

SSDI

Site Specific Data Items



What is a SSDI?

In 2018, Collaborative Stage (CS) Site-Specific Factors (SSFs) was discontinued, and Site-Specific Data Items (SSDIs) was introduced

- SSDIs are now used for collection of site-specific information

https://www.naaccr.org/wp-content/uploads/2021/09/SSDI-Manual_v-2.1-2022.pdf?v=1655428937



A “SSDI” is a site-specific data item and is based on:

- Primary site
 - AJCC Chapter
 - Summary Stage Chapter
 - EOD schema
-
- Each Site-Specific Data Item (SSDI) applies only to selected schemas
 - SSDI fields should be blank for schemas where they do not apply
 - Unless otherwise noted, all SSDIs start collection in 2018. For those that have a collection start date later than 2018, a note has been added to instruct registrars when it should be collected



Timing for collection of SSDIs

The SSDIs are to be collected during the initial diagnosis, work up and first course of treatment

Some SSDIs have specific instructions as to when the SSDIs are collected

Examples: CEA is to be collected prior to polypectomy

PSA is to be collected prior to needle core biopsy

Note: Active surveillance is first course of treatment



Consult Reports

If a report is sent out for consult and the results are different than the original report, record the results from the consult



General Definitions and Format of SSDI Codes

Not applicable Code:

This code is to be used **ONLY** when the data item is relevant for the case and the standard setter does **not** require the data item

If a standard setter requires the data item, Not applicable (8) **cannot** be coded

Not applicable codes **ALWAYS** end in an 8

Note: “Not applicable” is **not** available for schema discriminators or data items which are required for staging



Source Documents

Source documents are suggested for some data items as the most likely sources of information
If no source document is suggested, use any information provided in the medical record

- If a pathology report is suggested, that document includes
 - Addenda or revisions to the report
 - Gross or microscopic description
 - Synoptic reports
 - CAP protocol, or cancer checklist information provided by the pathologist

It is important to review each data item carefully to determine what information is to be used when coding a data item

- For some data items, the information may be based on
 - Imaging
 - Clinical exam
 - Pathological findings from a surgical resection



Rounding Rules

- SSDIs follow the standard definitions for rounding
- These general rules can be followed for most SSDIs where lab values or percentages are recorded
- All SSDIs that have lab values, percentages or measurements are set up to record in the 10ths (one digit after the decimal point)
- If a lab value, percentage or measurement is recorded in 100ths (two digits after the decimal point), then the last digit must be rounded



Rules for Recording Laboratory Values

Laboratory values refer to any tests that are based on blood, urine, ascites, or spinal fluid. Most of these are based on blood for Recording Laboratory Values

Do not apply these rules to SSDIs that are based on tissue; use Rules for Recording Tests Based on Solid Tissue

Follow the below guidelines for recording laboratory values:

- All laboratory values must be done no earlier than approximately three months before diagnosis
- Only record test results obtained before any cancer-directed treatment is given (neoadjuvant therapy or surgical), unless instructions for a specific laboratory test state otherwise
- Record the highest laboratory value if multiple laboratory tests results are available, unless instructions for a specific laboratory test state otherwise



Priority Source Order

- If the only test or tests performed do not meet these criteria, code "test not done" or "unknown if test performed."
- Some data items ask for a laboratory value, others ask for the "interpretation" of the laboratory test (normal, elevated, and so forth)
- When the data item asks for the interpretation of a laboratory test, code the clinician's/pathologist's interpretation, if available, as first priority
- This would include statements of "abnormal", "elevated", "normal", "equivocal", "present", "absent", and so forth
- In addition, the physician's statement of a T, N, or M value or stage group for the case could be an implied interpretation of a lab value used to determine the TNM classification



- In the absence of a physician's interpretation of the test, if the reference range for the lab is listed on the test report, the registrar may use that information to assign the appropriate code
- When there is no clinician/pathologist interpretation of the lab test and no description of the reference range in the medical record the registrar should code unknown. Do not code the lab value interpretation based on background information provided in this manual for the data item
- There will be some cases where an interpretation may be inferred from the background information in this manual because the lab result is extremely abnormal. In such cases, common sense would dictate that the case should be coded as elevated rather than unknown



Histologic Examination

- Histologic examination is the assessment of a tissue specimen.
- Aspiration of fluid (cells) is a cytologic examination.
- Some data items require analysis of tissue, whereas others can be performed on any specimen (tissue or fluid).
- Pathological examination can refer to either histological or cytological examination.
- Pathological examination is also referred to as “microscopic confirmation”



Schema Discriminators

- Schema discriminators are used when primary site and/or histology are not sufficient to identify the correct AJCC staging algorithm
- Sometimes more than one schema discriminator may be needed to define the correct schema.
- Three SSDIs (Data Item #'s 3926, 3927 and 3928) are available to collect the information needed to define schema, if needed
- Schema discriminators do not have a “not applicable” code.
 - If the schema discriminator is needed for some sites or histologies within the schema but not for all, it should be left blank where it is not necessary



Schema Discriminator 1

- [Schema Discriminator 1: BileDuctsDistal/BileDuctsPerihilar/CysticDuct](#)
- [Schema Discriminator 1: EsophagusGEJunction \(EGJ\)/Stomach](#)
- [Schema Discriminator 1: Histology Discriminator for 9591/3](#)
- [Schema Discriminator 1: Lacrimal Gland/Sac](#)
- [Schema Discriminator 1: Melanoma Ciliary Body/Melanoma Iris](#)
- [Schema Discriminator 1: Nasopharynx/Pharyngeal Tonsil](#)
- [Schema Discriminator 1: Occult Head and Neck Lymph Nodes](#)
- [Schema Discriminator 1: Plasma Cell Myeloma Terminology](#)
- [Schema Discriminator 1: Primary Peritoneum Tumor](#)
- [Schema Discriminator 1: Thyroid Gland/Thyroglossal Duct](#)
- [Schema Discriminator 1: Urethra/Prostatic Urethra](#)

Schema Discriminator 2

- [Schema Discriminator 2: Histology Discriminator for 8020/3](#)
- [Schema Discriminator 2: Oropharyngeal p16](#)
- [Schema Discriminator 2: Soft Tissue Sarcoma \(C473, C475, C493-C495\) \(Schema IDs: 00410, 00421\)](#)

Schema Discriminator 3

There are currently no defined Schema Discriminators 3s.



SSDIs Required for Stage

In addition to T, N, M or EOD fields (primary tumor, regional nodes, and mets), there are SSDIs that are needed to either assign an AJCC 8th edition stage or derive the EOD Derived Stage Group

- Required for stage data items do not have a “not applicable” code.
- These data items must be coded for all applicable cases.
- If the information is not available, code the appropriate “unknown” value.

For further information on these data items, see the individual data items



SSDIs Required for Stage

AJCC Chapter	NAACCR Data Item #	NAACCR Data Item Name	EOD Schema(s)
16: Esophagus (Squamous cell only)	3829	Esophagus and EGJ Tumor Epicenter	Esophagus (including GE junction) Squamous
48: Breast	3827	Estrogen Receptor Summary	Breast
48: Breast	3915	Progesterone Receptor Summary	Breast
48: Breast	3855	HER2 Overall Summary	Breast
48: Breast	3904	Oncotype Dx Recurrence Score-Invasive	Breast
56: Gestational Trophoblastic Tumors (Placenta)	3837	Gestational Trophoblastic Prognostic Scoring Index	Placenta
58: Prostate	3920	PSA (Prostatic Specific Antigen) Lab Value	Prostate
59: Testis	3923	S Category Clinical	Testis
59: Testis	3924	S Category Pathological	Testis
68: Retinoblastoma	3856	Heritable Trait	Retinoblastoma
79: Non-Hodgkin Lymphoma: CLL/SLL	3804	Adenopathy (Rai Classification: CLL/SLL)	Lymphoma (CLL/SLL)
79: Non-Hodgkin Lymphoma: CLL/SLL	3811	Anemia (Rai Classification: CLL/SLL)	Lymphoma (CLL/SLL)
79: Non-Hodgkin Lymphoma: CLL/SLL	3885	Lymphocytosis (Rai Classification: CLL/SLL)	Lymphoma (CLL/SLL)
79: Non-Hodgkin Lymphoma: CLL/SLL	3907	Organomegaly (Rai Classification: CLL/SLL)	Lymphoma (CLL/SLL)
79: Non-Hodgkin Lymphoma: CLL/SLL	3933	Thrombocytopenia (Rai Classification: CLL/SLL)	Lymphoma (CLL/SLL)
81: Primary Cutaneous Lymphomas: Mycosis Fungoides	3910	Peripheral Blood Involvement	Mycosis Fungoides
82: Plasma Cell Myeloma and Plasma Cell Disorders	3857	High Risk Cytogenetics	Plasma Cell Myeloma
82: Plasma Cell Myeloma and Plasma Cell Disorders	3869	LDH Level	Plasma Cell Myeloma
82: Plasma Cell Myeloma and Plasma Cell Disorders	3930	Serum Albumin Pretreatment Level	Plasma Cell Myeloma
82: Plasma Cell Myeloma and Plasma Cell Disorders	3931	Serum Beta-2 Microglobulin Pretreatment Level	Plasma Cell Myeloma

SSDIs used for EOD Derived Stage Group

Applicable AJCC Chapter	NAACCR Data Item #	NAACCR Data Item Name	EOD Schema(s)
10: HPV-Mediated (p16+) Oropharyngeal Cancer	3883	LN Size	Oropharynx p16+
47: Melanoma Skin	3869	LDH Level	Melanoma Skin
48: Breast	3882	LN Positive Axillary Level I-II	Breast
53: Corpus Uteri-Carcinoma and Carcinosarcoma	3911	Peritoneal Cytology	Corpus Carcinoma and Carcinosarcoma
54: Corpus Uteri-Sarcoma	3911	Peritoneal Cytology	Corpus Adenosarcoma and Corpus Sarcoma
67: Uveal Melanoma	3887	Measured Basal Diameter	Melanoma Choroid and Ciliary Body; Melanoma Iris
67: Uveal Melanoma	3888	Measured Thickness	Melanoma Choroid and Ciliary Body; Melanoma Iris

SSDI Manual
Pages 34-35



Schema ID

The derived values in this data item link Site-Specific Data Items (including grade data items) with the appropriate site/histology grouping and account for every combination of primary site and histology

The values for this data item are derived based on primary site, histology, and schema discriminator fields (when required)

The derived values link Site-Specific Data Items with the appropriate site/histology grouping



Manual Run Down

- The manual contains each SSDI and coding instructions
- The manual is divided by schema
- Remember that the general coding rules applies to all SSDIs unless specific coding rules state otherwise
- This information is also found on the SEER*RSA database
- The manual is available on the SEER and NAACCR websites
- Having a PDF of the manual on your computer for internet and database downtimes as a back up
 - If you do download PDF, always remember to replace with any updated versions



SEER*RSA

Registrar Staging Assistant



SEER*RSA

<https://seer.cancer.gov/tools/staging/rsa.html>

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Registrar Staging Assistant (SEER*RSA)

Staging

Registrar Staging Assistant (SEER*RSA)

Summary Stage 2018

Staging Resources

Collaborative Stage

The [Registrar Staging Assistant \(SEER*RSA\) website](#) is intended for use by cancer registrars to help with the following.

- For cases diagnosed 2018 and forward
 - Code Extent of Disease (EOD) 2018
 - Code Summary Stage 2018 (SS2018)
 - Code Site-Specific Data Items
 - Code Grade
- For cases diagnosed in 2016 and 2017
 - Determine the International Union Against Cancer (UICC) TNM 7th edition stage and Collaborative Stage v.02.05.50
 - Code Site-Specific Factors (predictive and prognostic factors)



SEER*RSA

Welcome to the SEER*RSA (SEER Registrar Staging Assistant) website. This site is to be used by cancer registrars who abstract and code extent of disease information, and important site-specific predictive and prognostic factors. Instructional manuals are [provided elsewhere](#).

Usage

Use the information on this site to:

- › Code EOD 2018 data items
- › Code Summary Stage 2018
- › Code Site-Specific Data Items (SSDIs)
- › Code TNM or CS data items, as appropriate, for 2017 and prior cases

In addition to this site, SEER*RSA data are provided via both an API and software libraries. To learn more, choose from the following links:

[EOD data access](#) [TNM data access](#) [CS data access](#)



View EOD Data (2018+)

Current Version: 2.1



View TNM 7th Data (2016-2017)

Current Version: 1.9



View CS Data (2004-2015)

Current Version: 02.05.50



Extent of Disease 2018

Extent of Disease (EOD) is a set of three data items that describe how far a cancer has spread at the time of diagnosis. EOD 2018 is effective for cases diagnosed in 2018 and later.

In each EOD schema, valid values, definitions, and registrar notes are provided for

- › EOD Primary Tumor
- › EOD Lymph Nodes
- › EOD Mets
- › Summary Stage 2018
- › Site-Specific Data Items (SSDIs) including grade pertinent to the schema

[EOD Schema List](#)

See below for more information about schemas.



Cancer Schema List

<input checked="" type="radio"/> Standard Search <input type="radio"/> Site/Hist Search		Displaying 120 Schemas	
<input type="text" value="Search Term(s)"/>		<input type="button" value="Search"/>	<input type="button" value="➤"/>
Adnexa Uterine Other	Esophagus (including GE junction) Squamous	Maxillary Sinus	Plasma Cell Disorders
Adrenal Gland	Eye Other	Melanoma Choroid and Ciliary Body	Plasma Cell Myeloma
Ampulla of Vater	Fallopian Tube	Melanoma Conjunctiva	Pleural Mesothelioma
Anus	Floor of Mouth	Melanoma Head and Neck	Primary Cutaneous Lymphoma (excluding MF and SS)
Appendix	Gallbladder	Melanoma Iris	Primary Peritoneal Carcinoma
Bile Duct Distal	Genital Female Other	Melanoma Skin	Prostate
Bile Ducts Intrahepatic	Genital Male Other	Merkel Cell Skin	Respiratory Other
Bile Ducts Perihilar	GIST	Middle Ear	Retinoblastoma
Biliary Other	Gum	Mouth Other	Retroperitoneum
Bladder	Heart, Mediastinum and Pleura	Mycosis Fungoides	Sinus Other
Bone Appendicular Skeleton	HemeRetic	Nasal Cavity and Ethmoid Sinus	Skin Eyelid
Bone Pelvis	Hypopharynx	Nasopharynx	Skin Other
Bone Spine	Ill-Defined Other	NET Adrenal Gland	Small Intestine
Brain	Intracranial Gland	NET Ampulla of Vater	Soft Tissue Abdomen and Thoracic
Breast	Kaposi Sarcoma	NET Appendix	Soft Tissue Head and Neck
Buccal Mucosa	Kidney Parenchyma	NET Colon and Rectum	Soft Tissue Other
Cervical Lymph Nodes and Unknown Primary	Kidney Renal Pelvis	NET Duodenum	Soft Tissue Rare
► Cervix	Lacrimal Gland	NET Jejunum and Ileum	Soft Tissue Trunk and Extremities
Cervix Sarcoma	Lacrimal Sac	NET Pancreas	Stomach
CNS Other	Larynx Glottic	NET Stomach	Testis
Colon and Rectum	Larynx Other	Orbital Sarcoma	Thymus
Conjunctiva	Larynx Subglottic	Oropharynx (p16-)	Thyroid
Corpus Adenosarcoma	Larynx Supraglottic	Oropharynx HPV-Mediated (p16+)	Thyroid Medullary
Corpus Carcinoma and Carcinosarcoma	Lip	Ovary	Tongue Anterior
Corpus Sarcoma	Liver	Palate Hard	Trachea
Cutaneous Carcinoma of Head and Neck	Lung	Pancreas	Urethra
Cystic Duct	Lymphoma	Parathyroid	Urethra-Prostatic
Digestive Other	Lymphoma Ocular Adnexa	Penis	Urinary Other
Endocrine Other	Lymphoma-CLL/SLL	Pharynx Other	Vagina
Esophagus (including GE junction) (excluding Squamous)	Major Salivary Glands	Placenta	Vulva



Prostate

Primary Site	Histology
C619	8000-8700, 8720-8790

Notes

8000-8700, 8720-8790

C619 Prostate gland

Note 1: The following sources were used in the development of this schema

- SEER Extent of Disease 1988: Codes and Coding Instructions (3rd Edition, 1998) (<https://seer.cancer.gov/archive/manuals/EOD10Dig.3rd.pdf>)
- SEER Summary Staging Manual-2000: Codes and Coding Instructions (<https://seer.cancer.gov/tools/ssm/ssm2000/>)
- Collaborative Stage Data Collection System, version 02.05: <https://cancerstaging.org/cstage/Pages/default.aspx>
- Chapter 58 *Prostate*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.

Note 2: See the following schemas for the listed histologies

- 8710-8714, 8800-8803, 8810-8921, 8932-8934, 8940-8990, 9000-9016, 9030-9043, 9045-9138, 9141-9230, 9240-9580, 9582: *Soft Tissue Abdomen and Thoracic*
- 8904-8906, 8930-8931, 8991-8992, 9020, 9044, 9231, 9581: *Soft Tissue Other*
- 8935-8936: *GIST*
- 9140: *Kaposi Sarcoma*
- 9700-9701: *Mycosis Fungoides*

Note 3: See the *Urethra* schema for transitional cell (urothelial) carcinoma of the prostatic urethra (C680).

Note 4: In addition to coding *EOD Primary Tumor*, *EOD Regional Nodes* and *EOD Mets*, the following data items are also needed to assign a stage group for Prostate.

- PSA (Prostatic Specific Antigen) Lab Value
- Grade Clinical
- Grade Pathological

Data Items

Staging Methods

Outputs

Data Items

Name	Default Value	Used for Staging	NAACCR Item	Required By	Metadata
Year of Diagnosis	<BLANK>	No	NAACCR #390 DateOfDiagnosis		None
Primary Site	<BLANK>	Yes	NAACCR #400 PrimarySite		None
Histology	<BLANK>	Yes	NAACCR #522 HistologicTypeEd03		None
Behavior	<BLANK>	Yes	NAACCR #523 BehaviorCodeEd03		None
Tumor Size Clinical	<BLANK>	No	NAACCR #752 TumorSizeClinical		None
Tumor Size Pathological	<BLANK>	No	NAACCR #754 TumorSizePathologic		None
Tumor Size Summary	999	No	NAACCR #756 TumorSizeSummary		None
Regional Nodes Positive	99	No	NAACCR #820 RegionalNodesPositive		None
Regional Nodes Examined	99	No	NAACCR #830 RegionalNodesExamined		None
LVI	9	No	NAACCR #1182 LymphVascularInvasion		None
RX Summ Surgery/Radiation Sequence	<BLANK>	Yes	NAACCR #1390 rxSummSurgRadSeq		None
RX Summ Systemic/Surgery Sequence	<BLANK>	Yes	NAACCR #1639 rxSummSystemicSurgSeq		None
EOD Primary Tumor	999	Yes	NAACCR #772 EodPrimaryTumor		None
EOD Prostate Pathologic Extension	999	Yes	NAACCR #3919 ProstatePathologicExtension		None
EOD Regional Nodes	999	Yes	NAACCR #774 EodRegionalNodes		None
EOD Mets	00	Yes	NAACCR #776 EodMets		None

SS2018	<BLANK>	No	NAACCR #764 summaryStage2018		None
Grade Clinical	9	Yes	NAACCR #3843 gradeClinical	All	SSDI
Grade Pathological	9	Yes	NAACCR #3844 gradePathological	All	SSDI
Grade Post Therapy Clin (yc)	<BLANK>	Yes	NAACCR #1068 gradePostTherapyClin	All	SSDI
Grade Post Therapy Path (yp)	<BLANK>	Yes	NAACCR #3845 gradePostTherapy	All	SSDI
PSA Lab Value	XXX.9	Yes	NAACCR #3920 psaLabValue	All	SSDI
Number of Cores Positive	X8	No	NAACCR #3898 numberOfCoresPositive	CCCR/Canada COC SEER	SSDI
Number of Cores Examined	X8	No	NAACCR #3897 numberOfCoresExamined	CCCR/Canada COC SEER	SSDI
Gleason Patterns Clinical	X8	No	NAACCR #3838 gleasonPatternsClinical	CCCR/Canada COC NPCR 2021- SEER	SSDI
Gleason Score Clinical	X8	No	NAACCR #3840 gleasonScoreClinical	CCCR/Canada COC NPCR 2021- SEER (RC)	SSDI
Gleason Patterns Pathological	X8	No	NAACCR #3839 gleasonPatternsPathological	CCCR/Canada COC NPCR 2021- SEER	SSDI
Gleason Score Pathological	X8	No	NAACCR #3841 gleasonScorePathological	CCCR/Canada COC NPCR 2021- SEER (RC)	SSDI
Gleason Tertiary Pattern	X8	No	NAACCR #3842 gleasonTertiaryPattern	CCCR/Canada COC SEER (RC)	SSDI



PSA (Prostatic Specific Antigen) Lab Value

This input is used for staging

Notes

- Note 1:** Physician statement of prostatic specific antigen (PSA) pre-diagnosis can be used to code this data item when no other information is available.
- Note 2:** PSA is a prognostic factor required for AJCC staging. It affects the stage group in most cases.
- Note 3:** Record to the nearest tenth in nanograms/milliliter (ng/ml) the last pre-diagnosis PSA lab value prior to diagnostic biopsy of prostate and treatment. The lab value may be recorded in the lab report, history and physical, or clinical statement in the pathology report, etc.
- › A lab value expressed in micrograms per liter (ug/L) is equivalent to the same value expressed in nanograms per milliliter (ng/ml)
 - › Record 0.1 when the lab results are stated as less than 0.1 ng/ml with no exact value.
 - › **Examples:**
PSA of 7.2. Code 7.2
PSA of 10. Code 10.0
PSA of 8.56. Code 8.6
PSA of 110.35. Code 110.4
- Note 4:** A known lab value takes priority over codes XXX.2 and XXX.3
- › The lab value takes priority even if the physician documents the interpretation
 - › *Example:* Patient noted to have a PSA of 7.6. Physician notes that the value is elevated
 - › Code 7.6 instead of XXX.3 (elevated)
- Note 5:** A discrepancy between the PSA documented in the lab report and the PSA documented by the clinician may arise due to the clinician's adjusting the PSA value. Certain medications for benign prostatic hypertrophy (BPH) decrease the PSA.
- › If there is documentation by a clinician within the medical record of an adjusted PSA value, record the adjusted value.
 - › The registrar does not adjust the PSA value based on BPH medication use.
 - › If there is no documentation by a clinician within the medical record of an adjusted PSA value, record the PSA value provided.
 - › The fact that an adjusted PSA value is being recorded should be documented in the Dx Proc - Lab Tests text field (NAACCR Item # 2550).

Default

XXX.9

NAACCR Item

NAACCR #3920

Metadata

SSDI

Code	Description
0.1	0.1 or less nanograms/milliliter (ng/ml) (Exact value to nearest tenth of ng/ml)
0.2-999.9	0.2 - 999.9 ng/ml (Exact value to nearest tenth of ng/ml)
XXX.1	1,000 ng/ml or greater
XXX.2	Lab value not available, physician states PSA is negative/normal
XXX.3	Lab value not available, physician states PSA is positive/elevated/high
XXX.7	Test ordered, results not in chart
XXX.9	Not documented in medical record PSA lab value not assessed or unknown if assessed



[EOD Home](#) > Staging Calc

Site:



Histology:



Year of Diagnosis:



Find Schema

Reset

[EOD Home](#) > Staging Calc

Site:

C619



Histology:

8140



Year of Diagnosis:

2022


















Find Schema

Reset



Prostate












Primary Site:	<input type="text" value="C619"/>	
Histology:	<input type="text" value="8140"/>	
Year of Diagnosis:	<input type="text" value="2022"/>	
Behavior:	<input type="text"/>	
RX Summ Surgery/Radiation Sequence:	<input type="text"/>	
RX Summ Systemic/Surgery Sequence:	<input type="text"/>	
EOD Primary Tumor:	<input type="text"/>	
EOD Prostate Pathologic Extension:	<input type="text"/>	
EOD Regional Nodes:	<input type="text"/>	
EOD Mets:	<input type="text"/>	
Grade Clinical:	<input type="text"/>	
Grade Pathological:	<input type="text"/>	
Grade Post Therapy Clin (yc):	<input type="text"/>	
Grade Post Therapy Path (yp):	<input type="text"/>	
PSA Lab Value:	<input type="text"/>	

Stage

Reset



Prostate

Primary Site:	<input type="text" value="C619"/>	
Histology:	<input type="text" value="8140"/>	
Year of Diagnosis:	<input type="text" value="2022"/>	
Behavior:	<input type="text" value="3"/>	
RX Summ Surgery/Radiation Sequence:	<input type="text" value="0"/>	
RX Summ Systemic/Surgery Sequence:	<input type="text" value="0"/>	
EOD Primary Tumor:	<input type="text" value="110"/>	
EOD Prostate Pathologic Extension:	<input type="text" value="300"/>	
EOD Regional Nodes:	<input type="text" value="000"/>	
EOD Mets:	<input type="text" value="10"/>	
Grade Clinical:	<input type="text" value="2"/>	
Grade Pathological:	<input type="text" value="9"/>	
Grade Post Therapy Clin (yc):	<input type="text" value="9"/>	
Grade Post Therapy Path (yp):	<input type="text" value="9"/>	
PSA Lab Value:	<input type="text" value="6.3"/>	

~~Stage~~

Reset



Staging Results – STAGED

naaccr_schema_id = 00580

derived_version = 2.1

eod_2018_m = M1a

ajcc_id = 58

eod_2018_t = T2

eod_2018_stage_group = 4B

ajcc_version_number = 08

eod_2018_n = N0

ss2018_derived = 7



Manuals

To download a specific manual, please go to the specified website:

<https://seer.cancer.gov/tools/staging/>

- > EOD General Instructions Manual
- > Summary Stage 2018 Manual

<https://apps.naaccr.org/ssdi/list/> - See Resources block on the upper right of this website

- > Site Specific Data Items (SSDI) Manual and Appendices
- > Grade Manual



QUESTION?
