

REGISTRAR PIP

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January 2024 Registrar PIP Did You Catch That Change?

Background

We used to incorrectly assume that experienced staff with their familiarity with existing coding manual content would be able to roll with changes in coding rules quickly and easily after simply reviewing the change logs associated with newly updated manuals. However, once we implemented the use of SEER*Educate in our registry, we quickly realized our assumption about how everyone learns new material was flawed. Reading change logs and/or listening to someone summarize a list of all the changes to implement wasn't entirely effective. Something had to change.

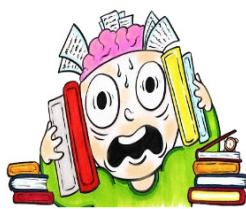
*In the world
according to Aristotle,
"The things we have to
learn before we do them,
we learn by doing."*

In Seattle, without realizing it, we adopted a teaching technique Aristotle theorized about centuries ago. Educators have theorized that we are capable of learning more about certain things by performing an action. The assumption is that "the doing" provides an opportunity for deeper learning. It's okay if we make mistakes because we learn from those as well.

The SEER*Educate training platform's promotional tagline "Learn by Doing" could have been penned by Aristotle himself. Currently, our approach to training is "teach and confirm." Everyone needs to show they understand what they've read in change logs and manuals or heard in training sessions. The entire staff also needs to be able to show consistency in applying the coding guidelines in given situations. It is important to have evidence that everybody is on the same page.

In our work environment the most efficient way to assess the consistency and accuracy in performing casefinding and coding is to have everyone work through the SEER*Educate modules after reading the manuals and listening to updates from trainers during regular meetings.

Incremental Learning versus Cramming



*Cramming . . . ya
push it in, it falls out!*

For me, being hit with a lot of changes discussed during a lecture or found when reading a manual can sometimes be overwhelming. To be honest, not all particularly important things stick with me on the first pass. It's nice to have an assessment tool to confirm what I understand and where I might need help from a trainer to reinforce certain concepts. The SEER*Educate feedback also serves as a reminder not to make decisions from memory, especially at the beginning of a new diagnosis year. Rules change. Last year's nonreportable case may not be nonreportable today or a formerly reportable case may change to nonreportable for this diagnosis year. The way to confirm reportability is to check the documentation.

The CSS team beta tests all new SEER*Educate material before we release it to the public. The SEER*Educate beta test results allow us the choice to focus both our individual and group training resources most effectively. We have found that when only one or two people are struggling with something, one-on-one training is the way to address those training needs if they need help beyond the detailed SEER*Educate rationales. On the other hand, when the group demonstrates less than a 70% accuracy rate on completing a task, we use a group meeting to discuss those issues.

Process Improvement Pointers • Feedback/Questions to Registrar-PIP@FredHutch.org

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In our work, learning is incremental and often date dependent. We need to be able to quickly reference and understand the material we're studying now because it typically builds on what we learned previously. We need to be able to recognize how future planned changes by the standard setters will affect our operations.

Assessing how to correctly process incoming cases in our reality of changing guidelines is, in a word, challenging. The major disadvantage to cramming (i.e., merely skimming through a change log or an entire manual) is that such reviewed material might leave our brains as quickly as it was stuffed in. We should really try to apply the existing and new concepts by challenging ourselves to respond to a question or by coding all or part of a case. Did we **really** understand what we just heard or read?

Filling Two Needs with One Deed

As I mentioned, our entire staff beta test all the new SEER*Educate material before a national release. The advantage is twofold because we can find issues related to:

- Accuracy, logic, formatting, grammar, and punctuation in the draft version of questions, answer options, and in the rationales justifying the correct response
- Topics that **do not require** more training or discussion because the staff consistently and accurately apply casefinding and coding guidelines and those topics that **do require** it



Most recently, we had our staff complete the multiple-choice modules drafted after the release of the **2024 SEER Program Coding and Staging Manual** and the **2024 STORE Manual**. In this article we will highlight an area we will target as part of future training efforts because we saw less than 70% accuracy by our experienced staff in applying either existing or new guidelines.

Is this a Reportable Histology in 2024?

Time to challenge ourselves without looking anything up. We are going to assess the accuracy of our recall ability. FYI, the experienced CSS staff did not achieve 70% accuracy on the SEER*Educate reportability questions when one or more of these histologies was an answer option:

1. Carcinoid of the appendix
2. Colorectal high grade dysplasia
3. Esophageal intraepithelial neoplasia (dysplasia), high grade
4. Evolving melanoma
5. GIST, NOS
6. High grade biliary intraepithelial neoplasia of the gallbladder (BillIN III)
7. HPV associated adenocarcinoma in situ of the cervix
8. Laryngeal intraepithelial neoplasia III (LIN III)
9. Low-grade appendiceal mucinous neoplasm
10. Lymphangioliomyomatosis
11. Micronodular thymoma with lymphoid stroma
12. Noninvasive mucinous cystic neoplasm of the pancreas with high grade dysplasia
13. Ovarian mucinous borderline tumor with microinvasion
14. Pituitary Rathke pouch tumor
15. Prostatic intraepithelial neoplasia (PIN III)
16. Pulmonary benign metastasizing leiomyoma
17. Rathke cleft cyst
18. Sclerosing pneumocytoma of the lung with multiple regional lymph nodes involved with sclerosing pneumocytoma
19. Solid pseudopapillary neoplasm of the pancreas
20. Thymoma

Without peeking, how confident are you that you correctly categorized all twenty histologies? When reviewing SEER*Educate questions initially, the experienced CSS staff did not check the manuals. We want everyone to learn what they can and cannot recall so they learn to appreciate the need to check references when doing real world coding and casefinding. Sometimes, we might think we remember more than we actually do. We could discover we are remembering rules from a prior year or even a prior decade that no longer apply!

The confirmed less than 70% accuracy rate involving the reportability for the above histologies is a clear sign we need to check the documentation to avoid underreporting or overreporting certain case types. As we know, reportability requirements change over time as medical science evolves and new cell types are discovered or the behavior for existing cell types change. It can be frustrating keeping track of the reportability of certain diagnoses by year of diagnosis. Those who have been in the registry for a while probably recall the flip-flopping on the reportability of “evolving” or “early” melanoma in situ - - first it wasn’t reportable, then it was, then it wasn’t again, and now it is reportable! All this to say, when we aren’t certain about the reportability of a diagnosis, look it up!

On to the answers . . .

Here’s the snapshot of what is reportable and what is not:

- Reportable: 1, 3, 4, 5, 6, 8, 9, 10, 12, 14, 19, 20
- Nonreportable: 2, 7, 11, 13, 15, 16, 17, 18

Now for the explanation . . .

Thymoma (8581/3) is reportable. Nearly all thymomas are reportable as of 01/01/2021. The behavior code is /3 in ICD-O-3.2. The exceptions are:

- ✓ Microscopic thymoma or thymoma, benign (8580/0)
- ✓ Micronodular thymoma with lymphoid stroma (8580/1)
- ✓ Ectopic hamartomatous thymoma (8587/0)

Effective as of 01/01/22, low-grade appendiceal mucinous neoplasm (LAMN) is reportable.

Effective as of 01/01/23, the behavior changed from /1 to /3 for lymphangioleiomyomatosis (9174/3).

Per the [SEER Program Coding and Staging Manual 2024](#),

The following are **not reportable** to SEER:

- Prostatic intraepithelial neoplasia (PIN III) (8148/2)
- HPV associated adenocarcinoma in situ of the cervix (8483/2)

The following **are reportable** to SEER:

- Early or evolving melanoma in situ (8720/2), or any other early or evolving melanoma (8720/3), is reportable as of 01/01/21.
- All GIST tumors (8936), except those stated to be benign, are reportable as of 01/01/2021. The behavior code is /3 in ICD-O-3.2.
- Carcinoid, NOS (8240) of the appendix is reportable. As of 01/01/2015, the ICD-O-3 behavior code changed from /1 to /3.
- Laryngeal intraepithelial neoplasia III (LIN III) (8077/2) became reportable 01/01/14.
- High grade biliary intraepithelial neoplasia (BillN III) of the gallbladder (8148/2) became reportable 01/01/18.
- Esophageal intraepithelial neoplasia (dysplasia), high grade (8077/2) became reportable 01/01/21.

NOTE: An explanation is needed for the last diagnosis because CSS staff was caught off guard about this change too. The correct diagnosis date for this disease was discovered after a CSS beta tester challenged an answer to a question in SEER*Educate. Following the challenge, we asked SEER for clarification given the lack of documentation about this update in a **change log**. Typically, when requirements change **between** the release of Manual editions, SEER documents the updates in a change log to highlight the new casefinding and coding guidelines. Unfortunately, that was not done for this diagnosis; so our staff missed the change.

According to a late breaking update from SEER, while it is true the 2022 SEER Manual stated this **was not** reportable and the 2023 SEER Manual stated that it **was** reportable, SEER clarified on 01/09/24 that this disease actually became reportable on **01/01/21!**

Per **Appendix E1** of the *SEER Program Coding and Staging Manual*, the following are **reportable** diagnoses:

- Noninvasive mucinous cystic neoplasm of the pancreas with high grade dysplasia (8470/2)
- Solid pseudopapillary neoplasm of the pancreas (8452/3)
- Rathke pouch tumor is a reportable neoplasm (9350/1) for cases diagnosed 2004 and later.

Per **Appendix E2**, the following are **not reportable**:

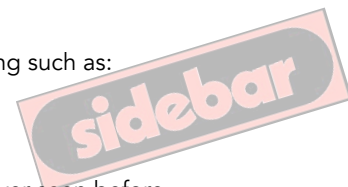
- Rathke cleft cyst, also called pars intermedia cyst of the pituitary gland
- High grade dysplasia in colorectal sites
- Pulmonary benign metastasizing leiomyoma (resembles a typical leiomyoma and is found in the lungs of women with a history of typical uterine leiomyomas)
- Ovarian mucinous borderline tumor with microinvasion is not an indication of malignancy. Low malignant potential/ borderline ovarian tumors are defined by the pathology of the primary tumor and are not affected by microinvasion or invasion in implants. Though a case may be staged, this does not mean it is reportable.
- Sclerosing pneumocytoma of the lung with multiple regional lymph nodes also involved with sclerosing pneumocytoma is non-malignant. According to the WHO Classification of Thoracic Tumors, 5th edition, "most sclerosing pneumocytomas behave in a benign fashion. However, although cases with lymph node metastases and distant organ metastases have occasionally been reported, these findings do not appear to adversely affect prognosis."

Sidebar

I often read articles and scan websites about teaching and learning techniques. Recently, I ran across the Loma Linda School of Medicine website and found an interesting page on brain-based techniques for learning retention. The webpage says we all learn in multiple ways, but we should try to learn new concepts using both verbal and visual techniques because doing so cements knowledge in our brains.

There were also obvious helpful hints or reminders that we can use to improve learning such as:

- We get better at something the more we practice doing it.
- Stop multitasking to hasten the learning process.
- Use our past experience to try to figure out how to manage something we've never seen before.
- As anyone who's been responsible for teaching others will tell you, the trainer learns as much as those they train when preparing the materials for sharing.
- Use testing to boost learning.



But the one suggestion I found an amusing reminder was, "If you find yourself struggling to recall some tidbit of information, research suggests that you are better off simply looking up the correct answer. One study found that the longer you spend trying to remember the answer, the more likely you will be to forget the answer again in the future!"

Conclusion

There is a lot of new information coming at registrars all the time. It is challenging for everyone to keep up and to find where there are holes in individual or group understanding about coding rules and procedures. SEER*Educate is one tool CSS has relied on for over a decade to help meet the challenge. We've used SEER*Educate training results to identify not only topics to discuss one-on-one with trainees, but also to identify topics for our full staff meetings. In addition, we've used the findings to identify:

- Suggestions for targeted QC reviews for production work
- Coding issues to submit to SEER SINO
- Documentation issues in the current manuals for NCI-SEER
- Topics for the SEER Annual Advanced Workshop

For us at CSS, we believe the active use of SEER*Educate has improved our overall team performance and we encourage others to see if you'd discover similar results if you gave SEER*Educate a try.