CDC-NPCR

Implementation Guide for Stage Data Items in 2016

**Section 1.1**

Introduction

The U.S. standard setters for collection of cancer staging data developed a plan to transition away from Collaborative Stage (CS) and to the direct coding of T, N, M and AJCC stage group. In addition, CDC and the National Program of Cancer Registries also require the collection directly coded Summary Stage. The transition phase included cases diagnosed in 2014 and 2015 where cases were staged using CS while training was underway. Requirements for reporting directly coded staging to central registries were implemented in steps during the transition to prepare for the final move to directly coded stage for cases diagnosed in 2016. While directly coding TNM is new for Central Cancer Registries, the American College of Surgeons (ACoS) has always required direct coding of AJCC stage. Over time the reliance on the Collaborative Staging System to collect stage information created overwhelming challenges in mapping, IT design, and data collection as well as difficulties in funding and administration of the system. In addition, the use of directly coded AJCC staging allows registrars and physicians to work in the same staging framework and to speak the same language. Regular discussions will continue with all of the major stakeholders and standard setters to lay out plans for any needed changes in data items and to manage other issues from the transition that may arise.

Transition to directly coded stage is a 3 year process as noted below.

2014

* Continue to collect directly coded SS *when collecting CS is not feasible from* very small reporting facilities (NPCR registries only)
* CoC hospitals required to include AJCC directly coded stage to their central cancer registry.
* CDC and other standard setters and organizations will create and modify training for AJCC, biomarkers, prognostic factors
* CDC will create and modify training materials for SS 2000 (June)
* Standards will be defined and included in a data dictionary.
* CSV2 will also remain in use.

2015

* AJCC stage will be collected *as available* from non-CoC facilities and small providers
* Directly coded SS required from all reporting facilities in all NPCR states.
* CSV2 will remain in use.

2016

* Directly coded AJCC (clinical and pathological), including relevant biomarkers and prognostic factors required by all reporting facilities.
* CS will no longer be accepted by NPCR, the CoC or SEER.
* Standard setters will continue to work with partners to update training to incorporate AJCC 8th Edition in time for the 2017 implementation date.

Table 1. Detailed Timeline for Directly Codded AJCC and Summary Stage

|  |  |  |  |
| --- | --- | --- | --- |
| Diagnosis Year | Collection of Directly Coded Stage | Summary Report of Abstracts with Directly Coded Stage | Transmit to CDC |
| 2014 | ACoS Facilities-AJCCCS collection continues | November 2015 | November 2015—(CS consolidated) |
| 2015 | Non-ACoS Facilities—AJCC as availableSummary Stage-all facilities, CS continues | November 2016 | November 2016-(CS and Directly Coded SS consolidated records) |
| 2016 | All Facilities—AJCC and Summary Stage, CS no longer collected |  | November 2017-- (AJCC and SS consolidated records) |

**Section 2**

**Major Changes**

**2.1** Collection of Collaborative Stage is discontinued with 2016 cancer diagnoses. All reporting facilities are required to collect and submit directly assigned Summary Stage and American Joint Committee on Cancer (AJCC) clinical and pathological stage to state cancer registries. Collaborative Stage will no longer be accepted in the United States.

2.1.1 All facilities are required to collect and transmit data items, Regional Nodes Examined and Regional Node Positive.