



# What You Need to Know: Call for Data & v24 Changes

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**Presenter:**

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# Housekeeping

- If you have trouble hearing the presentation and are listening through your computer, please check and adjust your volume settings. You can also choose to call in using the call-in option on the Zoom control panel
- The webinar will be approximately 1 hour in length
- CE certificates will be sent to attendees later this week to the email address you provided during registration for this webinar
- A recording of this webinar, along with handouts and the Q&A, will be made available to attendees in the coming days

# Navigating Zoom



- Download handouts via the Chat button
- Ask questions via the Q&A button
- Any questions not answered during today's call will be answered via a follow-up Q&A document

# Objectives

1. Familiarize CRStar users with processes involved in answering the 2024 Call for Data
2. Offer suggestions for best practices to help prepare for the Call for Data
3. Demonstrate the use of the CRStar exporting application and the GenEDITS Plus 5 software
4. Review changes in v24 implementation guidelines

# NCDB Call for Data

All the information needed can be found here:

<https://www.facs.org/quality-programs/cancer-programs/national-cancer-database/ncdb-call-for-data/>

## Registrars

### Information for Registrars

[2024 Information for Registrars and CoC Program Standards 6.4 Documents Combined](#)

[Tool—NCDB Call for Data Submission Count Tracking by Diagnosis Year](#)

#### GenEDITS Plus 5 Update:

GenEDITS is a product of the Centers for Disease Control (CDC). As a result, the GenEDITS Plus 5 Installation link has been removed from the NCDB website. Information to download and install GenEDITS Plus 5 can be found on the CDC website.

[Access GenEDITS Plus 5 here.](#)

For technical support contact [cancerinformatics@cdc.gov](mailto:cancerinformatics@cdc.gov)

## Configuration/Setup

### Metafile and CoC User Dictionary

[NCDB and RCRS v23 Metafile](#)

[NCDB and RCRS v24 Metafile](#)

[V23 CoC User Specific Dictionary](#)

*The CoC data dictionary provides custom fields for NPI fields which can be entered as NAACCR fields or Custom fields. If both are present, the NAACCR field will be used.*

[V24 CoC User Specific Dictionary](#)

### Layouts

[v23 and v24 NCDB/RCRS Edits and RCRS Data Submission Requirements](#)

# Data Submission Information

- Submission window opens on 3/1/2024 and closes on 3/31/2024 at 11:59 PM CST
- Required submission – Existing programs
  - Analytic cases
  - All new cases diagnosed on or after 2008 through 2022
  - All updated/changed cases diagnosed on or after 2008 through 2021 (Those previously submitted in prior call for data exports)
- Required submission – New programs
  - All analytic cases diagnosed on or after 2008 or their first accredited date (whichever is shorter) through 2022

# Prep Work

- Review instructions on NCDB website
- Review for complete staging, treatment, and follow-up information
- Review FIN to verify a valid number
- Choose your file name carefully so that you can easily find the file for submission
- Run the file through most up-to-date GenEDITS Plus software



# Prep Work – ACoS FIN number verification

2

Hospitals Registrars Physicians Phys Roster Initial

Hosp Nbr	Hosp Name
	ers
01	ERS Hospital Systems

1

System Management

Codes Maintenance

Logout

Hospital Number: 01

Hospital Name: ERS Hospital Systems

Contact: Dr. R. Newmann

Phone: (513) 771-7330

St Name Add: 155 Tri County Pkwy

Reporting Hosp ID: 2260

ACoS Hosp ID: [REDACTED]

NPI: 1609858950

Region: 06

# Prep Work: FIN and NPI Numbers

- This task can be done after selecting your export population
- Use List for a Population under Ad hoc (do NOT reselect the auto-selected population)
- List the fields to review, including Archive FIN (2137) and NPI Archive FIN (3131)

**List for a Population**

Population Label: 01-Autoselect-NCDB-All

Report Label: FIN Number review

**Choose the Items for Your Report**

	Item Nbr	Item Description	B/S/L	C/D	Display Length
1	132	Accession Nbr	L	C	20
2	117	Site Code	L	C	20
3	118	Seq of Primary	L	C	20
4	2137	Archive Fin	L	C	20
5	3131	Npi_archive_fin	L	C	20

**Adhoc Report FIN Number review for 01-Autoselect-NCDB-All**

	Accession Nbr	Site Code	Seq of Primary	Archive Fin	Npi_archive_fin
1	01200900083	50	00	*7DS@	
2	01201300501	20	00		
3	01199600035	50	00		#12
4	01200701756	64	00		
5	03201200161	47	00	123784	1237
6	01201810027	10	12		
7	01200500694	50	00	0006530620	

# Best Practices: Database Validation

Perform a Database Validation Check / Eliminate Duplicates

2

Item Nbr	Item Desc
1	Last Name
2	Middle Initial
3	Diagnosis Address
4	Diagnosis Zip Code
5	County Code
6	Place of Birth
7	Date of Birth
8	City
9	State
10	Current Address
11	Current Address

1

Clear Results

Global Dir Import Config **DB Validation**

Validation Type:  
 Check for Duplicate Names and Dates of Birth  
 Check for Duplicate Social Security Numbers

Send Report to:  
 Excel  
 Screen

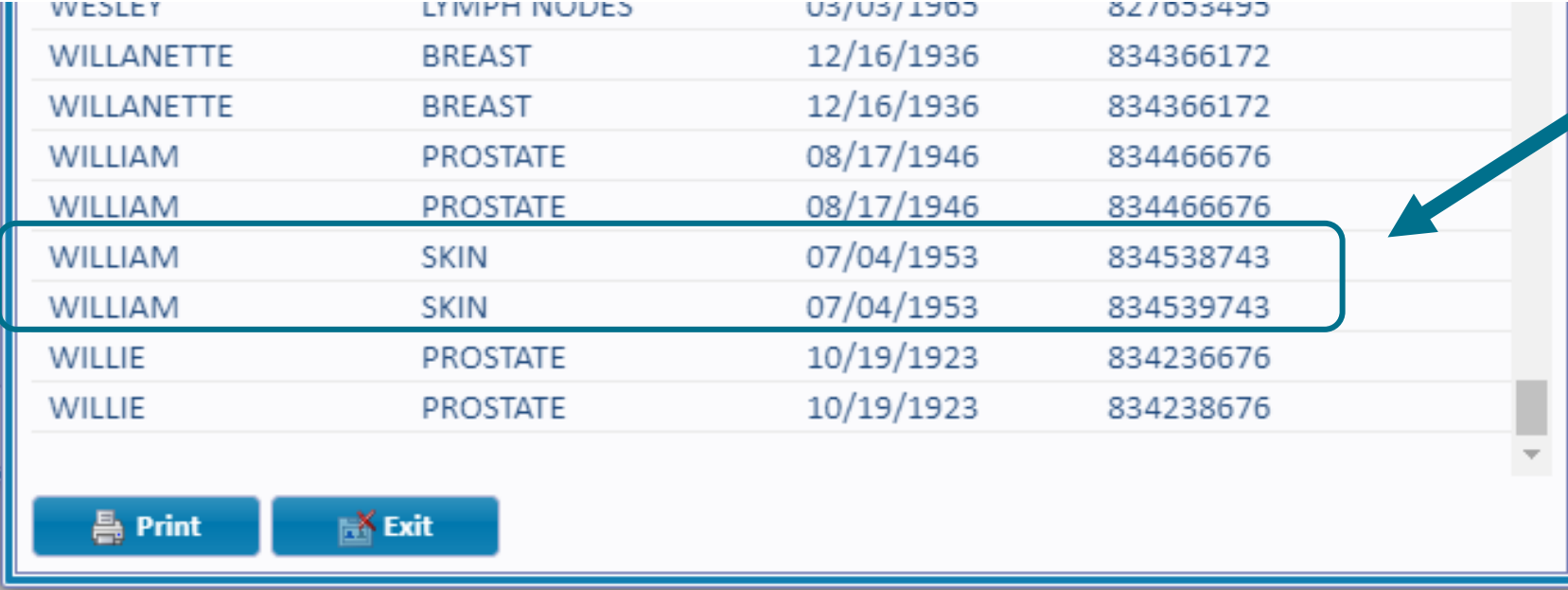
Start Time:

Ok New

- Choose to search by name and DOB or SSN
- Choose to send report to Excel or view on your screen

# Best Practices: Database Validation (cont.)

Identify any duplicates. Investigate duplicates in hospital EMR to determine which data is accurate, then combine patients.



WESLEY	LYMPH NODES	03/03/1903	827033493
WILLANETTE	BREAST	12/16/1936	834366172
WILLANETTE	BREAST	12/16/1936	834366172
WILLIAM	PROSTATE	08/17/1946	834466676
WILLIAM	PROSTATE	08/17/1946	834466676
WILLIAM	SKIN	07/04/1953	834538743
WILLIAM	SKIN	07/04/1953	834539743
WILLIE	PROSTATE	10/19/1923	834236676
WILLIE	PROSTATE	10/19/1923	834238676

Print Exit

# Best Practices: Database Validation (cont.)

Combine patients.

The screenshot illustrates the 'Merge Patients' workflow in the HealthCatalyst system. It features a sidebar menu (1) with options like 'NLP Work Queue', 'Patient Abstract', 'Rapid Abstract', 'Print Forms', and 'Abstract Utilities'. The main interface includes a top toolbar with 'Delete Abstract', 'Copy Abstract', and 'Combine Patients' (2). The 'Merge Patients' window is divided into two sections: 'Select Patient 1' (3) and 'Select Patient 2' (4). Each section contains a form with fields for Name, Dob, and SSN, and a table with columns S/A, Site, and Select. A central 'Merge' button (5) is labeled 'Merge Primaries into Patient 1 and Delete Patient 2'. Two text boxes provide validation instructions: 'Correct patient info verified in EMR' (3) and 'Incorrect patient info verified in EMR' (4). The interface also includes 'New' and 'Exit' buttons at the bottom.

# Best Practices: Follow Up

- Before starting the Call for Data process, get ahead by completing a thorough follow-up process
  - Include applicable follow-up, recurrence, death, and updated treatment data
  - Accurately input data
  - Edits run
- Follow-up process serves two purposes:
  - Ensures the most updated cases are submitted
  - Less errors in Follow-up data
- No harm in pausing follow-up activities when it's time to submit your final file

# Best Practices: GenEDITS Plus 5 & Metafile

- The metafile for the 2024 Call for Data is: **NCDB v23b**
- It is important that everyone on your team has the correct metafile before trying to reconcile any errors identified by the **GenEDITS Plus 5.1.1.4** software (*Note: this is a new version*)
- Utilize one person to run the GenEDITS
  - More than one person can process the edits
- Assign one person to run final GenEDITS and submit data

# Best Practices: General

- File storage
- Pause all follow-up and import activities while completing the final run of edits and submission
- RCRS Platform
  - Make sure the appropriate people have access
  - Check your facility profile for accurate information



# Common Errors

- **Conflicts in follow-up info**
  - Recurrence type 70 and Cancer status 1
  - Recurrence type blank and Cancer status 2
  - Recurrence date entered with no Recurrence type
- **Conflicts in class of case info**
  - Class 00 without Referred to facility
  - Class 20-22 without Referred from facility
- **Conflicts in staging data**
  - Having both (p) values and (yp) values on the same case

# What could cause my file to be rejected:

- Your FIN is incorrect in the transmission file or more than one FIN in the file
- File is not formatted for v23 or v24
- Submitted incorrect state export file instead of NCDB export
- More than one period in the file before extension (.xml)
- Special characters in file name. Only hyphen (-) and underscore (\_) are accepted
- Zip Files - These are not accepted

# GenEDITS Plus 5.1.1.4

- Instructions

<https://www.facs.org/media/udac4mdm/2022-genedits-plus-5.pdf>

- GenEDITS Download

<https://www.cdc.gov/cancer/npcr/tools/edits/index.htm>

- Metafile Installation & Data Dictionary Download

<https://www.facs.org/quality-programs/cancer-programs/national-cancer-database/ncdb-call-for-data/>

# Creating Your Data File

The screenshot shows the HealthCatalyst interface for creating a data file. The left sidebar contains a navigation menu with categories: DASHBOARD, ABSTRACT MANAGEMENT, FOLLOW UP MANAGEMENT, ENHANCED REPORTING, SYSTEM ADMINISTRATION, SYSTEM MANAGEMENT, PREFERENCES, REPORTING, and HELP. A 'Logout' button is at the bottom of the sidebar. The main content area is titled 'State Export' and 'NCDB/RCRS Export'. It features two radio buttons: 'Auto Select' (selected) and 'Use Existing Population'. Below this is the 'Auto Selection Criteria' section, which includes a 'Hospital:' dropdown menu, two radio buttons for 'Cases Diagnosed in 2022' (selected) and 'Cases Diagnosed in', and a checked checkbox for 'Exclude Cases Prior to Reference Year' with a 'Year:' input field. The 'Filename:' field contains 'NCDB Export'. At the bottom, there are 'Start Time: -' and 'End Time: -' fields, and two buttons: 'Run' and 'New'. Four numbered callouts are present: '1' points to the 'Data Exports' menu item; '2' points to the 'NCDB/RCRS Export' tab; '3' points to the 'Auto Select' radio button, the 'Hospital:' dropdown, the 'Cases Diagnosed in 2022' radio button, and the 'Exclude Cases Prior to Reference Year' checkbox; '4' points to the 'Export Data For:' radio buttons.

# Creating Your Data File (cont.)

- The 2024 export file is created, and a list of cases is displayed
- At the bottom of the list, a summary of the contents is displayed
- The export list can be printed or saved (printed) as a PDF for reference
- Click on the download indicator at the bottom left of your screen to go to the file

The screenshot shows the 'Data Exports' interface with the following elements:

- Buttons: State Export, NCDB Export, Export Viewer, Journey Fwd
- Export NCDB Data window:
  - Radio buttons: Auto Select (selected), Use Existing
  - Auto Selection Criteria: Hospital: 01, ERS H
  - Radio buttons: Cases Diagnosed in 2021 (selected), Cases Diagnosed in
  - Checkbox: Exclude Cases Prior to Year: 2008
  - Filename: NCDB Export
  - Export Data For: NCDB (selected), RCRS
  - Start Time: 9:09:41 AM
  - Buttons: Run, New
- Data Exported window:
  - Summary: Cases Exported for the NCDB, Total Number of Cases: 306, January 25, 2023
  - Table with columns: Acc Nbr, Med Rec Nbr, Last Name, First Name, Site, Seq, Dx Date
  - Buttons: Print, Download, Exit
- Bottom status bar: NCDB\_Data (2).zip, Show all

# Your Auto-Selected Population

- If you need to run other reports on the auto-selected population, it is available in your Population Label drop-down menu, BUT, if you open it, there will be no selection criteria listed
- Do NOT reselect the population here, it will result in zero cases
- You can, however, create a new label and run a subpopulation as shown in this example:

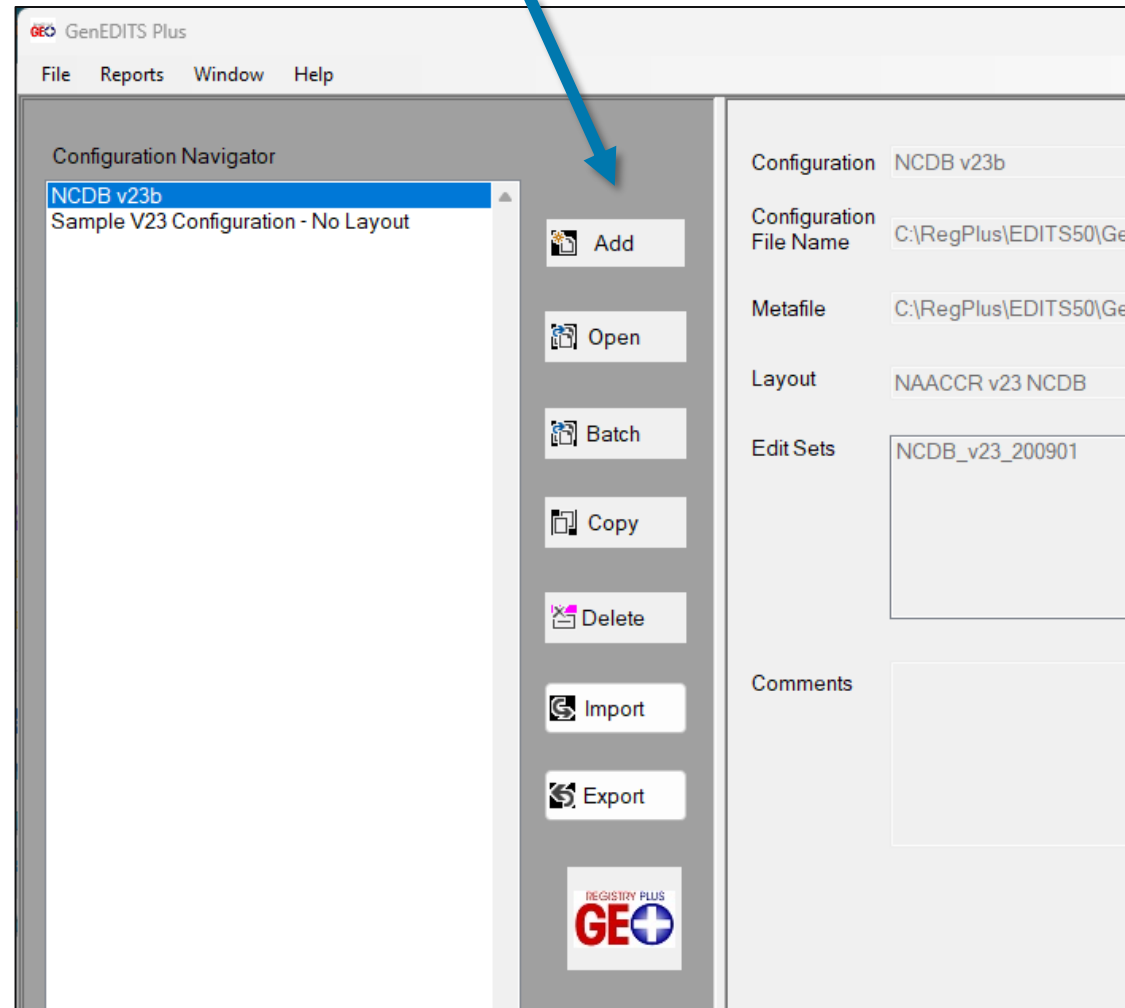
The screenshot shows a software interface for population selection. At the top, there is a 'Population' header. Below it, a 'Population Label' dropdown menu is set to '01-Autoselect-NCDB-All'. A red oval highlights a 'New Label' input field containing the text 'Sample Sub Population'. Below this is a 'Site Codes' section with a table:

	Site	Site Description
1	50	BREAST
2		
3		

At the bottom of the interface, there are 'Start Time:' and 'End Time:' fields. Below these is a toolbar with five buttons: 'Select' (with a lightning bolt icon and a red 'X' over it), 'Delete Label' (with a red 'X' over it), 'Edit Selection' (with a pencil icon), 'New' (with a star icon), and 'Exit' (with a red 'X' over it).

# Create v23b Configuration

- Open the updated version of GenEDITS
- Click “Add”
- Choose “Browse” by Metafile Name



# Create v23b Configuration (cont.)

- Select NCDBv23b Metafile

The screenshot displays the NCDB v23b application window and a Windows File Explorer window. The application window shows the following configuration:

- Metafile Name: C:\RegPlus\EDITS50\GenEdits Plus\MetaFiles\NCDB\_v23b\_231211.smf
- Record Layout: NAACCR v23 NCDB (RL00005) (COC)
- Edit Sets: NCDB\_v23\_200901

The File Explorer window shows the path: RegPlus > EDITS50 > GenEdits Plus > MetaFiles. The following table lists the files in the MetaFiles folder:

Name	Date modified	Type	Size
NAACCR_v23B_20230510.smf	5/25/2023 9:20 AM	SMF File	85,591 KB
NCDB_v23b_231211.smf	2/5/2024 11:52 AM	SMF File	84,514 KB

The application window also includes a 'Run Edits' button and progress indicators for 'Records Processed', 'Errors Reported', 'Records With Errors', and 'Time Remaining'.



# Create v23b Configuration (cont.)

- Enter your configuration name
- Choose Edit Sets
- Data Dictionaries for XML
  - Base Data Dictionary - NAACCR
  - User Data Dictionary

# Create v23b Configuration (cont.)

- Choose Field and click arrow to add to the Report
- Choose Field and add to the sorting section as desired

GEOS New configuration

File Reports Data Dictionaries for XML

Save Config Plus\EDITS50\GenEdits Plus\MetaFiles\NCDB\_v23b\_231211.smf Browse

Save Config As CR v23 NCDB (RL00005) (COC) Browse

Export Config

Edit Sets NCDB\_v23\_200901

Datafile Name Browse

Configuration File Name

Comments

Configuration Name NCDB v23b

Run Edits Report Identifiers Report Setup Edit Options Data Display Data Dictionaries

Fields Available for Record Identification Search term

- Addr at DX--City
- Addr at DX--Country
- Addr at DX--No & Street
- Addr at DX--Postal Code
- Addr at DX--State
- Addr at DX--Supplementl
- Addr Current--City
- Addr Current--Country
- Addr Current--No & Street
- Addr Current--Postal Code
- Addr Current--State
- Addr Current--Supplementl
- Adenoid Cystic Basaloid Pattern
- Adenopathy
- AFP Post-Orchiectomy Lab Value

Fields Selected for Record Identification

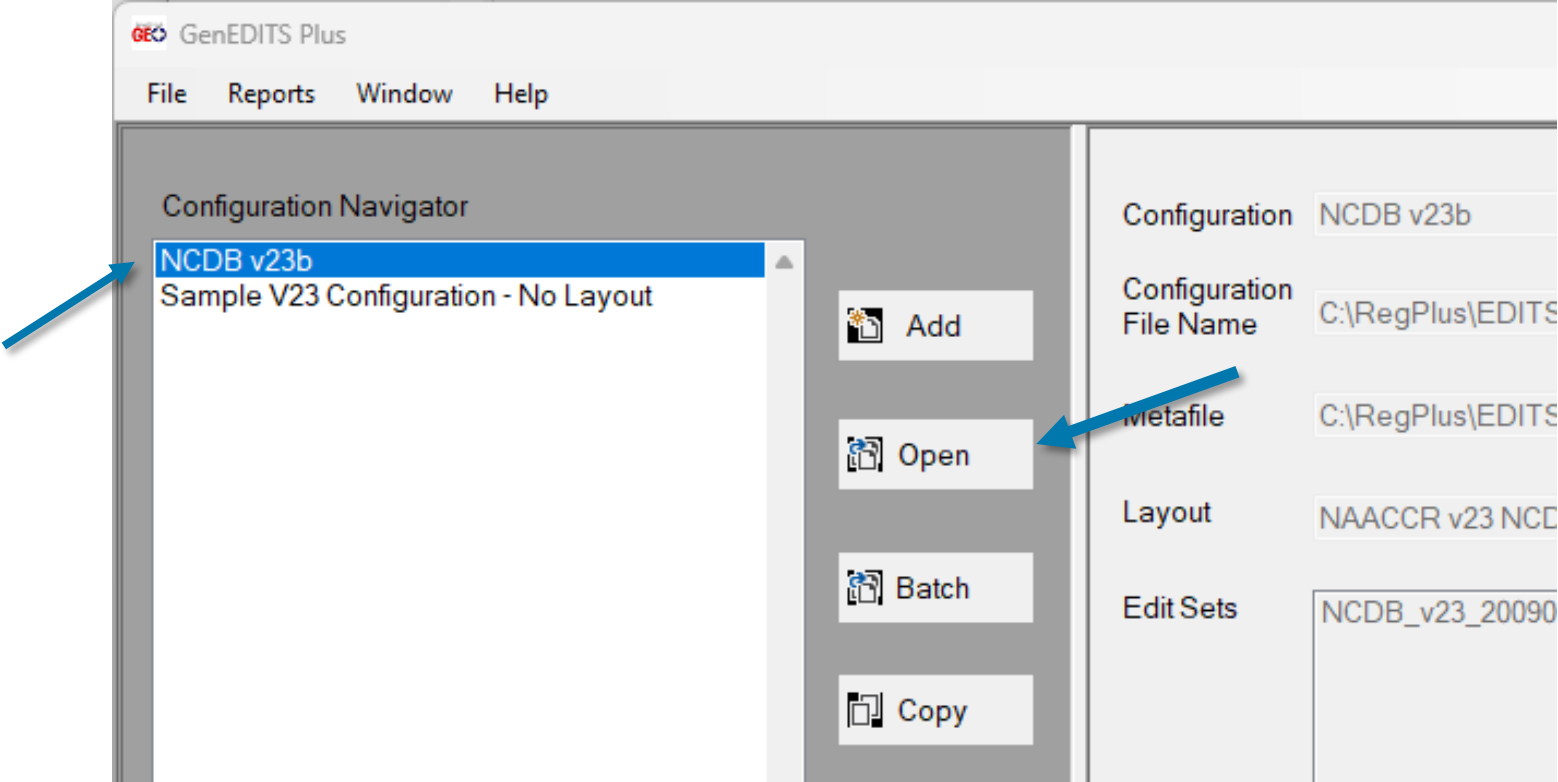
- Reporting Facility
- Accession Number--Hosp
- Sequence Number--Hospital
- Primary Site
- Histologic Type ICD-O-3
- Date of Diagnosis
- Abstracted By

Fields Selected for Sorting Records

- Abstracted By Primary Site

# Cleaning Up Your Data

- Choose v23b Configuration
- Click open



# Cleaning Up Your Data (cont.)

- Click Browse and choose your data file ensuring it populates in the Datafile Name box
- Confirm your NAACCR Version and Record Count
- Click “Run Edits”

The screenshot shows the NCDB v23b software interface. The top menu bar includes 'File', 'Reports', and 'Data Dictionaries for XML'. The main window is divided into several sections:

- Metafile Name:** C:\RegPlus\EDITS50\GenEdits Plus\MetaFiles\NCDB\_v23b\_231211.smf (with a 'Browse' button to its right).
- Record Layout:** NAACCR v23 NCDB (RL00005) (COC) (with a dropdown arrow).
- Edit Sets:** NCDB\_v23\_200901.
- Datafile Name:** C:\Users\AmyArnold\Downloads\NCDB Export\NCDB Export-092741AM.xml (with a 'Browse' button to its right).
- Configuration File Name:** C:\RegPlus\EDITS50\GenEdits Plus\Config\v23b.cfg.
- Configuration Name:** NCDB v23b.
- Comments:** A text area for notes.

Below these fields are tabs for 'Run Edits', 'Report Identifiers', 'Report Setup', 'Edit Options', 'Data Display', and 'Data Dictionaries'. The 'Run Edits' tab is active, showing:

- Record Type:** I
- NAACCR Version:** 230
- Record Count:** 104
- Edit Set Options:**  Skip Empty,  Skip Failed,  Suppress Warnings
- Start editing at record:** 1
- Stop editing after record:** 104
- Report Counts Only
- Detailed Error Limit:** (empty field)
- Progress:** A progress bar and a 'Run Edits' button.
- Records Processed:** (empty field)
- Errors Reported:** (empty field)
- Records With Errors:** (empty field)
- Time Remaining:** (empty field)

Blue arrows point to the 'Browse' buttons for the Metafile Name and Datafile Name, the 'Run Edits' button, and the 'Edit Sets' list.

# Cleaning Up Your Data (cont.)

- GenEDITS Plus generates your edit reports as you specified
- The summary report shows you how many of each edit type you have
- The detail report shows you each case that has edits with identifying information so you can clean those edits up in CRStar

# Cleaning Up Your Data – 4-digit Edits

- Edit numbers can be looked up in GenEDITS Plus software to help clarify what all of this means

RX Summ--Treatment Stat, Treatment (CC) [N1601]

**E: Conflict between RX Summ--Treatment Status and treatment codes**

RX Summ--Treatment Status #1285	(Start Pos: 2224)	Value: [0]
RX Summ--Surg Prim Site #1290	(Start Pos: 2225)	Value: [50]
RX Summ--Surg Oth Reg/Dis #1294	(Start Pos: 2228)	Value: [0]
RX Summ--BRM #1410	(Start Pos: 2247)	Value: [00]
RX Summ--Chemo #1390	(Start Pos: 2243)	Value: [03]
RX Summ--Hormone #1400	(Start Pos: 2245)	Value: [01]
RX Summ--Transplnt/Endocr #3250	(Start Pos: 2241)	Value: [00]
RX Summ--Other #1420	(Start Pos: 2249)	Value: [0]
Reason for No Radiation #1430	(Start Pos: 2250)	Value: [0]
Phase I Radiation Primary Treatment Volume #1504	(Start Pos: 2281)	Value: [40]
Rad--Regional RX Modality #1570	(Start Pos: 2264)	Value: --blank--
Date of Diagnosis #390	(Start Pos: 544)	Value: [20180219]
RX Summ--Scope Reg LN Sur #1292	(Start Pos: 2227)	Value: [5]

# Cleaning Up Your Data – Finding 4-digit Edits

- 1. Go to Edit Options tab
- 2. Double-click on Edit tag to sort the edit tag numbers numerically
- 3. Find the edit in the list and highlight it
- 4. Click “Edit Details”

The screenshot shows the 'New configuration' window with the 'Edit Options' tab selected. The 'Edit Options' tab displays a table of edit tags. The table has columns for 'Edit Name', 'Edit Tag', 'Agency', 'Use Edit Set Options (1482)', 'Suppress Edit', 'Skip Empty', 'Skip Failed', and 'No Skips'. The 'Edit Tag' column is sorted numerically. The row 'Surgery, RX Date Surgery, ICDO3 (COC)' is highlighted. The 'Edit Details' button is highlighted with a blue box and a blue arrow points from it to the 'Edit Details' button in the table.

Edit Name	Edit Tag	Agency	Use Edit Set Options (1482)	Suppress Edit	Skip Empty	Skip Failed	No Skips
CS SSF 8, SSF 9, Testis (CS)	N1590	CS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CS SSF 9, SSF 15, Testis (CS)	N1591	CS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RX Summ-- Treatm Stat, Treatment (COC)	N1601	COC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgery, RX Date Surgery, ICDO3 (COC)	N1606	COC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiplicity Ctr, Lymphoma/Leukem/Unk Site (NAACCR)	N1615	NAACCR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summ Stg 2000, Site, Hist ICDO3, Class (NAACCR)	N1617	NAACCR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mult Tum Rpt, Lymphoma/Leukemia/Unk Site (NAACCR)	N1619	NAACCR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Mult Tum, Lymphoma/Leukem/Unk Site (NAACCR)	N1620	NAACCR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CS SSF 16, MerkelCell Schemas (CS)	N1632	CS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CS SSF 17, MerkelCell Schemas (CS)	N1633	CS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Cleaning Up Your Data (cont.)

Look for keywords like “must equal”, “cannot be”, etc.

<b>Edit Name:</b> RX Summ--Treatm Stat, Treatment (COC) (N1601)		
<b>Agency:</b> COC		
Description	Admin Notes	Edit Logic
The purpose of this edit is to verify that RX Summ--Treatment Status and treatment fields are coded consistently.		
This edit is skipped under the following conditions:		
a. RX Summ--Treatment Status is blank		
b. Date of Diagnosis is blank (unknown) or invalid		
1. If any of the treatment fields indicate treatment given, then RX Summ--Treatment Status must equal 1 (treatment given). Treatment is considered "given" if any of the following is true:		
RX Summ--Surg Prim Site = 10-90		
RX Summ--Surg Oth Reg/Dis = 1-5		
RX Summ--BRM = 01		
RX Summ--Chemo = 01-03		
RX Summ--Hormone = 01		
RX Summ--Transplnt/Endocr = 10-40		
RX Summ--Other = 1, 2, 3, 6		
Reason for No Radiation = 0		
2. If Treatment Status = 1 (treatment given), at least one of the following fields must equal treatment given. Treatment is considered "given" if any of the following is true:		
RX Summ--Surg Prim Site = 10-90		
RX Summ--Scope Reg LN Sur = 1-7		
RX Summ--Surg Oth Reg/Dis = 1-5		
RX Summ--BRM = 01		
RX Summ--Chemo = 01-03		
RX Summ--Hormone = 01		
RX Summ--Transplnt/Endocr = 10-40		
RX Summ--Other = 1, 2, 3, 6		
Reason for No Radiation = 0		



# Cleaning Up Your Data (cont.)

- Run edits on every case you touch during the cleanup process
- Review and clear all edits
- Run export again and pass through GenEDITS
- If edits are clear, data can be submitted
- If edits aren't clear they will need to be worked on, then re-exported until clear

# Submitting the Call for Data

- Instructions to submit data: <https://www.facs.org/media/3x4d0qkp/2024-information-for-registrars-and-coc-program-standard-64-documents-combined-08242023.pdf>
- Questions or Issues? ACSTechsupport@iqvia.com

# Determining Submission Completeness

- Keep track of how many cases were in each export batch you created
- Errors and Rejected Cases - Any rejected cases are considered not submitted. Correct them and re-submit prior to the deadline of 3/31/2024
- Compare to the number of cases received by the NCDB after submitting
- View and screenshot the Upload History Report from the RCRS Dashboard
  - Instructions can be found on the CoC's Call for Data Website

# Determining Submission Completeness

## NCDB Call for Data Submission Count Tracking by Diagnosis Year

This Excel spreadsheet is a tool that can be used to facilitate the tracking of data submissions to the NCDB Call for Data each year. Here is how to use it:

Enter the number of cases submitted for diagnosis year 2022 for 2024 CFD and the number of cases submitted for diagnosis year 2021 for 2023 CFD in corresponding # Cases columns. The estimated percentage of your program's annual caseload will be automatically calculated.

Call for Data 2024			
Dx year	CFD 2024 # Cases	CFD 2023 # Cases	% Annual Caseload
First dx year	Enter # of cases submitted for	Enter # of cases submitted for	#VALUE!

The first row's Actual% value is calculated according to formula below:  

$$\left( \frac{\text{Total submitted cases in CFD2024 for dx 2022}}{\text{Total submitted cases in CFD2023 for dx 2021}} \right) \times 100$$

Enter the number of cases submitted for each diagnosis year for 2024 CFD and 2023 CFD in corresponding # Cases columns. The estimated percentage of your program's annual caseload will be automatically calculated.

Call for Data 2024			
Dx year	CFD 2024 # Cases	CFD 2023 # Cases	% Annual Caseload
2022			
2021			#DIV/0!
2020			#DIV/0!
2019			#DIV/0!
2018			#DIV/0!
2017			#DIV/0!
2016			#DIV/0!
2015			#DIV/0!
2014			#DIV/0!
2013			#DIV/0!
2012			#DIV/0!
2011			#DIV/0!
2010			#DIV/0!
2009			#DIV/0!
2008			#DIV/0!

There is no corresponding dx 2022 cases during 2024 CFD. Therefore this field is blank

$$\left( \frac{\text{# Cases submitted in 2024CFD for dx2022}}{\text{# Cases submitted in 2023 CFD for dx2021}} \right) \times 100 = \text{Actual\%}$$

# Vendor Responsibilities

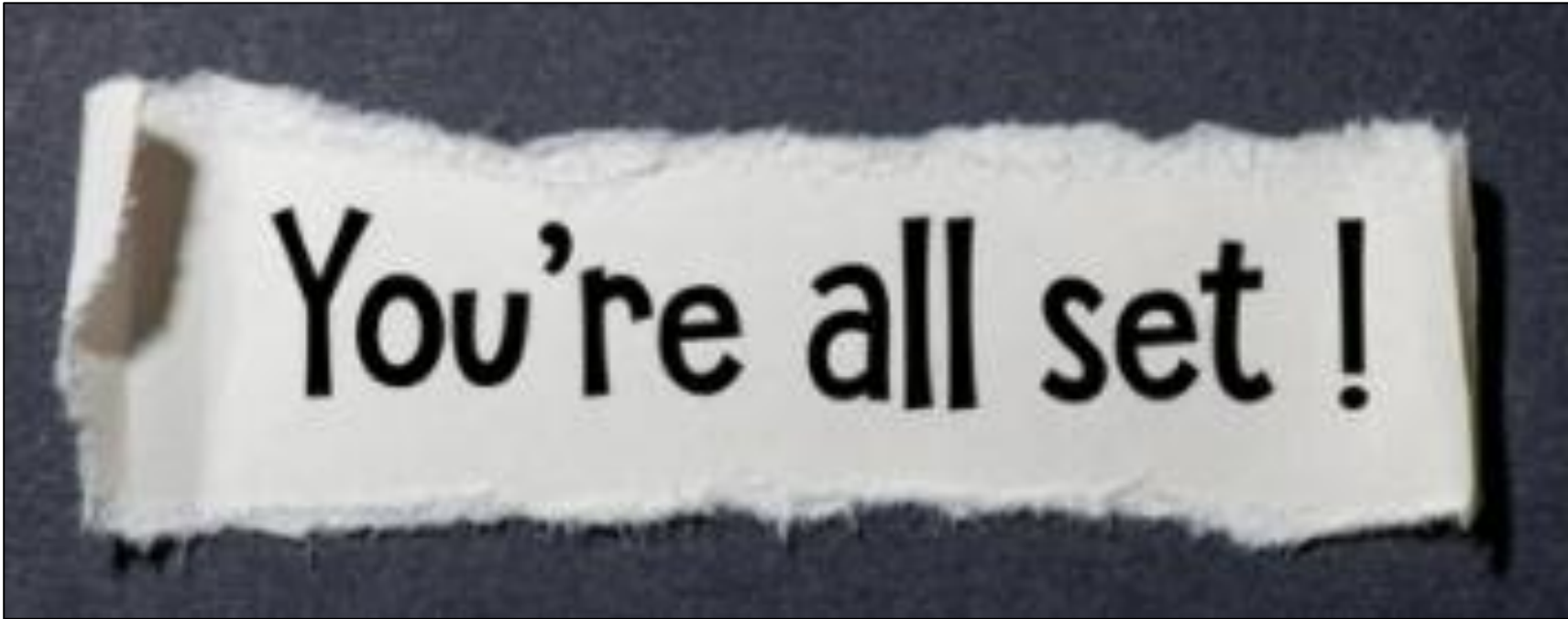
- Support tickets will be answered in the order received.
- The CRStar Support Team does not provide support for GenEDITS Plus software
- We will gladly assist with any ***software-related edits***. However, we are unable to provide clean-up services for data entry errors
- The CRStar Support Team will assist with global data changes if applicable, and the amount of any one edit is over ***75 errors***
  - The edits below require manual review and globals are not indicated:
    - Recurrence Type – 1<sup>st</sup>, Cancer Status (COC)
    - Date Case Completed- CoC, Date of Diagnosis (NCDB)
    - Rx Summ – Treat Stat, Date 1<sup>st</sup> Crs RX COC (COC)

# Client Responsibilities

- Please submit a support ticket if assistance is needed with a CRStar issue. Please do not email or call the support staff directly.
- For assistance with GenEDITS Plus software, contact the CDC as this software is developed and supported by the CDC. For assistance with the NCDB submission portal, contact the NCDB.
- During this time, it is imperative for registrars and follow-up clerks to run NCDB edits after entering follow-up and subsequent treatment information. If new follow-up data is entered, the case becomes eligible for this Call for Data. Make sure it passes edits!
- A backup of the database must be done prior to any global changes. Reach out to support to verify a backup is in place.

# Quick Review

- Get organized. Review the 2023 Call for Data Requirements
- Do some preliminary data reviews
- Check for incorrect FIN and NPI numbers
- Install GenEDITS Plus 5.1.1.4
- Download the NCDB v23b metafiles and import them into GenEDITS
- Create the NCDB 2024 CFD Configuration
- Create the 2022 and earlier Data Export files in CRStar
- Run edits on the export files in GenEDITS Plus 5.1.1.4 (repeat until clean) and save a copy of the final clean report
- Submit data through NCDB Datalinks portal
- Determine submission completeness





# V24 NAACCR Implementation

- NAACCR has provided in depth education on the v24 changes in a 1.5-hour webinar that can be found at <https://education.naaccr.org/updates-implementation>
- Implementation Guidelines documentation can be found at <https://www.naaccr.org/implementation-guidelines/>

# Reminder: Manual Usage

- Reminder:
  - Solid Tumor Rules and SSDI Manuals – for all cases diagnosed 2018 and later you should use the most current version of these manuals regardless of if it was released after diagnosis.
    - Ex: March 1, 2024, ODS is abstracting a Prostate case diagnosed in 2019. ODS will utilize 2024 update of the Solid Tumor Rules and SSDI manual.
    - *Exceptions:* If there is an exception to this rule it will be noted in the manual and direct you to what version should be used.
  - SEER Program Coding and Staging Manual and STORE Manual
    - The 2024 version of these manuals should only be used for cases diagnosed in or after 2024

# V24 ICD-O Updates

- 34 new preferred or alternate terms for existing ICD-O-3.2 histologies (11 are NR)
- 6 ICD-o codes with new behaviors and associated terminology (1 NR)
  - /2 – Intratubular seminoma, intratubular trophoblast, intratubular embryonal carcinoma, intratubular yolk sac tumor, intratubular teratoma
  - /1 – Non-functioning juxtaglomerular cell tumor
- 1 ICD-O-3.2 code changed behavior from /1 to /3
  - **/3 – Placental site trophoblastic tumor of testis**
- HPV related SCC codes are now valid for penis and scrotum
- Changes are effective for cases diagnosed on or after January 1, 2024

<https://www.naaccr.org/icdo3/>

# V24 Solid Tumor Rule - General

- Colon:
  - Table 1: Added GIST row
  - H6: added behavior assignment instructions for LAMN
- Head & Neck
  - Tables updated with subtype/variant information
  - Table 5: instructions added for HPV related SCC w/subtype/variant
- Kidney
  - Table 1: subtype/variant additions
  - Table 2: non-reportable histology terms added
  - M7 – new subtypes/variants for 8311/3
- Urinary
  - Table 2: new terms added, NEC/NET row added

# V24 Solid Tumor Rule – General (cont.)

- Lung:
  - Table 3: NEC/NET rows cleaned up, notes added for coding mucinous carcinoma/adenoca, NOS
  - H7: updated to reflect valid term for histology per C.A.P.
- Non-malignant CNS
  - Table 6: subtypes/variants added
  - M10, M11, M12 – notes added
- Other Sites
  - Tables: new terminology, synonyms or subtype/variants added
  - Table 6: instructions for coding Lauren histology vs WHO
  - Table 22: Thymus added
  - Table 23: Penis and Scrotum added

# Solid Tumor Rules – Major Updates

# V24 Solid Tumor Rule – Major – Breast

- In situ lobular carcinoma with other types of in situ carcinoma have been deemed biologically impossible. *Cases dx 1/1/2024 forward*
- H7 – New rule
  - Rule H7** Code in situ lobular carcinoma **8520/2** when there is a combination of lobular carcinoma in situ and one histology other than DCIS **AND**
    - The percentage of lobular in situ comprises greater than 50% of the tumor **OR**
    - Percentage of lobular in situ is unknown/not documented
  - Note:* This is a new rule and applies to cases diagnosed 1/1/2024 forward. See H9 for cases diagnosed prior to 1/1/2024.
- H8 – New Rule
  - Rule H8** Code the histology that comprises greater than 50% of the tumor when two histologies are in situ lobular **AND** any histology other than DCIS.
  - Note:* This is a new rule and applies to cases diagnosed 1/1/2024 forward. See H9 for cases diagnosed prior to 1/1/2024.
- Some histologies have been determined to be synonyms for NOS terms. These terms will appear in both column 2 and 3 with notes about dx dates to aid ODS in coding
  - Invasive solid carcinoma/solid adenoca 8230/3 now a synonym for carcinoma, NOS beginning with cases dx 1/1/2024 now coded 8500/3
  - Metaplastic carcinoma spindle cell type/spindle cell carcinoma 8032/3 now synonym for metaplastic carcinoma, NOS beginning with cases dx 1/1/2024 now coded 8575/3

# V24 Solid Tumor Rule – Major – Malignant CNS

- Table 3: Histology NOS, synonym and subtype/variants
  - New Rows
    - Cauda equina neuroendocrine tumor 8693/3 – code /3 even though WHO grade 1 (New Row)
    - Glioma, NOS 9380/3 (new row)
      - Additional testing should be performed to identify mutations and biomarkers that would provide a definitive type. A diagnosis of glioma, NOS is not recommended and may be used only when additional tests were inconclusive. ***See M rule to determine multiple primaries.***
  - Updated note
    - Neuroepithelial tumor, malignant 8000/3
      - Neuroepithelial tumor is a rare tumor specific to children. These neoplasms have numerous subtypes which are not easily identified so a specific type may not be identified on the pathology report
- New Rule – M4 – instructions related to glioma, NOS and subsequent recurrence with residual tumor of more specific histology



# V24 Solid Tumor Rule – Major – Other Sites

- Several tables include more than one site or site group. This is due to some histologies being valid for specific sites only and not all sites within a group. The valid C-code will be denoted in bold next to the histology or histologies in applicable tables.
- Table 16: following histologies biologically impossible for myometrium C542
  - Carcinoma, undifferentiated NOS 8020, Endometrioid carcinoma/adenocarcinoma 8380, mixed cell adenocarcinoma 8323, Mucinous carcinoma/adenocarcinoma 8480 (includes subtype/variants), neuroendocrine carcinoma 8246 (includes subtype/variants)
- Liver and intrahepatic bile duct neoplasm – guidelines for assigning primary site based on histology and other criteria added
  - New Table: 9a: Guidelines for Assigning Primary Site for Liver and Intrahepatic Bile Duct
    - This table may be applied to cases diagnosed in 2023 forward
    - Guidelines for assigning primary sites for liver and intrahepatic bile duct neoplasms based on histology and other criteria
    - Adenocarcinoma and subtypes of adenocarcinoma cannot be primary to liver

# V24 SSDI Updates

- New Schema for 2024+ diagnoses
  - 09290: NET Stomach
  - 09301: NET Duodenum
  - 09302: NET Ampulla of Vater
  - 09310: NET Jejunum and Ileum
  - 09320: NET Appendix
  - 09330: NET Colon and Rectum
  - 09340: NET Pancreas
  - 09500: Vulva
    - P16 will be required for 2024+ diagnosis

# V24 SSDI Updates (cont.)

- New SSDI
  - Brain Primary Tumor Location (Brain 2023+) Schema
    - Distinguishes between pons and other subsites with C717 topography code
- New codes for existing SSDI
  - Brain Molecular Markers (3816)
    - New codes added ( 9385/3, 9396/3, 9421/1, 9430/3, 9500/3) (Codes 10-23)
      - Codes 10-23 only valid for cases diagnosed 1/1/2024+
      - Codes 01-09 applicable for 2018+
    - Code 85 (NA due to histology) updated based on the new histology codes

# V24 SSDI Updates (cont.)

- Breast: 3922: Response to Neoadjuvant Therapy
  - Updated note: This should be coded based on the managing physician's overall interpretation of pathologic/radiologic/imaging results.
  - Added code 9 – Unk if neoadjuvant therapy done
  - Don't confuse with SEER data Item #1634 Neoadj Therapy Tx Effect – based on path response only

# V24 Seer Registries Only

- SEER SSF #1 has been updated
  - Human Papilloma Virus (HPV)
  - Collected for several head and neck sites
  - Starting with 2024 updates, now two-digit field
  - Data for 2018+ will be converted to the new format

# V24 – Surgery Codes

- Five sites updated with 2024 Diagnosis Year
  - Breast – Large changes please review the manual
  - Lung – A70 (extended radical pneumectomy) removed
  - Colon
    - A120 (electrocautery; fulguration, no specimen sent to pathology) removed
    - When an appendix primary is found incidentally during resection for a colon primary, code the extent of the surgical resection for the colonprimary. Assign B 330 for the appendix primary site
  - Thyroid – Change so that codes are in numerical order in the manual
  - Pancreas – A700 (Extended pancreatoduodenectomy) removed
- Surgery Codes Crosswalks can be found at <https://www.naaccr.org/crosswalks-interopability/>



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