

**NSW Melanoma
Minimum Data Set Extension
Data Dictionary**

Version 1

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1. Document Version Control

Version	Date Issued	Change Description
0.1	14/02/2007	1 st Draft – prepared in consultation between Cancer Institute NSW and NSW Melanoma Network
0.2	1/04/2007	2 nd Draft – revisions provided by Dr Michael Hughes and NSW Melanoma Oncology Group. In situ melanoma added in Section 3.
0.3	18/06/2007	3 rd Draft – revisions provided by Dr Michael Hughes. NSW Melanoma Network (Sue Wood) and Dr Angela Hong.
0.4	17/09/2007	4 th Draft – revisions provided by Sue Wood (NSW Melanoma Network) in consultation with Dr Phoebe Holt, Dr Robyn Saw, Dr Andrew Spillane, and Prof John Thompson
1.0	November 2007	Final – revisions provided by NSWOG-Melanoma

2. Introduction

The NSW Melanoma Data Dictionary has been developed to provide a single point of reference for standard data item definitions, formats and codes for clinical data collections for the monitoring and review of the management of cutaneous melanoma.

Only data elements specific to cutaneous melanoma are presented in this data dictionary. It complements the core clinical cancer dataset that describes disease and morphology, stage, treatments and some markers of access and quality of care - *NSW Clinical Cancer Minimum Data Collection version 2* - which is available from the Cancer Institute NSW website¹.

This document was initially drafted by Mr Brendan Ludvigsen and Ms Isa Dinh at the Cancer Institute NSW, based on discussions with the NSW Melanoma Network. Dr Michael Hughes then conducted a detailed revision of the content. Ms Sue Wood and Dr Phoebe Holt of the NSW Melanoma Network further refined the dictionary, with expert clinical review from melanoma doctors including Angela Hong, Robyn Saw, Andrew Spillane and Professor John Thompson. The invaluable expertise of these contributors is gratefully acknowledged.

This publication coincides with the issue by the Australian Cancer Network – for comment – of the draft NHMRC *Clinical Practice Guidelines for the Management of Cutaneous Melanoma*.

The intent of this melanoma dataset extension is to provide robust, evidence-based and clearly defined information standards to underpin monitoring and quality improvement in cancer services managing cutaneous melanoma. These data items specific to cutaneous melanoma will assist in the assessment of compliance with best practice clinical management, and monitor quality of care and measure treatment outcomes.

Specifically this data dictionary will have relevance to:

- Clinicians treating melanoma
- Notifiers of melanoma cancer cases
- Cancer data and information managers
- Analysts and researchers

The *Data Set Specification, Cancer (Clinical): National Health Data Dictionary Version 12 Supplement* published by the Australian Institute of Health and Welfare (AIHW) and the NSW Clinical Cancer Data Collection for Outcomes and Quality Data Dictionary published by the NSW Health Department were both reviewed prior to producing this publication.

A review of the data dictionary will be conducted after the dataset has been piloted so that the decisions concerning changes to the dataset can be based on feasibility, usability and experience.

¹ See http://www.cancerinstitute.org.au/cancer_inst/programs/registryccr.html

3. Melanoma Cancers

The table below shows the Primary Site of Cancer ICD-10-AM Fifth Edition (2006) codes that trigger the reporting of the Melanoma Minimum Data Set.

Malignant melanoma of skin:

- C43.0 Malignant melanoma of lip
- C43.1 Malignant melanoma of eyelid, including canthus
- C43.2 Malignant melanoma of ear and external auricular canal
- C43.3 Malignant melanoma of other and unspecified parts of face
- C43.4 Malignant melanoma of scalp and neck
- C43.5 Malignant melanoma of trunk
- C43.6 Malignant melanoma of upper limb, including shoulder
- C43.7 Malignant melanoma of lower limb, including hip
- C43.8 Overlapping malignant melanoma of skin
- C43.9 Malignant melanoma of skin, unspecified

Melanoma in situ

- D03.0 Melanoma in situ of lip
- D03.1 Melanoma in situ of eyelid, including canthus
- D03.2 Melanoma in situ of ear and external auricular canal
- D03.3 Melanoma in situ of other and unspecified parts of face
- D03.4 Melanoma in situ of scalp and neck
- D03.5 Melanoma in situ of trunk
- D03.6 Melanoma in situ of upper limb, including shoulder
- D03.7 Melanoma in situ of lower limb, including hip
- D03.8 Melanoma in situ of other sites
- D03.9 Melanoma in situ, unspecified

Other triggers that may require the report of melanoma include:

- Melanoma presenting with lymph node metastasis -
 - no known primary
 - no previously reported melanoma
- Melanoma presenting with distant metastasis -
 - no known primary
 - no previously reported melanoma
- Melanoma presenting with in-transit recurrence -
 - no known primary
 - no previously reported melanoma
- Melanoma presenting as dermal nodule

4. Abbreviations

AIHW	Australian Institute of Health and Welfare
H&E	Haematoxylin and Eosin
HDD	Health Data Dictionary
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
IHC	Immunohistochemistry
LND	Lymph Node Dissection
mm	Millimetres
NHDD	National Health Data Dictionary
NHMRC	National Health and Medical Research Council
NOS	Not Otherwise Specified
NSW	New South Wales
NSWOG	New South Wales Oncology Group
RT-PCR	Reverse Transcriptase Polymerase Chain Reaction
SLNB	Sentinel Lymph Node Biopsy

5. Data Dictionary Format Guide

Each data item is described in terms of its defining characteristics and its physical representation. In addition to this, certain administrative information is provided to inform users of the sources and the currency of the version of the individual item. The components included under these section headings are based on the NHDD standard, as described below:

Heading	Description
Defining Attributes	
Definition	A statement that expresses the essential nature of a data element and its differentiation from all other data elements.
Coverage	A description of the circumstances under which the data item should be collected and reported.
Guide for Use	
Data Domain	The set of possible values for the data item. This may take the form of a code set, or a description of the possible values. Domain values are only specified where size of the code set is small enough to be reasonably reproduced in the document. In other instances the domain may be indicated by reference to a source document.
Domain Definitions	The definitions of each domain category within the classification, where such definitions are warranted – that is more information than the domain descriptor is required to fully understand what is captured with the domain value.
Clarifying Points	These are comments designed to assist in further defining aspects of the data domain.
Collection Methods	This provides important comments concerning the actual capture of data for the particular data element.
Validation Rules	These are included to assist in reducing input error. Where validation rules are known to exist, they have been included to assist with the programming.
Justification	The reason for collecting this data element.
Representation	
Data Element Type	<p>There are four types of data elements. Definitions of each type are provided below.</p> <p><i>Data Concept</i> - a concept which can be represented in the form of a data element, described independently of any particular representation. For example, hospital 'admission' is a process, which does not have any particular representation of its own, except through data elements such as 'Date of Admission', 'mode of admission' etc.</p> <p><i>Data Element</i> – a unit of data for which the definition, identification, representation and permissible values are specified by means of a set of attributes.</p> <p><i>Derived Data Element</i> – a data element whose values are derived by calculation from the values of other data elements. For example the data element 'length of stay' is derived by calculating the number of days from the 'Date of Admission' to the 'Date of Separation' less the number of 'total leave days'.</p>

Heading	Description
	<i>Composite Data Element</i> – a data element whose values represent the grouping of the values of other data elements in a specified order.
Data Type	The type of symbol or character, or other designation used to represent the data element. For example numeric, alphanumeric, alphabetic or integer.
Form	Describes whether the valid values for the data item take the form of a code set, free text. If the form is described as “Code” the relevant code set or sets will be specified in the Domain section.
Minimum Size	The minimum number of characters allowable to represent the data element.
Maximum Size	The maximum number of characters allowable to represent the data element.
Layout	A generic example of what the data element should look like in the unit record. For example, dates should be represented in the format of DDMMYYYY where DD represents the day, MM represents the month, and YYYY represents the four-digit numeric for the year. “N” is used to represent numeric values and “A” is used to represent alphabetic and alphanumeric values (the Data Type indicates whether it is alphabetic or alphanumeric).
Administrative Information	
Version	This is the version number of the individual data element as it exists in the New South Wales Health Data Dictionary only. The version number may differ from the version number of the NSW HDD publication, as data elements may be revised independently of the periodic review of the document.
Effective Date	The date from which this version of the data element is to be used for reporting.
Related Information	
Related Data	Data elements that have some direct relationship with the data element being described.
References	Documents listed here have been used as references when designing the specified item. The item as it is presented in the NHDD is not necessarily identical to the item in the source document. The name of the organisation(s) that developed the source document(s) or provided advice on the data item is also listed.

PRIMARY LESION INFORMATION

Tumour Thickness (Breslow) at Diagnosis

Defining Attributes

Definition: The Breslow thickness of a tumour at diagnosis, measured from the granular layer of the epidermis to the base of the tumour, to the nearest 0.01mm.

Coverage: This item should be reported for:
 Cases where Primary Site of Cancer is melanoma.

Guide for Use

Data Domain:

0	< 0.01mm
0.01	0.01mm
0.02	0.02mm
..	
90.08	90.08mm
90.09	90.09mm or more
95	In situ only
99	Unknown

Domain Definitions:

0	Less than 0.01mm
0.01-	Breslow to nearest mm
90.9	(Code exact Breslow measurement to nearest mm)
95	In situ only
99	Unknown

Clarifying Points: Breslow thickness is the vertical depth of a melanoma measured from the granular layer of the epidermis to the deepest tumour cell. It does not include the estimated depth of regressive changes or tumour around skin appendages.

Ulcerated tumours should be measured from the base of the ulcer to the deepest tumour cell. Tumour forming a sheath around skin appendages should be excluded when making measurements.

When the initial diagnosis is made by a shave biopsy that cuts through the deep margin, then an estimate of thickness should be made based on the original biopsy sample and the completed resection specimen.

In situ melanomas have a Breslow thickness of 0mm.

Collection Methods: This information may be obtained from the pathology report, the patient's medical record, and/or the hospital's patient administration system.

Validation Rules: Must be between 0-90.09, or = 95 or 99.

Justification: Breslow thickness predicts the prognosis of melanoma and is named after Alexander Breslow who observed that as melanoma thickness increases survival decreases. In the absence of detectable metastatic disease, the prognosis for a patient with a primary cutaneous melanoma depends principally on the thickness of the primary tumour. Breslow thickness also helps determine the stage, or extent of the cancer.

Representation

Data Element Type: Data Element
Data Type: Numeric
Form: Code
Minimum Size: 1
Maximum Size: 5
Layout: N(N).NN

Administrative Information

Version: 1
Effective date: 1 October 2007

Related Information

Related Data: n/a

References: Scolyer R, Thompson J, Stretch J, McCarthy S, *Collaboration between clinicians and pathologists: a necessity for the optimal management of melanoma patients*, Cancer Forum 29:2, pp.76-81 July 2005.

Roberts, D.L.L., Anstey, A.V., Barlow, R.J., Cox, N.H. (2002). U.K. Guidelines for the Management of Cutaneous Melanoma. British Journal of Dermatology, 146:7-17. Retrieved June 22, 2007, from http://www.ubht.nhs.uk/ederm/Guidelines/malignant_melanoma.htm

Developed by Dr Michael Hughes and Dr Robyn Saw in consultation with the NSW Melanoma Oncology Group (NSWOG Melanoma).

Date of Lesion Procedure

Defining Attributes

Definition:	The date a lesion procedure was performed for a primary melanoma.
Coverage:	This item should be reported for: <input checked="" type="checkbox"/> Cases where Primary Site of Cancer is melanoma.

Guide for Use

Data Domain:	Valid date
Domain Definitions:	n/a
Clarifying Points:	One or more procedures may be performed to diagnose and remove a primary melanoma. Report date for all biopsy and excision procedures for each primary melanoma. Refer to data collection examples on pages 53 and 54.
Collection Methods:	Use the pathology report and operation report to determine the date the lesion procedure was performed.
Validation Rules:	This field must be: <ul style="list-style-type: none">greater or equal to the Date of Diagnosis of Cancer (melanoma)
Justification:	The data relating to primary lesion procedures will support further research into optimal primary melanoma treatment and support monitoring of best practice.

Representation

Data Element Type:	Data Element
Data Type:	Numeric
Form:	Code
Minimum Size:	8
Maximum Size:	8
Layout:	DDMMYYYY

Administrative Information

Version:	1
Effective date:	1 October 2007

Related Information

Related Data:	Lesion Procedure Narrowest Lateral Excision Margin
References:	n/a

Lesion Procedure

Defining Attributes

Definition: The type of procedure performed for a primary melanoma.

Coverage: This item should be reported for:
 Cases where Primary Site of Cancer is melanoma.

Guide for Use

Data Domain:

1	Partial biopsy
2	Complete excision biopsy
3	Wide excision or wider re-excision
8	Not stated
9	Unknown

Domain Definitions:

1	Partial biopsy
2	Complete excision biopsy
3	Wide excision or wider re-excision
8	Not stated: Lesion procedure was performed but type of procedure is not stated
9	Unknown: It is unknown if a lesion procedure was performed

Clarifying Points: Examples of a partial biopsy include punch biopsy, shave biopsy, curettage or incision biopsy, each of which removes only a part of the melanoma lesion for microscopic examination.

A complete excision biopsy records the intent to remove the entire lesion, whilst a wide excision involves the removal of the melanoma lesion with a margin of surrounding healthy tissue.

One or more procedures may be performed to diagnose and remove a primary melanoma. Report all biopsy and excision procedures for each primary melanoma. Refer to data collection examples on pages 53 and 54.

Collection Methods: Use the pathology and operation reports to determine the type of procedure performed.

Validation Rules: Must = 1, 2, 3, 8 or 9.

Justification: The data relating to primary lesion procedures will support further research into optimal primary melanoma treatment and support monitoring of best practice.

Representation

Data Element Type: Data Element

Data Type: Numeric

Form: Code

Minimum Size: 1

Maximum Size: 1
Layout: N

Administrative Information

Version: 1
Effective date: 1 October 2007

Related Information

Related Data: Date of Lesion Procedure
Narrowest Lateral Excision Margin

References: n/a

Narrowest Lateral Excision Margin

Defining Attributes

Definition: The narrowest lateral resection margin around a melanoma after an excision, measured to the nearest millimetre (mm).

Coverage: This item should be reported for:
 Cases where Primary Site of Cancer is melanoma and a surgical excision procedure was performed.

Guide for Use

Data Domain:

0	<1mm
1	1mm
2	2mm
. .	
89	89mm
90	90mm or more
97	Not applicable
98	Not stated
99	Unknown

Domain Definitions:

0	Less than 1mm
1-90	Margin to the nearest mm (Code exact margin measurement to nearest mm)
97	Not applicable
98	Not stated: Excision margin was performed but measurement not stated
99	Unknown: It is unknown if a lateral excision margin was performed

Clarifying Points: When a primary melanoma is treated, a margin of surrounding healthy tissue is removed as well. This acts as a safety margin to make sure that all the melanoma has been removed. The narrowest point in the margin is the width to report.

Sometimes the excision is removal of a scar (recorded on the pathology report as “scar only”) and no excision margin is recorded. To calculate the margin in these cases divide the narrowest skin diameter by two. The pathology report should state the specimen measurements in the section on macroscopic description, e.g. ellipse of skin: 38x18x10mm, or 38x18mm excised to a depth of 10mm. In this example, report narrowest lateral excision margin as 9mm (18 divided by 2). The third dimension in the macroscopic description is always the depth, and depth should never be used to calculate narrowest lateral excision margin.

If the excision margin is a decimal measurement round to the nearest integer (whole number). For example, 10.5 = 11mm, 10.4 = 10mm.

If lesion procedure was a partial biopsy (eg punch, shave, curettage, incision), report as “Not applicable”.

Report narrowest lateral excision margin for each excisional biopsy, wide excision or re-excision procedure. Refer to data collection examples on pages 53 and 54.

Collection Methods: This information may be obtained from the pathology report, the patient's medical record, and/or the hospital's patient administration system.

Validation Rules: Must be between 0-90, or = 97, 98 or 99.

Justification: Some studies indicate smaller margins result in a greater risk of local recurrence, but no overall survival advantage. The collection of excision width data will support further research into the optimal excision margin width and support monitoring of best practice.

Representation

Data Element Type: Data Element

Data Type: Numeric

Form: Code

Minimum Size: 1

Maximum Size: 2

Layout: N(N)

Administrative Information

Version: 1

Effective date: 1 October 2007

Related Information

Related Data: Date of Lesion Procedure
Lesion Procedure

References: Developed by Dr Michael Hughes and Dr Robyn Saw in consultation with the NSW Melanoma Oncology Group (NSWOG Melanoma).

SENTINEL LYMPH NODE INFORMATION

Sentinel Lymph Node Biopsy Indicator

Defining Attributes

Definition: An indicator of whether or not a sentinel lymph node biopsy (SLNB) diagnostic procedure was performed.

Coverage: This item should be reported for:
 Cases where Primary Site of Cancer is melanoma.

Guide for Use

Data Domain:

0	None
1	Yes, primary
2	Yes, recurrence
9	Unknown

Domain Definitions:

0	No SLNB performed
1	SLNB performed for primary melanoma
2	SLNB performed for recurrence of melanoma
9	Unknown: It is unknown if a SLNB was performed

Clarifying Points: SLNB is a diagnostic procedure used to determine whether the melanoma has spread (metastasised) to lymph nodes.

If SLNB was performed for multiple lymph node sites or bilateral sites record SLNB indicator for each site/site laterality separately. Refer to data collection examples on pages 53 and 54.

Collection Methods: Use the pathology report and operation report to determine whether or not a SLNB was performed.

Validation Rules: Must = 0, 1, 2 or 9.

Justification: The presence or absence of metastatic melanoma in the sentinel lymph node(s) is the most powerful prognostic factor for patients with primary melanoma of the skin.

Data collected on the use of SLNB will assist in assessment of contemporary practice patterns, efficacy of the technique and patient outcomes in relation to stage of disease.

The *NHMRC Guidelines for the Management of Cutaneous Melanoma* indications for lymphatic mapping and SLNB is any melanoma with one or more of the following characteristics:

- Breslow thickness $\geq 1\text{mm}$
- $< 1\text{mm}$ Breslow thickness with ulceration, Clark level 4, high mitotic rate or other adverse features

Representation

Data Element Type:	Data Element
Data Type:	Numeric
Form:	Code
Minimum Size:	1
Maximum Size:	1
Layout:	N

Administrative Information

Version:	1
Effective date:	1 October 2007

Related Information

Related Data:	Date of Sentinel Lymph Node Biopsy Sentinel Lymph Node Biopsy Site Laterality of Sentinel Lymph Node Biopsy Site Sentinel Lymph Node Biopsy Result Number of Sentinel Lymph Nodes Excised Number of Positive Sentinel Lymph Nodes
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References:	NHMRC. <i>Clinical Practice Guidelines. The Management of Cutaneous Melanoma</i> (1999). Australia: National Health and Medical Research Council (reviewed guidelines to be published 2007/08).
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Date of Sentinel Lymph Node Biopsy

Defining Attributes

- Definition:** The date a sentinel lymph node biopsy (SLNB) was performed.
- Coverage:** This item should be reported for:
 Cases where Primary Site of Cancer is melanoma and a SLNB was performed.

Guide for Use

- Data Domain:** Valid date
- Domain Definitions:** n/a
- Clarifying Points:** If SLNB was performed for multiple lymph node sites or bilateral sites record date for each site/site laterality separately. Refer to data collection examples on pages 53 and 54.
- Collection Methods:** Use the pathology report and operation report to determine the date the SLNB was performed.
- Validation Rules:** This field must be:
- greater than the Date of Diagnosis of Cancer (melanoma)
 - greater than or equal to the Date of Lesion Procedure
- Justification:** Data collected on the use of SLNB will assist in assessment of contemporary practice patterns, efficacy of the technique and patient outcomes in relation to stage of disease.

Representation

- Data Element Type:** Data Element
- Data Type:** Numeric
- Form:** Code
- Minimum Size:** 8
- Maximum Size:** 8
- Layout:** DDMMYYYY

Administrative Information

- Version:** 1
- Effective date:** 1 October 2007

Related Information

Related Data: Sentinel Lymph Node Biopsy Indicator
Sentinel Lymph Node Biopsy Site
Laterality of Sentinel Lymph Node Biopsy Site
Sentinel Lymph Node Biopsy Result
Number of Sentinel Lymph Nodes Excised
Number of Positive Sentinel Lymph Nodes

References: n/a

Sentinel Lymph Node Biopsy Site

Defining Attributes

Definition: The site on the body on which a sentinel lymph node biopsy (SLNB) was performed.

Coverage: This item should be reported for:
 Cases where Primary Site of Cancer is melanoma and a SLNB was performed.

Guide for Use

Data Domain:	00	None
	10	Head not otherwise specified (NOS)
	11	Parotid
	12	Facial
	13	Post-auricular
	14	Occipital
	20	Neck NOS
	21	Submental
	22	Submandibular
	23	Superficial to sternomastoid
	24	Jugular chain level II
	25	Jugular chain level III
	26	Jugular chain level IV
	27	Posterior triangle level V
	30	Arm NOS
	31	Epitrochlear
	32	Arm interval
	35	Shoulder NOS
	36	Delto-pectoral
	37	Lateral scapular (triangular intermuscular space)
	38	Interpectoral (Rotters)
	40	Axilla NOS
	41	Axilla level I
	42	Axilla level II
	43	Axilla level III
	44	Axilla levels I to III (radical)
	50	Trunk NOS
	51	Upper back
	52	Lower back
	53	Lateral chest wall
	54	Lateral abdominal wall
	55	Internal mammary
	60	Mediastinum
	65	Retroperitoneum and para-aortic NOS
	70	Inguinal NOS
	71	Femoral canal
	80	Pelvis NOS
	82	External iliac
	83	Obturator
	84	Common iliac
	90	Leg NOS
	91	Popliteal

92 Leg interval
98 Other, not elsewhere classified
99 Unknown

Domain Definitions: n/a

Clarifying Points: If SLNB was performed for multiple lymph node sites or bilateral sites record each site/site laterality separately. Refer to data collection examples on pages 53 and 54.

Collection Methods: Use the pathology report and operation report to determine the site from which the SLNB was taken.

Validation Rules: Must be between 10-14, 20-27, 30-32, 35-38, 40-44, 50-55, 70-71, 80-84 or 90-92, or = 00, 60, 65, 98 or 99.

Justification: Data collected on the use of SLNB will assist in assessment of contemporary practice patterns, efficacy of the technique and patient outcomes in relation to stage of disease.

Representation

Data Element Type: Data Element

Data Type: Numeric

Form: Code

Minimum Size: 2

Maximum Size: 2

Layout: NN

Administrative Information

Version: 1

Effective date: 1 October 2007

Related Information

Related Data: Sentinel Lymph Node Biopsy Indicator
Date of Sentinel Lymph Node Biopsy
Laterality of Sentinel Lymph Node Biopsy Site
Sentinel Lymph Node Biopsy Result
Number of Sentinel Lymph Nodes Excised
Number of Positive Sentinel Lymph Nodes

References: Developed by Dr Michael Hughes and Dr Robyn Saw in consultation with the NSW Melanoma Oncology Group (NSWOG Melanoma).

Laterality of Sentinel Lymph Node Biopsy Site

Defining Attributes

Definition: The side of the body on which a sentinel lymph node biopsy (SLNB) was performed.

Coverage: This item should be reported for:
 Cases where Primary Site of Cancer is melanoma and a SLNB was performed.

Guide for Use

Data Domain:

1	Left
2	Right
3	Centre
9	Unknown

Domain Definitions: n/a

Clarifying Points: This information is collected for the purpose of differentiating the site of the SLNB.

If SLNB was performed for bilateral sites record each site laterality separately. Refer to data collection examples on pages 53 and 54.

Collection Methods: Use the pathology report and operation report to determine the laterality of the site on which the SLNB was performed.

Validation Rules: Must = 1, 2, 3 or 9.

Justification: Data collected on the use of SLNB will assist in assessment of contemporary practice patterns, efficacy of the technique and patient outcomes in relation to stage of disease.

Representation

Data Element Type: Data Element

Data Type: Numeric

Form: Code

Minimum Size: 1

Maximum Size: 1

Layout: N

Administrative Information

Version: 1

Effective date: 1 October 2007

Related Information

Related Data:

Sentinel Lymph Node Biopsy Indicator
Date of Sentinel Lymph Node Biopsy
Sentinel Lymph Node Biopsy Site
Sentinel Lymph Node Biopsy Result
Number of Sentinel Lymph Nodes Excised
Number of Positive Sentinel Lymph Nodes

References:

Developed by Dr Michael Hughes in consultation with the NSW Melanoma Oncology Group (NSWOG Melanoma).

Sentinel Lymph Node Biopsy Result

Defining Attributes

- Definition:** The pathology result of a sentinel lymph node biopsy (SLNB).
- Coverage:** This item should be reported for:
 Cases where Primary Site of Cancer is melanoma and a SLNB was performed.

Guide for Use

- Data Domain:**
- | | |
|---|---------------------------|
| 0 | Negative stain |
| 1 | Positive (routine stains) |
| 2 | Positive (IHC only) |
| 3 | Positive (RT-PCR) |
| 8 | Undetermined |
| 9 | Unknown |
- Domain Definitions:**
- | | |
|---|--|
| 0 | Negative stain |
| 1 | Positive (routine stains) |
| 2 | Positive (immunohistochemistry only) |
| 3 | Positive (reverse transcriptase polymerase chain reaction) |
| 8 | Undetermined: The pathologist was unable to determine whether the SLNB specimen was negative or positive |
| 9 | Unknown: The SLNB result was not documented |
- Clarifying Points:** Routine stains include Haematoxylin and Eosin stains (H&E).
If SLNB was performed for multiple lymph node sites or bilateral sites record SLNB result for each site/site laterality separately. Refer to data collection examples on pages 53 and 54.
- Collection Methods:** Use the pathology report to determine the SLNB result.
- Validation Rules:** Must = 0, 1, 2, 3, 8 or 9.
- Justification:** The SLNB result will:
- 1) Determine if a complete lymph node clearance of the affected region should be undertaken
 - 2) Provide pathological information for accurate staging of the melanoma, which in turn may influence a patient's eligibility for adjuvant treatments and clinical trials.
- Data collected on the use of SLNB will assist in assessment of contemporary practice patterns, efficacy of the technique and patient outcomes in relation to stage of disease.

Representation

- Data Element Type:** Data Element
- Data Type:** Numeric

Form: Code
Minimum Size: 1
Maximum Size: 1
Layout: N

Administrative Information

Version: 1
Effective date: 1 October 2007

Related Information

Related Data: Sentinel Lymph Node Biopsy Indicator
Date of Sentinel Lymph Node Biopsy
Sentinel Lymph Node Biopsy Site
Laterality of Sentinel Lymph Node Biopsy Site
Number of Sentinel Lymph Nodes Excised
Number of Positive Sentinel Lymph Nodes

References: n/a

Number of Sentinel Lymph Nodes Excised

Defining Attributes

- Definition:** The total number of sentinel lymph nodes that were excised and examined by the pathologist.
- Coverage:** This item should be reported for:
 Cases where Primary Site of Cancer is melanoma and a sentinel lymph node biopsy (SLNB) was performed.

Guide for Use

- Data Domain:**
- | | |
|----|---------------------|
| 0 | No nodes |
| 1 | One node |
| 2 | Two nodes |
| .. | |
| 6 | Six nodes |
| 7 | Seven or more nodes |
| 8 | Not stated |
| 9 | Unknown |
- Domain Definitions:**
- | | |
|-----|--|
| 0 | No nodes excised |
| 1-6 | 1-6 nodes excised
(Code the exact number of sentinel lymph nodes excised) |
| 7 | 7 or more nodes excised |
| 8 | Not stated: Sentinel lymph nodes were biopsied, but number of nodes is not stated in the documentation |
| 9 | Unknown: It is unknown if nodes were excised |
- Clarifying Points:** If SLNB was performed for multiple lymph node sites or bilateral sites record number of sentinel lymph nodes excised for each site/site laterality separately. Refer to data collection examples on pages 53 and 54.
- Collection Methods:** Use the pathology report and operation report to determine the total number of sentinel lymph nodes excised.
- Validation Rules:** Must be between 0-9.
- Justification:** This data will contribute to the assessment of stage of disease and assist in local quality audits.

Representation

- Data Element Type:** Data Element
- Data Type:** Numeric
- Form:** Code
- Minimum Size:** 1
- Maximum Size:** 1
- Layout:** N

Administrative Information

Version: 1
Effective date: 1 October 2007

Related Information

Related Data: Sentinel Lymph Node Biopsy Indicator
Date of Sentinel Lymph Node Biopsy
Sentinel Lymph Node Biopsy Site
Laterality of Sentinel Lymph Node Biopsy Site
Sentinel Lymph Node Biopsy Result
Number of Positive Sentinel Lymph Nodes

References: n/a

Number of Positive Sentinel Lymph Nodes

Defining Attributes

- Definition:** The total number of sentinel lymph nodes examined by the pathologist and found to contain metastases.
- Coverage:** This item should be reported for:
 Cases where Primary Site of Cancer is melanoma and a sentinel lymph node biopsy (SLNB) was performed.

Guide for Use

- Data Domain:**
- | | |
|----|------------------------------|
| 0 | All nodes negative |
| 1 | One positive node |
| 2 | Two positive nodes |
| .. | |
| 6 | Six positive nodes |
| 7 | Seven or more positive nodes |
| 8 | Not applicable |
| 9 | Unknown |
- Domain Definitions:**
- | | |
|-----|---|
| 0 | All nodes examined are negative |
| 1-6 | 1-6 nodes are positive
(Code exact number of positive sentinel lymph nodes) |
| 7 | 7 or more nodes are positive |
| 8 | Not applicable: No nodes were examined; cluster;
unknown if node(s) are sentinel node(s) |
| 9 | Unknown: It is unknown whether nodes are positive |
- Clarifying Points:** If SLNB was performed for multiple lymph node sites or bilateral sites record number of positive sentinel lymph nodes for each site/site laterality separately. Refer to data collection examples on pages 53 and 54.
- Collection Methods:** Use the pathology report and operation report to determine the total number of positive sentinel lymph nodes.
- Validation Rules:** Must be between 0-9.
- Justification:** This data will contribute to the assessment of stage of disease and assist in local quality audits.

Representation

- Data Element Type:** Data Element
- Data Type:** Numeric
- Form:** Code
- Minimum Size:** 1
- Maximum Size:** 1
- Layout:** N

Administrative Information

Version: 1
Effective date: 1 October 2007

Related Information

Related Data: Sentinel Lymph Node Biopsy Indicator
Date of Sentinel Lymph Node Biopsy
Sentinel Lymph Node Biopsy Site
Laterality of Sentinel Lymph Node Biopsy Site
Sentinel Lymph Node Biopsy Result
Number of Sentinel Lymph Nodes Excised

References: n/a

LYMPH NODE INFORMATION

Lymph Node Dissection Type

Defining Attributes

- Definition:** The type of lymph node dissection (LND) that was performed.
- Coverage:** This item should be reported for:
 Cases where Primary Site of Cancer is melanoma and a LND was performed; and cases where melanoma has metastasised to lymph nodes but the primary melanoma site is unknown.

Guide for Use

- Data Domain:**
- | | |
|---|----------|
| 0 | None |
| 1 | Complete |
| 2 | Limited |
| 9 | Unknown |
- Domain Definitions:**
- | | |
|---|---|
| 0 | No dissection of lymph nodes |
| 1 | Complete lymph node dissection |
| 2 | Limited removal of lymph nodes |
| 9 | Unknown: It is unknown if a LND was performed |
- Clarifying Points:** Lymph node dissection (LND), also called lymphadenectomy or lymph node clearance, is a surgical procedure in which the soft tissue containing the lymph nodes of a region of the body is removed. The tissue is examined by a pathologist in order to determine the presence and extent of metastatic disease.
- A complete LND removes all of the lymph node bearing tissue of the anatomical region. Such dissections may be called complete, radical, modified radical or total. A limited LND removes only some of the lymph nodes in the region. A LND may or may not be preceded by a SLNB that was positive for metastatic melanoma.
- If LND type was performed for multiple lymph node sites or bilateral sites record LND type for each site/site laterality separately. Refer to data collection examples on pages 53 and 54.
- Collection Methods:** Use the pathology report and operation report to determine the type of LND performed.
- Validation Rules:** Must = 0, 1, 2 or 9.
- Justification:** Data collected on lymph node dissections will assist in the assessment of benefits, risks and effectiveness of the procedure.

Representation

- Data Element Type:** Data Element

Data Type: Numeric
Form: Code
Minimum Size: 1
Maximum Size: 1
Layout: N

Administrative Information

Version: 1
Effective date: 1 October 2007

Related Information

Related Data: Date of Lymph Node Dissection
Lymph Node Dissection Site
Laterality of Lymph Node Dissection Site
Number of Lymph Nodes Excised
Number of Positive Lymph Nodes

References: Developed by Dr Michael Hughes in consultation with the NSW Melanoma Oncology Group (NSWOG Melanoma).

Date of Lymph Node Dissection

Defining Attributes

Definition:	The date a lymph node dissection (LND) was performed.
Coverage:	This item should be reported for: <input checked="" type="checkbox"/> Cases where Primary Site of Cancer is melanoma and a LND was performed.

Guide for Use

Data Domain:	Valid date
Domain Definitions:	n/a
Clarifying Points:	If LND was performed for multiple lymph node sites or bilateral sites record date for each site/site laterality separately. Refer to data collection examples on pages 53 and 54.
Collection Methods:	Use the pathology report and operation report to determine the date the LND was performed.
Validation Rules:	This field must be: <ul style="list-style-type: none">• greater than the Date of Diagnosis of Cancer (melanoma)• greater than or equal to the Date of Lesion Procedure
Justification:	Data collected on lymph node dissections will assist in the assessment of benefits, risks and effectiveness of the procedure.

Representation

Data Element Type:	Data Element
Data Type:	Numeric
Form:	Code
Minimum Size:	8
Maximum Size:	8
Layout:	DDMMYYYY

Administrative Information

Version:	1
Effective date:	1 October 2007

Related Information

Related Data: Lymph Node Dissection Type
Lymph Node Dissection Site
Laterality of Lymph Node Dissection Site
Number of Lymph Nodes Excised
Number of Positive Lymph Nodes

References: n/a

Lymph Node Dissection Site

Defining Attributes

Definition: The site on the body on which lymph node dissection (LND) was performed.

Coverage: This item should be reported for:
 Cases where Primary Site of Cancer is melanoma and LND was performed.

Guide for Use

Data Domain:	00	None
	10	Head not otherwise specified (NOS)
	11	Parotid
	12	Facial
	13	Post-auricular
	14	Occipital
	20	Neck NOS
	21	Submental
	22	Submandibular
	23	Superficial to sternomastoid
	24	Jugular chain level II
	25	Jugular chain level III
	26	Jugular chain level IV
	27	Posterior triangle level V
	30	Arm NOS
	31	Epitrochlear
	32	Arm interval
	35	Shoulder NOS
	36	Delto-pectoral
	37	Lateral scapular (triangular intermuscular space)
	38	Interpectoral (Rotters)
	40	Axilla NOS
	41	Axilla level I
	42	Axilla level II
	43	Axilla level III
	44	Axilla levels I to III (radical)
	50	Trunk NOS
	51	Upper back
	52	Lower back
	53	Lateral chest wall
	54	Lateral abdominal wall
	55	Internal mammary
	60	Mediastinum
	65	Retroperitoneum and para-aortic NOS
	70	Inguinal NOS
	71	Femoral canal
	80	Pelvis NOS
	82	External iliac
	83	Obturator
	84	Common iliac
	90	Leg NOS
	91	Popliteal

92	Leg interval
98	Other, not elsewhere classified
99	Unknown

Domain Definitions:	n/a
Clarifying Points:	If LND was performed for multiple lymph node sites or bilateral sites record each site/site laterality separately. Refer to data collection examples on pages 53 and 54.
Collection Methods:	Use the pathology report and operation report to determine the site of LND.
Validation Rules:	Must be between 10-14, 20-27, 30-32, 35-38, 40-44, 50-55, 70-71, 80-84 or 90-92, or = 00, 60, 65, 98 or 99.
Justification:	Data collected on lymph node dissections will assist in the assessment of benefits, risks and effectiveness of the procedure.

Representation

Data Element Type:	Data Element
Data Type:	Numeric
Form:	Code
Minimum Size:	2
Maximum Size:	2
Layout:	NN

Administrative Information

Version:	1
Effective date:	1 October 2007

Related Information

Related Data:	Lymph Node Dissection Type Date of Lymph Node Dissection Laterality of Lymph Node Dissection Site Number of Lymph Nodes Excised Number of Positive Lymph Nodes
References:	Developed by Dr Michael Hughes and Dr Robyn Saw in consultation with the NSW Melanoma Oncology Group (NSWOG Melanoma).

Laterality of Lymph Node Dissection Site

Defining Attributes

Definition:	The side of the body on which the lymph node dissection (LND) was performed.
Coverage:	This item should be reported for: <input checked="" type="checkbox"/> Cases where Primary Site of Cancer is melanoma and a LND was performed.

Guide for Use

Data Domain:	1 Left 2 Right 3 Centre 9 Unknown
Domain Definitions:	n/a
Clarifying Points:	This information is collected for the purpose of differentiating the site of the LND. If LND was performed for bilateral sites record each site laterality separately. Refer to data collection examples on pages 53 and 54.
Collection Methods:	Use the pathology report and operation report to determine the laterality of the LND site.
Validation Rules:	Must = 1, 2, 3 or 9.
Justification:	Data collected on lymph node dissections will assist in the assessment of benefits, risks and effectiveness of the procedure.

Representation

Data Element Type:	Data Element
Data Type:	Numeric
Form:	Code
Minimum Size:	1
Maximum Size:	1
Layout:	N

Administrative Information

Version:	1
Effective date:	1 October 2007

Related Information

Related Elements: Lymph Node Dissection Type
Date of Lymph Node Dissection
Lymph Node Dissection Site
Number of Lymph Nodes Excised
Number of Positive Lymph Nodes

References: n/a

Number of Lymph Nodes Excised

Defining Attributes

- Definition:** The total number of lymph nodes excised and examined by the pathologist, exclusive of sentinel lymph nodes.
- Coverage:** This item should be reported for:
 Cases where Primary Site of Cancer is melanoma and a LND was performed.

Guide for Use

Data Domain:	0	No nodes
	1	One node
	2	Two nodes
	..	
	89	89 nodes
	90	90 or more nodes
	95	Aspiration or core biopsy only
	96	Nodes sampled and number unknown/not stated
	97	Nodes dissected and number unknown/not stated
	98	Nodes excised and number unknown/not stated
	99	Unknown

Domain Definitions:	0	No nodes were excised
	1-89	1-89 nodes were excised (Code the exact number of lymph nodes excised)
	90	90 or more nodes were excised
	95	No nodes were excised, but aspiration or core biopsy of nodes was performed
	96	Lymph node excision was documented as a sampling, and number of nodes is unknown/not stated
	97	Lymph node excision was documented as a dissection, and the number of nodes is unknown/not stated
	98	Lymph nodes were surgically excised, but number of nodes is unknown/not stated and not documented as a sampling or dissection; nodes were excised, but the number is unknown
	99	It is unknown if nodes were excised; not stated in patient record

Clarifying Points: If LND was performed for multiple lymph node sites or bilateral sites record number of lymph nodes excised for each site/site laterality separately. Refer to data collection examples on pages 53 and 54.

Collection Methods: Use the pathology report and operation report to determine the number of lymph nodes excised.

Validation Rules: Must be between 0-90 or 95-99.

Justification: This data will contribute to the assessment of stage of disease and assist in local quality audits.

Representation

Data Element Type:	Data Element
Data Type:	Numeric
Form:	Code
Minimum Size:	1
Maximum Size:	2
Layout:	N(N)

Administrative Information

Version:	1
Effective date:	1 October 2007

Related Information

Related Data:	Lymph Node Dissection Type Date of Lymph Node Dissection Lymph Node Dissection Site Laterality of Lymph Node Dissection Site Number of Positive Lymph Nodes
References:	Commission on Cancer. <i>Facility Oncology Registry Data Standards (FORDS) Revised for 2007</i> , Chicago, IL: American College of Surgeons, 2002.

Number of Positive Lymph Nodes

Defining Attributes

Definition: The total number of lymph nodes examined by the pathologist, exclusive of sentinel lymph nodes, and found to contain metastases.

Coverage: This item should be reported for:
 Cases where Primary Site of Cancer is melanoma and a LND was performed.

Guide for Use

Data Domain:

0	All nodes negative
1	One positive node
2	Two positive nodes
. .	
89	89 positive nodes
90	90 or more positive nodes
95	Positive aspiration or core biopsy
97	Positive but number not specified
98	No nodes examined
99	Unknown

Domain Definitions:

0	All nodes examined are negative
1-89	1-89 nodes are positive (Code exact number of positive lymph nodes)
90	90 or more nodes are positive
95	Positive aspiration or core biopsy of lymph node(s) was performed and no surgery was performed on the lymph nodes
97	Positive nodes are documented, but the number is not specified
98	No nodes examined
99	It is unknown whether nodes are positive

Clarifying Points: If LND was performed for multiple lymph node sites or bilateral sites record number of positive lymph nodes for each site/site laterality separately. Refer to data collection examples on pages 53 and 54.

Collection Methods: Use the pathology and operation reports to determine the total number of positive lymph nodes.

Validation Rules: Must be between 0-90 or = 95, 97, 98 or 99.

Justification: This data will contribute to the assessment of stage of disease and assist in local quality audits.

Representation

Data Element Type: Data Element

Data Type: Numeric

Form: Code

Minimum Size: 1
Maximum Size: 2
Layout: N(N)

Administrative Information

Version: 1
Effective date: 1 October 2007

Related Information

Related Data: Lymph Node Dissection Type
Date of Lymph Node Dissection
Lymph Node Dissection Site
Laterality of Lymph Node Dissection Site
Number of Lymph Nodes Excised

References: Commission on Cancer. *Facility Oncology Registry Data Standards (FORDS) Revised for 2007*, Chicago, IL: American College of Surgeons, 2002.

RECURRENCE INFORMATION

Number of Recurrence

Defining Attributes

- Definition:** Number of recurrence of a melanoma.
- Coverage:** This item should be reported for:
 Cases where Primary Site of Cancer is melanoma; or when recurrence has been reported but the primary melanoma can not be identified.

Guide for Use

- Data Domain:**
- | | |
|-----|--|
| 0 | No recurrence |
| 1 | First recurrence |
| 2 | Second recurrence |
| . . | |
| 89 | 89 th recurrence |
| 90 | 90 th or greater recurrence |
| 95 | Origin unknown |
| 98 | Not stated |
| 99 | Unknown |
- Domain Definitions:**
- | | |
|------|--|
| 0 | No recurrence |
| 1-89 | 1 st to 89 th recurrence
(Code the exact number of recurrence) |
| 90 | 90 th or greater recurrence |
| 95 | Origin unknown: Recurrent primary is unable to be identified |
| 98 | Not stated: There has been a recurrence of the primary melanoma but the number is unable to be determined from the documentation |
| 99 | Unknown: It is unknown whether or not there has been a recurrence of the primary melanoma |
- Clarifying Points:**
- The term 'recurrence' defines the return, reappearance or metastasis of a melanoma. The diagnosis of a new primary melanoma is not a recurrence of an earlier primary melanoma.
- A melanoma may recur in multiple sites, and multiple types of recurrence may appear at the same site (e.g. local and in-transit on right forearm). Record each site and type of recurrence of a melanoma as a separate recurrence. Refer to data collection examples on pages 53 and 54.
- Collection Methods:** This information may be obtained from the pathology report, the patient's medical record, and/or the hospital's patient administration system.
- Validation Rules:** Must be between 0-90, or = 95, 98 or 99.

Justification: Data collected on recurrence will assist in the analysis of outcome by treatment type.

Representation

Data Element Type: Data Element

Data Type: Numeric

Form: Code

Minimum Size: 1

Maximum Size: 2

Layout: NN

Administrative Information

Version: 1

Effective date: 1 October 2007

Related Information

Related Data: Date of Diagnosis of Recurrence
Recurrence Site
Laterality of Recurrence Site
Recurrence Type

References: n/a

Date of Diagnosis of Recurrence

Defining Attributes

- Definition:** The date a medical practitioner confirms the diagnosis of a recurrent or metastatic melanoma.
- Coverage:** This item should be reported for:
 Cases where Primary Site of Cancer is melanoma and there is a recurrence of the primary melanoma; or when recurrence has been reported but the primary melanoma can not be identified.

Guide for Use

- Data Domain:** Valid date
- Domain Definitions:** n/a
- Clarifying Points:** Use the date on the pathology report as the date of recurrence of melanoma.

A melanoma may recur in multiple sites, and multiple types of recurrence may appear at the same site (e.g. local and in-transit on right forearm). Record each site and type of recurrence of a melanoma as a separate recurrence. Refer to data collection examples on pages 53 and 54.
- Collection Methods:** This information may be obtained from the pathology report, the patient's medical record, and/or the hospital's patient administration system.
- Validation Rules:** This field must be:
 - greater than the Date of Diagnosis of Cancer (melanoma)
- Justification:** Data collected on recurrence will assist in the analysis of outcome by treatment type.

Representation

- Data Element Type:** Data Element
- Data Type:** Numeric
- Form:** Code
- Minimum Size:** 8
- Maximum Size:** 8
- Layout:** DDMMYYYY

Administrative Information

- Version:** 1
- Effective date:** 1 October 2007

Related Information

Related Data: Number of Recurrence
 Recurrence Site
 Laterality of Recurrence Site
 Recurrence Type

References: *AIHW. Data Set Specification Cancer (Clinical) National Health Data Dictionary version 12 Supplement (2004). Canberra: Australian Institute of Health and Welfare.*

Recurrence Site

Defining Attributes

- Definition:** The site or area of the body where the melanoma recurred.
- Coverage:** This item should be reported for:
 Cases where Primary Site of Cancer is melanoma and there is a recurrence of the primary melanoma; or when recurrence has been reported but the primary melanoma can not be identified.

Guide for Use

Data Domain:	1	Abdomen
	2	Adrenal
	3	Arm
	4	Axilla
	5	Back
	6	Bone
	7	Bowel
	8	Brain
	9	Buttock
	10	Chest
	11	Foot
	12	Forearm
	13	Hand
	14	Head
	15	Inguinal
	16	Leg
	17	Liver
	18	Lung
	19	Lymph node other
	20	Mediastinum
	21	Neck
	22	Para-aortic
	23	Pelvic
	24	Popliteal
	25	Spinal cord
	26	Spleen
	27	Thigh
	28	Visceral, other
	99	Unknown

Domain Definitions: n/a

Clarifying Points: A melanoma may recur in multiple sites, and multiple types of recurrence may appear at the same site (e.g. local and in-transit on right forearm). Record each site and type of recurrence of a melanoma as a separate recurrence. Refer to data collection examples on pages 53 and 54.

Collection Methods: This information may be obtained from the pathology report, the patient's medical record, and/or the hospital's patient administration system.

Validation Rules: Must be between 1-28, or = 99.

Justification: Survival is affected by site(s) of recurrence. Data collected on recurrence will assist in the analysis of outcome by treatment type.

Representation

Data Element Type: Data Element
Data Type: Numeric
Form: Code
Minimum Size: 1
Maximum Size: 2
Layout: N(N)

Administrative Information

Version: 1
Effective date: 1 October 2007

Related Information

Related Data: Number of Recurrence
Date of Diagnosis of Recurrence
Laterality of Recurrence Site
Recurrence Type
References: n/a

Laterality of Recurrence Site

Defining Attributes

Definition:	The side of the body on which a recurrent or metastatic melanoma is located.
Coverage:	This item should be reported for: <input checked="" type="checkbox"/> Cases where Primary Site of Cancer is melanoma and there is a recurrence of the primary melanoma; or when recurrence has been reported but the primary melanoma can not be identified.

Guide for Use

Data Domain:	1 Left 2 Right 3 Centre 4 Bilateral 9 Unknown
Domain Definitions:	n/a
Clarifying Points:	<p>This information is collected for the purpose of differentiating the site of the recurrence.</p> <p>A melanoma may recur in multiple sites, and multiple types of recurrence may appear at the same site (e.g. local and in-transit on right forearm). Record each site and type of recurrence of a melanoma as a separate recurrence. Refer to data collection examples on pages 53 and 54.</p>
Collection Methods:	This information may be obtained from the pathology report, the patient's medical record, and/or the hospital's patient administration system.
Validation Rules:	Must = 1, 2, 3, 4 or 9.
Justification:	Data collected on recurrence will assist in the analysis of outcome by treatment type.

Representation

Data Element Type:	Data Element
Data Type:	Numeric
Form:	Code
Minimum Size:	1
Maximum Size:	1
Layout:	N

Administrative Information

Version:	1
-----------------	---

Effective date: 1 October 2007

Related Information

Related Data: Number of Recurrence
Date of Diagnosis of Recurrence
Recurrence Site
Recurrence Type

References: n/a

Recurrence Type

Defining Attributes

- Definition:** The type of recurrent or metastatic melanoma.
- Coverage:** This item should be reported for:
 Cases where Primary Site of Cancer is melanoma and there is a recurrence of the primary melanoma; or when recurrence has been reported but the primary melanoma can not be identified.

Guide for Use

- Data Domain:**
- | | |
|---|----------------------------|
| 1 | Local (<20mm from primary) |
| 2 | In-transit |
| 3 | Regional node |
| 4 | Regional field |
| 5 | Distant |
| 6 | Subcutaneous |
| 9 | Unknown |
- Domain Definitions:** n/a
- Clarifying Points:** This information indicates the progression of melanoma.
- A melanoma may recur in multiple sites, and multiple types of recurrence may appear at the same site (e.g. local and in-transit on right forearm). Record each site and type of recurrence of a melanoma as a separate recurrence. Refer to data collection examples on pages 53 and 54.
- Collection Methods:** This information may be obtained from the pathology report, the patient's medical record, and/or the hospital's patient administration system.
- Validation Rules:** Must = 1, 2, 3, 4, 5, 6 or 9.
- Justification:** Data collected on recurrence will assist in the analysis of outcome by treatment type.

Representation

- Data Element Type:** Data Element
- Data Type:** Numeric
- Form:** Code
- Minimum Size:** 1
- Maximum Size:** 1
- Layout:** N

Administrative Information

- Version:** 1

Effective date: 1 October 2007

Related Information

Related Data: Number of Recurrence
Date of Diagnosis of Recurrence
Recurrence Site
Laterality of Recurrence Site

References: n/a

EXAMPLES OF DATA COLLECTION

1. Primary melanoma of right cheek 17/11/2004 (ICD-10-AM code C43.3)

This example illustrates default values for lymph node and recurrence variables

Primary lesion information

Breslow (diagnosis): 0.45
Date lesion proc: 17/11/2004 Lesion proc: 1 Partial biopsy Excision margin: 97 NA
Date lesion proc: 29/11/2004 Lesion proc: 3 Wide excision/re-excision Excision margin: 5
Date lesion proc: 07/01/2005 Lesion proc: 3 Wide excision/re-excision Excision margin: 4

Sentinel lymph node information

SLNB Ind: 0 No SLNB date: SLNB site: 00 None
SLNB laterality: SLNB result: #SLN excised: 0 #SLN pos: 98 None examined

Lymph node information

LND: 0 None LND date: LND site: 0 None
LND laterality: #LN excised: 0 #LN pos: 98 None examined

Recurrence information

Rec #: 0 None Rec date: Rec site:
Rec laterality: Rec type:

2. Primary melanoma of right neck 09/03/2004 (ICD-10-AM code C43.4)

This example illustrates a multiple node site SLNB and multiple recurrences

Primary lesion information

Breslow (diagnosis): 11.05
Date lesion proc: 09/03/2004 Lesion proc: 2 Complete excision biopsy Excision margin: 2
Date lesion proc: 21/03/2004 Lesion proc: 3 Wide excision/re-excision Excision margin: 16

Sentinel lymph node information

SLNB Ind: 1 Yes, primary SLNB date: 21/03/2004 SLNB site: 11 Parotid
SLNB laterality: 2 Right SLNB result: 0 Neg stain #SLN excised: 2 #SLN pos: 0

SLNB Ind: 1 Yes, primary SLNB date: 21/03/2004 SLNB site: 20 Neck NOS
SLNB laterality: 2 Right SLNB result: 1 Pos stain #SLN excised: 3 #SLN pos: 2

SLNB Ind: 1 Yes, primary SLNB date: 21/03/2004 SLNB site: 20 Neck NOS
SLNB laterality: 2 Left SLNB result: 0 Neg stain #SLN excised: 2 #SLN pos: 0

Lymph node information

LND: 2 Limited LND date: 17/04/2004 LND site: 11 Parotid LND
laterality: 2 Right #LN excised: 5 #LN pos: 0

LND: 1 Complete LND date: 17/04/2004 LND site: 26 Jug chain level IV
LND laterality: 2 Right #LN excised: 14 #LN pos: 0

LND: 2 Limited LND date: 02/12/2006 LND site: 24 Jug chain level II
LND laterality: 1 Left #LN excised: 3 #LN pos: 3

Recurrence information

Rec #: 1 Rec date: 02/12/2006 Rec site: 21 Neck
Rec lat: 1 Left Rec type: 3 Regional node

Rec #:	2	Rec date:	15/04/2007	Rec site:	14 Head
Rec lat:	2 Right	Rec type:	2 In-transit		
Rec #:	3	Rec date:	26/06/2007	Rec site:	8 Brain
Rec lat:	9 Unknown	Rec type:	5 Distant		

3. Primary melanoma of right abdomen 05/07/2002 (ICD-10-AM code C43.5)

This example illustrates SLNB for recurrence and multiple recurrences

Primary lesion information

Breslow (diagnosis): 4.20
 Date lesion proc: 18/07/2002 Lesion proc: 3 Wide excision/re-excision Excision margin: 7

Sentinel lymph node information

SLNB Ind: 2 Yes, rec SLNB date: 01/02/2005 SLNB site: 70 Inguinal NOS
 SLNB laterality: 2 Right SLNB result: 1 Pos stain #SLN excised: 2 #SLN pos: 1

Lymph node information

LND: 0 None LND date: LND site: 0 None
 LND laterality: #LN excised: 0 #LN pos: 98 None examined

Recurrence information

Rec #:	1	Rec date:	05/02/2004	Rec site:	1 Abdomen
Rec lat:	2 Right	Rec type:	1 Local		
Rec #:	2	Rec date:	11/02/2004	Rec site:	1 Abdomen
Rec lat:	2 Right	Rec type:	2 In-transit		
Rec #:	3	Rec date:	27/07/2004	Rec site:	10 Chest
Rec lat:	2 Right	Rec type:	2 In-transit		
Rec #:	4	Rec date:	22/12/2004	Rec site:	1 Abdomen
Rec lat:	2 Right	Rec type:	1 Local		
Rec #:	5	Rec date:	01/02/2005	Rec site:	15 Inguinal
Rec lat:	2 Right	Rec type:	3 Regional node		
Rec #:	6	Rec date:	04/03/2005	Rec site:	18 Lung
Rec lat:	9 Unknown	Rec type:	5 Distant		
Rec #:	7	Rec date:	04/03/2005	Rec site:	17 Liver
Rec lat:	2 Right	Rec type:	5 Distant		
Rec #:	8	Rec date:	21/01/2006	Rec site:	7 Bowel
Rec lat:	9 Unknown	Rec type:	5 Distant		
Rec #:	9	Rec date:	21/01/2006	Rec site:	2 Adrenal
Rec lat:	2 Right	Rec type:	5 Distant		