[MCR Facilities Reporting Requirements Page](#)

Happy National Cancer Registrars Week!

To all the extraordinary cancer registrars—your commitment to capturing accurate, complete, and timely data fuels progress, inspires hope, and drives the fight against cancer forward. Your work changes lives, and your impact is immeasurable.

READ ALL ABOUT IT!!!
Save the Dates for Our Quarterly Office Hours

Mark your calendars for the next MDH - Myriddian MCR office hours, and feel free to drop in as needed. MDH and Myriddian team members will be present to answer your questions and help address any challenges.

We look forward to connecting with you!

When: June 10, 2025
Time: 1-2p.m. EST
Via Microsoft Teams
MDH-Myriddian Office Hours
Meeting ID: 282 660 739 696   Passcode: RZ2JU3Xu

Dial in by phone

+1 469-998-6602 Phone conference ID: 555 484 40#

[MCR Facilities Reporting Requirements Page](#)

SAVE THE DATE: **TRAM Meeting**

2025 TRAM EDUCATIONAL CONFERENCE

VISIT TRAMD.ORG FOR MORE INFORMATION AND REGISTRATION

5+ CE CREDITS
APRIL 18, 2025
HYBRID MEETING
7601 OSLER DRIVE
TOWSON, MD
SAINT JOSEPH MEDICAL CENTER

Please pay your dues and fees @
https://www.tramd.org/fees

*scroll down to the bottom of the page for meeting fees

Coding Quick Tips

Report these High-Grade Dysplasia as stated below:

- Stomach: Assign code 8148/2 glandular intraepithelial neoplasia, high-grade using the Other Sites Solid Tumor Rules, Table 6: Stomach Histologies and as described in the WHO Classification of Digestive Tumors, 5th edition.
- Small intestine and Esophagus: Assign code 8148/2 glandular intraepithelial neoplasia, high grade, using the Other Sites Solid Tumor Rules, Other Sites Histology Rules, Rule H4/H26. The following note is listed for both rules.
  Note: This list may not include all reportable neoplasms for 8148/2. See SEER Program Coding and Staging Manual or STORE manual for reportable neoplasms. SINQ 20240021

Intrahepatic Bile Duct vs. Liver Primary Site

• **When should you code Intrahepatic Bile Duct..**

Cholangiocarcinoma should always be associated with the Psite-Intrahepatic Bile Duct(C22.1). Even if a liver biopsy is performed it should be code to C22.1.

• **When should you code a Liver PSite....**

Hepatocellular Carcinoma should always be associated with the Psite-Liver (C22.0).

Lung Histology Exception

https://seer.cancer.gov/tools/solidtumor/

- Rule H7 Code the histology that comprises the greatest percentage of tumor when two or more of the listed histologies are present (please refer to this detailed rule in STR for those specific histologies).

- Note 3: CAP Lung Protocol now allows pathologists to identify the bulleted histologies as pattern along with percentages. The histology pattern with the greatest percentage can be coded. This is an exception to the histology coding instruction to not code pattern. Solid Tumor Rules 2025 Update

Ex. of Carcinoma cases that are NOT Reportable

- **PIN III** (High Grade Prostatic intraepithelial Neoplasia)
- **Basal Cell Carcinoma of the Skin**
- **Lentiginous Melanocytic Lesion**
- **Squamous Cell Carcinoma of the Skin**
- **Intraductal Papillary Mucinous Neoplasms(IPMN)**
- **Noninvasive Mucinous Cystic Neoplasm (MCM)**
- **Colon Atypical Hyperplasia**

Per SEER Casefinding ICD-10 reportability list
2025 Casefinding Lists - SEER

Surgery Coding Tips

How to code a 2024 Whipple Procedure

Code as B350
Local or partial pancreatectomy and duodenectomy;
Example:Pancreaticoduodenectomy (Whipple Procedure)
Note: Use code B350 when it is not specified where the stomach was cut.

NOTE
A Whipple procedure removes the head of the pancreas, duodenum, stomach and gallbladder and part the common bile duct.

Are CIN III cases reportable?

In-Situ Carcinoma of The Cervix(/2), any histology is **NOT r**eportable

General Reminders

SEER Program Coding Tips

"The SEER Appendix C Guidelines provide practical and insightful tips for case abstraction. Even if you're not abstracting for a SEER state, it's a resource well worth adding to your toolkit." SEER APPENDIX C: Coding Guidelines

Refer to the site-specific coding guidelines in Appendix C for primary site coding guidelines for the following site:

- Anus
- Bladder
- Brain/CNS, Benign and Borderline
- Brain/CNS, Malignant
- Breast
- Colon
- Esophagus
- Intracranial Glands

- Kaposi Sarcoma of All Sites
- Kidney
- Lung
- Lymphoma
- Melanoma
- Pancreas
- Rectosigmoid Junction
- Tongue
- Urethra

NAACCR webinars available on FLccSC

To register as a new user, go to:

http://mds.fcdslms.med.miami.edu.

New
NAACCR Boot Camp-2025

2025 Case Submission/V25

o As a friendly reminder, do not submit cases diagnosed 2025 until the appropriate V25/2025 software updates have been applied (expected spring or summer 2025). Please continue to submit all 2024 and prior diagnoses as usual in the current V24 format.

FY25 Casefinding List

o The newest ICD-10-CM casefinding list can be found on the MCR website.

2024 Case submission

o Submission of cases diagnosed in 2024 are due no later than June 30, 2025.

Death and other Data Request

o Send all data request to: Jennifer.hayes@maryland.gov
o The request forms can be found on the MCR website under Data Request and the link here MCR Request Form.

What's New for 2025

Required Reading

- 2025 NAACCR Implementation Guidelines and Recommendations (Revised January 2025) https://www.naaccr.org/implementation-guidelines/

- ICD-O-3.2 (no update for 2025. Continue to use 2024 Annotated Histology List and 3.2 update). Implementation Documents for implementation in 2024 https://www.naaccr.org/icdo3/

- SSDI & Grade Manual Version 3.2 Change Log https://apps.naaccr.org/ssdi/list/

- SEER Program Coding and Staging Manual 2025 Summary of Changes https://seer.cancer.gov/tools/codingmanuals/

- Solid Tumor Rules November 2024 Revision History https://seer.cancer.gov/tools/solidtumor/revisions.html

- STORE 2025 Summary of Changes https://www.facs.org/quality-programs/cancer-programs/national-cancer-database/ncdb-call-for-data/

- AJCC New Version 9 Protocols Added https://store.facs.org/ajcc-staging-online

Webinars

- V25 Updates: Solid Tumor Rules, SSDI, and More! https://education.naaccr.org/updates-implementation

- Omega *Tumor Talk: What's New in 2025* Scheduled for February 26, 2025, 12-1 ET be sure to watch for emails to sign up or monitor our website for a chance to register https://www.omegahms.com/events-webinars/

NCRA

- NCRA Strategic Management Plan https://www.ncra-usa.org/About/Governance/Strategic-Management-Plan

- NCRW April 7-11, 2025, https://www.ncra-usa.org/About/National-Cancer-Registrars-Week

- NCRA Annual Educational Conference Envisioning Tomorrow: Oncology Making in the Making May 3-6, 2025, Orlando, FL https://www.ncra-usa.org/Conference/2025-NCRA-Annual-Conference

- CEIP Continuing Education in Person *https://www.ncra-usa.org/ODS-Credential/CEIP*

- Cancer Registry Events Calendar https://www.ncra-usa.org/About/Cancer-Registry-Events-Calendar

MCR Facilities Reporting Requirements Page

What's New in 2025

Happy New Year to everyone from the entire team at the Maryland Cancer Registry and Myriddian, LLC! We hope your holiday season was just as joyful and restorative. Here's to a peaceful, healthy, and successful 2025. As we start this new year, we are looking forward to building on many of the initiatives we started in 2024. We couldn't have accomplished any of these amazing tasks without the hard work of our reporters. As always, please let us know how we can help. We look forward to working with everyone this year.
We have successfully completed the 24 and 12-month data submissions. Thank you for your help in achieving our goal of reaching 90% for our 2023 Dx year cases.

READ ALL ABOUT IT!!!

Save the Dates for Our Quarterly Office Hours
MDH & Myriddian are jointly launching MCR office hours in 2025. Office hours will take place on the 2nd Tuesday of the 3rd month of each quarter from 1–3 p.m. EST.

Mark your calendars for the 2025 MDH - Myriddian MCR office hours to your schedule, and feel free to drop in as needed. MDH and Myriddian team members will be present to answer your questions and help address any challenges.

We look forward to connecting with you!

Via Microsoft Teams
MDH-Myriddian Office Hours
Meeting ID: 282 660 739 696   Passcode: RZ2JU3Xu

Dial in by phone

+1 469-998-6602   Phone conference ID: 555 484 40#

Coding Quick Tips

- Nearly all coded items in every abstract need text support. Proper text documentation allows for the review and correction of abstracts without access to the patient's actual medical record. Text from the original abstract is also used to audit MCR's consolidation practices by our standard setters. As such, dates need to be put in every text field to justify coding within every abstract.

- Also, as noted within the [Site-Specific Data Item (SSDI) Manual v3.1](#) (see page 24), when recording laboratory values, all laboratory values must be done no earlier than approximately three months before diagnosis.

Is Penile Intraepithelial Neoplasia (PeIN) Reportable?

- Penile Intraepithelial Neoplasia (PeIN I) is *NOT* reportable.
- *Reportable PeIN has to state one of the following:*
  - PeIN II
  - PeIN III
  - Undifferntiated Type PeIN
  - Differnetiated Type PeIN

Ex. of Carcinoma In-Situ cases that are Reportable?

- Carcinoma In-Situ of the Vulva (D071)
- Melanoma In-Situ (D03)
- Carcinoma In-Situ of the Breast (D05)
- <u>Exclusions:</u>
  - Carcinoma In-Situ of Skin (D004)
  - PIN III (8148/2) of prostate. *Other prostate In-Situ histologies are reportable.*

Per SEER Casefinding ICD-10 reportability list
[2025 Casefinding Lists - SEER](#)

Histology Coding Tips

Pituitary Neuroendocrine Tumor (PitNET)

Effective 1/1/2023 PitNET should be coded as 8272/3. According to the AJCC Version 9, PitNET are WHO Grade 1 cases.

- Reportable Synonyms for 8272/3:
  - Pituitary Adenoma/PitNet
  - PitNET
  - Pituitary Neuroendocrine Tumor
  - Gonadotroph Pituitary Neuroedocrine Tumor

Intramucosal Carcinoma of Colon

How to code SEER Summary Stage vs AJCC Staging when the behavior code is /3

Intramucosal carcinoma of the colon is assigned **behavior code of /3. Intramucosal *is <u>not the same as in situ in terms of behavior.</u>*** Behavior and staging are separate concepts, although there is some overlap. Use the instructions for coding behavior to code this field. Do not use stage to determine behavior in this case.

• For purposes of SEER Summary Stage, intramucosal carcinoma (invasion of Basement Membrane or Lamina propria) is a <u>localized lesion</u>.

• For purposes of SEER Summary Stage, intramucosal carcinoma (invasion of Epithelium) is an <u>In Situ lesion</u>.

• For purposes of AJCC staging, assign Tis for the stage.

** SEER Inquiry System Question: 20210006

Pituitary Adenoma

A diagnosis of Pituitary Adenoma only is still coded to 8272/0

General Reminders

MCR Annual Survey

If you have not done so already, please complete the MCR Annual Survey. This provides updated information on your facility and the people responsible for the cancer data reporting.

Click the link below to start the survey.

https://www.surveymonkey.com/r/PT8PBWM

Thank you for your participation

Facilities should email the Myriddian Team inbox @ mcr@myriddian.com with any updates to facility information throughout the year, such as changes to:

- *Main contact name, phone number, or email address.*

- *Supervisor of main contact name, phone number, or email*

- *address. Facility administrator name or email address.*

- *Caseload annual estimate.*

- *Facility name or address.*

Facilities should also let us know if any staff leave your facility so we can remove their Web Plus access to ensure data shared via Web Plus remains secure.

NAACCR webinars available on FLccSC

To register as a new user, go to:

http://mds.fcdslms.med.miami.edu.

FLccSC is Back Online.

To regain access, please create a new password.

2025 Case Submission/V25
- As a friendly reminder, do not abstract or submit cases diagnosed 2025 until the appropriate V25/2025 software updates have been applied (expected spring or summer 2025). Please continue to submit all 2024 and prior diagnoses as usual in the current V24 format.

FY25 Casefinding List
- The newest ICD-10-CM casefinding list can be found on the MCR website.

2024 Case submission
- Submission of cases diagnosed in 2024 are due no later than June 30, 2025.

Death and other Data Request
- Send all death information and other data request to: Jennifer.hayes@maryland.gov
- The request forms can be found on the MCR website under Data Request and the link here MCR Request Form.

What's New for 2025

The NAACCR Data Standards and Data Dictionary (Standards and Data Dictionary**) for the 2025 diagnosis year (v25) introduces several updates to streamline data collection and reduce the burden on cancer registrars. Here's an overview of the major changes:**

- *New Site-Specific Data Items (SSDI): Two new SSDIs PTLD Post Transplant Lymphoproliferative Disorder & PD-L1.*
- *Pediatric Data Collection System (PCDS):A new system designed specifically to enhance the collection of pediatric cancer data will be introduced.*
- *Retirement of 30 Data Items: Following the trend of simplifying data collection, 30 data items will no longer be collected. This continues the effort by standard setters to retire unnecessary data items, bringing the total number of retired data items over the last three years to 76.*

These changes are designed to ensure uniform data collection, reduce redundancy, and adapt to the evolving needs of cancer research, public health, and data analysis.

For more detailed information, refer to the article *"Looking Ahead: Changes Approved for 2025 Registry Data Standards"* **in The NAACCR Narrative**

2025 Solid Tumor Rules

Beginning with the 2025 Solid Tumor Update, the rules will be available in a combined file only. Individual site-specific sections will no longer be provided. A Table of Contents has been added to allow for moving between sites. SEER recommends downloading this manual rather than using the online version. Please note that a minor error was corrected in Other Sites Tables 6 & 7. The updated consolidated manual has been posted and should be used in place of the previously posted version.

- *New Rules for 2025:*
- *Head & Neck – two new H rules*
- *Non-malignant CNS – one new M rule*
- *Urinary – one new H rule*

For more information on 2025 updates, please refer to NAACCR Webinar-V25 Update: Solid Tumor Rules, SSDI, Grade and More! (Free, but log in required) or the 2025 Implementation Guidelines.
https://education.naaccr.org/updates-implementation & https://www.naaccr.org/implementation-guidelines/
*** 2025 Solid Tumor Rules

http://health.maryland.gov/phpa/cancer/Pages/mcr_reporter.aspx

SAVE THE DATE: **TRAM Meeting**

2024 TRAM EDUCATIONAL CONFERENCE

VISIT TRAMD.ORG FOR MORE INFORMATION AND REGISTRATION

5 CE CREDITS
DECEMBER 06, 2024
HYBRID MEETING
901 ELKRIDGE LANDING
LINTHICUM HEIGHTS, MD

Please pay your dues and fees @
https://www.tramd.org/fees

*scroll down to the bottom of the page for meeting fees

Grade Coding Tips-Urinary Bladder for Cases Diagnosed 1/1/18 and Forward

▶ Bladder is one of the primary sites that has preferred grading systems based on histology. Per the Grade Manual:

o Urothelial cancers: use codes **L, H** and **9**-If only G1-G3 are documented, code 9

o Adenocarcinomas and Squamous Cell Carcinomas: use codes **1-3, 9**-If only L or H are documented, code 9

o The bladder grade table doesn't include the alpha codes "A-D", which indicates that terminology used in pathology reports can NOT be converted under the instructions for Generic Grade Categories.

o A trans-urethral resection of bladder procedure (TURB) qualifies for a <u>clinical</u> grade only. At least a partial cystectomy is required to assign pathologic or post-therapy (yP) grades.

AJCC Version 9 Protocols

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

Version 9 Protocols of the AJCC Cancer Staging System
[Available on Amazon or Online Subscription via the AJCC website]

Effective 01-01-2024 Version 9 Protocols

➢ Vulva

➢ NET of the Appendix

➢ NET of the Colon and Rectum

➢ NET of the Duodenum and Ampulla of Vater

➢ NET of the Jejunum and Ileum

➢ NET Pancreas

➢ NET of the Stomach

Effective 01-01-2023 Version 9 Protocols

➢ Anus

➢ Appendix

➢ Brain and Spinal Cord

Effective 01-01-2021 Version 9 Protocols

➢ Cervix Uteri

5 Sites with Updated Surgery codes for 2024

These surgery codes are in Appendix A of the STORE 2024 Manual and Appendix C of the SEER Manual.

o Colon (C18.0-C18.9)
o Pancreas (C25.0-C25.9)
o Lung (34.0-C34.9)
o Breast (C50.0-C50.9)
o Thyroid (C73.9)

Incidental Findings of Appendix

When an appendix primary is found incidentally during a resection for a colon primary, code the extent of the surgical resection for the colon primary. Assign B330 for the appendix primary.

Breast Histology Coding

DCIS and other In-situ carcinomas

Prior to 2018, DCIS and other in situ carcinoma was coded as 8523/2. Please note that for 2018 and beyond, DCIS mixed with other in situ carcinoma should be coded as 8500/2.

Invasive Carcinoma, NST

Invasive carcinoma, NST with lobular features is not equivalent to invasive carcinoma with ductal and lobular features. it should be coded as 8500/3

Mammary Carcinoma

Mammary carcinoma is a synonym for carcinoma no special type (NST)/duct carcinoma not otherwise specified (NOS) use code 8500.

Lymphoma Summary Stage

o If the Primary site is C42.1:Summary Stage is 7.

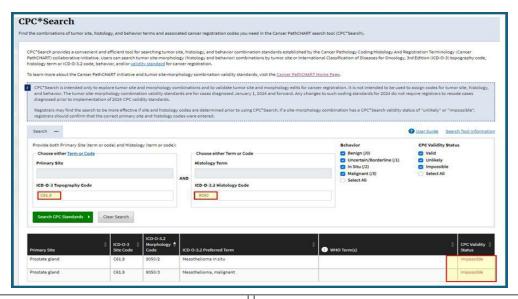o If the Primary site is not C42.1 but there is Bone Marrow Involvement: Summary Stage is always 7.

Updates

Cancer Path Chart CPC*Search

Cancer Path Chart is new for 2024 cases. CPC*Search is an interactive webtool on the SEER website that allows cancer registrars and other users to search the 2024 Cancer PathCHART ICD-O-3 Site Morphology Validation List (CPC*SMVL) validity standards by tumor site, histology, and behavior terms and associated codes. Seach results include the validity status of tumor histology and behavior by site and organ system which indicates if specific tumor site-morphology combinations are biologically valid, impossible, or unlikely. Use this link to check questionable code combinations. https://seer.cancer.gov/cancerpathchart/search/tool/

NAACCR webinars are available on FLccSC

To register as a new user, go to: http://mds.fcdslms.med.miami.edu.

Reminders

FY25 Casefinding List
o The 2024 NAACCR and NPCR Call for Data season is here, and MCR is currently working to prepare our submission file. NAACCR requests that 2023 diagnoses are included in the submission. That said, facilities should prioritize completing and submitting any pending 2023 diagnoses so they may be included in the MCR's Call for Data Submission.

FY25 Casefinding List
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2024 Case submission
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Maryland Cancer Registry Requirements Guide

The Cancer Registry Requirements Guide has been updated to reflect all the new changes. It is attached and you can also find it on the MCR website.

- Maryland Cancer Registry requires reporting of all Class of Case 00 – 22. These must be submitted in NAACCR Format, Full Abstract.
- MCR also requires submission of Class of Case 30,31,34,35,36,37,and 38.These may be reported either Full abstract or Abbreviated Abstract
- Class of Case 40,41,42 are not required to report unless you have an agreement with the facility.(Applies to Freestanding Facilities)
- All patients diagnosed and or treated at a Maryland facility are reportable cases to MCR. The patient's address DOES NOT determine reportability.
- Class of Case 32 and 33 are **NOT REPORTABLE** to MCR. **A request will be made once a year for these cases via an excel report.**
- **Class of Case 43 exception for Hospitals-Not required to transmit cancer reports except where the hospital has an agreement to report cases from a lab.** *(Pathology consults or other lab specimens only cases from Out of State residents are not reportable to MCR).*

Reminders

- **All Facility are asked to submit cases Monthly via WebPlus.** Completed cases should be submitted to MCR within six months of the date of diagnosis, or date of initial contact if diagnosed elsewhere.
- **Hard copy forms are permitted for submission of facilities with a case load of 50 or less cases Per year.** *Previously this was allowed for a case load of 100 cases or less. (Group Practices with multiple locations are considered as a single facility for this requirement.)*

Addition of 2 New Appendixes

Appendix 3: 2024 Summary of Changes

Appendix 4: Guidance on Entering Text into Specific Text Fields

MCR Website: https://health.maryland.gov/phpa/cancer/pages/mcr_home.aspx

Questions can be sent to your facility's Myriddian Representative at mcr@myriddian.com. DO NOT REPLY to this email. Remember to Always check the most up to date manuals.

Maryland Cancer Registry Myriddian, LLC

5520 Research Park Drive Suite 150
Baltimore, MD 21228
Toll Free: 866 986-6575
Website: https://www.myriddian.com/

Maryland Cancer Registry Receives Honors

Each year, central cancer registries in North America submit cancer data in an annual Call for Data to the North American Association of Central Registries (NAACCR) for use in research studies, manuscripts, public data portals, and more. These data are evaluated to determine eligibility for inclusion in national data sets and Registry Certification.

Registries that meet the Gold Standard for Registry Certification have achieved the highest NAACCR standard for complete, accurate, and timely data for the year reviewed. To achieve Gold Certification, the data from a cancer registry must meet all of the following criteria:

- Case ascertainment has achieved 95% or higher completeness
- A death certificate is the only source for identification of fewer than 3% of reported cancer cases
- Fewer than 0.1% duplicate case reports are in the file
- All data variables used to create incidence statistics by cancer type, sex, race, age, and county are 100% error-free
- Less than 2% of the case reports in the file are missing meaningful information on age, sex, and county
- Less than 3% of the cases in the file are missing meaningful information on race (U.S. only)
- The file is submitted to NAACCR for evaluation within 23 months of the close of the diagnosis year under review

Please join us in celebrating Maryland achieving NAACCR Gold Certification for the 2023 Call for Data submission. **We share this honor and title with all cancer reporters in Maryland. Without your dedication, this would not be possible. Thank you for another year of complete and high-quality data!**

Bladder Histology Coding Tips

- When the diagnosis is (non-papillary) transitional cell carcinoma, code 8120.

- When the diagnosis is *papillary* transitional cell carcinoma, code 8130.

- When the diagnosis is adenocarcinoma with a *component* of papillary carcinoma, code papillary carcinoma 8260.

- When the diagnosis is simply adenocarcinoma *with* a papillary component, code adenocarcinoma 8140. Do not assume this is a papillary carcinoma. This could be papillary differentiation or features.

Don't Forget The Path Comment/Addendum

Be sure you are entering the Comments or Addendums from the path report in path text. If the path final diagnosis states SEE COMMENT, see that comment & document it into your text, it's likely full of important information. See example below, the comment held the key to the whole case.

FINAL DIAGNOSIS: LIVER, CORE BIOPSIES: POORLY DIFFERENTIATED ADENOCARCINOMA- SEE COMMENT.

COMMENT: The core biopsies show a poorly differentiated adenocarcinoma. The morphologic and immunohistochemical features are most consistent with a primary hepatocellular carcinoma.

Melanoma SSDI Clinical Margin Width

Note 3: Code the peripheral surgical margins from the operative report from a wide excision

***Do not use the pathology report to code this data item.**

***Refer to STORE 2024 release date 1/23/2024, Appendix M of The CTR Guide to Coding Melanoma Cases in STORE for more examples of how to code various melanoma scenarios.**

***Make sure you are looking at the most recent release date for STORE 2024, 01-23-2024, this was a change made to the coding of SSDI Clinical Margin in Example#8 in Appendix M of The CTR Guide to Coding Melanoma Cases in STORE.**

Summary Stage- Prostate Cases

Note 7: Localized (code 1) can be assigned when the DRE result is not documented, or DRE not done and there is no evidence of extraprostatic extension

*Example 1: Patient with elevated PSA and positive needle core biopsy, but no documentation regarding tumor apparency (inapparent versus apparent), and there is no evidence of extraprostatic extension. No prostatectomy done.

Breast Grade: Invasive vs. In-Situ

For Invasive Carcinoma

*Codes 1 – 3 Priority (AJCC Grades) if documented over A-D.

*If the documented grade is not from the recommended AJCC grade system, record the highest

For In-Situ Carcinoma

*Codes L,M and H Priority (AJCC Grades) if documented over A-D.

*If the documented grade is not from the recommended AJCC grade system, record the highest

Endometrial Intraepithelial Neoplasia(EIN)

**EIN is now reportable-
C54.1 with a histology of 8380 with behavior code of 2.
ICD-10-CM code is N85.02**

Updates

Disease Index and Death Followback submission status

Disease Index
Total 2022 Disease Index Non-matched case count=9857
Total 2022 Disease Index Identified Missed Cases=1087
% of DI case identified as missed=11%

Death Followback
Total 2022 Death followback Non-matched hospital death cases=414
Total 2022 Death followback Identified Missed Cases=69
% of DI case identified as missed=16.6%

2nd Death Followback
Total 2022 Death followback Non-matched hospital death cases=442
Total 2022 Death followback Identified Missed Cases=40
% of DI case identified as missed=16.6%

Thanks to the above reconciliation processes, MCR was able to add 1087 missed cases to the database. That's 3.2% of total annual cases (11.0% of total reconciliation cases). **Reconciliation is not 100% yet.**

NAACCR webinars are available on FLccSC

To register as a new user, go to:

http://mds.fcdslms.med.miami.edu.

- **New Webinars include NPCR Training and Education Beginner Abstracting, Pancreas 2024, Boot Camp 2024 Parts 1 & 2 and Ovary 2024.**

Reminders
- As a friendly reminder, V24/2024 software updates have been applied and you can now submit 2024 cases. You can continue to submit all 2023 and prior diagnoses in the V24 format.

TRAM Meeting
- The TRAM Meeting was held on May 17,2024. You can download the handouts at https://www.tramd.org/meetings.

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- MCR also requires submission of Class of Case 30,31,34,35,36,37,and 38.These may be reported either Full abstract or Abbreviated Abstract
- Class of Case 40,41,42 and 43 are not required to report unless you have an agreement with the facility. (Applies to Freestanding Facilities)
- All patients diagnosed and or treated at a Maryland facility are reportable cases to MCR> The patients address DOES NOT determine reportability.
- Abbreviated Abstract: MCR implemented this years ago to reduce the burden on the reporting facilities. This is NOT a New requirement. The new abbreviated metafile will ensure compliance with established requirements.

Updates/Changes to the Manual
- **All Facility are now asked to submit cases Monthly via WebPlus.** Completed cases should be submitted to MCR within six months of the date of diagnosis, or date of initial contact if diagnosed elsewhere.
- **Hard copy forms are permitted for submission of facilities with a case load of 50 or less cases Per year.** *Previously this was allowed for a case load of 100 cases or less.*

Addition of 4 New Appendixes

Appendix 5:Creating a Disease Index
Appendix 6: Case-finding Code List
Appendix 7: Creating a Non-Reportable List
Appendix 8: Coding and Staging Resources

MCR Website
Pages - mcr_home (maryland.gov)

Questions can be sent to your facility's Myriddian Representative at mcr@myriddian.com.
*DO NOT REPLY to this email. **Remember to Always check the most up to date manuals.***

Maryland Cancer Registry Myriddian, LLC
5520 Research Park Drive
Suite 150
Baltimore, MD 21228
Toll Free: 866 986-6575

What's New in 2024

Happy New Year from the entire team at the Maryland Cancer Registry and Myriddian, LLC! We hope that your holiday season was filled with joy and rest, and we're wishing you all health and peace as we enter 2024!

The new year also means the updated credential name of the CTR, Certified Tumor Registrar, to ODS, Oncology Data Specialist, officially takes effect. The use of the new credential began on January 1, 2024. **NCRA credential holders should now begin to use "ODS," "ODS-C," or 'ODS- Certified" as their credential.** For more information about the credential name, including frequently asked questions,please visit the NCRA website.

Education and Training

NAACCR webinars are available on FLccSC

Remember to use the platform FLccSC (pronounced flossy), an online learning portal **http://mds.fcdslms.med.miami.edu**.

To sign up for FLccSC, Contact: Delores Rich, delores.rich@maryland.gov

TRAM Meeting

The TRAM Meeting was held on December 1, 2023. You can download the handouts at https://www.tramd.org/meetings.

Quality Audit Tips

Is Lobular Carcinoma In-Situ of the breast reportable?

Lobular Carcinoma In-Situ cases are not Reportable to the CoC. **But they are reportable to NPCR thus, they are reportable to the Maryland Cancer Registry.** You should still be picking these up.

Are Out of State Cases Reportable to MCR?

Yes, If the patient is diagnosed and or treated at your facility it is a reportable case to MCR. Their address **DOES NOT** determine reportability.

Reminders

- As a friendly reminder, do not abstract or submit cases diagnosed 2024 until the appropriate V24/2024 software updates have been applied (expected spring or summer 2024). Please continue to submit all 2023 and prior diagnoses as usual in the current V23 format.

- Disease Index, along with the Certificate of Compliance were due on January 5, 2024. Should you have any questions feel free to contact Myriddian, LLC at mcr@myriddian.com or 1-866-986-6575.

- Please look out for Death Follow-back Forms in February as MCR is to commence its DFB process.

What's New in 2024

Current (Abstracting) Guidelines

- 2024 NAACCR Implementation Guidelines and Recommendations (Revised January 2023) https://www.naaccr.org/implementation-guidelines/
- ICD-O_3.2 Implementation Documentation for implementation in 2024-Use of implementation guidelines is Required for determining reportability and accurate coding.
  https://www.naaccr.org/icdo3/
- *SSDI & Grade Manual Version 3.1 Change Log* https://apps.naaccr.org/ssdi/li st/
- SEER Program Coding and Staging Manual 2024 Summary of Changes https://seer.cancer.gov/tools/codingmanuals/
- Solid Tumor Rules Revision History 2024 https://seer.cancer.gov/tools/solidtumor/revisions.html
- STORE 2024 Summary of Changes https://www.facs.org/quality- programs/cancer-programs/national-cancer-database/ncdb-call-for-data/
  - CTR Guide to Coding Radiation Therapy Treatment in the STORE 6.0
  - **Now available in STORE 2024 Appendix R

Webinars

- V24 Update: ICD O, Solid Tumor Rules, SSDI, Surgery Codes https://education.naaccr.org/updates-implementation
- Omega *Tumor Talk: What's New in 2024* Scheduled for February 28, 2024, 12-1 EST. Register https://www.omegahms.com/events-webinars/

NCRA

- ODS Toolkit https://www.ncra-usa.org/ODSToolkit
- *NCRA Annual Educational Conference Need for Speed: Keeping up with Oncology Advancements* April 24-27, 2024 Indianapolis, IN https://www.ncra-usa.org/Conference/2024-NCRA-Annual- Conference

MCR Website

Pages - mcr_home (maryland.gov)

Questions can be sent to your facility's Myriddian Representative at mcr@myriddian.com.
DO NOT REPLY to this email. **Remember to Always check the most up to date manuals.**

Maryland Cancer Registry Myriddian, LLC
5520 Research Park Drive
Suite 150
Baltimore, MD 21228
Toll Free: 866 986-6575