

# 2021

**STORE/SEER Manual  
COVID-19 Updates**

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**STORE Manual  
SSDI Updates**

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# STORE/SEER Manual COVID-19 Updates

# General Info

DATA ITEM NAME	DIAGNOSTIC YEARS COLLECTED	TEST TYPE	TEXT FIELD / NON-SEER REGION	MISC
NCDB SARSCoV2 Test	2020, 2021	PCR/Diagnostic	Lab Procedures OR Remarks	
NCDB SARSCoV2 Test Pos	2020, 2021	PCR/Diagnostic	Lab Procedures OR Remarks	Document FIRST positive test
NCDB SARSCoV2 Pos Date	2020, 2021	PCR/Diagnostic or Serology/Antibody	Lab Procedures OR Remarks	
NCDB COVID19 Tx Impact	2020, 2021	Not applicable; No related to testing or results thereof	Each Applicable Treatment Text Field or Remarks	Impact due to hospital availability except code 5

# Coding

DATA ITEM NAME	CODE	LABEL
NCDB SARSCoV2 Test	0	Patient not tested for SARS-CoV-2
	0	Facility records support patient did not undergo pre-admit or in-hospital testing
	1	Patient tests for active SARS-CoV-2
	9	Unknown if patient tested for SARS-CoV-2
	9	No facility record of pre-admit hospital testing of SARS-CoV-2
	Blank	(viable code, no meaning)
NCDB SARSCoV2 Test Pos	0	Patient not tested for SARS-CoV-2
	0	Patient did not test positive for active SARS-CoV-2
	0	No positive test
	1	Patient tested positive for active SARS-CoV-2
	1	Test positive on at least 1 test
	9	Unknown if test done
	9	Test done, results unknown
	Blank	(viable code, no meaning)
NCDB SARSCoV2 Pos Date	MM/DD/CCYY	Date the patient had a positive test for SARS-CoV-2
	MM/DD/CCYY	Date the patient had a positive test for SARS-CoV-2, as documented by a medical provider
	Blank	Date of positive test is unknown, PCR/Diagnostic or Serologic/Antibody, for SARS-CoV-2
	Blank	Patient did not test positive for active SARS-CoV-2
	Blank	Patient not tested for SARS-CoV-2
	Blank	(viable code, no meaning)
NCDB COVID19 Tx Impact	1	Treatment not affected
	1	Active surveillance, no change
	2	First course of treatment timeline delayed
	3	First course of treatment plan altered
	4	First course of treatment canceled
	5	Patient refused treatment due to COVID-19
	9	Not known if treatment affected
	Blank	(viable code, no meaning)

# SEER Text Guidelines

DATA ITEM NAME	FORMAT	SPECIAL INSTRUCTIONS	EXAMPLES
TEXT--DX PROC-- LAB TESTS	COVID-19 (test type) (interpretation) (date)	Record date of the most recent positive test	COVID-19 viral POS 05/09/2020
	Viral = PCR = Diagnostic	Record viral test separate from antibody test	COVID-19 viral NEG 03/09/2020 antibody POS 05/09/2020
	Antibody = Serology	Record first positive test if multiple tests with multiple results	
		Record last negative test if all tests are negative (no positive test)	
		Record last negative viral and antibody tests if both are negative	COVID-19 viral NEG 03/09/2020 antibody NEG 05/09/2020
		DO NOT RECORD unknown types of test or unknown results of test	
RX TEXT--SURGERY	SURG TX delayed D/T COVID-19	Record when surgery recommended but delayed due to COVID-19	
	SURG TX delayed & CHG D/T COVID-19	Record when surgery recommended but delayed AND changed due to COVID-19	
	SURG TX CHG D/T COVID-19	Record when surgery recommended but changed due to COVID-19	
	SURG TX DC D/T COVID-19	Record when surgery was not done (or canceled) due to COVID-19	
	SURG TX delayed D/T COVID-19 & given as subsequent TX after progression	Record if SURGERY is delayed due to COVID-19 and delivered AFTER disease progression; Record subsequent treatment IF within facility practice	
RX TEXT--RADIATION (BEAM)	(ERBT or XRT or RT) DC D/T COVID-19	Record if beam radiation was discontinued or not done due to COVID-19	
	(ERBT or XRT or RT) CHG D/T COVID-19	Record if beam radiation plan was changed due to COVID-19	
	(ERBT or XRT or RT) delayed D/T COVID-19	Record if beam radiation planning a/o initiation was delayed due to COVID-19	
	(ERBT or XRT or RT) delayed D/T COVID-19 & given as subsequent TX after progression	Record if RADIATION (BEAM) is delayed due to COVID-19 and delivered AFTER disease progression; Record subsequent treatment IF within facility practice	
		Use ERBT, XRT or RT as appropriate	
RX TEXT--RADIATION Other	(RT or ICB) DC D/T COVID-19	Record in non-beam radiation was discontinued or not done due to COVID-19	
	(RT or ICB) CHG D/T COVID-19	Record if non-beam radiation plan was changed due to COVID-19	
	(RT or ICB) delayed D/T COVID-19	Record if non-beam radiation planning a/o initiation was delayed due to COVID-19	
	(RT or ICB) delayed D/T COVID-19 & given as subsequent TX after progression	Record if RADIATION Other is delayed due to COVID-19 and delivered AFTER disease progression; Record subsequent treatment IF within facility practice	
		Use RT or ICB as appropriate	

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# SEER Text Guidelines

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DATA ITEM NAME	FORMAT	SPECIAL INSTRUCTIONS	EXAMPLES
RX TEXT--CHEMO	CHEMO DC D/T COVID-19	Record if chemotherapy was discontinued or not initiated due to COVID-19	
	CHEMO CHG D/T COVID-19	Record if chemotherapy regimen was changed due to COVID-19	
	CHEMO delayed D/T COVID-19	Record if chemotherapy initiation was delayed due to COVID-19	
	CHEMO delayed D/T COVID-19 & given as subsequent TX after progression	Record if chemotherapy is delayed due to COVID-19 and delivered AFTER disease progression; Record subsequent treatment IF within facility practice	
RX TEXT--HORMONE	HORMONE DC D/T COVID-19	Record if medical documentation indicates hormone was discontinued or not initiated due to COVID-19	
	HORMONE CHG D/T COVID-19	Record if medical documentation indicates hormone prescription was changed due to COVID-19	
	HORMONE delayed D/T COVID-19	Record if medical documentation indicates hormone initiation was delayed due to COVID-19	
	HORMONE delayed D/T COVID-19 & given as subsequent TX after progression	Record if hormone is delayed due to COVID-19 and delivered AFTER disease progression; Record subsequent treatment IF within facility practice	
RX TEXT--BRM	BRM DC D/T COVID-19	Record if medical documentation indicates immunotherapy or hematopoietic transplant was discontinued or not initiated due to COVID-19	
	BRM CHG D/T COVID-19	Record if medical documentation indicates immunotherapy administration was changed due to COVID-19	
	BRM delayed D/T COVID-19	Record if medical documentation indicates immunotherapy or hematopoietic transplant was delayed due to COVID-19	
	BRM delayed D/T COVID-19 & given as subsequent TX after progression	Record if immunotherapy is delayed due to COVID-19 and delivered AFTER disease progression; Record subsequent treatment IF within facility practice	
TEXT--REMARKS	U07.1 (date)	Record ICD-10 code U07.1 for COVID-19 as documented by a medical provider	U07.1 05/09/2020
		U07.1 for confirmed diagnosis, when coded in a facility EHR	
		U07.1 for asymptomatic patient with positive test result	
		Record date of positive test OR hospital admission or discharge date	
		DO NOT RECORD ambiguous documentation of associated illnesses	
	FCOT CHG D/T COVID-19	Record First Course of Treatment (FCOT) was changed due to COVID-19 IF NOT in RX TEXT field	FCOT CHG D/T COVID-19
	Z75.3 (date)	Record if cancer diagnosis or treatment was delayed due to limited access to facility AND date the decision was made to delay, postpone or change management	Z75.3 03092020
	FCOT CHG D/Y COVID-19 Z75.3 (date)	Record when both above codes apply	
DO NOT RECORD anything in this field if codes above do not apply			

# STORE SSDI Manual Updates

# Deleted

SITE	NAACCR #	SSDI TITLE
Breast	3850	HER2 IHC Summary
	3851	HER2 ISH Dual Probe Copy Number
	3852	HER2 ISH Dual Probe Ratio
	3853	HER2 Single Probe Copy Number
	3854	HER2 ISH Summary
Lymphoma	3859	HIV Status

# New

SITE	SSDI #	SSDI TITLE	RESOURCE LINK TO SSDI MANUAL VERSION 2	PAGE
Lung / NSNLC	3938	ALK Rearrangement	Site-Specific Data Item (SSDI) Manual (naaccr.org)	158
	3939	EGFR Mutational Analysis		160
Colon / Rectum	3940	BRAF Mutational Analysis		115
	3941	NRAS Mutational Analysis		117
Pancreas	3942	CA19-9 Pre-Tx Lab Value		145

# Additional Resources

[2021 Standards for Oncology Registry Entry \(STORE\): It Is Not That Bad!](#)

[Managing the 2021 STORE Changes Webinar](#)

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