



Site Specific Data Items (SSDI) Derived from v3.2

• Fluids Based Labs/Tests

- ⇒ Labs must be performed no earlier than ~3 months before diagnosis.
- ⇒ Only record results performed before any cancer-directed treatment.*
- ⇒ Record the highest lab value if multiple laboratory tests results are available.*
**Unless instructions for a specific laboratory test state otherwise.*

• Solid Tissue Tests

- ⇒ Microscopic evaluation (tissue) required. If no microscopic evaluation (biopsy, resection), code unknown.
- ⇒ General Rules versus SSDI specific rules:
 Record the highest value [(+) versus (-), or actual numerical value] obtained from any tissue-based examination (biopsy, surgical resection, bone marrow biopsy).

<u>Consult Reports</u>	<u>Source Documents</u>	<u>Timing for Collection</u>	<u>Lab Values</u>
<u>"Greater than", "Less than", "At least"</u>	<u>Rounding</u>	<u>Ranges</u>	<u>Lab Value Conversion Calculator</u>

All general instructions must be applied and supplemented with any site specific instructions.

The following sites include additional SSDI coding instructions:

Bone	Kidney	Prostate
Breast	Lacrimal Gland	Skin (Melanoma)
Colon & Rectum	Neuroendocrine Tumors	Skin (Non-Melanoma)

Commonly Mis-coded SSDIs

SSDI	Coding Issue:	Clarification
Breast		
<u>ER/PR Percent Positive or Range</u>	A range code is assigned rather than the specific value, when it is applicable.	<ul style="list-style-type: none"> • The actual percent takes priority over the range codes. • Refer to the >, < and "at least" instructions when the result is stated as such. Example: ER >95%. Code 096.
<u>LN Positive Axillary Level I-II</u>	Use of code 00 when no nodes examined or when only a node biopsy or FNA is performed.	<ul style="list-style-type: none"> • Avoid "tab" and "keying in" of code 00. Review the code descriptions to prevent improper coding. • Code X9 when no nodes examined. • Code X6 when the only positive result is from a node biopsy or FNA.
Gynecologic		
<u>FIGO Stage</u>	Coded value is other than 99 when "FIGO" is not stated.	<ul style="list-style-type: none"> • Must be stated by the Managing physician. • The word "FIGO" must be included in the statement. Example: M/D/YY FIGO Stage 3C Per Dr. MedOnc
<u>Residual Tumor Volume Post Cytoreduction</u>	Coded value is other than 97 when Cytoreduction is not performed.	<ul style="list-style-type: none"> • Hysterectomy, BSO with Omental Biopsies is not Debulking/ Cytoreduction. • Cytoreduction is often performed when there is widespread/advanced disease within abdominal peritoneal surfaces. • When Cytoreduction is performed, gross residual tumor information is most often found in the surgical procedure report.



SSDI	Coding Issue:	Clarification
Skin (Melanoma)		
	Coded value is XX.9 when the information should be available.	<ul style="list-style-type: none"> • Must be from wide excision procedure report.
<u>Clinical Margin Width</u>	Coded value is the specimen size rather than the margin width.	<ul style="list-style-type: none"> • Must be the margin width, not the entire specimen width. • Margin is measured from the edge of lesion or prior excision scar to the peripheral margin of specimen, do not use deep margin.
Colon: <u>Circumferential Margin (CRM)</u>		
<p>Coding Issue: Coding to centimeters (cm) as per path report. Incorrect coding when a resection of the primary is not performed.</p>		
Clarifications:		
<ul style="list-style-type: none"> • Must be converted to millimeters. (Conversion Calculator) • Must be coded XX.7 when the surgical procedure performed does not resect at least part of the primary site, but only resects the tumor or polyp. 		
Lung: <u>Separate Tumor Nodules</u>		
<p>Coding Issue: Coded value is 1-4, intrapulmonary mets.</p>		
Clarifications:		
<p>In order to assign codes 1-4 (intrapulmonary mets/ T3 or T4), tumor nodules must be:</p> <ul style="list-style-type: none"> • Considered/Confirmed to be Malignant. • Associated with the same primary. • In the ipsilateral lung. 		
<p>Code 0 if nodules are not determined to be “intrapulmonary mets” but are determined to be:</p> <ul style="list-style-type: none"> • Benign • A separate primary. • Multifocal lung adenocarcinoma, ground glass/lepidic (If meets criteria T (m). Note: GGO alone should not be assumed to be malignant. • Diffuse pneumonic adenocarcinoma. 		
<p>Code 7 when multiple nodules are present and:</p> <ul style="list-style-type: none"> • Do not meet criteria for the scenarios above and • No further information is available to categorize the nodules. 		
Lymphoma: <u>B Symptoms</u>		
<p>Coding Issue: Coded value is 1 (present when criteria is not met).</p>		
Clarifications:		
<ul style="list-style-type: none"> • Fever: Must be unexplained and with temperature above 38°C/100.4°F. • Night Sweats: Must be “Drenching Night Sweats” “Sweats” alone does not meet the criteria. • Weight Loss: Must be unexplained, more than 10% and in the 6 months prior to diagnosis. 		