Code	geocodingQualityCode	Tumor	Demographic
14	87	Geocoding Quality Code Detail	geocodingQualityCodeDetail	Tumor	Demographic
4	751	RX Hosp-Recon Breast	rxHospReconBreast	Tumor	Hospital Specific
4	1335	RX Summ-Recon Breast	rxSummReconBreast	Tumor	Treatment-1st Course
1	1975	Derived Summary Grade 2018	derivedSummaryGrade2018	Tumor	Stage/Prognostic Factor
1	3964	Brain Primary Tumor Location	brainPrimaryTumorLocation	Tumor	Stage/Prognostic Factor

14 Appendix B Conversions, Recalculations and Manual Review Logs

14.1 Derived Summary Grade 2018

Derived Summary Grade [1975] will be calculated at the central registries for all cases with Date of Diagnosis is on or after January 1, 2018. The most severe grade based on Grade Clinical [3843] and Grade Pathological [3844] will be used. Breast is a special case because behavior affects priority. If grade is needed in the EOD 2018 Derived Stage Group Calculation, this value is also used in the calculations.

This logic will be added to NAACCR*Prep. You may choose to calculate the value via NAACCR*Prep and not store it in your database. In that case, you would not need to apply this calculation to your database. If you do wish to store the value in your database, the tables below can be used to set the Derived Summary Grade. No review is necessary.

This table is for the Hematopoietic Neoplasms only (Schemas: HemeRetic, Lymphoma, Lymphoma-CLL/SLL, Mycosis Fungoides, Plasma Cell Disorders, Plasma Cell Myeloma, Primary Cutaneous Lymphoma) where 8 is the only valid value.

- 8, blank

Grade Clin	Grade Path	Derived Grade
8, <BLANK>	8	Grade Path
8	<BLANK>	Grade Clin
<BLANK>	<BLANK>	<BLANK>

This table is for all other Schemas **excluding** Breast. The priority order, from BEST to WORST, is:

- S, 5, 4, 3, 2, 1, E, D, C, B, A, H, M, L, 9, blank

Grade Clin	Grade Path	Derived Grade
1, 2, 3, 4, 5, A, B, C, D, E, L, M, H, S, 9	S	Grade Path
S	1, 2, 3, 4, 5, A, B, C, D, E, L, M, H, 9	Grade Clin
1, 2, 3, 4, 5, A, B, C, D, E, L, M, H, 9	5	Grade Path
5	1, 2, 3, 4, A, B, C, D, E, L, M, H, 9	Grade Clin
1, 2, 3, 4, A, B, C, D, E, L, M, H, 9	4	Grade Path
4	1, 2, 3, A, B, C, D, E, L, M, H, 9	Grade Clin
1, 2, 3, A, B, C, D, E, L, M, H, 9	3	Grade Path
3	1, 2, A, B, C, D, E, L, M, H, 9	Grade Clin
1, 2, A, B, C, D, E, L, M, H, 9	2	Grade Path
2	1, A, B, C, D, E, L, M, H, 9	Grade Clin
1, A, B, C, D, E, L, M, H, 9	1	Grade Path
1	A, B, C, D, E, L, M, H, 9	Grade Clin
A, B, C, D, E, L, M, H, 9	E	Grade Path
E	A, B, C, D, L, M, H, 9	Grade Clin
A, B, C, D, L, M, H, 9	D	Grade Path
D	A, B, C, L, M, H, 9	Grade Clin
A, B, C, L, M, H, 9	C	Grade Path
C	A, B, L, M, H, 9	Grade Clin
A, B, L, M, H, 9	B	Grade Path
B	A, L, M, H, 9	Grade Clin

Grade Clin	Grade Path	Derived Grade
A, L, M, H, 9	A	Grade Path
A	L, M, H, 9	Grade Clin
L, M, H, 9	H	Grade Path
H	L, M, 9	Grade Clin
L, M, 9	M	Grade Path
M	L, 9	Grade Clin
L, 9	L	Grade Path
L	9	Grade Clin
9	9	Grade Path
<BLANK>	<BLANK>	<BLANK>

This table is specific to Breast cancer. The priority order, from BEST to WORST is:

- For Behavior /2: H, M, L, 3, 2, 1, D, C, B, A, 9, blank
- For Behavior /3: 3, 2, 1, H, M, L, D, C, B, A, 9, blank

Behavior	Grade Clin	Grade Path	Derived Summary Grade
2	1, 2, 3, L, M, H, A, B, C, D, 9	H	Grade Path
2	H	1, 2, 3, L, M, A, B, C, D, 9	Grade Clin
2	1, 2, 3, L, M, A, B, C, D, 9	M	Grade Path
2	M	1, 2, 3, L, A, B, C, D, 9	Grade Clin
2	1, 2, 3, L, A, B, C, D, 9	L	Grade Path
2	L	1, 2, 3, A, B, C, D, 9	Grade Clin
2	1, 2, 3, A, B, C, D, 9	3	Grade Path
2	3	1, 2, A, B, C, D, 9	Grade Clin
2	1, 2, A, B, C, D, 9	2	Grade Path
2	2	1, A, B, C, D, 9	Grade Clin
2	1, A, B, C, D, 9	1	Grade Path
2	1	A, B, C, D, 9	Grade Clin
2	A, B, C, D, 9	D	Grade Path
2	D	A, B, C, 9	Grade Clin
2	A, B, C, 9	C	Grade Path
2	C	A, B, 9	Grade Clin
2	A, B, 9	B	Grade Path
2	B	A, 9	Grade Clin
2	A, 9	A	Grade Path
2	A	9	Grade Clin
3	1, 2, 3, L, M, H, A, B, C, D, 9	3	Grade Path
3	3	1, 2, L, M, H, A, B, C, D, 9	Grade Clin
3	1, 2, L, M, H, A, B, C, D, 9	2	Grade Path
3	2	1, L, M, H, A, B, C, D, 9	Grade Clin
3	1, L, M, H, A, B, C, D, 9	1	Grade Path
3	1	L, M, H, A, B, C, D, 9	Grade Clin
3	L, M, H, A, B, C, D, 9	H	Grade Path
3	H	L, M, A, B, C, D, 9	Grade Clin
3	L, M, A, B, C, D, 9	M	Grade Path

Behavior	Grade Clin	Grade Path	Derived Summary Grade
3	M	L, A, B, C, D, 9	Grade Clin
3	L, A, B, C, D, 9	L	Grade Path
3	L	A, B, C, D, 9	Grade Clin
3	A, B, C, D, 9	D	Grade Path
3	D	A, B, C, 9	Grade Clin
3	A, B, C, 9	C	Grade Path
3	C	A, B, 9	Grade Clin
3	A, B, 9	B	Grade Path
3	B	A, 9	Grade Clin
3	A, 9	A	Grade Path
3	A	9	Grade Clin
2, 3	9	9	Grade Path
2, 3	<BLANK>	<BLANK>	<BLANK>

14.2 SEER Site Specific Fact 1 [3700]

The HPV Status is expanded from 1 digit to 2 digits to allow for more values and greater specificity. Automated changes are described below. No manual review will be necessary.

If Date of Diagnosis prior to January 1, 2018, set SEER Site Specific Fact 1 to blank.

Else if Date of Diagnosis is on or after January 1, 2018:

If Schema ID [3800] = 00071 (Lip), 00072 (Tongue Anterior), 00073 (Gum), 00074 (Floor of Mouth), 00075 (Palate Hard), 00076 (Buccal Mucosa), 00077 (Mouth Other), 00112 (Hypopharynx), 00100 (Oropharynx HPV-Mediated (p16+)), 00111 (Oropharynx (p16-))

- If SEER Site Specific Factor 1 = 0 then set SEER Site Specific Factor 1 = 20
- Else If SEER Site Specific Factor 1 = 1 then set SEER Site Specific Factor 1 = 21
- Else If SEER Site Specific Factor 1 = 2 then set SEER Site Specific Factor 1 = 30
- Else If SEER Site Specific Factor 1 = 3 then set SEER Site Specific Factor 1 = 31
- Else If SEER Site Specific Factor 1 = 4 then set SEER Site Specific Factor 1 = 40
- Else If SEER Site Specific Factor 1 = 5 then set SEER Site Specific Factor 1 = 41
- Else If SEER Site Specific Factor 1 = 6 then set SEER Site Specific Factor 1 = 50
- Else If SEER Site Specific Factor 1 = 7 then set SEER Site Specific Factor 1 = 51

If Schema ID [3800] = 00071 (Lip), 00072 (Tongue Anterior), 00073 (Gum), 00074 (Floor of Mouth), 00075 (Palate Hard), 00076 (Buccal Mucosa), 00077 (Mouth Other), 00112 (Hypopharynx)

- If SEER Site Specific Factor 1 = 8 then set SEER Site Specific Factor 1 = 97
- Else If SEER Site Specific Factor 1 = 9 then set SEER Site Specific Factor 1 = 99

Else If Schema ID [3800] = 00100 (Oropharynx HPV-Mediated (p16+))

- If SEER Site Specific Factor 1 = 8 then set SEER Site Specific Factor 1 = 11
- Else If SEER Site Specific Factor 1 = 9 then set SEER Site Specific Factor 1 = 11

Else If Schema ID [3800] = 00111 (Oropharynx (p16-))

- If SEER Site Specific Factor 1 = 8 and Schema Discriminator 2 = 1 then set SEER Site Specific Factor 1 = 10
- Else If SEER Site Specific Factor 1 = 8 and Schema Discriminator 2 = 9 then set SEER Site Specific Factor 1 = 97
- Else If SEER Site Specific Factor 1 = 9 and Schema Discriminator 2 = 1 then set SEER Site Specific Factor 1 = 10
- Else If SEER Site Specific Factor 1 = 9 and Schema Discriminator 2 = 9 then set SEER Site Specific Factor 1 = 99

14.3 Derived EOD 2018 fields for In Situ schemas with no Tis

The calculation tables for the Derived EOD 2018 fields are updated so that In Situ cases, where AJCC does not define Tis, the table now derives 88 for the four Derived EOD 2018 fields. Logic is provided for those who cannot recalculate across their database.

For Date of Diagnosis on or after January 1, 2018

- If EOD Primary Tumor [772] = 000 and Derived EOD 2018 T [785] = 88
  - Set Derived EOD 2018 N [815] = 88
  - Set Derived EOD 2018 M [795] = 88
  - Set Derived EOD 2018 Stage Group [818] = 88

No other changes are necessary. No review is necessary.

14.4 Staging API/DLL Version Current fields

The Version Current for the staging API/DLLs in use must be updated to the latest version as part of the NAACCR 24 updates. No manual review is necessary.

For Date of Diagnosis on or after January 1, 2018

- If Schema ID Version Current [2117] is not blank, set to v3.1
- If AJCC API Version Current [2156] is not blank, set to 09.02.00
- If AJCC Cancer Surveillance DLL Version Current [2158] is not blank, set to 09.02.00.0001

14.5 AJCC ID Version 9 Changes

AJCC ID [995]: there were changes to the V9 AJCC ID values to match the AJCC's new numbering scheme. Logic provided for those who CANNOT recalculate across their database.

- For the AJCC ID [995] within each specified Schema ID [3800], the new value is provided:
  - If AJCC ID = 52 and Schema ID = 09520 (Cervix Uteri) and TNM Edition Number = 09 or blank and Date of Diagnosis Year >= 2021, then set AJCC ID = 9001
  - If AJCC ID = 19 and Schema ID = 09190 (Appendix) and TNM Edition Number = 09 or blank and Date of Diagnosis Year >= 2023, then set AJCC ID = 9002
  - If AJCC ID = 21 and Schema ID = 09210 (Anus) and TNM Edition Number = 09 or blank and Date of Diagnosis Year >= 2023, then set AJCC ID = 9003
  - If AJCC ID = 72.1 and Schema ID = 09721 (Brain) and TNM Edition Number = 09 or blank and Date of Diagnosis Year >= 2023, then set AJCC ID = 9004
  - If AJCC ID = 72.1 and Schema ID = 09722 (CNS Other) and TNM Edition Number = 09 or blank and Date of Diagnosis Year >= 2023, then set AJCC ID = 9004

- If AJCC ID = 72.1 and Schema ID = 09723 (Intracranial) and TNM Edition Number = 09 or blank and Date of Diagnosis Year >= 2023, then set AJCC ID = 9004
- If AJCC ID = 72.1 and Schema ID = 09724 (Medulloblastoma) and TNM Edition Number = 09 or blank and Date of Diagnosis Year >= 2023, then set AJCC ID = 9004
- If AJCC ID = 72.2 and Schema ID = 09724 (Medulloblastoma) and TNM Edition Number = 09 or blank and Date of Diagnosis Year >= 2023, then set AJCC ID = 9005

No other changes are necessary

15 Appendix C 2024 Source References

SEER Program Manual: https://seer.cancer.gov/tools/codingmanuals/

Questions regarding the SEER Program Coding and Staging Manual should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

AJCC 8th Edition and Version 9 Updates and Histologies: https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/

Questions regarding AJCC Cancer Staging should be directed to the CAnswer Forum at: http://cancerbulletin.facs.org/forums/

AJCC API: https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/cancer-staging-systems/application-programming-interface-api/

AJCC Cancer Staging Form Supplement: https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/cancer-staging-systems/cancer-staging-form-supplement/

Cancer Surveillance DLL: AJCC licensees can request the licensed version of the library from Martin Madera, mmadera@facs.org. The version for unlicensed users will be available from the AJCC website, please contact Martin Madera (mmadera@facs.org) for access.

CAnswer Forum: http://cancerbulletin.facs.org/forums/help

Commission on Cancer STORE Manual: https://www.facs.org/quality-programs/cancer/ncdb/call-for-data/cocmanuals

Data Exchange Standard, XML Specifications for Cancer Registry Records: https://www.naaccr.org/xml-data-exchange-standard/

Data Standards and Data Dictionary: https://apps.naaccr.org/data-dictionary/

EDITS: https://www.naaccr.org/standard-data-edits/

Questions regarding the NAACCR edits metafile should be directed to Jim Hofferkamp at jhofferkamp@naaccr.org.

EOD 2018: https://seer.cancer.gov/tools/staging/rsa.html

Questions regarding EOD 2018 should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

Grade Manual:
https://apps.naaccr.org/ssdi/list/?_gl=1*1le7hp5*_ga*MjEwMDgwOTYwOC4xNjcxMDQxMTc3*_ga_V7J8GWYK5P*MTY4ODc0MDAzMi4zNC4xLjE2ODg3NDEzMTguNjAuMC4w

Questions regarding the Grade Manual should be directed to the Canswer Forum at: http://cancerbulletin.facs.org/forums/

Hematopoietic and Lymphoid Neoplasm Database: https://seer.cancer.gov/tools/heme/

Questions regarding the SEER Hematopoietic and Lymphoid Neoplasm Database should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

ICD-O-3.2: http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80:newsflashes&Itemid=545

Questions regarding ICD-O-3 Histology changes should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

ICD-O-3 SEER Site/Histology Validation List: https://seer.cancer.gov/icd-o-3/

Questions regarding the SEER Site/Histology Validation List should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

NPCR Northcon Registry Plus Utility Program:

https://www.cdc.gov/cancer/npcr/tools/registryplus/up.htm

NPCR Registry Plus Software: https://www.cdc.gov/cancer/npcr/tools/registryplus/index.htm

SEER API: https://api.seer.cancer.gov/

SEER Registrar Staging Assistant (SEER*RSA): https://seer.cancer.gov/tools/staging/rsa.html

Questions regarding SEER*RSA should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

SEER*Rx: https://seer.cancer.gov/tools/seerrx/

Questions regarding SEER*Rx should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

Site-Specific Data Items Manual:
https://apps.naaccr.org/ssdi/list/?_gl=1*1le7hp5*_ga*MjEwMDgwOTYwOC4xNjcxMDQxMTc3*_ga_V7J8GWYK5P*MTY4ODc0MDAzMi4zNC4xLjE2ODg3NDEzMTguNjAuMC4w

Questions regarding SSDIs should be directed to the Canswer Forum at: http://cancerbulletin.facs.org/forums/

Solid Tumor Rules: https://seer.cancer.gov/tools/solidtumor/

Questions regarding the Solid Tumor Rules should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

Summary Stage 2018: https://seer.cancer.gov/tools/ssm/

Questions regarding Summary Stage 2018 should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

16 Appendix D Revision Control

2024 Implementation Guidelines Revision Control			
Version Number	**Revision Date**	**Section**	**Revision Notes**
1.1	10/2023	14.1	Added 3rd paragraph regarding Hematopoietic Neoplasms and the following table.