KENTUCKY
CANCER REGISTRY

SPRING TRAINING
2023

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STORE 2023 Change Log ……Pages 232-243

EOD and Summary Stage Change Log for 2023……..Pages 244-274

Kentucky Cancer Registry
Resource List
2023

Standard Setters	Websites
NAACCR	https://www.naaccr.org/
SEER	https://seer.cancer.gov/
CoC	https://www.facs.org/
AJCC	https://www.facs.org/Quality-Programs/Cancer/AJCC

SEER	
Registry Operations	https://seer.cancer.gov/registrars/
Reporting Guidelines	
SEER Program Coding and Staging Manual 2023	https://seer.cancer.gov/tools/codingmanuals/
Hematopoietic Project	https://seer.cancer.gov/tools/heme/
Hematopoietic & Lymphoid Neoplasm Database (Heme DB)	https://seer.cancer.gov/seertools/hemelymph/
Hematopoietic & Lymphoid Neoplasm Coding Manual	https://seer.cancer.gov/tools/heme/Hematopoietic_Instructions_and_Rules.pdf
Solid Tumor Rules	https://seer.cancer.gov/tools/solidtumor/
2023 Solid Tumor Rules Modules	https://seer.cancer.gov/tools/solidtumor/2023/STM_Combined.pdf
2007 General Instructions	https://seer.cancer.gov/tools/solidtumor/2007_General_Instructions.pdf
2007 Other Sites (Cases diagnosed 2007-2022)	https://seer.cancer.gov/tools/solidtumor/Other_sites_STM.pdf
2007 Cutaneous Melanoma (Cases diagnosed 2007-2020)	https://seer.cancer.gov/tools/solidtumor/Melanoma_2007_MPH.pdf
COVID-19 Abstruction Guidance	https://seer.cancer.gov/tools/covid-19/
Staging Tools	https://seer.cancer.gov/tools/staging/index.html
Registry Staging Assistant (SEER*RSA)	https://seer.cancer.gov/tools/staging/rsa.html
Summary Stage 2018	https://seer.cancer.gov/tools/ssm/
Extent of Disease 2018	https://seer.cancer.gov/tools/staging/eod
Collaborative Stage (cases prior to 2018)	https://seer.cancer.gov/tools/collabstaging/index.html
Site Specific Data Items (SSDI)/Grade	https://apps.naaccr.org/ssdi/list/
SSDI Manual 3.0	https://www.naaccr.org/wp-content/uploads/2023/02/Site-Specific-Data-Item-SSDI-Manual-v3_printed.pdf?v=1682707535
Grade Manual Version 3.0	https://www.naaccr.org/wp-content/uploads/2022/10/Grade-Coding-Instructions-and-Tables-v3.pdf?v=1682707677
Helpful Resources	
Glossary For Registrars	https://seer.cancer.gov/seertools/glossary/
SEER*Rx - Interactive Antineoplastic Drugs Database	https://seer.cancer.gov/seertools/seerrx/

NAACCR	
Central Registry Standards	https://www.naaccr.org/
ICD-O-3 Coding Updates	https://www.naaccr.org/icdo3/
2023 ICD-O 3.2 Coding Guidelines	https://www.naaccr.org/wp-content/uploads/2022/09/2023-ICD-O-guidelines-1.docx
WHO IARC ICD-O-3.2 Excel Table	https://www.naaccr.org/wp-content/uploads/2020/10/Copy-of-ICD-O-3.2_MFin_17042019_web.xls
2023 ICD O 3.2 Tables 1 Numeric (tables with new terms, new codes and changed behaviors)	https://www.naaccr.org/wp-content/uploads/2022/09/2023-ICD-O-numerical-table-1-1.docx
2024 ICD O 3.2 Tables 2 Alphebetic (tables with new terms, new codes and changed behaviors)	https://www.naaccr.org/wp-content/uploads/2022/09/2023-Alpha-ICD-O-table-2-1.docx
Addendum to 2022 ICD-O-3.2	https://www.naaccr.org/wp-content/uploads/2022/09/Addendum-to-2022-ICD-O-3.2-update.docx
Version 21 Data Standards and Data Dictionary	https://www.naaccr.org/data-standards-data-dictionary/

COC	
Reporting Guidelines	
STORE (Standards for Oncology Registry Entry)	https://www.facs.org/quality-programs/cancer-programs/national-cancer-database/ncdb-call-for-data/registry-manuals/

Questions & Answers	
SEER Inquiry System	https://seer.cancer.gov/seerinquiry/
Ask a SEER Registrar	https://seer.cancer.gov/registrars/contact.html
Data Collection Answers	https://seer.cancer.gov/registrars/data-collection.html
Canswer Forum	http://cancerbulletin.facs.org/forums/help

Updated 5/2/2023
Daisy M. Gray

ICD-O-3.2 Updates 2023

Guide:
Yellow: New code, term and/or behavior REPORTABLE
Orange: Change in behavior, now REPORTABLE
Green: New term, attention needed when coding behavior
Gray: New Term and NOT REPORTABLE
White (or no color): New term, Required by standard setters

ICD-O-3.2 Update
Effective January 1, 2023

Table 2: 2023 ICD-O-3.2 Update (Alphabetic)

- Codes/terms listed alphabetically by term
- Only new terminology to existing ICD-O-3.2 codes are included in the 2023 ICD-O Implementation Guidelines and documentation. Terms are those listed in WHO Blue Books
- Update based on the following 5th Ed Classification of Tumors books: Thoracic and CNS

ICD-O Code	Term	Required SEER	Required NPCR	Required CoC	Required CCCR	Remarks
9430/3	Astroblastoma, MN1-altered	Y	Y	Y	Y	New term
9400/3	Astrocytoma, IDH-mutant, grade 2	Y	Y	Y	Y	New term
9401/3	Astrocytoma, IDH-mutant, grade 3	Y	Y	Y	Y	New term
9445/3	Astrocytoma, IDH-mutant, grade 4	Y	Y	Y	Y	New term
8140/0	Bronchiolar adenoma/ciliated muconodular papillary tumor	N	N	N	N	New terms/Not reportable
8693/3	Cauda equina neuroendocrine tumor (cranial and paraspinal nerves)	Y	Y	Y	Y	New related term
9473/3	CNS embryonal tumor, NEC/NOS	Y	Y	Y	Y	New term
9500/3	CNS tumor with BCCR internal tandem duplication	Y	Y	Y	Y	New term
9500/3	CNS neuroblastoma, FOXR2-activated	Y	Y	Y	Y	New term
8821/1	Desmoid fibromatosis	N	N	N	N	New term/not reportable
9421/1	**Diffuse astrocytoma, *MYB*- or *MYBL1*-altered**	Y	Y	Y	Y	New preferred term for "pilocytic astrocytoma" **Beginning with cases diagnosed 1/1/2023, pilocytic astrocytoma are coded 9421/1. Cases diagnosed prior to 1/1/2023 are coded 9421/3.**
9385/3	Diffuse hemispheric glioma, H3 G34-mutant	Y	Y	Y	Y	New term

9421/1	Diffuse low-grade glioma, MAPK pathway–altered †	Y	Y	Y	Y	Related term for "pilocytic astrocytoma" **Beginning with cases diagnosed 1/1/2023, pilocytic astrocytoma are coded 9421/1. Cases diagnosed prior to 1/1/2023 are coded 9421/3.**
9680/3	Diffuse large B-cell lymphoma associated with chronic inflammation of the pleura **(C38.4)**	Y	Y	Y	Y	New term
9509/3	Diffuse leptomeningeal glioneuronal tumor	Y	Y	Y	Y	New code/new term/new behavior
9385/3	Diffuse midline glioma, H3 K27-altered	Y	Y	Y	Y	New term
9385/3	Diffuse pediatric-type glioma, H3-wildtype and IDH-wildtype	Y	Y	Y	Y	New term
9050/3	Diffuse pleural mesothelioma **(C38.4)**	Y	Y	Y	Y	New term
9170/3	Diffuse pulmonary lymphangiomatosis **(C34._)**	Y	Y	Y	Y	New term
9680/3	Fibrin-associated diffuse B-cell lymphoma **(C38.0)**	Y	Y	Y	Y	New term
9421/3	**High-grade astrocytoma with piloid features (HGAP)**	Y	Y	Y	Y	New code/new term. **Beginning 1/1/2023, cases diagnosed as *high-grade astrocytoma with piloid features (HGAP)* are coded 9421/3.** Beginning 1/1/2023, cases diagnosed as Pilocytic astrocytoma in the C71._ are to be coded 9421/1
8310/3	Hyalinizing clear cell carcinoma	Y	Y	Y	Y	New term
9385/3	Infant-type hemispheric glioma	Y	Y	Y	Y	New term
9749/1	Juvenile xanthogranuloma **(C71.5)**	Y	Y	Y	Y	New code/new term/new behavior
9050/3	Localized pleural mesothelioma **(C38.4)**	Y	Y	Y	Y	New term
8260/3	Low-grade papillary adenocarcinoma **(C34._)**	Y	Y	Y	Y	New term
9174/3	Lymphangioleiomyomatosis	Y	Y	Y	Y	Behavior code change from /1 to /3. Reportable for cases diagnosed 1/1/2023 forward.

9540/3	Malignant melanotic nerve sheath tumor	Y	Y	Y	Y	New term
9699/3	MALT lymphoma of the dura	Y	Y	Y	Y	New term
9470/3	Medulloblastoma, histologically defined **(C71.6)**	Y	Y	Y	Y	New term
9050/2	Mesothelioma in situ **(C38.4)**	Y	Y	Y	Y	New code/behavior. Reportable 1/1/2023
8077/2	Moderate squamous dysplasia (C34._)	N See remarks*	N See remarks*	N See remarks*	N See remarks*	New term. *Note: moderate and severe squamous dysplasia are incidental findings on bronchoscopy. Considered precursor to squamous carcinoma in situ (SCIS). **Reportability has not yet been determined.**
9509/0	Multinodular and vacuolating neuronal tumor	Y	Y	Y	Y	New code/new term/new behavior. Cases diagnoses prior to 1/1/2023 use code 9505/0. Cases diagnosed 1/1/2023 forward use code 9509/0.
9509/1	Myxoid glioneuronal tumor	Y	Y	Y	Y	New term
9450/3	Oligodendroglioma, IDH-mutant and 1p/19q-codeleted, grade 2	Y	Y	Y	Y	New term
9451/3	Oligodendroglioma, IDH-mutant and 1p/19q-codeleted, grade 3	Y	Y	Y	Y	New term
8820/0	Papillary fibroelastoma	N	N	N	N	New term/not reportable
8272/3	Pituitary adenoma/pituitary neuroendocrine tumor (PitNET) **(C75.1)**	Y	Y	Y	Y	New term. Per WHO, both terms may be used in the diagnosis or pituitary neuroendocrine tumor, or PitNET. All are coded 8272/3. Pituitary adenoma, NOS is coded 8272/0
9413/0	Polymorphous low-grade neuroepithelial tumor of the young	Y	Y	Y	Y	New term
9391/3	Posterior fossa ependymoma, NOS	Y	Y	Y	Y	New term

9396/3	Posterior fossa group A (PFA) ependymoma	Y	Y	Y	Y	New term
9396/3	Posterior fossa group B (PFB) ependymoma	Y	Y	Y	Y	New term
9480/3	Primary intracranial sarcoma, DICER1-mutant	Y	Y	Y	Y	New term
9749/3	Rosai-Dorfman disease	Y	Y	Y	Y	New term
8077/2	Severe squamous dysplasia (C34._)	N See Remarks*	N See remarks*	N See remarks*	N See remarks*	New term. Note: moderate and severe squamous dysplasia are incidental findings on bronchoscopy. Considered precursor to squamous carcinoma in situ (SCIS). Reportability has not yet been determined
9391/3	Spinal ependymoma, NOS **(C72.0)**	Y	Y	Y	Y	New term
9396/3	Spinal ependymoma, MYCN-amplified **(C72.0)**	Y	Y	Y	Y	New term
9391/3	Supratentorial ependymoma, NOS	Y	Y	Y	Y	New term
9396/3	Supratentorial ependymoma, YAP1 fusion-positive	Y	Y	Y	Y	New term
9396/3	Supratentorial ependymoma, ZFTA fusion-positive	Y	Y	Y	Y	New term
8044/3	Thoracic SMARCA4-deficient undifferentiated tumor (C34._)	Y	Y	Y	Y	New term

Guide:
Yellow: New code, term and/or behavior REPORTABLE
Orange: Change in behavior, now REPORTABLE
Green: New term, attention needed when coding behavior
Gray: New Term and NOT REPORTABLE
White (or no color): New term, Required by standard setters

Table 1: 2023 ICD-O-3.2 Update (Numerical)

- Codes/terms listed numerically
- Only new terminology to existing ICD-O-3.2 codes are included in the 2023 ICD-O Implementation guidelines and documentation. Terms are those listed in WHO Blue Books
- Update based on the following 5th Ed Classification of Tumors books: Thoracic and CNS

ICD-O Code	Term	Required SEER	Required NPCR	Required CoC	Required CCCR	Remarks
8044/3	Thoracic SMARCA4-deficient undifferentiated tumor (C34._)	Y	Y	Y	Y	New term
8077/2	Moderate squamous dysplasia Severe squamous dysplasia	N See remarks*	N See remarks*	N See remarks*	N See remarks*	New term. *Note: moderate and severe squamous dysplasia are incidental findings on bronchoscopy. Considered precursor to squamous carcinoma in situ (SCIS). **Reportability has not yet been determined.**
8140/0	Bronchiolar adenoma/ciliated muconodular papillary tumor	N	N	N	N	New terms/Not reportable
8260/3	Low-grade papillary adenocarcinoma	Y	Y	Y	Y	New term
8272/3	Pituitary adenoma/pituitary neuroendocrine tumor (PitNET) **(C75.1)**	Y	Y	Y	Y	New term. Per WHO, both terms may be used in the diagnosis or pituitary neuroendocrine tumor, or PitNET. All are coded 8272/3. Pituitary adenoma, NOS is coded 8272/0
8310/3	Hyalinizing clear cell carcinoma	Y	Y	Y	Y	New term
8693/3	Cauda equina neuroendocrine tumor (cranial and paraspinal nerves)	Y	Y	Y	Y	New related term
8820/0	Papillary fibroelastoma	N	N	N	N	New term/not reportable
8821/1	Desmoid fibromatosis	N	N	N	N	New term/not reportable
9050/2	Mesothelioma in situ	Y	Y	Y	Y	New code/behavior. Reportable 1/1/2023
9050/3	Localized pleural mesothelioma **(C38.4)** Diffuse pleural mesothelioma **(C38.4)**	Y Y	Y Y	Y Y	Y Y	New term New term

9170/3	Diffuse pulmonary lymphangiomatosis **(C34._)**	Y	Y	Y	Y	New term
9174/3	Lymphangioleiomyomatosis	Y	Y	Y	Y	Behavior code change from /1 to /3. Reportable for cases diagnosed 1/1/2023 forward.
9385/3	Diffuse midline glioma, H3 K27-altered	Y	Y	Y	Y	New term
	Diffuse hemispheric glioma, H3 G34-mutant	Y	Y	Y	Y	New term
	Diffuse pediatric-type glioma, H3-wildtype and IDH-wildtype	Y	Y	Y	Y	New term
	Infant-type hemispheric glioma	Y	Y	Y	Y	New term
9391/3	Supratentorial ependymoma, NOS **(C71._)**	Y	Y	Y	Y	New term
		Y	Y	Y	Y	New term
	Posterior fossa ependymoma, NOS **(C71._)**	Y	Y	Y	Y	New term
	Spinal ependymoma, NOS **(C72.0)**					
9396/3	Supratentorial ependymoma, ZFTA fusion-positive	Y	Y	Y	Y	New term
	Supratentorial ependymoma, YAP1 fusion-positive	Y	Y	Y	Y	New term
	Posterior fossa group A (PFA) ependymoma	Y	Y	Y	Y	New term
	Posterior fossa group B (PFB) ependymoma	Y	Y	Y	Y	New term
	Spinal ependymoma, MYCN-amplified **(C72.0)**	Y	Y	Y	Y	New term
9400/3	Astrocytoma, IDH-mutant, grade 2	Y	Y	Y	Y	New term
9401/3	Astrocytoma, IDH-mutant, grade 3	Y	Y	Y	Y	New term
9413/0	Polymorphous low-grade neuroepithelial tumor of the young	Y	Y	Y	Y	New term
9421/1	**Diffuse astrocytoma, *MYB*- or *MYBL1*-altered**	Y	Y	Y	Y	Replaces the term “pilocytic astrocytoma” **Beginning with cases diagnosed 1/1/2023, pilocytic astrocytoma are coded 9421/1**.

	Diffuse low-grade glioma, MAPK pathway–altered †					**Cases diagnosed prior to 1/1/2023 are coded 9421/3.**
9421/3	**High-grade astrocytoma with piloid features (HGAP)**	Y	Y	Y	Y	New code/new term. **Beginning 1/1/2023, cases diagnosed as *high-grade astrocytoma with piloid features (HGAP)* are coded 9421/3.** Beginning 1/1/2023, cases diagnosed as Pilocytic astrocytoma in the C71._ are to be coded 9421/1
9430/3	Astroblastoma, MN1-altered	Y	Y	Y	Y	New term
9445/3	Astrocytoma, IDH-mutant, grade 4	Y	Y	Y	Y	New term
9450/3	Oligodendroglioma, IDH-mutant and 1p/19q-codeleted, grade 2	Y	Y	Y	Y	New term
9451/3	Oligodendroglioma, IDH-mutant and 1p/19q-codeleted, grade 3	Y	Y	Y	Y	New term
9470/3	Medulloblastoma, histologically defined **(C71.6)**	Y	Y	Y	Y	New term
9473/3	CNS embryonal tumor, NEC/NOS	Y	Y	Y	Y	New term
9480/3	Primary intracranial sarcoma, DICER1-mutant **(C71.6)**	Y	Y	Y	Y	New term
9500/3	CNS neuroblastoma, FOXR2-activated CNS tumor with BCCR internal tandem duplication	Y Y	Y Y	Y Y	Y Y	New term New term
9509/0	Multinodular and vacuolating neuronal tumor	Y	Y	Y	Y	New code/new term/new behavior Cases diagnoses prior to 1/1/2023 use code 9505/0. Cases diagnosed 1/1/2023 forward use code 9509/0.
9509/1	Myxoid glioneuronal tumor	Y	Y	Y	Y	New term
9509/3	Diffuse leptomeningeal glioneuronal tumor	Y	Y	Y	Y	New code/new term/new behavior
9540/3	Malignant melanotic nerve sheath tumor	Y	Y	Y	Y	New term

9680/3	Diffuse large B-cell lymphoma associated with chronic inflammation of the pleura **(C38.4)** Fibrin-associated diffuse B-cell lymphoma **(C38.0)**	Y Y	Y Y	Y Y	Y Y	New term New term
9699/3	MALT lymphoma of the dura	Y	Y	Y	Y	New term
9749/1	Juvenile xanthogranuloma **(C71.5)**	Y	Y	Y	Y	New code/new term/new behavior
9749/3	Rosai-Dorfman disease	Y	Y	Y	Y	New term

Addendum for Cervix Uteri – Cases diagnosed 1/1/2021+

Addendum to 2022 ICD-O-3.2 Update, Tables 1 and 2
The table lists eight (8) histologies which were approved by the Mid-Level Tactical Group for use with primaries of the cervix (C53._) for cases diagnosed 1/1/2021 forward. Previously, registrars had been instructed to use these histologies for cervical primaries for cases diagnosed January 1, 2022, forward. For additional information see the NAACCR 2023 Implementation Guidelines, ***13.4 AJCC Version 9 Cervix Uteri Adenocarcinoma***.

Manual review of cases currently in registry databases and recoding of cases is not required by the standard setters. Registries may elect to review and recode cases.

ICD-O Code	Term	Required SEER	Required NPCR	Required CoC	Required CCCR	Remarks
8085/3	Squamous cell carcinoma, HPV-associated	See remarks	See remarks	See remarks	See remarks	Valid for uterine cervix 1/1/2021 forward
8086/3	Squamous cell carcinoma, HPV-independent	See remarks	See remarks	See remarks	See remarks	Valid for uterine cervix 1/1/2021 forward
8310/3	Adenocarcinoma, HPV-independent, clear cell type	See remarks	See remarks	See remarks	See remarks	Valid for uterine cervix 1/1/2021 forward
8380/3	Adenocarcinoma, HPV-independent, endometrioid type **Note: This term is AJCC specific and is not included in WHO 5th Ed GYN book or CAP protocol**	See remarks	See remarks	See remarks	See remarks	Valid for uterine cervix 1/1/2021 forward
8482/3	Adenocarcinoma, HPV-independent, gastric type	See remarks	See remarks	See remarks	See remarks	Valid for uterine cervix 1/1/2021 forward
8483/3	Adenocarcinoma, HPV-associated	See remarks	See remarks	See remarks	See remarks	Valid for uterine cervix 1/1/2021 forward
8484/3	Adenocarcinoma, HPV-independent, NOS	See remarks	See remarks	See remarks	See remarks	Valid for uterine cervix 1/1/2021 forward
9110/3	Adenocarcinoma, HPV-independent, mesonephric type	See remarks	See remarks	See remarks	See remarks	New related term for 9110/3 and is not site specific. The term may be coded for cervix cases diagnosed prior to 1/1/2022.

SEER Reportable Neoplasms

Reportability

New for 2023

Dates of Diagnosis/Residency

SEER registries are required to collect data on persons who are diagnosed with cancer and who, at the time of diagnosis, are **residents** of the geographic area covered by the SEER registry. Cases diagnosed on or after January 1, **1973** are reportable to SEER. Registries that joined the SEER Program after 1973 have different reporting start dates specified in their contracts. All cases meeting these criteria are reportable to SEER, including non-analytic cases.

Reportable Diagnosis List

Definition of Reportable: Meets the criteria for inclusion in a registry. Reportable cases are cases that the registry is required to collect and report. Reporting requirements for SEER registries are established by NCI SEER. A "Reportable List" includes all diagnoses to be reported by the registry to NCI SEER.

Refer to Appendix E.1 for reportable examples and to the ICD-O-3.2 Updates for new/changed behaviors and terms.

1. **Malignant Histologies (In Situ and Invasive)**

   a. Report all histologies with a behavior code of /2 or /3 in the ICD-O- Third Edition, Second Revision Morphology (ICD-O-3.2), except as noted in section 1.b. below. The following are reportable diagnoses that are either new or are frequently questioned.

      i. High-grade astrocytoma with piloid features (HGAP) (9421/3) as of 01/01/2023

      ii. Lymphangioleiomyomatosis (9174/3) is reportable as of 01/01/2023; behavior changed from /1 to /3

      iii. Mesothelioma in situ (9050/2) is reportable as of 01/01/2023

      iv. Diffuse leptomeningeal glioneuronal tumor (9509/3) is reportable as of 01/01/2023

      v. Low-grade appendiceal mucinous neoplasm (LAMN) is reportable

      vi. Early or evolving melanoma, in situ and invasive: As of 01/01/2021, early or evolving melanoma in situ, or any other early or evolving melanoma, is reportable.

      vii. **All** GIST tumors, ***except*** for those stated to be benign, are reportable as of 01/01/2021. The behavior code is /3 in ICD-O-3.2.

      viii. 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)

      ix. Carcinoid, NOS of the appendix is reportable. As of 01/01/2015, the ICD-O-3 behavior code changed from /1 to /3.

      x. The following diagnoses **are reportable** (not a complete list)

         - Lobular carcinoma in situ (LCIS) of breast
         - Intraepithelial neoplasia, high grade, grade II, grade III

           Examples: (Not a complete list. See ICD-O-3.2. See 1.b.iii for PIN III.)

- Anal intraepithelial neoplasia II (AIN II) of the anus or anal canal (C210-C211)
- Anal intraepithelial neoplasia III (AIN III) of the anus or anal canal (C210-C211)
- Biliary intraepithelial neoplasia, high grade
- Differentiated vulvar intraepithelial neoplasia (VIN)
- Endometrioid intraepithelial neoplasia
- Esophageal intraepithelial neoplasia (dysplasia), high grade
- Glandular intraepithelial neoplasia, high grade
- Intraductal papillary neoplasm with high grade intraepithelial neoplasia
- Intraepithelial neoplasia, grade III
- Laryngeal intraepithelial neoplasia II (LIN II) (C320-C329)
- Laryngeal intraepithelial neoplasia III (LIN III) (C320-C329)
- Lobular neoplasia grade II (LN II)/lobular intraepithelial neoplasia grade II (LIN II) breast (C500-C509)
- Lobular neoplasia grade III (LN III)/lobular intraepithelial neoplasia grade III (LIN III) breast (C500-C509)
- Pancreatic intraepithelial neoplasia (PanIN II) (C250-C259)
- Pancreatic intraepithelial neoplasia (PanIN III) (C250-C259)
- Penile intraepithelial neoplasia, grade II (PeIN II) (C600-C609)
- Penile intraepithelial neoplasia, grade III (PeIN III) (C600-C609)
- Squamous intraepithelial neoplasia, grade II excluding cervix (C53_) and skin sites coded to C44_
- Squamous intraepithelial neoplasia III (SIN III) excluding cervix (C53_) and skin sites coded to C44_
- Vaginal intraepithelial neoplasia II (VAIN II) (C529)
- Vaginal intraepithelial neoplasia III (VAIN III) (C529)
- Vulvar intraepithelial neoplasia II (VIN II) (C510-C519)
- Vulvar intraepithelial neoplasia III (VIN III) (C510-C519)

xi. Non-invasive mucinous cystic neoplasm (MCN) of the pancreas with high grade dysplasia is reportable. For neoplasms of the pancreas, the term MCN with high grade dysplasia replaces the term mucinous cystadenocarcinoma, non-invasive.

xii. Mature teratoma of the testes in adults is malignant and reportable as 9080/3

xiii. **Urine** cytology positive for malignancy is reportable for diagnoses in 2013, and forward

***Exception*:** When a subsequent biopsy of a urinary site is negative, do not report.

- Code the primary site to C689 in the absence of any other information
- Do not implement new/additional casefinding methods to capture these cases

b. Do not report (Exceptions to reporting requirements)

i. **Skin** primary (C440-C449) with any of the following histologies

Malignant neoplasm (8000-8005)
Epithelial carcinoma (8010-8046)
Papillary and squamous cell carcinoma (8050-8084)
Squamous intraepithelial neoplasia III (SIN III) (8077) of skin sites coded to C44_
Basal cell carcinoma (8090-8110)

Note: If the registry collects basal or squamous cell carcinoma of **skin** sites (C440-C449), sequence them in the 60-87 range and do not report to SEER.

ii. **In situ** carcinoma of **cervix** (/2), any histology, cervical intraepithelial neoplasia (**CIN III**), or SIN III of the cervix (C530-C539)

***Note*:** Collection stopped effective with cases diagnosed 01/01/1996 and later. As of the 2018 data submission, cervical in situ cancer is no longer required for any diagnosis year. Sequence all cervix in situ cases in the 60-87 range regardless of diagnosis year.

iii. Prostatic intraepithelial neoplasia (PIN III) (C619)

***Note*:** Collection **stopped** effective with cases diagnosed 01/01/2001 and later.

iv. Colon atypical hyperplasia

v. High grade dysplasia in colorectal and esophageal primary sites

vi. Adenocarcinoma in situ, HPV associated (8483/2)(C53)

Refer to Appendix E.2 for non-reportable examples.

c. "Carcinomatosis" (8010/9) and "metastatic" tumor or neoplasm (8000/6) indicate malignancy and could be indicative of a reportable neoplasm. Review all of the available information to determine the origin of the carcinomatosis or the origin of the metastases.

2. **Benign/Non-Malignant Histologies**

a. Report **benign** and **borderline** primary **intracranial** and **central nervous system (CNS)** tumors with a behavior code of /0 or /1 in ICD-O-3 (effective with cases diagnosed 01/01/2004 to 12/31/2020) or ICD-O-3.2 (effective with cases diagnosed 01/01/2021 and later). See the table below for the specific sites.

Note 1: Benign and borderline tumors of the cranial bones (C410) are **not reportable**.

Note 2: Benign and borderline tumors of the peripheral nerves (C47_) are **not reportable**.

b. Report pilocytic astrocytoma/juvenile pilocytic astrocytoma as 9421/1 for ***all*** CNS sites as of 01/01/2023

c. Report diffuse astrocytoma, MYB- or MYBL1-altered and diffuse low-grade glioma, MAPK pathway-altered (9421/1) as of 01/01/2023

d. Report multinodular and vacuolating neuronal tumor (9509/0) as of 01/01/2023

e. Report juvenile xanthogranuloma (9749/1) as of 01/01/2023 (C715 is the most common site)

f. **Neoplasm and tumor** are reportable terms for intracranial and CNS because they are listed in ICD-O-3.2 with behavior codes of /0 and /1

i. **"Mass"** and "**lesion"** are **not** reportable terms for intracranial and CNS because they are **not** listed in ICD-O-3.2 with behavior codes of /0 or /1

Table. Required Sites for Benign and Borderline Primary Intracranial and Central Nervous System Tumors

General Term	Specific Sites	ICD-O-3 Topography Code
Meninges	Cerebral meninges	C700
	Spinal meninges	C701
	Meninges, NOS	C709
Brain	Cerebrum	C710
	Frontal lobe	C711
	Temporal lobe	C712
	Parietal lobe	C713
	Occipital lobe	C714
	Ventricle, NOS	C715
	Cerebellum, NOS	C716
	Brain stem	C717
	Overlapping lesion of brain	C718
	Brain, NOS	C719
Spinal cord, cranial nerves, and other parts of the central nervous system	Spinal cord	C720
	Cauda equina	C721
	Olfactory nerve	C722
	Optic nerve	C723
	Acoustic nerve	C724
	Cranial nerve, NOS	C725
	Overlapping lesion of brain and central nervous system	C728
	Nervous system, NOS	C729
Pituitary, craniopharyngeal duct, and pineal gland	Pituitary gland	C751
	Craniopharyngeal duct	C752
	Pineal gland	C753

Diagnosis Prior to Birth

SEER reportability requirements apply to diagnoses made in utero. Diagnoses made in utero are reportable **only when the pregnancy results in a live birth**. In the absence of documentation of stillbirth, abortion or fetal death, assume there was a live birth and report the case.

Disease Regression

When a reportable diagnosis is confirmed prior to birth and disease is not evident at birth due to regression, accession the case based on the pre-birth diagnosis.

Reportable Examples

Refer to Appendix E.1 for reportable examples.

Non-Reportable Examples

Refer to Appendix E.2 for non-reportable examples.

GREAT Resource!

New examples added for 2023

Appendix E1 - 2023 SEER Program Coding and Staging Manual

Reportable Examples

As referenced in the Reportability instructions of the 2023 SEER Program Coding and Staging Manual

Reportable Malignant Examples		
#	***Diagnosis/Condition***	***Notes***
1	Atypical fibroxanthoma (superficial malignant fibrous histiocytoma)	The information in parentheses provides more detail and confirms a reportable malignancy.
2	Positive histology from needle biopsy followed by negative resection	This case is reportable based on positive needle biopsy.
3	Biopsy-proven squamous cell carcinoma of the nipple with a subsequent areolar resection showing foreign body granulomatous reaction to suture material and no evidence of residual malignancy in the nipple	This case is reportable. The fact that no residual malignancy was found in the later specimen does not disprove the malignancy diagnosed by the biopsy.
4	Ulcerated histologically malignant spindle cell neoplasm, consistent with atypical fibroxanthoma; an exhaustive immunohistochemical work-up shows no melanocytic, epithelial or vascular differentiation	Atypical fibroxanthoma is a superficial form of a malignant fibrous histiocytoma. This case is reportable. The pathologist has the final say on behavior for a particular case. In this case, the pathologist states that this tumor is malignant.
5	Aggressive adult granulosa cell tumor with one of two lymph nodes positive for malignant metastatic granulosa cell tumor	This case is reportable because malignant granulosa cell tumor is reportable. The lymph node metastases prove malignancy.
6	Carcinoid of the appendix found on appendectomy	Carcinoid tumor, NOS is reportable (8240/3).
7	Microcarcinoid tumors of the stomach	Microcarcinoid and carcinoid tumors are reportable. The ICD-O-3.2 histology code is 8240/3. Microcarcinoid is a designation for neuroendocrine tumors of the stomach when they are less than 0.5 cm. in size. Neuroendocrine tumors of the stomach are designated carcinoid when they are 0.5 cm or larger. The term microcarcinoid tumor is not equivalent to carcinoid tumorlet.
8	Ovarian mucinous borderline tumor with foci of intraepithelial carcinoma	This case is reportable because there are foci of intraepithelial carcinoma (carcinoma in situ).
9	Squamous cell carcinoma of the anus, NOS	Squamous cell carcinoma of the anus (C210) is reportable. ***Note:*** Squamous cell carcinoma of the perianal skin (C445) is **not** reportable.
10	Mature teratoma of the testis when diagnosed after puberty (malignant)	For testis: Mature teratoma in adults is malignant (9080/3). ***Note:*** Do not report when diagnosed in a child (benign). Do not report mature teratoma of the testis when it is not known whether the patient is prepubescent or postpubescent. Pubescence can take place over a number of years; review physical history and do not rely only on age.

#	Diagnosis/Condition	Notes
11	Well-differentiated neuroendocrine tumor (NET) of the stomach	The WHO classification of digestive system tumors uses the term NET G1 (grade 1) as a synonym for carcinoid and well-differentiated NET, 8240/3.
12	Cystic pancreatic endocrine neoplasm (CPEN)	Assign 8150/3 unless specified as a neuroendocrine tumor, Grade 1 (8240/3) or neuroendocrine tumor, Grade 2 (8249/3).
13	Solid pseudopapillary neoplasm of the pancreas	Assign 8452/3.
14	Liver cases with an LI-RADS category LR-4 or LR-5	Report based on the American College of Radiology Liver Imaging Reporting and Data System (LI-RADS) definitions. Use the date of the LR-4 (probable HCC; high probability but not 100% certainty observation is HCC) or LR-5 (definitely HCC; 100% certainty observation is HCC) scan as the date of diagnosis when it is the earliest confirmation of the malignancy. If there is no statement of the LI-RADS score but there is reference that a lesion is in the Organ Procurement and Transplantation Network (OPTN) 5 category, report based on the OPTN class of 5. OPTN class 5 indicates that a nodule meets radiologic criteria for hepatocellular carcinoma.
15	Mammary analogue secretory carcinoma (MASC)	MASC is a tumor that predominantly arises in the parotid gland. If the primary site is submandibular gland, assign C080. Assign 8502/3. Override any edits triggered by the combination of C080 and 8502/3.
16	Malignant perivascular epithelioid cell tumor (PEComa)	Assign 8714/3 to malignant PEComa. Some PEComas such as angiomyolipoma and lymphangiomyomatosis have specific ICD-O codes and their **malignant** counterparts may be coded to 8860/3 and 9174/3, respectively. There are no separate ICD-O codes for other specific PEComas, e.g., clear cell sugar tumor of lung, clear cell myomelanocytic tumor of the falciform ligament, and some unusual clear cell tumors occurring in other organs or for PEComa, NOS. These PEComas may therefore be coded to 8005 as clear cell tumors NOS; in other words, clear cell tumors are not clear cell variants of carcinomas, sarcomas, or other specific tumor type.
		Note: PEComa is non-specific as to behavior. Unless the pathologist states that it is malignant, the default code is 8005/1 (non-reportable).
17	Noninvasive mucinous cystic neoplasm (MCN) of the pancreas with high grade dysplasia	For neoplasms of the pancreas, MCN with high grade dysplasia is the preferred term and mucinous cystadenocarcinoma, noninvasive is a related term (8470/2).
18	Noninvasive low grade (micropapillary) serous carcinoma (MPSC) of the ovary	Assign code 8460/2, applying the ICD-O-3 matrix concept to this noninvasive carcinoma. Noninvasive can be used as a synonym for in situ, ICD-O-3 behavior code /2. See page 66 in ICD-O-3.
19	Prostate cancer cases with an PI-RADS category 4 or 5	Report based on the American College of Radiology Prostate Imaging Reporting and Data System (PI-RADS) definitions. PI-RADS categories 4 (high-clinically significant cancer is likely to be present) and 5 (very high-clinically significant cancer is highly likely to be present) are reportable, unless there is other information to the contrary.

#	Diagnosis/Condition	Notes
20	Early or evolving melanoma, in situ or invasive	As of 1/1/2021, early or evolving melanoma in situ, or any other early or evolving melanoma, is reportable.
21	Low-grade appendiceal mucinous neoplasm (LAMN)	Report LAMN beginning with January 1, 2022 diagnoses. LAMN is assigned a behavior of /2 or /3 making it reportable. LAMNs are slow-growing neoplasms that have the potential for peritoneal spread and can result in patient death. LAMNs demonstrate an interesting biology in that they do not have hematogenous dissemination risk, but risk for appendiceal perforation, which can result in peritoneal dissemination, repeated recurrences after surgery and even death.
22	Clear cell papillary renal cell carcinoma	Clear cell papillary renal cell carcinoma (8323/3) is reportable.
23	Intraepithelial neoplasia examples • Squamous intraepithelial neoplasia, high grade • High grade squamous intraepithelial lesion (HSIL) • Intraepithelial neoplasia grade II/III; II-III • Squamous dysplasia, high grade for sites other than colon/GI • Anal intraepithelial neoplasia (AIN), grade II • Anal intraepithelial neoplasia (AIN), grade III • Biliary intraepithelial neoplasia, high grade • Conjunctival intraepithelial neoplasia grade III • Penile intraepithelial neoplasia (PeIN), undifferentiated • Squamous intraepithelial neoplasia, grade II • Vaginal intraepithelial neoplasia (VaIN), grade III • Vulvar intraepithelial neoplasia (VIN), grade III • Squamous intraepithelial neoplasia, grade III	See also the 2023 SEER manual, Reportability section, for additional reportable terms.
24	8380/2 (C54_) • Endometrioid intraepithelial neoplasia (EIN) • Intraepithelial neoplasm of endometrium • Atypical hyperplasia of endometrium	
25	Pancreatic intraepithelial neoplasia (PanIN III) 8148/2	
26	Differentiated penile intraepithelial neoplasia 8071/2	
27	Intracholecystic papillary neoplasm (ICPN) with high-grade dysplasia 8503/2	

#	Diagnosis/Condition	Notes
Reportable Non-Malignant Examples		
#	Diagnosis/Condition	Notes
28	Hemangioma, NOS (9120/0) and cavernous hemangioma (9121/0)	Report the CNS site in which the hemangioma originates. ***Note:*** For cavernous sinus hemangioma, report the site as cerebral meninges C700.
29	Dermoid cyst of the brain	This condition is reportable for cases diagnosed 2004 and later. Assign 9084/0.
30	Tectal plate lipoma	This is a reportable brain tumor. It is a benign neoplasm (lipoma) of the mid brain (brain stem) as noted by the location "tectal plate."
31	Lhermitte-Duclos disease	The WHO classification for CNS tumors lists this entity as dysplastic gangliocytoma of the cerebellum (Lhermitte-Duclos disease) signifying that the terms are used synonymously. Assign C716, 9493/0.
32	Rathke pouch tumor (C751, 9350/1)	Rathke pouch tumor is a reportable neoplasm for cases diagnosed 2004 and later. Rathke cleft cyst and Rathke pouch tumor are different conditions. ***Note:*** Rathke cleft cyst is not reportable.

Appendix E2 - 2023 SEER Program Coding and Staging Manual

Non-Reportable Examples

As referenced in the Reportability instructions of the 2023 SEER Program Coding and Staging Manual

#	Diagnosis/Condition	Notes
1	Sclerosing hemangioma of the lung with multiple regional lymph nodes involved with sclerosing hemangioma.	The lymph node involvement is non-malignant. According to the WHO Classification of Lung Tumors, 4th edition, sclerosing hemangioma "behaves in a clinically benign fashion...Reported cases with hilar or mediastinal lymph node involvement do not have a worse prognosis."
2	High grade squamous intraepithelial lesion (HGSIL or HSIL), carcinoma in situ (CIS), and AIN III (8077) arising in perianal **skin** (C445)	HGSIL or HSIL, CIS, and AIN III arising in perianal **skin** are not reportable. Refer to the Reportability Section of the main manual.
3	Squamous cell carcinoma of the perianal **skin** (C445)	Squamous cell carcinoma of sites in C44 is not reportable. Squamous cell carcinoma of the anus (C210) **is** reportable.
4	Squamous cell carcinoma of the canthus (C441)	Squamous cell carcinoma in sites coded to C44 is not reportable.
5	Breast cases designated BIRADS 4, 4A, 4B, 4C or BIRADS 5 without any additional information	The American College of Radiology defines Category 4 as "Suspicious." The descriptions in categories 4, 4a, 4b, and 4c are not diagnostic of malignancy. They all represent a percentage of likelihood, the highest being 4c which is greater than 50% but less than 95% likelihood of malignancy. The ACR states "This category is reserved for findings that do not have the classic appearance of malignancy but are sufficiently suspicious to justify a recommendation for biopsy." Category 5 is "Highly Suggestive of Malignancy." "Suggestive" is not reportable ambiguous terminology. ACR states that Category 5 has a "very high probability" of malignancy, but again, it is not diagnostic.
6	Lung cases designated "Lung-RADS 4A," 4B, or 4X	Lung: Do **not** use the ACR Lung Imaging Reporting and Data System (Lung-RADS™) to determine reportability. Look for reportable terminology from the managing physician or other sources.
7	Liver cases based only on an LI-RADS category of LR-3	Do **not** report liver cases based only on an LI-RADS category of LR-3.
8	Diffuse idiopathic pulmonary neuroendocrine cell hyperplasia (DIPNECH)	DIPNECH is a generalized proliferation of scattered single cells, small nodules (neuroendocrine bodies) or linear proliferation of pulmonary neuroendocrine cells (PNCs) according to the WHO classification of lung tumors.
9	Basal cell carcinoma (BCC) with neuroendocrine differentiation of the **skin**	BCC in sites coded to C44 is not reportable to SEER.
10	Lentiginous melanocytic lesion	Not reportable.
11	Intraductal papillary mucinous neoplasms with **low** or **moderate** grade dysplasia (also called IPMN adenomas)	Not reportable.

#	Diagnosis/Condition	Notes
12	Noninvasive mucinous cystic neoplasm (MCN) of the pancreas with **low** or **intermediate** grade dysplasia	Not reportable.
13	Subdural hygroma	Subdural hygroma is not a neoplasm; it is a collection of cerebrospinal fluid in the subdural space. It may be related to a head injury.
14	Brain lesions associated with multiple sclerosis	These brain lesions are not neoplastic; they are part of the disease process of multiple sclerosis.
15	Mature teratoma of the testis when diagnosed before puberty (benign, 9084/0).	Pubescence can take place over a number of years; review history and physical information and do not rely only on age. Do not report mature teratoma when it is not known whether the patient is pre- or post-pubescent.
16	Mature teratoma of the ovary (9080/0)	Not reportable.
17	Venous angiomas (9122/0)	The primary site for venous (hem)angioma arising in the brain is blood vessel (C490). The combination of 9122/0 and C490 is not reportable. This is a venous abnormality. Previously called venous angiomas, these are currently referred to as developmental venous anomalies (DVA).
18	Multilocular cystic renal neoplasm of low malignant potential	Previously called multilocular cystic renal cell carcinoma, this diagnosis became non-reportable beginning with the new designation in 2016. Refer to the Solid Tumor Tumor Coding Rules, Kidney Equivalent Terms and Definitions, for histology/morphology information.
19	Lymphangioma of the brain or CNS	Lymphangioma is a malformation of the lymphatic system. Even though it has an ICD-O code, do not report it.
20	Carcinoid heart disease based on clinical information	Carcinoid heart disease is not reportable but this diagnosis indicates that the patient likely has a carcinoid tumor which may be reportable. Obtain further information.
21	Carcinoid tumorlet of the lung	Not reportable.
22	Pulmonary benign metastasizing leiomyoma (BML) (8898/1)	According to WHO, this resembles a typical leiomyoma but it is found in the lungs of women with a history of typical uterine leiomyomas. A recent article states that because of the hormone-sensitive characteristics of BML, treatments are based on hormonal manipulation along with either surgical or medical oophorectomy. Tamoxifen treatment is in keeping with the BML diagnosis.
23	Colloid cyst at the foramen of Monro	Colloid cysts are endodermal congenital malformations and do not have an ICD-O-3 code. See the glossary for registrars at: Colloid cyst
24	Mammary fibromatosis	Mammary fibromatosis is not reportable. The WHO classification for breast tumors assigns mammary fibromatosis a behavior code of /1. According to WHO, mammary fibromatosis is a locally infiltrative lesion without metastatic potential.
25	Thalamic amyloidoma	Amyloidoma (tumoral amyloidosis, amyloid tumor) is a tumor-like deposit of amyloid. It is not neoplastic. Amyloid is a protein derived substance deposited in various clinical settings.
26	Pseudotumor cerebri	Pseudotumor cerebri is not a neoplasm. The pressure inside the skull is increased and the brain is affected in a way that appears to be a tumor, but it is not a tumor.

#	Diagnosis/Condition	Notes
27	Conjunctival primary acquired melanosis (PAM) with atypia	According to our expert pathologist consultant, there has been a lot of debate in the literature about the diagnostic criteria, terminology, and natural history of PAM. The main issue is whether PAM with atypia should be regarded as melanoma in situ. In most studies it appears that PAM with no atypia or mild atypia does not progress to melanoma, and only a small percentage of those with severe atypia do so. PAM, even with atypia, is not melanoma in situ, and should not be reported. For further information, see this article for a review of a large number of patients: Shields, Jerry A, Shields, Carol L, et al. Primary Acquired Melanosis of the Conjunctiva: Experience with 311 Eyes. Trans. Am Ophthalmol Soc 105:61-72, Dec 2007.
28	Neurofibromatosis type 1 (NF1) and Neurofibromatosis type 2 (NF2)	Genetic disease that produces non-malignant tumors in skin, brain, CNS, and other sites. The brain and CNS tumors spawned by NF1 or NF2 are reportable, the genetic disease is not.
29	Ovarian mucinous borderline tumor with microinvasion	For an ovarian mucinous borderline tumor, the term "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.
30	Rathke cleft cyst	Rathke cleft cyst, also called pars intermedia cyst of the parotid gland, is not reportable; whereas, Rathke pouch tumor is reportable.
31	Colon atypical hyperplasia	Not reportable.
32	High grade dysplasia in colorectal and esophageal primary sites	Not reportable.
33	Ecchordosis physaliphora	Ecchordosis physaliphora, a lesion within the prepontine cistern, is not reportable.
34	Low to intermediate grade neuroendocrine neoplasm or middle ear adenomatoid tumor (MEANT)	Not reportable.
35	Moderate squamous dysplasia and severe squamous dysplasia of lung	Not reportable.
36	High grade prostatic intraepithelial neoplasia	PIN III is not reportable.

Solid Tumor Rules

“Other Sites”

2023

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Introduction

Note 1: Tables and rules refer to ICD-O rather than ICD-O-3.2. The version is not specified to allow for updates. Use the currently approved version of ICD-O. Tables and rules refer to ICD-O rather than ICD-O-3. The version is not specified to allow for updates. Use the currently approved version of ICD-O.

Note 2: 2007 MPH Other Site Rules and 2018 Solid Tumor Other Site Rules are used based on **date of diagnosis**.

- Tumors diagnosed 01/01/2007 through 12/31/2022: Use 2007 MPH Rules
- Tumors diagnosed 01/01/2023 and later: Use the 2023 Solid Tumor Rules and Solid Tumor General Instructions
- An original tumor diagnosed ***before*** 1/1/2018 and a subsequent tumor diagnosed 1/1/2023 or later in the same primary site: Use the 2023 Solid Tumor Rules and Solid Tumor General Instructions

Note 3: For those sites/histologies which have recognized biomarkers, the biomarkers are most frequently used to target treatment. Currently, there are clinical trials being conducted to determine whether these biomarkers can be used to identify multiple primaries and/or histologic type. Follow the Multiple Primary Rules; do not code multiple primaries based on biomarkers.

Note 4: De novo (previously called frank) adenocarcinoma arises in the mucosa of the small bowel/intestines, not in a polyp.

Note 5: Polyp-specific ICD-O codes remain valid for small bowel/intestine sites.

Changes from 2007 MPH Rules

These changes are effective with cases diagnosed 1/1/2023 and later. Changes are based on 4th and 5th Edition WHO Classification of Tumors Books for the following sites: Digestive System Tumors, Female Genital Tumors, Endocrine Organs, Tumors of the Eye, Soft Tissue and Bone, and Urinary and Male Genital Organs.

1. The previous 2007 MPH Rules instructed you to “Code the histology from the most representative specimen.” For all sites included in 2023 Other Sites Solid Tumor Rules, the instruction is now “Code the most specific histology from biopsy or resection. When there is a discrepancy between the biopsy and resection (two distinctly different histologies), code the histology from the most representative specimen (the greater amount of tumor).

2. Histology tables for the majority of site groups covered by Other Sites Solid Tumor Rules have been added as histology coding reference tools. See the Site or Site Group Histology-Specific Tables section for more information.
3. In place of adding numerous site-based histology rules to the 2023 revision, the histology tables will include additional coding instructions and notes to assign the correct ICD-O code when appropriate.
   - ***Note 1:*** Not all sites are included in the tables
   - ***Note 2:*** Each histology table may include coding tips specific to that site group.
   - ***Note 3:*** To assign the correct ICD-O code, it is necessary to refer to the site-specific histology table to determine if there are additional coding instructions or criteria that must be met to assign a code.
   - ***Note 4:*** Given the number of sites included in Other Sites Rules, additional histology coding (H) rules were limited to the more common sites.
4. Rectum and Rectosigmoid were included in the Colon Rules beginning 1/1/2018.

Equivalent or Equal Terms

These terms can be used interchangeably:

- Acinar adenocarcinoma, adenocarcinoma (for prostate only)
- Adenocarcinoma, glandular carcinoma
- And; with; (duct **and** lobular is equivalent to duct **with** lobular)
  Note: "And" and "with" are used as synonyms when **describing multiple histologies** within a **single tumor**.
- Basal cell carcinoma; basal cell adenocarcinoma (Prostate primaries only, both are coded 8147)
- Carcinoid; NET; neuroendocrine tumor
- Carcinoma; adenocarcinoma
  - A histology type must be stated for these terms to be equal
  - Example: Serous carcinoma and serous adenocarcinoma are both coded 8441
- Contiguous; continuous
- In situ; noninvasive; intraepithelial
- Multicentric; multifocal
- Mucinous; mucoid; mucous; colloid

- Neuroendocrine carcinoma; NEC
- Polyp; adenoma; polyp NOS; adenomatous polyp
- Serosa; visceral peritoneum
- Simultaneous; existing at the same time; concurrent; prior to first course treatment
- Site; topography
- Tumor; mass; tumor mass; lesion; neoplasm
    - The terms tumor, mass, tumor mass, lesion, and neoplasm are **not** used in a **standard manner** in clinical diagnoses, scans, or consults. **Disregard** the terms unless there is a **physician's statement** that the term is **malignant/cancer**
    - These terms are used **ONLY** to **determine** multiple primaries
    - **Do not** use these terms for **casefinding** or **determining reportability**
- Type; subtype; variant

Terms that are NOT Equivalent or Equal

These terms are **not equivalent**. There are no casefinding implications.

- **Bilateral** is not equivalent to either **single primary** or **multiple primaries.** See Multiple Primary rules for instructions.
- **Carcinoma, NOS 8010** is not equivalent to **adenocarcinoma, NOS 8140**
- **Component** is not equivalent to **subtype/type/variant**
    - **Note:** Component is only coded when the pathologist specifies the component as a second carcinoma/sarcoma
- **Phenotype** is not equivalent to **subtype/type/variant**

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Site or Site Group Histology-Specific Tables

Nineteen site-specific histology tables have been added to the Solid Tumor Other Sites module. Each table applies to a site or site group and lists histologies that commonly occur in those sites. These tables are based on the most recent WHO Classification of Tumors Books and/or College of American Pathologist (C.A.P.) protocols and do not list all possible histologies that may arise in that site.

In place of adding numerous site-based histology rules to the 2023 revision, the histology tables will include additional coding instructions and notes to assign the correct ICD-O code when appropriate. Follow the H rules and refer to the tables if directed.

Coding instructions and/or helpful information are located above the tables. Additional notes are found next to specific histologies listed in the table columns.

IMPORTANT: It is important to refer to these tables when determining a histology code as the notes may provide coding guidance.

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

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Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Table 1: Paired Organs and Sites with Laterality

Laterality must be coded for all of the following sites. SEER does allow coding laterality for sites not listed in Table 1.

Site Code	Site or Subsite
C384	Pleura
C400	Long bones of upper limb, scapula, and associated joints
C401	Short bones of upper limb and associated joints
C402	Long bones of lower limb and associated joints
C403	Short bones of lower limb and associated joints
C413	Rib, clavicle (excluding sternum)
C414	Pelvic bones (excluding sacrum, coccyx, symphysis pubis)
C441	Skin of the eyelid
C442	Skin of the external ear
C443	Skin of other and unspecific parts of the face (if midline, assign code 9)
C445	Skin of the trunk (if midline, assign code 9)
C446	Skin of upper limb and shoulder
C447	Skin of the lower limb and hip
C471	Peripheral nerves and autonomic nervous system of upper limb and shoulder
C472	Peripheral nerves and autonomic nervous system of the lower limb and hip
C491	Connective, subcutaneous, and other soft tissues of upper limb and shoulder

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Site Code	Site or Subsite
C492	Connective, subcutaneous, and other soft tissues of the lower limb and hip
C569	Ovary
C570	Fallopian tube
C620-C629	Testis
C630	Epididymis
C631	Spermatic cord
C690-C699	Eye and adnexa
C740-C749	Adrenal gland
C754	Carotid body

Table 2: Mixed and Combination Codes

Instructions:

1. Compare the **terms** in the **diagnosis** (pathology, cytology, radiographic, clinical) to the terms in **Column 1.**
2. When the terms **match**, use the **combination code** listed in **Column 2.**
3. The **last row** in the table is a **"last resort"** code: adenocarcinoma mixed subtypes 8255.
4. Do not use this table unless instructed to by the Histology Rules.

IMPORTANT NOTE: Histology Tables 3-21 may include additional coding instructions for "mixed" histologies.

Note 1: **Do not** use Table 2 in the following situations:

- For tumors with both **invasive** and **in situ** behavior. The **Histology Rules** instruct to code the invasive histology.
- When one of the histologies is described as **differentiation or features.** A histology with differentiation or features is a single histology.
- When the terms are a **NOS** and a **subtype/variant** of that NOS. See the **Histology Rules** for instructions on coding a NOS and a subtype/variant in a single tumor or multiple tumors abstracted as a single primary.

Note 2: Some combinations can be either in situ or invasive; others are limited to a /2 or /3 behavior code.

- When a code is **limited to in situ, /2** will be **added** to the code (both components are in situ)
- When a code is **limited to invasive, /3** will be **added** to the code (both components are invasive)

Note 3: This table is not a complete listing of histology combinations.

Column 1 lists the **required terms** for **the combination code.**
Column 2 lists the **combination term** and **code** for histologies **in Column 1.**

Table begins on next page.

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Required Histology Terms	Histology Combination Term and Code
Small cell carcinoma/neuroendocrine tumor (NET) **AND** **At least one** of the following: • Adenocarcinoma and any subtype/variant of adenocarcinoma • Adenosquamous carcinoma • Large cell carcinoma and any subtype/variant of large cell carcinoma (includes large cell neuroendocrine carcinoma) • Squamous cell carcinoma and any subtype/variant of squamous cell carcinoma • Non-small cell carcinoma	Combined small cell carcinoma **8045**
Large cell neuroendocrine carcinoma **AND** Adenocarcinoma NOS **OR** Squamous cell carcinoma NOS **OR** Spindle cell carcinoma **OR** Giant cell carcinoma	Combined large cell neuroendocrine carcinoma **8013**
Squamous carcinoma **AND** Basal cell carcinoma	Basosquamous carcinoma **8094**

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Required Histology Terms	Histology Combination Term and Code
Islet cell **AND** Exocrine carcinoma	Mixed islet cell and exocrine adenocarcinoma **8154**
Acinar **AND** Endocrine/neuroendocrine	Mixed acinar-endocrine/neuroendocrine carcinoma **8154**
Acinar **AND** **Both of the following**: Endocrine Ductal	Mixed acinar-endocrine-ductal carcinoma **8154**
Ductal **AND** Endocrine/neuroendocrine	Mixed ductal-endocrine carcinoma **8154** Mixed ductal-neuroendocrine carcinoma **8154**
Endocrine **AND** Exocrine	Mixed endocrine and exocrine adenocarcinoma **8154**

Other Sites Equivalent Terms and Definitions
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Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Required Histology Terms	Histology Combination Term and Code
Hepatocellular carcinoma **AND** Cholangiocarcinoma	Combined hepatocellular carcinoma and cholangiocarcinoma **8180**
Adenocarcinoma **AND** Carcinoid/neuroendocrine carcinoma(NEC)/neuroendocrine tumor (NET)	Mixed adenoneuroendocrine carcinoma/combined carcinoid and adenocarcinoma **8244**
Adenocarcinoma **AND** **At least two** of the following: Papillary Clear cell Mucinous/colloid Signet ring Acinar	Adenocarcinoma with mixed subtypes/Adenocarcinoma combined with other types of carcinoma **8255**

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Required Histology Terms	Histology Combination Term and Code
Gyn malignancies with **two or more** of the following: Clear cell Endometrioid Mucinous Papillary Serous Squamous	Mixed cell adenocarcinoma **8323** ***Note:*** First refer to ICD-O-3.2 and ICD-O updates to confirm if the mixed histology has a specific code. **Example:** serous papillary adenocarcinoma is coded 8441 per ICD-O-3.2
Papillary thyroid carcinoma (includes subtype/variants) **AND** Follicular (includes subtype/variants)	Papillary carcinoma, follicular variant **8340**
Medullary **AND** Follicular (includes subtype/variants)	Mixed medullary-follicular carcinoma **8346**
Medullary **AND** Papillary (includes subtype/variants)	Mixed medullary-papillary carcinoma **8347**
Squamous carcinoma **AND** Adenocarcinoma	Adenosquamous carcinoma **8560**

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Required Histology Terms	Histology Combination Term and Code
Any combination of the following sarcomas: Myxoid Round cell Pleomorphic	Mixed liposarcoma **8855**
Embryonal rhabdomyosarcoma **AND** Alveolar rhabdomyosarcoma	Mixed type rhabdomyosarcoma **8902**
Teratoma **AND** Embryonal carcinoma	Teratocarcinoma **9081**
Any combination of the following: Embryonal carcinoma Seminoma Teratoma Yolk sac tumor	Mixed germ cell tumor **9085**

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Required Histology Terms	Histology Combination Term and Code
Choriocarcinoma **AND** **Any of the following:** Embryonal Seminoma Teratoma	Choriocarcinoma combined with other germ cell elements **9101**

Table 3: Prostate Histologies

Table 3 lists the more common histologies for prostate.
C619 Prostate gland; prostate, NOS

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the **Hematopoietic Database**.

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants.**

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.
Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

- Column 3 may contain NOS histologies which are part of a bigger histologic group. For example, acinar adenocarcinoma NOS 8140/3 (column 1) is a generic term which encompasses a number of histologies, including ductal adenocarcinoma 8500/3 (column 3). Ductal adenocarcinoma is also a NOS because it has subtypes/variants. The subtypes/variants are indented under the NOS (ductal adenocarcinoma) in column 3. There is also a note in column 1 which calls attention to the fact that ductal adenocarcinoma has subtypes/variants.
    - When subtypes/variants are indented under a NOS in Column 3, use coding rules for a NOS and a single subtype/variant. For example, ductal adenocarcinoma **8500/3** and papillary adenocarcinoma **8260/3** are a NOS and a subtype/variant, **NOT** two different subtypes.

Continued on next page

Other Sites Equivalent Terms and Definitions
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Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Coding notes for acinar adenocarcinoma subtype/variants:

- **Ductal adenocarcinoma 8500/3:** In prostate biopsies, the term "adenocarcinoma of prostate with ductal features" should be used in the pathology report and is coded 8140/3. In order to code ductal adenocarcinoma 8500/3, the ductal component must comprise >50% of the tumor with the percentage reported and from a radical prostatectomy specimen.
- **Intraductal carcinoma of prostate 8500/2:** Intraductal prostate carcinoma is most often associated with invasive acinar adenocarcinoma of ductal carcinoma.
- **Mucinous adenocarcinoma 8480/3:** In order to code 8480/3, the mucinous adenocarcinoma component must comprise >25% of the tumor, so the diagnosis must be made only in excision specimens.
- **Sarcomatoid carcinoma 8572/3:** Exceedingly rare and most commonly occurs during the development of high-grade adenocarcinoma, especially after irradiation.
- **Signet ring cell-like adenocarcinoma 8490/3:** In order to code 8490/3, the signet-ring-like cells must comprise >25% of tumor, so the diagnosis must be made only in excision specimens.

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Acinar adenocarcinoma **8140** ***Note:*** Ductal/intraductal adenocarcinoma 8500 is also a NOS with the following subtypes/variants: Cribriform adenocarcinoma **8201/3** Papillary adenocarcinoma **8260/3** Solid adenocarcinoma **8230/3**	Acinar carcinoma Adenocarcinoma in situ **8140/2** Adenocarcinoma, NOS **8140/3** Adenocarcinoma with ductal features **8500/3** Atrophic adenocarcinoma **8140/3** Foamy gland adenocarcinoma **8140/3** Microcystic adenocarcinoma **8140/3** Pseudohyperplastic adenocarcinoma **8140/3** Prostatic intraepithelial-like carcinoma **8140/3**	Acinar adenocarcinoma, sarcomatoid variant **8572/3** Adenocarcinoma with neuroendocrine differentiation **8574/3** Ductal/intraductal adenocarcinoma **8500** Cribriform adenocarcinoma **8201/3** Papillary adenocarcinoma **8260/3** Solid adenocarcinoma **8230/3** Mucinous (colloid) adenocarcinoma **8480/3** Signet ring-like cell adenocarcinoma **8490/3**

Other Sites Equivalent Terms and Definitions
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Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Adenocarcinoma with neuroendocrine differentiation **8574/3** ***Note 1:*** This histology is considered treatment-related neuroendocrine prostatic carcinoma demonstrating complete neuroendocrine differentiation or partial neuroendocrine differentiation with adenocarcinoma after androgen-deprivation therapy. ***Note 2*:** Code 8574/3 only when there is no history of previous prostate adenocarcinoma or history of androgen-deprivation therapy.		
Adenosquamous carcinoma **8560/3**	Prostatic carcinoma with adenosquamous differentiation	
Basal cell adenocarcinoma **8147/3**	Adenoid cystic basal cell carcinoma Adenoid cystic carcinoma Adenoid cystic carcinoma (solid pattern) Basal cell carcinoma of prostate	
Mixed acinar-ductal adenocarcinoma **8552/3** ***Note*:** Assign code 8552/3 when the ductal component is not stated or less than 50% of the tumor.		

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
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Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Neuroendocrine tumor **8240/3** ***Note 1:*** 50% of SmCC of prostate cases present as a de novo malignancy ***Note 2:*** SmCC of the prostate often occurs following androgen deprivation treatment for acinar adenocarcinoma	Well differentiated neuroendocrine tumor WD neuroendocrine tumor	Large cell neuroendocrine carcinoma **8013/3** Small cell neuroendocrine carcinoma **8041/3**
Sarcoma, NOS **8800/3**	Mesenchymal tumor, malignant	Stromal sarcoma **8935/3** Leiomyosarcoma **8890/3** Rhabdomyosarcoma **8900/3** Angiosarcoma **9120/3** Synovial sarcoma **9040/3** Osteosarcoma **9180/3** Undifferentiated pleomorphic sarcoma **8802/3** Solitary fibrous tumor, malignant **8815/3**
Squamous cell carcinoma **8070/3** ***Note*:** In >50% of reported cases, there is an association with previous hormone or radiation therapy for prostatic adenocarcinoma. If a patient has a known history of acinar adenocarcinoma of prostate treated with hormone and/or radiation and subsequent findings of SCC, this is recurrence and not a new primary.	SCC, NOS	

Other Sites Equivalent Terms and Definitions
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For Cases Diagnosed 1/1/2023 Forward

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Urothelial carcinoma **8120/3** ***Note 1:*** Primary urothelial carcinoma of the prostate can rarely occur in the absence of a bladder tumor. ***Note 2***: Urothelial carcinoma of the prostate are almost always found in the prostatic urethra.		

Table 4: Testis Histologies

Table 4 lists the more common histologies for testis as stated in the College of American Pathologists (C.A.P.) testis protocol
C620 Undescended testis
C621 Descended testis
C629 Testis, NOS

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the **Hematopoietic Database**.

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants.**

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.
Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Table begins on next page

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Germ cell tumor, NOS **9064/3**	Germ cell neoplasia in situ **9064/2** Intratubular germ cell neoplasia **9064/2** Intratubular malignant germ cells **9064/2**	Choriocarcinoma **9100/3** Embryonal carcinoma **9070/3** Spermatocytic seminoma/Spermatocytic tumor with sarcomatous differentiation **9063/3** Yolk sac tumor/Yolk sac tumor, prepubertal **9071/3** Teratoma with malignant transformation/Teratoma with somatic-type malignancy **9084/3**
Leydig cell tumor, malignant **8650/3**		
Sertoli cell carcinoma **8640/3**	Sertoli cell tumor, malignant	

Table 5: Esophagus Histologies

Table 5 list the more common histologies for the following esophagus subsites:
C150 Cervical esophagus
C151 Thoracic esophagus
C152 Abdominal esophagus
C153 Upper third of esophagus (proximal third of esophagus)
C154 Middle third of esophagus
C155 Lower third of esophagus (Distal third of esophagus)
C158 Overlapping lesion of esophagus
C159 Esophagus, NOS

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the **Hematopoietic Database**.

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants.**

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.
Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Table begins on next page

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Adenocarcinoma, NOS **8140**	Adenocarcinoma in situ **8140/2**	
Adenoid cystic carcinoma **8200/3**		
Adenosquamous carcinoma **8560/3**		
Mucoepidermoid carcinoma **8430/3**		
Squamous cell carcinoma **8070**	Squamous carcinoma Squamous cell carcinoma in situ **8070/2** Squamous cell carcinoma, usual type	Basaloid squamous cell carcinoma **8083/3** Squamous cell carcinoma, spindle cell/squamous cell carcinoma, sarcomatoid **8074/3** Verrucous squamous cell carcinoma **8051/3**
Undifferentiated carcinoma **8020/3**		
Neuroendocrine tumor **8240/3**	NET	Neuroendocrine carcinoma **8246/3** Large cell neuroendocrine carcinoma **8013/3** Small cell neuroendocrine carcinoma **8041/3**
Mixed neuroendocrine-non-endocrine neoplasm (MiNEN) **8154/3** ***Note*:** Esophageal MiNENs usually consist of poorly differentiated NEC and either squamous cell carcinoma or adenocarcinoma	MiNEN	

Table 6: Stomach Histologies

Table 6 list the more common histologies for the following stomach subsites:
C160 Cardia, NOS; gastric cardia; cardioesophageal junction; esophagogastric junction; gastroesophageal junction
C161 Fundus of stomach; gastric fundus
C162 Body of stomach; corpus of stomach; gastric corpus
C163 Gastric antrum; antrum of stomach; pyloric antrum
C164 Pylorus; pyloric canal; prepylorus
C165 Lesser curvature of stomach, NOS
C166 Greater curvature of stomach, NOS
C168 Overlapping lesion of stomach
C169 Stomach, NOS; gastric, NOS

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the **Hematopoietic Database**.

Column 1 contains specific and NOS histology terms.
- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants.**

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.
Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.
- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Table begins on next page

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Adenocarcinoma, NOS **8140** ***Note*:** For stomach sites, code mucinous carcinoma (8480) or signet-ring cell carcinoma (8490) regardless of percentage	Adenocarcinoma in situ **8140/2** Adenocarcinoma of fundic gland type	Adenocarcinoma, intestinal type **8144/3** Hepatoid adenocarcinoma/Paneth cell carcinoma **8576/3** Medullary carcinoma with lymphoid stroma **8512/3** Micropapillary carcinoma **8265/3** Mucinous adenocarcinoma **8480/3** Mucoepidermoid carcinoma **8430/3** Papillary adenocarcinoma **8260/3** Parietal cell carcinoma **8214/3** Signet ring cell carcinoma/Poorly cohesive carcinoma **8490/3** Tubular adenocarcinoma **8211/3**
Adenomatous polyp, high grade **8210/2**	Adenomatous polyp, high grade dysplasia	
Adenosquamous carcinoma **8560/3**		
Gastroblastoma **8976/3**		
Glandular intraepithelial neoplasia, high grade **8148/2**	Glandular intraepithelial neoplasia, grade III	
Intestinal type adenoma, high grade **8144/2**		
Mixed adenoneuroendocrine carcinoma **8244/3**	Combined carcinoid and adenocarcinoma Composite carcinoid MANEC Mixed carcinoid and adenocarcinoma	
Mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN) **8154/3**		

Other Sites Equivalent Terms and Definitions
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For Cases Diagnosed 1/1/2023 Forward

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Neuroendocrine carcinoma (NEC) **8246/3**		Large cell neuroendocrine carcinoma **8013/3** Small cell neuroendocrine carcinoma **8041/3**
Neuroendocrine tumor, NOS **8240/3**	Carcinoid Neuroendocrine tumor, grade 1 Well differentiated endocrine tumor/carcinoma	Enterochromaffin-like cell tumor **8242/3** Neuroendocrine tumor, EC-cell, serotonin-producing **8241/3** Neuroendocrine tumor, gastrin-producing (gastrinoma) **8153/3** Neuroendocrine tumor grade 2/neuroendocrine tumor grade 3 **8249/3**
Serrated dysplasia, high grade **8213/2**		
Squamous cell carcinoma **8070/3**		
Undifferentiated carcinoma **8020/3**		Carcinoma with osteoclast-like giant cells **8035/3** Large cell carcinoma with rhabdoid phenotype **8014/3** Pleomorphic carcinoma **8022/3** Sarcomatoid carcinoma **8033/3**

Table 7: Small Intestine and Apulla of Vater Histologies

Table 7 list the more common histologies for the following small intestine subsites:
C170 Duodenum
C171 Jejunum
C172 Ileum (excludes ileocecal valve C180)
C173 Meckel diverticulum
C178 Overlapping lesion of small intestine
C179 Small intestine, NOS; small bowel, NOS
C241 Ampulla of Vater; periampullary

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the **Hematopoietic Database**.

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants.**

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.
Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Table begins on next page

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
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For Cases Diagnosed 1/1/2023 Forward

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Adenocarcinoma **8140**	Ampullary carcinoma	Adenocarcinoma, intestinal type **8144/3** Medullary adenocarcinoma **8510/3** Mucinous adenocarcinoma **8480/3** Non-invasive pancreatobiliary papillary neoplasm with high grade dysplasia **8163/2** Pancreatobiliary-type carcinoma **8163/3** Poorly cohesive carcinoma/signet-ring cell carcinoma **8490/3** Tubular adenocarcinoma **8211/3**
Adenomatous polyp, high grade **8210/2**	Adenomatous polyp, high grade dysplasia	
Intestinal type adenoma, high grade **8144/2**		
Mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN) **8154/3**		
Neuroendocrine carcinoma **8246/3**		Large cell neuroendocrine carcinoma **8013/3** Small cell neuroendocrine carcinoma **8041/3**
Neuroendocrine tumor **8240/3**	Neuroendocrine tumor, grade 1	Neuroendocrine tumor, grade 2/neuroendocrine tumor, grade 3 **8249/3**
Serrated dysplasia, high grade **8213/2**		

Table 8: Anus Histologies

Table 8 list the more common histologies for the following anal subsites:
C210 Anus, NOS
C211 Anal canal; anal sphincter
C212 Cloacogenic zone
C218 Overlapping lesion of rectum, anus, and anal canal

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the **Hematopoietic Database**.

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants.**

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.
Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Coding Notes for Anus: p16 test results can be used to code squamous cell carcinoma, HPV positive (8085) and squamous cell carcinoma, HPV negative (8086).

Table begins on next page

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific or NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma **8140**		
Mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN) **8154/3**		
Neuroendocrine carcinoma **8246/3**		Large cell neuroendocrine carcinoma **8013/3** Small cell neuroendocrine carcinoma **8041/3**
Neuroendocrine tumor **8240/3**	Neuroendocrine tumor, grade 1	Neuroendocrine tumor, grade 2/neuroendocrine tumor, grade 3 **8249/3**
Squamous cell carcinoma **8070/3**	Squamous cell carcinoma, usual type	Squamous cell carcinoma, HPV negative **8086/3** Squamous cell carcinoma, HPV positive **8085/3** Verrucous squamous cell carcinoma **8051/3**
Squamous intraepithelial neoplasia, high grade **8077/2**	AIN, grade II AIN, grade III Anal intraepithelial neoplasia, grade II Anal intraepithelial neoplasia, grade III HSIL Squamous intraepithelial neoplasia, grade II Squamous intraepithelial neoplasia, grade III	

Table 9: Liver and Intrahepatic Bile Duct Histologies

Table 9 list the more common histologies for the following liver and intrahepatic bile duct subsites:
C220 Liver; hepatic, NOS
C221 Intrahepatic bile duct; biliary canaliculus; cholangiole

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the **Hematopoietic Database**.

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants.**

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.
Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Coding notes for Cholangiocarcinoma: Intrahepatic cholangiocarcinomas are almost exclusively adenocarcinomas and often diagnosed by cytology. Additional diagnostic molecular tests and clinical collaboration are needed to define a diagnosis of cholangiocarcinoma. Clinicians often indicate a clinical diagnosis of cholangiocarcinoma without pathologic confirmation. Per histology coding rules, pathology and cytology have priority over clinical/physician diagnosis. If the diagnosis of cholangiocarcinoma is made on a resected specimen, then code this histology.

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Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
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Specific or NOS Terms and Code	Synonyms	Subtypes/Variants
Carcinoma, undifferentiated **8020/3**		
Cholangiocarcinoma **8160/3**	Bile duct adenocarcinoma/carcinoma Intrahepatic cholangiocarcinoma (iCCA) Large duct intrahepatic cholangiocarcinoma Small duct intrahepatic cholangiocarcinoma	
Combined hepatocellular carcinoma and cholangiocarcinoma **8180/3**	Hepatocholangiocarcinoma Mixed hepatobiliary carcinoma Mixed hepatocellular-cholangiocarcinoma	
Hepatoblastoma **8970/3**		
Hepatocellular carcinoma **8170/3**	Hepatocarcinoma Hepatocellular carcinoma, steatohepatitic Hepatocellular carcinoma, macrotrabecular massive Hepatocellular carcinoma, chromophobe Hepatocellular carcinoma, neutrophile-rich Hepatocellular carcinoma, lymphocytic-rich Hepatoma, malignant Hepatoma, NOS	Hepatocellular carcinoma, fibrolamellar **8171/3** Hepatocellular carcinoma, scirrhous **8172/3;** sclerosing hepatic carcinoma **8172/3** Hepatocellular carcinoma, clear cell **8174/3**
Intraductal papillary neoplasm with high grade intraepithelial neoplasia **8503/2**	Intraductal papillary neoplasm with associated invasive carcinoma **8503/3**	
Mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN) **8154/3**		

Other Sites Equivalent Terms and Definitions
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Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
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Specific or NOS Terms and Code	Synonyms	Subtypes/Variants
Mucinous cystic neoplasm with high grade intraepithelial neoplasia **8470/2**		
Mucinous cystic neoplasm with associated invasive carcinoma **8470/3**		
Neuroendocrine carcinoma **8246/3**		Large cell neuroendocrine carcinoma **8013/3** Small cell neuroendocrine carcinoma **8041/3**
Neuroendocrine tumor **8240/3**	Neuroendocrine tumor, grade 1	Neuroendocrine tumor, grade 2/ neuroendocrine tumor, grade 3 **8249/3**

Table 10: Gallbladder and Extrahepatic Bile Duct Histologies

Table 10 list the more common histologies for the following gallbladder and extrahepatic bile duct subsites:
C239 Gallbladder
C240 Extrahepatic bile duct; bile duct, NOS; biliary duct, NOS; choledochal duct; common bile duct; common duct; cystic bile duct; cystic duct; hepatic bile duct; hepatic duct; sphincter of Oddi
C248 Overlapping lesion of biliary tract
C249 Biliary tract, NOS

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the **Hematopoietic Database**.

Column 1 contains specific and NOS histology terms.
- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants.**

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.
Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.
- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Table begins on next page

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific or NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma **8140/3**	Biliary-type adenocarcinoma **8140/3**	Adenocarcinoma, intestinal type **8144/3** Clear cell adenocarcinoma **8310/3** Intestinal-type adenocarcinoma **8144/3** Mucinous adenocarcinoma **8480/3** Poorly cohesive carcinoma/signet ring cell carcinoma **8490/3**
Adenosquamous carcinoma **8560/3**		
Bile duct carcinoma **8160/3**	Cholangiocarcinoma	Bile duct cystadenocarcinoma **8161/3** Perihilar cholangiocarcinoma **8162/3**
Biliary intraepithelial neoplasia, high grade **8148/2**		
Carcinoma, NOS **8010/3**		Undifferentiated carcinoma **8020/3**
Intracystic papillary neoplasm with high grade intraepithelial neoplasia **8503/2**	Intracystic papillary tumor with high grade dysplasia Intraductal papillary neoplasm with high grade dysplasia Intraductal papillary neoplasm with high grade intraepithelial neoplasia	
Intracystic papillary neoplasm with associated invasive carcinoma **8503/3**	Intraductal papillary neoplasm with associated invasive carcinoma	
Mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN) **8154/3**		
Mucinous cystic neoplasm with invasive carcinoma **8470/3**		
Neuroendocrine carcinoma **8246/3**		Large cell neuroendocrine carcinoma **8013/3** Small cell neuroendocrine carcinoma **8041/3**

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific or NOS Terms and Code	Synonyms	Subtypes/Variants
Neuroendocrine tumor **8240/3**	Neuroendocrine tumor, grade 1	Neuroendocrine tumor, grade 2/neuroendocrine tumor, grade 3 **8249/3**
Squamous cell carcinoma **8070/3**		

Table 11: Pancreas Histologies

Table 11 list the more common histologies for the following pancreas subsites:
C250 Head of pancreas
C251 Body of pancreas
C252 Tail of pancreas
C253 Pancreatic duct; duct of Santorini; duct of Wirsung
C254 Islet of Langerhans; islands of Langerhans; endocrine pancreas
C257 Other specified parts of pancreas; neck of pancreas
C258 Overlapping lesion of pancreas
C259 Pancreas, NOS

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the **Hematopoietic Database**.

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants.**

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.
Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Table begins on next page

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma, NOS **8140/3**		Acinar cell carcinoma **8550/3** Colloid carcinoma/mucinous carcinoma **8480/3** Ductal adenocarcinoma/pancreatic ductal adenocarcinoma **8500/3** Hepatoid carcinoma **8576/3** Invasive micropapillary carcinoma **8265/3** Medullary carcinoma **8510/3** Mixed acinar-ductal carcinoma **8552/3** Mixed acinar neuroendocrine carcinoma/ mixed acinar-ductal neuroendocrine carcinoma **8154/3** Signet-ring cell (poorly cohesive) carcinoma **8490/3**
Adenosquamous carcinoma **8560/3**		
Glandular intraepithelial neoplasia, high grade **8148/2**	Intestinal pancreatic intraepithelial neoplasia Oncocytic pancreatic intraepithelial neoplasia Pancreatic intraepithelial neoplasia (PanIN)	
Intraductal oncocytic papillary neoplasm, NOS **8455/2**	Intraductal oncocytic papillary neoplasm with associated invasive carcinoma **8455/3**	
Intraductal papillary mucinous neoplasm with high grade-dysplasia **8453/2**	High-grade IPMN Intraductal papillary mucinous carcinoma, non-invasive	

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Intraductal papillary mucinous neoplasm with associated carcinoma **8453/3**	Intraductal oncocytic papillary neoplasm with an associated invasive carcinoma Intraductal papillary mucinous carcinoma, invasive	
Intraductal tubulopapillary neoplasm **8503/2**		
Intraductal tubulopapillary neoplasm with associated invasive carcinoma **8503/3**		
Mucinous cystic neoplasm with high-grade dysplasia **8470/2**	Mucinous cystadenocarcinoma, non-invasive Mucinous cystic neoplasm with high grade intraepithelial neoplasia Mucinous cystic tumor with high grade dysplasia	
Mucinous cystic neoplasm with an associated invasive carcinoma **8470/3**	Mucinous cystic neoplasm with an associated invasive carcinoma	
Pancreatoblastoma **8971/3**		
Solid pseudopapillary neoplasm of pancreas **8452/3**	Solid pseudopapillary carcinoma Solid pseudopapillary neoplasm with high-grade carcinoma	
Squamous cell carcinoma **8070/3**		
Undifferentiated carcinoma **8020/3**		Undifferentiated carcinoma with osteoclast-like giant cells **8035/3** Undifferentiated carcinoma with rhabdoid cells **8014/3**

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Table 12: Thyroid Histologies

Table 12 list the more common histologies for thyroid:
C739 Thyroid gland; thyroid, NOS; thyroglossal duct

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the **Hematopoietic Database**.

Column 1 contains specific and NOS histology terms.
- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants.**

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.
Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.
- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Carcinoma, anaplastic **8021/3**	Undifferentiated (anaplastic) carcinoma	
Follicular thyroid carcinoma, NOS **8330/3**	Follicular adenocarcinoma Follicular carcinoma Follicular carcinoma, widely invasive Infiltrative follicular carcinoma	Follicular carcinoma, encapsulated angioinvasive **8339/3** Follicular thyroid carcinoma, minimally invasive **8335/3** Well differentiated follicular adenocarcinoma **8331/3** Moderately differentiated follicular adenocarcinoma/ trabecular follicular carcinoma **8332/3**

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Medullary thyroid carcinoma **8345**	C cell carcinoma Parafollicular cell carcinoma Medullary carcinoma with amyloid stroma	
Oxyphilic adenocarcinoma **8290/3**	Hurthle cell adenocarcinoma Hurthle cell carcinoma Follicular carcinoma, oxyphilic cell Oncocytic adenocarcinoma Oncocytic carcinoma	
Papillary thyroid carcinoma, NOS **8260/3** ***Note:*** For thyroid cancer only, the term micropapillary does not refer to a specific histologic type. It means that the papillary portion of the tumor is minimal or occult.	Classical (usual) papillary carcinoma Cribriform-morular variant of PTC Hobnail variant of PTC Papillary microcarcinoma (see note) Papillary thyroid carcinoma with fibromatosis/fasciitis-like stroma PTC Solid/trabecular variant of PTC	Columnar cell variant of PTC/Tall cell PTC **8344/3** Diffuse sclerosing PTC **8350/3** Encapsulated variant of PTC/Oncocytic variant of PTC **8343/3** Follicular variant of papillary thyroid carcinoma **8340/3** Non-invasive encapsulated follicular variant of papillary thyroid carcinoma **8343/2**
Poorly Differentiated thyroid carcinoma **8337/3**	Insular carcinoma	

Table 13: Ovary Histologies

Table 13 list the more common histologies for ovary: **includes reportable neoplasms only**
C569 Ovary

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the **Hematopoietic Database**.

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants.**

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.
Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Coding Notes for Ovary: For ovarian primaries, code **9084/3 Teratoma with malignant transformation** when a malignant (/3) histology arises in a benign teratoma.

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma of rete ovarii **9110/3**		
Adenosarcoma **8933/3**		
Adult granulosa cell tumor **8620/3**		
Carcinosarcoma, NOS 8980/3	Malignant Mixed Mullerian Tumor/MMMT ***Note***: WHO indicates this term is now a related term/synonym for carcinosarcoma	
Choriocarcinoma, NOS **9100/3**		
Clear cell carcinoma, NOS **8310/3**		
Endometrioid carcinoma, NOS **8380/3**		
Germ cell tumor, NOS **9064/4**	Germinoma	Immature teratoma, NOS **9080/3** Dysgerminoma **9060/3** Yolk sac tumor, NOS **9071/3** Embryonal carcinoma **9070/3** Mixed germ cell tumor **9085/3**
Malignant Brenner tumor **9000/3**		
Mesonephric-like adenocarcinoma **9111/3**		
Mucinous carcinoma **8480/3**		
Sarcoma, NOS **8800/3**		Endometrioid stromal sarcoma, high grade **8930/3** Endometrioid stromal sarcoma, low grade **8931/3** Leiomyosarcoma, NOS **8890/3** Fibrosarcoma, NOS **8810/3**

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Serous carcinoma, NOS **8441/3**	Serous intraepithelial carcinoma **8441/2** Serous tubal intraepithelial carcinoma **8441/2** Serous endometrial intraepithelial carcinoma **8441/2** Serous cystadenocarcinoma, NOS **8441/3** Serous adenocarcinoma **8441/3** Serous papillary adenocarcinoma, NOS **8441/3** Papillary serous adenocarcinoma **8441/3** Serous surface papillary carcinoma **8441/3**	High-grade serous carcinoma/HGSC **8461/3** Low-grade serous carcinoma/micropapillary serous carcinoma **8460/3** Serous borderline tumor, micropapillary variant/serous carcinoma, non-invasive, low grade **8460/2**
Small cell carcinoma hypercalcemic type **8044/3**		
Steroid cell tumor, malignant **8670/3**		
Struma ovarii, malignant **9090/3**		
Teratoma with malignant transformation **9084/3**		
Undifferentiated carcinoma **8020/3**	Dedifferentiated carcinoma	

Table 14: Peritoneum Histologies

Table 14 list the more common histologies for peritoneum
C482 Peritoneum, NOS; peritoneal cavity

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the **Hematopoietic Database**.

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants.**

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.
Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Gastrointestinal stromal tumor **8936/3**	GIST	
High-grade serous carcinoma **8461/3**	Peritoneal serous carcinoma, high	
Low-grade serous carcinoma **8460/3**		
Mesothelioma, Malignant **9050/3**	Mesothelioma, NOS	Epithelioid mesothelioma, malignant **9052/3** Mesothelioma, biphasic **9053/3** Sarcomatoid mesothelioma **9051/3**
Sarcoma, NOS **8800/3**		Desmoplastic small round cell tumor **8806/3** Endometrioid stromal sarcoma, high-grade **8930/3** Endometrioid stromal sarcoma, low-grade **8931/3**
Solitary fibrous tumor, malignant **8815/3**		

Table 15: Fallopian Tube Histologies

Table 15 list the more common histologies for fallopian tube
C570 Fallopian tube; uterine tube

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the **Hematopoietic Database**.

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants.**

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.
Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenosarcoma **8933/3**	Mesodermal adenosarcoma	
Carcinosarcoma **8980/3**	Malignant mixed Mullerian tumor	
Endometrioid adenocarcinoma, NOS **8380/3**		
Serous carcinoma, NOS **8441/3**	Serous tubal intraepithelial carcinoma (STIC) 8441/2	High-grade serous carcinoma **8461/3**
Teratoma, malignant **9080/3**	Immature teratoma	

Table 16: Uterine Corpus Histologies

Table 16 list the more common histologies for uterine corpus
C540 Isthmus uteri; lower uterine segment
C541 Endometrium; endometrial gland; endometrial stroma
C542 Myometrium
C543 Fundus uteri
C548 Overlapping lesion of corpus uteri
C549 Corpus uteri; body of uterus
C559 Uterus, NOS

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the **Hematopoietic Database**.

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants.**

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.
Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Table begins on next page

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenosarcoma **8933/3**	Mullerian adenosarcoma Adenocarcinoma with sarcomatous overgrowth	
Carcinoma, undifferentiated NOS **8020/3**	Carcinoma, poorly differentiated Dedifferentiated carcinoma	
Carcinosarcoma, NOS **8980/3** ***Note:*** The most common carcinomas present in carcinosarcoma is endometrioid and/or serous.	Malignant mixed Mullerian tumor	
Clear cell adenocarcinoma **8310/3**		
Endometrioid adenocarcinoma, NOS **8380/3**	Endometrial atypical hyperplasia/endometrioid intraepithelial neoplasia **8380/2** Mismatch repair-deficient endometrioid carcinoma **8380/3** No specific molecular profile (NSMP) endometrioid carcinoma **8380/3** P53-mutant endometrioid carcinoma **8380/3** POLE-ultramutated endometrioid carcinoma **8380/3**	Endometrioid carcinoma with squamous differentiation **8570/3**
Mesonephric adenocarcinoma **9110/3**		Mesonephric-like adenocarcinoma **9111/3**

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Mixed cell adenocarcinoma **8323/3** ***Note:*** Mixed cell adenocarcinoma is comprised of endometrial carcinoma with two distinct histological types, in which one component is either serous or clear cell. Excludes dedifferentiated carcinoma and carcinosarcoma		
Mucinous carcinoma, NOS **8480**		Mucinous carcinoma, intestinal type **8144/3**
Neuroendocrine carcinoma NOS **8246/3**		Large cell neuroendocrine carcinoma **8013/3** Mixed neuroendocrine non-neuroendocrine carcinoma (MiNEN) **8154/3** Small cell neuroendocrine carcinoma **8041/3**
Perivascular epithelioid tumor, malignant **8714/3**	PEComa, malignant	
Primitive neuroendocrine tumor **9473/3**	PNET	
Sarcoma NOS **8800/3**		Endometrial stromal sarcoma, high grade **8930/3** Endometrial stromal sarcoma, low grade **8931/3** Epithelioid leiomyosarcoma **8891/3** Leiomyosarcoma NOS/spindle leiomyosarcoma **8890/3** Myxoid leiomyosarcoma **8896/3** Undifferentiated sarcoma **8805/3**
Serous carcinoma, NOS **8441/3**		
Squamous cell carcinoma **8070/3**		

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Table 17: Uterine Cervix Histologies

Table 17 list the more common histologies for uterine cervix
C530 Endocervix; internal os; cervical canal; endocervical canal; endocervical gland; Nabothian gland
C531 Exocervix; external os
C538 Overlapping lesion of cervix uteri; cervical stump; squamocolumnar junction of cervix
C539 Cervix uteri; cervix, NOS; uterine cervix

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the **Hematopoietic Database**.

Column 1 contains specific and NOS histology terms.
- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants.**

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.
Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.
- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Uterine Cervix Coding Notes
- In situ carcinoma of cervix (/2), any histology, is not reportable
- p16 is a valid test to determine HPV status and can be used to code HPV associated and HPV independent histologies

Table begins on next page

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma NOS **8140/3**		Adenocarcinoma, HPV-associated **8483/3** Adenocarcinoma, HPV-independent **8484/3** Adenocarcinoma, HPV-independent, gastric type 8482/3 Adenocarcinoma, HPV-independent, clear cell type **8310/3** Adenocarcinoma, HPV-independent, mesonephric type **9110/3**
Adenoid basal carcinoma **8098/3**		
Adenosarcoma **8933/3**	Adenocarcinoma with sarcomatous overgrowth	
Adenosquamous carcinoma **8560/3**		
Carcinosarcoma **8980/3**		
Endometrioid adenocarcinoma NOS **8380/3**		
Germ cell tumor NOS **9064/3**		
Mucoepidermoid carcinoma **8430/3**		Choriocarcinoma NOS **9100/3** Endodermal sinus tumor/Yolk sac tumor **9071/3**
Neuroendocrine carcinoma, NOS **8246/3**		Large cell neuroendocrine carcinoma **8013/3** Mixed neuroendocrine non-neuroendocrine carcinoma (MiNEN) **8154/3** Small cell neuroendocrine carcinoma **8041/3**
Neuroendocrine tumor, NOS **8240/3**	Neuroendocrine tumor, grade 1	Neuroendocrine tumor, grade 2 **8249/3**

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Perivascular epithelioid tumor, malignant **8714/3**	PEComa, malignant	
Sarcoma, NOS **8800/3**		Endometrial stromal sarcoma, high grade **8930/3** Endometrial stromal sarcoma, low grade **8931/3** Epithelioid leiomyosarcoma **8891/3** Leiomyosarcoma NOS/spindle leiomyosarcoma **8890/3** Myxoid leiomyosarcoma **8896/3** Rhabdomyosarcoma 8900/3 Undifferentiated sarcoma **8805/3**
Squamous cell carcinoma NOS **8070/3**	SCC, NOS	Squamous cell carcinoma, HPV-associated **8085/3** Squamous cell carcinoma, HPV-independent **8086/3**

Table 18: Vagina Histologies

Table 18 list the more common histologies for vagina
C529 Vagina NOS; vaginal vault; fornix of vagina; Gartner duct; hymen

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the **Hematopoietic Database**.

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants.**

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.
Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Vagina Coding Note: p16 is a valid test to determine HPV status and can be used to code HPV associated and HPV independent histologies.

Table begins on next page

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma NOS **8140/3**	Adenocarcinoma, Skene, Cowper and Littre gland origin Skene/periurethral gland adenocarcinoma	Adenocarcinoma, HPV-associated **8483/3**
Adenoid basal carcinoma **8098/3**		
Adenosarcoma **8933/3**	Adenocarcinoma with sarcomatous overgrowth Mullerian adenosarcoma	
Adenosquamous carcinoma **8560/3**		
Carcinosarcoma **8980/3**	Malignant mixed Mullerian tumor	
Clear cell carcinoma **8310/3**		
Endometrioid carcinoma **8380/3**		
Germ cell tumor **9064/3**		Yolk sac tumor **9071/3**
Mesonephric adenocarcinoma **9110/3**		
Mucinous carcinoma, NOS **8480/3**		Mucinous carcinoma, gastric type **8482/3** Mucinous carcinoma, intestinal type **8144/3**
Neuroendocrine carcinoma, NOS **8246/3**		Combined small cell neuroendocrine carcinoma **8045/3** Large cell neuroendocrine carcinoma/combined large cell neuroendocrine carcinoma **8013/3** Small cell neuroendocrine carcinoma **8041/3**
Neuroendocrine tumor, NOS **8240/3**		

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Squamous cell carcinoma NOS **8070**	SCC, NOS Squamous cell carcinoma in-situ **8070/2**	High-grade squamous intraepithelial lesion/vaginal intraepithelial neoplasia, grade 2/vaginal intraepithelial neoplasia, grade 3 **8077/2** Squamous cell carcinoma, HPV-associated **8085/3** Squamous cell carcinoma, HPV-independent **8086/3**
Undifferentiated carcinoma **8020/3**		

Table 19: Vulva Histologies

Table 19 list the more common histologies for vulva
C510 Labium majus; labia majora, NOS; Bartholin gland; Skin of labia majora
C511 Labium minus; labia minora
C512 Clitoris
C518 Overlapping lesion of vulva
C519 Vulva, NOS; external female genitalia; fourchette; labia, NOS; labium, NOS; mons pubis; mons veneris; pudendum; skin of vulva

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the **Hematopoietic Database**.

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants.**

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.
Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Vulva Coding Note: p16 is a valid test to determine HPV status and can be used to code HPV associated and HPV independent histologies.

Table begins on next page

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma **8140**	Adenocarcinoma of anogenital mammary-like glands **8140/3**	Adenocarcinoma, intestinal type **8144/3**
Adenoid cystic carcinoma **8200/3**		
Adenosquamous carcinoma **8560/3**		
Basal cell carcinoma **8090**		
Carcinoma, poorly differentiated **8020/3**		
Epithelial-myoepithelial carcinoma **8562/3**		
Germ cell tumor **9064/3**		Yolk sac tumor NOS **9071/3**
Myoepithelial carcinoma **8982/3**		
Neuroendocrine carcinoma, NOS **8246/3**		Combined small cell neuroendocrine carcinoma **8045/3** Large cell neuroendocrine carcinoma/combined large cell neuroendocrine carcinoma **8013/3** Small cell neuroendocrine carcinoma **8041/3**
Neuroendocrine tumor, NOS **8240/3**	Neuroendocrine tumor, grade 1 Neuroendocrine tumor, grade 2	
Paget disease, extramammary **8542/3**		
Phyllodes tumor, malignant **9020/3**		
Squamous cell carcinoma, NOS **8070**		Squamous cell carcinoma, HPV-associated **8085/3** Squamous cell carcinoma, HPV-independent **8086/3**
Sweat gland adenocarcinoma **8400/3**		Adenoid cystic carcinoma **8200/3** Apocrine adenocarcinoma **8401/3** Eccrine adenocarcinoma **8413/3** Porocarcinoma, NOS **8409/3**

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Table 20: Soft Tissue Histologies

Table 20 list the more common histologies for soft tissue as stated in the College of American Pathologists (C.A.P.) soft tissue protocol

C490* Connective, subcutaneous and other soft tissues of head, face and neck
C491* Connective, subcutaneous and other soft tissues of upper limb and shoulder
C492* Connective, subcutaneous and other soft tissues of lower limb and leg
C493* Connective, subcutaneous and other soft tissues of thorax
C494* Connective, subcutaneous and other soft tissues of abdomen
C495* Connective, subcutaneous and other soft tissues of pelvis
C496* Connective, subcutaneous and other soft tissues of trunk
C498 Overlapping lesion of connective, subcutaneous and other soft tissues
C499* Connective, subcutaneous and other soft tissues, NOS

**For specific sites and C-codes, please refer to ICD-O-3 or ICD-O-3.1 topography lists*

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the **Hematopoietic Database**.

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants.**

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.
Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).
- Column 3 may contain NOS histologies which are part of a bigger histologic group. For example, sarcoma NOS 8800/3 (column 1) is a generic term which encompasses a number of histologies, including synovial sarcoma 9044/3 (column 3). Synovial sarcoma is also a NOS because it has subtypes/variants. The subtypes/variants are indented under the NOS

(synovial sarcoma) in column 3. There is also a note in column 1 which calls attention to the fact that synovial sarcoma has subtypes/variants.

- When subtypes/variants are indented under a NOS in Column 3, use coding rules for a NOS and a single subtype/variant. For example, synovial sarcoma **9044/3** and synovial sarcoma, biphasic/synovial sarcoma, poorly differentiated **9043/3** are a NOS and a subtype/variant, **NOT** two different subtypes.

Soft Tissue Coding Notes

- This is not an exhaustive list of all malignant soft tissue tumors. If a histology is not listed, refer to the current ICD-O versions and ICD-O updates. If the term is not listed, submit your question to **Ask A SEER Registrar**.
- Soft tissue terminology used in clinical practice may differ from the terms listed in the table, ICD-O, and C.A.P. protocol. Many soft tissue histologies are compound terms and the word roots may be inverted. It is not possible to list all combinations and permutations of such compound terms. Check various permutations of the word roots in a compound term if the version is not listed in ICD-O.
  Example: Myxofibrosarcoma and fibromyxosarcoma are the same and both coded 8811/3. The word roots have been inverted.

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Angiosarcoma **9120/3**		
Epithelioid hemangioendothelioma **9133/3**	Epithelioid hemangioendothelioma with WWTR1-CAMTA1 fusion Epithelioid hemangioendothelioma with YAP1-TFE3 fusion	
Fibrosarcoma, NOS **8810/3**	Adult fibrosarcoma	Infantile fibrosarcoma **8814/3** Low-grade fibromyxoid sarcoma /Sclerosing epithelioid fibrosarcoma **8840/3** Myofibroblastic sarcoma/myofibrosarcoma **8825/3** Myxofibrosarcoma **8811/3** Solitary fibrous tumor, malignant **8815/3**

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Fibrosarcoma, NOS **8810/3**	Adult fibrosarcoma	Infantile fibrosarcoma **8814/3** Low-grade fibromyxoid sarcoma /Sclerosing epithelioid fibrosarcoma **8840/3** Myofibroblastic sarcoma/myofibrosarcoma **8825/3** Myxofibrosarcoma **8811/3** Solitary fibrous tumor, malignant **8815/3**
Leiomyosarcoma **8890/3**		
Liposarcoma, NOS **8850/3**		Dedifferentiated liposarcoma **8858/3** Epithelioid/Pleomorphic liposarcoma **8854/3** Myxoid liposarcoma **8852/3** Myxoid pleomorphic liposarcoma **8854/3** Well differentiated liposarcoma **8851/3**
Osteosarcoma, NOS **9180/3**	Osteosarcoma, extraskeletal	
Rhabdomyosarcoma, NOS **8900/3**		Alveolar rhabdomyosarcoma **8920/3** Ectomesenchymoma **8921/3** Embryonal rhabdomyosarcoma **8910/3** Pleomorphic rhabdomyosarcoma **8901/3** Spindle cell/sclerosing rhabdomyosarcoma **8912/3** (synonyms below) Congenital spindle cell rhabdomyosarcoma VGLL2/NCOA2/CITED2 rearrangement MYOD1-mutant spindle cell/sclerosing rhabdomyosarcoma Intraosseous spindle cell rhabdomyosarcoma (with TFCP2/NCOA2 rearrangements

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Sarcoma, NOS **8800/3** ***Note:*** Synovial Sarcoma 9044/3 is also a NOS with the following subtypes/variant: Synovial sarcoma, biphasic/synovial sarcoma, poorly differentiated 9043/3		CIC-rearranged sarcoma **9367/3** Clear cell sarcoma of soft tissue **9044/3** Epithelioid sarcoma NOS/epithelioid sarcoma classical type/epithelioid sarcoma proximal or large cell type **8804/3** Extraskeletal Ewing sarcoma **9364/3** Extraskeletal myxoid chondrosarcoma **9231/3** Mixed tumor, malignant **8940/3** Myoepithelioma, NOS/myoepithelial carcinoma **8982/3** Ossifying fibromyxoid tumor, malignant **8842/3** Phosphaturic mesenchymal tumor, malignant **8990/3** Round cell sarcoma with EWSR1-non ETS fusions **9366/3** Sarcoma with BCOR genetic alterations **9368/3** Synovial sarcoma NOS **9044/3** Synovial sarcoma, biphasic/synovial sarcoma, poorly differentiated **9043/3**
Undifferentiated sarcoma **8805/3**		Undifferentiated pleomorphic sarcoma **8802/3** Undifferentiated round cell sarcoma **8803/3** Undifferentiated spindle cell sarcoma **8801/3**

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Table 21: Bone Histologies

Table 21 list the more common histologies for bone as stated in the College of American Pathologists (C.A.P.) bone protocol
C400* Long bones of upper limbs, scapula and associated joints
C401* Short bones of upper limb and associated joints
C402* Long bones of lower limb and associated limbs
C403* Short bones of lower limb and associated joints
C408 Overlapping lesion of bones, joints and articular cartilage of limbs
C409* Bone of limb, NOS

**For specific sites and C-codes, please refer to ICD-O-3 or ICD-O-3.1 topography lists*

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the **Hematopoietic Database**.

Column 1 contains specific and NOS histology terms.
- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants.**

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.
Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.
- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Bone Coding Note: This is not an exhaustive list of all malignant bone tumors. If a histology is not listed, refer to the current ICD-O versions and ICD-O updates. If the term is not listed, submit your question to **Ask A SEER Registrar**.

Table begins on next page

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adamantinoma **9261/3**	Dedifferentiated adamantinoma	
Angiosarcoma **9120/3**		
Chondrosarcoma, NOS **9220/3**	Chondrosarcoma, grade 2 Chondrosarcoma, grade 3 Fibrochondrosarcoma	Chondrosarcoma, grade 1 **9222/3** Clear cell chondrosarcoma **9242/3** Dedifferentiated chondrosarcoma **9243/3** Mesenchymal chondrosarcoma **9240/3** Periosteal chondrosarcoma **9221/3**
Chordoma, NOS **9370/3**	Chondroid chordoma Poorly differentiated chondroma	Dedifferentiated chondroma **9372/3**
Epithelioid hemangioendothelioma, NOS **9133/3**		
Fibrosarcoma, NOS **8810/3**		
Giant cell tumor of bone, malignant **9250/3**		
Leiomyosarcoma, NOS **8890/3**		
Osteosarcoma, NOS **9180/3**	Conventional osteosarcoma Osteoblastic sarcoma Osteogenic sarcoma, NOS Osteochondrosarcoma Osteosarcoma, extraskeletal Small cell osteosarcoma Telangiectatic osteosarcoma	High grade surface osteosarcoma **9194/3** Parosteal osteosarcoma **9192/3** Periosteal osteosarcoma **9193/3** Secondary osteosarcoma **9184/3**
Sarcoma, NOS **8800/3**		CIC-rearranged sarcoma **9367/3** Ewing sarcoma **9364/3** Round cell sarcoma with EWSR1-non ETS fusions **9366/3** Sarcoma with BCOR genetic alterations **9368/3**
Undifferentiated pleomorphic sarcoma **8802/3**		

Other Sites Multiple Primary Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Note 1: These rules are **NOT** used for tumor(s) described as metastases.
Note 2: 2007 MPH Rules and Solid Tumor rules are used based on date of diagnosis.

- Tumors diagnosed 01/01/2007 through 12/31/2022: Use the 2007 MPH Rules
- Tumors diagnosed 01/01/2023 and later: Use the Solid Tumor Rules
- The original tumor diagnosed before 1/1/2023 and a subsequent tumor diagnosed 1/1/2023 or later in the same primary site: Use the Solid Tumor Rules

Unknown if Single or Multiple Tumors

Rule M1 Abstract a **single primary**[i] when it is not possible to determine if there are **single** or **multiple** tumors.

Note 1: Use this rule only after all information sources have been exhausted.
Note 2: Examples of cases with minimal information include:

- Death certificate only (DCO)
- Cases for which information is limited to pathology report only
  - Outpatient biopsy with no follow-up information available
  - Multiple pathology reports which do not specify whether a single tumor or multiple tumors have been biopsied and/or resected

This is the end of instructions for Unknown if Single or Multiple Tumors

[i] **Prepare one abstract. Use the histology rules to assign the appropriate histology code.**

Other Sites Multiple Primary Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Single Tumor

Rule M2 Abstract a **single primary**[i] when there is a **single tumor.**

Note 1: A single tumor is always a single primary
Note 2: The tumor may overlap onto or extend into adjacent/contiguous site or subsite.
Note 3: The tumor may be comprised of both in situ and invasive histologies.
Note 4: The invasive malignancy may arise in or is in a background of in situ/non-invasive neoplasm.

This is the end of instructions for Single Tumors

[i] Prepare one abstract. Use the histology rules to assign the appropriate histology code.

Other Sites Multiple Primary Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Multiple Tumors

Note 1: Multiple tumors may be single primary or multiple primaries.
Note 2: Includes combinations of in situ and invasive.

Important change to 2023 Other Sites Multiple Primary Rules: Rules M3 through M9 apply to specific sites and histologies.

Rule M3 **Acinar Adenocarcinoma (8140)** of the **prostate** is always a **single primary**[i].
Note 1: Report only one acinar/adenocarcinoma of the prostate per patient lifetime.
Note 2: 95% of prostate malignancies are the common (acinar) adenocarcinoma histology (8140/3).
Note 3: If the patient has a previous acinar adenocarcinoma of the prostate in the database and is diagnosed with adenocarcinoma in 2023, it is a single primary.
Note 4: The rule applies to multiple occurrences of acinar adenocarcinoma of prostate and/or subtype variants of acinar adenocarcinoma of prostate listed in **Table 3**.

Rule M4 Abstract multiple primaries[ii] when the patient has a subsequent **small cell carcinoma** of the **prostate** more than 1 year following a diagnosis of acinar adenocarcinoma and/or subtype/variant of acinar adenocarcinoma of prostate (**Table 3**).
Note 1: Small cell carcinoma (SmCC) of the prostate is rare and accounts for less than 1% of prostate cancers.
Note 2: 50% of SmCC of the prostate cases present as a de novo malignancy
Note 3: SmCC of the prostate often occurs following androgen deprivation treatment (ADVT) and/or radiation therapy for acinar adenocarcinoma
Note 4: SmCC of the prostate are aggressive with poor clinical outcomes and survival.

Rule M5 **Retinoblastoma** is always a **single primary**[i] (unilateral or bilateral).

Rule M6 **Kaposi sarcoma** (of any site(s)) is always a **single primary**[i].

Other Sites Multiple Primary Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Rule M7 Abstract a **single primary**[i] when **follicular** and **papillary** tumors in the **thyroid** are diagnosed **within 60 days** and tumors are:

- Papillary thyroid carcinoma, NOS and follicular carcinoma, NOS **OR**
- Papillary carcinoma, follicular variant and papillary thyroid carcinoma **OR**
- Papillary carcinoma, follicular variant and follicular carcinoma **OR**
- Any papillary thyroid carcinoma subtype/variant and any follicular subtype/variant listed in Column 3, **Table 12**.

Rule M8 Abstract **multiple primaries**[ii] when separate/non-contiguous tumors are **anaplastic carcinoma** and any other histologies in the **thyroid**.

Rule M9 Bilateral epithelial tumors (8000-8799) of the **ovary** **within 60 days** are a **single primary**[i].

Rule M10 Tumors on both sides (right and left) of a site listed in **Table 1** are **multiple primaries**[ii].

Rule M11 Adenocarcinoma in **adenomatous polyposis coli** (familial polyposis) with one or more in situ or malignant polyps is a **single primary**[i].

Note: Tumors may be present in a single or multiple segments of small bowel, colon, rectosigmoid, rectum.

Rule M12 Abstract **multiple primaries**[ii] when the patient has a subsequent tumor after being clinically disease-free for greater than **one year** after the original diagnosis or recurrence.

Note 1: Clinically disease-free means that there was no evidence of recurrence in the same site on follow-up.

- Scopes are NED
- Scans are NED
- All other work-up is NED

Note 2: When there is a recurrence less than or equal to one year of diagnosis, the "clock" starts over. The time interval is calculated from the date of last recurrence. In other words, the patient must have been disease-free for greater than one year from the date of the last recurrence.

Note 3: When it is unknown/not documented whether the patient had a recurrence, **use date of diagnosis** to compute the time interval.

Note 4: The physician may state this is a recurrence, meaning the patient had a previous tumor and now has another tumor. **Follow the rules**; do not attempt to interpret the physician's statement.

Other Sites Multiple Primary Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Rule M13 Tumors with ICD-O-3 topography codes that are different at the second (C**X**xx) and/or third characters (Cx**X**x) are **multiple primaries**[ii].

Example 1: A tumor in the penis C**6**09 and a tumor in the rectum C**2**09 have different second characters in their ICD-O-3 topography codes, so they are multiple primaries.

Example 2: A tumor in the ceric C5**3**9 and a tumor in the vulva C5**1**9 have different third characters in their ICD-O-3 topography codes, so they are multiple primaries.

Rule M14 Tumors with ICD-O-3 **topography** codes that **differ** only at the **fourth character** (Cxx**X**) and are in any **one** of the following primary sites are **multiple primaries**[ii].

- Anus and anal canal (C21_)
- Bone, joints, and articular cartilage (C40_ to C41_)
- Peripheral nerves and autonomic nervous system (C47_) (Cases diagnosed 1/1/2007 to 12/31/2017 ONLY)
- Connective subcutaneous and other soft tissues (C49_)
- Skin (C44_)

Rule M15 A de novo (frank) in situ or malignant adenocarcinoma and an in situ or malignant tumor in a **polyp** are a **single primary**[i].

Rule M16 Multiple in situ and/or malignant polyps are a **single primary**[i].

Note: Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.

Rule M17 Abstract a **single primary**[i] when synchronous, separate/non-contiguous tumors are on **the same row in Table 3-21** in the Equivalent Terms and Definitions.

Note: The same row means the tumors are:

- The same histology (same four-digit ICD-O code) **OR**
- One is the preferred term (column 1) and the other is a synonym for the preferred term (column 2) **OR**
- A NOS (column 1/column 2) and the other is a subtype/variant of that NOS (column 3)

Rule M18 Abstract **multiple primaries**[ii] when separate/non-contiguous tumors are on **multiple rows** in **Table 3-21** in the Equivalent Terms and Definitions. Timing is irrelevant

Note: Each row in the table is a **distinctly different** histology.

Other Sites Multiple Primary Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Rule M19 Abstract **multiple primaries**[ii] when an **invasive** tumor occurs **more than 60 days** after an **in situ** tumor.
Note 1: This rule applies to multiple tumors, one in situ and a separate malignant tumor.
Note 2: The purpose of this rule is to ensure the case is counted as an incident (invasive) case when incidence data are analyzed.
Note 3: Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

Rule M20 Abstract a **single primary**[i] when there are multiple tumors that do not meet any of the above criteria.
Note 1: Use this rule as a last resort. Confirm that you have not overlooked an applicable rule.
Note 2: When an invasive tumor follows an in situ tumor within 60 days, abstract a single primary.

This is the end of instructions for Multiple Tumors

[i] Prepare one abstract. Use the histology rules to assign the appropriate histology code.
[ii] Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Priority Order for Using Documents to Identify Histology

IMPORTANT NOTES

1. Code the histology diagnosed ***prior*** to **neoadjuvant treatment.**
   Note 1: Histology changes may occur following immunotherapy, targeted therapy, and radiation therapy.
   Note 2: Neoadjuvant treatment is any tumor-related treatment given prior to surgical removal of the malignancy.

Exception: If the initial diagnosis is based on histology from **FNA**, **smears**, **cytology**, or from a regional or metastatic site, and neoadjuvant treatment is given and followed by resection of primary site which identifies a different or specific histology, code the histology from the primary site.

2. Code the histology using the following priority list and the Histology Rules. Do not change histology in order to make the case applicable for staging.

The priority list is used for **single primaries (including multiple tumors abstracted as a single primary).**

This is a hierarchical list of source documentation.

Code the **most specific** pathology/tissue from either the resection or biopsy.
Note 1: The term "most specific" usually refers to a subtype/variant.
Note 2: The histology rules instruct to code the invasive histology when there are in situ and invasive components in a single tumor.
Note 3: When there is a discrepancy between the biopsy and resection (two distinctly different histologies/different rows), code the histology from the most representative specimen (the greater amount of tumor).

1. **Tissue or pathology** report from primary site (in priority order)
   A. Addendum(s) and/or comment(s)
   B. Final diagnosis/synoptic report as required by CAP
   C. CAP protocol (this is not the same as the CAP synoptic report)

Note 1: Addendums and comments on the pathology report are given highest priority because they often contain additional information about molecular testing, genetic testing, and /or special stains which give a more specific diagnosis.
Note 2: The pathologist's diagnosis from the pathology report is always reliable, so the final diagnosis is the second priority.
Note 3: The CAP protocol is a checklist which:

- Provides guidelines for collecting the essential data elements for complete reporting of malignant tumors and optimal patient care
- Allows physicians to check multiple histologies

2. **Cytology** (Fine needle biopsy from primary site, retroperitoneal, peritoneal, abdominal cavity fluid, ascites)
   Example: Fine needle aspiration of ascites shows adenocarcinoma, and the resection pathology shows serous adenocarcinoma. Code serous adenocarcinoma 8441/3

3. Tissue/pathology from metastatic site
   Note 1: Code behavior /3.
   Note 2: The **tissue** from a **metastatic** site often shows **variations** from the primary tumor. When it is the **only** tissue available, it is **more accurate** than a scan.

4. Scan: The following list is not in priority order because they are not a reliable method for identifying specific histology(ies).
   A. MRI
   B. CT
   C. PET
   D. Ultrasound

5. Code the histology **documented** by the physician when none of the above are available. Use the documentation in the following
   A. Priority order:
   B. Treatment plan
   C. Documentation from Tumor Board
   D. Documentation from the medical record that refers to the original pathology, cytology, or scan(s)
   E. Physician's **reference to** type of cancer (**histology**) in the medical record
      Note 1: Code the specific histology when documented
      Note 2: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or as stated by the physician when nothing more specific is documented

Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Coding Histology

Important Information for using Other Sites Histology Tables:

1. Site-specific histology tables have been added to Other Sites Solid Tumor Rules. The majority of solid tumor sites excluding Head and Neck, Colon, Lung, Breast, Cutaneous Melanoma, Kidney, Urinary, and CNS now have site-specific histology tables.
2. Not all site groups have individual histology tables and will require the use of ICD-O and updates.
3. Site-specific histology tables are based on current WHO Classification of Tumors books and the current version of ICD-O. The tables may not include all histologies that could occur in that site.
4. In place of adding numerous site-based histology rules to the 2023 revision, the histology tables in Other Sites Terms and Definitions include additional coding instructions and notes to assign the correct ICD-O code when appropriate.

Note 1: The priority is to code the most specific histology. **DO NOT USE BREAST HISTOLOGY CODING RULES FOR THIS MODULE.**
Note 2: Only use this section for one or more histologies within a single tumor.
Note 3: Do not use this section in place of the Histology Rules.

1. Code the most specific histology or subtype/variant, regardless of whether it is described as:
   A. The majority or predominant part of tumor
   B. The minority of tumor
   C. A component

   Note 1: Some site specific histologies must meet a percentage requirement in order to be coded. Refer to the Histology Rules and the appropriate site group Histology Table for coding guidance.
   Note 2: The terms above (A, B, C) must describe a **carcinoma** or **sarcoma** in order to code a histology described by those terms.
   Example: When the diagnosis is adenocarcinoma with a component of papillary **carcinoma**, code papillary carcinoma 8260.
   Negative example: When the diagnosis is simply adenocarcinoma with a papillary component. Code adenocarcinoma 8140. Do not assume this is a papillary carcinoma. This could be papillary differentiation or features.
   Note 3: When the most specific histology is described as differentiation or features, see #2.

2. Code the histology described as **differentiation** or **features/features of <u>ONLY</u>** when there is a specific ICD-O code for the "NOS with ____ features" or "NOS with ____ differentiation".
   Note: Do not code differentiation or features when there is no specific ICD-O code.

3. Code the specific histology described by **ambiguous terminology** (list follows) **<u>ONLY</u>** when A or B is true:
   A. The only diagnosis available is **one histology** term described by ambiguous terminology
      - CoC and SEER require reporting of cases diagnosed only by ambiguous terminology
      - The final pathology diagnosis is an ambiguous term followed by a histology type
      - Case is accessioned (added to your database) based on ambiguous terminology and no other histology information is available/documented

      Example: Outpatient biopsy says **consistent with adenocarcinoma**. The case is accessioned (entered into the database) as required by both SEER and COC. No further information is available. Code the histology to adenocarcinoma. The case meets the criteria in #**3A.**

   B. There is a **NOS histology and a more specific** (subtype/variant) described by ambiguous terminology
      - Specific histology is clinically confirmed by a physician (attending, pathologist, oncologist, etc.) **OR**
      - Patient is receiving treatment based on the specific histology described by ambiguous term

      Example 1: The pathology diagnosis is adenocarcinoma consistent with tubular adenocarcinoma. The oncology consult says the patient has tubular adenocarcinoma of the stomach. This is clinical confirmation of the diagnosis, code tubular adenocarcinoma. The case meets the criteria in **bullet 1.**

      Example 2: The pathology diagnosis is sarcoma consistent with myxosarcoma. The treatment plan says the patient will receive treatment for myxosarcoma. Treatment plan confirms myxosarcoma; code myxosarcoma. The case meets the criteria in **bullet 2.**

If the specific histology does not meet the criteria in #3B, then code the NOS histology.

List of Ambiguous Terminology

Apparently	Most likely
Appears	Presumed
Comparable with	Probable
Compatible with	Suspect(ed)
Consistent with	Suspicious (for)
Favor(s)	Typical (of)
Malignant appearing	

4. Do not code histology when described as:
    - Architecture
    - Foci; focus; focal
    - Pattern

Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Single Tumor: In Situ Only
(All parts are in situ)

Rule H1 Code the histology documented by the physician when the **pathology/cytology** report is **not available.**

Note 1: Priority for using documents to code histology when pathology/cytology report is not available
- Documentation in the medical record that refers to the pathologic or cytologic findings
- Physician's reference to type of cancer in the medical record

Note 2: Code the specific histology when documented.

Note 3: Code the histology to 8000/2 (cancer, in situ/non-invasive) or 8010/2 (carcinoma in situ, NOS) as stated by the physician when nothing more specific is documented.

Rule H2 Code the histology when only **one histologic type** is identified.

Note 1: Do not code terms that do not appear in the histology description.

Note 2: Use **Tables 3-21** to code histology. New codes, terms, and synonyms are included in Tables 3-21 and coding errors may occur if the table is not used.

Example: Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the final diagnosis.

Rule H3 Code **8210** (adenocarcinoma in adenomatous polyp), **8261** (adenocarcinoma in villous adenoma), or **8263** (adenocarcinoma in tubulovillous adenoma) **only when**:
- The final diagnosis is **adenocarcinoma/carcinoma** in a polyp **OR**
- The final diagnosis is **adenocarcinoma/carcinoma**, and a residual polyp or polyp architecture is recorded in other parts of the pathology report **OR**
- The final diagnosis is **adenocarcinoma/carcinoma** and there is reference to residual or pre-existing polyp **OR**
- There is documentation that the patient had a **polypectomy**

Important note: For cases diagnosed 1/1/2023 forward: If the final diagnosis indicates a histology other than adenocarcinoma/carcinoma arising in a polyp, code the specific histology. This applies to all sites.

Example: Endometrial biopsy shows endometrioid adenocarcinoma in situ arising in a polyp. Code endometrioid adenocarcinoma, in situ.

Rule H4 Code the **subtype/variant** when a **NOS** and a **single subtype/variant** of that NOS are present.

- Adenocarcinoma in situ, NOS (**8140**) and a specific in situ adenocarcinoma
- Carcinoma in situ, NOS (**8010**) and a specific in situ carcinoma
- Melanoma in situ, NOS (**8720**) and a specific in situ melanoma
- Sarcoma, NOS (**8800**) and a specific sarcoma
- Squamous cell carcinoma, NOS (**8070**) and a specific squamous cell carcinoma

Note 1: The specific type may be identified as type, subtype, variant or predominantly.
Note 2: Do not code architecture and pattern.
Note 3: Refer to **Tables 3-21** in Terms and Definitions for additional coding instructions. There may be exceptions to this rule.

Rule H5 Code a **combination code** when there are multiple specific in situ histologies or when there is an NOS with multiple specific in situ histologies **AND**

- The combination is listed in **Table 2** in Equivalent Terms and Definitions, ICD-O and all updates **OR**
- You receive a combination code from **Ask A SEER Registrar**

Note 1: The rules are hierarchical. Use this rule when previous rules do not apply.
Note 2: Submit a question to Ask A SEER Registrar when a combination is not listed in Table 2 in Equivalent Terms and Definitions, ICD-O, and all ICD-O updates.

This is the end of instructions for a Single Tumor: In Situ Components
Code the histology according to the rule that fits the case

Single tumor: Invasive and In Situ Components

Rule H6 Code the **invasive histology** when both invasive and in situ components are present.

Note 1: Use **Tables 3-21**, ICD-O, and all ICD-O updates to determine if the term containing both invasive and in situ histologies has a specific ICD-O code.
Example: Intraductal papillary mucinous neoplasm with associated carcinoma has both in situ (intraductal) and associated invasive carcinoma and has an ICD-O code of 8453/3

Note 2: When the term is not listed in **Tables 3-21**, ICD-O, and ICD-O updates, ignore the in situ term.

This is the end of instructions for a Single Tumor: Invasive and In Situ Components
Code the histology according to the rule that fits the case

Single Tumor: Invasive Only

Rule H7 Code the histology documented by the physician when the **pathology/cytology** report is **not available**.

Note 1: Priority for using documents to code histology when pathology/cytology report is not available

- Documentation in the medical record that refers to the pathologic or cytologic findings
- Physician's reference to type of cancer in the medical record
- CT, PET, or MRI scans

Note 2: Code the specific histology when documented.

Note 3: Code the histology to 8000/3 (cancer, malignant neoplasm) or 8010/3 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

Rule H8 Code the histology from a **metastatic site** when there is **no pathology/cytology** from the primary site.

Note: Code the behavior /3.

Rule H9 Code **8140** (adenocarcinoma, NOS) for **prostate primaries** when the diagnosis is:

- Acinar adenocarcinoma/carcinoma **OR**
- Adenocarcinoma **OR**
- Adenocarcinoma with ductal features **OR**
- Atrophic adenocarcinoma **OR**
- Foamy gland adenocarcinoma **OR**
- Microcystic adenocarcinoma **OR**
- Pseudohyperplastic adenocarcinoma **OR**
- Prostatic intraepithelial-like carcinoma

Rule H10 Code the histology when only **one histologic type** is identified.

Note 1: Do not code terms that do not appear in the histology description.

Example: Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.

Note 2: If histology is papillary carcinoma of the thyroid, continue through the rules.

Rule H11 Code **8210** (adenocarcinoma in adenomatous polyp), **8261** (adenocarcinoma in villous adenoma), or **8263** (adenocarcinoma in tubulovillous adenoma) **only when:**

- The final diagnosis is **adenocarcinoma/carcinoma** in a polyp **OR**
- The final diagnosis is **adenocarcinoma/carcinoma**, and a residual polyp or polyp architecture is recorded in other parts of the pathology report **OR**
- The final diagnosis is **adenocarcinoma/carcinoma** and there is reference to residual or pre-existing polyp **OR**
- There is documentation that the patient had a polypectomy

Important note for cases diagnosed 1/1/2023 forward: If the final diagnosis indicates a histology other than adenocarcinoma/carcinoma arising in a polyp, code the specific histology.
Example: Cervix biopsy shows endometrioid adenocarcinoma arising in multiple polyps. Code endometrioid adenocarcinoma.

Rule H12 Code the subtype/variant for pancreas primaries when the diagnosis is **ductal carcinoma/adenocarcinoma AND**

- Adenosquamous carcinoma **8560/3**
- Colloid/mucinous carcinoma/adenocarcinoma **8480/3**
- Hepatoid carcinoma **8576/3**
- Large cell carcinoma with rhabdoid phenotype **8014/3**
- Medullary carcinoma **8510/3**
- Signet-ring/poorly cohesive carcinoma/adenocarcinoma **8490/3**
- Undifferentiated carcinoma **8020/3**
- Undifferentiated carcinoma with osteo-clast-like giant cells **8035/3**

Rule H13 Code the **subtype/variant** when there is a **NOS** and a **single subtype/variant** of that NOS, such as the following:

- Cancer/malignant neoplasm, NOS (**8000**) **AND** a subtype/variant of cancer
- Carcinoma, NOS (**8010**) **AND** a subtype/variant of carcinoma
- Adenocarcinoma, NOS (**8140**) **AND** a subtype/variant of adenocarcinoma
- Squamous cell carcinoma, NOS (**8070**) **AND** a subtype/variant of adenocarcinoma
- Melanoma, NOS (**8720**) **AND** a subtype/variant of melanoma
- Sarcoma, NOS (**8800**) **AND** a subtype/variant of sarcoma

Note: See **Tables 3-21** to find NOS and subtype/variants. There may be exceptions to this rule.

Rule H14 Code anaplastic carcinoma of thyroid (**8021**) or undifferentiated carcinoma of thyroid (**8020**) when other thyroid histologies are present in a **single** tumor.

- Treatment and prognosis will be largely determined by the anaplastic or undifferentiated component.
- This rule is new for 2023

Rule H15 Code **dedifferentiated carcinoma** (**8020**) when mixed with endometrioid carcinoma/adenocarcinoma.

- Dedifferentiated carcinoma is a distinct entity which has worse prognosis than endometrioid adenocarcinoma.

Rule H16 Code **papillary carcinoma/adenocarcinoma** of the **thyroid** to papillary adenocarcinoma, NOS (**8260**).

Rule H17 Code **papillary microcarcinoma** of **thyroid** to papillary adenocarcinoma, NOS (**8260**).

Note: For thyroid primaries only, the term micropapillary/papillary microcarcinoma does not refer to a specific histologic type. In North America, it means the papillary component of the tumor is minimal or occult.

Rule H18 Code **papillary carcinoma, follicular variant** of **thyroid (8340)** when there are multiple papillary and follicular carcinoma subtypes/variants:

- Papillary thyroid carcinoma, NOS and follicular carcinoma, NOS **OR**
- Papillary carcinoma, follicular variant and papillary thyroid carcinoma **OR**
- Papillary carcinoma, follicular variant and follicular carcinoma **OR**
- Any papillary thyroid carcinoma subtype/variant and any follicular subtype/variant listed in Column 3, **Table 12**

Rule H19 Code a combination code when there are multiple specific histologies or when there is an NOS with multiple specific histologies **AND**

- The combination is listed in **Table 2** in Equivalent Terms and Definitions, ICD-O and all updates **OR**
- There are coding instructions for the combination in the applicable histology **Tables 3-21** **OR**
- You receive a combination code from **Ask A SEER Registrar**

Note 1: The rules are hierarchical. Use this rule when previous rules do not apply.

Note 2: Submit a question to **Ask A SEER Registrar** when a combination is not listed in Table 2 in Equivalent Terms and Definitions, ICD-O, and all ICD-O updates.

This is the end of instructions for a Single Tumor: Invasive Only
Code the histology according to the rule that fits the case

Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Multiple Tumors Abstracted as a Single Primary

Rule H20 Code the histology documented by the physician when the **pathology/cytology** report is **not available.**

Note 1: Priority for using documents to code histology when pathology/cytology report is not available

- Documentation in the medical record that refers to the pathologic or cytologic findings
- Physician's reference to type of cancer in the medical record
- CT, PET, or MRI scans

Note 2: Code the specific histology when documented.

Note 3: Code the histology to 8000/3 (cancer, malignant neoplasm) or 8010/3 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

Rule H21 Code the histology from a **metastatic site** when there is **no pathology/cytology** from the primary site.

Note: Code the behavior /3.

Rule H22 Code **8140** (adenocarcinoma, NOS) for **prostate primaries** when the diagnosis is:

- Acinar adenocarcinoma/carcinoma **OR**
- Adenocarcinoma **OR**
- Adenocarcinoma with ductal features **OR**
- Atrophic adenocarcinoma **OR**
- Foamy gland adenocarcinoma **OR**
- Microcystic adenocarcinoma **OR**
- Pseudohyperplastic adenocarcinoma **OR**
- Prostatic intraepithelial-like carcinoma

Rule H23 Code **8077/2** (Squamous intraepithelial neoplasia, high grade) for the following:

- AIN, grade II/Anal intraepithelial neoplasia, grade II
- AIN, grade III/Anal intraepithelial neoplasia, grade III
- Biliary intraepithelial neoplasia, high grade
- CIN with severe dysplasia
- Conjunctival intraepithelial neoplasia grade III (CIN III)
- High-grade squamous intraepithelial neoplasia, grade II
- High-grade intraepithelial neoplasia, grade III
- High-grade squamous intraepithelial lesion (HSIL)
- Intraepithelial neoplasia grade II/III
- Squamous intraepithelial neoplasia, grade II
- Squamous intraepithelial neoplasia, grade III
- Vaginal intraepithelial neoplasia, grade III/VAIN III

Note 1: Code 8077 cannot be used for glandular intraepithelial neoplasia such as pancreatic intraepithelial neoplasia (PAIN).

Note 2: This list may not include all reportable neoplasms for 8077/2. See SEER Program Coding and Staging Manual or STORE manual for reportable neoplasms.

Rule H24 Code **8148/2** (Glandular intraepithelial neoplasia grade III) for the following:

- Pancreatic intraepithelial neoplasia (PanIN III)
- High grade biliary intraepithelial neoplasms (BiIN III)
- Biliary intraepithelial neoplasm Grade 3/BiIN-3
- Esophageal intraepithelial neoplasm, high grade

Note: This list may not include all reportable neoplasms for 8148/2. See SEER Program Coding and Staging Manual or STORE manual for reportable neoplasms.

Rule H25 Code the histology when only **one histologic type** is identified.

Note: Do not code terms that do not appear in the histology description.

Example: Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis

Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Rule H26 Code the histology of the underlying tumor when there is **extramammary Paget disease** and an underlying tumor of the **anus, perianal region, or vulva**.

Rule H27 Code **8210** (adenocarcinoma in adenomatous polyp), **8261** (adenocarcinoma in villous adenoma), or **8263** (adenocarcinoma in tubulovillous adenoca) **only when**:

- The final diagnosis is **adenocarcinoma/carcinoma** in a polyp **OR**
- The final diagnosis is **adenocarcinoma/carcinoma**, and a residual polyp or polyp architecture is recorded in other parts of the pathology report **OR**
- The final diagnosis is **adenocarcinoma/carcinoma** and there is reference to residual or pre-existing polyp **OR**
- There is documentation that the patient had a polypectomy

Important note for cases diagnosed 1/1/2023 forward: If the final diagnosis indicates a histology other than adenocarcinoma/carcinoma arising in a polyp, code the specific histology.

Example: Cervix biopsy shows endometrioid adenocarcinoma arising in multiple polyps. Code endometrioid adenocarcinoma.

Rule H28 Code **papillary carcinoma, follicular variant** of **thyroid** (**8340**) when there are multiple papillary and follicular carcinoma subtypes/variants:

- Papillary thyroid carcinoma, NOS and follicular carcinoma, NOS **OR**
- Papillary carcinoma, follicular variant and papillary thyroid carcinoma **OR**
- Papillary carcinoma, follicular variant and follicular carcinoma **OR**
- Any papillary thyroid carcinoma subtype/variant and any follicular subtype/variant listed in Column 3, **Table 12**

Rule H29 Code **papillary microcarcinoma** of thyroid to papillary carcinoma/adenocarcinoma of the **thyroid** to **8260.**

Note: For thyroid primaries only, the term micropapillary/papillary microcarcinoma does not refer to a specific histologic type. In North America, it means the papillary component of the tumor is minimal or occult.

Rule H30 Code the single **invasive** histology for **combinations of invasive and in situ**. Ignore the in situ terms.

Note: If the Multiple Primary Rules indicate an invasive tumor and separate in situ tumor are a single primary, code the invasive histology.

Rule H31 Code the subtype/variant for **pancreas** primaries when the diagnosis is **ductal carcinoma/adenocarcinoma AND**

- Adenosquamous carcinoma **8560/3**
- Colloid/mucinous carcinoma/adenocarcinoma **8480/3**
- Hepatoid carcinoma **8576/3**
- Large cell carcinoma with rhabdoid phenotype **8014/3**
- Medullary carcinoma **8510/3**
- Signet-ring/poorly cohesive carcinoma/adenocarcinoma **8490/3**
- Undifferentiated carcinoma **8020/3**
- Undifferentiated carcinoma with osteo-clast-like giant cells **8035/3**

Rule H32 Code the **subtype/variant** when there is a **NOS** and a **single subtype/variant** of that NOS, such as the following:

- Cancer/malignant neoplasm, NOS (**8000**) **AND** a subtype/variant of cancer
- Carcinoma, NOS (**8010**) **AND** a subtype/variant of carcinoma
- Adenocarcinoma, NOS (**8140**) **AND** a subtype/variant of adenocarcinoma
- Squamous cell carcinoma, NOS (**8070**) **AND** a subtype/variant of adenocarcinoma
- Melanoma, NOS (**8720**) **AND** a subtype/variant of melanoma
- Sarcoma, NOS (**8800**) **AND** a subtype/variant of sarcoma

Note: See **Tables 3-21** in to find NOS and subtype/variants. There may be exceptions to this rule.

Rule H33 Code a combination code when there are multiple specific histologies or when there is an NOS with multiple specific histologies **AND**

- The combination is listed in **Table 2** in Equivalent Terms and Definitions, ICD-O and all updates OR
- There are coding instructions for the combination in the applicable histology **Tables 3-21** OR
- You receive a combination code from Ask A SEER Registrar

Note 1: The rules are hierarchical. Use this rule when previous rules do not apply.

Note 2: Submit a question to **Ask A SEER Registrar** when a combination is not listed in Table 2 in Equivalent Terms and Definitions, ICD-O, and all ICD-O updates.

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary
Code the histology according to the rule that fits the case

Presentation Slides

KENTUCKY
CANCER REGISTRY

2023 SPRING TRAINING

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AGENDA

- ICD-O- Changes and updates
- New Data Items
- Coding Changes and Updates
- Deleted/Retired Data Items
- New Surgery Codes
- New SSDIs
- Solid Tumor Updates and Changes
- SEER Manual Updates
- STORE Manual Updates
- AJCC – V9
- The Toronto Staging System

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ICD-O UPDATES

2023

3

2023 ICD-O CHANGES

- Effective for cases diagnosed 1/1/2023 forward
- Tables provide information on changes to reportability
- Available on NAACCR website

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

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2023 ICD-O-3.2 UPDATES

- The 2023 ICD-O-3.2 histology code & behavior update includes comprehensive tables listing all changes made after the 2022 update and is **effective for cases diagnosed 1/1/2023 forward**.
- Update based on 5th Ed WHO CNS and Thoracic books
- Majority are new associated terms to existing ICD-O codes
  - There are 41 new preferred terms
- 5 New ICD-O codes
- 1 histology changed behavior and is reportable
- Tables are in the same format as 2022
- ***This update includes important information on behavior changes to pilocytic astrocytoma***

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Table 1 - Numerical

Table 1: 2023 ICD-O-3.2 Update (Numerical)

- Codes/terms listed numerically
- Only new terminology to existing ICD-O-3.2 codes are included in the 2023 ICD-O Implementation guidelines and documentation. Terms are those listed in WHO Blue Books
- Update based on the following 5th Ed Classification of Tumors books: Thoracic and CNS

ICD-O Code	Term	Required SEER	Required NPCR	Required CoC	Required CCCR	Remarks
8044/3	Thoracic SMARCA4-deficient undifferentiated tumor (C34._)	Y	Y	Y	Y	New term
8077/2	Moderate squamous dysplasia Severe squamous dysplasia	N See remarks*	N See remarks*	N See remarks*	N See remarks*	New term. *Note: moderate and severe squamous dysplasia are incidental findings on bronchoscopy. Considered precursor to squamous carcinoma in situ (SCIS). **Reportability has not yet been determined.**
8140/0	Bronchiolar adenoma/ciliated muconodular papillary tumor	N	N	N	N	New terms/Not reportable
8260/3	Low-grade papillary adenocarcinoma	Y	Y	Y	Y	New term
8272/3	Pituitary adenoma/pituitary neuroendocrine tumor (PitNET) **(C75.1)**	Y	Y	Y	Y	New term. Per WHO, both terms may be used in the diagnosis or pituitary neuroendocrine tumor, or PitNET. All are coded 8272/3. Pituitary adenoma, NOS is coded 8272/0
8310/3	Hyalinizing clear cell carcinoma	Y	Y	Y	Y	New term
8693/3	Cauda equina neuroendocrine tumor (cranial and paraspinal nerves)	Y	Y	Y	Y	New related term
8820/0	Papillary fibroelastoma	N	N	N	N	New term/not reportable
8821/1	Desmoid fibromatosis	N	N	N	N	New term/not reportable
9050/2	Mesothelioma in situ	Y	Y	Y	Y	New code/behavior. Reportable 1/1/2023
9050/3	Localized pleural mesothelioma **(C38.4)** Diffuse pleural mesothelioma **(C38.4)**	Y Y	Y Y	Y Y	Y Y	New term New term

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9170/3	Diffuse pulmonary lymphangiomatosis **(C34._)**	Y	Y	Y	Y	New term
9174/3	Lymphangioleiomyomatosis	Y	Y	Y	Y	Behavior code change from /1 to /3. Reportable for cases diagnosed 1/1/2023 forward.
9385/3	Diffuse midline glioma, H3 K27-altered	Y	Y	Y	Y	New term
	Diffuse hemispheric glioma, H3 G34-mutant	Y	Y	Y	Y	New term
	Diffuse pediatric-type glioma, H3-wildtype and IDH-wildtype	Y	Y	Y	Y	New term
	Infant-type hemispheric glioma	Y	Y	Y	Y	New term
9391/3	Supratentorial ependymoma, NOS **(C71._)**	Y	Y	Y	Y	New term
		Y	Y	Y	Y	New term
	Posterior fossa ependymoma, NOS **(C71._)**	Y	Y	Y	Y	New term
	Spinal ependymoma, NOS **(C72.0)**					
9396/3	Supratentorial ependymoma, ZFTA fusion-positive	Y	Y	Y	Y	New term
	Supratentorial ependymoma, YAP1 fusion-positive	Y	Y	Y	Y	New term
	Posterior fossa group A (PFA) ependymoma	Y	Y	Y	Y	New term
	Posterior fossa group B (PFB) ependymoma	Y	Y	Y	Y	New term
	Spinal ependymoma, MYCN-amplified **(C72.0)**	Y	Y	Y	Y	New term
9400/3	Astrocytoma, IDH-mutant, grade 2	Y	Y	Y	Y	New term
9401/3	Astrocytoma, IDH-mutant, grade 3	Y	Y	Y	Y	New term
9413/0	Polymorphous low-grade neuroepithelial tumor of the young	Y	Y	Y	Y	New term
9421/1	**Diffuse astrocytoma, *MYB*- or *MYBL1*-altered**	Y	Y	Y	Y	Replaces the term "pilocytic astrocytoma" **Beginning with cases diagnosed 1/1/2023, pilocytic astrocytoma are coded 9421/1.**
9680/3	Diffuse large B-cell lymphoma associated with chronic inflammation of the pleura **(C38.4)**	Y	Y	Y	Y	New term
	Fibrin-associated diffuse B-cell lymphoma **(C38.0)**	Y	Y	Y	Y	New term
9699/3	MALT lymphoma of the dura	Y	Y	Y	Y	New term
9749/1	Juvenile xanthogranuloma **(C71.5)**	Y	Y	Y	Y	New code/new term/new behavior
9749/3	Rosai-Dorfman disease	Y	Y	Y	Y	New term

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PILOCYTIC ASTROCYTOMA: CHANGES FOR 2023

- From 1976-2000 coded 9421/3 per WHO and ICD-O
- Starting in 2001 forward, the behavior changed to /1
  - WHO/ICD-O removed 9421/3 from ICD-O-3
- However, North America continued collecting as /3
  - This practice did not change once benign/borderline CNS tumors became reportable in 2004 with exception of optic glioma of optic nerve which are coded 9421/1 beginning 2018

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WHAT CHANGED FOR 9421?

- 5th Ed CNS Tumors reinstated 9421/3 for newly identified neoplasm:
  - **High-grade astrocytoma with piloid features (HGAP)**
- Standard setters approved recommendation to **report pilocytic astrocytoma as 9421/1** thus, allowing **HGAP to be correctly coded & identified in surveillance data as 9421/3**

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PILOCYTIC ASTROCYTOMA 2023 REPORTABILITY & CODING CHANGES

- **IMPORTANT:** Cases Diagnosed ***1/1/2023 FORWARD***:
- All cases diagnosed with pilocytic astrocytoma/juvenile pilocytic astrocytoma and related terminology are to be reported with **behavior /1.**
- They will ***no longer*** be collected with malignant ***behavior (/3)***
- ICD-O code **9421/3** will be valid for the diagnosis of **high-grade astrocytoma with piloid features or HGAP *only***
- Coding instructions are included in the remarks section for 9421/1 and 9421/3 in the 2023 ICD-O Update Tables 1 and 2.
- The 2023 Solid Tumor Rules Update for Malignant CNS and Nonmalignant CNS provides coding instructions based on diagnosis date for pilocytic astrocytoma occurring in the CNS.

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ADDENDUM TO 2022 ICD-O-3.2

Addendum to 2022 ICD-O-3.2 Update, Tables 1 and 2
The table lists eight (8) histologies which were approved by the Mid-Level Tactical Group for use with primaries of the cervix (C53._) for cases diagnosed 1/1/2021 forward. Previously, registrars had been instructed to use these histologies for cervical primaries for cases diagnosed January 1, 2022, forward. For additional information see the NAACCR 2023 Implementation Guidelines, ***13.4 AJCC Version 9 Cervix Uteri Adenocarcinoma***.

Manual review of cases currently in registry databases and recoding of cases is not required by the standard setters. Registries may elect to review and recode cases.

ICD-O Code	Term	Required SEER	Required NPCR	Required CoC	Required CCCR	Remarks
8085/3	Squamous cell carcinoma, HPV-associated	See remarks	See remarks	See remarks	See remarks	Valid for uterine cervix 1/1/2021 forward
8086/3	Squamous cell carcinoma, HPV-independent	See remarks	See remarks	See remarks	See remarks	Valid for uterine cervix 1/1/2021 forward
8310/3	Adenocarcinoma, HPV-independent, clear cell type	See remarks	See remarks	See remarks	See remarks	Valid for uterine cervix 1/1/2021 forward
8380/3	Adenocarcinoma, HPV-independent, endometrioid type **Note: This term is AJCC specific and is not included in WHO 5th Ed GYN book or CAP protocol**	See remarks	See remarks	See remarks	See remarks	Valid for uterine cervix 1/1/2021 forward
8482/3	Adenocarcinoma, HPV-independent, gastric type	See remarks	See remarks	See remarks	See remarks	Valid for uterine cervix 1/1/2021 forward
8483/3	Adenocarcinoma, HPV-associated	See remarks	See remarks	See remarks	See remarks	Valid for uterine cervix 1/1/2021 forward
8484/3	Adenocarcinoma, HPV-independent, NOS	See remarks	See remarks	See remarks	See remarks	Valid for uterine cervix 1/1/2021 forward
9110/3	Adenocarcinoma, HPV-independent, mesonephric type	See remarks	See remarks	See remarks	See remarks	New related term for 9110/3 and is not site specific. The term may be coded for cervix cases diagnosed prior to 1/1/2022.

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WHAT'S NEW FOR 2023

Data Collection Updates

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NEW DATA ITEMS 2023

NAACCR Number	Data Item	Source
344	Tobacco Use Smoking Status	CoC (2023+) SEER/NPCR (2022+)
671	Surgery of Primary Site at this Facility 2023	CoC (2023+)
1291	Surgery of Primary Site 2023	SEER/CoC (2023+)
1854	No Patient Contact Flag	SEER (2023+)
1856	Reporting Facility Restriction Flag	SEER (2023+)

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TOBACCO USE SMOKING STATUS
NAACCR #344

Store Manual: Page 94

SEER Manual: Page

Item #	Length	Allowable Values	Required Status	Date Revised
344	1	0- 3, 9	2023+	New

Description

This variable indicates the patient's past or current smoking use of tobacco (cigarette, cigar and/or pipe)

- Record cigarette, cigar and/or pipe use only.
- Tobacco Use Smoking Status does not include marijuana, chewing tobacco, e-cigarettes, or vaping devices.

Code	Label
0	Never smoker
1	Current smoker
2	Former smoker
3	Smoker, current status unknown
9	Unknown if ever smoked

New, *but not really*

- **Data item was implemented by NPCR and SEER in 2022.**
- **Coc required 2023+**

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RX HOSP-SURG 2023
NAACCR #671

Pages 215-216

Item #	Length	Allowable Values	Required Status	Date Revised
671	4	A000, B000, A200-A990, B200-B990, Alphanumeric, Blank	2023+	New

Description
Records the surgical procedure(s) performed to the primary site at this facility with a diagnosis year of 2023 and forward.

Coding Instructions
- Site-specific surgical codes for this data item are found in Appendix A.
  - All surgery codes begin with the letter A except for skin.
  - Skin surgery codes begin with the letter B to indicate a significant change in coding.
- For diagnosis year **2023 and forward, this data item *must* be completed (*cannot be blank*)**
- For diagnosis years **2003 – 2022**, this data item ***should*** be left blank.
  - Complete data item Surgical Procedure of Primary Site at this Facility [NAACCR **#670**] utilizing the STORE manual that is applicable for the date of diagnosis

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RX SUMM-SURG 2023
NAACCR #1291

STORE Manual: Pages 217-218
SEER Manual: Pages 169-171

Item #	Length	Allowable Values	Required Status	Date Revised
1291	4	A000, B000, A200-A990, B000-B990, Alphanumeric, Blank	2023+	New

Description
Records the surgical procedure(s) performed to the primary site with a diagnosis year of 2023 and forward

Coding Instructions
- Site-specific surgical codes for this data item are found in **Appendix C** (SEER Manual) and **Appendix A** (STORE Manual)
  - All surgery codes begin with the letter A except for skin.
  - Skin surgery codes begin with the letter B to indicate a significant change in coding.
- For diagnosis year **2023 and forward, this data item *must* be completed (*cannot be blank*)**
- For diagnosis years **2003 – 2022**, this data item ***should*** be left blank.
  - Complete data item Surgical Procedure of Primary Site [NAACCR **#1290**] utilizing the SEER and STORE manuals that are applicable for the date of diagnosis

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NO PATIENT CONTACT FLAG
NAACCR # 1854

SEER Manual
Page: 256

- Effective 01/01/2023
- Flags a record when a patient, family member, or provider informs the physician, hospital, or central registry that they do not want to be contacted for research purposes.
- This data item is populated by the central registry.
- It is used in combination with the data item Reporting Facility Restriction Flag (NAACCR Item #1856).

Code	Description
0	Patient may be contacted for research purposes
1	Patient may **NOT** be contacted for research purposes, per notification from patient, family member, or provider

Coding Instructions

1. Code this data item as either 0 or 1. Blanks are not allowed regardless of diagnosis year.
   a. This data item should always have a value for all diagnosis years. If there is not a known restriction, then code 0 (e.g., the person can be contacted unless known otherwise).
2. Assign the code that best describes whether the patient should or should not be contacted for research purposes
3. Assign this flag at the patient-level so that it can be used to flag release of all associated tumors
4. Code 1 takes precedence over code 0 when consolidating records

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REPORTING FACILITY RESTRICTION FLAG
NAACCR # 1856

SEER Manual
Page: 257

- Effective 01/01/2023
- Flags cases that the central cancer registry may not be allowed to release for research and certain other types of uses due to the restrictions of the reporting facility. This data item is populated by the central registry.
- This data item is populated by the central registry.
- It is used in combination with the data item No Patient Contact Flag (NAACCR Item #1854).

Code	Description
00	No restrictions on release based on reporting facility. This code is assigned if the tumor record is only reported by a facility without potential restrictions on release of data (e.g., in-state hospital, physician offices, pathology lab). The code is also assigned if the tumor record is reported by both a facility without restrictions and a facility listed below that potentially has restrictions. For example, if an in-state hospital and a VHA facility report the same tumor, code 00 would be assigned upon consolidation.
01	OOS: Tumor records received only from Out of State (OOS) data exchange with another central registry
02	VHA: Tumor records received only from Veterans Health Administration (VHA)
03	DoD: Tumor records received only from Department of Defense (DOD)
04	VHA and OOS
05	DoD and OOS
06	DoD and VHA
07	DoD, VHA and OOS

Coding Instructions

1. Code this data item using the most appropriate code. Blanks are not allowed regardless of diagnosis year.
   a. This data item should always have a value for all diagnosis years. If there is no known restriction, assign code 00.
2. Assign code 00 when codes 01-07 do not apply
3. Record the flag that best describes the reporting facility(ies) that have contributed to the case
4. Update the flag when additional reporting facilities contribute to the case
5. Work with software vendors to populate this data item for information previously captured in other fields and/or based on the reporting facilities contributing to the case

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DATA ITEMS WITH NAME CHANGES

NAACCR Number	Previous Name	Current Name
670	~~Surgical Procedure of Primary Site at this Facility~~	Rx Hosp Surg Prim Site 03-2022
1290	~~Surgical Procedure of Primary Site~~	Rx Summ- Surg Prim Site 03-2022

- Do not re-assign codes previously coded for diagnosis years 2022 and prior for data items # 670 and 1290.
- For diagnosis years 2003 – 2022, Surgical Procedure of Primary Site at this Facility [NAACCR data item #670] **should be coded utilizing the STORE manual based on the year of diagnosis**
- Surgical Procedure of Primary Site [NAACCR data item #1290] **should be coded utilizing the SEER and STORE manuals based on the year of diagnosis**

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RACE

Labels were further clarified.

Code	Diagnosis year 2022 and prior Label	Diagnosis 2023+ Label
02	Black	Black or African American
03	American Indian, Aleutian, or Alaska Native (includes all indigenous populations of the Western hemisphere)	American Indian or Alaska Native
07	Hawaiian	Native Hawaiian
13	Kampuchean (Cambodian)	Cambodian
15	Asian Indian or Pakistani, NOS	Asian Indian, NOS or Pakistani, NOS
21	Chamorro/Chamoru	Chamorro
32	New Guinean	Papua New Guinean
98	Other	Some other race
99	Unknown	Unknown by patient

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Deleted Data Items from the SEER and CoC Manuals 2023

NAACCR Number	Data Item	Source
521	Morphology	SEER
670	Surgical Procedure of Primary Site at this Facility	CoC
1290	Surgical Procedure of Primary Site	SEER/CoC

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DELETED DATA ITEMS FLAGS

NAACCR Number	Data Item Name	Source
241	Date of Birth Flag	SEER/CoC
391	Date of Diagnosis Flag	SEER
581	Date of First Contact Flag	CoC
1261	Date Therapy Initiated Flag	SEER
1281	Rx Date – Dx/Stg Prog Flag	CoC
1201	Date of Surgery to Primary Site Flag	SEER/CoC
3171	Date of Most Definitive Surgical Resection of the Primary Site Flag	SEER
833	Date of Sentinel Lymph Node Biopsy Flag	SEER
683	Date of Regional Lymph Node Dissection Flag	SEER
1211	Date of Radiation Flag	SEER
3231	Date of Systemic Therapy Flag	SEER
1221	Date of Chemotherapy Flag	SEER/CoC
1231	Date of Hormone Therapy Flag	SEER/CoC
1241	Date Immunotherapy Started Flag	SEER/CoC
1251	Date Other Treatment Started Flag	SEER
1751	Date of Last Contact Flag	SEER
1773	Date of Last Cancer (Tumor) Status Flag	SEER
1861	Recurrence Date Flag	SEER

22

The Restructuring

of

SURGERY CODES

23

SURGERY CODES 2003-2022

- **Rx Hosp--Surg Prim Site [NAACCR data item #670]**
- **Rx Sum—Surg Prim Site [NAACCR data item #1290]**
  - Continue to code for all cases diagnosed through 2022
  - Code utilizing the SEER and/or STORE manuals based on the year of diagnosis

20 Local tumor excision, NOS
- 26 Polypectomy, NOS
- 27 Excisional biopsy
- 28 Polypectomy-endoscopic
- 29 Polypectomy-surgical excision

Any combination of 20 or 26–29 WITH
- 22 Electrocautery

30 Partial colectomy, segmental resection
- 32 Plus resection of contiguous organ; example: small bowel, bladder

40 Subtotal colectomy/hemicolectomy (total right or left colon and a portion of transverse colon)
- 41 Plus resection of contiguous organ; example: small bowel, bladder

50 Total colectomy (removal of colon from cecum to the rectosigmoid junction; may include a portion of the rectum)
- 51 Plus resection of contiguous organ; example: small bowel, bladder

24

V23 SURGERY CODES

New data items for cases diagnosed 2023+

- RX Hosp--Surg Prim Site 2023 [671]
- Rx Summ- Surg 2023 [1291]

Coding Instructions

- Site-specific surgical codes for this data item are found in Appendix A.
  - All surgery codes begin with the letter A except for skin.
  - Skin surgery codes begin with the letter B to indicate a significant change in coding.
- For diagnosis year **2023 and forward, this data item *must* be completed (*cannot be blank*)**
- For diagnosis years **2003 – 2022**, this data item ***should*** be left blank.
  - Complete data item Surgical Procedure of Primary Site at this Facility [NAACCR **#670**] utilizing the STORE manual that is applicable for the ***date of diagnosis***.
  - Complete Data item Surgical Procedure of Primary Site [NAACCR **#1290**] utilizing the SEER and STORE manuals that are applicable for the ***date of diagnosis.***

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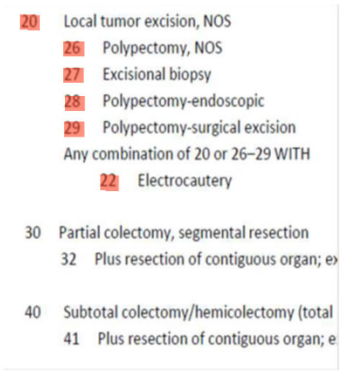
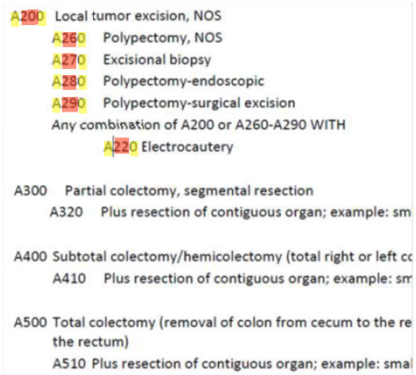
HOW HAVE THEY CHANGED?

Code format is different

- Codes start with alpha character **(A)** and end with zero **(0)**
- Little or no change to code definitions for most sites
  - Codes for skin are the exception

Colon





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SKIN SURGERY CODES

Think **B** for **B**ig changes!

- Codes start with the alpha character (B) and ends with zero (0)
- The use of (B) indicates a major change from the previous versions.

B000 None; no surgery of primary site; autopsy ONLY

B100 Local tumor destruction, NOS
- B110 Photodynamic therapy (PDT)
- B120 Electrocautery; fulguration (includes use of hot forc
- B130 Cryosurgery
- B140 Laser

B200 Local tumor excision, NOS; Excisional biopsy, NOS
- B220-Shave Biopsy, NOS
- B230-Punch Biopsy, NOS
- B240-Elliptical Biopsy (aka fusiform)

B300 Mohs Surgery NOS
- B310 Mohs surgery performed on the same day (all Mohs
- B320 Mohs surgery performed on different days (slow M day)

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The Big Changes

- Assume surgical procedure is "excisional" and code using surgery codes unless the procedure is a needle or core biopsy.
- "Margins" are not a factor when assigning surgery.
  - **Do not code based on margin status documented in the pathology report**
  - *See Clinical Surgical Margins*

B000 None; no surgery of primary site; autopsy ONLY

B100 Local tumor destruction, NOS
- B110 Photodynamic therapy (PDT)
- B120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- B130 Cryosurgery
- B140 Laser

B200 Local tumor excision, NOS; Excisional biopsy, NOS
- B220-Shave Biopsy, NOS
- B230-Punch Biopsy, NOS
- B240-Elliptical Biopsy (aka fusiform)

B300 Mohs Surgery NOS
- B310 Mohs surgery performed on the same day (all Mohs procedures performed during the same day).
- B320 Mohs surgery performed on different days (slow Mohs)(each Mohs procedure performed on different day)

B500 Biopsy (NOS) of primary tumor followed wide excision of the lesion; Wide Excision NOS, Re-excision
- B510-Incisional Biopsy followed by wide excision
- B520-Shave Biopsy followed by wide excision
- B530-Punch Biopsy followed by wide excision
- B540-Elliptical Biopsy (aka fusiform) followed by wide excision

Note: **An incisional biopsy would be a needle or core biopsy of the primary tumor. An incisional biopsy would be coded as a Diagnostic Staging Procedure (NAACCR Item 1350).**

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APPENDIX M: CASE STUDIES FOR CODING MELANOMA IN STORE V23

STORE Manual Pages 407- 421

This guide is to provide added clarification when coding the data items for melanoma skin primaries per STORE rules

- Similar to the CTR Guide to Coding Radiation

Contains 8 case studies

- Scenario
- Coding Answers for 9 data items
- Coding Logic

Seg	#	Field	Code/Definition
Summary	1	Surgical Diagnostic and Staging Procedure [1350]	00
	2	Date of Surgical Diagnostic and Staging Procedure [1280]	Blank
	3	Date of First Surgical Procedure [1200]	01012023
	4	Date of Most Definitive Surgical Resection of Primary Site [3170]	01252023
	5	RX Hosp Surg-2023 [671]	B230
	6	RX Summ Surg-2023 [1291]	B530
	7	SSDI Clinical Margins [3961]	2.5
	8	Date of SLN Biopsy [832]	01252023
	9	Date of Regional LN Dissection [682]	01252023

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SITE SPECIFIC DATA ITEMS

30

NEW SCHEMAS FOR 2023

Cases Diagnosed 2023+	Cases Diagnosed Prior to 2023
09190: Appendix (V9: 2023+)	Appendix – 8th: 2018-2022
09210: Anus (V9: 2023+)	Anus – 8th: 2018-2022
09721: Brain (V9: 2023+)	Brain – 8th: 2018-2022
09722: CNS Other (V9: 2023+)	CNS – 8th: 2018-2022
09723: Intracranial Gland (V9: 2023+)	Intracranial Gland – 8th: 2018-2022
09724: Medulloblastoma (V9: 2023+) (This is a completely new schema)	Brain (C700, C710-C719) CNS Other (C701, C709, C720-C721, C728-C729) Intracranial Gland (C753)

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CLINICAL MARGIN WIDTH
NAACCR #3961

Schema 00470: Melanoma Skin (2018+)

Description
Clinical margin width describes the margins from a wide excision for a melanoma primary. The margin width is measured by the surgeon prior to the procedure. The measurement is taken, in centimeters, from the edge of the lesion or the prior excision scar to the peripheral margin of the specimen.

Definition
Per the *American College of Surgeons Optimal Resources for Cancer Care-2020 Standards Standard 5.5 Local Excision for Primary Cutaneous Melanoma*, the clinical margin width for wide local excision of invasive melanoma **should be**:

- **1 cm for melanomas <1 mm thick**
- **1 to 2 cm for invasive melanomas 1 to 2 mm thick**
- **2 cm for invasive melanomas >2 mm thick**
- **The clinical margin width for wide local excision of a melanoma in situ should be at least 5 mm**

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Collected in the Site Specific Data Item (SSDI), following SEER coding rules and instructions

- Melanoma of the Skin (Schema 00470) for **cases diagnosed 2023+**
  - For cases diagnosed **2018-2022**, leave this SSDI **blank**
- "The appropriate [wide local excision] margins are measured from the periphery of any gross residual tumor or the edges of the entire previous biopsy scar (shave or excisional)."
- Code the peripheral surgical margins from the operative report from a wide excision
- Do not use the pathology report to code this data item.
- Margins from wide excision-Measured from the edge of the lesion or the prior excision scar to the peripheral margin of the specimen, do not use deep margin
- Do not add margins together
- If multiple wide excisions are performed, code the clinical margin width from the procedure with the largest margin
- Code XX.9 if no wide excision
- Do ***not*** use the pathology report to code this data item
- **Documentation Order of priority :**
  - Operative Note
  - Physician statement in medical record

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P16
NAACCR #3956

Schema 09210: Anus (2023+)

Coding Instructions and Codes

Note 1: This SSDI is effective for diagnosis years 2023+ for schema 09210: Anus.

- For cases diagnosed 2018-2022, leave this SSDI blank

Note 2: Code 0 for p16 expression of weak intensity or limited distribution.

Note 3: This data item must be based on testing results for p16 overexpression.

- A statement of a patient being HPV positive or negative is not enough to code this data item
- Testing for HPV by DNA, mRNA, antibody, or other methods should not be coded in this data item
- Do not confuse p16 with HPV 16, which is a specific strain of virus

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HISTOLOGIC SUBTYPE
NAACCR #3960

Schema 09190: Appendix (2023+)

Definition

Histology code for appendiceal tumors (8480) is defined as "Mucinous Adenocarcinoma (in situ or invasive)." In addition, there are also low-grade appendiceal mucinous neoplasm (LAMN) and high-grade appendiceal mucinous neoplasm (HAMN) diagnoses that are assigned the same histology.

Due to the different natures of these histologies, there is interest in tracking these different types of tumors. With the current histology codes, a distinction cannot be made. A histology subtype data item is needed.

Coding Instructions and Codes

Note 1: This SSDI is effective for diagnosis years 2023+.

a. For cases diagnosed 2018-2022, leave this SSDI blank

Note 2: Use the Solid Tumor Rules to determine histology prior to coding this SSDI.

Note 3: Histology 8480/2 or 8480/3 have multiple definitions that are collected in this histology. This data item is used to further identify specific subtypes for histology code 8480/2 or 8480/3.

Code	Description
0	Histology is NOT 8480
1	Low-grade appendiceal mucinous neoplasm LAMN
2	High-grade appendiceal mucinous neoplasm HAMN
3	Mucinous Adenocarcinoma/carcinoma Mucus Adenocarcinoma/carcinoma Mucoid adenocarcinoma/carcinoma Colloid adenocarcinoma/carcinoma
4	Other terminology coded to 8480
BLANK	NA-Diagnosis year is prior to 2023

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LN STATUS FEMORAL-INGUINAL, PARA-AORTIC, PELVIC
NAACCR # 3884

Schemas: Cervix 8th, Cervix V9, Vagina, Vulva

- This SSDI data item was retired in v2.1 and replaced with 3 distinct fields.
- It has been removed from all schemas for v3.0

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CHANGE IN SSDI COLLECTION REQUIREMENTS

Starting with cases diagnosed 2023+

- No longer required by any standard setter
  - 3828: ER Allred Score
  - 3916: PR Allred Score
- Will continue to collect for cases prior to 2023
- Leave blank for cases diagnoses 2023+
  - Registrars can continue to collect this data item for cases diagnosed 2023+ ***if required by their facility***

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SSDI MANUAL UPDATES/CHANGES

Page #27

General Rules

Original Text	Updated Text
General Rules versus SSDI specific rules Unless instructions for a specific tissue test state otherwise, record the highest value (positive versus negative, or actual numerical value) obtained from any tissue based examination (biopsy, surgical resection, bone marrow biopsy). If the SSDI specific coding rules column is yes, then check the SSDI for additional coding instructions	**Priority Order for SSDIs** • Addendums or amendments (corrections that are not incorporated into the initial synoptic report, including CAP Cancer Protocol) • Synoptic report (including CAP Cancer Protocol) • Pathology report: final diagnosis • Physician statement **General Rules versus SSDI specific rules** • Unless instructions for a specific tissue test state otherwise, record the highest value (positive versus negative, or actual numerical value) obtained from any tissue based examination (biopsy, surgical resection, bone marrow biopsy). • If the SSDI specific coding rules column is yes, then check the SSDI for additional coding instructions

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Note: Changes were also done throughout the entire manual as needed, but these changes will have no impact on abstracting

- References to AJCC chapters were changed to refer to AJCC Staging Systems
- References to specific chapters were removed in the Schema ID table
- Text of references to other data items restructured
- For Schema Discriminator 1 [3926], Schema Discriminator 2 [3927]: AJCC chapter references in the validation table were replaced with Schema IDs

For a list of the changes, see:
Version 3.0 Changes For SSDI and Grade Manual
Pages: 6-29

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CHANGES TO GRADE MANUAL, VERSION 3.0

Changes were also done throughout the entire Grade Manual as needed, but these changes will have ***no*** impact on abstracting

- References to AJCC chapters were changed to refer to AJCC Staging Systems
- References to specific chapters were removed in the Grade ID table
- Text of references to other data items restructured

For a list of the changes, see:
Version 3.0 Changes For SSDI and Grade Manual
Pages: 30-32

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SOLID TUMOR RULES

Revisions and Updates

41

BIG NEWS!

The Solid Tumor Manual Other Sites has finally been updated!!!!

42

WHAT HAS CHANGED?

- Breast Module
- Cutaneous Melanoma Module
- Head & Neck Module
- Malignant & Non-malignant CNS Modules
- The "Other Site" Module

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BREAST

New for 2023

- Section in Terms & Definitions
- Table 2 Histology Combination Codes
- Table 3 Histology Terms
- New notes and clarifications to existing notes

44

BREAST UPDATE: RULE M5

Rule M5: Timing Rule

Note 6 has been added

Note 6: When a breast resection was done and a subsequent tumor is identified in the remaining chest wall, muscle, or skin AND there was no residual breast tissue identified in the resected specimen, this is a recurrence and not a new primary.

45

BREAST UPDATE: RULE M10

- Rule M10 for determining single versus multiple primaries in tumors with carcinoma NST/duct and lobular carcinoma have been revised and now align with ICD-O-3.2.
- Behavior requirements have been removed
- Applicable H rules have also been revised to reflect ICD-O-3.2 histology terminology and corresponding ICD-O codes.

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2022

Rule M10 Abstract a **single primary**[1] when multiple tumors of the same behavior are **carcinoma NST/duct and lobular**.

- Both/all tumors may be a mixture of carcinoma NST/duct and lobular 8522 **OR**
- One tumor may be duct and another tumor lobular **OR**
- One tumor may be mixed duct and lobular 8522, the other tumor either duct or lobular

Note 1: Tumors must be in the same breast and have the *same behavior.*

Note 2: Carcinoma NST/duct includes:

- DCIS **8500/2**
- Carcinoma NST **8500/3**
- Carcinoma with osteoclastic-like stromal giant cells **8035/3** (subtype/variant of carcinoma NST)
- Cribriform carcinoma **8201/3**
- Pleomorphic carcinoma **8022/3**

Note 3: Lobular carcinoma includes:

- In situ lobular carcinoma **8520/2**
- In situ pleomorphic lobular carcinoma **8519/2**
- Invasive lobular carcinoma **8520/3**

2023

Rule M10 Abstract a **single primary**[1] when there are multiple tumors of **carcinoma NST/duct and lobular**.

- Both/all tumors may be a mixture of carcinoma NST/duct and lobular 8522 **OR**
- One tumor may be duct and another tumor lobular **OR**
- One tumor may be mixed duct and lobular 8522, the other tumor either duct or lobular

Note 1: Tumors must be in the same breast.

Note 2: Carcinoma NST/duct includes:

- DCIS **8500/2**
- Carcinoma NST **8500/3**
- Carcinoma with osteoclastic-like stromal giant cells **8035/3** (subtype/variant of carcinoma NST)
- Cribriform carcinoma **8201/3**
- Pleomorphic carcinoma **8022/3**

Note 3: Lobular carcinoma includes:

- In situ lobular carcinoma **8520/2**
- In situ pleomorphic lobular carcinoma **8519/2**
- Invasive lobular carcinoma **8520/3**
- Invasive pleomorphic lobular carcinoma **8520/3**

Note 4: **When a mixture of behaviors is present in carcinoma, NST and lobular carcinoma, follow the H rules to determine the correct histology code.**

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BREAST UPDATE: RULE H15

2022

Rule H15 Code duct carcinoma and invasive lobular carcinoma **8522/3** when there is both invasive carcinoma NST/duct carcinoma and invasive lobular carcinoma.

Note 1: CAP uses the term **Invasive carcinoma with ductal and lobular features** ("mixed type carcinoma") as a synonym for duct carcinoma/carcinoma NST AND invasive lobular carcinoma 8522/3.

Note 2: Although the instructions in the "Coding Multiple Histologies in a Single Tumor" section state, "Code the histology that comprises the majority of tumor", 8522/3 identifies both invasive carcinoma NST/duct carcinoma and invasive lobular carcinoma and is the most accurate description.

2023

Rule H15 Code duct carcinoma and lobular carcinoma **8522/3** when the final diagnosis is any of the following:

- Invasive carcinoma NST/duct carcinoma and invasive lobular carcinoma (includes invasive pleomorphic lobular carcinoma)
- Intraductal and invasive lobular carcinoma (includes invasive pleomorphic lobular carcinoma)
- Infiltrating duct and lobular carcinoma in situ (LCIS)
- Infiltrating duct and pleomorphic lobular carcinoma in situ
- Infiltrating lobular carcinoma and ductal carcinoma in situ (DCIS)
- Infiltrating pleomorphic lobular carcinoma and ductal carcinoma in situ (DCIS)

Note 1: Assign behavior code /3 even when an **in situ** histology is mixed with an **invasive**. This aligns with ICD-O-3.2 and was vetted with specialty matter experts.

Note 2: CAP uses the term **Invasive carcinoma with ductal and lobular features** ("mixed type carcinoma") as a synonym for duct carcinoma/carcinoma NST AND lobular carcinoma 8522/3.

Note 3: Although the instructions in the "Coding Multiple Histologies in a Single Tumor" section state, "Code the histology that comprises the majority of tumor", 8522/3 identifies both invasive carcinoma NST/duct carcinoma and invasive lobular carcinoma and is the most accurate description.

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BREAST UPDATE: RULE H24

2022

Rule H24 *Code the invasive histology when there are invasive and in situ histologies:*

- Mixed in each of multiple tumors **OR**
- In separate tumors (one or more invasive and one or more in situ)

Example 1: Multiple tumors, each with invasive carcinoma NST and in situ lobular carcinoma (LCIS) mixed. Code to invasive carcinoma NST 8500/3.

Example 2: One tumor is invasive carcinoma NST and the other is lobular carcinoma in situ (LCIS). Code to invasive carcinoma NST 8500/3.

2023

Rule H24 Code the **invasive** histology when there are both invasive and in situ histologies.

Exception: Continue through the rules when there are multiple tumors of ductal and lobular carcinoma with different behaviors.

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BREAST UPDATE: RULE H25

2022

Rule H25 Code **8522** when carcinoma NST and lobular are present in multiple tumors.

- DCIS and in situ lobular **8522/2**
- Carcinoma NST/duct carcinoma and invasive lobular **8522/3**

Note 1: CAP uses the term Invasive carcinoma with ductal and lobular features ("mixed type carcinoma") as a synonym for duct carcinoma/carcinoma NST AND invasive lobular carcinoma 8522/3.

Note 2: One tumor may be carcinoma NST and the other lobular, or all tumors may be a mixture of carcinoma NST and lobular.

Note 3: This combination code specifically identifies carcinoma NST and lobular carcinoma. For all other histological combinations, continue through the rules.

Note 4: These rules are hierarchical. Both histologies must be in situ or both histologies must be invasive. For example, do not use this rule for invasive carcinoma NST and in situ lobular.

2023

Rule H25 Code **8522** when carcinoma NST and lobular are present in multiple tumors.

- DCIS and in situ lobular **8522/2**
- DCIS and pleomorphic lobular carcinoma in situ **8522/2**
- Invasive carcinoma NST/duct carcinoma and invasive lobular carcinoma (includes invasive pleomorphic lobular carcinoma) **8522/3**
- Intraductal and invasive lobular carcinoma (includes invasive pleomorphic lobular carcinoma) **8522/3**
- Infiltrating duct and lobular carcinoma in situ (LCIS) **8522/3**
- Infiltrating duct and pleomorphic lobular carcinoma in situ **8522/3**
- Infiltrating lobular carcinoma and ductal carcinoma in situ (DCIS) **8522/3**
- Infiltrating pleomorphic lobular carcinoma and ductal carcinoma in situ (DCIS) **8522/3**

Note 1: Assign behavior code /3 even when an in situ histology is mixed with an invasive. This aligns with ICD-O-3.2 and was vetted with specialty matter experts.

Note 2: CAP uses the term **Invasive carcinoma with ductal and lobular features** ("mixed type carcinoma") as a synonym for duct carcinoma/carcinoma NST AND lobular carcinoma 8522/3.

Note 3: One tumor may be carcinoma NST and the other lobular, or all tumors may be a mixture of carcinoma NST and lobular.

Note 4: This combination code specifically identifies carcinoma NST and lobular carcinoma. For all other histological combinations, continue through the rules.

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BREAST UPDATE: TABLE 2

2022

Required Histology Terms	Histology Combination Term and Code
DCIS/duct carcinoma/carcinoma NST **8500** **AND** Lobular carcinoma **8520** *Note 1:* Both histologies, duct and lobular, must have the same behavior code. *Note 2:* **8522** is used when: • Duct **AND** lobular carcinoma are present in a **single tumor OR** • Duct is present in at least one tumor and lobular is present in at least one tumor in the same breast **OR** • One tumor is mixed duct and lobular; the other tumor in the same breast is either duct or lobular **OR** • All tumors in the same breast are mixed duct and lobular *Example*: One tumor with invasive duct CA in LOQ RT breast; second tumor with invasive lobular in UOQ RT breast *Note 3:* **Do not** use 8522 when the diagnosis is carcinoma NST/duct carcinoma with lobular **differentiation**. See Histology Rules for instructions on **coding differentiation.**	**Invasive** carcinoma NST/duct carcinoma **and invasive** lobular carcinoma **8522/3** *Note 1:* CAP uses the term Invasive carcinoma with ductal and lobular features ("mixed type carcinoma") *Note 2:* This is the exception to the instruction that features are not coded. *Note 3:* Carcinoma NST includes all subtypes/variants of carcinoma NST. DCIS **and in situ** lobular carcinoma **8522/2** *Note:* The lobular carcinoma includes pleomorphic lobular carcinoma in situ **8519/2.**

2023

Required Histology Terms	Histology Combination Term and Code
DCIS/duct carcinoma/carcinoma NST **8500** **AND** LCIS/lobular carcinoma **8520 or 8519** *Note 1:* Histologies may be a mix of in situ and invasive *Note 2:* 8522 is used when: • Duct and lobular carcinoma are present in a single tumor **OR** • Duct is present in at least one tumor and lobular present in a least one tumor in the same breast **OR** • One tumor is mixed duct and lobular; the other tumor in the same breast is either duct or lobular **OR** • All tumors in the same breast are mixed duct and lobular ***Example:*** One tumor with invasive duct carcinoma in LOQ RT breast; second tumor with invasive lobular carcinoma in UOQ RT breast *Note 3:* **Do not** use 8522 when the diagnosis is carcinoma NST/duct carcinoma with lobular **differentiation.** See Histology Rules for instructions on **coding differentiation**.	DCIS and in situ lobular carcinoma **8522/2** Note: The lobular includes pleomorphic lobular carcinoma in situ **8519/2** Invasive carcinoma NST/duct carcinoma and invasive lobular carcinoma **8522/3** *Note 1:* CAP uses the term Invasive carcinoma with ductal and lobular features ("mixed type carcinoma") to indicate both duct and lobular are present. *Note 2:* This is an exception to the instruction that features are not coded. *Note 3: Carcinoma NST includes all subtypes of carcinoma NST* *Note 4:* Lobular carcinoma includes invasive pleomorphic lobular carcinoma **Additional combinations of duct and lobular coded 8522/3:** • Intraductal and lobular carcinoma (includes invasive pleomorphic lobular carcinoma) • Infiltrating duct and lobular carcinoma in situ (LCIS) • Infiltrating duct and pleomorphic lobular carcinoma in situ • Infiltrating lobular carcinoma and ductal carcinoma in situ (DCIS) Infiltrating pleomorphic lobular carcinoma and ductal carcinoma in situ (DCIS)

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CUTANEOUS MELANOMA UPDATE

New for 2023

- New H rule has been added to assist in coding single melanoma primaries with two subtype/variants (mixed melanoma)
  - Rule developed with assistance from expert dermatopathologists and addresses the more common combinations submitted to Ask A SEER Registrar

52

CUTANEOUS MELANOMA UPDATE: H8 RULE

Rule H8 Code single tumors with **two variants** as follows:

- Code **8721/3** when Nodular melanoma is mixed with:
  - Amelanotic melanoma **OR**
  - Desmoplastic melanoma **OR**
  - Epithelial cell melanoma
- Code **8730/3** when amelanotic melanoma is mixed with:
  - Spindle cell melanoma, NOS
- Code **8743/3** when Low cumulative sun damaged melanoma/superficial spreading melanoma is mixed with:
  - Desmoplastic melanoma **OR**
  - Nodular melanoma **OR**
  - Spindle cell melanoma
- Code **8744/3** when Acral melanoma/acral lentiginous melanoma, malignant is mixed with:
  - All other melanoma subtype/variants listed in Table 2
- Code **8745/3** when desmoplastic melanoma is mixed with:
  - Spindle cell melanoma, NOS

Note 1: Percentage of a subtype/variant is not used to determine histology for mixed melanomas
Note 2: If the mixed subtypes/variants are not included in this rule, continue to the next rule

53

CUTANEOUS MELANOMA UPDATE: H9 RULE

2022

Rule H8 When two or more melanoma subtype/variants are present in a single tumor, submit a question to Ask A SEER Registrar for coding instructions.
Note 1: Two or more melanoma subtype/variants identified in a single tumor is rare.
Note 2: The WHO Classification of Skin Tumors 4th Ed does not include ICD-O codes for tumors with mixed melanoma subtype/variants

2023

Rule H9 When two or more melanoma subtype/variants are present in a single tumor and are not listed in the previous rule, submit a question to Ask A SEER Registrar for coding instructions.
Note 1: Two or more melanoma subtype/variants identified in a single tumor is infrequent.
Note 2: The WHO Classification of Skin Tumors 4th Ed does not include ICD-O codes for tumors with mixed melanoma subtype/variants

54

HEAD & NECK UPDATE

New for 2023

- Terms & Definitions, Table 9: Paragangliomas
  - Entire Table 9 re-written for readability
  - Includes instructions for pre-2021 and 2021 forward cases

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HEAD AND NECK UPDATE: TABLE 9

2022

Specific Term and Code	Synonyms for Specific Histology
Carotid body paraganglioma 8690/3 ***Cases diagnosed prior to 1/1/2021:*** *Note 1:* This neoplasm is only reportable when documented as malignant/invasive /3 behavior. *Note 2:* Cases diagnosed as malignant prior to 1/1/2021 should be reported as 8692/3. **Cases diagnosed 1/1/2021 forward:** *Note 1:* The term "malignant" is no longer required to assign /3. *Note 2:* Cases diagnosed 1/1/2021 forward are coded 8692/3 per ICD-O-3.2.	Carotid body tumor Chemodectoma, carotid Non-chromaffin paraganglioma, carotid
Laryngeal paraganglioma 8690/3 ***Cases diagnosed prior to 1/1/2021:*** *Note 1:* This neoplasm is only reportable when documented as malignant/invasive /3 behavior. *Note 2:* Cases diagnosed as malignant prior to 1/1/2021 should be reported as 8690/3. **Cases diagnosed 1/1/2021 forward:** *Note 1:* The term "malignant" is no longer required to assign /3. *Note 2:* Cases diagnosed 1/1/2021 forward are coded 8693/3 per ICD-O-3.2. *Note 3:* Vagal paraganglioma has the same proposed histology code as laryngeal paraganglioma. Laryngeal and vagal are in separate rows to emphasize the primary site.	Chemodectoma, laryngeal Non-chromaffin paraganglioma, laryngeal
Middle ear paraganglioma 8690/3 ***Cases diagnosed prior to 1/1/2021:*** *Note 1:* This neoplasm is only reportable when documented as malignant/invasive /3 behavior. *Note 2:* Cases diagnosed as malignant in 2018 should be reported as 8690/3. **Cases diagnosed 1/1/2021 forward:** *Note:* The term "malignant" is no longer required to assign /3.	Glomus jugulare tumor of middle ear Glomus tympanicum Jugulotympanic chemodectoma
Paraganglioma, NOS 8680/3 **Cases diagnosed prior to 1/1/2021:** *Note:* This neoplasm is reportable only when documented as malignant/invasive /3 behavior **Cases diagnosed 1/1/2021 forward:** *Note:* The term "malignant" is n longer required to assign /3.	

2023

Specific or NOS Term and Code	ICD-O Code DX prior to 1/1/2021 *Must be stated to be malignant*	ICD-O Code DX 1/1/2021 forward *"Malignant" no longer required to assign /3*	Synonyms (Per ICD-O-3.2)
Carotid body paraganglioma (C75.4)	8692/3	8692/3	Carotid body tumor
Extra-Adrenal paraganglioma, NOS	8693/3	8693/3	Nonchromaffin paraganglioma, NOS Chemodectoma Composite paraganglioma
Laryngeal paraganglioma	8690/3	8693/3	
Middle ear paraganglioma (C75.5)	8690/3	8690/3	Glomus jugulare tumor Jugulotympanic paraganglioma
Paraganglioma, NOS	8680/3	8680/3	
Vagal paraganglioma *Note:* Vagal paraganglioma has the same histology code as laryngeal paraganglioma. Extra-adrenal, laryngeal and vagal are in separate rows to emphasize primary site.	8690/3	8693/3	

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CNS UPDATES

New for 2023

- Pilocytic Astrocytoma Coding Instructions Updated
- High Grade astrocytoma with piloid features (HGAP)
  - Terms & Definitions, “Instruction” section, malignant & non-malignant CNS rules
  - New section titles “New for 2023” added to terms & definitions, malignant & non-malignant
  - Malignant CNS Table 3
  - Non-malignant CNS, Table 6
  - Make sure to check Solid Tumor Change Log

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MALIGNANT AND NON-MALIGNANT CNS UPDATES

New for 2023

1. Beginning with cases diagnosed 1/1/2023, pilocytic astrocytoma/juvenile pilocytic astrocytoma will **no longer be reported as malignant (/3)**. These neoplasms will continue to be reportable with a behavior of /1. Historically, pilocytic astrocytomas were coded as 9421/3 from 1976-2000. Beginning in 2001 with the release of ICD-O-3, WHO changed the behavior to /1, however, the standard setters opted to continue collecting these cases using malignant /3 behavior. This practice will continue through 12/31/2022.
2. WHO 5th Ed CNS Tumors has assigned a new histology to 9421/3. Beginning with cases diagnosed 1/1/2023, for surveillance purposes, code 9421/3 will be valid for the following histology ***only:***
   a. High Grade astrocytoma with piloid features (HGAP)

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5TH ED WHO CNS: NEW TERMINOLOGY

New terminology as noted in 5th Ed WHO CNS have been added to the appropriate CNS module based on behavior

The CNS histology tables include important information on histologies that share an ICD-O BUT are different entities and are listed on separate rows. It is important to read the notes as they will assist with determining multiple primaries.

Example:

DNET and **PLNTY** have the same ICD-O code but are distinctly different histologies. Because they are different, they are on separate rows. They are not synonyms. They are not an NOS and subtype.

DNET= Dysembryoplastic neuroepithelial tumor

PLNTY=Polymorphous low-grade neuroepithelial tumor of the young

59

OTHER SITES

New for 2023

- Formatting matches the current Solid Tumor Rules
- Solid Tumor Instructions now the same for all site modules
- Histology coding now follows the Solid Tumor Rules
- New M and H rules have been added and are site specific
- 19 Histology tables have been added for the majority of sites covered in the Other Site module

60

HISTOLOGY TABLES: OTHER SITE MODULE

IMPORTANT

- In place of adding numerous site-based histology rules to the 2023 revision, the histology tables will include additional coding instructions and notes to assign the correct ICD-O code when appropriate.
- Not all sites are included in the tables
- Not all histologies are listed
- Each table may include coding tips specific to that site group
- To assign the correct ICD-O code, it is necessary to refer to the site-specific H table to determine if there are additional coding instructions or criteria that must be met to assign a code

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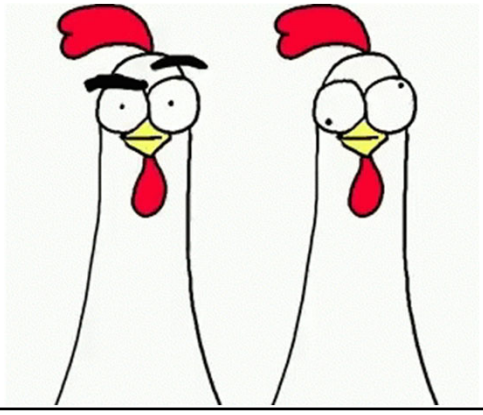
Be Very Careful with the use of ambiguous terminology and assigning histology.

Be mindful of the year of diagnosis and the manual you are using.

The Other Site Module will follow The Solid Tumor Manuals rules when using ambiguous terminology for cases diagnoses 1/1/2023+

Cases diagnosed before 2023 will follow the rules outlined in the Multiple Primary and Histology Manual.



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SEER MANUAL

Updates and Changes for 2023

63

LYMPHOVASCULAR INVASION
NAACCR #1182

SEER Manual

Pages: 136-138

10. Use code **9** when
    a. There is no microscopic examination of a primary tissue specimen
    b. The primary site specimen is cytology only or a fine needle aspiration
    c. The biopsy is only a very small tissue sample
    d. It is not possible to determine whether lymphovascular invasion is present
    e. The pathologist indicates the specimen is insufficient to determine lymphovascular invasion
    f. Lymphovascular invasion is not mentioned in the pathology report
    g. There is no information/documentation from the pathology report or other sources
    h. Primary site is unknown
    i. Ambiguous terminology is used
    Example: Assign code 9 for "suspicious LVI."

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LATERALITY
NAACCR #410

SEER Manual
Page 98-100

Sites for Which Laterality Codes Must Be Recorded

- Deleted sites from the table:
  - C300 Nasal cavity (excluding nasal cartilage, nasal septum)
  - C340 Main bronchus (excluding carina)
  - C413 Rib, clavicle (excluding sternum)
  - C414 Pelvic bones (excluding sacrum, coccyx, symphysis pubis)

- Added primary site C444 to coding instruction 5.a (Assign code 5 when the tumor originates in the midline).

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TUMOR SIZE CLINICAL
NAACCR # 752

SEER Manual
Pages: 113-118

4. Clinical tumor size follows the timing rules for AJCC clinical staging. For clinical tumor size, take into consideration what the physician would use to assign clinical stage. Refer to AJCC TNM guidelines to determine the sources of information that pertain to the clinical staging timeframe.

   Example: TURBT for a bladder primary pertains to clinical staging. A size from a TURBT would be a clinical size.

   Note 1: Do **not** infer the tumor size from the T category.

   Note 2: For prostate clinical tumor size, size from an operative report is the highest priority. Use the size from imaging if you do not have a size from an operative report.

   Note 3: When LEEP is followed by more definitive surgery for a cervical primary, code clinical tumor size based on the LEEP.

25. Assign code 999 for calcifications that span given distance or a cluster of microcalcifications. Do not record the size of calcifications as tumor size. If there is no measurement of the mass or tumor, record 999 for clinical tumor size.

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METS AT DIAGNOSIS – OTHER
NAACCR #1117

SEER Manual
Pages: 150-151

d. Code this data item for all solid tumor schemas (including Kaposi Sarcoma and Ill-Defined Other [includes unknown primary site]) and the following Hematopoietic schemas except as noted in 2.d. and 2.e.

i. Lymphoma Ocular Adnexa 00710
ii. Lymphoma 00790 (see 2.d.)
iii. Lymphoma-CLL/SLL 00795 (see 2.d.)
iv. Mycosis Fungoides (MF) 00811
v. Primary Cutaneous Lymphoma (excluding MF and SS) 00812
vi. HemeRetic 00830 (excluding primary sites C420, C421, C423, C424, see 2.d.)

Note: Do not code spleen involvement for Hodgkin lymphoma in *Mets at Diagnosis--Other*. Spleen involvement is not classified as distant mets for Hodgkin lymphoma in most staging systems.

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APPENDIX C

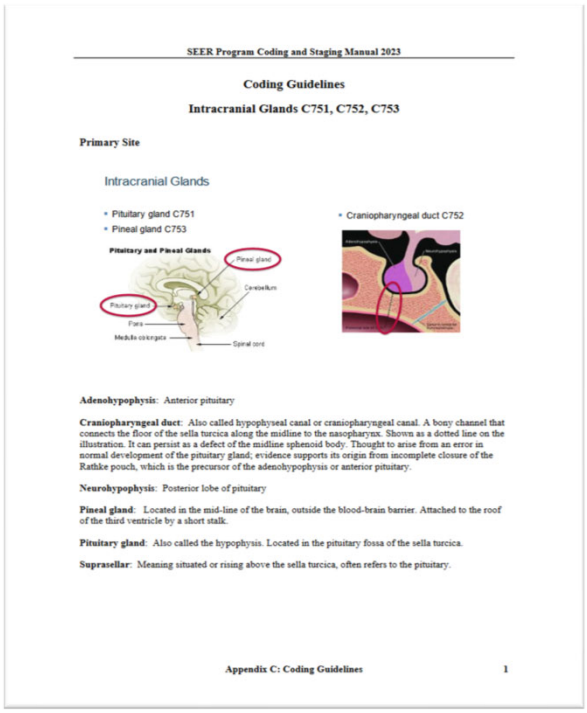
Updates

68

NEW

INTRACRANIAL GLANDS

SITE SPECIFIC CODING MANUAL CODING GUIDELINES ADDED



SEER Program Coding and Staging Manual 2023

Coding Guidelines

Intracranial Glands C751, C752, C753

Primary Site

Intracranial Glands

- Pituitary gland C751
- Pineal gland C753
- Craniopharyngeal duct C752

Pituitary and Pineal Glands

Pineal gland
Cerebellum
Pituitary gland
Pons
Medulla oblongata
Spinal cord

Adenohypophysis: Anterior pituitary

Craniopharyngeal duct: Also called hypophyseal canal or craniopharyngeal canal. A bony channel that connects the floor of the sella turcica along the midline to the nasopharynx. Shown as a dotted line on the illustration. It can persist as a defect of the midline sphenoid body. Thought to arise from an error in normal development of the pituitary gland; evidence supports its origin from incomplete closure of the Rathke pouch, which is the precursor of the adenohypophysis or anterior pituitary.

Neurohypophysis: Posterior lobe of pituitary

Pineal gland: Located in the mid-line of the brain, outside the blood-brain barrier. Attached to the roof of the third ventricle by a short stalk.

Pituitary gland: Also called the hypophysis. Located in the pituitary fossa of the sella turcica.

Suprasellar: Meaning situated or rising above the sella turcica, often refers to the pituitary.

Appendix C: Coding Guidelines 1

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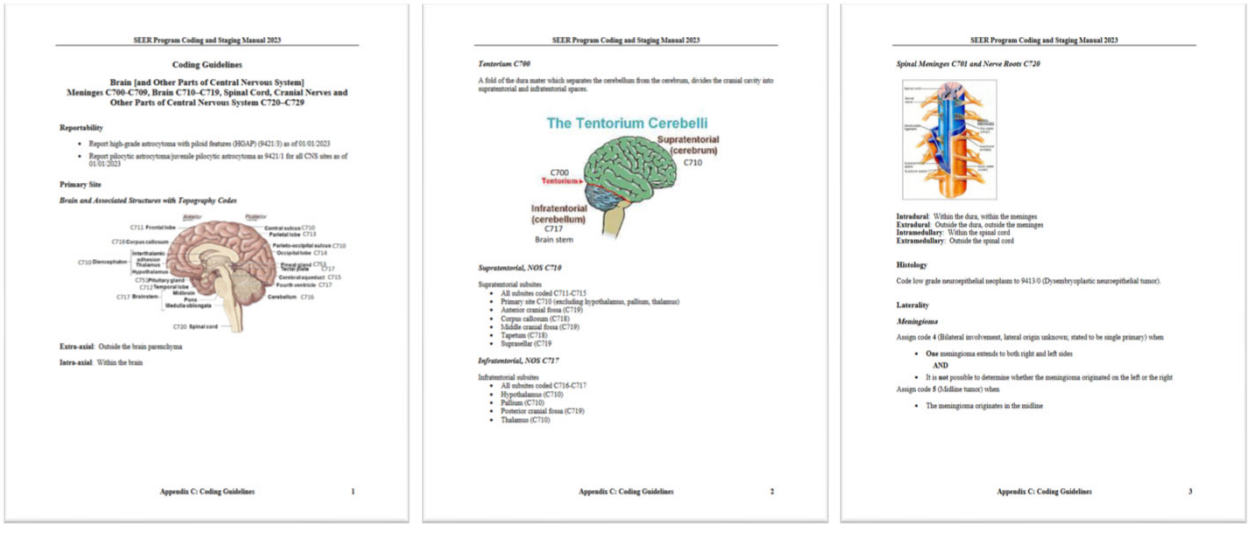
NEW

BRAIN/CNS, MALIGNANT

SITE SPECIFIC CODING MANUAL CODING GUIDELINES ADDED



SEER Program Coding and Staging Manual 2023

Coding Guidelines

Brain [and Other Parts of Central Nervous System] Meninges C700-C709, Brain C710-C719, Spinal Cord, Cranial Nerves and Other Parts of Central Nervous System C720-C729

Reportability

- Report high-grade astrocytoma with piloid features (HGAP) (9421/3) as of 01/01/2023
- Report pilocytic astrocytoma/juvenile pilocytic astrocytoma as 9421/1 for all CNS sites as of 01/01/2023

Primary Site

Brain and Associated Structures with Topography Codes

Anterior Posterior
C711 Frontal lobe
Central sulcus C710
Parietal lobe C713
C710 Corpus callosum
Parieto-occipital sulcus C710
Occipital lobe C714
C710 Diencephalon
Interthalamic adhesion
Thalamus
Hypothalamus
Pineal gland C753
Tentorium C717
C753 Pituitary gland
C712 Temporal lobe
Midbrain
C717 Brainstem
Pons
Medulla oblongata
Fourth ventricle C717
Cerebellum C716
C720 Spinal cord

Extra-axial: Outside the brain parenchyma

Intra-axial: Within the brain

Appendix C: Coding Guidelines 1

SEER Program Coding and Staging Manual 2023

Tentorium C700

A fold of the dura mater which separates the cerebellum from the cerebrum, divides the cranial cavity into supratentorial and infratentorial spaces.

The Tentorium Cerebelli

Supratentorial (cerebrum) C710
C700 Tentorium
Infratentorial (cerebellum) C717
Brain stem

Supratentorial, NOS C710

Supratentorial subsites

- All subsites coded C711-C715
- Primary site C710 (excluding hypothalamus, pallium, thalamus)
- Anterior cranial fossa (C719)
- Corpus callosum (C718)
- Middle cranial fossa (C719)
- Tapetum (C718)
- Supraellar (C719

Infratentorial, NOS C717

Infratentorial subsites

- All subsites coded C716-C717
- Hypothalamus (C710)
- Pallium (C710)
- Posterior cranial fossa (C719)
- Thalamus (C710)

Appendix C: Coding Guidelines 2

SEER Program Coding and Staging Manual 2023

Spinal Meninges C701 and Nerve Roots C720

Intradural: Within the dura, within the meninges
Extradural: Outside the dura, outside the meninges
Intramedullary: Within the spinal cord
Extramedullary: Outside the spinal cord

Histology

Code low grade neuroepithelial neoplasm to 9413/0 (Dysembryoplastic neuroepithelial tumor).

Laterality

Meningioma

Assign code 4 (Bilateral involvement, lateral origin unknown; stated to be single primary) when

- One meningioma extends to both right and left sides

AND

- It is not possible to determine whether the meningioma originated on the left or the right

Assign code 5 (Midline tumor) when

- The meningioma originates in the midline

Appendix C: Coding Guidelines 3

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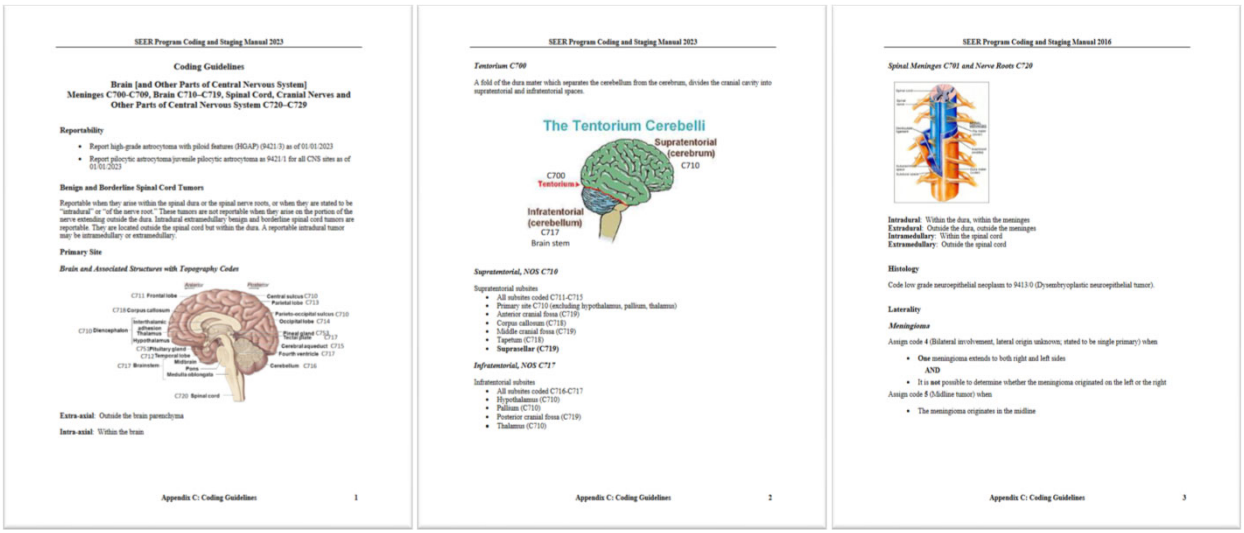
NEW

BRAIN/CNS, BENIGN AND BORDERLINE
SITE SPECIFIC CODING MANUAL
CODING GUIDELINES ADDED



SEER Program Coding and Staging Manual 2023

Coding Guidelines

Brain [and Other Parts of Central Nervous System]
Meninges C700–C709, Brain C710–C719, Spinal Cord, Cranial Nerves and Other Parts of Central Nervous System C720–C729

Reportability

- Report high-grade astrocytoma with piloid features (HGAP) (9421/3) as of 01/01/2023
- Report pilocytic astrocytoma juvenile pilocytic astrocytoma as 9421/1 for all CNS sites as of 01/01/2023

Benign and Borderline Spinal Cord Tumors

Reportable when they arise within the spinal dura or the spinal nerve roots, or when they are stated to be "intradural" or "of the nerve root." These tumors are not reportable when they arise on the portion of the nerve extending outside the dura. Intradural extramedullary benign and borderline spinal cord tumors are reportable. They are located outside the spinal cord but within the dura. A reportable intradural tumor may be intramedullary or extramedullary.

Primary Site

Brain and Associated Structures with Topography Codes

Extra-axial: Outside the brain parenchyma

Intra-axial: Within the brain

Appendix C: Coding Guidelines 1

SEER Program Coding and Staging Manual 2023

Tentorium C700

A fold of the dura mater which separates the cerebellum from the cerebrum, divides the cranial cavity into supratentorial and infratentorial spaces.

Supratentorial, NOS C710

Supratentorial subsites

- All subsites coded C711-C715
- Primary site C710 (excluding hypothalamus, pallium, thalamus)
- Anterior cranial fossa (C710)
- Corpus callosum (C718)
- Middle cranial fossa (C719)
- Tapetum (C718)
- **Supracellar (C719)**

Infratentorial, NOS C717

Infratentorial subsites

- All subsites coded C716-C717
- Hypothalamus (C710)
- Pallium (C710)
- Posterior cranial fossa (C719)
- Thalamus (C710)

Appendix C: Coding Guidelines 2

SEER Program Coding and Staging Manual 2016

Spinal Meninges C701 and Nerve Roots C720

Intradural: Within the dura, within the meninges
Extradural: Outside the dura, outside the meninges
Intramedullary: Within the spinal cord
Extramedullary: Outside the spinal cord

Histology

Code low grade neuroepithelial neoplasm to 9413/0 (Dysembryoplastic neuroepithelial tumor).

Laterality

Meningioma

Assign code 4 (Bilateral involvement, lateral origin unknown; stated to be single primary) when

- **One** meningioma extends to both right and left sides

AND

- It is **not** possible to determine whether the meningioma originated on the left or the right

Assign code 5 (Midline tumor) when

- The meningioma originates in the midline

Appendix C: Coding Guidelines 3

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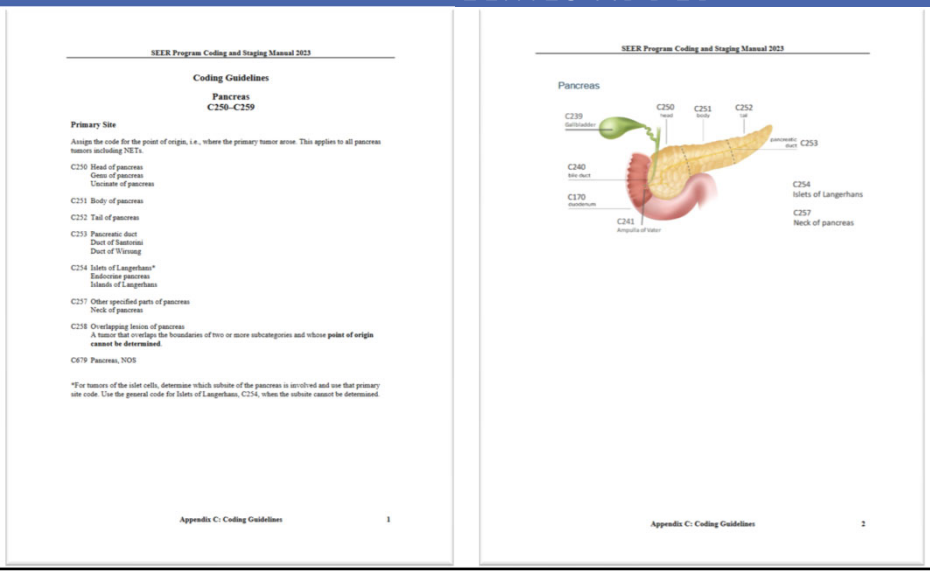
NEW

PANCREAS
SITE SPECIFIC CODING MANUAL
CODING GUIDELINES ADDED



SEER Program Coding and Staging Manual 2023

Coding Guidelines

Pancreas
C250–C259

Primary Site

Assign the code for the point of origin, i.e., where the primary tumor arose. This applies to all pancreas tumors including NETs.

C250 Head of pancreas
Genu of pancreas
Uncinate of pancreas

C251 Body of pancreas

C252 Tail of pancreas

C253 Pancreatic duct
Duct of Santorini
Duct of Wirsung

C254 Islets of Langerhans*
Endocrine pancreas
Islands of Langerhans

C257 Other specified parts of pancreas
Neck of pancreas

C258 Overlapping lesion of pancreas
A tumor that overlaps the boundaries of two or more subcategories and whose **point of origin cannot be determined.**

C679 Pancreas, NOS

*For tumors of the islet cells, determine which subsite of the pancreas is involved and use that primary site code. Use the general code for Islets of Langerhans, C254, when the subsite cannot be determined.

Appendix C: Coding Guidelines 1

SEER Program Coding and Staging Manual 2023

Appendix C: Coding Guidelines 2

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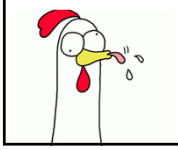
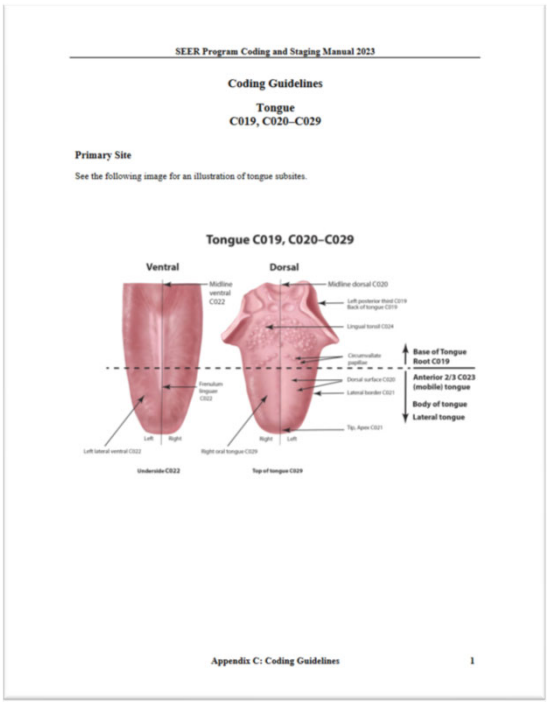
NEW

TONGUE
SITE SPECIFIC CODING MANUAL CODING GUIDELINES ADDED

Coding Guidelines
Tongue (C019, C020-C029)

- **Located in Oral Cavity, Tonsil, Oropharynx**





SEER Program Coding and Staging Manual 2023

Coding Guidelines

Tongue
C019, C020–C029

Primary Site

See the following image for an illustration of tongue subsites.

Tongue C019, C020–C029

Appendix C: Coding Guidelines 1

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APPENDIX C
SITE SPECIFIC CODING MODULES NEOADJUVANT THERAPY TREATMENT EFFECT UPDATES

Section	Data Item	Change	Notes/Comments
Appendix C: Site Specific Coding Modules	Neoadjuvant Therapy Treatment Effect Site Specific Codes: Breast	Coding instruction 5.b added	Neoadjuvant therapy was completed and the treatment effect in the breast is stated only as "Present"
Appendix C: Site Specific Coding Modules	Neoadjuvant Therapy Treatment Effect Site Specific Codes: Lymphoma+	Coding instruction 1 revised and 3 added	1. ALWAYS code to 0, no neoadjuvant therapy (not applicable), for the following schemas, except for death certificate only cases (DCO) (see Coding Instruction #3 below) 3. Assign code 9 for DCOs

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BREAST: SITE SPECIFIC CODING MANUAL UPDATES

Coding Guidelines:

- Updated to give more guidance on coding C509

Code the primary site to C509 when

- There are multiple tumors (two or more) in at least two quadrants of the breast
- There are multiple tumors (two or more) located together at the 12, 3, 6, or 9-o'clock position on the breast

Surgery Codes:

Guidance revised

- Added text under A400 Total (simple) mastectomy, NOS section

A total (simple) mastectomy removes all breast tissue, the nipple, and the areolar complex. An axillary dissection is not done, but sentinel lymph nodes may be removed.

For **single** primaries involving both breasts, use code A760.

[***SEER Note:*** Example of single primary with removal of involved contralateral breast--Inflammatory carcinoma involving both breasts. Bilateral simple mastectomies. Code *Surgery of Primary Site 2023* (NAACCR #1291) as A760.]

- Deleted text under A500 Modified radical mastectomy section

If **contralateral breast** reveals a **second primary**, each breast is abstracted separately. The surgical procedure is coded 51 for the first primary. The surgical code for the contralateral breast is coded to the procedure performed on that site.

~~For **single** primaries only, code removal of involved contralateral breast under the data item *Surgical Procedure of Other Site* (NAACCR Item # 1294).~~

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APPENDIX C SITE SPECIFIC CODING MODULES ADDITIONAL SURGERY CODE UPDATES

Section	Data Item	Change	Notes/Comments
Appendix C: Site Specific Coding Modules	Surgery Codes: Colon	Text revised	Edited text to list codes instead of range Any combination of A200, A260, A270, A280, or A290 WITH A220 Electrocautery
Appendix C: Site Specific Coding Modules	Surgery Codes: Esophagus	Note added	Added note under A800 Esophagectomy, NOS [***SEER Note:*** Code a transhiatal esophagectomy depending on the extent of the esophagectomy. Read all of the operative report and the entire pathology report carefully. If a partial esophagectomy was performed, assign code A300. If a total esophagectomy was performed, assign code A400. If you do not have enough information to determine whether a partial or a total esophagectomy was performed, assign code A800. The transhiatal esophagectomy does not usually include removal of a portion of the stomach, but if a portion of stomach is removed, assign code A520 or A530. If the entire stomach was removed (not likely) assign code A540. Use text fields to record the details.]
Appendix C: Site Specific Coding Modules	Surgery Codes: Lung	Text moved	Placed statement below A800 Resection of lung, NOS **Specimen sent to pathology from surgical events A200–A800**
Appendix C: Site Specific Coding Modules	Surgery Codes: Prostate	Notes added	Added notes under A200 Local tumor excision, NOS section [***SEER Note:*** Assign **code A220** for aqua ablation water jet (or other tumor destruction procedure), described on pathology as a TURP, that identified adenocarcinoma as an incidental finding. Use text fields to document the details.] **Any combination of A200, A210, A220, or A230 WITH** A240 Cryosurgery A250 Laser A260 Hyperthermia [***SEER Note:*** Assign code A250 for Holmium laser enucleation of the prostate when a specimen is sent to pathology.]
Appendix C: Site Specific Coding Modules	Surgery Codes: Skin	Text added; codes and description revised	Made significant changes to skin surgery codes, descriptions, and text. See Appendix C, Skin Surgery Codes.
Appendix C: Site Specific Coding Modules	Surgery Codes: Thyroid	Text revised	Revised statement below A800 Thyroidectomy, NOS **Specimen sent to pathology from surgical events A200-A800**

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SEER MANUAL
REPORTABLE DIAGNOSIS LIST UPDATED

1. ***Malignant Histologies (In Situ and Invasive)***

   s. Report all histologies with a behavior code of /2 or /3 in the ICD-O- Third Edition, Second Revision Morphology (ICD-O-3.2), except as noted in section 1.b. below. The following are reportable diagnoses that are either new or are frequently questioned.

   i. High-grade astrocytoma with piloid features (HGAP) (9421/3) as of 01/01/2023

   ii. Lymphangioleiomyomatosis (9174/3) is reportable as of 01/01/2023; behavior changed from /1 to /3

   iii. Mesothelioma in situ (9050/2) is reportable as of 01/01/2023

   iv. Diffuse leptomeningeal glioneuronal tumor (9509/3) is reportable as of 01/01/2023

   v. Low-grade appendiceal mucinous neoplasm (LAMN) is reportable

   vi. Early or evolving melanoma, in situ and invasive: As of 01/01/2021, early or evolving melanoma in situ, or any other early or evolving melanoma, is reportable.

   vii. **All** GIST tumors, ***except*** for those stated to be benign, are reportable as of 01/01/2021. The behavior code is /3 in ICD-O-3.2.

   viii. 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)

   ix. Carcinoid, NOS of the appendix is reportable. As of 01/01/2015, the ICD-O-3 behavior code changed from /1 to /3.

   x. The following diagnoses **are reportable** (not a complete list)

   - Lobular carcinoma in situ (LCIS) of breast
   - Intraepithelial neoplasia, high grade, grade II, grade III

     Examples: (Not a complete list. See ICD-O-3.2. See 1.b.iii for PIN III.)

   - Anal intraepithelial neoplasia II (AIN II) of the anus or anal canal (C210-C211)
   - Anal intraepithelial neoplasia III (AIN III) of the anus or anal canal (C210-C211)
   - Biliary intraepithelial neoplasia, high grade
   - Differentiated vulvar intraepithelial neoplasia (VIN)
   - Endometrioid intraepithelial neoplasia
   - Esophageal intraepithelial neoplasia (dysplasia), high grade
   - Glandular intraepithelial neoplasia, high grade
   - Intraductal papillary neoplasm with high grade intraepithelial neoplasia
   - Intraepithelial neoplasia, grade III
   - Laryngeal intraepithelial neoplasia II (LIN II) (C320-C329)
   - Laryngeal intraepithelial neoplasia III (LIN III) (C320-C329)
   - Lobular neoplasia grade II (LN II)/lobular intraepithelial neoplasia grade II (LIN II) breast (C500-C509)
   - Lobular neoplasia grade III (LN III)/lobular intraepithelial neoplasia *grade III (LIN III) breast (C500-C509)*
   - Pancreatic intraepithelial neoplasia (PanIN II) (C250-C259)
   - Pancreatic intraepithelial neoplasia (PanIN III) (C250-C259)
   - Penile intraepithelial neoplasia, grade II (PeIN II) (C600-C609)
   - Penile intraepithelial neoplasia, grade III (PeIN III) (C600-C609)
   - Squamous intraepithelial neoplasia, grade II excluding cervix (C53_) and skin sites coded to C44_
   - Squamous intraepithelial neoplasia III (SIN III) excluding cervix (C53_) and skin sites coded to C44_
   - Vaginal intraepithelial neoplasia II (VAIN II) (C529)
   - Vaginal intraepithelial neoplasia III (VAIN III) (C529)
   - Vulvar intraepithelial neoplasia II (VIN II) (C510-C519)
   - Vulvar intraepithelial neoplasia III (VIN III) (C510-C519)

   xi. Non-invasive mucinous cystic neoplasm (MCN) of the pancreas with high grade dysplasia is reportable. For neoplasms of the pancreas, the term MCN with high grade dysplasia replaces the term mucinous cystadenocarcinoma, non-invasive.

   xii. Mature teratoma of the testes in adults is malignant and reportable as 9080/3

   xiii. **Urine** cytology positive for malignancy is reportable for diagnoses in 2013, and forward

   Exception: When a subsequent biopsy of a urinary site is negative, do not report.

   - Code the primary site to C689 in the absence of any other information
   - Do not implement new/additional casefinding methods to capture these cases

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2. **Benign/Non-Malignant Histologies**

   a. Report **benign** and **borderline** primary **intracranial** and **central nervous system (CNS)** tumors with a behavior code of /0 or /1 in ICD-O-3 (effective with cases diagnosed 01/01/2004 to 12/31/2020) or ICD-O-3.2 (effective with cases diagnosed 01/01/2021 and later). See the table below for the specific sites.

   Note 1: Benign and borderline tumors of the cranial bones (C410) are **not reportable**.

   Note 2: Benign and borderline tumors of the peripheral nerves (C47_) are **not reportable**.

   b. Report pilocytic astrocytoma/juvenile pilocytic astrocytoma as 9421/1 for ***all*** CNS sites as of 01/01/2023

   c. Report diffuse astrocytoma, MYB- or MYBL1-altered and diffuse low-grade glioma, MAPK pathway-altered (9421/1) as of 01/01/2023

   d. Report multinodular and vacuolating neuronal tumor (9509/0) as of 01/01/2023

   e. Report juvenile xanthogranuloma (9749/1) as of 01/01/2023 (C715 is the most common site)

   f. **Neoplasm and tumor** are reportable terms for intracranial and CNS because they are listed in ICD-O-3.2 with behavior codes of /0 and /1

      i. **"Mass"** and **"lesion"** are **not** reportable terms for intracranial and CNS because they are **not** listed in ICD-O-3.2 with behavior codes of /0 or /1

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APPENDIX E

Reportable & Non-Reportable Examples Updates

79

APPENDIX E1
ADDITIONAL REPORTABLE EXAMPLES

#	Diagnosis/Condition	Notes
23	Intraepithelial neoplasia examples • Squamous intraepithelial neoplasia, high grade • High grade squamous intraepithelial lesion (HSIL) • Intraepithelial neoplasia grade II/III; II-III • Squamous dysplasia, high grade for sites other than colon/GI • Anal intraepithelial neoplasia (AIN), grade II • Anal intraepithelial neoplasia (AIN), grade III • Biliary intraepithelial neoplasia, high grade • Conjunctival intraepithelial neoplasia grade III • Penile intraepithelial neoplasia (PeIN), undifferentiated • Squamous intraepithelial neoplasia, grade II • Vaginal intraepithelial neoplasia (VaIN), grade III • Vulvar intraepithelial neoplasia (VIN), grade III • Squamous intraepithelial neoplasia, grade III	See also the 2023 SEER manual, Reportability section, for additional reportable terms.
24	8380/2 (C54_) • Endometrioid intraepithelial neoplasia (EIN) • Intraepithelial neoplasm of endometrium • Atypical hyperplasia of endometrium	
25	Pancreatic intraepithelial neoplasia (PanIN III) 8148/2	
26	Differentiated penile intraepithelial neoplasia 8071/2	
27	Intracholecystic papillary neoplasm (ICPN) with high-grade dysplasia 8503/2	

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APPENDIX E2
ADDITIONAL NON-REPORTABLE EXAMPLES

#	Diagnosis/Condition	Notes
33	Ecchordosis physaliphora	Ecchordosis physaliphora, a lesion within the prepontine cistern, is not reportable.
34	Low to intermediate grade neuroendocrine neoplasm or middle ear adenomatoid tumor (MEANT)	Not reportable.
35	Moderate squamous dysplasia and severe squamous dysplasia of lung	Not reportable.
36	High grade prostatic intraepithelial neoplasia	PIN III is not reportable.

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THE STORE MANUAL

2023

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WHERE TO FIND IT

Most up to date version:

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

Link to the most up to date version as of 4/20/2023:

https://www.facs.org/media/phdoz45q/store-2023-final-version-02282023.pdf

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Standards for Oncology Registry Entry

Make sure you are using the manual that correlates to the year of diagnosis

STandards for **O**ncology **R**egistry **E**ntry

STORE 2023

Effective for Cases Diagnosed

January 1, 2023

Posted 2/28/2023

Indicates that there has been revisions

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STORE 2023 SUMMARY OF CHANGES

Pages 30 – 41

- New data items
- Data items with name changes
- Data Items removed from STORE 2023
- List of changes to the STORE v23 (by page number)

85

APPENDIX R: CTR GUIDE TO CODING RADIATION THERAPY TREATMENT IN THE STORE

Now incorporated in the STORE Manual!

Pages 422 – 477

- Contains 29 case studies
  - Scenarios
  - Coding Answers for 29 data fields
  - Coding Logic
- Additional Resources
  - Summary Fields
  - Phase Fields
  - Coding Modality for Heavy Equipment Guide
  - Radiation Abbreviations
  - Summary of Radiation Coding Rules

Seg	#	Field	Code/Definition
Summary	1	Rad/Surg Sequence	03 Radiation after surgery
	2	Reason No Rad	0 Radiation was administered
	3	Location of Rad	1 All RT at this facility
	4	Date Started	1/10/2022
	5	Date Ended	2/4/2022
	6	Number of Phases	02
	7	Discontinued Early	01 Completed
	8	Course Total Dose	005256
Phase 1	9	Volume	40 Breast - whole
	10	Rad to Nodes	00 No radiation to nodes
	11	Modality	02 External beam, photons
	12	Technique	04 -Conformal
	13	Number of Fractions	016
	14	Dose per Fraction	00266
	15	Total Phase 1 Dose	004256
Phase 2	16	Volume	41 Breast -partial
	17	Rad to Nodes	00 No radiation to nodes
	18	Modality	02 External beam, photons
	19	Technique	02 Low energy X-ray
	20	Number of Fractions	004
	21	Dose per Fraction	00250
	22	Total Phase 2 Dose	001000
Phase 3	23	Volume	00 No Radiation
	24	Rad to Nodes	
	25	Modality	
	26	Technique	
	27	Number of Fractions	
	28	Dose per Fraction	
	29	Total Phase 3 Dose	

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OTHER NOTABLE MENTIONS

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EDIT for Class of Case 12, 22

Class of Case, Date of First Contact and Date of First Course of Treatment

Scenario:
1/5/2022: Patient diagnosed via imaging at outside facility.
1/10/2022: Patient arrived at your facility for biopsy.
1/25/2022: Patient arrives at your facility to start first course of treatment.

How would you code?
Class of Case:
Date of Diagnosis:
Date First Contact:
Date First Course of Treatment:

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EDIT for Class of Case 12, 22

Class of Case, Date of First Contact and Date of First Course of Treatment

Scenario:

1/5/2022: Patient diagnosed via imaging at outside facility.
1/10/2022: Patient arrived at your facility for biopsy.
1/25/2022: Patient arrives at your facility to start first course of treatment.

How would you code?

Class of Case: 22
Date of Diagnosis: 01/05/2022
Date First Contact: 01/25/2022
Date First Course of Treatment: 01/25/2022

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Rationale:

STORE Manual
Page 47

- The Date of First Contact [580] is the date of the facility's first inpatient or outpatient contact with the patient for ***diagnosis*** or ***treatment*** of the cancer.
- For analytic cases, the Date of First Contact is the date the patient ***qualifies*** as an analytic case Class of Case 00-22.
- Usually, the Date of First Contact is the date of admission for diagnosis or for treatment.

Date: 1/5/2022
Place: Outside Facility
Procedure: Imaging
Outcome: Cancer Diagnosis
Class of Case: 00

Patient already diagnosed

Date: 1/10/2022
Place: Reporting Facility
Procedure: Diagnostic Biopsy
Outcome: Microscopic/Histologic Confirmation of Cancer Diagnosis
Class of Case: 30 (non-analytic)

Returns to reporting facility for treatment. Class of Case updated from 30 to 22

Date: 1/25/2022
Place: Reporting Facility
Procedure: Start Chemotherapy
Outcome: Start of first course of treatment
Class of Case: 22 (Analytic)

Oncology treatment

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AJCC

Version Updates

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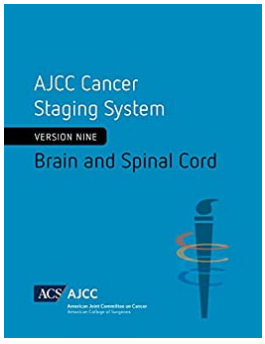
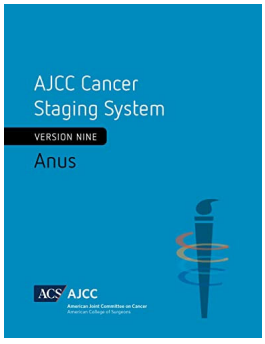
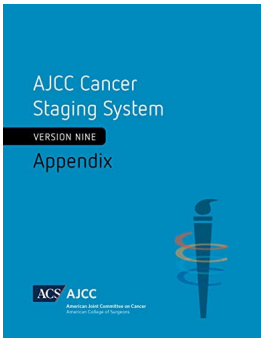
NEW FOR 2023
V9 OF THE AJCC CANCER STAGING SYSTEM

Effective for cases diagnosed January 1, 2023 forward







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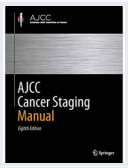
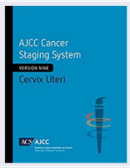
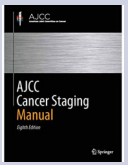
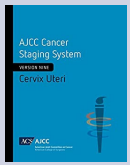
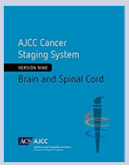
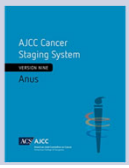
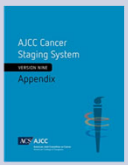
Diagnosis Dates	Manuals Needed to Stage
2018-2020	
2021-2022	 
2023+	    

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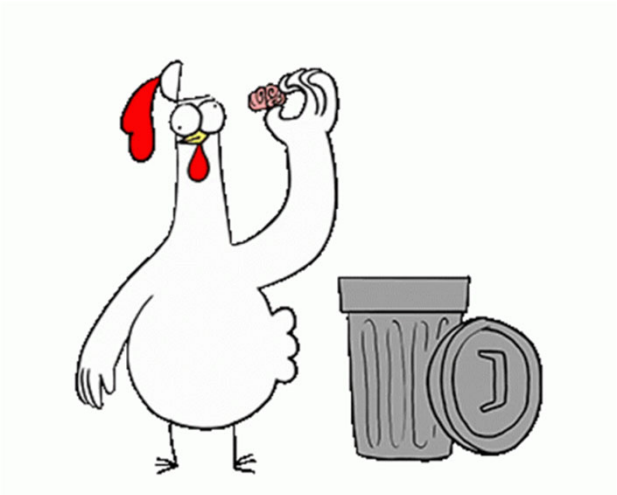
Out with the old…

In with the new…



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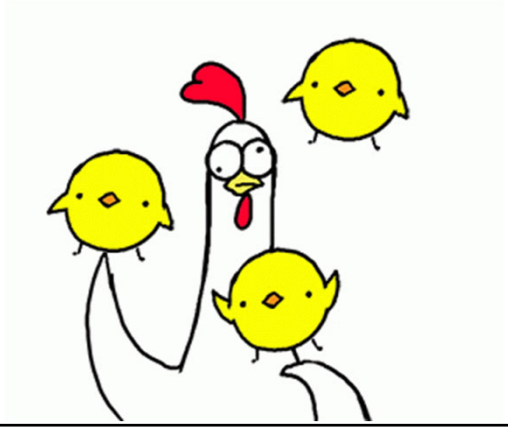

But not so quick…

We are still juggling 2021 and 2022!

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Questions?

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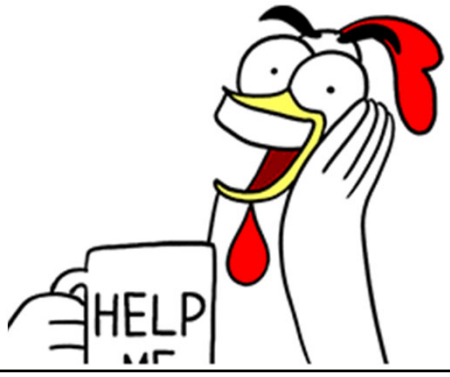

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Toronto Staging

Pediatric Cancer Stage Guidelines

1

About This Staging System

- This staging system provides detailed descriptions of the staging systems recommended to assist population-based cancer registries in the collection of childhood cancer stage.
- Its purpose and goal is to produce data that are:
  - Consistent
  - Comparable

2

2

Staging Design

- Covers 15 groups/subgroups
- Two tier staging system based on extent of resource information
- Tier 1: Limited data success
- Tier 2: Detailed criteria for better-sourced registries
- Stage assigned at diagnosis and before the initiation of treatment (exception: renal cancers)

3

Staging Guidelines

4

4

The Guidelines are intended for population registries only

- The staging systems recommended in the Toronto Pediatric Cancer Stage Guidelines are intended for use by population cancer registries.
- They are not intended to replace staging systems in clinical use nor to conflict with the stage used by clinicians in determining the treatment and prognosis of individual patients.

5

Stage is a measure of extent of disease at diagnosis

- The staging systems described are intended to be a measure of the anatomic extent of disease at diagnosis.
- Stage is one of many prognostic indicators.
- Non-stage prognostic indicators that are important for patient management and risk assessment, may be collected by registries as resources permit.
  - Most of the disease groups within this staging system will not have these indicators.

6

The goal is to derive the best estimate of stage

- The criteria provided are intended to enable registries to derive the best estimate of stage at diagnosis using available data sources.
- There are limitations to be expected in collecting the data items required for staging from medical records and assumptions may be required.
- The criteria within this staging system is designed to capture a reasonable and consistent measure of stage appropriate for epidemiological analysis and comparisons at a population level.

7

Resource-specific tiered staging systems are endorsed

- The Guidelines endorse a two-tiered approach.
- Tier 1: Contains less detailed criteria for registries with limited resources and data access
- Tier 2: Contains more detailed criteria for well-resourced cancer registries
  - Tier 2 stage categories may be collapsed to Tier 1 categories to preserve comparability across registries.

8

General Rules for Staging

9

Rules for Staging:

1. Stage is defined as extent of disease at diagnosis and is based on evidence acquired before treatment (with the exception of renal tumors).
   - The staging of renal tumors is based on findings at surgery
2. For all diagnostic groups including renal tumors, the presence of distant metastases is assessed clinically or pathologically before treatment.
3. If any of the information required for staging is missing from the medical record, stage is assessed as unknown.
4. If the relevant investigations were performed and there is no mention of a data item, then it should be assumed that the item is negative/absent;
   Example:
   - If there is no mention of metastases, then assume 'no metastases'
   - If there is no mention of nodal involvement, then assume 'no nodal involvement'.

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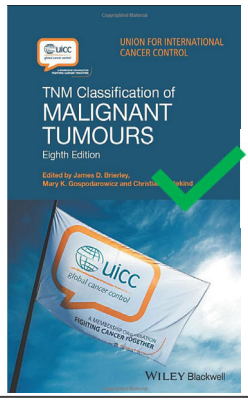
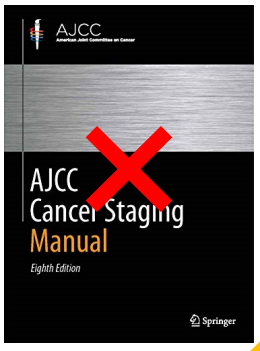
5. For those diagnostic groups where TNM is a component of staging, refer to 'The General Rules of the TNM System'.





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The Toronto Pediatric Cancer Stage Guidelines

Diagnostic group/subgroup	Tier 1 staging system (for low resource settings)	Tier 2 staging system (for high resource settings)
Acute lymphoblastic leukemia	CNS negative	CNS1
	CNS positive	CNS2 CNS3
Hodgkin lymphoma	Ann Arbor-stage IA/B Ann Arbor-stage IIA/B Ann Arbor-stage IIIA/B Ann Arbor-stage IVA/B	Ann Arbor-stage IA/B Ann Arbor-stage IIA/B Ann Arbor-stage IIIA/B Ann Arbor-stage IVA/B
Non-Hodgkin lymphoma	Limited	St Jude/Murphy-stage I St Jude/Murphy-stage II St Jude/Murphy-stage III
	Advanced	St Jude/Murphy-stage IV
Neuroblastoma	Localized Locoregional Metastatic INRGSS-MS disease	INRGSS-localized L1 INRGSS-locoregional L2 INRGSS-metastatic M INRGSS-MS disease
Renal tumors (except renal cell carcinomas)	Localized	Stage I/y-stage I Stage II/y-stage II Stage III/y-stage III
	Metastatic	Stage IV
Rhabdomyosarcoma	Localized	TNM stage 1 TNM stage 2 TNM stage 3
	Metastatic	TNM stage 4
Non-rhabdomyosarcoma soft tissue sarcoma	Localized	TNM stage 1 TNM stage 2 TNM stage 3
	Metastatic	TNM stage 4

Diagnostic group/subgroup	Tier 1 staging system (for low resource settings)	Tier 2 staging system (for high resource settings)
Malignant bone tumors	Localized Metastatic	Localized Metastatic
	Localized	Localized
Retinoblastoma	Localized	IRSS Stage 0 IRSS Stage I IRSS Stage II
	Regional	IRSS Stage III
	Metastatic	IRSS Stage IV
Hepatoblastoma	Localized Metastatic	Localized Metastatic
Testicular cancer	Localized Regional Metastatic	TNM stage I TNM stage II TNM stage III
Ovarian cancer	Localized	FIGO stage I
	Regional	FIGO stage II FIGO stage III
	Metastatic	FIGO stage IV
Astrocytoma	Localized Metastatic	Localized Metastatic
Medulloblastoma and Other CNS Embryonal tumors	Localized	M0
	Metastatic	M1 M2 M3 M4
Ependymoma	Localized	M0
	Metastatic	M1 M2 M3 M4

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Staging Tables

13

Acute lymphoblastic leukemia

- Tier 1 and Tier 2 are based on the extent of central nervous system (CNS) involvement.
- Tier 2 is the Children's Oncology Group (COG) staging system.

Information required for staging	
TIER 1	**TIER 2**
- Clinical signs of CNS involvement (see definitions and notes) - Blasts in the cerebrospinal fluid (CSF) from cytospin	- Clinical signs of CNS involvement (see definitions and notes) - Blasts in the cerebrospinal fluid (CSF) from cytospin - White blood cell and red blood cell counts in the CSF from cytospin - White blood cell and red blood cell counts in the blood from blood tests

14

Staging criteria for acute lymphoblastic leukaemia	
TIER 1	**TIER 2**
CNS- • No clinical signs of CNS involvement *and* no blasts in CSF	CNS1 • No clinical signs of CNS involvement *And* no blasts in CSF
CNS+ • Clinical signs of CNS involvement or • blasts in CSF	CNS2 • No clinical signs of CNS involvement *and* blasts in CSF *and* either: WBC < 5/μL CSF or WBC ≥5/μL CSF *and* RBC ≥ 10/μL CSF *and* WBC/RBC in CSF ≤ 2x WBC/RBC in blood*
	CNS3 • Clinical signs of CNS involvement or • Blasts in CSF *and* WBC ≥ 5/μL CSF *and* either: RBC < 10/μL CSF or RBC ≥ 10/μL CSF *and* WBC/RBC in CSF > 2x WBC/RBC in blood*

Definitions and notes
Blasts in the CSF - Cytospin is required to determine the presence or absence of blasts in the CSF. - If blasts are referred to as "occasional" or "seen" or similar wording, assume blasts are present. - If there is no mention of blasts, assume blasts are absent. Clinical signs of CNS involvement include: - Cranial nerve palsy (e.g. facial weakness, ptosis), brain/eye involvement or hypothalamic syndrome. - Radiologic evidence of intracranial, intradural mass Extra-ocular orbital masses, severe headaches and eye swelling (in the absence of signs of cranial nerve involvement) are not sufficient to constitute CNS involvement.

Database entry codes for acute lymphoblastic leukaemia			
TIER 1		TIER 2	
Stage	Code	Stage	Code
CNS-	CNS-	CNS1	CNS1
CNS+	CNS+	CNS2	CNS2
		CNS3	CNS3
Unknown	X	Unknown	X

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Hodgkin lymphoma

- Tier 1 and Tier 2 are identical and follow the Ann Arbor staging system

Information required for staging
Information required for Tier 1 and Tier 2 is the same: - Constitutional symptoms (see definitions and notes) - Diffuse or disseminated (multifocal) involvement of one or more extra-lymphatic organs - Distant disease: isolated (non-contiguous) extra-lymphatic organ involvement - Involvement of liver - Involvement of lungs - Bone marrow involvement, from bone marrow aspirate or biopsy - CSF involvement, from CSF examination - The number of lymph node regions involved, above and below the diaphragm, from imaging. Lymph node regions are listed in Figures 1a and 1b (see pages 16 and 17). - The number of extra-lymphatic organs or sites involved, above and below the diaphragm, from imaging

Definitions and notes
Constitutional symptoms The suffix A or B is added to the stage according to the absence or presence of defined constitutional symptoms, as follows: A = no constitutional symptoms are recorded, or the medical record states there are no constitutional symptoms B = medical record states there are constitutional symptoms Constitutional symptoms are: • *Fevers.* Unexplained fever with temperature above 38 degrees C (100.4 degrees F). • *Night sweats.* Drenching sweats (e.g. those that require change of bedclothes). • *Weight loss.* Unexplained weight loss of more than 10% of usual body weight in the 6 months prior to diagnosis.

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TIER 1	TIER 2
Stage I • Involvement of a single lymph node region or • Involvement of a single extra-lymphatic organ or site, without lymph node involvement.	**Stage I** • Involvement of a single lymph node region or • Involvement of a single extra-lymphatic organ or site, without lymph node involvement.
Stage II • Involvement of two or more lymph node regions on the SAME side (either above or below) of the diaphragm or • Localised involvement of a single extra-lymphatic organ or site in association with regional lymph node involvement (i.e. local extension from a lymph node area into a nearby organ), *with or without* involvement of other contiguous lymph node regions on the SAME side (either above or below) of the diaphragm.	**Stage II** • Involvement of two or more lymph node regions on the SAME side (either above or below) of the diaphragm or • Localised involvement of a single extra-lymphatic organ or site with associated regional lymph node involvement (i.e. local extension from a lymph node area into a nearby organ), *with or without* involvement of other contiguous lymph node regions on the SAME side (either above or below) of the diaphragm.
Stage III • Involvement of lymph node regions on BOTH sides (above and below) of the diaphragm. This may be accompanied by: - extra-lymphatic extension in association with adjacent lymph node involvement (i.e. local extension from a lymph node area into a nearby organ) and/or - involvement of spleen.	**Stage III** • Involvement of lymph node regions on BOTH sides (above and below) of the diaphragm. This may be accompanied by: - extra-lymphatic extension in association with adjacent lymph node involvement (i.e. local extension from a lymph node area into a nearby organ) and/or - involvement of spleen.
Stage IV • Diffuse or disseminated (multifocal) involvement of one or more extra-lymphatic organs with or without associated lymph node involvement or • Isolated (non-contiguous) extra-lymphatic organ involvement in the absence of adjacent regional lymph node involvement, but in conjunction with disease in distant site(s). or • Any involvement of liver, bone marrow, lungs (except by direct extension from another site) or CSF.	**Stage IV** • Diffuse or disseminated (multifocal) involvement of one or more extra-lymphatic organs with or without associated lymph node involvement or • Isolated (non-contiguous) extra-lymphatic organ involvement in the absence of adjacent regional lymph node involvement, but in conjunction with disease in distant site(s). or • Any involvement of liver, bone marrow, lungs (except by direct extension from another site) or CSF.

Database entry codes for Hodgkin lymphoma

TIER 1		TIER 2	
Stage	Code	Stage	Code
Stage IA	1A	Stage IA	1A
Stage IB	1B	Stage IB	1B
Stage IIA	2A	Stage IIA	2A
Stage IIB	2B	Stage IIB	2B
Stage IIIA	3A	Stage IIIA	3A
Stage IIIB	3B	Stage IIIB	3B
Stage IVA	4A	Stage IVA	4A
Stage IVB	4B	Stage IVB	4B
Unknown	X	Unknown	X

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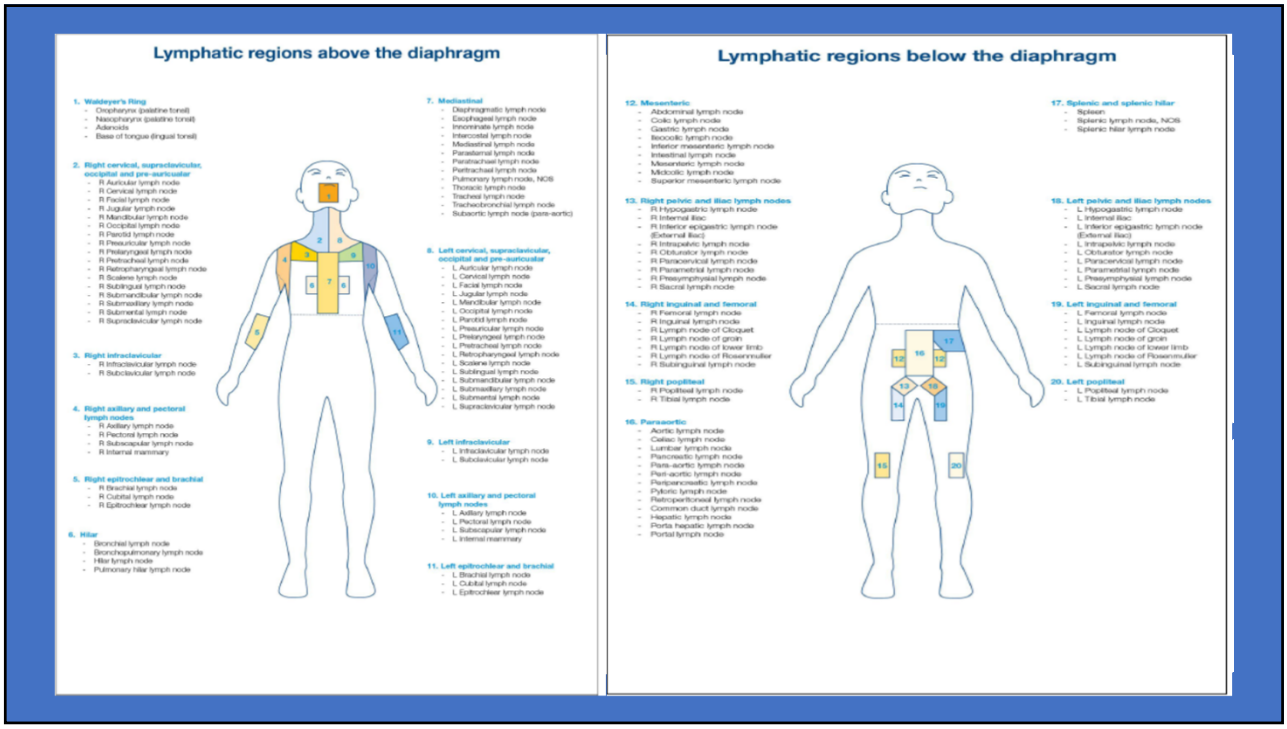

18

Non-Hodgkin lymphoma

- Tier 2 follows the St. Jude/Murphy staging system
- Including Burkitt lymphoma (diagnostic subgroup 2c)

Definitions and notes
CNS involvement: • Any CNS tumour mass (identified by imaging techniques [ie, CT, MRI]); or • Cranial nerve palsy that cannot be explained by extradural lesions; or • Blasts morphologically identified in CSF. (In the absence of a CNS tumour mass and cranial nerve palsy, a CSF report is required to confirm or exclude CNS involvement.) BM involvement: • Morphologic evidence of ≥ 5% blasts or lymphoma cells by BM aspiration or biopsy.

Information required for staging	
TIER 1	TIER 2
- Central nervous system (CNS) involvement (see definitions and notes). - Bone marrow involvement, from bone marrow aspiration or biopsy.	- Central nervous system (CNS) involvement (see definitions and notes). - Bone marrow involvement, from bone marrow aspiration or biopsy. - Involvement of tumour mass or nodal area in the abdomen and whether disease is extensive (unresectable). - Any primary intrathoracic tumours (mediastinal, hilar, pulmonary, pleural, or thymic). - Any paraspinal or epidural tumours. - Gastrointestinal tract tumour and whether it is completely resectable. - The number of lymph node regions involved, above and below the diaphragm, from imaging. Lymph node regions are listed in Figures 1a and 1b (see pages 16 and 17). - The number of extranodal organs or sites involved, above and below the diaphragm), from imaging.

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Staging criteria for non-Hodgkin lymphoma	
TIER 1	TIER 2
Limited • No involvement of CNS *and* no involvement of bone marrow.	**Stage I** • Involvement of a single tumour mass or nodal area, excluding the abdomen and mediastinum.
	Stage II • A single tumour (extranodal) with regional node involvement or • Two or more nodal areas on the SAME side (either above or below) of the diaphragm or • Two or more single (extranodal) tumours, with or without regional node involvement, on the SAME side (either above or below) of the diaphragm or • A completely resected primary gastrointestinal tract tumour with or without involvement of associated mesenteric nodes only.
	Stage III • Tumours (extranodal) or nodal areas on BOTH sides (above and below) of the diaphragm or • Any primary intrathoracic tumours (mediastinal, hilar, pulmonary, pleural, or thymic). or • Extensive* (unresectable) primary intra-abdominal disease or • Any paraspinal or epidural tumours regardless of other tumour sites.
Advanced • Involvement of CNS and/or bone marrow	**Stage IV** • Initial CNS and/or bone marrow involvement.

Database entry codes for non-Hodgkin lymphoma			
TIER 1		TIER 2	
Stage	Code	Stage	Code
Limited	L	Stage I	1
		Stage II	2
		Stage III	3
Advanced	A	Stage IV	4
Unknown	X	Unknown	X

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Neuroblastoma

Neuroblastoma
Tier 2 follows the International Neuroblastoma Risk Group Staging System (INRGSS).[§]
Tier 1 criteria are simplified proxies of Tier 2 that do not require assessment of image-defined risk factors for use in settings where cross-sectional imaging is not available.

Information required for staging	
TIER 1	**TIER 2**
- Age of the case in months/days	- Age of the case in months/days
- Distant metastatic disease	- Distant metastatic disease
- Site of metastases (skin, liver or bone marrow)	- Site of metastases (skin, liver or bone marrow)
- Locoregional spread	- Number of image-defined risk factors (see definitions and notes below)
	- MIBG scintigraphy for bone/bone marrow

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Staging criteria for neuroblastoma			
TIER 1		**TIER 2**	
Localised	Localised tumour not involving vital structures and confined to one body compartment	**Stage L1**	Localised tumour that does not involve any vital structures as defined by the list of IDRFs (i.e. there are no IDRFs) and the tumour must be confined within one body compartment, neck, chest, abdomen, or pelvis. An intraspinal tumour extension that does not fulfil the criteria for an IDRF is consistent with stage L1.
Locoregional	Locoregional tumour with spread	**Stage L2**	Locoregional tumour with one or more IDRFs. The tumour may be ipsilaterally contiguous within body compartments (ie, a left sided abdominal tumour with left-sided lung, bone or pleura involvement should be considered stage L2). However, a clearly left sided abdominal tumour with right-sided lung, bone or pleura (or vice versa) involvement is defined as metastatic disease.
Metastatic	Distant metastatic disease (except stage MS)	**Stage M**	Distant metastatic disease (ie, not contiguous with the primary tumour) except as defined for stage MS. Nonregional (distant) lymph node involvement is metastatic disease. However, an upper abdominal tumour with enlarged lower mediastinal nodes or a pelvic tumour with inguinal lymph node involvement is considered locoregional disease. Ascites and/or a pleural effusion, even with malignant cells, do not constitute metastatic disease unless they are remote from the body compartment of the primary tumour.
MS	Metastatic disease confined to skin, liver, and/or bone marrow in a patient less than 18 months (547 days)	**Stage MS**	Metastatic disease confined to skin, liver, and/or bone marrow, in a patient less than 18 months (547 days). MIBG scintigraphy must be negative in bone and bone marrow.

Definitions and notes

Patients with multifocal primary tumours should be staged according to the greatest extent of disease as defined in the IDRF table.

Image-defined risk factors

Staging requires assessment of whether or not patients have none (Stage L1) or one or more (Stage L2) of the image-defined risk factors (IDRF) listed below. These are identified in reports of imaging at diagnosis, prior to any surgical resection.

- *Ipsilateral tumour extension within two body compartments*
  Neck-chest, chest-abdomen, abdomen-pelvis
- *Neck*
  Tumour encasing carotid and/or vertebral artery and/or internal jugular vein
  Tumour extending to base of skull
  Tumour compressing the trachea
- *Cervico-thoracic junction*
  Tumour encasing brachial plexus roots
  Tumour encasing subclavian vessels and/or vertebral and/or carotid artery
  Tumour compressing the trachea
- *Thorax*
  Tumour encasing the aorta and/or major branches
  Tumour compressing the trachea and/or principal bronchi
  Lower mediastinal tumour, infiltrating the costo-vertebral junction between T9 and T12
- *Thoraco-abdominal*
  Tumour encasing the aorta and/or vena cava
- *Abdomen-pelvis*
  Tumour infiltrating the porta hepatis and/or the hepatoduodenal ligament
  Tumour encasing branches of the superior mesenteric artery at the mesenteric root
  Tumour encasing the origin of the coeliac axis, and/or of the superior mesenteric artery
  Tumour invading one or both renal pedicles
  Tumour encasing the aorta and/or vena cava
  Tumour encasing the iliac vessels
  Pelvic tumour crossing the sciatic notch
- *Intraspinal tumour extension whatever the location provided that:*
  More than one third of the spinal canal in the axial plane is invaded and/or the perimedullary eptomeningeal spaces are not visible and/or the spinal cord signal is abnormal
- *Infiltration of adjacent organs/structures*
  Pericardium, diaphragm, kidney, liver, duodeno-pancreatic block, and mesentery

Database entry codes for neuroblastoma			
TIER 1		**TIER 2**	
Stage	**Code**	**Stage**	**Code**
Localised	L	Stage L1	L1
Locoregional	LR	Stage L2	L2
Metastatic	M	Stage M	M
MS	MS	Stage MS	MS
Unknown	X	Unknown	X

22

Renal Tumors (excluding renal cell carcinomas)

Renal tumours (excluding renal cell carcinomas)
Two principal staging systems exist for renal tumours.[9, 10] Both systems are based on findings at surgery (except for stage IV which is based on presence of distant metastases at diagnosis). The COG/National Wilms Tumour Study Group (NWTSG) staging system is based on findings at surgery for patients who have not received chemotherapy prior to surgery. The SIOP staging system is based on findings at surgery for patients who have received chemotherapy prior to surgery. The recommended staging system incorporates both systems; "y" designates SIOP stage (for patients who have received neo-adjuvant chemotherapy). It is noted that giving chemotherapy before surgery will shrink the tumour and will likely "downstage" the patient.

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Information required for staging	
TIER 1	**TIER 2**
- Distant metastases	- Treatment protocol – COG or SIOP - Distant metastases - Involvement of abdominal lymph nodes - Biopsy (including fine needle aspiration) prior to resection (COG protocol) - Biopsy (excluding fine needle aspiration) prior to resection (SIOP protocol) - Complete excision of tumour - Tumour confined to kidney

Definitions and notes
In cases of bilateral disease - the presence of synchronous disease should be noted - for purpose of staging, only the most advanced kidney should be recorded. At diagnosis, if diagnostic imaging reports on the status of the liver, lung, bone, brain and other sites and mentions the words "suspicious", "highly suspicious", "possible" or "highly suspected", record as metastatic disease (stage IV) regardless of upfront surgery or chemotherapy. Note that the majority of renal tumours in childhood are Wilms tumours.

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Staging criteria for renal tumours (excluding renal cell carcinoma) based on findings at surgery for patients who have not received chemotherapy prior to surgery (Children's Oncology Group (COG) protocol)	
TIER 1	**TIER 2**
Localised Tumour confined to area of origin including abdominal lymph nodes	**Stage I** Tumour is limited to the kidney and completely excised: • Renal capsule intact, not penetrated by tumour • No tumour invasion of veins or lymphatics of renal sinus • No nodal or haematogenous metastases • No prior biopsy • Negative margins
	Stage II Tumour extends beyond kidney but completely resected: • Tumour penetrates renal capsule • Tumour in lymphatics or veins of renal sinus • Tumour in renal vein with margin not involved • No nodal or haematogenous metastases • Negative margins
	Stage III Residual tumour or nonhaematogenous metastases confined to abdomen: • Involved abdominal nodes • Peritoneal contamination or tumour implant • Tumour spillage of any degree occurring before or during surgery • Gross residual tumour in abdomen • Biopsy of tumour (including fine-needle aspiration) prior to removal of kidney • Resection margins involved by tumour
Metastatic Distant metastases present at diagnosis	**Stage IV** Haematogenous metastases or spread beyond abdomen at diagnosis

Database entry codes for renal tumours (excluding renal cell carcinoma)			
Children's Oncology Group (COG) protocol (prechemotherapy)			
TIER 1		TIER 2	
Stage	Code	Stage	Code
Localised	L	Stage I	1
		Stage II	2
		Stage III	3
Metastatic	M	Stage IV	4
Unknown	X	Unknown	X

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Staging criteria for renal tumours (excluding renal cell carcinoma) based on findings at surgery for patients who have received chemotherapy prior to surgery (International Society of Paediatric Oncology (SIOP) protocol)	
TIER 1	**TIER 2**
Localised Tumour confined to area of origin including abdominal lymph nodes	**Stage y-I** Tumour limited to kidney and completely resected: • Renal capsule may be infiltrated by tumour, but tumour does not reach the outer surface • Tumour may protrude or bulge into the pelvic system or ureter, but does not infiltrate • Vessels of renal sinus not involved
	Stage y-II Tumour extends beyond kidney but completely resected: • Tumour penetrates renal capsule into perirenal fat • Tumour infiltrates the renal sinus and/or invades blood and lymphatic vessels outside renal parenchyma but is completely resected • Tumour infiltrates adjacent organs or vena cava but is completely resected
	Stage y-III Incomplete excision of the tumour (gross or microscopic extension beyond the resection margins): • Involved abdominal lymph nodes, including necrotic tumour or chemotherapy-induced changes • Tumour rupture before or intraoperatively • Tumour has penetrated the peritoneal surface • Tumour thrombi present at resection margins • Surgical biopsy prior to resection (does not include needle biopsy)
Metastatic Distant metastases present at diagnosis	**Stage IV** Haematogenous metastases or spread beyond abdomen at diagnosis

Database entry codes for renal tumours (excluding renal cell carcinoma)			
International Society of Paediatric Oncology (SIOP) protocol (postchemotherapy)			
TIER 1		TIER 2	
Stage	Code	Stage	Code
Localised	L	Stage y-I	y1
		Stage y-II	y2
		Stage y-III	y3
Metastatic	M	Stage IV	4
Unknown	X	Unknown	X

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Rhabdomyosarcoma

Rhabdomyosarcoma
Tier 2 follows a modified TNM classification incorporating anatomic site of disease. [4]

Information required for staging	
TIER 1	**TIER 2**
- Distant metastases	- Distant metastases - Regional lymph node involvement - Tumour size - Tumour site (favourable or unfavourable)

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Definitions and notes
Favourable and unfavourable anatomic sites of disease Favourable anatomic sites: - orbit - head and neck (excluding parameningeal) - scalp - parotid - oral cavity - larynx - oropharynx - cheek - hypopharynx - thyroid and parathyroid - neck - genitourinary sites (excluding bladder and prostate tumours) - gallbladder and bile ducts Unfavourable anatomic sites: - bladder - prostate - extremity - parameningeal - middle ear - nasal cavity - paranasal sinuses (including tumours that extend into the paranasal sinus) - nasopharynx - infratemporal fossa/pterygopalatine - parapharyngeal area - trunk - retroperitoneum - all other sites not noted as favourable T – Tumour size T0 = no evidence of primary tumour T1 = tumour confined to a single anatomic site T1a = tumour ≤ 5cm in greatest dimension T1b = tumour > 5cm in greatest dimension T2 = extension beyond anatomic site T2a = tumour ≤ 5cm in greatest dimension T2b = tumour > 5cm in greatest dimension Tx = primary tumour cannot be assessed N - Regional nodes N0 = regional lymph nodes not involved N1 = regional lymph nodes involved Nx = regional lymph nodes cannot be assessed (especially sites that preclude lymph node evaluation) M - Metastases M0 = no distant metastasis M1 = distant metastasis

Staging criteria for rhabdomyosarcoma			
TIER 1		**TIER 2**	
Localised	Tumour confined to the area of origin including the regional lymph nodes.	Stage I	Favourable site and Any T Any N M0
		Stage II	Unfavourable site and T1a, T2a N0 M0
		Stage III	Unfavourable site and T1a, T2a N1 M0 T1b, T2b Any N M0
Metastatic	Distant metastases present	Stage IV	Any site Any T Any N M1

Database entry codes for rhabdomyosarcoma			
TIER 1		**TIER 2**	
Stage	Code	Stage	Code
Localised	L	Stage I	1
		Stage II	2
		Stage III	3
Metastatic	M	Stage IV	4
Unknown	X	Unknown	X

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Non-Rhabdomyosarcoma soft tissue sarcoma

- Tier 2 follows the modified TNM classification incorporating tumor grade

Information required for staging	
TIER 1	TIER 2
- Distant metastases	- Distant metastases - Regional lymph node involvement - Tumour size - Tumour grade

Definitions and notes
T - Tumour
T0 No evidence of primary tumour
T1 Tumour ≤ 5cm in greatest dimension
T2 Tumour > 5cm and ≤ 10cm in greatest dimension
T3 Tumour >10cm and ≤ 15cm in greatest dimension
T4 Tumour >15cm in greatest dimension
Tx Primary tumour cannot be assessed
N - Regional lymph nodes
N0 = regional lymph nodes not involved
N1 = regional lymph nodes involved
Nx = regional lymph nodes cannot be assessed (especially sites that preclude lymph node evaluation)
M - Metastases
M0 = no distant metastasis
M1 = metastasis present
G – Grade
G1 = grade 1 (low/well differentiated)
G2 = grade 2 (intermediate/moderately differentiated)
G3 = grade 3 (high/poorly/undifferentiated)
Gx = grade cannot be assessed

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Staging criteria for non-rhabdomyosarcoma soft tissue sarcoma			
TIER 1		TIER 2	
Localised	Tumour confined to the area of origin including regional lymph nodes.	Stage I	Any T N0 M0 G1 or Gx
		Stage II	T1 N0 M0 G2 or G3
		Stage III	T2 or T3 or T4 N0 M0 G2 or G3 *or* Any T N1 M0 Any G (G1, G2, G3 or Gx)
Metastatic	Distant metastases present	Stage IV	Any T Any N M1 Any G (G1, G2, G3, Gx)

Database entry codes for non-rhabdomyosarcoma soft tissue sarcoma			
TIER 1		TIER 2	
Stage	Code	Stage	Code
Localised	L	Stage I	1
		Stage II	2
		Stage III	3
Metastatic	M	Stage IV	4
Unknown	X	Unknown	X

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Malignant bone tumors

Malignant bone tumours
Only two stages are recommended (localised or metastatic) for both Tier 1 and Tier 2.[4]

Information required for staging
Information required for Tier 1 and Tier 2 is the same: - distant metastases

Definitions and notes
"Skip lesions", "skip metastases" or "seeding" in the same bone as the primary tumour are considered localised and not metastatic; if in a different bone to the primary tumour these are considered metastatic.

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Staging criteria for malignant bone tumours			
TIER 1		TIER 2	
Localised	Tumour confined to the area of origin including regional lymph nodes	**Localised**	Tumour confined to the area of origin including regional lymph nodes
Metastatic	Distant metastases present	**Metastatic**	Distant metastases present

Database entry codes for malignant bone tumours			
TIER 1		TIER 2	
Stage	**Code**	**Stage**	**Code**
Localised	L	**Localised**	L
Metastatic	M	**Metastatic**	M
Unknown	X	**Unknown**	X

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Retinoblastoma

Retinoblastoma
Tier 2 follows the International Retinoblastoma Staging System (IRSS).[11]
Tier 2 stage is determined after enucleation and is therefore a pathological classification.

Information required for staging	
TIER 1	**TIER 2**
- Distant metastases - Involvement of the orbit - Involvement of regional lymph nodes	- Distant metastases - Involvement of the orbit - Involvement of regional lymph nodes - Enucleation - Residual disease in surgical margins

Definitions and notes
In cases of bilateral disease: - the presence of synchronous disease should be noted - for purpose of stage, only the most advanced eye should be recorded.

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Staging criteria for retinoblastoma			
TIER 1		TIER 2	
Localised	Intraocular	Stage 0	The tumour is confined to the globe. Enucleation has not been performed. (The patient is treated "conservatively" with either focal therapies or chemotherapy.)
		Stage I	Enucleation with negative margins
		Stage II	Enucleation with microscopic residual disease
Regional	Orbital extension or regional lymph nodes	Stage III	Regional extension: involvement of the orbit and/or preauricular or cervical lymph node extension
Metastatic	Distant metastases present	Stage IV	Distant metastatic disease

Database entry codes for retinoblastoma			
TIER 1		TIER 2	
Stage	Code	Stage	Code
Localised	L	Stage 0	0
		Stage I	1
		Stage II	2
Regional	R	Stage III	3
Metastatic	M	Stage IV	4
Unknown	X	Unknown	X

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Hepatoblastoma

Hepatoblastoma
Only two stages are recommended for Tier 1 - localised or metastatic.[4] In addition to localised and metastatic, Tier 2 also incorporates the PRETEXT number.[16, 17]

Information required for staging	
TIER 1	**TIER 2**
- Distant metastases	- Distant metastases - Segments of the liver that are involved, determined by imaging.

Definitions and notes
The PRETEXT number describes the intrahepatic extent of the primary tumour before any therapy. Further details of how to assign the PRETEXT number are shown on the following pages.

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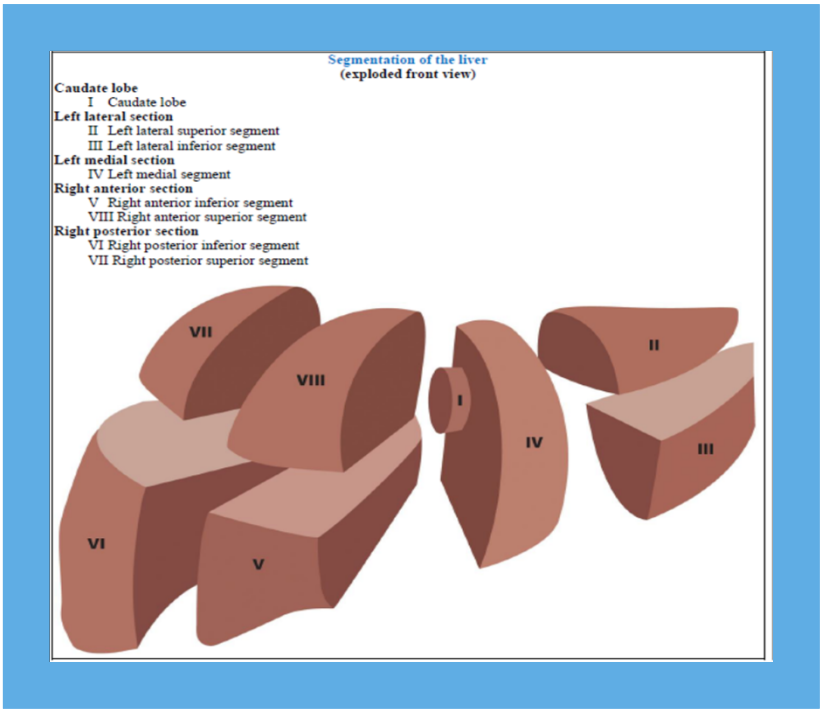

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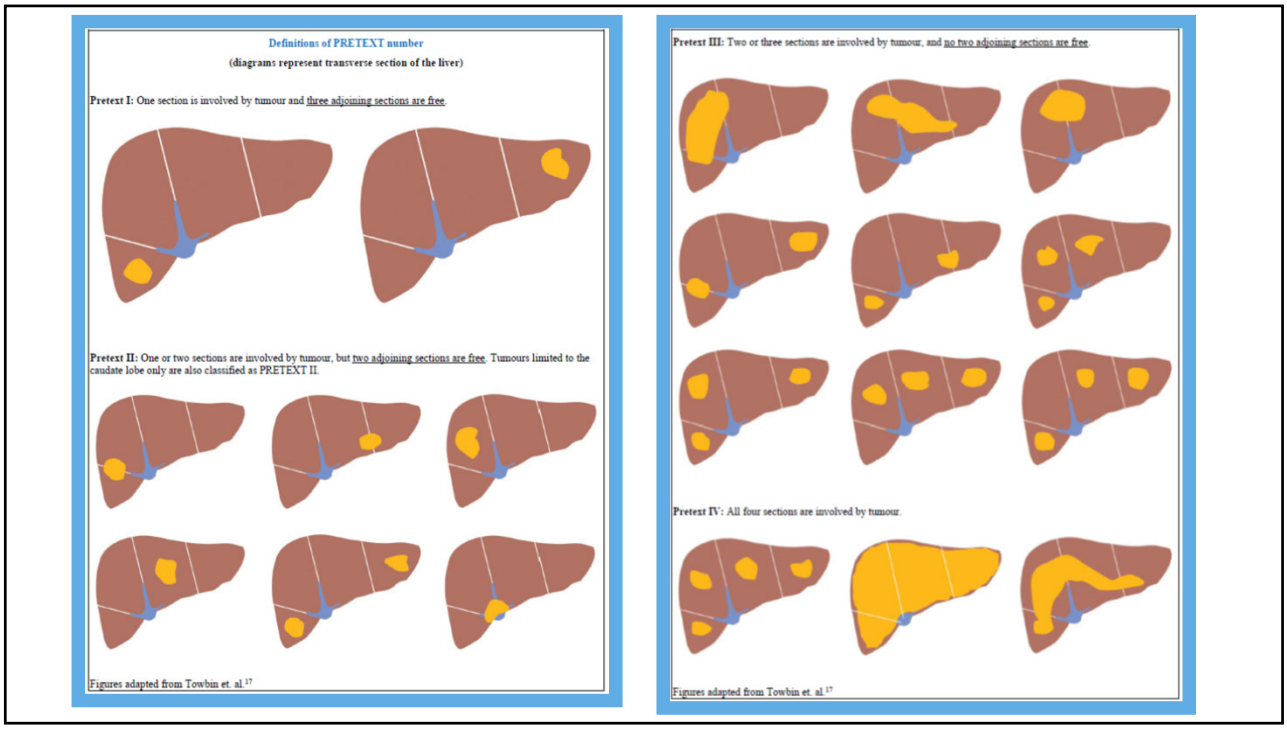

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Staging criteria for hepatoblastoma

TIER 1		TIER 2	
Localised	Tumour confined to the liver including regional lymph nodes	**Localised**	Tumour confined to the liver including regional lymph nodes
		PRETEXT	
		I	One section of the liver is involved and three adjoining sections are free
		II	One or two sections of the liver are involved, but two adjoining sections are free OR Caudate lobe only is involved
		III	Two or three sections of the liver are involved, and no two adjoining sections are free
		IV	All four sections of the liver are involved
Metastatic	Distant metastases present	**Metastatic**	Distant metastases present
		PRETEXT	
		I	One section of the liver is involved and three adjoining sections are free
		II	One or two sections of the liver are involved, but two adjoining sections are free OR Caudate lobe only is involved
		III	Two or three sections of the liver are involved, and no two adjoining sections are free
		IV	All four sections of the liver are involved

Database entry codes for hepatoblastoma

TIER 1		TIER 2	
Stage	**Code**	**Stage**	**Code**
Localised	L	**Localised, PRETEXT I**	L1
		Localised, PRETEXT II	L2
		Localised, PRETEXT II	L3
		Localised, PRETEXT IV	L4
		Localised, PRETEXT unknown	LX
Metastatic	M	**Metastatic, PRETEXT I**	M1
		Metastatic, PRETEXT II	M2
		Metastatic, PRETEXT III	M3
		Metastatic, PRETEXT IV	M4
		Metastatic, PRETEXT unknown	MX
Unknown	X	**Unknown, PRETEXT I**	X and PRETEXT 1
		Unknown, PRETEXT II	X and PRETEXT 2
		Unknown, PRETEXT III	X and PRETEXT 3
		Unknown, PRETEXT IV	X and PRETEXT 4
		Unknown, PRETEXT unknown	X and PRETEXT X

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Testicular germ cell tumors

Testicular germ cell tumours
Tier 2 follows the TNM classification.[4]

Information required for staging	
TIER 1	**TIER 2**
- Distant metastases - Involvement of regional lymph nodes	- Distant metastases - Involvement of regional lymph nodes - Size of regional lymph node mass - Extent of primary tumour - Serum tumour levels from pathology reports for: LDH (lactate dehydrogenase) hCG (human chorionic gonadotropin) AFP (alpha-fetoprotein)

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Definitions and notes	
T - Tumour	
The extent of primary tumour is usually classified after radical orchiectomy, and for this reason, a pathologic stage is assigned.	
pTx	Primary tumour cannot be assessed
pT0	No evidence of primary tumour (e.g. histologic scar in testis)
pT1	Tumour limited to the testis and epididymis without vascular/lymphatic invasion; tumour may invade into the tunica albuginea but not the tunica vaginalis
pT2	Tumour limited to the testis and epididymis with vascular/lymphatic invasion, or tumour extending through the tunica albuginea with involvement of the tunica vaginalis
pT3	Tumour invades the spermatic cord with or without vascular/lymphatic invasion
pT4	Tumour invades the scrotum with or without vascular/lymphatic invasion
* Note: Except for pT4, extent of primary tumour is classified by radical orchiectomy. Tx is used if radical orchiectomy has not been performed.	
N - Regional nodes	
Nx	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
N1	Metastasis with a lymph node mass 2cm or less in greatest dimension; or multiple lymph nodes, none more than 2cm in greatest dimension.
N2	Metastasis with a lymph node mass more than 2cm but not more than 5cm in greatest dimension; or multiple lymph nodes, any one mass greater than 2cm but not more than 5cm in greatest dimension.
N3	Metastasis with a lymph node mass more than 5cm in greatest dimension
pN - Pathologic regional nodes	
pNx	Regional lymph nodes cannot be assessed
pN0	No regional lymph node metastasis
pN1	Metastasis with a lymph node mass 2cm or less in greatest dimension and five or fewer positive nodes, none more than 2cm in greatest dimension
pN2	Metastasis with a lymph node mass more than 2cm but not more than 5cm in greatest dimension; or more than five nodes positive, none more than 5cm; or evidence of extranodal extension of tumour
pN3	Metastasis with a lymph node mass more than 5cm in greatest dimension
M – Distant metastasis	
M0	No distant metastasis
M1	Distant metastasis
S – Serum tumour markers	
SX	Serum marker studies not available or not performed
S0	Serum marker study levels within normal limits[18] i.e. LDH between 1.5-3.2 ukat/l AND hCG <5 mIU/ml AND AFP <40 ng/ml
S1	LDH <1.5 x normal OR hCG 5-5000 mIU/ml OR AFP 40-1000 ng/ml
S2	LDH 1.5-10 x normal OR hCG 5000-50000 mIU/ml OR AFP 1000-10000 ng/ml
S3	LDH >10 x normal OR hCG >50000 mIU/ml OR AFP >10000 ng/ml

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Staging criteria for testicular germ cell tumours			
TIER 1		TIER 2	
Localised	Tumour confined to the testes	Stage I	pT1-4, N0, M0, SX
		Stage IA	pT1, N0, M0, S0
		Stage IB	pT2-4, N0, M0, S0
Regional	Tumour extension to regional lymph nodes: - Interaortocaval - Para-aortic (periaortic) - Paracaval - Preaortic - Precaval - Retroaortic - Retrocaval - Along spermatic cord	Stage IS	Any pT, N0, M0, S1-3
		Stage II	Any pT, N1-3, M0, SX
		Stage IIA	Any pT, N1, M0, S0,S1
		Stage IIB	Any pT, N2, M0, S0,S1
		Stage IIC	Any pT, N3, M0, S0,S1
Metastatic	Distant metastases present	Stage III	Any pT, Any N, M1, SX
		Stage IIIA	Any pT, Any N, M1, S0,S1
		Stage IIIB	Any pT, N1-N3, M0, S2 OR Any pT, Any N, M1, S2
		Stage IIIC	Any pT, N1-N3, M0, S3 OR Any pT, Any N, M1, S3

Database entry codes for testicular germ cell tumours			
TIER 1		TIER 2	
Stage	Code	Stage	Code
Localised	L	Stage I	1
		Stage IA	1A
		Stage IB	1B
Regional	R	Stage IS	1S
		Stage II	2
		Stage IIA	2A
		Stage IIB	2B
		Stage IIC	2C
Metastatic	M	Stage III	3
		Stage IIIA	3A
		Stage IIIB	3B
		Stage IIIC	3C
Unknown	X	Unknown	X

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Ovarian germ cell tumors

Ovarian germ cell tumours
Tier 2 follows the FIGO staging system.[12]

Information required for staging	
TIER 1	TIER 2
- Distant metastases - Involvement of retroperitoneal lymph nodes - Extent of tumour	- Distant metastases - Involvement of retroperitoneal lymph nodes - Extent of tumour (cytologically or histologically confirmed)

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Staging criteria for ovarian germ cell tumours			
TIER 1		TIER 2	
Localised	Tumour confined to ovaries	Stage I	Tumour confined to ovaries (one or both)
Regional	Tumour involves one or both ovaries with pelvic extension and/or spread to the peritoneum outside the pelvis and/or retroperitoneal lymph nodes	Stage II	Tumour involves one or both ovaries with pelvic extension (below the pelvic brim)
		Stage III	Tumour involves one or both ovaries with cytologically or histologically confirmed spread to the peritoneum outside the pelvis and/or metastasis to the retroperitoneal lymph nodes
Metastatic	Distant metastatic disease excluding peritoneal metastases	Stage IV	Distant metastasis (excludes peritoneal metastases)

Database entry codes for ovarian germ cell tumours			
TIER 1		TIER 2	
Stage	Code	Stage	Code
Localised	L	Stage I	1
Regional	R	Stage II	2
		Stage III	3
Metastatic	M	Stage IV	4
Unknown	X	Unknown	X

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Astrocytoma

Astrocytomas
Only two stages are recommended (localised or metastatic) for both Tier 1 and Tier 2.[4] Tumours with non-malignant behaviour are included.

Information required for staging
Information required for Tier 1 and Tier 2 is the same: - distant metastases

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Staging criteria for astrocytomas			
TIER 1		TIER 2	
Localised	Localised disease	Localised	Localised disease
Metastatic	Distant metastases present	Metastatic	Distant metastases present

Database entry codes for astrocytomas			
TIER 1		TIER 2	
Stage	Code	Stage	Code
Localised	L	Localised	L
Metastatic	M	Metastatic	M
Unknown	X	Unknown	X

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Medulloblastoma and other CNS embryonal tumors

Medulloblastoma	
Tier 2 follows the M staging system.[13] Tumours with non-malignant behaviour are included.	
Information required for staging	
TIER 1	TIER 2
- Distant metastases - Tumour cells in the cerebrospinal fluid	- Distant metastases - Metastatic site from imaging - Tumour cells in the cerebrospinal fluid

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Staging criteria for medulloblastoma			
TIER 1		TIER 2	
Localised	Localised disease	M0	No visible disease on imaging (MRI brain and spine) beyond primary site of disease and no tumour cells in the cerebrospinal fluid (CSF)
Metastatic	Disease beyond local site (e.g., other lesions in brain or spine OR tumour cells in CSF OR distant metastases).	M1	Tumour cells in the CSF
		M2	Visible metastasis in brain
		M3	Visible metastasis in spine or Visible metastasis in cervicomedullary (junction)
		M4	Metastasis outside of the central nervous system

Database entry codes for medulloblastoma			
TIER 1		TIER 2	
Stage	Code	Stage	Code
Localised	L	M0	M0
Metastatic	M	M1	M1
		M2	M2
		M3	M3
		M4	M4
Unknown	X	Unknown	X

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Ependymoma

Ependymoma	
Tier 2 follows the M staging system.[13] Tumours with non-malignant behaviour are included.	
Information required for staging	
TIER 1	**TIER 2**
- Distant metastases - Tumour cells in the cerebrospinal fluid	- Distant metastases - Metastatic site from imaging - Tumour cells in the cerebrospinal fluid

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Staging criteria for ependymoma			
TIER 1		TIER 2	
Localised	Localised disease	M0	No visible disease on imaging (MRI brain and spine) beyond primary site of disease and no tumour cells in the cerebrospinal fluid (CSF)
Metastatic	Disease beyond local site (e.g., other lesions in brain or spine OR tumour cells in CSF OR distant metastases).	M1	Tumour cells in the CSF
		M2	Visible metastasis in brain
		M3	Visible metastasis in spine or Visible metastasis in cervicomedullary (junction)
		M4	Metastasis outside of the central nervous system

Database entry codes for ependymoma			
TIER 1		TIER 2	
Stage	Code	Stage	Code
Localised	L	M0	M0
Metastatic	M	M1	M1
		M2	M2
		M3	M3
		M4	M4
Unknown	X	Unknown	X

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Resources

https://www.canstaging.org/tool?tnm_version=Toronto

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Change Logs

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Page	Section	Data Item	Change	Notes/Comments
1	Preface	Summary of Changes	Listing of major changes updated	Revised the section with the list of major changes including additions, deletions, and modifications made to the 2023 manual and appendices.
3	Preface	2023 Changes	Listing of additional 2023 changes updated	Revised the list of 2023 changes relating to cancer coding and staging.
3	Preface	Collection and Storage of Dates	Text revised	Revised the text regarding collection and storage of dates that refer to the 2023 NAACCR Implementation Guidelines for further information regarding the updated data exchange standard.
3	Preface	Transmission Instructions for Dates	Text revised	Revised text related to format requirements for transmission. Deleted text relating to date flags.
6	Reportability	Reportable Diagnosis List	Items 1.a.i - iv added	Added new reportable diagnoses for 2023: i. High-grade astrocytoma with piloid features (HGAP) (9421/3) as of 01/01/2023 ii. Lymphangioleiomyomatosis (9174/3) is reportable as of 01/01/2023; the behavior changed from /1 to /3. iii. Mesothelioma in situ (9050/2) is reportable as of 01/01/2023 (new code) iv. Diffuse leptomeningeal glioneuronal tumor (9509/3) is reportable as of 01/01/2023 Subsequent items were renumbered.
6	Reportability	Reportable Diagnosis List	Item 1.a.x revised	Revised the bullet regarding intraepithelial neoplasia, and the list of examples, to include high grade, grade II, and grade III. See manual for the revisions. This was formerly 1.a.vii.
7	Reportability	Reportable Diagnosis List	Item 1.a.viii deleted	Deleted former 1.a.viii: Report Pilocytic/Juvenile astrocytomas; code the histology and behavior as 9421/3 ***Exception***: The behavior is non-malignant when the primary site is optic nerve (C723).

SEER Program Coding and Staging Manual 2023 - Summary of Changes
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Page	Section	Data Item	Change	Notes/Comments
7	Reportability	Reportable Diagnosis List	Item 1.a.xiii deleted	Deleted text: Do **not** report cytology cases with ambiguous terminology (see page 9 for ambiguous terms)
8	Reportability	Reportable Diagnosis List	Item 1.c added	"Carcinomatosis" (8010/9) and "metastatic" tumor or neoplasm (8000/6) indicate malignancy and could be indicative of a reportable neoplasm. Review all of the available information to determine the origin of the carcinomatosis or the origin of the metastases.
8	Reportability	Reportable Diagnosis List	Item 2.b revised	b. Report pilocytic astrocytoma/juvenile pilocytic astrocytoma as 9421/1 for ***all*** CNS sites as of 01/01/2023
8	Reportability	Reportable Diagnosis List	Item 2.c added	c. Report diffuse astrocytoma, MYB- or MYBL1-altered and diffuse low-grade glioma, MAPK pathway-altered (9421/1) as of 01/01/2023
8	Reportability	Reportable Diagnosis List	Items 2.d added	d. Report multinodular and vacuolating neuronal tumor (9509/0) as of 01/01/2023
8	Reportability	Reportable Diagnosis List	Items 2.e added	e. Report juvenile xanthogranuloma (9749/1) as of 01/01/2023 (C715 is the most common site)
9	Reportability	Disease Regression	Format changed	Indented the section, Disease Regression, under Diagnosis Prior to Birth.
11	Reportability	Ambiguous Terminology	Text revised	**Cytology** Changed Note to Note 1 Changed Exception to Note 2
16	Changing Information on the Abstract		Dates in example revised	Updated the dates in #4 example: 4 When the date of diagnosis is confirmed in retrospect to be earlier than the original date abstracted ***Example***: Patient has surgery for a benign argentaffin carcinoid (8240/1) of the sigmoid colon in May 2022. In January 2023, the patient is admitted with widespread metastasis consistent with malignant argentaffin carcinoid. The registrar accessions the malignant argentaffin carcinoid as a 2023 diagnosis. Two months later, the pathologist reviews the slides from the May 2022 surgery and concludes that the carcinoid diagnosed in 2022 was malignant. Change the date of diagnosis to May 2022 and histology to 8241 and the behavior code to malignant (/3).

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Page	Section	Data Item	Change	Notes/Comments
17	Determining Multiple Primaries	Hematopoietic and Lymphoid Neoplasms	Text revised	No updates were made to the *Hematopoietic and Lymphoid Neoplasm Coding Manual* and *Database* for 2023 cases.
24	Section I: Basic Record Identification	NAACCR Record Version	Code added	Added code 230 and description, 2023 Version 23.
37	Section III: Demographic Information	Place of Residence	Text added	Temporary Residents of SEER Area: Code the residence where the student is living for College students while attending college Exchange students temporarily living in the U.S.
	Section III: Demographic Information	Date of Birth Flag	Data item deleted	Deleted *Date of Birth Flag* from the manual.
67	Section III: Demographic Information	Race 1, 2, 3, 4, 5	Code Descriptions modified	Modified code descriptions for: Code 02: Black or African American Code 03: American Indian or Alaska Native Code 07: Native Hawaiian Code 13: Cambodian Code 15: Asian Indian, NOS or Pakistani, NOS Code 21: Chamorro Code 32: Papua New Guinean Code 96: Other Asian, including Asian, NOS Code 98 Some other race Code 99: Unknown by patient
68	Section III: Demographic Information	Race 1, 2, 3, 4, 5	Example revised	Updated example in Priorities for Coding Multiple Races section: Example: Patient is described as Japanese and Hawaiian. Code Race 1 as 07 (Native Hawaiian), Race 2 as 05 (Japanese).
69	Section III: Demographic Information	Race 1, 2, 3, 4, 5	Coding Instructions 7, 8, 9, 11, 13, 15 and 16 revised	Modified coding instructions to match revised code descriptions: # 7, 8, 9, 11, 13, 15 (Example 2 and Exception), and 16. Coding Instruction 15 text edited: "deleted from the 2000 Census and Bureau of Vital Statistics" in Appendix D title.

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Page	Section	Data Item	Change	Notes/Comments
70	Section III: Demographic Information	Race 1, 2, 3, 4, 5	Coding Examples 4, 6, 8, and 10 and History #8 revised	Modified coding examples and History (#8) to match revised code descriptions.
71	Section III: Demographic Information	Race 1, 2, 3, 4, 5	Coding Examples 13 and 14 added	See manual for examples.
73	Section III: Demographic Information	Spanish Surname or Origin	Note added	Added note to introductory section: ***Note***: Hispanic surname lists are registry-specific.
74	Section III: Demographic Information	Spanish Surname or Origin	Coding Instruction 6 revised	6. Assign code **9** a. For death certificate only (DCO) cases when Spanish/Hispanic origin is unknown b. When there is no written or verbal indication of Spanish origin, the patient declined to answer their Spanish origin, or the patient does not know their Spanish origin ***Example***: The patient's race is white or black, they were born in the United States, their last name is not on a Spanish surname list, and there is no mention of Spanish origin in the patient record.
77	Section III: Demographic Information	Marital Status at Diagnosis	Text revised	Justification for Continued Collection section: Added 'at Diagnosis' to the data item name.
80	Section III: Demographic Information	Tobacco Use Smoking Status	Text revised	Introductory paragraph: Added 'Smoking Status' to the data item name.
80	Section III: Demographic Information	Tobacco Use Smoking Status	Code Description modified	Code 1 Description changed to: Current smoker

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Page	Section	Data Item	Change	Notes/Comments
80	Section III: Demographic Information	Tobacco Use Smoking Status	Coding Instruction 3 added	3. Assign code **1** when a. The patient currently smokes OR b. It is known that the patient stopped smoking within 30 days prior to diagnosis. The risks associated with smoking decrease as the time from cessation increases which means a person who stopped smoking within the last 30 days has the same risks as a current smoker. In that instance, assign code 1.
80	Section III: Demographic Information	Tobacco Use Smoking Status	Coding Instruction 4 revised	4. Assign code **2** when the medical record indicates a. "Former smoker" b. Patient has smoked tobacco in the past but does not smoke now ***Note***: If there is evidence in the medical record that the patient quit recently (within 30 days prior to diagnosis), assign code 1, current smoker. The 30 days prior information, if available, is intended to differentiate patients who may have quit recently due to symptoms that lead to a cancer diagnosis.
80	Section III: Demographic Information	Tobacco Use Smoking Status	Coding Instruction 5 added	5. Assign code **3** when a. The patient is noted to have smoked, but the current smoking status is not known b. It is known that the patient "recently" stopped smoking but it is not known how long ago the patient stopped smoking
81	Section III: Demographic Information	Tobacco Use Smoking Status	Coding Instruction 6 revised	6. Assign code **9** when a. The medical record only indicates "No" b. The record has no information about smoking status or history (e.g., pathology report only) c. It is documented that the patient uses or used smokeless or chewing tobacco or e-cigarettes or vapes, but tobacco use is not mentioned
83	Section IV: Description of this Neoplasm	Date of Diagnosis	Transmitting Dates revised	Added 'for year' to second sentence: Transmit only known or estimated **year** of diagnosis; blanks will not be accepted for year.

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Page	Section	Data Item	Change	Notes/Comments
83	Section IV: Description of this Neoplasm	Date of Diagnosis	Common Formats revised	Added asterisk after Year for Blank format; it links to the footnote at the bottom of the page.
83	Section IV: Description of this Neoplasm	Date of Diagnosis	Transmit Instructions revised	Deleted the last sentence in Transmit Instruction #4: The corresponding date flag is not affected (it will remain blank).
85	Section IV: Description of this Neoplasm	Date of Diagnosis	Coding Instruction 1 example dates revised	***Example:*** Area of microcalcifications in breast suspicious for malignancy on 02/13/2023. Biopsy positive for ductal carcinoma on 02/28/2023. The date of diagnosis is 02/13/2023.
85	Section IV: Description of this Neoplasm	Date of Diagnosis	Coding Instruction 3 and example added	Code the date the procedure was done, not the date the specimen was received or read as positive by the pathologist when the date of diagnosis is coded from a pathology report ***Example***: Biopsy was performed on 05/06/2023. The specimen from the biopsy was received and read by the pathologist as positive for cancer on 05/09/2023. The date of diagnosis is 05/06/2023.
85	Section IV: Description of this Neoplasm	Date of Diagnosis	Coding Instruction 4 example 1 dates revised	***Example 1***: On May 15, 2023, physician states that patient has lung cancer based on clinical findings. The patient has a positive biopsy of the lung in June 3, 2023. The date of diagnosis remains May 15, 2023.
85	Section IV: Description of this Neoplasm	Date of Diagnosis	Coding Instruction 4 Example 2 Note revised	Added 'imaging' prior to procedure. ***Note:*** Appendix E in the 2023 SEER Program Manual lists which PI-RADS, BI-RADS, and LI-RADS are reportable versus non-reportable. If reportable, use the date of the imaging procedure as the date of diagnosis when this is the earliest date and there is no information to dispute the imaging findings.
85	Section IV: Description of this Neoplasm	Date of Diagnosis	Coding Instructions 5, 6, and 9 revised	Updated dates in the examples.

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Page	Section	Data Item	Change	Notes/Comments
87	Section IV: Description of this Neoplasm	Date of Diagnosis	Cases Diagnosed Before Birth examples revised	Updated dates in the example.
	Section IV: Description of this Neoplasm	Date of Diagnosis Flag	Data item deleted	Deleted *Date of Diagnosis Flag* from the manual.
90	Section IV: Description of this Neoplasm	Sequence Number--Central	Term and footnote removed	Deleted: Juvenile astrocytoma (diagnosis year 2001 and later) from table, Type of Neoplasm/Sequence Number Series; Series 1: In situ/malignant as Federally required. Deleted corresponding footnote: Juvenile astrocytomas should be reported as 9421/1.
91	Section IV: Description of this Neoplasm	Sequence Number--Central	Coding Instruction 6 example revised	Updated date in the example under Non-Malignant Coding Instructions.
94	Section IV: Description of this Neoplasm	Primary Site	Coding Instruction 9 revised	Added to the list of sites that contain primary site coding guideline in Appendix C: Brain/CNS, Benign and Borderline Brain/CNS, Malignant Intracranial Glands Pancreas
95	Section IV: Description of this Neoplasm	Primary Site	Coding Instruction 15 table revised	Added to the table: Periareolar (breast) (C501) Postauricular region (C444) Preauricular (skin) C443) Prostatic sinus (urethra) (C680)
98	Section IV: Description of this Neoplasm	Laterality	Coding Instruction 1.c revised	Revised coding instruction 1.c that references the table, Sites for Which Laterality Must Be Recorded.
98	Section IV: Description of this Neoplasm	Laterality	Coding Instruction 5.a revised	Added primary site C444 to coding instruction 5.a (Assign code 5 when the tumor originates in the midline).

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This table lists the changes in the 2023 manual by page number.

Page	Section	Data Item	Change	Notes/Comments
99	Section IV: Description of this Neoplasm	Laterality	Coding Instruction 6.b revised	Revised coding instruction 6.b that references the table, Sites for Which Laterality Must Be Recorded.
99	Section IV: Description of this Neoplasm	Laterality	Sites deleted	Deleted sites from the table, Sites for Which Laterality Codes Must Be Recorded C300 Nasal cavity (excluding nasal cartilage, nasal septum) C340 Main bronchus (excluding carina) C413 Rib, clavicle (excluding sternum) C414 Pelvic bones (excluding sacrum, coccyx, symphysis pubis)
	Section IV: Description of this Neoplasm	Morphology	Data item deleted	Deleted *Morphology* from the manual.
104	Section IV: Description of this Neoplasm	Histologic Type ICD-O-3	Text added	Added under section ICD-O-3.2: Updated dates: See the NAACCR website for additional updates for 2023.
104	Section IV: Description of this Neoplasm	Histologic Type ICD-O-3	Text edited	Added under section Histology Coding for Solid Tumors. Refer to the most current Solid Tumor Rules for histology code changes. 1. Beginning with cases diagnosed 01/01/2022, p16 test results can be used to code squamous cell carcinoma, HPV positive (8085) and squamous cell carcinoma, HPV negative (8086). 2. Beginning with cases diagnosed 01/01/2022, non-keratinizing squamous cell carcinoma, HPV positive is coded 8085 for sites listed in Head and Neck Solid Tumor Rules Table 5 only. A diagnosis of non-keratinizing squamous cell carcinoma, NOS is coded 8072. 3. Beginning with cases diagnosed 01/01/2022, keratinizing squamous cell carcinoma, HPV negative is coded 8086 for sites listed in Head and Neck Solid Tumor Rules Table 5 only. A diagnosis of keratinizing squamous cell carcinoma, NOS is coded 8071. 4. Clear cell papillary renal cell carcinoma is coded 8323/3. The 2016 WHO Classification of Tumors of the Urinary System and Male Genital Organs, 4th Edition, reclassified this histology as a /1 because it is low nuclear grade and is now thought to be a neoplasia. This change has not yet been implemented and it remains reportable as behavior /3.

SEER Program Coding and Staging Manual 2023 - Summary of Changes
This table lists the changes in the 2023 manual by page number.

Page	Section	Data Item	Change	Notes/Comments
114	Section IV: Description of this Neoplasm	Tumor Size--Clinical	Coding Instruction 4; Notes 2 and 3 added	***Note 2***: For prostate clinical tumor size, size from an operative report is the highest priority. Use the size from imaging if you do not have a size from an operative report. ***Note 3:*** When LEEP is followed by more definitive surgery for a cervical primary, code clinical tumor size based on the LEEP.
116	Section IV: Description of this Neoplasm	Tumor Size--Clinical	Coding Instruction 23 revised	Assign tumor size for benign and borderline tumors in the schemas Brain, CNS Other, Intracranial Gland, and Medulloblastoma when provided; do not default to 999
117	Section IV: Description of this Neoplasm	Tumor Size--Clinical	Coding Instruction 25 added	Assign code **999** for calcifications that span given distance. Do not record the size of calcifications as tumor size. If there is no measurement of the mass or tumor, record 999 for clinical tumor size.
120	Section IV: Description of this Neoplasm	Tumor Size--Pathologic	Coding Instruction 5 example added	***Example 2:*** Anal canal tumor is 2.5 cm from proximal to distal (3.5 cm in circumference). Record tumor size as 035. The circumferential measurement is the largest measurement in this example. In this case, the pathologist usually cuts the anus and rectum open like a tube; the circumference is measured flat.
122	Section IV: Description of this Neoplasm	Tumor Size--Pathologic	Coding Instruction 21 revised	Assign tumor size for benign and borderline tumors in the schemas Brain, CNS Other, Intracranial Gland, and Medulloblastoma when provided; do not default to 999
122	Section IV: Description of this Neoplasm	Tumor Size--Pathologic	Coding Instruction 22 format fixed	Indented former 22.d under 22.c; subsequent instructions were renumbered (e.g., 22.d, 22.e, etc.).
132	Section V: Stage of Disease at Diagnosis	Summary Stage 2018	Footnote revised	Applicable for the following Summary Stage 2018 chapters: Brain, CNS Other, Intracranial Gland, Medulloblastoma.
136	Section VI: Stage-related Data Items	Lymphovascular Invasion	Introduction revised	Lymphovascular Invasion indicates whether lymphatic duct or blood vessel invasion is identified in the pathology report.
137	Section VI: Stage-related Data Items	Lymphovascular Invasion	Coding Instruction 7.c added	When there is no residual tumor found after neoadjuvant treatment and there is no LVI on biopsy

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Page	Section	Data Item	Change	Notes/Comments
138	Section VI: Stage-related Data Items	Lymphovascular Invasion	Coding Instruction 10.i added	i. Ambiguous terminology is used ***Example***: Assign code 9 for "suspicious LVI."
150	Section VI: Stage-related Data Items	Mets at Diagnosis--Other	Coding Instruction 1.d Note added	***Note***: Do not code spleen involvement for Hodgkin lymphoma in *Mets at Diagnosis--Other*. Spleen involvement is not classified as distant mets for Hodgkin lymphoma in most staging systems.
154	Section VI: Stage-related Data Items	Additional Stage-related Data Items/ SSDIs	Introductory text revised	Revised introductory paragraphs to update information for 2023. See manual.
155	Section VI: Stage-related Data Items	Additional Stage-related Data Items	Table 4 added	Added Table 4: Site-specific Data Items Implemented in 2023. Appendix: Histologic Subtype (Appendix 8480) (3960) Melanoma Skin: Clinical Margin Width (3961) Anus V9 (existing SSDI added to schema): p16 (3956)
155	Section VI: Stage-related Data Items	Additional Stage-related Data Items	Table 5 revised	Table 5 is: Additional Site-specific Data Items Required for Transmission. Removed SSDIs from the table: 3828 Estrogen Receptor Total Allred Score 3884 LN Status Femoral Inguinal, Para Aortic, Pelvic 3916 Progesterone Receptor Total Allred Score
160	Section VII: First Course of Therapy	First Course Therapy Definitions	Definition revised	**Surgical procedure:** Any surgical procedure coded in the data items *Surgery of Primary Site 2023*, *Scope of Regional Lymph Node Surgery (excluding code 1)*, or *Surgical Procedure of Other Site*.
164	Section VII: First Course of Therapy	Date Therapy Initiated	Coding Instruction 1 bullet revised	Changed *Surgery of Primary Site* to *Surgery of Primary Site 2023*. Of note: This was changed throughout the manual.
164	Section VII: First Course of Therapy	Date Therapy Initiated	Coding Instruction 3 example revised	Updated dates in the example.
165	Section VII: First Course of Therapy	Date Therapy Initiated	Coding Instruction 6.a Note added	Leave blank a. When no treatment is given during the first course ***Note***: This includes when a patient dies before treatment is recommended or given.

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This table lists the changes in the 2023 manual by page number.

Page	Section	Data Item	Change	Notes/Comments
	Section VII: First Course of Therapy	Date Therapy Initiated Flag	Data item deleted	Deleted *Date Therapy Initiated Flag* from the manual.
167	Section VII: First Course of Therapy	Date of First Surgical Procedure	Introduction revised	Add text to the first introductory paragraph: *Date of First Surgical Procedure* is the date the first surgery was performed as part of first course of therapy. This is either the date of *the Surgery of Primary Site 2023, Sentinel Lymph Node Biopsy, Scope of Regional Lymph Node Surgery* (codes 2-7), or *Surgical Procedure of Other Site*, whichever is earliest.
167	Section VII: First Course of Therapy	Date of First Surgical Procedure	Coding Instruction 5 added	Leave date blank when there is no surgery performed
	Section VII: First Course of Therapy	Date of First Surgical Procedure Flag	Data item deleted	Deleted *Date of First Surgical Procedure Flag* from the manual.
168	Section VII: First Course of Therapy	Date of Most Definitive Surgical Resection of the Primary Site	Coding Instruction 3 added	Leave date blank when *Surgery of Primary Site 2023* is coded A000 or B000 (no surgery of primary site performed)
	Section VII: First Course of Therapy	Date of Most Definitive Surgical Resection of the Primary Site Flag	Data item deleted	Deleted *Date of Most Definitive Surgical Resection of the Primary Site Flag* from the manual.
	Section VII: First Course of Therapy	Surgery of Primary Site	Data item deleted	Deleted *Surgery of Primary Site* (NAACCR Item #1290) from the manual.
169	Section VII: First Course of Therapy	Surgery of Primary Site 2023	Data item added; codes revised	Added *Surgery of Primary Site 2023* (NAACCR Item #1291) to the manual. See manual.

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Page	Section	Data Item	Change	Notes/Comments
				This data item replaces *Surgery of Primary Site* (NAACCR Item #1290). The instructions remain the same except as noted in the changes to coding instructions below. Updated surgery codes from the 2-digit format to 4-digit. Of note: Updated surgery codes to the format throughout the manual.
170	Section VII: First Course of Therapy	Surgery of Primary Site 2023	Coding Instruction 6.a added	Assign the code that reflects the **cumulative effect** of all surgeries to the primary site a. When a previous surgical procedure to remove a portion of the primary site is followed by surgery to remove the remainder of the primary site, code the total or final results. Do not rely on registry software to perform this task.
171	Section VII: First Course of Therapy	Surgery of Primary Site 2023	Coding Instruction 14 added	Leave blank for diagnosis years 2003-2022
175	Section VII: First Course of Therapy	Scope of Regional Lymph Node Surgery	Coding Instruction 13.a revised	Deleted 13.a.ii – vi from the list for assigning code 9.
	Section VII: First Course of Therapy	Date of Sentinel Lymph Node Biopsy Flag	Data item deleted	Deleted *Date of Sentinel Lymph Node Biopsy Flag* from the manual.
179	Section VII: First Course of Therapy	Sentinel Lymph Nodes Positive	Coding Instruction 4.a revised	FOR BREAST ONLY (added sentence at the end of 4.a) a. Use code **97** in this data item and record the total number of positive regional lymph nodes biopsied/dissected (both sentinel and regional) in Regional Nodes Positive (NAACCR Item #820) when a sentinel lymph node biopsy is performed **during the same procedure** as the regional node dissection. When both are performed during the same procedure, code 97 has priority over the number of positive lymph nodes.
	Section VII: First Course of Therapy	Date of Regional Lymph Node Dissection Flag	Data item deleted	Deleted *Date of Regional Lymph Node Dissection Flag* from the manual.
184	Section VII: First Course of Therapy	Regional Nodes Positive	Coding Instruction 11.e revised	Deleted: (excluding primary sites C420, C421, C423, C424) from: e. HemeRetic 00830

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Page	Section	Data Item	Change	Notes/Comments
187	Section VII: First Course of Therapy	Regional Nodes Examined	Coding Instruction 12.e revised	Deleted: (excluding primary sites C420, C421, C423, C424) from: e. HemeRetic 00830
188	Section VII: First Course of Therapy	Surgical Procedure of Other Site	Coding Instruction 6.a deleted	Revised to: 6. Assign code **1** when a. Any surgery is performed to remove tumors for any case coded to primary site C420, C421, C423, C424, C760-C768, C770-C779, or C809 i. **Excluding** cases coded to the schema Cervical Lymph Nodes and Unknown Primary 00060
190	Section VII: First Course of Therapy	Reason for No Surgery of Primary Site	Coding Instruction 2 revised	Added second sentence: 2. Assign code **1** when Surgery of Primary Site 2023 is coded A980 or B000 (not applicable). For Autopsy Only cases, see coding instruction #4.
	Section VII: First Course of Therapy	Date Radiation Started Flag	Data item deleted	Deleted *Date Radiation Started Flag* from the manual.
196	Section VII: First Course of Therapy	Radiation External Beam Planning Technique--Phase I, II, and III	Text revised	Revised bullets 1 and 4; added bullet 3.
198	Section VII: First Course of Therapy	Radiation Sequence with Surgery	Coding Instruction 2.a revised	Assign code 4 when there are at least two phases, episodes, or fractions of radiation therapy given before and at least two more after surgery to the primary site, scope of regional lymph node surgery (excluding code 1), surgery to other regional site(s), distant site(s), or distant lymph node(s)
	Section VII: First Course of Therapy	Date Systemic Therapy Started Flag	Data item deleted	Deleted *Date Systemic Therapy Started Flag* from the manual.
	Section VII: First Course of Therapy	Date Chemotherapy Started Flag	Data item deleted	Deleted *Date Chemotherapy Started Flag* from the manual.

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Page	Section	Data Item	Change	Notes/Comments
204	Section VII: First Course of Therapy	Chemotherapy	Dates in example revised	Revised dates in Example 1.
	Section VII: First Course of Therapy	Date Hormone Therapy Started Flag	Data item deleted	Deleted *Date Hormone Therapy Started Flag* from the manual.
	Section VII: First Course of Therapy	Date Immunotherapy Started Flag	Data item deleted	Deleted *Date Immunotherapy Started Flag* from the manual.
215	Section VII: First Course of Therapy	Immunotherapy	Dates in example revised	Revised dates in the example.
219	Section VII: First Course of Therapy	Hematologic Transplant And Endocrine Procedures	Coding Instruction 6 Note added	***Note*:** Bilateral oophorectomy is coded 30 when it is performed for hormonal effect for breast, endometrial, vaginal, and other primary cancers.
224	Section VII: First Course of Therapy	Neoadjuvant Therapy	Coding guidelines, text added	Added statement: Document information regarding neoadjuvant therapy in the text remarks field as needed.
224	Section VII: First Course of Therapy	Neoadjuvant Therapy	Coding Instruction 1.a.i added	i. For example, the patient's only treatment was surgery
229	Section VII: First Course of Therapy	Neoadjuvant Therapy--Clinical Response	Coding Instruction 5 Note 2 added	***Note 2***: Assign code 3 when the managing/treating physician documents that the patient progressed after neoadjuvant therapy was started even if the neoadjuvant therapy was not completed. Use text fields for documentation.
231	Section VII: First Course of Therapy	Neoadjuvant Therapy--Treatment Effect	Coding Structure Note 2 added	***Note 2*:** Code 6 includes situations where a treatment effect is noted to be present, but cannot be classified to codes 1-4.

SEER Program Coding and Staging Manual 2023 - Summary of Changes
This table lists the changes in the 2023 manual by page number.

Page	Section	Data Item	Change	Notes/Comments
	Section VII: First Course of Therapy	Date Other Treatment Started Flag	Data item deleted	Deleted *Date Other Treatment Started Flag* from the manual.
238	Section VIII: Follow Up Information	Date of Last Cancer (Tumor) Status	Transmit Instructions #3 revised	Deleted last sentence in #3: The corresponding date flag is not affected (it will remain blank).
238	Section VIII: Follow Up Information	Date of Last Cancer (Tumor) Status	Codes and instructions for dates added	Added: Codes for Month Codes for Day Coding Instructions Estimating Dates
	Section VIII: Follow Up Information	Date of Last Cancer (Tumor) Status Flag	Data item deleted	Deleted *Date of Last Cancer (Tumor) Status Flag* from the manual.
242	Section VIII: Follow Up Information	Recurrence Date--1st	Text revised	Corrected data item name in introductory paragraph.
242	Section VIII: Follow Up Information	Recurrence Date--1st	Transmit Instructions #3 revised	Deleted last sentence in #3: The corresponding date flag is not affected (it will remain blank).
	Section VIII: Follow Up Information	Recurrence Date--1st Flag	Data item deleted	Deleted *Recurrence Date--1st Flag* from the manual.
246	Section VIII: Follow Up Information	Recurrence Type--1st	Coding Instruction 12 added	Assign code 10 for recurrence of a benign brain tumor.
247	Section VIII: Follow Up Information	Death Clearance Instructions	Text added	There are two SEER requirements that differ from the current NAACCR manual.

SEER Program Coding and Staging Manual 2023 - Summary of Changes
This table lists the changes in the 2023 manual by page number.

Page	Section	Data Item	Change	Notes/Comments
248	Section VIII: Follow Up Information	Date of Last Follow-Up or of Death	Transmit Instruction 3 revised	Deleted last sentence in #3: The corresponding date flag is not affected (it will remain blank).
	Section VIII: Follow Up Information	Date of Last Follow-Up or Death Flag	Data item deleted	Deleted *Date of Last Follow-Up or Death Flag* from the manual.
256	Section VIII: Follow Up Information	No Patient Contact Flag	Data item added	See manual.
257	Section VIII: Follow Up Information	Reporting Facility Restriction Flag	Data item added	See manual.
259	Section IX: Administrative Codes	Multiple data items	Specific edits used for data items added	See manual beginning page 259 for the following data items: Site/Type Interfield Review Histology/Behavior Interfield Review Age/Site/Histology Interfield Review Sequence Number/Diagnostic Confirmation Interfield Review Site/Histology/Laterality/Sequence Interrecord Review Surgery/Diagnostic Confirmation Interfield Review Type of Reporting Source/Sequence Number Interfield Review Sequence Number/Ill-Defined Site Interfield Review Leukemia or Lymphoma/Diagnostic Confirmation Interfield Review Over-ride Flag for Site/Behavior (IF39) Over-ride Flag for Site/EOD/Diagnosis Date (IF140) Over-ride Flag for Site/Laterality/EOD (IF41) Over-ride Flag for Site/Laterality/Morphology (IF42) Over-ride Flag for TNM Tis Over-ride Flag for Site/TNM-Stage Group
268	Section IX: Administrative Codes	Over-ride Flag for Name/Sex	Text added	Added sentence to introductory paragraph: Edits do not apply to this data item as registries use this internally and it is not transmitted to SEER.

SEER Program Coding and Staging Manual 2023 - Summary of Changes
This table lists the changes in the 2023 manual by page number.

Page	Section	Data Item	Change	Notes/Comments
	Appendix A	County Codes	References revised	Updated links in the Reference section.
	Appendix B	Country and State Codes	Minor edits made	Updated links in the Source section. Made editorial changes to the names of countries Côte d'Ivoire, Saint Barthélemy, Yukon
	Appendix C: Site Specific Coding Modules	Coding Guidelines: Bladder	Primary site term added	Added to primary site code C679: Posterolateral wall
	Appendix C: Site Specific Coding Modules	Coding Guidelines: Bones	Laterality list revised	Removed C413 and C414 from the sites where laterality is required.
	Appendix C: Site Specific Coding Modules	Coding Guidelines: Brain/CNS, Benign and Borderline	New guideline added	Created a new Coding Guidelines document specific to Benign Brain based on the former Brain and CNS Coding Guidelines. See manual, Appendix C Coding Guidelines.
	Appendix C: Site Specific Coding Modules	Coding Guidelines: Brain/CNS, Malignant	New guideline added	Created a new Coding Guidelines document specific to Malignant Brain based on the former Brain and CNS Coding Guidelines. See manual, Appendix C Coding Guidelines.
	Appendix C: Site Specific Coding Modules	Coding Guidelines: Breast	Guidance added	Code the primary site to C509 when • There are multiple tumors (two or more) in at least two quadrants of the breast • There are multiple tumors (two or more) located together at the 12, 3, 6, or 9-o'clock position on the breast
	Appendix C: Site Specific Coding Modules	Coding Guidelines: Intracranial Glands	New guideline added	See manual, Appendix C Coding Guidelines

SEER Program Coding and Staging Manual 2023 - Summary of Changes
This table lists the changes in the 2023 manual by page number.

Page	Section	Data Item	Change	Notes/Comments
	Appendix C: Site Specific Coding Modules	Coding Guidelines: Pancreas	New guideline added	See manual, Appendix C Coding Guidelines
	Appendix C: Site Specific Coding Modules	Coding Guidelines: Tongue	New guideline added	See manual, Appendix C Coding Guidelines
	Appendix C: Site Specific Coding Modules	Surgery Codes: All sites	Codes revised	Revised surgery codes for all sites from 2-digits to 4-digits. Codes for all sites begin with the letter A except for skin that begins with the letter B to denote that a significant change was made in codes.
	Appendix C: Site Specific Coding Modules	Surgery Codes: Breast	Guidance revised	Edited text under A400 Total (simple) mastectomy, NOS section **A total (simple) mastectomy removes all breast tissue, the nipple, and the areolar complex. An axillary dissection is not done, but sentinel lymph nodes may be removed.** For **single** primaries involving both breasts, use code A760. [***SEER Note:*** Example of single primary with removal of involved contralateral breast--Inflammatory carcinoma involving both breasts. Bilateral simple mastectomies. Code *Surgery of Primary Site 2023* (NAACCR #1291) as A760. Deleted text under A500 Modified radical mastectomy section For **single** primaries only, code removal of involved contralateral breast under the data item Surgical Procedure of Other Site (NAACCR Item #1294)
	Appendix C: Site Specific Coding Modules	Surgery Codes: Colon	Text revised	Edited text to list codes instead of range Any combination of A200, A260, A270, A280, or A290 WITH A220 Electrocautery
	Appendix C: Site Specific Coding Modules	Surgery Codes: Esophagus	Note added	Added note under A800 Esophagectomy, NOS [***SEER Note:*** Code a transhiatal esophagectomy depending on the extent of the esophagectomy. Read all of the operative report and the entire pathology report carefully. If a partial esophagectomy was performed, assign code A300. If a total esophagectomy was performed, assign code A400. If you do not have enough

Page	Section	Data Item	Change	Notes/Comments
				information to determine whether a partial or a total esophagectomy was performed, assign code A800. The transhiatal esophagectomy does not usually include removal of a portion of the stomach, but if a portion of stomach is removed, assign code A520 or A530. If the entire stomach was removed (not likely) assign code A540. Use text fields to record the details.]
	Appendix C: Site Specific Coding Modules	Surgery Codes: Lung	Text moved	Placed statement below A800 Resection of lung, NOS **Specimen sent to pathology from surgical events A200–A800**
	Appendix C: Site Specific Coding Modules	Surgery Codes: Prostate	Notes added	Added notes under A200 Local tumor excision, NOS section [***SEER Note:*** Assign **code A220** for aqua ablation water jet (or other tumor destruction procedure), described on pathology as a TURP, that identified adenocarcinoma as an incidental finding. Use text fields to document the details.] **Any combination of A200, A210, A220, or A230 WITH** A240 Cryosurgery A250 Laser A260 Hyperthermia [***SEER Note:*** Assign code A250 for Holmium laser enucleation of the prostate when a specimen is sent to pathology.]
	Appendix C: Site Specific Coding Modules	Surgery Codes: Skin	Text added; codes and description revised	Made significant changes to skin surgery codes, descriptions, and text. See Appendix C, Skin Surgery Codes.
	Appendix C: Site Specific Coding Modules	Surgery Codes: Thyroid	Text revised	Revised statement below A800 Thyroidectomy, NOS **Specimen sent to pathology from surgical events A200-A800**

SEER Program Coding and Staging Manual 2023 - Summary of Changes
This table lists the changes in the 2023 manual by page number.

Page	Section	Data Item	Change	Notes/Comments
	Appendix C: Site Specific Coding Modules	Neoadjuvant Therapy Treatment Effect Site Specific Codes: Breast	Coding instruction 5.b added	Neoadjuvant therapy was completed and the treatment effect in the breast is stated only as "Present"
	Appendix C: Site Specific Coding Modules	Neoadjuvant Therapy Treatment Effect Site Specific Codes: Lymphoma+	Coding instruction 1 revised and 3 added	1. ALWAYS code to 0, no neoadjuvant therapy (not applicable), for the following schemas, except for death certificate only cases (DCO) (see Coding Instruction #3 below) 3. Assign code 9 for DCOs
	Appendix D	Race and Nationality Descriptions	Listing of codes revised	Updated the list of race codes and references/sources. Removed list of American Indian and Alaska Native tribes; provided link to updated information.
	Appendix E1	Reportable Examples	Example 23 added	Intraepithelial neoplasia examples • Squamous intraepithelial neoplasia, high grade • High grade squamous intraepithelial lesion (HSIL) • Intraepithelial neoplasia grade II/III; II-III • Squamous dysplasia, high grade for sites other than colon/GI • Anal intraepithelial neoplasia (AIN), grade II • Anal intraepithelial neoplasia (AIN), grade III • Biliary intraepithelial neoplasia, high grade • Conjunctival intraepithelial neoplasia grade III • Penile intraepithelial neoplasia (PeIN), undifferentiated • Squamous intraepithelial neoplasia, grade II • Vaginal intraepithelial neoplasia (VaIN), grade III • Vulvar intraepithelial neoplasia (VIN), grade III • Squamous intraepithelial neoplasia, grade III
	Appendix E1	Reportable Examples	Example 24 added	8380/2 (C54_) • Endometrioid intraepithelial neoplasia (EIN)

SEER Program Coding and Staging Manual 2023 - Summary of Changes
This table lists the changes in the 2023 manual by page number.

Page	Section	Data Item	Change	Notes/Comments
				• Intraepithelial neoplasm of endometrium • Atypical hyperplasia of endometrium
	Appendix E1	Reportable Examples	Example 25 added	Pancreatic intraepithelial neoplasia (PanIN III) 8148/2
	Appendix E1	Reportable Examples	Example 26 added	Differentiated Penile Intraepithelial Neoplasia 8071/2
	Appendix E1	Reportable Examples	Example 27 added	Intracholecystic papillary neoplasm (ICPN) with high-grade dysplasia 8503/2 Renumbered subsequent Reportable Non-Malignant Examples.
	Appendix E2	Non-Reportable Examples	Example 33 added	Ecchordosis physaliphora
	Appendix E2	Non-Reportable Examples	Example 34 added	Low to intermediate grade neuroendocrine neoplasm or middle ear adenomatoid tumor (MEANT)
	Appendix E2	Non-Reportable Examples	Example 35 added	Moderate squamous dysplasia and severe squamous dysplasia of lung
	Appendix E2	Non-Reportable Examples	Example 36 added	High grade prostatic intraepithelial neoplasia (PIN)(8148/2)

Summary of Changes v3.0

This document shows the changes that were made to the SSDI manual and the Grade manual for the SEER*RSA version 3.0 release on August 1, 2022

- **Table 1: New SSDIs, Version 3.0**
- **Table 2: Changes to Schemas**
- **Table 3: Changes to the general instructions, Version 3.0**
- **Table 4: Changes to current SSDIs, Version 3.0**
- **Table 5: Changes to Grade Manual, Version 3.0**

Table 1: New and Retired SSDIs

Data Item # and Description	Schema(s)	Comments
3884: LN Status Femoral-Inguinal, Para-Aortic, Pelvic	Cervix 8th, Cervix V9, Vagina, Vulva	Was retired in v2.1 and replaced with 3 distinct fields. It has been removed from all schemas for v3.0
3956: p16	Anus V9	Applicable for cases diagnosed 2023+
3960: Histologic Subtype	Appendix V9	Applicable for cases diagnosed 2023+
3961: Clinical Margin Width	Melanoma Skin	Applicable for cases diagnosed 2023+

Table 2: Changes to Schemas

Schema	Applicable Years	Comments
Anus Version 9	2023+	AJCC's Anus, Version 9, will be used with 2023+ diagnosis. There are now two EOD Anus schemas in SEER*RSA • Anus 8th: 2018-2022 (Schema ID: 00210) • Anus V9: 2023+ (Schema ID: 09210) Software will automatically take you to the correct Anus schema based on the date of diagnosis Note: For Schema ID 09210 only (2023+), new SSDI: p16 • p16 is not applicable for cases diagnosed 2018-2022
Appendix Version 9	2023+	AJCC's Appendix, Version 9, will be used with 2023+ diagnosis. There are now two EOD Appendix schemas in SEER*RSA • Appendix 8th: 2018-2022 (Schema ID: 00190) • Appendix V9: 2023+ (Schema ID: 09190) Software will automatically take you to the correct Appendix schema based on the date of diagnosis Note: For Schema ID 09190 only (2023+), new SSDI: Histologic Subtype • Histologic subtype is not applicable for cases diagnosed 2018-2022
Brain Version 9	2023+	AJCC's Brain and Spinal Cord, Version 9, will be used with 2023+ diagnosis. There are now two EOD Brain schemas in SEER*RSA • Brain 8th: 2018-2022 (Schema ID: 00721) • Brain V9: 2023+ (Schema ID: 09721) Software will automatically take you to the correct Brain schema based on the date of diagnosis

Schema	Applicable Years	Comments
CNS Other Version 9	2023+	AJCC's Brain and Spinal Cord, Version 9, will be used with 2023+ diagnosis. There are now two Brain schemas in SEER*RSA • CNS Other 8th: 2018-2022 (Schema ID: 00722) • CNS Other: 2023+ (Schema ID: 09722) Software will automatically take you to the correct CNS Other schema based on the date of diagnosis
Intracranial Gland Version 9	2023+	AJCC's Brain and Spinal Cord, Version 9, will be used with 2023+ diagnosis. There are now two Intracranial Gland schemas in SEER*RSA • Intracranial Gland 8th: 2018-2022 (Schema ID: 00723) • Intracranial Gland V9: 2023+ (Schema ID: 09723) Software will automatically take you to the correct CNS Other schema based on the date of diagnosis
Medulloblastoma Version 9	2023+	AJCC's Brain and Spinal Cord, Version 9, will be used with 2023+ diagnosis. For cases diagnosed prior to 2023+, use the appropriate Schema based on primary site 1. Schema ID: 00721: Brain (Primary Sites: C700, C710-C719) 2. Schema ID: 00722: CNS Other (Primary Sites: C701, C709, C720-C729) 3. Schema ID: 00723: Intracranial Gland (Primary Site: C753) Software will automatically take you to the correct schema based on the date of diagnosis

Table 3: Changes to SSDI Manual (General Instructions)

Manual Section	Page	Original Text	Updated Text
General Rules	27	**General Rules versus SSDI specific rules** Unless instructions for a specific tissue test state otherwise, record the highest value (positive versus negative, or actual numerical value) obtained from any tissue based examination (biopsy, surgical resection, bone marrow biopsy). If the SSDI specific coding rules column is yes, then check the SSDI for additional coding instructions	**Priority Order for SSDIs** • Addendums or amendments (corrections that are not incorporated into the initial synoptic report, including CAP Cancer Protocol) • Synoptic report (including CAP Cancer Protocol) • Pathology report: final diagnosis • Physician statement **General Rules versus SSDI specific rules** • Unless instructions for a specific tissue test state otherwise, record the highest value (positive versus negative, or actual numerical value) obtained from any tissue based examination (biopsy, surgical resection, bone marrow biopsy). • If the SSDI specific coding rules column is yes, then check the SSDI for additional coding instructions

Note: The following changes were also done throughout the entire manual as needed, but these changes will have no impact on abstracting

- References to AJCC chapters were changed to refer to AJCC Staging Systems
- References to specific chapters were removed in the Schema ID table
- Text of references to other data items restructured
- For Schema Discriminator 1 [3926], Schema Discriminator 2 [3927]: AJCC chapter references in the validation table were replaced with Schema IDs

Table 4: Changes to current SSDIs

Schema ID Name	Data Item # and Description	Original Text	Updated Text
Head and Neck Schemas: 00060, 00071, 00077, 00080, 00090, 00100, 00111, 00112, 00121, 00122, 00130-00133, 00140	3831: Extranodal Extension Head and Neck Clinical	**Note 6:** Code 7 when • Lymph nodes are determined to be clinically negative • Behavior /2 (in situ)	Note deleted
Head and Neck Schemas:00071, 00077, 00080, 00090, 00100, 00111, 00112, 00121, 00122, 00130-00133, 00140	3831: Extranodal Extension Head and Neck Clinical	Code 7: No regional lymph node involvement during diagnostic workup (cN0)	Code 7: No regional lymph node involvement during diagnostic workup (cN0) Non-invasive neoplasm (behavior /2)
Head and Neck Schemas: 00060, 00071, 00077, 00080, 00090, 00100, 00111, 00112, 00121, 00122, 00130-00133, 00140	3832: Extranodal Extension Head and Neck Pathological	**Note 1:** Physician statement of extranodal extension (ENE) pathologically during a lymph node dissection or physician pathological stage indicating the absence or presence of ENE can be used to code this data item when no other information is available. **Note 2:** Code the status of ENE assessed on histopathological examination of **surgically resected** involved regional lymph node(s). Do	**Note 1:** Physician statement of extranodal extension (ENE) pathologically during a lymph node dissection or physician pathological stage indicating the absence or presence of ENE can be used to code this data item when no other information is available. **Note 2:** Extranodal extension is defined as "the extension of a nodal metastasis through the lymph node capsule into adjacent tissue." ENE is the preferred terminology. Other names include:

Schema ID Name	Data Item # and Description	Original Text	Updated Text
		not code ENE from a lymph node biopsy (FNA, core, incisional, excisional, sentinel). Do not code ENE for any distant lymph nodes. • If codes 0.0-0.9, X.1-X.7 are used, this indicates that the lymph nodes were surgically resected and Scope of Regional Lymph Node Surgery [NAACCR Data Item: 1292] must be 3-7 **Note 3**: Be aware that the rules for coding ENE for head and neck sites compared to non-head and neck sites are different. **Note 4:** Definitions of ENE subtypes and rules: • Microscopic ENE [ENE (mi)] is defined as less than or equal to 2 mm. • Major ENE [ENE (ma)] is defined as greater than 2 mm. • Both ENE (mi) and ENE (ma) qualify as ENE (+) for definition of pN. **Note 5:** The measurement of ENE is the distance from the lymph node capsule in millimeters (mm).	extranodal spread, extracapsular extension, or extracapsular spread. • "A regional node extending into a distant structure or organ is categorized as ENE and is not recorded as distant metastatic disease." **Note 3:** Code the status of ENE assessed on histopathological examination of **surgically resected** involved regional lymph node(s). Do not code ENE from a lymph node biopsy (FNA, core, incisional, or the absence of ENE from a sentinel). Do not code ENE for any distant lymph nodes. Code the status of ENE based on the following criteria ▪ Code 0.0 ○ Absence of ENE, positive lymph nodes assessed by lymph node dissection ○ 1292: Scope of Regional Lymph Node Surgery must be 3-7 • Codes 0.1-9.9, X.1, X.2, X.3, X.4 as appropriate for ○ Presence of ENE assessed by Sentinel Lymph Node Biopsy ○ Presence of ENE assessed by lymph node dissection

Schema ID Name	Data Item # and Description	Original Text	Updated Text
			○ 1292: Scope of Regional Lymph Node Surgery must be 2-7 • Code X.7 as appropriate for ○ Lymph nodes negative for cancer assessed by Sentinel lymph node biopsy or lymph node dissection ○ 1292: Scope of Regional Lymph Node Surgery must be 2-7 • Code X.9 Absence of ENE, positive lymph nodes assessed by Sentinel Lymph Node Biopsy ▪ A positive Sentinel Lymph Node biopsy cannot assess the absence of ENE, only the presence of it. This is because there is not enough surrounding tissue in a Sentinel Lymph node biopsy to accurately assess ENE • If codes 0.1-0.9, X.1-X.7 are used, this indicates that the lymph nodes were surgically resected or a

Schema ID Name	Data Item # and Description	Original Text	Updated Text
			Sentinel Lymph Node biopsy was done and Scope of Regional Lymph Node Surgery NAACCR Data Item: 1292] must be 2-7 **Note 4**: Be aware that the rules for coding ENE for head and neck sites compared to non-head and neck sites are different. **Note 5:** Definitions of ENE subtypes and rules: • Microscopic ENE [ENE (mi)] is defined as less than or equal to 2 mm. • Major ENE [ENE (ma)] is defined as greater than 2 mm. • Both ENE (mi) and ENE (ma) qualify as ENE (+) for definition of pN. **Note 6:** The measurement of ENE is the distance from the lymph node capsule in millimeters (mm).
Head and Neck Schemas: 00071, 00077, 00080, 00090, 00100, 00111, 00112, 00121, 00122, 00130-00133, 00140	3832: Extranodal Extension Head and Neck Pathological	Code X.9 Not documented in medical record No surgical resection of regional lymph nodes ENE not assessed pathologically, or unknown if assessed Pathological assessment of lymph nodes not done, or unknown if done	Not documented in medical record No surgical resection of regional lymph nodes Non-invasive neoplasm (behavior /2) ENE not assessed pathologically, or unknown if assessed Pathological assessment of lymph nodes not done, or unknown if done
Head and Neck Schemas:	3883: LN Size	Code 0.0: No involved regional nodes	Code 0.0: No regional lymph node involvement

Schema ID Name	Data Item # and Description	Original Text	Updated Text
00071, 00077, 00080, 00090, 00100, 00111, 00112, 00121, 00122, 00130-00133, 00140, 00150			Non-invasive neoplasm (behavior /2)
Head and Neck Schemas: 00060, 00071, 00077, 00080, 00090, 00100, 00111, 00112, 00121, 00122, 00130-00133, 00140, 00150	3883: LN Size	Code XX.3 Described as "less than 1 centimeter (cm)"	Code XX.3 Described as "less than 1 centimeter (cm)" or "subcentimeter"
00140: Melanoma Head and Neck	3876: LN Head and Neck Levels I-III	Code 0: No involvement in Levels I, II, or III lymph nodes	Code 0: No involvement in Levels I, II, or III lymph nodes Non-invasive neoplasm (behavior /2)
00140: Melanoma Head and Neck	3877: LN Head and Neck Levels IV-V	Code 0: No involvement in Levels IV or VI lymph nodes	Code 0: No involvement in Levels IV or V lymph nodes Non-invasive neoplasm (behavior /2)
00140: Melanoma Head and Neck	3878: LN Head and Neck Levels VI-VII	Code 0: No involvement in Levels VI or VII lymph nodes	Code 0: No involvement in Levels VI or VII lymph nodes Non-invasive neoplasm (behavior /2)
00140: Melanoma Head and Neck	3879: LN Head and Neck Other	Code 0: No involvement in other head and neck lymph nodes	Code 0: No involvement in other head and lymph nodes Non-invasive neoplasm (behavior /2)

Schema ID Name	Data Item # and Description	Original Text	Updated Text
00150: Cutaneous Carcinoma of Head and Neck	3858: High Risk Histologic Features	Code 0: No high risk histologic features	Code 0: No high risk histologic features Non-invasive neoplasm (behavior /2)
00150: Cutaneous Carcinoma of Head and Neck; 00200: Colon and Rectum; 00640: Skin Eyelid; 00690: Lacrimal Gland	3909: Perineural Invasion	Code 0: Perineural invasion not identified/not present	Code 0: Perineural invasion not identified/not present Non-invasive neoplasm (behavior /2)
00161, 00169, 00170: Esophagus and Stomach schemas	3926: Schema Discriminator 1: EsophagusGEJunction (EGJ)/ Stomach		**Complete rewrite of SSDI instructions**
00200: Colon and Rectum	3823: Circumferential Resection Margin	**Note 11**: Code XX.9 when • Tumor is in situ only (/2) • Checked "Not applicable: Radial or Mesenteric Margin" on CAP Checklist • Pathology report describes only distal and proximal margins, or margins, NOS ○ Only specific statements about the CRM are collected in this data item • CRM not mentioned in the record	**Note 11**: Code XX.9 when • Checked "Not applicable: Radial or Mesenteric Margin" on CAP Checklist • Pathology report describes only distal and proximal margins, or margins, NOS ○ Only specific statements about the CRM are collected in this data item • CRM not mentioned in the record

Schema ID Name	Data Item # and Description	Original Text	Updated Text
00200: Colon and Rectum	3823: Circumferential Resection Margin	XX.9: Not documented in medical record Circumferential or radial resection margin not assessed or unknown if assessed	XX.9: Not documented in medical record Non-invasive neoplasm (behavior /2) Circumferential or radial resection margin not assessed or unknown if assessed •
00200: Colon and Rectum	3890: Microsatellite Instability	**Note 3:** Results from nodal or metastatic tissue may be used for Microsatellite instability	**Note 3:** MSI may be recorded for all stages; however, it is primarily performed for invasive neoplasms. For non-invasive neoplasms (behavior /2), code to 9 if no information available. **Note 4:** Results from nodal or metastatic tissue may be used for Microsatellite instability
00200: Colon and Rectum	3890: Microsatellite Instability	Code 9 Not documented in medical record MSI-indeterminate Microsatellite instability not assessed or unknown if assessed	Code 9 Not documented in medical record MSI-indeterminate MSI-equivocal Microsatellite instability not assessed or unknown if assessed
00220: Liver; 00230: Bile Ducts Intrahepatic	3835: Fibrosis Score	**Note 4:** Record the results based on information collected during the initial work-up. If multiple biopsies are taken and have conflicting scores, use the results from the biopsy closest to the start of treatment. Information collected after the start of treatment may not be used to code this data item.	**Note 4:** Record the results based on information collected during the initial work-up through the first course surgery, in the absence of neoadjuvant treatment. If multiple histologic assessments of the liver (biopsies or resections) are taken and have conflicting scores, record the highest score. • Information collected after the start of neoadjuvant treatment or primary systemic or radiation

Schema ID Name	Data Item # and Description	Original Text	Updated Text
			therapy may not be used to code this data item.
00290, 00301, 00302, 00310, 00320, 00330, 00340: NET Schemas	3867: Ki-67	**Note 3:** Ki-67 is a marker of cell proliferation. A high value indicates a tumor that is proliferating more rapidly. **Note 4:** Ki-67 results are reported as the percentage cell nuclei that stain positive. As of early 2017, there are no established standards for interpretation of results or for cutoffs for positive and negative.	**Note 3:** Ki-67 is a marker of cell proliferation. A high value indicates a tumor that is proliferating more rapidly. **Note 4:** Results from nodal or metastatic tissue may not be used. • If the only information you have is a Ki-67 from a metastatic site, code to XXX.9 **Note 5:** Ki-67 results are reported as the percentage cell nuclei that stain positive. As of early 2017, there are no established standards for interpretation of results or for cutoffs for positive and negative.
00290, 00301, 00302, 00310, 00320, 00330, 00340: NET Schemas	3867: Ki-67	**Note 7:** A specific value (0.0-100.0) takes priority over XXX.4, XXX.5 or XXX.6. Only use these values when that is the only information available. • XXX.4, XXX.5 and XXX.6 were added since they are listed on the CAP protocol	**Note 7:** A specific value (0.0-100.0) takes priority over XXX.4, XXX.5 or XXX.6. Code the exact percentage when provided. When the exact percentage is not given, including ranges or terms such as “less than” or “greater than” use the range value codes XXX.4, XXX.5, XXX.6. • XXX.4, XXX.5 and XXX.6 were added since they are listed on the CAP protocol ○ *Example 1:* Ki-67 stated as less than 1%. Code XXX.4 ○ *Example 2:* Ki-67 stated as 5%-10%. Code XXX.5

Schema ID Name	Data Item # and Description	Original Text	Updated Text
			○ *Example 3:* Ki-67 stated as greater than 4%. Code XXX.5 ○ *Example 4:* Ki-67 stated as greater than 30%. Code XXX.6
00360: Lung	3929: Separate Tumor Nodules	Code 0: No separate tumor nodules; single tumor only Separate tumor nodules of same histologic type not identified/not present Intrapulmonary metastasis not identified/not present Multiple nodules described as multiple foci of adenocarcinoma in situ or minimally invasive adenocarcinoma	Code 0: No separate tumor nodules; single tumor only Separate tumor nodules of same histologic type not identified/not present Intrapulmonary metastasis not identified/not present Multiple nodules described as multiple foci of adenocarcinoma in situ or minimally invasive adenocarcinoma Non-invasive neoplasm (behavior /2)
00360: Lung	3937: Visceral and Parietal Pleural Invasion	**Note 2:** Code 0 for in situ (behavior /2) tumors	Note deleted, rest of notes renumbered
00360: Lung	3937: Visceral and Parietal Pleural Invasion	Code 0: No evidence of visceral pleural invasion identified Tumor does not completely traverse the elastic layer of the pleura Stated as PL0	Code 0: No evidence of visceral pleural invasion identified Tumor does not completely traverse the elastic layer of the pleura Stated as PL0 Primary tumor is in situ Non-invasive neoplasm (behavior /2) No evidence of primary tumor
00360: Lung	3938: ALK Rearrangement	**Note 2:** Physician statement of ALK rearrangement for non-small cell carcinoma can be used to code this	**Note 2:** Physician statement of ALK rearrangement for non-small cell carcinoma can be used to code this data item when no other information is available.

Schema ID Name	Data Item # and Description	Original Text	Updated Text
		data item when no other information is available.	• This data item only includes rearrangements. Ignore any amplifications or point mutations
00460: Merkel Cell Skin and 00570: Penis	3830: Extranodal Extension Clin (non-Head and Neck)	**Note 5:** Code 7 when • Lymph nodes are determined to be clinically negative Behavior /2 (in situ)	Note deleted
00460: Merkel Cell Skin and 00570: Penis	3830: Extranodal Extension Clin (non-Head and Neck)	Code 7 No lymph node involvement during diagnostic workup (cN0)	Code 7 No lymph node involvement during diagnostic workup (cN0) Non-invasive neoplasm (behavior /2)
00460: Merkel Cell Skin and 00570: Penis	3833: Extranodal Extension Path (non-Head and Neck)	**Note 4**: Code the status of extranodal extension assessed on the **surgical resection** specimen for the most involved regional lymph node(s). Do not code ENE for any distant nodes. • If codes 0, 1, or 7 are used, this indicates that the lymph nodes were surgically resected and Scope of Regional Lymph Node Surgery [NAACCR Data Item: 1292] must be 3-7	**Note 4**: Code the status of extranodal extension assessed on the **surgical resection** specimen for the most involved regional lymph node(s). Do not code ENE for any distant nodes. Code the status of ENE based on the following criteria ▪ Code 0 ○ Absence of ENE, positive lymph nodes assessed by lymph node dissection ○ 1292: Scope of Regional Lymph Node Surgery must be 3-7 ▪ Code 1 ○ Presence of ENE assessed by Sentinel Lymph Node biopsy ○ Presence of ENE assessed by lymph node dissection

Schema ID Name	Data Item # and Description	Original Text	Updated Text
			○ 1292: Scope of Regional Lymph Node Surgery must be 2-7 ▪ Code 7 ○ Lymph nodes negative for cancer assessed by Sentinel lymph node biopsy or lymph node dissection ○ 1292: Scope of Regional Lymph Node Surgery must be 2-7 ▪ Code 9 ○ Absence of ENE, positive lymph nodes assessed by Sentinel Lymph Node biopsy ▪ A positive Sentinel Lymph Node biopsy cannot assess the absence of ENE, only the presence of it. This is because there is not enough surrounding tissue in a Sentinel Lymph node biopsy to accurately assess ENE ▪ If codes 1 or 7 are used, this indicates that the lymph nodes were surgically resected or a Sentinel Lymph Node biopsy was done and

Schema ID Name	Data Item # and Description	Original Text	Updated Text
			Scope of Regional Lymph Node Surgery [NAACCR Data Item: 1292] must be 2-7
00460: Merkel Cell Skin and 00570: Penis	3833: Extranodal Extension Path (non-Head and Neck)	Code 9 Not documented in medical record No surgical resection of regional lymph nodes Cannot be determined Pathological assessment of lymph nodes not done, or unknown if done Extranodal Extension Pathological not assessed or unknown if assessed	Code 9 Not documented in medical record No surgical resection of regional lymph nodes Non-invasive neoplasm (behavior /2) Cannot be determined Pathological assessment of lymph nodes not done, or unknown if done Extranodal Extension Pathological not assessed or unknown if assessed
00460: Merkel Cell Skin	3918: Profound Immune Suppression	**Note 2:** Per AJCC experts, this data item is limited to the conditions in the table below occurring within two years of the diagnosis of Merkel cell carcinoma.	**Note 2:** Per AJCC experts, this data item is limited to the conditions in the table below occurring within two years of the diagnosis of Merkel cell carcinoma. • For the following conditions, these patients will experience chronic immunosuppression. There are no time limits for these conditions. If a patient has a history (regardless of when diagnosed or treatment status), code as present ○ Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) (Code 1) ○ Solid organ transplant recipient (Code 2) ○ Chronic lymphocytic leukemia (Code 3)

Schema ID Name	Data Item # and Description	Original Text	Updated Text
00470: Melanoma Skin	3817: Breslow Tumor Thickness	Code XX.9 Not documented in medical record Microinvasion; microscopic focus or foci only and no depth given Cannot be determined by pathologist Breslow Tumor Thickness not assessed or unknown if assessed	Code XX.9 Not documented in medical record Microinvasion; microscopic focus or foci only and no depth given Cannot be determined by pathologist Non-invasive neoplasm (behavior /2) Breslow Tumor Thickness not assessed or unknown if assessed
00470: Melanoma Skin	3936: Ulceration	**Note 4:** Code 9 if there is microscopic examination and there is no mention of ulceration. • This instruction **does** apply to in situ tumors	**Note 4:** Code 9 if there is microscopic examination and there is no mention of ulceration. • This instruction **does** apply to non-invasive neoplasms (behavior 2)
00470: Melanoma Skin	3869: LDH Level	**Note 2:** Record this data item based on a blood test performed at diagnosis. In the absence of the lab test, a physician's statement of the exact value or interpretation can be used. Use the highest value available.	**Note 2:** Record the lab value of the highest serum LDH test results documented in the medical record either before or after surgical resection of the primary tumor with or without regional lymph node dissection. The LDH must be taken prior to systemic (chemo, immunotherapy, hormone), radiation therapy or surgery to a metastatic site. The lab value may be recorded in a lab report, history and physical, or clinical statement in the pathology report.
00470: Melanoma Skin	3870: LDH Upper Limits of Normal	**Note 2**: Upper limits of normal for LDH vary widely depending on the lab. Common upper limits can be 200, 250, 618, or other values.	**Note 2:** Record the value of the highest serum LDH test results documented in the medical record either before or after surgical resection of the primary tumor with or without regional lymph node dissection. The LDH must be taken prior to systemic (chemo, immunotherapy, hormone),

Schema ID Name	Data Item # and Description	Original Text	Updated Text
			radiation therapy or surgery to a metastatic site. The lab value may be recorded in a lab report, history and physical, or clinical statement in the pathology report.
00480: Breast	3826: Estrogen Receptor Percent Positive or Range 3914: Progesterone Receptor Percent Positive or Range	**Note 5:** If ER is positive but percentage is unknown, code XX7. **Note 6:** Ranges for the codes in this data item are defined in steps of 10 which correspond to the CAP protocol. If a range in a report is given in steps other than those provided in the codes, code to the range that contains the lowest number of the range in the report. • *Example 1:* Report says 1-5%. Code R10 (1-10%) • *Example 2:* Report says 90-95%. Code R90 (81-90%)	**Note 5:** Ranges for the codes in this data item are defined in steps of 10 which correspond to the CAP protocol. If a range in a report is given in steps other than those provided in the R codes, code per the following. • If the range is less than or equal to 10, then code the appropriate R code based on the lower number ○ *Example 1:* Report documents 1-5%. Code R10 (1-10%) ○ *Example 2:* Report documents 25-34%. Code R30 (21-30%) • If the range is greater than 10, then code to unknown ○ *Example 1:* Report documents 10-25%. Code XX9 ○ *Example 2:* Report documents 67-100%. Code XX9 **Note 6:** If ER is positive but percentage is unknown, code XX7.

Schema ID Name	Data Item # and Description	Original Text	Updated Text
00480: Breast	3828: Estrogen Receptor Total Allred Score 3916: Progesterone Receptor Total Allred Score	**Note 1:** Physician statement of ER (Estrogen Receptor) Total Allred Score can be used to code this data item.	**Note 1:** This SSDI is no longer required by any of the standard setters starting with 2023 diagnoses • For cases diagnosed 2023+, this SSDI may be left blank
00480: Breast	3828: Estrogen Receptor Total Allred Score 3916: Progesterone Receptor Total Allred Score		Code <Blank>.: N/A-Diagnosis year is after 2022
00480: Breast	3894: Multigene Signature Method 3895: Multigene Signature Results	**Note 2:** Multigene signatures or classifiers are assays of a panel of genes from a tumor specimen, intended to provide a quantitative assessment of the likelihood of response to chemotherapy and to evaluate prognosis or the likelihood of future metastasis**.** • Only record tests done on tumor tissue that help determine if the cancer is likely to recur. Don't include other tests, such as those that evaluate hereditary mutations that influence a patient's risk of developing cancer (e.g. myRisk, BRCA)	**Note 2:** Multigene signatures or classifiers are assays of a panel of genes from a tumor specimen, intended to provide a quantitative assessment of the likelihood of response to chemotherapy and to evaluate prognosis or the likelihood of future metastasis**.** • Only record tests done on tumor tissue that help determine if the cancer is likely to recur. Don't include other tests, such as those that evaluate hereditary mutations that influence a patient's risk of developing cancer (e.g. myRisk, BRCA) • Only record tests that are based on gene assays. Don't include other tests which use a multivariate data model to eliminate the need for genetic assays
00480: Breast	3863: Ki-67		**New Note 5**: In cases where there are invasive and in situ components in the

Schema ID Name	Data Item # and Description	Original Text	Updated Text
			primary tumor and Ki-67 is done on both, ignore the in situ results. • If Ki-67 is done on both the in situ and invasive components in the primary tumor, code the Ki-67 value from the invasive component • If in situ and invasive components present and Ki-67 only done on the in situ component in the primary tumor, code unknown
00480: Breast	3922: Response to Neoadjuvant Therapy	Note 2: For in situ tumors (behavior /2), code 0	Note deleted, rest of notes renumbered
00480: Breast	3922: Response to Neoadjuvant Therapy	Code 0 Neoadjuvant therapy not given	Code 0 Neoadjuvant therapy not given Non-invasive neoplasm (behavior /2)
00500: Vulva; 00510: Vagina, 00520: Cervix 8th, 09520: Cervix V9, 09528 Cervix Sarcoma, 00541: Corpus Sarcoma, 00542: Corpus Adenosarcoma 00560: Placenta	3836: FIGO Stage	**Note 1:** Take the highest Federation Internationale de Gynecologie et d'Obstetrique (FIGO) stage documented in the medical record. Do not attempt to code FIGO stage based only on T, N, and M. If FIGO stage is not documented in the medical record, code 99. FIGO stage is not the same as FIGO grade. Only code FIGO stage in this field, do not code FIGO grade. **Note 2:** If a stage group is stated but it does not specify that it is a FIGO stage,	**Note 1:** There must be a statement about FIGO stage from the managing physician in order to code this data item • Do **not** code FIGO stage based on the pathology report • Do **not** code FIGO stage based only on T, N, M • If "FIGO" is not included with a stated stage, then do **not** assume it is a FIGO stage

Schema ID Name	Data Item # and Description	Original Text	Updated Text
		assume that it is a FIGO stage and code it. **Note 3:** If there is more than one FIGO stage provided from the clinical and pathological work up, code the most extensive FIGO stage. **Note 4:** The FIGO stage definitions do not include Stage 0 (Tis). Code 97 for any case that is in situ (/2).	**Note 2:** FIGO stage is not the same thing as FIGO grade. Only code FIGO stage in this field, do not code FIGO grade. • Code FIGO grade in the grade fields **Note 3:** If there is more than one FIGO stage provided from the clinical and pathological work up, code the most extensive FIGO stage. **Note 4:** The FIGO stage definitions do not include Stage 0 (Tis). • Code 97 for any non-invasive neoplasm (behavior /2)
00500: Vulva; 00510: Vagina	3871: LN Assessment Method Femoral-Inguinal	**Note 6:** If there is no mention of femoral-inguinal lymph node involvement in the workup, and the status data item: *LN Status: Femoral Inguinal* does not indicate positive femoral inguinal nodes, code 0	**Note 6:** Code 0 when there is only imaging or a physical exam.
00510: Vagina; Cervix, 8th; 09520: Cervix V9	3872: LN Assessment Method Para-Aortic	**Note 5:** If there is no mention of para-aortic lymph node involvement in the workup, and the status data item: *LN Status: Para-aortic* does not indicate positive para-aortic nodes, code 0	**Note 5:** Code 0 when there is only imaging or a physical exam.
00500: Vulva; 00510: Vagina; Cervix, 8th;	3873: LN Assessment Method Pelvic	**Note 5:** If there is no mention of pelvic lymph node involvement in the workup, and the status data item: *LN*	**Note 5:** Code 0 when there is only imaging or a physical exam.

Schema ID Name	Data Item # and Description	Original Text	Updated Text
09520: Cervix V9		*Status: Pelvic* does not indicate positive pelvic nodes, code 0	
00510: Vagina; Cervix, 8th; 09520: Cervix V9	3874: LN Distant Mediastinal, Scalene	**Note 4:** Code 9 is used when there is no relevant nodal information from diagnostic work up, biopsy or surgical resection documented	**Note 4:** Code 9 when there is no imaging, biopsy, surgical workup, or a physical exam only.
00510: Vagina; Cervix, 8th; 09520: Cervix V9	3875: LN Distant Assessment Method	**Note 3:** The assessment results are recorded in LN Distant: Mediastinal, Scalene [NAACCR Data Item #3975)	**Note 3:** Code 0 when there is only imaging or a physical exam **Note 4:** The assessment results are recorded in LN Distant: Mediastinal, Scalene [NAACCR Data Item #3975)
00500: Vulva; 00510: Vagina; Cervix, 8th; 09520: Cervix V9	3957: LN Status: Pelvic	Code 0 Negative pelvic lymph nodes	Code 0 Negative pelvic lymph nodes Non-invasive neoplasm (behavior /2)
00500: Vulva; 00510: Vagina; Cervix, 8th; 09520: Cervix V9	3957: LN Status: Pelvic	Note 5: If there is no imaging, biopsy or surgical work up, code 9	**Note 5:** Code 9 when there is no imaging, biopsy, surgical workup, or a physical exam only.
00510: Vagina; Cervix, 8th; 09520: Cervix V9	3958: LN Status: Para-aortic	Code 0 Negative pelvic lymph nodes	Code 0 Negative pelvic lymph nodes Non-invasive neoplasm (behavior /2)
00510: Vagina; Cervix, 8th; 09520: Cervix V9	3958: LN Status: Para-aortic	Note 5: If there is no imaging, biopsy or surgical work up, code 9	**Note 5:** Code 9 when there is no imaging, biopsy, surgical workup, or a physical exam only.
00500: Vulva; 00510: Vagina	3959: LN Status: Femoral-Inguinal	Note 5: If there is no imaging, biopsy or surgical work up, code 9	**Note 6:** Code 9 when there is no imaging, biopsy, surgical workup, or a physical exam only.

Schema ID Name	Data Item # and Description	Original Text	Updated Text
00500: Vulva; 00510: Vagina	3959: LN Status: Femoral-Inguinal	Code 0 Negative femoral-inguinal lymph nodes	Code 0 Negative femoral-inguinal lymph nodes Non-invasive neoplasm (behavior /2)
00500: Vulva	3881: Lymph Nodes Laterality	Code 0 No regional lymph node involvement	Code 0 No regional lymph node involvement Non-invasive neoplasm (behavior /2)
00510: Vagina; 00520: Cervix, 8th; 09520: Cervix V9	3875: LN Distant: Mediastinal, Scalene	Code 0 Negative mediastinal and scalene lymph nodes	Code 0 Negative mediastinal and scalene lymph nodes Non-invasive neoplasm (behavior /2)
00530: Corpus Carcinoma and Carcinosarcoma	3836: FIGO Stage	**Note 1:** Take the highest Federation Internationale de Gynecologie et d'Obstetrique (FIGO) stage documented in the medical record. Do not attempt to code FIGO stage based only on T, N, and M. If FIGO stage is not documented in the medical record, code 99. FIGO stage is not the same as FIGO grade. Only code FIGO stage in this field, do not code FIGO grade. **Note 2:** If a stage group is stated but it does not specify that it is a FIGO stage, assume that it is a FIGO stage and code it. **Note 3:** If there is more than one FIGO stage provided from the clinical and pathological work up, code the most extensive FIGO stage.	**Note 1:** There must be a statement about FIGO stage from the managing physician in order to code this data item • Do **not** code FIGO stage based on the pathology report • Do **not** code FIGO stage based only on T, N, M • If "FIGO" is not included with a stated stage, then do **not** assume it is a FIGO stage **Note 2:** FIGO stage is not the same thing as FIGO grade. Only code FIGO stage in this field, do not code FIGO grade. • Code FIGO grade in the grade fields **Note 3:** If there is more than one FIGO stage provided from the clinical and pathological

Schema ID Name	Data Item # and Description	Original Text	Updated Text
		Note 4: The FIGO stage definitions do not include Stage 0 (Tis). Code 97 for any case that is in situ (/2). **Note 5:** For Endometrial intraepithelial carcinoma (EIC) (8380/2) and Serous endometrial intraepithelial carcinoma (SEIC) (8441/2), assign the FIGO stage based on the physician's documentation of FIGO I. • Do not code 97 (in situ) for Endometrial intraepithelial carcinoma (EIC) and Serous endometrial intraepithelial carcinoma (SEIC) since FIGO does not have a Stage 0 • If diagnosis is Endometrial intraepithelial neoplasia (EIN) (8380/2), code 97	work up, code the most extensive FIGO stage. **Note 4:** For Endometrial intraepithelial carcinoma (EIC) (8380/2) and Serous endometrial intraepithelial carcinoma (SEIC) (8441/2), assign the FIGO staged based on the managing physician's documentation of FIGO. (See Note 1) • If FIGO stage for EIC or SEIC is not documented by the managing physician, code unknown (code 99) • Do not code 97 (in situ) for EIC or SEIC since FIGO does not have a Stage 0 • If diagnosis is Endometrial intraepithelial neoplasia (EIN) (8380/2), code 97. **Note 5:** Code 97 for any remaining in situ histologies (/2) since the FIGO stage definitions do not include Stage 0.
00530, 00541, 00542: Corpus Schemas, 00528 Cervix Sarcoma	3899: Number of Examined Para-aortic Nodes	**Note 4:** Code 00 when no lymph nodes are examined by FNA, core biopsy or removal of lymph node(s) (e.g., sentinel lymph node biopsy or lymph node dissection)	**Note 4:** Code 00 when no lymph nodes are examined by FNA, core biopsy or removal of lymph node(s) (e.g., sentinel lymph node biopsy or lymph node dissection) • If a lymph node dissection is done and only pelvic lymph nodes are assessed, or only “nodes” are

Schema ID Name	Data Item # and Description	Original Text	Updated Text
			documented without specifying pelvic or para-aortic, code to 00
00530, 00541, 00542: Corpus Schemas, 00528 Cervix Sarcoma	3900: Number of Examined Pelvic Nodes	**Note 4:** Code 00 when no lymph nodes are examined by FNA, core biopsy or removal of lymph node(s) (e.g., sentinel lymph node biopsy or lymph node dissection)	**Note 4:** Code 00 when no lymph nodes are examined by FNA, core biopsy or removal of lymph node(s) (e.g., sentinel lymph node biopsy or lymph node dissection) • If a lymph node dissection is done and only "nodes" are documented without specifying pelvic or para-aortic, assume they are pelvic
00551, 00552, 00553: Ovary, Primary Peritoneal Carcinoma, Fallopian Tube	3836: FIGO Stage	**Note 1:** Take the highest Federation Internationale de Gynecologie et d'Obstetrique (FIGO) stage documented in the medical record. Do not attempt to code FIGO stage based only on T, N, and M. If FIGO stage is not documented in the medical record, code 99. FIGO stage is not the same as FIGO grade. Only code FIGO stage in this field, do not code FIGO grade. **Note 2:** If a stage group is stated but it does not specify that it is a FIGO stage, assume that it is a FIGO stage and code it. **Note 3:** If there is more than one FIGO stage provided from the clinical and pathological work up, code the most extensive FIGO stage.	**Note 1:** There must be a statement about FIGO stage from the managing physician in order to code this data item • Do **not** code FIGO stage based on the pathology report • Do **not** code FIGO stage based only on T, N, M • If "FIGO" is not included with a stated stage, then do **not** assume it is a FIGO stage **Note 2:** FIGO stage is not the same thing as FIGO grade. Only code FIGO stage in this field, do not code FIGO grade. • Code FIGO grade in the grade fields **Note 3:** If there is more than one FIGO stage provided from the clinical and pathological

Schema ID Name	Data Item # and Description	Original Text	Updated Text
		Note 4: The FIGO stage definitions do not include Stage 0 (Tis). Code 97 for any case that is in situ (/2). **Note 5**: For High-grade (HGSC) serous tubal intraepithelial carcinoma (STIC) (8441/2), assign the FIGO stage based on the physician's documentation of FIGO I. • Do not code 97 (in situ) for high-grade serous tubal intraepithelial carcinoma since FIGO does not have a Stage 0 • If diagnosis is low grade serous intraepithelial carcinoma (LGSC) (8441/2) or serous tubal intraepithelial carcinoma (no grade stated) (8441/2), code 97	work up, code the most extensive FIGO stage. **Note 4:** For High-grade serous carcinoma (HGSC) serous tubal intraepithelial carcinoma (STIC) (8441/2), assign the FIGO stage based on the managing physician's documentation of FIGO. (See Note 1) • If FIGO stage for HGSC or STIC is not documented by the managing physician, code unknown (code 99) • Do not code 97 (in situ) for HGSC or STIC since FIGO does not have a Stage 0 • If diagnosis is low grade serous intraepithelial carcinoma (LGSC) (8441/2) or serous intraepithelial carcinoma (no grade stated) (8441/2), code 97 **Note 5:** Code 97 for any remaining in situ histologies (/2) since the FIGO stage definitions do not include Stage 0
00551, 00552, 00553: Ovary, Primary Peritoneal Carcinoma, Fallopian Tube	3921: Residual Tumor Volume Post Cytoreduction	Code 97 No cytoreductive surgery performed	Code 97 No cytoreductive surgery performed Non-invasive neoplasm (behavior /2)
00580: Prostate	3897: Number of Cores Examined	**Note 2:** Record the number of prostate core biopsies examined from the first	**Note 2:** Record the number of prostate core biopsies examined from the first prostate

Schema ID Name	Data Item # and Description	Original Text	Updated Text
		prostate core biopsy diagnostic for cancer. If the number of cores examined is not specifically documented, code X6.	core biopsy diagnostic for cancer. If the number of cores examined is not specifically documented, code X6. • Information from the first core biopsy is preferred since the physician is usually examining the entire prostate. If a second core biopsy is done, this is usually done on a specified area, so more cores will be found to be positive
00580: Prostate	3898: Number of Cores Positive	**Note 2:** Record the number of positive prostate core biopsies from the first prostate core biopsy diagnostic for cancer. If positive cores are identified and the number of positive cores not specifically documented, code X6.	**Note 2:** Record the number of positive prostate core biopsies from the first prostate core biopsy diagnostic for cancer. If positive cores are identified and the number of positive cores not specifically documented, code X6. • Information from the first core biopsy is preferred since the physician is usually examining the entire prostate. If a second core biopsy is done, this is usually done on a specified area, so more cores will be found to be positive
Soft Tissue Other	3927: Schema Discriminator 2	**Note 5:** Code 9 is used for when there is not enough specific information to determine if the structure is external or internal and is assigned to AJCC 8 edition Chapter 45: Soft Tissue Sarcoma of Unusual Sites and Histologies (Schema ID 00450: Soft Tissue Other).	**Note 5:** Code 9 is used for when there is not enough specific information to determine if the structure is external or internal. These cases are collected in Schema ID 00459: Soft Tissue Other. *Example*: Chest NOS (C493) does not provide enough information in order to determine if it is either an external

Schema ID Name	Data Item # and Description	Original Text	Updated Text
		Example: Chest NOS (C493) does not provide enough information in order to determine if it is either an external structure, on the outer layer or periphery of the body, or an internal structure, in the inner parts of the body	structure, on the outer layer or periphery of the body, or an internal structure, in the inner parts of the body

Changes to Grade Manual, Version 3.0

Note: The following changes were also done throughout the entire manual as needed, but these changes will have no impact on abstracting

- References to AJCC chapters were changed to refer to AJCC Staging Systems
- References to specific chapters were removed in the Grade ID table
- Text of references to other data items restructured

Table 5: Changes to Grade Manual

Grade Table #	Schemas	Original Text	Updated Text
NA	All		General Grade Coding Instructions for Solid Tumors: New Note 4 4. Priority order for grade a. Synoptic report (including CAP protocol) b. Pathology report: Final diagnosis c. Physician statement Remaining notes renumbered
Grade Pathological	All	**Note 6:** Code 9 (unknown) when • Grade from primary site is not documented • No resection of the primary site (see exception in Note 5, Surgical resection, last bullet)	**Note 6:** Code 9 (unknown) when • Grade from primary site is not documented • Surgical resection is done and grade from the primary site is not documented and there is no clinical grade • Surgical resection is done and there is no residual cancer and there is no clinical grade documented • No resection of the primary site (see exception in Note 5, Surgical resection, last bullet) *Note: Note numbers changed will be different depending on schema*

Grade Table #	Schemas	Original Text	Updated Text
Grade Post Therapy Path (yp)	All	**Note 6:** Code 9 (unknown) when • Surgical resection is done after neoadjuvant therapy and grade from the primary site is not documented • Surgical resection is done after neoadjuvant therapy and there is no residual cancer • Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available	**Note 6:** Code 9 (unknown) when • Surgical resection is done after neoadjuvant therapy and grade from the primary site is not documented and there is no grade from the post therapy clinical work up • Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up • Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available *Note: Note numbers changed will be different depending on schema*
9, 10	Heart, Mediastinum, and Pleura; Kaposi Sarcoma; Orbital Sarcoma; Retroperitoneum; Soft Tissue Abdomen and Thoracic; Soft Tissue Head and Neck; Soft Tissue Trunk and Extremities; Soft Tissue Other; Soft Tissue Rare		For all Grade Tables: New Note Added: • Code 1 if stated as "low grade" only New code Added: • H: Stated as "high grade" only
12	Breast: Grade Post Therapy Clinical		New Note 7 (added to other three grade tables, but was missed for this one)

Grade Table #	Schemas	Original Text	Updated Text
	Brain V9, CNS Other V9, Intracranial Gland V9,	Code 2: WHO Grade II: Infiltrative tumors with low proliferative potential with increased risk of recurrence Code 3: WHO Grade III: Tumors with histologic evidence of malignancy, including nuclear atypia and mitotic activity, associated with an aggressive clinical course Code 4: WHO Grade IV: Tumors that are cytologically malignant, mitotically active, and associated with rapid clinical progression and potential for dissemination	**Code 2:** WHO Grade II: Infiltrative tumors with low proliferative potential with increased risk of progression or recurrence **Code 3:** WHO Grade III: Tumors with histologic and/or molecular genetic evidence of malignancy that are associated with an aggressive clinical course **Code 4:** WHO Grade IV: Tumors with histologic and/or molecular genetic evidence of malignancy that are associated with the most aggressive clinical course and shorter overall survival

STORE 2023 Summary of Changes

Covered during training

Important notes added regarding SEER requirements!

New Data Items

STORE 2023 Page Number	NAACCR Number	Data Item Name
94	344	Tobacco Use Smoking Status
216	671	Rx Hosp -Surg 2023 Replacing Surgical Procedure of Primary Site at this Facility [670] for cases with diagnosis year 2023 For diagnosis years 2003 – 2022, leave this data item blank and complete data item Surgical Procedure of Primary Site at this Facility [NAACCR data item #670] utilizing the STORE manual based on the year of diagnosis. All 2023 site specific surgery codes begin with a letter A except for skin which start with a letter B to indicate a significate change in coding. For melanoma skin surgical codes ONLY: ○ The priority order for sources used to assign surgery codes: • Operative report, statement from a physician, description of the surgical procedure on a pathology report, results of the pathology report. Code based on the description of the procedure. • Do not code base on margin status documented in the pathology report.
218	1291	Rx Summ- Surg 2023 Replacing Surgical Procedure of Primary Site [1290] for cases with diagnosis year 2023 For diagnosis years 2003 – 2022, leave this data item blank and complete data item Surgical Procedure of Primary Site [NAACCR data item #1290] utilizing the STORE manual based on the year of diagnosis. All 2023 site specific surgery codes begin with a letter A except for skin which start with a letter B to indicate a significate change in coding. For melanoma skin surgical codes ONLY: ○ The priority order for sources used to assign surgery codes: • Operative report, statement from a physician, description of the surgical procedure on a pathology report, results of the pathology report. Code based on the description of the procedure. • Do not code base on margin status documented in the pathology report.

Data items with Name Changes

NAACCR Number	Previous Name	Current Name
670	Surgical Procedure of Primary Site at this Facility	Rx Hosp Surg Prim Site 03-2022
1290	Surgical Procedure of Primary Site	Rx Summ- Surg Prim Site 03-2022

Data Items removed from STORE 2023.

STORE 2022 Page Number	NAACCR Number	Data Item Name
82	241	Date of Birth Flag
125	581	Date of First Contact Flag
141	1281	Rx Date–Dx/Stg Proc Flag
217	1201	Rx Date–Surgery Flag
219	1290	Surgical Procedure of Primary Site All instructions for #1290 have been changed to reflect the new surgical codes for diagnosis year 2023 RX Summ-Surg 2023 [1291]
221	670	Surgical Procedure of Primary Site at this Facility All instructions for #670 have been changed to reflect the new surgical codes for diagnosis year 2023 RX Hosp-Surg 2023 [671]
297	1221	Rx Date–Chemo Flag
306	1231	Rx Date–Hormone Flag
313	1241	Rx Date–BRM Flag

The table below lists changes to STORE v23 manual by the page number in STORE 2023.

NOTE:
All date data items allow blanks **EXCEPT** for the following:

1. Date of Birth
2. Date of Diagnosis
3. Date of last Contact or Death

STORE 2023 Page Number	Section or NAACCR Data Item Number	Data Item Name	Changes/Comments/Clarifications
43	2023 Source References	2023 Source References	The 2023 Source Reference Document is located on the NAACCR website available at https://www.naaccr.org/implementation-guidelines/
46	Overview of Coding Principles	Case Eligibility	Updated reportability on juvenile pilocytic astrocytoma 9421/1. Added: Effective January 1, 2023, low grade appendiceal mucinous neoplasms (LAMN) (8480) are reportable. LAMN is a distinctive histologic subtype of mucinous appendiceal neoplasm and can be in-situ or invasive. Please reference the AJCC Appendix Protocol Version 9 for further information.
46	Overview of Coding Principles	Case Eligibility **STILL REPOERTABLE BY SEER:** **PI-RADS 4 & LI-RADS 4 & 5**	All Rads are still being discussed amongst standard setters. An update on coding the Date of Diagnosis will be released once decided. Registrars should follow current rules in STore to assign Date of diagnosis. CoC does not collect rads alone, a positive biopsy must confirm the diagnosis, the Date of Diagnosis is the date of the biopsy.
46	Overview of Coding Principles	Case Eligibility **Reportable by SEER**	Added: Lobular Carcinoma In Situ alone is not reportable to CoC. The decision not to collect LCIS was made to align STORE with the AJCC 8th Edition. Please see the AJCC 8th Edition for complete details. Please note: SEER and NPCR require reporting of LCIS. If LCIS is reportable for your state registry, follow your state registry requirements. Assign Class of Case according to the relationship between the patient and the reporting facility.
50	Overview of Coding Principles	Coding Dates	Removed sentences: If a date is entirely blank, an associated date flag is used to explain the missing date. Flags are not used for software-generated dates.
60 61	Overview of Coding Principles	Relationships among Surgical Items	Added • (excluding code 1) to first paragraph • (excluding code 1) to bullet #2
63	Overview of Coding Principles	Radiation Therapy	Removed: A new phase begins when there is a change in the target volume of a body site, treatment fraction size, modality or treatment technique. Up to three phases of radiation treatment can now be documented. Added: "but modern radiotherapy allows phases to be delivered simultaneously so new terminology is needed. Each phase is meant to reflect a "delivered radiation prescription". At the start of the radiation planning process, physicians write radiation prescriptions to treatment volumes and specify the dose per fraction (session), the number of fractions, the modality, and the planning technique. A phase simply represents the radiation prescription that has actually been delivered (as sometimes the intended prescription differs from the delivered prescription.

<table>
<tr><th>STORE 2023 Page Number</th><th>Section or NAACCR Data Item Number</th><th>Data Item Name</th><th>Changes/Comments/Clarifications</th></tr>
<tr><td>86</td><td>240</td><td>Date of Birth</td><td>Removed:
If the date of birth cannot be determined at all, record the reason in the Date of Birth Flag [241]. The Date of Birth Flag [241] is used to explain why Date of Birth is not a known date. See Date of Birth Flag for an illustration of the relationships among these items.
Wording Added: Blank is not allowed.</td></tr>
<tr><td>88</td><td>160</td><td>Race 1</td><td>Labels were further clarified for codes 02, 03, 07, 13, 15, 21, 32, 98, and 99
<table>
<tr><th>Code</th><th>Diagnosis year 2022 and prior Label</th><th>Diagnosis 2023+ Label</th></tr>
<tr><td>02</td><td>Black</td><td>Black or African American</td></tr>
<tr><td>03</td><td>American Indian, Aleutian, or Alaska Native (includes all indigenous populations of the Western hemisphere)</td><td>American Indian or Alaska Native</td></tr>
<tr><td>07</td><td>Hawaiian</td><td>Native Hawaiian</td></tr>
<tr><td>13</td><td>Kampuchean (Cambodian)</td><td>Cambodian</td></tr>
<tr><td>15</td><td>Asian Indian or Pakistani, NOS</td><td>Asian Indian, NOS or Pakistani, NOS</td></tr>
<tr><td>21</td><td>Chamorro/Chamoru</td><td>Chamorro</td></tr>
<tr><td>32</td><td>New Guinean</td><td>Papua New Guinean</td></tr>
<tr><td>98</td><td>Other</td><td>Some other race</td></tr>
<tr><td>99</td><td>Unknown</td><td>Unknown by patient</td></tr>
</table></td></tr>
<tr><td>92</td><td>630</td><td>Primary Payer at Diagnosis</td><td>Removed:
Code 62: A 65 year old male patient is admitted for treatment and the patient admission page states the patient is covered by Medicare with additional insurance coverage from a PPO.</td></tr>
<tr><td>127</td><td>580</td><td>Date of First Contact</td><td>Removed:
The Date of First Contact Flag [581] is used to explain why Date of First Contact is not a known date. See Date of First Contact Flag for an illustration of the relationship.
Added to Allowable Values : Blank
Wording Added: Blank is Allowed</td></tr>
<tr><td>129</td><td>390</td><td>Date of Initial Diagnosis</td><td>Wording Added: Blanks are not allowed</td></tr>
</table>

STORE 2023 Page Number	Section or NAACCR Data Item Number	Data Item Name	Changes/Comments/Clarifications
138	490	Diagnostic Confirmation	Removed: Code 1 when the microscopic diagnosis is based on tissue specimens from biopsy, frozen section, surgery, or autopsy or bone marrow specimens from aspiration or biopsy. For leukemia only, code 1 when the diagnosis is based only on the complete blood count (CBC), white blood count (WBC) or peripheral blood smear. Do not use code 1 if the diagnosis was based on immunophenotyping or genetic testing using tissue, bone marrow, or blood.
141	1280	Date of Surgical Diagnostic and Staging Procedure	Removed: The RX Date DX/Stg Proc Flag [1281] is used to explain why Date of Surgical Diagnostic and Staging Procedure is not a known date. See RX Date DX/Stg Proc Flag for an illustration of the relationships among these items. Added to Allowable Values: Blank Wording Added: Blank is Allowed
151	3950	Macroscopic Evaluation of Mesorectum	Change Allowable Values from Alphanumeric, BLANK to 00, 10, 20, 30, 40, 99 or BLANK
153	832	Date of Sentinel Lymph Node Biopsy	Wording Added: Blank is Allowed
159	830	Regional Lymph Node Examined	Primary sites always coded 99. Use code 99 for a. Any case coded to primary site C420, C421, C423, C424, C589, C700-C709, C710-C729, C751-C753, C761-C768, C770-C779, or C809 b. Lymphoma 00790 c. Lymphoma-CLL/SLL 00795 d. Plasma Cell Disorders (excluding 9734/3) 00822 e. HemeRetic 00830 (excluding primary sites C420, C421, C423, C424) f. Ill-Defined/Other 99999 g. Cases with no information about positive regional lymph nodes

STORE 2023 Page Number	Section or NAACCR Data Item Number	Data Item Name	Changes/Comments/Clarifications
161	820	Regional Lymph Nodes Positive	Primary sites always coded 99. Use code 99 for a. Any case coded to primary site C420, C421, C423, C424, C589, C700-C709, C710-C729, C751-C753, C761-C768, C770-C779, or C809 b. Lymphoma 00790 c. Lymphoma-CLL/SLL 00795 d. Plasma Cell Disorders (excluding 9734/3) 00822 e. HemeRetic 00830 (excluding primary sites C420, C421, C423, C424) f. Ill-Defined/Other 99999 g. Cases with no information about positive regional lymph nodes
169	1112	Mets at Diagnosis-Bone	Removed Table under C and added Use code 8 when primary site is C42.0, C421, C423, C424 or histology is 9671, 9734, 9731 or 9761 for any primary site.
171	1113	Mets at Diagnosis-Brain	Removed Table under C and added Use code 8 when primary site is C42.0, C421, C423, C424 or histology is 9671, 9734, 9731 or 9761 for any primary site.
173	1114	Mets at Diagnosis-Distant Lymph Nodes	Removed Table under C and added Use code 8 when primary site is C420, C421, C423, C424, C770-C779 or histology is 9671, 9734, 9731 or 9761 for any primary site.
175	1115	Mets at Diagnosis-Liver	Removed Table under C and added Use code 8 when primary site is C42.0, C421, C423, C424 or histology is 9671, 9734, 9731 or 9761 for any primary site.
177	1116	Mets at Diagnosis-Lung	Removed Table under C and added Use code 8 when primary site is C42.0, C421, C423, C424 or histology is 9671, 9734, 9731 or 9761 for any primary site.
179	1117	Mets at Diagnosis-Other	Removed Table under C and added Use code 8 when primary site is C42.0, C421, C423, C424 or histology is 9671, 9734, 9731 or 9761 for any primary site.

STORE 2023 Page Number	Section or NAACCR Data Item Number	Data Item Name	Changes/Comments/Clarifications
207 208	n/a	Site Specifics Data Items	Added: Item # 3956 p16 Anus No longer collected with date of diagnosis after January 1, 2023 ○ Estrogen Receptor Total Allred Score [3828] ○ Progesterone Receptor Total Allred Score [3916] Wording added: One new SSDI [3956] Two SSDIs no longer required [3828,3916]
210	1270	Date of First Course of Treatment	Wording Added: Blank is Allowed
214	1200	Date of First Surgical Procedure	Removed: The Rx Date–Surgery Flag [1201] is used to explain why Date of First Surgical Procedure is not a known date. See Rx Date–Surgery Flag for an illustration of the relationships among these items. Added to Allowable Values : Blank Wording Added: Blank is Allowed
215	3170	Date of Most Definitive Surgical Resection of the Primary Site	Added to Allowable Values : Blank Wording Added: Blank is Allowed
220 223 226 228	10104 10105 10106 10107	Rx Hosp-Surg Breast Rx Summ-Surg Breast Rx Hosp-Recon Breast Rx Summ-Recon Breast	Continue collecting data items for diagnosis year 2023+ *If these required data items are left blank for diagnosis year 2022 forward for a breast primary, edits will populate and must be corrected.*
234	1292	Scope of Regional LN Surgery	Bullet #1 added: (excluding code 1) Removed from Code 9: o Lymphoma (excluding CLL/SLL, Schema ID 00790) o Lymphoma (CLL/SLL, Schema ID 00795) o Plasmacytoma, bone (9731/3) Removed: Added to Code 9: C589 Plasma Cell Disorders (excluding histology 9734/3 Schema ID 00822 (9671, 9731, 9761)

STORE 2023 Page Number	Section or NAACCR Data Item Number	Data Item Name	Changes/Comments/Clarifications
240	672	Scope of Reginal LN Surgery at this Facility	Bullet #1 added: (excluding code 1) Removed from Code 9: o Lymphoma (excluding CLL/SLL, Schema ID 00790) o Lymphoma (CLL/SLL, Schema ID 00795) o Plasmacytoma, bone (9731/3) Added to Code 9: C589 Removed: Plasma Cell Disorders (excluding histology 9734/3 Schema ID 00822 (9671, 9731, 9761)
246	1294	Surgical Procedure/Other Site	Removed from Bullet #6 Second bullet point: When the involved contralateral breast is removed for a single primary breast cancer. Note: See also notes and codes in Appendix A, Breast surgery codes
248	674	Surgical Procedure/Other Site at this Facility	Removed from Bullet #6 Second bullet point: When the involved contralateral breast is removed for a single primary breast cancer. Note: See also notes and codes in Appendix A, Breast surgery codes
250	3180	Date of Surgical Discharge	Added to Allowable Values : Blank Wording Added: Blank is Allowed
256	1210	Date Radiation Started	Repetitive statement identified Bullet #1 and #3. Bullet #1 removed: Date radiation started will typically be found in the radiation oncologist's summary letter for the first course of treatment. Determination of the date radiation started may require assistance from the radiation oncologist for consistent coding.
259	1504 1514 1524	Phase I-II-III Radiation Primary Treatment Volume	Removed the Bullet #2 Phase II III of radiation treatment also commonly includes draining lymph node regions that are associated with the primary tumor or tumor bed. The draining lymph nodes are recorded in the Phase II Radiation to Draining Lymph Nodes [1515,1525]. Removed from Bullet #3 If one or more discrete volumes are treated and one of those includes the primary site, record the Phase II III treatment to the primary site in this data item. Added to Bullet #3 Draining lymph nodes may also be concurrently targeted most commonly during the first phase. Added to Bullet #4 When the primary volume is a lymph node regions, draining lymph nodes are not targeted. Record code 88 in the Phase I-II-III Radiation to Draining Lymph Nodes [1505, 1515, 1525] when primary volume is a lymph node region.

STORE 2023 Page Number	Section or NAACCR Data Item Number	Data Item Name	Changes/Comments/Clarifications
260	1504 1514 1524	Phase I-II-III Radiation Primary Treatment Volume	Clarification added to code 02 Thoracic lymph node regions and removed mantle or mini mantle for lymphoma
261	1504 1514 1524	Phase I-II-III Radiation Primary Treatment Volume	Clarification added to code 03 Neck and thoracic lymph node regions and removed mantle or mini mantle for lymphoma
261	1504 1514 1524	Phase I-II-III Radiation Primary Treatment Volume	Clarification added to code 04 Breast/ Chest wall lymph node regions: Radiation is directed primarily to one or some combination of axillary, supraclavicular, and/or internal mammary lymph node regions WITHOUT concurrent treatment of the breast or chest wall.
261	1504 1514 1524	Phase I-II-III Radiation Primary Treatment Volume	Clarification added to code 05 Abdominal lymph nodes: Treatment is directed to one or some combination of the lymph nodes of the abdomen, including retro-crural, peri-gastric, peri-hepatic, portocaval and para-aortic node regions.
261	1504 1514 1524	Phase I-II-III Radiation Primary Treatment Volume	Clarification added to code 06 Pelvic lymph nodes: Treatment is directed to one or some combination of the lymph nodes of the pelvis
261	1504 1514 1524	Phase I-II-III Radiation Primary Treatment Volume	Clarification added to code 21 Oral Cavity: Treatment is directed at all or a portion of the oral cavity, which may include the lips, gingiva, alveolus, buccal mucosa, retromolar trigone, hard palate, floor of mouth and/or oral tongue.
263	1504 1514 1524	Phase I-II-III Radiation Primary Treatment Volume	Clarification added to code 64 Prostate -whole: Treatment is directed at all of the prostate with/without all or part of the seminal vesicles. Use this code even if seminal vesicles are not explicitly targeted.
263	1504 1514 1524	Phase I-II-III Radiation Primary Treatment Volume	Clarification added to code 86 Pelvis (NOS, non-visceral): For example, this code should be used for sarcomas arising from non-visceral soft tissues of the pelvis.
264	1504 1514 1524	Phase I-II-III Radiation Primary Treatment Volume	Clarification added to code 91 Soft Tissue: This category should be used to code primary or metastatic soft tissue malignancies when localizing to a region of the body (e.g. pelvis) is not possible or when the case does not fitting fit other categories.
264	1504 1514 1524	Phase I-II-III Radiation Primary Treatment Volume	Clarification added to code 98 Other: For example, code 98 when the radioisotope I-131 is used in the treatment of thyroid cancer.
267	1506 1516 1526	Phase I-II-III Radiation Treatment Modality	Removed for Bullet #1 For the first course of treatment.
270	1502 1512 1522	Phase I-II-III External Beam Radiation Planning Technique	Removed Bullet #6: When code 98 is recorded, document the planning technique in the appropriate text data item.

STORE 2023 Page Number	Section or NAACCR Data Item Number	Data Item Name	Changes/Comments/Clarifications
276	1503 1513 1523	Phase I-II-III Number of Fractions	Removed Example: Code 025 A patient with breast carcinoma had treatment sessions in which treatment was delivered to the chest wall and encompassing the ipsilateral supraclavicular region for a total of three fraction portals. Twenty-five treatment sessions were given. Record 25 fractions as 025.
277	1507 1517 1527	Phase I-II-III Total Dose	Rationale Removed word : prescribed and added wording of: maximum delivered
282	1533	Radiation Course Total Dose	Added wording to bullet #3 major type (External Beam, Brachytherapy, or Radioisotopes
284	1380	Radiation/Surgery Sequence	Clarified Example #5
286	3220	Date Radiation Ended	Removed Bullet #2 (duplicate instruction): The date when treatment ended will typically be found in the radiation oncologist's summary letter for the first course of treatment.
292	1220	Date Chemotherapy Started	Removed: The RX Date–Chemo Flag [1221] is used to explain why Date Chemotherapy Started is not a known date. See RX Date–Chemo Flag for an illustration of the relationships among these items.
299	1230	Date Hormone Therapy Started	Removed: The RX Date–Hormone Flag [1231] is used to explain why Date Hormone Therapy Started is not a known date. See RX Date–Hormone Flag for an illustration of the relationships among these items.
305	1240	Date Immunotherapy Started	The RX Date–BRM Flag [1241] is used to explain why Date Immunotherapy Started is not a known date. See RX Date–BRM Flag for an illustration of the relationships among these items.
324	1860	Date of First Recurrence	Added to Allowable Values : Blank Wording Added: Blank is Allowed
328	1772	Date of Last Cancer (tumor) Status	Wording Added: Blank is Allowed
330	1750	Date of Last Contact or Death	Wording Added: Blanks not Allowed

STORE 2023 Page Number	Section or NAACCR Data Item Number	Data Item Name	Changes/Comments/Clarifications
344	Appendix A	Current Site-Specific Surgery Codes for 2023+	Codes changed from two-digit numeric code to alphanumeric beginning with letter followed by four digits All 2023 site specific surgery codes begin with a letter A except for skin which start with a letter B to indicates a significate change in coding. For diagnosis years 2003 – 2022, Surgical Procedure of Primary Site at this Facility [NAACCR data item #670] and Surgical Procedure of Primary Site [NAACCR data item #1290] should be coded utilizing the STORE manual based on the year of diagnosis. **NOTE TO VENDORS/RESEARCHERS:** RX Hosp--Surg Prim Site [670] was changed to RX Hosp—Surg Prim Site 03-2022 [670] RX Summ--Surg Prim Site [1290] was changed to RX Summ--Surg Prim Site 03-2022 [1290]
408	Appendix M	CTR Guide to Coding Melanoma Skin	Added as a reference for registrars
423	Appendix R	CTR Guide to Coding Radiation Therapy Treatment in the STORE	Added as a reference for registrars
Multiple	All	Column #	With v21 and the change to XML (for the NAACCR layout), the column number is no longer required therefore the Column # has been removed from the data item tables.

Changes 9/8/2022

STORE 2023 Page Number	Section or NAACCR Data Item Number	Data Item Name	Changes/Comments/Clarifications
207	n/a	Site Specifics Data Items	Added SSDI data items: [3960] Histologic Subtype -appendix [3961] Clinical Margin Width - melanoma
257	1550	Location of Radiation Treatment	Added wording for clarification to 3rd bullet: “and usually includes draining lymph nodes”
261	1504 1514 1524	Phase I-II-III Radiation Primary Treatment Volume	Wording added to code 05: If field or target is described as hockey stick, dog leg, and inverted Y then use code 07.

Changes 12/15/2022

STORE 2023 Page Number	Section or NAACCR Data Item Number	Data Item Name	Changes/Comments/Clarifications
169 171 173 175 177 179	1112 1113 1114 1115 1116 1117	Mets at Diagnosis-Bone Mets at Diagnosis-Brain Mets at Diagnosis-Distant LNs Mets at Diagnosis-Liver Mets at Diagnosis-Lung Mets at Diagnosis-Other	Added: Use code 0 when: • Tumor is a borderline or benign brain or CNS tumor • Any other reportable tumor with a behavior of benign (/0), borderline (/1), or in situ (/2) Removed: ○ Use code 8 (Not applicable) for benign/borderline brain and CNS tumors
260 261 262 263	1504 1514 1524	Phase I-II-III Radiation Primary Treatment Volume	Added for clarity : Code 13: Use code 13 when primary tumor volume is brain stem. Code 29 Head and neck (NOS): Use code 29 when the Primary Tumor Volume is Paraganglioma of the jugular foramen in the middle ear. Code 71 Uterus or Cervix: Added parametrium. Code 93 Whole Body Radiaton: Added For example as with total body irradiation (TBI).
47	Overview of Coding Principles	Case Eligibility	Under Analytic Cases: Removed Joint Commission accreditation and replaced with Federal Employer Tax ID (FEIN)

This document shows the changes that were made to EOD and Summary Stage 2018 for the SEER*RSA version 3.0 release

Table 1.1: Updated Schemas due to AJCC rolling updates, Version 3.0 Covered during training

Table 1.2: Updated Summary Stage chapters due to AJCC rolling updates, Version 3.0

Table 2: Changes to EOD Schemas, Version 3.0

Table 3: Changes to Summary Stage 2018 Chapters, Version 3.0

Table 1.1: Updated Schemas due to AJCC Version 9 rolling updates, Version 3.0

Schema	Applicable Years	Comments
Anus Version 9	2023+	AJCC's Anus, Version 9, will be used with 2023+ diagnosis. There are now two EOD Anus schemas in SEER*RSA • EOD Anus 8th: 2018-2022 (Schema ID: 00210) • EOD Anus V9: 2023+ (Schema ID: 09210) Software will automatically take you to the correct Anus schema based on the date of diagnosis Note: For Schema ID 09210 only (2023+), new SSDI: p16 • p16 is not applicable for cases diagnosed 2018-2022
Appendix Version 9	2023+	AJCC's Appendix, Version 9, will be used with 2023+ diagnosis. There are now two EOD Appendix schemas in SEER*RSA • EOD Appendix 8th: 2018-2022 (Schema ID: 00190) • EOD Appendix V9: 2023+ (Schema ID: 09190) Software will automatically take you to the correct Appendix schema based on the date of diagnosis Note: For Schema ID 09190 only (2023+), new SSDI: Histologic Subtype • Histologic subtype is not applicable for cases diagnosed 2018-2022
Brain Version 9	2023+	AJCC's Brain and Spinal Cord, Version 9, will be used with 2023+ diagnosis. There are now two EOD Brain schemas in SEER*RSA • EOD Brain 8th: 2018-2022 (Schema ID: 00721) • EOD Brain V9: 2023+ (Schema ID: 09721) Software will automatically take you to the correct Brain schema based on the date of diagnosis

Schema	Applicable Years	Comments
CNS Other Version 9	2023+	AJCC's Brain and Spinal Cord, Version 9, will be used with 2023+ diagnosis. There are now two Brain schemas in SEER*RSA • EOD CNS Other 8th: 2018-2022 (Schema ID: 00722) • EOD CNS Other: 2023+ (Schema ID: 09722) Software will automatically take you to the correct CNS Other schema based on the date of diagnosis
Intracranial Gland Version 9	2023+	AJCC's Brain and Spinal Cord, Version 9, will be used with 2023+ diagnosis. There are now two EOD Intracranial Gland schemas in SEER*RSA • EOD Intracranial Gland 8th: 2018-2022 (Schema ID: 00723) • EOD Intracranial Gland V9: 2023+ (Schema ID: 09723) Software will automatically take you to the correct CNS Other schema based on the date of diagnosis
Medulloblastoma Version 9	2023+	Brain and Spinal Cord, Version 9, will be used with 2023+ diagnoses and covers the following: • C700-C729: 9362, 9740-9472, 9474-9478, 9501-9504, 9508 • C700-C722, C724-C729: 9473 • C753: C751 For cases diagnosed prior to 2023+, use the appropriate Schema based on primary site 1. Schema ID: 00721: EOD Brain (Primary Sites: C700, C710-C719) 2. Schema ID: 00722: EOD CNS Other (Primary Sites: C701, C709, C720-C729) 3. Schema ID: 00723: EOD Intracranial Gland (Primary Site: C753) Software will automatically take you to the correct schema based on the date of diagnosis

Table 1.2: Updated Summary Stage chapters due to AJCC, Version 9 rolling updates, Version 3.0

Summary Stage Chapter	Applicable Years	Comments
Medulloblastoma New for 2023+	2023+	Brain and Spinal Cord, Version 9, will be used with 2023+ diagnoses and covers the following: • C700-C729: 9362, 9740-9472, 9474-9478, 9501-9504, 9508 • C700-C722, C724-C729: 9473 • C753: C751 New Summary Stage chapter for diagnosis years 2023+ For cases diagnosed prior to 2023+, use the appropriate Summary Stage chapter based on primary site 1. Summary Stage Chapter Brain (Primary Sites: C700, C710-C719) 2. Summary Stage Chapter CNS Other (Primary Sites: C701, C709, C720-C729) 3. Summary Stage Chapter Intracranial Gland (Primary Site: C753)

Table 2: Changes to EOD Schemas, Version 3.0

Schema	Data Item	Code	Original Text	Updated/New Text
Appendix	EOD Mets	10	Intraperitoneal metastasis • WITHOUT peritoneal mucinous deposits containing tumor cells or UNKNOWN	Intraperitoneal metastasis (peritoneal carcinomatosis) • WITHOUT peritoneal mucinous deposits containing tumor cells or UNKNOWN
Appendix	EOD Mets	50	Carcinomatosis	Carcinomatosis • Excludes peritoneal carcinomatosis (see EOD Mets code 30)
Bile Ducts Intrahepatic	EOD Primary Tumor	400		**New Code** 400: Invasion into, but not through the visceral peritoneum
Bone Pelvis	EOD Primary Tumor	Notes		**Note 2:** The number of pelvic segments involved by the primary tumor determines the appropriate EOD Primary Tumor (codes 100 through 550). The four pelvic segments used in these codes are • Acetbulum • Iliac wing • Public ramus/Symphysis/Ischium • Sacrum
Brain (2018-2022)	EOD Primary Tumor	Notes	**Note 3:** Discontiguous spread, including circulating cells in cerebrospinal fluid (CSF), is coded in EOD Mets	**Note 3:** Discontiguous spread, or "drop metastasis" are coded in EOD mets
Breast	EOD Primary Tumor	300	Invasion of (or fixation to) • Chest wall • Intercostal or serratus anterior muscle(s) • Rib(s)	• Chest wall • Intercostal or serratus anterior muscle(s) • Ipsilateral rib(s) (contiguous extension only, for discontiguous extension, see EOD Mets)

Schema	Data Item	Code	Original Text	Updated/New Text
Breast	EOD Mets	70	Distant metastasis • Adrenal (suprarenal) gland • Bone other than adjacent rib • Contralateral (opposite) breast-if stated as metastatic • Lung • Ovary • Satellite nodule(s) in skin other than primary breast	Distant metastasis • Adrenal (suprarenal) gland • Bone, including contralateral ribs • Contralateral (opposite) breast-if stated as metastatic • Ipsilateral rib(s) (discontiguous extension only, see EOD Primary Tumor for contiguous extension) • Lung • Ovary • Satellite nodule(s) in skin other than primary breast

Colon and Rectum	EOD Primary Tumor	Notes	**Note 5:** Invasion into "pericolonic/pericolorectal tissue" can be either codes 300 or 400, depending on the primary site. Some sites are entirely peritonealized; some sites are only partially peritonealized or have no peritoneum. Code 300 may not be used for sites that are entirely peritonealized (cecum, transverse colon, sigmoid colon, rectosigmoid colon, upper third of rectum).
			• Code 300
			  ○ Invasion through muscularis propria or muscularis, NOS
			  ○ Non-peritonealized pericolic/perirectal tissues invaded [Ascending Colon/Descending Colon/Hepatic Flexure/Splenic Flexure/Upper two thirds of rectum: Posterior surface; Lower third of rectum]
				Note 5: The colon and rectum may be entirely peritonealized, partially peritonealized, or non-peritonealized. Use this list to help distinguish between EOD Primary Tumor codes 300 and 400 (See Note 6).
				
				• Entirely peritonealized segments: Cecum, Transverse colon, Sigmoid colon, Rectosigmoid colon
				• Segmental surfaces that are peritonealized: Anterior and lateral surfaces of: Ascending colon, Descending colon, Hepatic flexure, Splenic flexure, Upper third of rectum. Anterior surface: Middle third of rectum.
				• Entirely non-peritonealized segment: Lower third of rectum

Schema	Data Item	Code	Original Text	Updated/New Text
Colon and Rectum	EOD Primary Tumor	Notes (cont)	○ Subserosal tissue/(sub)serosal fat invaded • Code 400 ○ Mesentery ○ Peritonealized pericolic/perirectal tissues invaded [Ascending Colon/Descending Colon/Hepatic Flexure/Splenic Flexure/Upper third of rectum: anterior and lateral surfaces; Cecum; Sigmoid Colon; Transverse Colon; Rectosigmoid; Rectum: middle third anterior surface] ○ Pericolic/Perirectal fat • If the pathologist does not further describe the "pericolic/perirectal tissues" as either "non-peritonealized pericolic/perirectal tissues" vs "peritonealized pericolic/perirectal tissues" and the gross description does not describe the tumor relation to the serosa/peritoneal surface, and it cannot be determined whether the tumor arises in a peritonealized portion of the colon, code 300.	• Segmental surfaces that are non-peritonealized: Posterior surface of: Ascending colon, Descending colon, Hepatic flexure, Splenic flexure, Upper two-thirds of rectum **Note 6:** Invasion into "pericolonic/pericolorectal tissue" can be either code 300 or 400, depending on the primary site and whether it is peritonealized (fully or partially) or not. When extension is described as "pericolonic/pericolorectal tissue." • Code 300 may NOT be used for entirely peritonealized sites (cecum, transverse colon, sigmoid colon, rectosigmoid colon), as this would be equivalent to peritonealized pericolic/perirectal tissue invasion (code 400) • Code 300 may ONLY be used for peritonealized sites (See Note 5) when the extension is described using other terms listed under code 300 (ex. subserosal fat). If there are no other terms used to describe the extension, other than invasion of "pericolorectal tissue", then assign code 400

Schema	Data Item	Code	Original Text	Updated/New Text
Colon and Rectum	EOD Primary Tumor	Notes (cont)		• For partially peritonealized sites (See Note 5), "pericolonic/pericolorectal tissue" may indicate invasion of either non-peritonealized (code 300) or peritonealized tissue (code 400) ○ Check for mention of serosa/peritoneum in the operative report and/or pathology report final diagnosis or gross description to determine the correct code. Again, if other descriptions besides "pericolonic/pericolorectal tissue" are used, assign code 300 or 400 based on the terminology used • If the pathologist does not further describe the "pericolic/perirectal tissues" as either "non-peritonealized pericolic/perirectal tissues" vs "peritonealized pericolic/perirectal tissues" and the operative report and/or gross description does not describe the tumor relation to the serosa/peritoneal surface, and it cannot be determined whether the tumor arises in a peritonealized portion of the colon, code 300.

Schema	Data Item	Code	Original Text	Updated/New Text
Colon and Rectum	EOD Primary Tumor	300	Extension through wall, NOS Invasion through muscularis propria or muscularis, NOS • Rectum: WITH or WITHOUT intraluminal extension to colon and/or anal canal/anus Non-peritonealized pericolic/perirectal tissues invaded (see Code 400 for peritonealized pericolic/perirectal tissues invaded. See Note 5) Pericolic/perirectal tissues invaded, NOS (unknown whether non-peritonealized or peritonealized. See Note 5) Perimuscular tissue invaded Subserosal tissue/(sub)serosal fat invaded Transmural, NOS Wall, NOS	All Sites • Extension through wall, NOS • Invasion through muscularis propria or muscularis, NOS ○ Rectum (C209): WITH or WITHOUT intraluminal extension to colon and/or anal canal/anus • Perimuscular tissue invaded • Subserosal tissue/(sub)serosal fat invaded • Transmural, NOS • Wall, NOS For non-peritonealized sites (See Notes 5 and 6) or UNKNOWN if peritonealized (for peritonealized sites, see code 400) • Pericolic fat/tissues • Perirectal fat/tissues

Schema	Data Item	Code	Original Text	Updated/New Text
Colon and Rectum	EOD Primary Tumor	400	Adjacent (connective) tissue(s), NOS Fat, NOS Gastrocolic ligament (transverse colon and flexures) Greater omentum (transverse colon and flexures) Mesentery (including mesenteric fat, mesocolon) Pericolic fat Perirectal fat Peritonealized pericolic/perirectal tissues invaded (see code 300 for non-peritonealized pericolic/perirectal tissues invaded. See Note 5) Rectovaginal septum (rectum) Retroperitoneal fat (ascending and descending colon only)	All Sites • Adjacent (connective) tissue(s), NOS • Fat, NOS • Gastrocolic ligament (transverse colon and flexures) • Greater omentum (transverse colon and flexures) • Mesentery (including mesenteric fat, mesocolon) • Rectovaginal septum (rectum) • Retroperitoneal fat (ascending and descending colon only) For peritonealized sites (See Notes 5 and 6) (for non-peritonealized sites or UNKNOWN if peritonealized, see code 300) • Pericolic fat/tissues • Perirectal fat/tissue
Liver	EOD Primary Tumor	150	Code 100 with vascular invasion	Summary Stage Derivation changed from RE to L
Liver	EOD Primary Tumor	200	Multiple (satellite) nodules/tumors confined to one lobe • WITH or WITHOUT vascular invasion	Summary Stage Derivation changed from RE to L

Schema	Data Item	Code	Original Text	Updated/New Text
Lung	EOD Primary Tumor	Notes	**Note 2:** Code 100 is to be used only when the following criteria are met • Minimally invasive adenocarcinoma (less than or equal to 3 cm) • **WITH** predominantly **lepidic pattern AND** • less than or equal to 5 mm invasion in greatest dimension • If predominantly **lepidic pattern** is present and the size of the invasive component is unknown, see code 300	**Note 2:** Ground glass opacities (GGO), ground glass nodules (GGN), and ground/glass lepidic (GG/L) are frequently observed on CT and are increasingly detected with the advancements in imaging and are described as an area of hazy increased lung opacity. GGO, GGN, and GG/L can be observed in both benign and malignant lung conditions along with pre-invasive lesions (adenocarcinoma in situ, minimally invasive adenocarcinoma, and lepidic carcinoma). They are often associated with early stage lung cancer but not necessarily malignancies themselves. • For staging purposes, these are not to be counted as separate tumor nodules Rest of notes renumbered

Schema	Data Item	Code	Original Text	Updated/New Text
Lung	EOD Primary Tumor	Notes (cont)		New Note 9: **Note 9:** "Vocal cord paralysis," "superior vena cava syndrome," and "compression of the trachea or the esophagus" are classified as either direct extension from the primary tumor or mediastinal lymph node involvement • If these manifestations are caused by direct extension of the primary tumor, code as primary tumor involvement (EOD Primary Tumor, code 650) • If the primary tumor is peripheral and clearly unrelated to vocal cord paralysis, SVC obstruction, or compression of the trachea, or the esophagus, these manifestations are secondary to lymph node involvement; code as mediastinal lymph node involvement (EOD Lymph Nodes, code 400) • If unable to determine if these manifestations are due to direct extension or mediastinal lymph node involvement, record as mediastinal lymph node involvement (EOD Lymph Nodes, code 400) Original notes 8 and 9 are now 9 and 10

Schema	Data Item	Code	Original Text	Updated/New Text
Lung	EOD Regional Nodes	Notes	Note 2: “Vocal cord paralysis,” “superior vena cava,” and “compression of the trachea or the esophagus” are classified as mediastinal lymph node involvement (code 400) unless there is a statement of involvement by direct extension from the primary tumor	**Note 2:** "Vocal cord paralysis," "superior vena cava syndrome," and "compression of the trachea or the esophagus" are classified as either direct extension from the primary tumor or mediastinal lymph node involvement • If these manifestations are caused by direct extension of the primary tumor, code as primary tumor involvement (EOD Primary Tumor, code 650) • If the primary tumor is peripheral and clearly unrelated to vocal cord paralysis, SVC obstruction, or compression of the trachea, or the esophagus, these manifestations are secondary to lymph node involvement; code as mediastinal lymph node involvement (EOD Lymph Nodes, code 400) • If unable to determine if these manifestations are due to direct extension or mediastinal lymph node involvement, record as mediastinal lymph node involvement (EOD Lymph Nodes, code 400)
Lymphoma, Lymphoma-CLL/SLL	EOD Primary Tumor	575	Not applicable	New code: Code 600 separated into codes 575 and 600 Nodal and Extranodal lymphomas • Involvement of lymph node regions on BOTH sides of the diaphragm ○ WITHOUT or UNKNOWN spleen involvement

Schema	Data Item	Code	Original Text	Updated/New Text
Lymphoma, Lymphoma-CLL/SLL	EOD Primary Tumor	600	Nodal lymphomas • Involvement of lymph node regions on BOTH sides of the diaphragm ○ OR nodes ABOVE the diaphragm involved ▪ WITH spleen involvement	Nodal and Extranodal lymphomas • Involvement of lymph node regions on BOTH sides of the diaphragm WITH spleen involvement ○ Includes involvement of lymph nodes ABOVE the diaphragm WITH spleen involvement
NET Colon and Rectum	EOD Primary Tumor	600	Colon subsites • Abdominal wall • Adrenal (suprarenal) gland • Bladder • Diaphragm • Fallopian tube • Fistula to skin • Gallbladder • Other segment(s) of colon via serosa • Ovary(ies) • Retroperitoneum (excluding fat) • Small intestine • Uterus	Colon subsites • Abdominal wall • Adrenal (suprarenal) gland • Bladder • Diaphragm • Fallopian tube • Fistula to skin • Gallbladder • Other segment(s) of colon via serosa • Retroperitoneum (excluding fat) • Small intestine Note: Ovary(ies) and Uterus removed from code 600 under “Colon Subsites”. Is correctly documented in code 700
Oropharynx HPV-Mediated (p16+)	EOD Primary Tumor	700	Pharyngeal Tonsil (C111) • Paranasal Sinus	Deleted: Also included in code 600, which is correct (derives a Summary Stage RE)
Oropharynx (p16-)	EOD Primary Tumor	550	Pharyngeal Tonsil (C111) • Paranasal Sinus	Deleted: Also included in code 500, which is correct (derives a Summary Stage RE)
Pleura Mesothelioma	EOD Primary Tumor	000	None	**New code:** Code 000: In situ, intraepithelial, noninvasive

Schema	Data Item	Code	Original Text	Updated/New Text
Pleura Mesothelioma	EOD Mets	Notes	**Note 1:** A physician's statement of positive (malignant) pleural effusion or a positive cytology confirming a malignant pleural effusion must be used to code 05. • If the physician feels the pleural effusion is due to tumor, despite negative cytology, the physician's assessment can be used to code EOD Mets • If pleural fluid cytology is described as suspicious/suspicious for mesothelioma, code 05 **Note 2:** In addition to EOD Mets, the following data item is also collected to determine the results of the Pleural Effusion, which include negative, atypical, or Pleural effusion, NOS • Pleural effusion [NAACCR Data Item #3913] **Note 3:** If there is a malignant pleural effusion WITH other mets, code 70.	**Note 1:** A physician's statement of positive (malignant) pleural effusion or a positive cytology confirming a malignant pleural effusion must be used to code 05. • If the physician feels the pleural effusion is due to tumor, despite negative cytology, the physician's assessment can be used to code EOD Mets • If pleural fluid cytology is described as suspicious/suspicious for mesothelioma, code 05 • A positive pleural effusion (code 05) should not be coded as present under the Mets at Dx-Other field. Code 0 for Mets at Dx-Other when code 05 is coded in EOD Mets. **Note 2:** In addition to EOD Mets, the following data item is also collected to determine the results of the Pleural Effusion, which include negative, atypical, or Pleural effusion, NOS • Pleural effusion [NAACCR Data Item #3913] **Note 3:** If there is a malignant pleural effusion WITH other mets, code 70.

Schema	Data Item	Code	Original Text	Updated/New Text
Prostate	EOD Primary Tumor	Notes	**Note 1:** This field and Prostate Pathological Extension, must both be coded, whether or not a prostatectomy was performed. Information from prostatectomy and autopsy is excluded from this field and coded only in Prostate Pathological Extension. **Note 2:** Code this data item based on findings from the DRE, needle core biopsy, trans rectal ultrasound (TRUS) guided biopsy, transurethral resection of prostate (TURP) and/or simple prostatectomy. **Note 3:** Code 100 or 110 with a TURP only. **Note 4:** Clinically inapparent and apparent tumor. When clinical apparency cannot be determined, code 300. • Clinically inapparent tumors are not palpable. Physician documentation of a DRE that does not mention a palpable "tumor", "mass", or "nodule" can be inferred as inapparent. This would include findings limited to benign prostate enlargement/hypertrophy. • Clinically apparent tumors are palpable. If a clinician documents a "tumor", "mass", or "nodule" by physical examination, this can be inferred as apparent. "Tumor", "mass", or "nodule" on imaging can only be used by the registrar if the managing clinician/urologist uses it.	Notes totally redone **Note 1:** For this schema, the EOD Primary Tumor field captures a clinical extent of disease only. The guidelines for assigning Clinical Extension for AJCC and EOD are different. Per AJCC, a digital rectal exam (DRE) is required to assign a clinical T (cT). For EOD, a code can be assigned if there is no DRE information. (See Note 7). **Note 2:** Information from radical prostatectomy and autopsy are recorded in EOD Prostate Pathologic Extension • ***Note:*** A simple prostatectomy (Surgery code 30) does not qualify for a radical prostatectomy. Results from a simple prostatectomy are recorded in EOD Primary Tumor **Note 3:** Imaging is **not** used to determine the clinical extension. If a physician incorporates imaging findings into their evaluation (including the clinical T category), **do not** use this information. • If it cannot be determined if the physician is using imaging, assume they are not and code the clinical extension based on the physician's statement **Note 4:** Codes 100, 110, or 150 are used when there is a TURP only during the clinical workup and there was no clinically apparent tumor (DRE negative or unknown) (See Note 6 if positive DRE).

Schema	Data Item	Code	Original Text	Updated/New Text
Prostate	EOD Primary Tumor	Notes (cont)	• Imaging is not used to determine the clinical extension. If a physician incorporates imaging findings into their evaluation (including the clinical T category), do not use this information • Do not infer inapparent or apparent tumor based on the registrar's interpretation of other terms in the DRE or imaging reports. • Code 300 for localized cancer when it is unknown if the tumor is clinically apparent. This would include cases with elevated PSA and positive needle core biopsy but no documentation regarding tumor apparency (inapparent versus apparent). Another example would be a diagnosis made prior to admission for a prostatectomy with no details provided on the initial clinical findings. **Note 5:** This field is based on the DRE whether or not the tumor is clinically apparent or inapparent. Do not use biopsy results to code this field UNLESS they prove extraprostatic extension. **Note 6:** If there is no information from the DRE, or the terminology used is not documented in Note 3, but the physician assigns a clinical extent of disease, the registrar can use that.	• Code 150 if only a TURP is done, and the percentage of cells is not noted in the pathology report **Note 5:** Code 120 when the tumor is clinically inapparent (DRE negative). • Do not use this code when there is no information about the DRE results (see Note 7 for code 300). • **Clinically inapparent tumors** are not palpable. Physician documentation of a DRE that does not mention a palpable "tumor", "mass", or "nodule" can be inferred as inapparent. This would include DRE findings of only benign prostate enlargement/hypertrophy • Do not use ICD-10-CM code R97.20 (Elevated prostate specific antigen [PSA]) alone to code 120 **Note 6:** Codes 200-250 are for clinically apparent tumors (DRE positive). • **Clinically apparent tumors** are palpable. If a clinician documents a "tumor", "mass", or "nodule" by physical examination, this can be inferred as apparent • Do not infer inapparent or apparent tumor based on the registrar's interpretation of other terms

Schema	Data Item	Code	Original Text	Updated/New Text
Prostate	EOD Primary Tumor	Notes (cont)	• *Example*: DRE reveals prostate is "firm." Physician stages the patient as a cT2a. The T2a can be used since the physician has documented this. **Note 7:** Involvement of the prostatic urethra does not alter the EOD code. **Note 8:** "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a more detailed statement of involvement, assign a description of frozen pelvis to code 700. **Note 9:** When an incidental finding of prostate cancer is found during a prostatectomy for other reasons (for example, a cystoprostatectomy for bladder cancer), code 800 (no evidence of primary tumor) in this field. If there is no documentation regarding a normal prostate evaluation (physical examination or imaging) prior to prostatectomy/autopsy, code 999 (unknown; extension not stated) in this field.	**Note 7:** Code 300 for localized cancers when the DRE result is not documented, or DRE not done and there is no clinical evidence of extraprostatic extension, or the physician incorporates imaging findings into their evaluation • ***Example 1:*** Patient with elevated PSA and positive needle core biopsy, but no documentation regarding tumor apparency (inapparent versus apparent), and there is no evidence of extraprostatic extension • ***Example 2:*** Pathology report from a needle core biopsy done confirming cancer. No information on PSA, DRE or physician statement regarding clinical extension • ***Example 3:*** Pathology report from a needle core biopsy done confirming cancer. No information on PSA, DRE or physician statement regarding clinical extension. Physician states imaging shows extraprostatic extension and assigns cT3a **Note 8:** Codes 350-700 are for when there is positive extraprostatic extension, which can be determined by DRE, clinical exam, or needle core biopsy • If a needle core biopsy confirms extraprostatic extension, that information can be used for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Prostate	EOD Primary Tumor	Notes (cont)		**Note 9:** If there is no information from the DRE, or the terminology used is not documented in Note 5, but the physician assigns a clinical extent of disease, the registrar can use that. • ***Example:*** DRE reveals prostate is "firm." Physician states the patient as a cT2a. The T2a can be used in the physician has documented this. Code 200 ○ ***Exception:*** If the physician is clearly using imaging findings to determine clinical stage or extension of disease, do not use this information and code as 300 (Localized, NOS) (See Note 7) **Note 10:** Involvement of the prostatic urethra does not alter the EOD code. Extraprostatic urethra involved is captured in code 600. **Note 11:** "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a more detailed statement of involvement, assign a description of frozen pelvis to code 700. **Note 12:** Code 800 when an incidental finding of prostate cancer is found during a prostatectomy performed for other reasons (i.e., prostate cancer not suspected). • ***Example 1:*** Cystoprostatectomy done for bladder cancer and prostate cancer found incidentally

Schema	Data Item	Code	Original Text	Updated/New Text
Prostate	EOD Primary Tumor	Notes (cont)		• ***Example 2:*** Patient found to have prostate cancer during autopsy **Note 13:** Code 999 when there is no documentation regarding a prostate evaluation (PSA, physical exam or physician's statement) prior to prostatectomy/autopsy. ***Example:*** Patient presents for prostatectomy for known prostate cancer. No information on clinical evaluation
Prostate	Prostate Path Extension	Notes	**Note 1:** Only use histologic information from a radical prostatectomy and/or autopsy in this field. Information from biopsy of extraprostatic sites is coded in EOD Primary Tumor. • Code results from a transurethral resection of prostate (TURP) or simple prostatectomy in EOD Primary Tumor **Note 2:** Code 900 if there is no prostatectomy performed within the first course of treatment. **Note 3:** Limit information in this field to first course of treatment in the absence of disease progression. **Note 4:** When prostate cancer is an incidental finding during a prostatectomy for other reasons (for example, a cystoprostatectomy for bladder cancer), use the appropriate code for the extent of disease found.	Notes totally redone **Note 1:** Only use histologic information from a radical prostatectomy and/or autopsy in this field. Information from biopsy of extraprostatic sites is coded in EOD Primary Tumor. • Code results from a transurethral resection of prostate (TURP) or simple prostatectomy in EOD Primary Tumor **Note 2:** Code 900 if there is no radical prostatectomy or autopsy performed within first course of treatment. (See also Note 7) • A radical prostatectomy is defined as Surgery of Primary Site codes 50-70 • If Surgery of primary site is 00-30, 90, then code 900 ○ *Note:* Surgery of primary site can be 00 if an autopsy is done

Schema	Data Item	Code	Original Text	Updated/New Text
Prostate	Prostate Path Extension	Notes (cont)	**Note 5:** Involvement of the prostatic urethra does not alter the extension code. **Note 6:** "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a more detailed statement of involvement, assign this to code 700. **Note 7:** Code 950 is used when first course of treatment is active surveillance, but a prostatectomy is done at a later date due to disease progression or the patient changed their mind. When code 950 is used, code the following SSDIs as X9: Gleason Patterns Pathological, Gleason Score Pathological, and Gleason Tertiary	**Note 3:** Limit information in this field to first course of treatment in the absence of disease progression. **Note 4:** When prostate cancer is an incidental finding during a prostatectomy for other reasons (for example, a cystoprostatectomy for bladder cancer), or an autopsy, use the appropriate code for the extent of disease found. **Note 5:** Involvement of the prostatic urethra does not alter the extension code. **Note 6:** "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a more detailed statement of involvement, assign this to code 700. **Note 7:** Code 950 is used when first course of treatment is active surveillance, but a radical prostatectomy is done at a later date due to disease progression or the patient changed their mind. • When code 950 is used, code the following SSDIs as X9: Gleason Patterns Pathological, Gleason Score Pathological, and Gleason Tertiary **Note 8:** Code 999 when • Radical prostatectomy is performed, but there is no information on the extension • Surgery of Primary Site is Prostatectomy, NOS (Surgery of Primary Site is 80) Unknown if surgery is done (Surgery of Primary Site is 99)

Table 3: Changes to Summary Stage 2018 Chapters, Version 3.0

Schema	Code	Original Text	Updated/New Text
Bone	Note	**Note 3:** Code 0 is not applicable for this chapter. **Note 4:** The cortex of a bone is the dense outer shell that provides strength to the bone; the spongy center of a bone is the cancellous portion. The periosteum of the bone is the fibrous membrane covering of a bone that contains the blood vessels and nerves; the periosteum is similar to the capsule on a visceral organ. **Note 5:** Regional lymph nodes are defined as those in the vicinity of the primary tumor.	**Note 3:** Code 0 is not applicable for this chapter. **Note 4:** The cortex of a bone is the dense outer shell that provides strength to the bone; the spongy center of a bone is the cancellous portion. The periosteum of the bone is the fibrous membrane covering of a bone that contains the blood vessels and nerves; the periosteum is similar to the capsule on a visceral organ. **Note 5:** For the spinal tumors (C412), if only the number of adjacent vertebral segments below are involved, this would be localized (code 1). Any other vertebral segments involved (non-adjacent) would be regional (code 2). • Body (left) • Body (right) • Pedicle (left) • Pedicle (right) • Posterior element **Note 6:** For the pelvic tumors (C414), both the number of pelvic segments involved by the primary tumor and the presence or absence of extraosseous extension determine the correct Summary Stage 2018 for localized and regional pelvic bone primaries. The four pelvic segments used in these codes are: • Acetabulum • Iliac wing • Pubic ramus/Symphysis/Ischium • Sacrum **Note 7:** Regional lymph nodes are defined as those in the vicinity of the primary tumor.

Schema	Code	Original Text	Updated/New Text
Bone	2	Spine (C412) • One to two pelvic segments involved WITH extraosseous extension	Pelvis (C412) • One to four pelvic segments involved WITH extraosseous extension
Bone	1	Pelvis (C414) • Confined to pelvis, NOS (number of segments involved not known) • One to two pelvic segments involved WITHOUT or UNKNOWN if extraosseous extension	Pelvis (C414) • Confined to pelvis, NOS (number of segments involved not known and WITHOUT or UNKNOWN if extraosseous extension) • One to four pelvic segments involved WITHOUT or UNKNOWN if extraosseous extension
Breast	2	• Pectoral fascia or muscle(s) • Rib(s) • Subcutaneous tissue • Skin infiltration of primary breast including skin of nipple and/or areola	• Ipsilateral rib(s) (contiguous extension only, for discontiguous extension, see code 7) • Pectoral fascia or muscle(s) • Subcutaneous tissue • Skin infiltration of primary breast including skin of nipple and/or areola
Breast	7	Distant site(s) (including further contiguous extension) • Adrenal (suprarenal) gland • Bone other than adjacent rib • Contralateral (opposite) breast-if stated as metastatic • Lung • Ovary	Distant site(s) (including further contiguous extension) • Adrenal (suprarenal) gland • Bone, including contralateral ribs • Contralateral (opposite) breast-if stated as metastatic • Ipsilateral rib(s) (discontiguous extension only, see code 2 for contiguous extension) • Lung • Ovary

Schema	Code	Original Text	Updated/New Text

Colon and Rectum	Notes	**Note 6:** Invasion into "pericolonic/pericolorectal tissue" can be either Localized or Regional, depending on the primary site. Some sites are entirely peritonealized; some sites are only partially peritonealized or have no peritoneum. Localized may not be used for sites that are entirely peritonealized (cecum, transverse colon, sigmoid colon, rectosigmoid colon, upper third of rectum).
		• Localized
		  ○ Invasion through muscularis propria or muscularis, NOS
		  ○ Non-peritonealized pericolic/perirectal tissues invaded [Ascending Colon/Descending Colon/Hepatic Flexure/Splenic Flexure/Upper two thirds of rectum: Posterior surface; Lower third of rectum]
		  ○ Subserosal tissue/(sub)serosal fat invaded
		• Regional
		  ○ Mesentery
		  ○ Peritonealized pericolic/perirectal tissues invaded [Ascending Colon/Descending Colon/Hepatic Flexure/Splenic Flexure/Upper third of rectum: anterior and lateral surfaces; Cecum; Sigmoid Colon; Transverse Colon; Rectosigmoid; Rectum: middle third anterior surface]
			Note 6: The colon and rectum may be entirely peritonealized, partially peritonealized, or non-peritonealized. Use this list to help distinguish between Localized and Regional Tumors (See Note 7).
			• Entirely peritonealized segments: Cecum, Transverse colon, Sigmoid colon, Rectosigmoid colon
			• Segmental surfaces that are peritonealized: Anterior and lateral surfaces of: Ascending colon, Descending colon, Hepatic flexure, Splenic flexure, Upper third of rectum. Anterior surface: Middle third of rectum.
			• Entirely non-peritonealized segment: Lower third of rectum
			• Segmental surfaces that are non-peritonealized: Posterior surface of: Ascending colon, Descending colon, Hepatic flexure, Splenic flexure, Upper two-thirds of rectum
			
			Note 7: Invasion into "pericolonic/pericolorectal tissue" can be either Localized or Regional, depending on the primary site and whether it is peritonealized (fully or partially) or not. When extension is described as "pericolonic/pericolorectal tissue"
			• Localized (code 1) may NOT be used for entirely peritonealized sites (cecum, transverse colon, sigmoid colon, rectosigmoid colon), as this would be equivalent to peritonealized pericolic/perirectal tissue invasion (regional, code 2).
			  ○ Localized (code 1) may be used for these peritonealized sites when the extension is described using other terms listed under localized (code 1) (ex. subserosal fat).

Schema	Code	Original Text	Updated/New Text
Colon and Rectum	Notes (cont)	○ Pericolic/Perirectal fat • If the pathologist does not further describe the "pericolic/perirectal tissues" as either "non-peritonealized pericolic/perirectal tissues" vs "peritonealized pericolic/perirectal tissues" fat and the gross description does not describe the tumor relation to the serosa/peritoneal surface, and it cannot be determined whether the tumor arises in a peritonealized portion of the colon, code Localized.	• For partially peritonealized sites (See Note 6), "pericolonic/pericolorectal tissue" may indicate invasion of either non-peritonealized (localized, code 1) or peritonealized tissue (regional, code 2). ○ Check for mention of serosa/peritoneum in the operative report and/or pathology report to determine the correct code. Again, if other descriptions besides "pericolonic/pericolorectal tissue" are used, assign code localized (code 1) or regional (code 2) based on the terminology used. • If the pathologist does not further describe the "pericolic/perirectal tissues" as either "non-peritonealized pericolic/perirectal tissues" vs "peritonealized pericolic/perirectal tissues" and the operative report and/or gross description does not describe the tumor relation to the serosa/peritoneal surface, and it cannot be determined whether the tumor arises in a peritonealized portion of the colon, coded to localized (code 1.)

Schema	Code	Original Text	Updated/New Text

Colon and Rectum	1	Localized only (localized, NOS)
		
		• Confined to colon, rectum, rectosigmoid, NOS
		• Extension through wall, NOS
		• Intraluminal extension to colon and/or anal canal/anus (rectum only)
		• Invasion of
		  ○ Intramucosal, NOS
		  ○ Lamina propria
		  ○ Mucosa, NOS
		  ○ Muscularis mucosae
		  ○ Muscularis, NOS
		  ○ Muscularis propria
		  ○ Submucosa (superficial invasion)
		• Non-peritonealized pericolic/perirectal tissues invaded (see Regional for peritonealized pericolic/perirectal tissues invaded. See Note 6)
		• Pericolic/perirectal tissues invaded, NOS (unknown whether non-peritonealized or peritonealized. See Note 6)
		• Perimuscular tissue invaded
		• Polyp (head, stalk, NOS)
		• Subserosal tissue/(sub)serosal fat invaded
		• Transmural, NOS
		• Wall, NOS
			Localized only (localized, NOS)
			
			All Sites
			
			• Confined to colon, rectum, rectosigmoid, NOS
			• Confined to polyp (head, stalk, NOS)
			• Extension through wall, NOS
			• Intraluminal extension to colon and/or anal canal/anus (rectum only)
			• Invasion of
			  ○ Intramucosal, NOS
			  ○ Lamina propria
			  ○ Mucosa, NOS
			  ○ Muscularis mucosae
			  ○ Muscularis, NOS
			  ○ Muscularis propria
			  ▪ Rectum (C209): WITH or WITHOUT intraluminal extension to colon and/or anal canal/anus
			• Perimuscular tissue invaded
			• Submucosa (superficial invasion)
			• Subserosal tissue/(sub)serosal fat invaded
			• Transmural, NOS
			• Wall, NOS
			
			Non-peritonealized sites (See Notes 6 and 7) or UNKNOWN if peritonealized (for peritonealized sites, see code 2)
			
			• Pericolic fat/tissues
			• Perirectal fat/tissues

Schema	Code	Original Text	Updated/New Text
Colon and Rectum	2	Regional by direct extension only • All sites ○ Abdominal wall ○ Adherent to other organs or structures clinically with no microscopic examination ○ Adjacent (connective) tissue(s), NOS ○ Fat, NOS ○ Mesentery (including mesenteric fat, mesocolon) ○ Mesothelium ○ Pericolic fat ○ Perirectal fat ○ Peritonealized pericolic/perirectal tissues invaded (see Localized for non-peritonealized pericolic/perirectal tissues invaded. See Note 6) ○ Retroperitoneum (excluding fat) ○ Serosa ○ Small intestine ○ Tumor found in adhesion(s) if microscopic examination performed ○ Tunica serosa ○ Visceral peritoneum	Regional by direct extension only All sites • Abdominal wall • Adherent to other organs or structures clinically with no microscopic examination • Adjacent (connective) tissue(s), NOS • Fat, NOS • Mesentery (including mesenteric fat, mesocolon) • Mesothelium • Retroperitoneum (excluding fat) • Serosa • Small intestine • Tumor found in adhesion(s) if microscopic examination performed • Tunica serosa • Visceral peritoneum Peritonealized sites (See Notes 6 and 7) (for non-peritonealized sites or UNKNOWN if peritonealized, see code 1) • Pericolic fat/tissues • Perirectal fat/tissues

Schema	Code	Original Text	Updated/New Text
Liver	Notes		New Note **Note 3:** The liver is divided into several lobes as defined below. In the absence of other tumor involvement (lymph node involvement or distant metastasis), code the lobe or segment involvement as follows: If multiple lobes (such as the Caudate lobe and the Left Lobe) are involved, code 2 (Regional). If multiple segments (such as 5 and 6 in the right lobe) in the same lobe are involved, this would be multiple tumors within one lobe, code 1 (Localized). • Caudate lobe: Segment 1 • Quadrate lobe: Segment 4b • Left lobe: Segments 2, 3, 4a • Right lobe: Segments 5, 6, 7, 8
Liver	1	Localized only (localized, NOS) • Confined to liver, NOS • Single tumor (one lobe) WITH or UNKNOWN vascular invasion	Localized only (localized, NOS) • Confined to liver, NOS • Single tumor (one lobe) WITH or WITHOUT vascular invasion • Multiple (satellite) nodules/tumor confined to one lobe WITH or WITHOUT vascular invasion

Schema	Code	Original Text	Updated/New Text

Liver	2	Regional by direct extension only
		…..
		• Major vascular invasion, NOS
		• More than one lobe involved by contiguous growth (single lesion)
		  ○ WITH or WITHOUT vascular invasion
		• Multiple (satellite) nodules/tumor (one lobe)
		  ○ WITHOUT or UNKNOWN vascular invasion
		• Multiple (satellite) nodules/ tumors in more than one lobe of liver or on surface of parenchyma
		  ○ WITH or WITHOUT vascular invasion
		• Single lesion (one lobe) WITH vascular invasion
			Regional by direct extension only
			…..
			• Major vascular invasion, NOS
			• More than one lobe involved by contiguous growth (single lesion)
			  ○ WITH or WITHOUT vascular invasion
			• Multiple (satellite) nodules/ tumors in more than one lobe of liver or on surface of parenchyma
			  ○ WITH or WITHOUT vascular invasion

Lung	Notes	**Note 3:** "Bronchopneumonia" is not the same thing as "obstructive pneumonitis" and should not be coded as such.	**Note 3:** Ground glass opacities (GGO), ground glass nodules (GGN), and ground/glass lepidic (GG/L) are frequently observed on CT and are increasingly detected with the advancements in imaging and are described as an area of hazy increased lung opacity. GGO, GGN, and GG/L can be observed in both benign and malignant lung conditions along with pre-invasive lesions (adenocarcinoma in situ, minimally invasive adenocarcinoma, and lepidic carcinoma). They are often associated with early stage lung cancer but not necessarily malignancies themselves. • For staging purposes, these are not to be counted as separate tumor nodules **Rest of notes renumbered**

Schema	Code	Original Text	Updated/New Text
Lung	Notes	**Note 7:** "Vocal cord paralysis," "superior vena cava syndrome," and "compression of the trachea or the esophagus" are classified as mediastinal lymph node involvement (code 3) unless there is a statement of involvement by direct extension from the primary tumor	**Note 8:** "Vocal cord paralysis," "superior vena cava syndrome," and "compression of the trachea or the esophagus" are classified as either direct extension from the primary tumor or mediastinal lymph node involvement • If these manifestations are caused by direct extension of the primary tumor, code as primary tumor involvement (code 2) • If the primary tumor is peripheral and clearly unrelated to vocal cord paralysis, SVC obstruction, or compression of the trachea, or the esophagus, these manifestations are secondary to lymph node involvement; code as mediastinal lymph node involvement (code 3) • If unable to determine if these manifestations are due to direct extension or mediastinal lymph node involvement, record as mediastinal lymph node involvement (code 3)
Lymphoma	7	• Involvement of lymph node regions on BOTH sides of the diaphragm ○ OR nodes ABOVE the diaphragm involved WITH spleen involvement	• Involvement of lymph node regions on BOTH sides of the diaphragm WITH or WITHOUT spleen involvement • Involvement of lymph node regions ABOVE the diaphragm WITH spleen involvement
Oropharynx	7	Pharyngeal Tonsil (C111) • Paranasal Sinus	Deleted: Also included in code 2, which is correct (derives a Summary Stage RE)
Pleura Mesothelioma	0	None	**New code:** **Code 0: In situ, intraepithelial, noninvasive**

Schema	Code	Original Text	Updated/New Text
Prostate	Notes	**Note 5:** Imaging is not used to determine the clinical extension. If a physician incorporates imaging findings into their evaluation (including the clinical T category), do not use this information. **Note 6:** If there is no information from the DRE, but the physician assigns a clinical extent of disease, the registrar can use that. • *Example*: DRE reveals prostate is "firm." Physician stages the patient as a cT2a. The T2a (localized) can be used since the physician has documented this.	**Note 5:** Imaging is not used to determine clinical extension. If a physician incorporates imaging findings into their evaluation, do not use this information. • If it cannot be determined if the physician is using imaging, assume they are not and code the Summary Stage based on the physician's statement **Note 6:** If there is no information from the DRE, but the physician assigns an extent of disease, the registrar can use that. • ***Example:*** DRE reveals prostate is "firm." Physician stages the patient as a cT2a. ○ The T2a (localized) can be used since the physician has documented this **Note 7:** Localized (code 1) can be assigned when the DRE result is not documented, or DRE not done and there is no evidence of extraprostatic extension • ***Example 1:*** Patient with elevated PSA and positive needle core biopsy, but no documentation regarding tumor apparency (inapparent versus apparent), and there is no evidence of extraprostatic extension. No prostatectomy done • ***Example 2:*** Pathology report from a needle core biopsy done confirming cancer. No information on PSA, DRE, Radical prostatectomy, or physician statement regarding clinical extension • ***Example 3:*** Pathology report from a needle core biopsy done confirming cancer. No information on PSA, DRE or physician statement regarding clinical extension. Physician states imaging shows extraprostatic extension and assigns cT3a Rest of notes renumbered