

Non-NAACCR Standard Data Items

Subsequent Treatment

Comparative Effectiveness Research Project

NHSCR

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Subsequent Treatment Data Items

- Reason
- Date
- Date Flag CER
- Surgery
- Radiation
- Chemotherapy
- Hormone
- BRM
- Transplant/Endocrine
- Other
- Chemo NSC 1-6
- Hormone NSC 1-2
- BRM NSC 1-2

Reason Subsequent Tx

- Collected *as available* for Breast, Colorectal, and CML
- Subsequent treatment begins after first course is completed, stopped, or changed

- **Coding Reason Subsequent TX:**

<u>Code</u>	<u>Definition</u>
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0	No subsequent or palliative TX
1	Subsequent or palliative TX due to disease progression
2	Subsequent or palliative TX due to recurrence of disease
4	Subsequent or palliative TX due to development of medical condition (e.g., heart failure or liver disease develops in patient)
5	Subsequent or palliative treatment due to other reason
9	Unknown if subsequent or palliative therapy given or not required for this primary site/histology

Subsequent Tx: Date & Date Flag

- 2nd Course Date is the date when Subsequent TX is initiated

- **Date Flags**

<u>Code</u>	<u>Definition</u>
10	No information whatsoever can be inferred from this exceptional value (e.g., unknown if any subsequent therapy)
11	No proper value is applicable in this context (e.g., no subsequent therapy)
12	A proper value is applicable but not known
15	Information is not available at this time, but it is expected that it will be available later
Blank	A valid date value is provided in item Subsequent TX 2 nd Course Date, the date was not expected to have been transmitted.

Subsequent Tx: Surgery

- Used to code the type of surgery given as part of subsequent course TX
- **Coding Subsequent Surgery**

Code

Definition

00	None OR Not applicable (e.g., not required for this primary site/histology) OR Unknown Information
10	Surgery to local site
20	Surgery to regional site/lymph nodes
30	Surgery to distant site/lymph nodes
90	Surgery, NOS; a subsequent surgical procedure was done, but no information on the type of surgical procedure is provided

Subsequent Tx: Radiation

- Used to code Subsequent Radiation TX to local (primary site) or directed to a regional site and /or lymph nodes, or directed to a distant or metastatic site and/or lymph nodes

- **Coding Subsequent RTX**

<u>Code</u>	<u>Definition</u>
00	None OR Not applicable (e.g., not required for this primary site/histology) OR Unknown Information
10	Local Radiation
20	Regional Radiation
30	Radiation, NOS; Distant Radiation
31	Bone
32	Brain
33	Liver
34	Lung
35	Other distant sites/lymph nodes or more than one distant site

Subsequent Tx: Chemotherapy

- Physician may change one of the drugs in a combination regimen
 - ❑ If replacement drug belongs to the same group as the original drug, there is no change in the regimen
 - ❑ If the replacement is in a different group than the original drug, code the new regime as subsequent therapy
- Refer to SEER*RX to obtain NSC drug number
- If there is no NSC drug number, contact NHSCR

- **Coding Subsequent CTX**

<u>Code</u>	<u>Definition</u>
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00	None OR Not applicable (e.g., not required for this primary site/histology) OR Unknown Information
01	Chemotherapy administered as subsequent therapy, but the type and number of agents in not documented in patient's record
02	Single-agent Chemotherapy administered as subsequent therapy
03	Multi-agent Chemotherapy administered as subsequent therapy

Subsequent Tx: Hormonal

- Record prednisone as hormonal therapy when administered in combination with chemotherapy such as MOPP or COPP.
- DO NOT code prednisone as hormone therapy when it is administered for reasons other than chemotherapeutic treatment.
- Tumor involvement or treatment may destroy hormone-producing tissue. Hormonal replacement therapy will be given if the hormone is necessary to maintain a normal metabolism and body function.
- Do not code hormone replacement therapy as a first course of treatment.
- Refer to SEER*RX to obtain NSC drug number
- If there is no NSC drug number, contact NHSCR

- **Coding Subsequent Hormone**

- Code Definition**

- 00 None OR Not applicable (e.g., not required for this primary site/histology) OR Unknown Information

- 01 Hormone Therapy administered as subsequent therapy

Subsequent Tx: BRM

- Used to code for the type of biological response modifier therapy (immunotherapy) given as part of the subsequent course of treatment
- Refer to SEER*RX to obtain NSC drug number
- If there is no NSC drug number, contact NHSCR

- **Coding Subsequent BRM**

<u>Code</u>	<u>Definition</u>
00	None OR Not applicable (e.g., not required for this primary site/histology) OR Unknown Information
01	Immunotherapy Therapy administered as subsequent therapy

Subsequent Tx: Transplant/Endocrine

- Bone marrow transplants are coded as one of two types:
 - ❑ Autologous - bone marrow originally taken from the patient
 - ❑ Allogenic - bone marrow donated by a person other than the patient
- For cases in which the bone marrow transplant was syngeneic, which is transplanted marrow from an identical twin, the item is coded as allogeneic
- Stem cell harvests involve the collection of immature blood cells from the patient and the reintroduction by transfusion of the harvested cells following chemotherapy or radiation therapy
- Endocrine irradiation and/or endocrine surgery are procedures which suppress the naturally occurring hormonal activity of the patient and thus alter or affect the long-term control of the cancer's growth. These procedures must be bilateral to qualify as endocrine surgery or endocrine radiation

Subsequent Tx: Transplant/Endocrine

Coding Subsequent Transplant/Endocrine

<u>Code</u>	<u>Definition</u>
00	None OR Not applicable (e.g., not required for this primary site/histology) OR Unknown Information
10	A bone marrow transplant procedure was administered, but the type was not specified
11	Bone marrow transplant – Autologous
12	Bone marrow transplant – Allogeneic
20	Stem cell harvest and infusion. Umbilical cord stem cell transplant
30	Endocrine surgery and /or endocrine radiation therapy
40	A combination of endocrine surgery and/or radiation with a transplant procedure (combination of codes 30, and 10, 11, 12, or 20)

Subsequent Tx: Other

- The principal treatment for certain reportable hematopoietic diseases could be supportive care that does not meet the usual definition of treatment that “modifies, controls, removes, or destroys” proliferating cancer tissue
- Supportive care may include phlebotomy, transfusion, or something as simple as giving an aspirin to the patient
- These particular treatments come under the #1 – Other Subsequent treatment

Subsequent Treatment: Other

Coding Subsequent Other

<u>Code</u>	<u>Definition</u>
0	None –All subsequent cancer treatment was coded in other treatment fields (surgery, radiation, systemic therapy) OR Not applicable, OR Unknown
1	Other –Subsequent treatment that cannot be appropriately assigned to specified treatment data items
2	Other –Experimental. This Code is not defined. It may be used to record participation in institution-based clinical trials
3	Other –Double Blind A patient is involved in a double-blind clinical trial. Code the treatment actually administered when the double-blind trial code is broken
6	Other –Unproven Cancer treatments administered by nonmedical personnel

Subsequent Tx: Chemo 1-6 NSC

Coding is similar as to how first course treatment is recorded, except use the subsequent treatment data fields

□ **Chemotherapy**

- Subsequent Rx 1st Chemotherapy
- Subsequent Rx 2nd Chemotherapy
- Subsequent Rx 3rd Chemotherapy
- Subsequent Rx 4th Chemotherapy
- Subsequent Rx 5th Chemotherapy
- Subsequent Rx 6th Chemotherapy

Subsequent Tx: Hormone 1-2 NSC and BRM 1-2 NSC

Coding is similar as to how first course treatment is recorded, except use the subsequent treatment data fields

□ Hormonal Therapy

- Subsequent Rx 1st Hormonal Therapy
- Subsequent Rx 2nd Hormonal Therapy

□ BRM Therapy

- Subsequent Rx 1st BRM Therapy
- Subsequent Rx 2nd BRM Therapy

References

Full descriptions and definitions of these data items available in the CER Data Dictionary:

Subsequent Treatment Section: pages 87-107

THANK YOU

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