



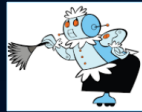
2021-2022 FCDS Educational Webcast Series

2021 Review of Updates to Manuals:

Solid Tumor Manual
 Grade Coding Manual
 SEER Summary Staging Manual
 Site-Specific Data Items Manual
 Hematopoietic Data Base & Manual
 SEER*RSA (Registrar Staging Assistant)
 2022 Updates to Manuals – A Peek into the Future

Steven Peace, CTR

11/18/2021



1

CDC & Florida DOH Attribution



"Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the US Government."



FCDS would also like to acknowledge the Florida Department of Health for its support of the Florida Cancer Data System, including the development, printing and distribution of materials for the 2021 FCDS Educational Products Series under state contract CODJU. The findings and conclusions in this series are those of the author(s) and do not necessarily represent the official position of the Florida Department of Health.



2

2

FLccSC and CEU Certificate

Go to Courses – then **Available Courses** then Enroll

You Must Take and Pass a 5 Question CEU Quiz to get a CEU Certificate – 2 CEUs

3

2021 Updates to Manuals

- Introduction to the 2021 Manual Updates
- Changes/Changes/Changes
- Solid Tumor Manual
- Grade Coding Manual
- SEER Summary Staging Manual
- Site-Specific Data Items Manual
- Hematopoietic Data Base & Manual
- SEER*RSA (Registrar Staging Assistant)
- 2022 Updates to Manuals – A Peek into the Future
- Questions



4

4

Introduction to 2021 Manual Updates



5

Changes/Changes/Changes

- Why are there changes every year? Explain the Change to Schema-Driven Coding Systems
- New Medical Practice Standards, Tumor Markers, Genetics and Alternate Coding Systems
- WHO ICD-O-3 Histology Update - New Entities/New Codes/Changes to Behavior Codes
- AJCC TNM Updates & AJCC Cancer Staging, Version 9 and 'Rolling Updates'
- These in turn drive changes to:
 - Schema ID Criteria
 - Solid Tumor Manual
 - Grade Coding Manual
 - SEER Summary Stage
 - Site Specific Data Items
 - Hematopoietic Database
 - ICD-10-CM Case Finding List
- COMING SOON - Major Changes to Site-Specific Surgery Coding System – CoC/SEER/NPCR



6

WHO/IACR



International Agency for Research on Cancer
World Health Organization

WHO Classification of Tumours

Home About Us Contact Us Search My Account Logout

BOOKS CATALOG

- Breast ONLINE (Breast tumours (5th ed))
- Central Nervous System ONLINE (Central Nervous System Tumours update 2016)
- Digestive System ONLINE (Digestive system tumours (5th ed))
- Endocrine System ONLINE (Endocrine tumours (4th ed))
- Eye ONLINE (Eye tumours (4th ed))
- Female Genital Organs ONLINE (Female Genital Tumours (5th ed))
- Head and Neck ONLINE (Head and neck tumours (4th ed))
- Skin ONLINE (Skin tumours (4th ed))
- Soft Tissue & Bone ONLINE (Soft Tissue and Bone Tumours (4th ed))
- Thoracic ONLINE (Thoracic tumours (5th ed))
- Haematolymphoid ONLINE (Tumours of Haematopoietic and Lymphoid Tissues 2017 (5th ed))

IACR International Association of Cancer Registries

Home About IACR Membership Support for registries Annual Meetings Publications News Links

Home Support for registries International Classification of Diseases for Oncology (ICD-O)

Menu

- CanReg & other IT Tools for Registries
- Learning Opportunities & Capacity-Building
- Fellowships program
- International Classification of Diseases for Oncology (ICD-O)**
- Registries portal
- Standards
- Paediatric Cancer Stage Guidelines
- International Collaboration on Cancer Reporting (ICCR)

ICD-O

INTERNATIONAL CLASSIFICATION OF DISEASES FOR ONCOLOGY (ICD-O)
Third edition Edited by A. Fritz, C. Percy, A. Jack, K. Shannugaratnam, L. Sobin, D.M. Parkin and S. Whelan
Please consult the previous versions online and the new links for ICD-O (2nd revision) as follows:
ICD-O 3
ICD-O 3 (1st rev)

ICD-O-3.2
Update as of January 25, 2021: The preparation of ICD-O-3.2 book (pdf) is at its final stages at the WHO Press, and we hope to have it in the **first half of 2021**. In the meantime, please refer to the tables available in this page.

We would like to thank once again everyone who provided further comments. After posting the documents online in November 2019, we made minor updates mostly related to adding missing codes to the **list of changes document**. We also added the ICD-O-3.2 version of the morphological groups used to define multiple primary tumours. The latest versions of these documents can be accessed from the list (ICD-O3.2 TABLES) below.

ICD-O-3.2 TABLES
The IARC/WHO ICD-O Committee¹ has updated the draft ICD-O-3.1 classification, with new morphological codes and terms from the 4th issue of WHO's Classification of Tumours (Blue Pages) (2019).

Contact us
International Association of Cancer Registries
c/o International Agency for Research on Cancer
150 cours Albert Thomas
69372 Lyon Cedex 08
France
Tel: +33 (0)4 72 73 85 48
Fax: +33 (0)4 72 73 85 75
Email: iacr@iacr.fr

7

WHO/IACR



WHO Classification of Tumours

Home About Us Contact Us My Account My Favourite Logout Search

WHO Tumour classification series

5th Edition 4th Edition

- Tumours of Haematopoietic and Lymphoid (Update 2017)
- Endocrine tumours (Print)
- Eye tumours (Print)
- Skin tumours (Print)
- Head and neck tumours (Print)
- Central Nervous System Tumours (Update 2016)

WHO Classification of Tumours

Home About Us Contact Us My Account My Favourite Logout Search

WHO Tumour classification series

6th Edition 4th Edition

- Digestive system tumours (Print)
- Breast tumours (Print)
- Soft Tissue and Bone Tumours (Print)
- Female Genital Tumours (Print)
- Thoracic tumours (Beta)

8

2021 Guidelines for ICD-O-3.2 Histology

ICD-O-3 Coding Materials

Reporting Guidelines

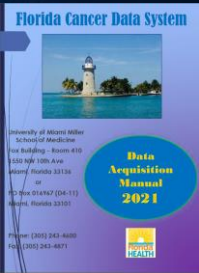
Casefinding Lists	
2021 SEER Coding Manual	+
Hematopoietic Project	+
ICD-O-3 Coding Materials	
2018 Solid Tumor Rules	+

ICD-O-3 Guidelines

The revised 2021 Guidelines for ICD-O-3.2 Histology Code and Behavior Update for cases diagnosed 1/1/21 now available on the NAACCR website. The update includes links to tables listing new codes and other changes in two formats: PDF and Excel. Also available are the 2021 ICD-O-3.2 Update Guidelines.

The NAACCR ICD-O-3 Implementation Work Group highly recommends all users read the guidelines with important coding information related to the 2021 update.

ICD-O-3 SEER Site/Histology Validation Lists



Appendix R

ICD-O-3 ADOPTED ICD-O-3.2 in 2018
NAACCR ADOPTED ICD-O-3.2 in 2020

Included in this Appendix are the Histology Code Updates for 2021.

The WHO is the organization responsible for the structure, format, coding rules and guidelines as well as the anatomical topography (primary site), histology, and behavior codes as published in the *International Classification of Diseases for Oncology*.

The printed ICD-O-3 purple book is very much out of date. However, the Introduction and Basic Instructions as well as all Topography Codes are Still Valid and Can Be Used.

However, you should not use the ICD-O-3 purple book for coding Histology.

Please use the ICD-O-3.2 Master Histology List and the Solid Tumor Rules (current edition) and the Hematopoietic Database from SEER (online interactive) to correctly assign histology and behavior codes for all cancers – do not rely on the codes in the printed ICD-O-3 Manual.

Guidelines for ICD-O-3.2 Update Implementation NAACCR, Inc.

North American Association of Central Registries, Inc.

GUIDELINES FOR ICD-O-3.2 HISTOLOGY CODE AND BEHAVIOR UPDATE IMPLEMENTATION

Effective January 1, 2021

Prepared by:
NAACCR ICD-O-3 Update Implementation Work Group

2021 ICD-O-3 Update to be used jointly with ICD-O-3.2, Solid Tumor Rules, and Hematopoietic and Lymphoid Neoplasm Database

December 1, 2020

2021 Guidelines for ICD-O-3.2 Histology

Table 1: New behavior codes (Reportable neoplasms)
WHO has changed behavior codes for the following terms, which result in previously non-reportable neoplasms becoming reportable for cases diagnosed 1/1/2021 forward. DO NOT report cases diagnosed prior to 1/1/2021.

Action	ICD-O-3 Code	Term/Site	Comments
New behavior	8077/2	Squamous intraepithelial neoplasia, grade II	Change from /0 Excludes cervix Refer to standard setter and/or state guidelines for further reportability guidelines
New behavior	8150/3	Pancreatic adenocarcinoma, NOS (C25.4)	Change from /1

Table 2: New behavior codes (Non-reportable neoplasms)
WHO has changed behavior codes for the following terms, which result in reportable neoplasms becoming non-reportable 1/1/2021. Continue reporting these cases when diagnosed prior to 1/1/2021.

Action	ICD-O-3 Code	Term/Site	Comments
New behavior	8151/3	Dermatofibrosarcoma protuberans, NOS (C44. _)	Change from /3
New behavior	8158/3	Dermatofibrosarcoma, NOS (C44. _)	Change from /3
New behavior code and term	8380/2	Pigmented dermatofibrosarcoma protuberans (C44. _)	Change from /3
New behavior code	8408/3	Besnier tumor (C44. _)	
New behavior/term	8452/3	Immature teratoma of the lung (C34. _)	Change from behavior code to term
New behavior code and term	8620/3	Immature teratoma of thyroid (C72.9)	Change from behavior code to term
New behavior/term	8690/3	Deletions of ICD-O codes in ICD-O-3.2 as ICD-O-3.2, several ICD-O codes have been removed and the histologies moved to other codes. The instructions for cases diagnosed prior to 1/1/2021 and 1/1/2021 forward. This table lists only reportable terms.	
New behavior code	8913/3	Papillary mucinous cystadenocarcinoma (C56.9)	
New behavior/term	9725/1	Papillary pleurodesmosus cystadenocarcinoma (C56.9)	
New behavior code	9751/1		
New behavior	9971/1		
New behavior & term	8335/1		

Table 4: Changes in reportable terminology

WHO has revised preferred terminology for these neoplasms and no longer requires "malignant" to be used in the term in order to code behavior of /3.

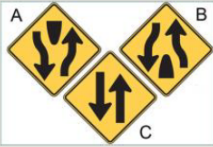

Action	ICD-O-3 Code	Term/Site	Comments
New term	8151/3	Insulinoma	(*)
New term	8152/3	Glucagonoma	(*)
New term	8153/3	Gastrinoma	(*)
New term	8159/3	Vilipoma	(*)
New term	8159/3	Somatostatinoma	(*)
New term	8580/3	Thymoma-N09-C32.9	(*)

Table 5: New Terms and ICD-O codes

Action	ICD-O-3 Code	Term/Site	Comment
New term	8273/3	Pituitary blastoma	
New term	Synonym	Embryoma	
New term	9749/3	Erdheim-Chester Disease	
New code/term	9766/3	Lymphomatoid granulomatosis, grade 3	
New code/term	9819/3	B-lymphocytic leukemia/lymphoma, BCR-ABL1-like	
New code/term	9877/3	Acute myeloid leukemia with mutated NPM1	
New code/term	9878/3	Acute myeloid leukemia with biallelic mutations of CEBPA	
New code/term	9879/3	Acute myeloid leukemia with mutated RUNX1	
New code/term	9912/3	Acute myeloid leukemia with BCR-ABL1	
New code/term	9968/3	Myeloid/lymphoid neoplasms with PCM1-JAK2	
New code/term	9993/3	Myelodysplastic syndrome with ring sideroblasts and multilineage dysplasia	
New code/term	9715/3	Anaplastic large cell lymphoma ALK-negative Breast implant-associated anaplastic large cell lymphoma	
New code/term	8349/1	Non-invasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP) C73.9	This term was previously coded to 8343/2. The new code and behavior will make this non-reportable



Case Eligibility Reportable Neoplasms

FCDS Requires all neoplasms with behavior of /2 (in-situ) or /3 (malignant) be reported to FCDS with minor exclusions including; CIN III and PIN III or CIS of cervix or prostate.

- AIN III (anus or anal canal only), LCIS, PeIN III, VAIN III, VIN III, PanIN III,
- Glandular Intraepithelial Neoplasia Grade III of Esophagus – only
- Glandular Intraepithelial Neoplasia Grade III (high grade dysplasia) only when the pathologists states ‘in-situ’ adenocarcinoma
- In Utero Diagnosis and Treatment
- Early or Evolving Melanoma, in-situ and invasive
- ALL Gastro-Intestinal Stromal Tumors (GIST)
- Most Thymoma Neoplasms
- Specific Neoplasms of Skin – Kaposi Sarcoma, Malignant Melanoma, Merkel Cell Carcinoma, Mycosis Fungoides, Sebaceous Adenocarcinoma, Sweat Gland Adenocarcinoma, Eyelid and Lip Cancers
- More Specific Neoplasms of Skin – BCC/SCC of Genital Skin Sites (labia, vagina, scrotum, clitoris, penis, prepuce, vulva)

Clarification of /2 and /3 Pancreatic Neoplasms – October 2021 FCDS Memo Clarification
 IPMN Path Description must include at least one of the clarifying descriptive terms below:

8453/2	Preferred	Intraductal papillary mucinous neoplasm with high grade dysplasia	(C25_)
8453/2	Related	Intraductal papillary mucinous carcinoma, non-invasive	(C25_)
8453/3	Preferred	Intraductal papillary mucinous neoplasm with an associated invasive carcinoma	(C25_)
8453/3	Related	Intraductal papillary mucinous carcinoma, invasive	(C25_)



All benign, borderline, malignant tumors of the Brain, Central Nervous System, Cranial Nerves, Intracranial Glands, Meninges and (/3) Peripheral Nerve Tumors.

Specific Neoplasms Reportable – sphenoid wing meningioma, glomus jugular tumor, carotid body tumor – pilocytic juvenile astrocytoma 9421/3 not 9421/1

11 14

11

Case Eligibility Reportable Neoplasms

NEW REPORTABLE NEOPLASMS OR RECLASSIFIED TUMORS INCLUDE:

- a. Early or evolving melanoma, in situ and invasive – now reportable neoplasms
- b. ALL Gastro-Intestinal Stromal Tumors (GIST) – now classified ‘malignant’
- c. Thymoma Neoplasms – **many are now classified ‘malignant’**
 - Below are the Required Thymoma Codes and Terms
 - Exceptions include specific thymomas still classified as benign or borderline tumors and are therefore not reportable: microscopically thymoma, thymoma benign, micronodular thymoma with lymphoid stroma and ectopic hamartomatous thymomas.

ICD03.2	Histology	Behavior	Level	Term	Code reference	obs
8580/3	8580	3	Preferred	Thymoma, NOS	(C37.9)	
8580/3	8580	3	Related	Intrapulmonary thymoma	(C34_)	
8580/3	8580	3	Related	Sclerosing thymoma	(C34_)	
8580/3	8580	3	Related	Metaplastic thymoma	(C37.9)	
8581/3	8581	3	Preferred	Thymoma, type A	(C37.9)	
8581/3	8581	3	Synonym	Thymoma, medullary	(C37.9)	[obs]
8581/3	8581	3	Synonym	Thymoma, spindle cell	(C37.9)	[obs]
8582/3	8582	3	Preferred	Thymoma, type AB	(C37.9)	
8582/3	8582	3	Synonym	Thymoma, mixed type	(C37.9)	
8582/3	8582	3	Preferred	Thymoma, type B1	(C37.9)	
8583/3	8583	3	Synonym	Thymoma, lymphocyte-rich	(C37.9)	[obs]
8583/3	8583	3	Synonym	Thymoma, lymphocytic	(C37.9)	[obs]
8583/3	8583	3	Synonym	Thymoma, organoid	(C37.9)	[obs]
8583/3	8583	3	Synonym	Thymoma, predominantly cortical	(C37.9)	[obs]
8584/3	8584	3	Preferred	Thymoma, type B2	(C37.9)	
8584/3	8584	3	Synonym	Thymoma, cortical	(C37.9)	[obs]
8585/3	8585	3	Preferred	Thymoma, type B3	(C37.9)	
8585/3	8585	3	Synonym	Thymoma, atypical	(C37.9)	[obs]
8585/3	8585	3	Synonym	Thymoma, epithelial	(C37.9)	[obs]

ICD-O-3.2	Behavior	Term
8580/0	Preferred	Microscopic thymoma
8580/0	Related	Thymoma, benign
8580/1	Preferred	Micronodular thymoma with lymphoid stroma
8580/3	Preferred	Thymoma, NOS
8580/3	Related	Intrapulmonary thymoma
8580/3	Related	Sclerosing thymoma
8580/3	Related	Metaplastic thymoma
8581/3	Preferred	Thymoma, type A
8581/3	Synonym	Thymoma, medullary
8581/3	Synonym	Thymoma, spindle cell
8582/3	Preferred	Thymoma, type AB
8582/3	Synonym	Thymoma, mixed type
8583/3	Preferred	Thymoma, type B1
8583/3	Synonym	Thymoma, lymphocyte-rich
8583/3	Synonym	Thymoma, lymphocytic
8583/3	Synonym	Thymoma, organoid
8583/3	Synonym	Thymoma, predominantly cortical
8584/3	Preferred	Thymoma, type B2
8584/3	Synonym	Thymoma, cortical
8585/3	Preferred	Thymoma, type B3
8585/3	Synonym	Thymoma, atypical
8585/3	Synonym	Thymoma, epithelial
8585/3	Synonym	Well differentiated thymic carcinoma
8586/3	Preferred	Thymic carcinoma, NOS
8586/3	Synonym	Thymoma, type C

PLEASE REFERENCE APPENDIX R – Tables 1-5 for New Reportable Histology Codes, Retired Codes, New/Changes to Behavior and Reportability of Neoplasms.

15

12

Case Eligibility Reportable Neoplasms



Reportable Tumors:

- **Benign/Borderline/Malignant Primary Tumors of Brain & CNS and Intracranial Glands**
 - Meninges, Brain, Spinal Cord, Cranial Nerves and Other Parts of CNS – plus the Intracranial Glands
 - ICD-O Topography Codes: C71.0-C72.9, C75.1, C75.2, C75.3
- **Primary Malignant Tumors of Peripheral Nerves, Ganglion and Tumors of the Autonomic Nervous System (C47.*)**
 - ICD-O Topography Codes: C47.0-C47.9

WHO revised the histology/behavior for a number of these neoplasms in 2016 and in 2021 – **changing from not reportable to reportable.**

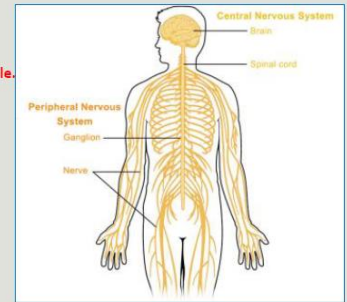
- WHO published the 4th edition of Classification of Tumors of the Central Nervous System in 2007.
- WHO published a Revised the Fourth Edition in 2016. A lot of changes to behavior codes and classifications in this revision.
- WHO also published the 5th edition of Classification of H&N Tumors in 2021 that included updates to the H&N Paraganglioma.
- WHO published the 5th edition of Classification of Tumors of the Central Nervous System in 2021.

Registrars must use the following 2 sources to ensure they are using the correct histology/behavior for newly reportable neoplasms.

- ICD-O-3.2 Histology Code List from WHO/IACR – the official version from the WHO website – it is a free download
- NAACCR ICD-O-3.2 HISTOLOGY CODE AND BEHAVIOR UPDATE for 2021
 - Includes histology/behavior code changes for paragangliomas and Brain/CNS codes

The 'newly re-classified as malignant tumors' of autonomic nervous system are still 'under the radar' for many registrars, especially:

- Carotid body paraganglioma
- Laryngeal paraganglioma
- Middle ear paraganglioma
- Paraganglioma, NOS
- Vagal paraganglioma
- Paraganglioma, NOS



NAACCR ICD-O-3.2 Histology Code List - 2021

Value	strHistologyBeh	label
8680	0	Paraganglioma, benign
8680	1	Paraganglioma, NOS [PRE-2021 ONLY. FOR 2021+ USE CODE 8680/3.]
8680	3	Paraganglioma, NOS [REPORTABLE 2021+]
8680	3	Paraganglioma, malignant
8681	1	Sympathetic paraganglioma [PRE-2021 ONLY. FOR 2021+ USE CODE 8681/3.]
8681	1	Paraganglioma, sympathetic [PRE-2021 ONLY. FOR 2021+ USE CODE 8681/3.]
8681	3	Sympathetic paraganglioma [REPORTABLE 2021+]
8681	3	Paraganglioma, sympathetic [REPORTABLE 2021+]
8682	1	Parasympathetic paraganglioma [PRE-2021 ONLY. FOR 2021+ USE CODE 8682/3.]
8682	1	Paraganglioma, parasympathetic [PRE-2021 ONLY. FOR 2021+ USE CODE 8682/3.]
8682	3	Parasympathetic paraganglioma [REPORTABLE 2021+]
8682	3	Paraganglioma, parasympathetic [REPORTABLE 2021+]
8683	0	Gangliocytic paraganglioma (C17.0)
8683	0	Paraganglioma, gangliocytic (C17.0)
8690	1	Glomus jugulare tumor, NOS (C75.5) [PRE-2021 ONLY. FOR 2021+ USE CODE 8690/3.]
8690	1	Jugular paraganglioma (C75.5) [PRE-2021 ONLY. FOR 2021+ USE CODE 8690/3.]
8690	1	Jugulare tumor, glomus, NOS (C75.5) [PRE-2021 ONLY. FOR 2021+ USE CODE 8690/3.]
8690	1	Jugulotympanic paraganglioma (C75.5) [PRE-2021 ONLY. FOR 2021+ USE CODE 8690/3.]
8690	1	Paraganglioma, jugular (C75.5) [PRE-2021 ONLY. FOR 2021+ USE CODE 8690/3.]
8690	1	Paraganglioma, jugulotympanic (C75.5) [PRE-2021 ONLY. FOR 2021+ USE CODE 8690/3.]
8690	1	Tumor, glomus jugulare, NOS (C75.5) [PRE-2021 ONLY. FOR 2021+ USE CODE 8690/3.]
8690	3	Middle ear paraganglioma (C30.1, C75.5) [REPORTABLE 2021+]
8690	3	Glomus jugulare tumor, NOS (C75.5) [REPORTABLE 2021+]
8690	3	Jugular paraganglioma (C75.5) [REPORTABLE 2021+]
8690	3	Jugulare tumor, glomus, NOS (C75.5) [REPORTABLE 2021+]
8690	3	Jugulotympanic paraganglioma (C75.5) [REPORTABLE 2021+]
8690	3	Paraganglioma, jugular (C75.5) [REPORTABLE 2021+]

AJCC Cancer Staging Manual, 8th edition

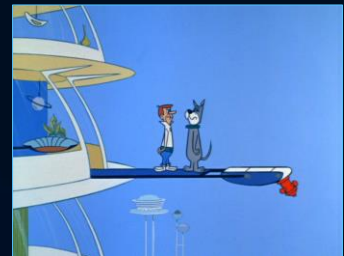
- FCDS DOES NOT REQUIRE AJCC TNM ANY EDITION ANY YEARS
- **AJCC Cancer Staging is NOT the Only Cancer Staging Criteria**
- AJCC TNM is still Anatomy-Based Staging – but, now with many additional site-specific factors
- SSDIs Required to Assign Stage – 16 AJCC Site Chapters – p30-31 of SSDI Manual
- Grade Required to Assign Stage – 8 AJCC Site Chapters – p19 of Grade Manual
- Any change in Cancer Staging Manual drives changes to SSDI and Grade Coding Manuals
- N/A is not a valid text for any cancer stage – cases are always staged at least with SS2018
- AJCC 8th ed currently has 3 Printings – know which you have and what is missing
- General – Registrars Support Simplifying, Modernizing and Minimizing Abstract Requirements
- 2020 NCRA – Voiced Concerns to AJCC Over Version 9 'Rolling Updates' to AJCC Director

15

15

AJCC Cancer Staging System, Version 9

- AJCC Cancer Staging System, Version 9 is the successor of 8th ed. Cancer Staging Manual.
- Version 9 is the ALL-New / ALL-Digital Format of the AJCC Cancer Staging System
- There will be no printed option offered. The API is Available on Amazon Kindle.
- **Version 9 is being rolled out gradually with updates to disease sites coming as the science and evidence dictates changes.**
- Additional disease sites will be updated to Version 9 of the Cancer Staging System in the coming years on an **annual release schedule**.
- New Version 9 sites go into effect January 1 after the release.
- **AJCC Version 9 – Cervix Uteri – Effective January 1, 2021**
- AJCC Version 9 – Breast - pending
- AJCC Version 9 – Head and Neck - pending
- AJCC Version 9 – Melanoma - pending



16

16

AJCC Cancer Staging – Rolling Updates, AJCC Cancer Staging, 9th edition

Cancer Programs News: June 17

From the Director's Desk

Reflections on the National Cancer Registrars Association Meeting and "Rolling Updates"

*Heidi Nelson, MD, FACS
Medical Director, ACS Cancer Programs*



As the recent National Cancer Registrars Association (NCRA) meeting came to a close, it was clear that despite being virtual it was a great success. There were many informative presentations, and the chats were full of questions that encouraged rich dialogue. A recurring theme for the American College of Surgeons (ACS) Cancer Programs is the challenges of rolling updates.

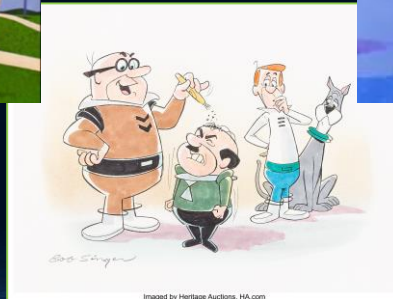
There can be no doubt that changing cancer staging, standards, and data fields is disruptive to the work of many and to the stability and consistency of longitudinal data. The good news is that most of the changes reflect the fact that cancer care is positively evolving with better diagnostics and therapeutics, and the patients are the beneficiaries of these advancements. Keeping cancer data relevant to current practices is an important goal but difficult to achieve.

The ACS Cancer Programs intends to facilitate a more deliberate and less disruptive approach toward predictable, annual releases of standards and data field updates by more consistently harmonizing our internal efforts to coordinate our work within the larger cancer data ecosystem, which includes many diverse groups. We appreciate hearing from all of you who took time to express your concerns and submit your questions. We heard you and will work harder to design a predictable approach to annual updates that we can all accept.

17

17

Changes/Changes/Changes



18

18

Solid Tumor Manual

Multiple Primary and Histology Coding Rules

January 01, 2007

National Cancer Institute
Surveillance Epidemiology and End Results Program
Bethesda, MD



Text Rules were 62 pages

19

19

Solid Tumor Manual - 2021

<https://seer.cancer.gov/tools/solidtumor/revisions.html>



Solid Tumor Rules

Effective with Cases Diagnosed 1/1/2018 and Forward

Updated December 2020



Editors:
Lois Dickie, CTR, NCI SEER
Carol Hahn Johnson, BS, CTR (Retired), Consultant
Suzanne Adams, BS, CTR (IMS, Inc.)
Serban Negoita, MD, PhD, CTR, NCI SEER

Suggested citation: Dickie, L., Johnson, CH., Adams, S., Negoita, S. (December 2020). Solid Tumor Rules. National Cancer Institute, Rockville, MD 20850.

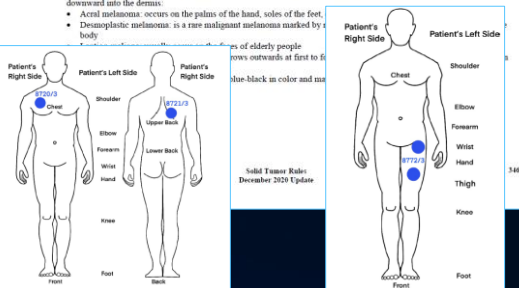
399 pages with updates every year



Cutaneous Melanoma Equivalent Terms and Definitions:
C440-C449 with Histology 8720-8730 (Excludes melanoma of any other site)
Rules Apply to Cases Diagnosed 1/1/2021 Forward

Introduction

- Note 1: 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 Rules and 2021 Solid Tumor Rules are used based on date of diagnosis.
 - Tumors diagnosed 01/01/2007 through 12/31/2020: Use 2007 MPH Rules and 2007 General Instructions
 - Tumors diagnosed 01/01/2021 and later: Use 2021 Solid Tumor Rules and Solid Tumor General Instructions
 - The original tumor diagnosed before 01/01/2021 and a subsequent tumor diagnosed 01/01/2021 or later in the same primary site: Use the 2021 Solid Tumor Rules and Solid Tumor General Instructions.
- Note 3: Melanoma can also start in the mucous membranes of the mouth, anus and vagina, in the eye or other places in the body where melanocytes are found. This scheme is used *only* for melanomas that occur on the skin.
- Note 4: The WHO Classification of Skin Tumors 4th Ed does not include ICD-O codes for tumors with mixed melanoma subtypes/variants.
- Note 5: Cutaneous melanoma starts in the melanocytes of the skin. Melanocytes lie in the epidermis, the outermost layer of the skin. Melanocytes often cluster together and form moles (nevi). Most moles are benign, but some may become malignant melanomas. Melanomas are divided into 5 main types, depending on their location, shape, and whether they grow outward or downward into the dermis:
 - Acral melanomas: occurs on the palms of the hand, soles of the feet,
 - Desmoplastic melanoma: is a rare malignant melanoma marked by a



20

Solid Tumor Manual - 2021

<https://seer.cancer.gov/tools/solidtumor/revisions.html>

Home » Registry Operations » Reporting Guidelines » Solid Tumor Rules » September 2021 Revision History for the Solid Tumor Rules

September 2021 Revision History for the Solid Tumor Rules

This is a document containing changes only. Do not use in place of the Solid Tumor Rules.

Expand All Collapse All

- General Instructions
- Breast
- Colon
- Head and Neck

New for 2021

- New section added

Equivalent or Equal Terms:

- Terms added:
 - Squamous cell carcinoma, HPV-negative; squamous cell carcinoma, HPV-independent (8086)
 - Squamous cell carcinoma, HPV-positive; squamous cell carcinoma, HPV-associated; squamous cell carcinoma, HPV-related (8085)

Table 1: Tumors of Nasal Cavity, Paranasal Sinuses and Skull Base

- Non-keratinizing squamous cell carcinoma 8072 row deleted; histology moved to the subtype/variant column of the SCC row
- Squamous cell carcinoma 8070 row:
 - Synonyms added:
 - Squamous cell carcinoma, usual type 8070/3
 - Conventional Squamous cell carcinoma NOS
 - Elderoid carcinoma, NOS 8070/3

21

Solid Tumor Manual – Basic Instructions

How to Use the Solid Tumor Rules

Note: The rules do not apply to hematopoietic primaries (lymphoma and leukemia) of any site. Use the Hematopoietic & Lymphoid Neoplasm Coding Manual and Database for histologies M9590-M9992.

- The purpose of these rules is to determine multiple primaries and to code histology ONLY. The Solid Tumor Rules are not used to determine case reportability, casefinding, stage, or tumor grade. For instructions on coding grade, stage, SSDs, and treatment, please refer to the appropriate manuals.
- Staging systems are not used to determine the number of primaries or histology.
- Use the following site-specific rules for tumors diagnosed 1/1/2018 and forward:
 - Malignant CNS and Peripheral Nerves
 - Head and neck
 - Non-Malignant CNS
 - Kidney
 - Breast
 - Lung
 - Colon
 - Urinary sites
- Use the following site-specific rules for tumors diagnosed 1/1/2021 forward:
 - Cutaneous Melanoma
- Use the following site-specific rules for tumors diagnosed 1/1/2007 through 12/31/2021:
 - Other Sites (not updated for 2018) for solid tumors which occur in primary sites not covered by the site-specific rules.
- 2007 MPH Rules, 2018 Solid Tumor Rules, and 2021 Cutaneous Melanoma rules are used based on date of diagnosis. See the site-specific rules for instruction on which rules to use.
 - Tumors diagnosed 01/01/2007 through 12/31/2017: Use 2007 MPH Rules
 - Tumors diagnosed 01/01/2018 and later: Use 2018 Solid Tumor Rules (with exceptions in #4)
 - An original tumor diagnosed before 1/1/2018 and a subsequent tumor diagnosed 1/1/2018 or later in the same primary site: Use the 2018 Solid Tumor Rules
 - A melanoma diagnosed before 1/1/2021 and a subsequent melanoma diagnosed 1/1/2021 or later: Use the 2021 Cutaneous Melanoma Rules
- Use the Solid Tumor Rules in the following order:
 - For multiple tumors, you must decide whether they are a single or multiple primaries:
 - Use the Histology Rules to assign a "working" histology for each tumor.
 - Use Multiple Primary Rules to determine whether the tumors are a single primary or multiple primaries.
 - If a single primary, follow the priority order in #6B.
 - If multiple primaries, follow the priority order in #6B for EACH of the separate tumors/primaries.
- For a single tumor or multiple tumors determined to be a single primary:
 - General Instructions
 - Equivalent Terms and Definitions
 - Multiple Primary Rules
 - Histology Rules
- The Solid Tumor Rules are available in text format.
- Notes and examples are included with some of the rules to highlight key points or to add clarity to the rules.
- Rules are in hierarchical order within each module. Use the first rule that applies and

STOP

How to Use the Histology Rules

Note 1: Do not use these rules to determine case reportability.
Note 2: Refer to the [How to Use the Solid Tumor Rules](#) for instructions on the order in which to use the rules.

- Rules are divided into two sections: Single Tumor and Multiple Tumors Abstracted as a Single Primary
 - Each section is a complete set of rules.
 - Within each section, the rules are hierarchical. Use the first rule that applies and STOP. Do not continue through the rules.
- Code the histology diagnosis prior to neoadjuvant therapy. Neoadjuvant therapy can change the histological profile of the tumor. See site-specific modules for exceptions to this rule.
- Code the histology assigned by the physician. Do not change histology in order to make the case applicable for staging.
- A list of terms which can be used and terms which cannot be used to code histology precede each set of histology rules.
- Code a histology when described by ambiguous terminology ONLY when:
 - Histology is clinically confirmed by a physician (attending, pathologist, oncologist, etc.)
 - Patient is treated for the histology described by an ambiguous term
 - Case is accessioned (added to your database) based on a single histology described by ambiguous terminology and no other histology information is available-documented

Note: If the histology described by ambiguous terminology does not meet any of the criteria in bullets 1, 2, or 3, DO NOT CODE the histology.

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

Ambiguous terminology from the SEER Manual and CoC Manual is used to determine reportability, not to determine histology.

- Clinically disease-free means that there was no evidence of recurrence on follow-up.
- When there is a recurrence less than or equal to X years 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 X years from the date of the last recurrence.
- When it is unknown/not documented whether the patient had a recurrence, default to date of diagnosis to compute the time interval.
- Use the Multiple Primary Rules as written to determine whether a subsequent tumor is a new primary or a recurrence. The ONLY exception is when a pathologist compares slides from the subsequent tumor to the "original" tumor and documents the subsequent tumor is a recurrence of the previous primary. Never code multiple primaries based only on a physician's statement of "recurrence" or "recurrent".
- No evidence of disease (NED) means complete response to treatment.

22

Solid Tumor Manual – 2021 Updated Chapters

Autonomic nervous system C479 has been added as a primary site for those paragangliomas reported as malignant.

Head and Neck Equivalent Terms and Definitions
 C000-C148, C300-C339, C410, C411, C479
 (Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

Table 9: Paraganglioma of Carotid Body, Larynx, Middle Ear, Vagal Nerve

Table 9 lists codes for paragangliomas diagnosed prior to 1/1/2021 and new codes for cases diagnosed 1/1/2021 forward.

Cases diagnosed prior to 1/1/2021:
 Only report these neoplasms when the pathology/tissue specifies malignant behavior /3. Change the behavior using ICD-O-3 Rule F Matrix Concept.

Cases diagnosed 1/1/2021 forward:
 The term "malignant" is no longer required to assign malignant (/3) behavior. Paragangliomas diagnosed 1/1/2021 or after are malignant unless otherwise specified by the pathologist.

The primary site for paragangliomas is the autonomic nervous system C479.

Definitions

- Ganglion:** A group of nerve cell bodies located outside the central nervous system.
- Sympathetic nervous system:** It is a part of the autonomic nervous system and contains adrenergic fibers which depress secretion, decrease tone and contractility of smooth muscle and increase heart rate.

Column 1 lists ICD-O histology term and code for specific histologies which do not have subtypes/variants.
 Column 2 lists synonyms for the specific term. Synonyms have the same ICD-O code as the specific term.

Table begins on next page

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 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 8690/3 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.	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 no longer required to assign /3.	
Vagal 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.	Glomus jugulare tumor of vagal trunk Chemodectoma of vagal trunk Non-chromaffin paraganglioma of vagal trunk

Solid Tumor Manual – New Chapters

2021 Cutaneous Melanoma Rules – NEW

Cutaneous Melanoma Equivalent Terms and Definitions
 C440-C449 with Histology 8720 – 8780 (Excludes melanoma of any other site)
 Rules Apply to Cases Diagnosed 1/1/2021 forward

Introduction

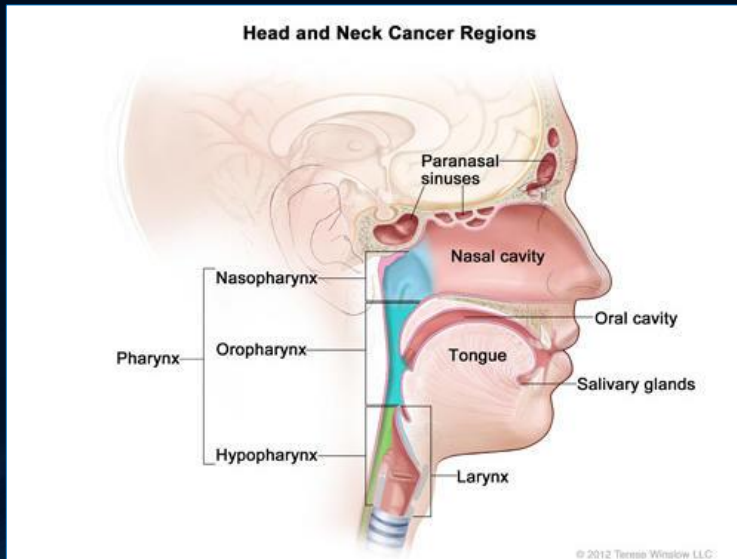
- Note 1:** Tables and rules refer to ICD-O rather than ICD-O-3. The version is not specified to allow for updates. Use the currently approved version of ICD-O.
- Note 2:** 2007 MPH Rules and 2021 Solid Tumor Rules are used based on date of diagnosis
- Tumors diagnosed 01/01/2007 through 12/31/2020: Use 2007 MPH Rules and 2007 General Instructions
 - Tumors diagnosed 01/01/2021 and later: Use 2021 Solid Tumor Rules and Solid Tumor General Instructions
 - The original tumor diagnosed before 01/01/2021 and a subsequent tumor diagnosed 01/01/2021 or later in the same primary site: Use the 2021 Solid Tumor Rules and Solid Tumor General Instructions
- Note 3:** Melanoma can also start in the mucous membranes of the mouth, anus and vagina, in the eye or other places in the body where melanocytes are found. This scheme is used only for melanomas that occur on the skin.
- Note 4:** The WHO Classification of Skin Tumors 4th Ed does not include ICD-O codes for tumors with mixed melanoma subtypes/variants.
- Note 5:** Cutaneous melanoma starts in the melanocytes of the skin. Melanocytes lie in the epidermis, the outermost layer of the skin. Melanocytes often cluster together and form moles (nevi). Most moles are benign, but some may become malignant melanomas. Melanomas are divided into 5 main types, depending on their location, shape, and whether they grow outward or downward into the dermis:
- Acral melanoma:** occurs on the palms of the hand, soles of the feet, or nail beds
 - Desmoplastic melanoma:** is a rare malignant melanoma marked by non-pigmented lesions on sun exposed areas of the body
 - Lentigo maligna:** usually occur on the faces of elderly people
 - Superficial spreading or flat melanoma:** grows outward at first to form an irregular pattern on the skin with an uneven color
 - Nodular melanoma:** are lumpy and often blue-black in color and may grow faster and spread downwards

Cutaneous Melanoma Equivalent Terms and Definitions
 C440-C449 with Histology 8720 – 8780 (Excludes melanoma of any other site)
 Rules Apply to Cases Diagnosed 1/1/2021 forward

Changes from 2007 MPH Rules

- These changes are effective with cases diagnosed 1/1/2021 and later. WHO 4th Ed Classification of Skin Tumors was published in 2018.
- 2007 Rules instruct "Code the histology from the most representative specimen." For all sites except breast and CNS, the 2021 Rules instruct "Code the most specific histology from biopsy or resections". 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). This instruction applies to the 2021 cutaneous melanoma solid tumor rules.
 - Early/evolving melanoma in situ (8720/2) and early/evolving melanoma invasive (8720/3) are reportable for cases diagnosed 1/1/2021 and later. Please refer to [SEER Program Coding and Staging Manual 2021](#) for additional information on reportable neoplasms.
 - New histology **terms** are included (identified by asterisks (*) in the histology table in the Terms and Definitions). No new cutaneous melanoma ICD-O histology **codes** have been proposed by WHO.
 - Some histologies are rare and may not be listed in the tables; refer to ICD-O and all updates. If the histology is not found in the tables or ICD-O, submit a question to [Ask a SEER Registrar](#).
 - WHO 4th Ed Skin Tumors now classifies melanocytic tumors into two groups:
 - Melanomas arising in sun-exposed skin
 - Melanomas arising at sun-shielded sites or without known etiological association with UV radiation exposure

Solid Tumor Manual – Problem Chapters HEAD & NECK



© 2012 Teresa Winslow LLC

25

25

Solid Tumor Manual – Problem Chapters HEAD & NECK

Head and Neck Equivalent Terms and Definitions
C000-C148, C300-C339, C410, C411
(Excludes lymphoma and leukemia M9500 – M9992 at all sites)

Table Index

Table Number	Table Title
Table 1	Tumors of Nasal Cavity C300 Paranasal Sinuses C310-C313, C318, C319
Table 2	Tumors of Nasopharynx C110, C111 (posterior wall of nasopharynx)
Table 3	Pyramidal Sinus C129 Tumors of Hypopharynx C130-C132, C138, C139 and Parapharyngeal Space C139
Table 4	Tumors of Oral Cavity and mobile tongue C020-C024, C028, C029, C052, C058, C059, C060-C062, C068, C069
Table 5	Tumors of Oropharynx C100-C104, C108 C109 Base of Tongue C0 Adenoids-pharyngeal tonsil only C111
Table 6	Tumors of Salivary Glands C079, C080, C081, C088, C089
Table 7	Tumors of Odontogenic and Maxillofacial Bone (Mandible) C411, M
Table 8	Tumors of Ear C301
Table 9	Paraganglioma of Carotid body, Larynx, Middle Ear, Vagal nerve C
Table 10	Paired Sites

Table 1: Tumors of Nasal Cavity, Paranasal Sinuses and

Table 1 lists the more common histologies for the following head and neck subites:

- C300 Nasal cavity, naris, nasal cartilage, nasal mucosa, nasal septum NOS; nasal tur
- C310 Maxillary sinus, maxillary antrum, antrum NOS
- C311 Ethmoid sinus
- C312 Frontal sinus
- C313 Sphenoid sinus
- C318 Overlapping lesion of accessory sinuses
- C319 Accessory sinus NOS, accessory nasal sinus, paranasal sinus

Table 5: Tumors of the Oropharynx, Base of Tongue, Tonsils, Adenoids

Table 5 lists the more common histologies for the following head and neck subites:

Oropharynx:

- C100 Vallecula
- C101 Anterior surface of epiglottis
- C102 Lateral wall of oropharynx, lateral wall of nasopharynx
- C103 Posterior wall of
- C104 Brachial cleft
- C108 Overlapping lesion
- C109 Oropharynx NOS

Tonsils:

- C090 Tonsillar fossa
- C091 Tonsilla
- C098 Overlap
- C099 Tonsil
- C111 Adeno

Table 2: Tumors of Nasopharynx

Table 2 lists the more common histologies for the following head and neck subites:

- C110 Superior wall of nasopharynx, roof of nasopharynx
- C111 Posterior wall of nasopharynx only (does not include adenoid/pharynx)
- C112 Lateral wall of nasopharynx, fossa of Rosenmüller
- C113 Anterior wall of nasopharynx; nasopharyngeal surface of soft palate, ph
- C118 Overlap
- C119 Nasophary

Table 6: Tumors of Salivary Glands

Table 6 lists the more common histologies for the following head and neck subites:

- C079 Parotid gland, parotid NOS Stensen duct, parotid gland duct
- C080 Submandibular gland, submandibular gland, Wharton duct, submaxillary gland duct
- C081 Sublingual gland, sublingual gland duct
- C089 Overlapping lesion of major salivary glands
- C089 Major salivary gland NOS, salivary gland NOS

Table 3: Tumors of Pyriform Sinus, Hypopharynx, Larynx, Trachea, and Parapharyngeal Space

Table 3 lists the more common histologies for the following head and neck subites:

- C129 Pyriform sinus
- C130 Postcricoid region, cricoid NOS
- C131 Hypopharyngeal asp
- C132 Posterior wall of hyp
- C138 Overlapping lesion
- C139 Hypopharynx NOS
- C320 Glottis, intrinsic lary
- C321 Supraglottis, epiglott
- C322 Subglottis
- C323 Laryngeal cartilage,
- C328 Overlapping lesion
- C329 Larynx NOS
- C339 Trachea

Table 4: Tumors of Oral Cavity and Mobile Tongue

Table 4 lists the more common histologies for the following head and neck subites:

The oral cavity category includes the following:

Mobile Tongue:

- C020 Dorsal surface of tongue NOS
- C021 Border of tongue
- C022 Ventral surface of tongue NOS
- C023 Anterior 2/3 of tongue NOS
- C024 Lingual tonsil
- C028 Overlapping lesion of tongue
- C029 Tongue NOS

Gum:

- C030 Upper gum, maxillary gingiva, upper alveolar mucosa, upper alveolar ridge mucosa, upper alveol
- C031 Lower gum mandibular gingiva, lower alveolar mucosa, lower alveolar ridge mucosa, lower alveolar
- C039 Gum NOS, gingiva NOS, alveolar ridge mucosa NOS, alveolar NOS periodontal socket

Floor of Mouth:

- C040 Anterior floor of mouth
- C041 Lateral floor of mouth

Table 7: Tumors of Odontogenic and Maxillofacial Bone (Mandible, Maxilla)

Table 7 lists the more common histologies for the following head and neck subites:

- C410 Bones of skull and face and associated joints, maxilla
- C411 Mandible, jaw bone NOS, lower jaw bone, temporomandibular joint

Table 8: Tumors of Ear

Table 8 lists the more common histologies for the following head and neck subites:

- C301 Middle ear, inner ear, auditory tube, eustachian tube, mastoid antrum, tympanic cavity

Table 9: Paraganglioma of Carotid Body, Larynx, Middle Ear, Vagal Nerve

Table 9 lists codes for paragangliomas diagnosed prior to 1/1/2021 and new codes for cases diagnosed 1/1/2021 forward.

Cases diagnosed prior to 1/1/2021:
Only report these neoplasms when the pathology/tissue specifies malignant behavior /3. Change the behavior using ICD-O-3 Rule F Matrix Concept.

Cases diagnosed 1/1/2021 forward:
The term "malignant" is no longer required to assign malignant (/3) behavior. Paragangliomas diagnosed 1/1/2021 or after are malignant unless otherwise stated by the pathologist.

Definitions

- Ganglion:** A group of nerve cell bodies located outside the central nervous system.
- Sympathetic nervous system:** It is a part of the autonomic nervous system and contains adrenergic fibers which depress secretion, decrease tone and contractility of smooth muscle and increase heart rate.

26

Solid Tumor Manual – Problem Chapters LUNG

2. New and changed ICD-O histology codes have been added to [Table 3](#) and are identified by an asterisk. Some of those changes include:
- A. **In situ** and minimally invasive terms and codes
 - B. Terms assigned a new histology code
 - C. **Histology codes assigned a different preferred term** (18 codes with new preferred terms)
3. The following new adenocarcinoma terms and codes have been added. The new terms and codes are **for lung only**. See [notes](#) in [Table 3](#).
- A. Mucinous carcinoma/adenocarcinoma
 - 8253/3 when
 - o Behavior unknown/not documented (use staging form to determine behavior when available)
 - o Invasive
 - 8257/3 when
 - o Microinvasive
 - o Minimally invasive
 - 8253/2 when
 - o Preinvasive
 - o In situ
 - Note: Previously, only invasive /3 codes were available for mucinous adenocarcinoma of the lung. It has been recognized that not all lung cancers are invasive /3 so new codes were implemented.
 - B. Non-mucinous carcinoma/adenocarcinoma
 - 8256/3 when
 - o Microinvasive
 - o Minimally invasive
 - 8250/2 when
 - o Preinvasive
 - o In situ
 - C. Adenocarcinomas (CAP Terminology) Adenocarcinoma, acinar predominant 8551
 - Adenocarcinoma, lepidic predominant 8250
 - Adenocarcinoma, micropapillary predominant 8265
 - Adenocarcinoma, papillary predominant 8260
 - Adenocarcinoma, solid predominant 8230

Specific or NOS Histology Term and Code	Synonym of Specific or NOS	Subtype/variant of NOS and Code
Adenocarcinoma 8140	Adenocarcinoma NOS Adenocarcinoma in situ 8140/2 Adenocarcinoma invasive 8140/3	Acinar adenocarcinoma/adenocarcinoma, acinar predominant (for lung only) 8551* Adenoid cystic/adenocystic carcinoma 8200 Colloid adenocarcinoma 8480 Enteric adenocarcinoma/pulmonary intestinal-type adenocarcinoma 8144 Fetal adenocarcinoma 8333 Lepidic adenocarcinoma/adenocarcinoma, lepidic predominant 8250/3* Mucinous carcinoma/adenocarcinoma (for lung only) in situ 8253/2* invasive 8253/3* minimally invasive 8257/3* microinvasive 8257/3* preinvasive 8253/2* Micropapillary adenocarcinoma/adenocarcinoma, micropapillary predominant 8265 Mixed invasive mucinous and non-mucinous adenocarcinoma 8254* Non-mucinous adenocarcinoma (for lung only) in situ 8250/2* microinvasive 8256/3* minimally invasive 8256/3* preinvasive 8250/2* Papillary adenocarcinoma/adenocarcinoma, papillary predominant 8260 Solid adenocarcinoma/adenocarcinoma, solid predominant 8230
Note 1: Mucinous adenocarcinoma for lung only is coded as follows:	<ul style="list-style-type: none"> • 8253/3* when <ul style="list-style-type: none"> o Behavior unknown/not documented (use staging form to determine behavior when available) • 8257/3* when <ul style="list-style-type: none"> o Microinvasive o Minimally invasive • 8253/2* when <ul style="list-style-type: none"> o Preinvasive o In situ 	
Note 2: Non-mucinous adenocarcinoma for lung only is coded as follows:	<ul style="list-style-type: none"> • 8256/3* when <ul style="list-style-type: none"> o Microinvasive o Minimally invasive • 8250/2* when <ul style="list-style-type: none"> o Preinvasive o In situ 	

Solid Tumor Manual – Problem Chapters - BREAST

Breast Equivalent Terms and Definitions C500-C506, C508-C509 (Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

1. **NST (No Special Type), mammary carcinoma NST, and carcinoma NST** are the new terms for duct or ductal carcinoma. Previously, it was thought that carcinoma originated in the ducts or lobules of the breast, hence the names duct carcinoma and lobular carcinoma. Current thinking is that carcinoma originates in the "terminal duct lobular unit" therefore the preferred term is NST or carcinoma NST.
2. **Mammary carcinoma** is a synonym for carcinoma no special type (NST)/duct carcinoma not otherwise specified (NOS) 8500. It will no longer be coded as carcinoma NOS 8010.

3. **DCIS/Carcinoma NST in situ** has a major classification change.
 - A. Subtypes/variant, architecture, pattern, and features **ARE NOT CODED**. The majority of in situ tumors will be coded to DCIS 8500/2.

Single Tumor: In Situ Only

Single Tumor: Invasive and In Situ Components

Single Tumor: Invasive Only

Multiple Tumors Abstracted as a Single Primary

1. Use [Table 2](#) when instructed to by the Multiple Primary and Histology Rules.

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**
- 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 histologies can be in situ or invasive; others are limited to either /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.

Solid Tumor Manual – Problem Chapters

Urothelial Cancers – Renal Pelvis, Bladder, Ureter

Renal Pelvis, Ureter, Bladder, and Other Urinary Equivalent Terms and Definitions C659, C669, C670-C679, C680-C689 (Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

Introduction

Note 1: The group name “urinary sites” include: Renal pelvis C659; ureter C669; trigone of bladder C670; dome of bladder C671; lateral wall of bladder C672; anterior wall of bladder C673; posterior wall of bladder C674; bladder neck C675; ureteric orifice C676; urethra C677; overlapping lesion of bladder C678; bladder NOS C679; urethra C680; paraurethral gland C681; overlapping lesion of urinary organs, C688; and urinary system NOS C689.

Note 2: 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 3: 2007 MPH Rules and 2018 Solid Tumor Rules are used based on date of diagnosis.

- Tumors diagnosed 01/01/2007 through 12/31/2017: Use 2007 MPH Rules
- Tumors diagnosed 01/01/2018 and later: Use 2018 Solid Tumor Rules
- The original tumor diagnosed before 1/1/2018 and a subsequent tumor diagnosed 1/1/2018 or later in the same primary site: Use the 2018 Solid Tumor Rules.

Note 4: 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.

In US, 90% of bladder tumors are urothelial carcinoma; less than 5% are pure squamous cell carcinoma or pure adenocarcinoma.

Urothelial carcinoma originates in urothelial/transitional cells which line the urethra, bladder, ureters, and renal pelvis and has two major subdivisions: papillary and non-papillary.

- Papillary carcinoma: (commonly in bladder, ureter, or renal pelvis): A warty growth which projects from the wall on a stalk
 - Non-invasive papillary urothelial carcinoma (occasionally called in situ)
 - Invasive papillary urothelial carcinoma
- Non-papillary urothelial: originates within the mucosa and does not project from the wall
 - Non-invasive carcinoma in situ (CIS)
 - Invasive urothelial carcinoma

Note: Both urothelial carcinoma and papillary urothelial carcinoma can be in situ /2 or invasive /3. Code the behavior specified in the pathology report.

RULE M10 DOES NOT MEAN WHAT YOU THINK IT MEANS

Rule M10 Abstract multiple primaries⁸ when the patient has a subsequent tumor after being clinically disease-free for greater than three years after the original diagnosis or last recurrence.

Multifocal/Multicentric Tumors of Urinary Sites

Multifocality of urothelial carcinoma is a common finding. The phenomenon of multiple tumors has been theorized as being a result of the field effect.

The field effect concept has two main theories:

1. **Monoclonal:** A single malignant cell spreads throughout the urothelium by:
 - a. Intraluminal spread with secondary implantation in different sites within the urinary tract OR
 - b. Intraepithelial migration
2. **Oligoclonal:** Multifocal/multicentric tumors develop secondary to a field effect precipitated by carcinogens. The carcinogens cause genetic alterations at different sites within the urinary tract.

Neither theory has been conclusively proven.

Flat urothelial carcinoma in situ can have a widespread effect as a result of direct spread of neoplastic cells within the epithelium.

The rules for coding histology and defining the number of primaries are an attempt to reconcile these observations in order to provide incidence data that are consistent and reproducible.

Rule M7 Abstract a single primary¹ when the patient has multiple occurrences of /2 urothelial carcinoma in the bladder. Tumors may be any combination of:

- In situ urothelial carcinoma 8120/2 AND/OR
- Papillary urothelial carcinoma non-invasive 8130/2 (does not include micropapillary subtype)

Note 1: Timing is irrelevant. Tumors may be synchronous or non-synchronous.

Note 2: Abstract only one /2 urothelial bladder primary per the patient's lifetime.

Note 3: There are no /2 subtypes for urothelial carcinoma with the exception of papillary urothelial carcinoma.

Example: On 1/3/2018, the patient had a TURB with a diagnosis of in situ urothelial carcinoma 8120/2. On 5/8/2019, pathology from TURB is papillary urothelial carcinoma non-invasive 8130/2. This is a single primary; the papillary urothelial carcinoma is recorded as a recurrence for those registries who collect recurrence data.

Rule M8 Abstract multiple primaries⁸ when the patient has micropapillary urothelial carcinoma 8131/3 of the bladder AND a urothelial carcinoma 8120/3 (including papillary 8130/3) of the bladder.

Note 1: This is a new rule for 2018.

Note 2: Micropapillary urothelial cell carcinoma is an extremely aggressive neoplasm. It is important to abstract a new primary to capture the incidence of micropapillary urothelial carcinoma. Micropapillary is excluded from the typical “NOS and subtype/variant” rule (same row in Table 2).

Rule M9 Abstract a single primary¹ when the patient has multiple invasive urothelial cell carcinomas in the bladder. All tumors are either:

- Multiple occurrences of urothelial or urothelial subtypes (with exception of micropapillary) OR
- Multiple occurrences of micropapillary

Note 1: Timing is irrelevant. Tumors may be synchronous or non-synchronous.

Note 2: Abstract only one /3 invasive urothelial bladder primary AND only one micropapillary urothelial 8131/3 bladder primary per the patient's lifetime.

- An occurrence of micropapillary and an occurrence of urothelial carcinoma would be multiple primaries (see previous rules).

Okay – everybody take a deep breath...there's more...



Grade Coding Manual, v2.01 – January 2021

Grade Coding Instructions and Tables
 Effective with Cases Diagnosed 1/1/2018 and Forward
 Published January 2021
 Version 2.01

220 pages with annual updates

THERE ARE 29 GRADE TABLES

Editors: Jennifer Ruhl, MSHCA, RHT, CCS, CTR, NO SEER
 Jim Hofferkamp, CTR, NAACCR
 Elizabeth Ward, PhD, Consultant to NAACCR

Suggested Citation: Ruhl J, Ward E, Hofferkamp J, et al. (November 2020). Grade Manual. NAACCR, Springfield, IL 62704-4134

Funding for this project was made possible in part by a contract with Federal funds from the National Cancer Institute, National Institutes of Health and Department of Health & Human Services under Contract number HHSN261201400004I / HHSN26200002I. Additionally, funding for this project was made possible in part by a cooperative agreement with Federal funds from the Centers for Disease Control and Prevention, Cooperative Agreement number 5N01CE0004317. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the NCI and CDC. The NAACCR Board of Directors adopted these standards in February 2018.

DO NOT JUST PICK A CODE FROM YOUR SOFTWARE

PLEASE READ AND UNDERSTAND HOW TO USE THE GENERAL INSTRUCTIONS

THEY GO WITH THE SCHEMA-SPECIFIC INSTRUCTIONS AND ARE NOT IN YOUR DROP DOWN PICK LIST OPTIONS

General Grade Coding Instructions for Solid Tumors

Listed below are general guidelines for coding all relevant grade data items.

- Code the grade from the primary tumor only.
 - Do NOT code grade based on metastatic tumor or recurrence. For example, if there are instances that tumor has been resected and the specimen site and tissue from the primary site is not available, code grade from the contiguous site.
 - If primary site is unknown, code grade to 9.
- If there is more than one grade available for an individual grade data item (i.e. within the same time frame)
 - Priority goes to the recommended AJCC grade listed in the applicable AJCC chapter.
 - If none of the specified grades are from the recommended AJCC grade system, record the highest grade per applicable alternate grade categories for that site.
 - If there is no recommended AJCC grade for a particular site, code the highest grade per the applicable grade categories for that site.
- In situ and/or combined in situ/invasive components:
 - If a grade is given for an in situ tumor, code it. Do NOT code grade for dysplasia such as high grade dysplasia.
 - If there are both in situ and invasive components, code only the grade for the invasive portion even if its grade is unknown.
- Systemic treatment and radiation can alter a tumor's grade. Therefore, it is important to code clinical grade based on information prior to neoadjuvant therapy even if grade is unknown during the clinical timeframe. Grade can now be collected in grade post therapy clinical (yc) when grade is available after neoadjuvant therapy and prior to surgical resection and grade post therapy pathological (yp) cases when grade is available from post neoadjuvant surgery.
- If a case is sent out for consult and the grade results are different than the original case, record the results from the consult.
 - Example 1: Patient had biopsy done at a facility which showed a moderately differentiated tumor. Slides were sent out for consult and their review showed a well differentiated tumor. Record the well differentiated grade based on the consult.

General Instructions for the Time Frames for Grade

The four new grade data items reflect the points in time in the patient's care when grade may be assessed. These are similar to the time frames used for assigning AJCC TNM staging.

Grade Clinical

For the Grade Clinical data item, record the grade of a solid primary tumor before any treatment. Treatment may include surgical resection, systemic therapy, radiation therapy, or neoadjuvant therapy. All surgical procedures are not treatment, e.g. TURB and endoscopic biopsies.

GENERAL

TIMING

Grade Coding Manual, v2.01 – January 2021

Item-Specific Data Dictionary and Coding Guidelines

Grade Clinical

Item Length: 1
 NAACCR Item #: 3843

CLINICAL

Note 1: Grade Clinical must not be blank.

Description
 This data item records the grade of a solid primary tumor before any treatment (surgical resection or initiation of any treatment including neoadjuvant).

Grade Post Therapy Clinical (yc)

Item Length: 1
 NAACCR Item #: 1068

POST-THERAPY CLINICAL

Description
 This data item, implemented in 2021, records the grade of a solid primary tumor that has been microscopically sampled following neoadjuvant therapy or primary systemic/radiation therapy. If AJCC staging is being assigned, the tumor must have met the neoadjuvant therapy or primary systemic/radiation therapy requirements in the AJCC manual or according to national treatment guidelines.

Record the highest grade documented from the microscopically sampled specimen of the primary site following neoadjuvant therapy or primary systemic/radiation therapy.

Grade Pathological

Item Length: 1
 NAACCR Item #: 3844

PATHOLOGICAL

Note 1: Grade Pathological must not be blank.

Description
 This data item records the grade of a solid primary tumor that has been resected and for which no neoadjuvant therapy was administered. If AJCC staging is being assigned, the tumor must have met the surgical resection requirements in the AJCC manual. This may include the grade from the clinical workup.

Record the highest grade documented from any microscopic specimen of the primary site whether from the clinical workup or the surgical resection.

Grade Post Therapy Path (yp)

Item Length: 1
 NAACCR Item #: 3845

POST THERAPY - PATHOLOGICAL

Description
 This data item records the grade of a solid primary tumor that has been resected following neoadjuvant therapy. If AJCC staging is being assigned, the tumor must have met the surgical resection requirements in the AJCC manual.

Record the highest grade documented from the surgical treatment resection specimen of the primary site following neoadjuvant therapy.

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)
- Neoadjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

Note 1: Leave Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, surgical resection not done

Grade Codes – c, p, yc, yp

Schema ID	Schema ID Name (EOD Schema Name)	AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table
00358	Trachea	N/A	N/A	Trachea	Grade 99
00360	Lung	36	Lung	Lung	Grade 01
00370	Pleural Mesothelioma	37	Malignant Pleural Mesothelioma	Pleural Mesothelioma	Grade 01
00378	Respiratory Other	N/A	N/A	Respiratory Other	Grade 99
00381	Bone Appendicular Skeleton	38	Bone	Bone	Grade 08
00382	Bone Spine	38	Bone	Bone	Grade 08
00383	Bone Pelvis	38	Bone	Bone	Grade 08
00400	Soft Tissue Head and Neck	40	Soft tissue sarcoma of the Head and Neck	Soft Tissue	Grade 09
00410	Soft Tissue Trunk and Extremities	41	Soft tissue sarcoma of the Trunk and Extremities	Soft Tissue	Grade 10
00421	Soft Tissue Abdomen and Thoracic (excluding Heart, Mediastinum, Pleura)	42	Soft tissue sarcoma of the Abdomen and Thoracic Visceral Organs	Soft Tissue	Grade 09
00422	Heart, Mediastinum and Pleura	42	Soft tissue sarcoma of the Abdomen and Thoracic Visceral Organs	Heart, Mediastinum, and Pleura	Grade 09
00430	GIST	43	Gastrointestinal Stromal Tumors	GIST	Grade 11
00440	Retroperitoneum	44	Soft tissue sarcoma of the Retroperitoneum	Retroperitoneum	Grade 10
00450	Soft Tissue Usual Histologies/Sites	45	Soft tissue sarcoma of the Retroperitoneum	Soft Tissue	Grade 09
00458	Kaposi Sarcoma	45	Soft tissue sarcoma of Unusual Sites and Histologies	Kaposi Sarcoma	Grade 09
00460	Merkel Cell Skin	46	Merkel Cell Carcinoma	Merkel Cell Skin	Grade 98
00470	Melanoma Skin	47	Melanoma of the Skin	Melanoma Skin	Grade 98
00478	Skin Other	N/A	N/A	Skin (except Eyelid)	Grade 99
00480	Breast	48	Breast	Breast	Grade 12

Grade Coding Instructions and Tables

Effective with Cases Diagnosed 1/1/2018 and Forward

➔ Published January 2021

Version 2.01

AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table	Schema ID	Schema ID Name (EOD Schema Name)	AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table
72	Brain and Spinal Cord	Brain	Grade 24	00169	Esophagus (including GE junction) (excluding Squamous)	16	Esophagus and Esophagogastric Junction	Esophagus (including GE junction)	Grade 03
72	Brain and Spinal Cord	CNS Other	Grade 24	00170	Stomach	17	Stomach	Stomach (including NET)	Grade 04
72	Brain and Spinal Cord	Intracranial Gland	Grade 24	00180	Small Intestine	18	Small Intestine	Small Intestine (including NET)	Grade 02
73	Thyroid-Differentiated and Anaplastic Carcinoma	Thyroid (including Medullary)	Grade 98	00190	Appendix	19	Appendix-Carcinoma	Appendix (including NET)	Grade 05
74	Thyroid-Medullary	Thyroid (including Medullary)	Grade 98	00200	Colon and Rectum	20	Colon and Rectum	Colon and Rectum (including NET)	Grade 01
75	Parathyroid	Parathyroid	Grade 25	00210	Anus	21	Anus	Anus	Grade 06
76	Adrenal Cortical Carcinoma	Adrenal Gland (including NET)	Grade 26	00220	Liver	22	Liver	Liver	Grade 02
77	Adrenal-Neuroendocrine Tumors	Adrenal Gland (including NET)	Grade 98	00230	Bile Ducts Intrahepatic	23	Intrahepatic Bile Duct	Intrahepatic Bile Ducts	Grade 01
N/A	N/A	Endocrine Other	Grade 99	00241	Gallbladder	24	Gallbladder	Gallbladder	Grade 01
	Hodgkin and Non-		Grade 88	00242	Cystic Duct	24	Gallbladder	Extrahepatic Bile Ducts	Grade 01

Grade Coding Manual, v2.01

For the 2021 updates, there have been many notes added to all the Grade tables. These notes were added in response to questions from registrars.

In addition, 'yc' (Post Therapy Clin (yc)) has been added to the Grade Manual. AJCC will provide education and training on when 'yc' data items are used.

- With the addition of 'yc,' the data item name: *Grade Post Therapy* has been changed to *Grade Post Therapy Path (yp)*

Due to the addition of new notes, many of the note numbers have changed, which have not been recorded in this document.

Registrars are not required to go back and update previous grade information collected based on the new notes. These updates can be applied to cases diagnosed 2018+.

Grade Post Therapy Clin (yc)

This data item was introduced for cases diagnosed 1/1/2021. For cases diagnosed 2018-2020, this field can be left blank.

For the Grade Post Therapy Clin (yc) data item, record the grade of a solid primary tumor that has been microscopically sampled following neoadjuvant therapy or primary systemic/radiation therapy. If AJCC staging is being assigned, the tumor must have met the neoadjuvant therapy or primary systemic/radiation therapy requirements in the AJCC manual or according to national treatment guidelines.

LOTS OF NOTES ADDED TO TABLES AND INSTRUCTIONS

Grade Coding Manual V2.01 Change Log is Available on NAACCR Website

<https://apps.naacrr.org/ssdi/list/>

Grade Coding Manual - Notes

General Guidelines

- Basic Instructions
- Methodology is Driven by Schema ID not Site/Histo
 - Schema ID and AJCC Chapter and AJCC Chapter Name
 - Schema ID and EOD/Summary Stage Chapter Name
- Basic Grade Table – differences (Grade 1,2,3 may be same as Grade A,B,C – depends on site/histo)
- Grade Tables - Numerical by Schema ID or Alphabetical Order Using Title of Schema ID Name
- Site-Specific Grade Requirements – 29 Grade Tables
- Site-Specific Grade Required for Staging – p.19
- How to Search the Grade Manual for What You Need

Timing and Criteria for Individual Grade Fields

- Grade Clinical – biopsy
- Grade Pathological – resection
- Grade Post-Therapy Clinical (yc) – post-therapy biopsy
- Grade Post-Therapy Pathological (yp) – post-therapy resection
- Low Grade/Intermediate Grade/High Grade – Non-Invasive Neoplasm
- Low Grade/Intermediate Grade/High Grade – Invasive Neoplasm

The following AJCC chapters require grade, using the grade table indicated in the parentheses, to assign stage group.

- Chapter 16: Esophagus and Esophagogastric Junction (Grade 03)
- Chapter 19: Appendix (Grade 05)
- Chapter 38: Bone (Grade 08)
- Chapter 41: Soft Tissue Sarcoma of the Trunk and Extremities (Grade 10)
- Chapter 43: Gastrointestinal Stromal Tumor (Grade 11)
- Chapter 44: Soft Tissue Sarcoma of the Retroperitoneum (Grade 10)
- Chapter 48: Breast (Grade 12)
- Chapter 58: Prostate (Grade 17)



35

35

Grade Coding Manual - Notes

Solid Tumors – Common Sites

- Breast Grade – in-situ/invasive – Scarff-Bloom/Richardson versus Nuclear Grade
- Prostate Grade (Gleason Score, Grade Group, and Gleason Grade)
- Lung Grade – no special requirements
- GYN Neoplasms
 - GYN Adenocarcinoma Grade - (FIGO Grade – not FIGO Stage)
 - GYN Adenosarcoma Grade
 - GYN Sarcoma Grade
- Kidney and Urinary Tract Neoplasms
 - Kidney Grade – specific and no more Furhman Grade
 - Urinary System - Ureter, Bladder, Urethra – in-situ/invasive
 - Urinary System - Renal Pelvis & Prostatic Urethra are different by histology

Lymphoid/Myeloid Neoplasms/Unknown Primary/Brain Tumors

- Brain Grade Codes
- Lymphoma Grade (includes ALL, CLL, Plasma Cell Neoplasms)
- Myeloid Neoplasm Grade (Acute, Chronic, MDS, MPN)
- Unknown Primary/III-Defined Sites/NOS Sites Grade

Solid Tumors – Uncommon and Specific Criteria Stated in Coding Instructions

- NET of GI Tract Grades
- Bone Grade
- Soft Tissue Sarcoma Grade
- GIST Grade
- Melanoma Grade
- Retinoblastoma Grade
- Adrenal Gland
- Parathyroid Gland

36

36

Miscellaneous 'Clarifications' Not Announced STORE – Lymph-Vascular Invasion Not Announced – BUT – there is a new edit...

Use code 0 when the pathology report indicates that there is no lymphovascular invasion. This includes cases of purely in situ carcinoma that biologically have no access to lymphatic or vascular channels below the basement membrane.

b. Use code 1 when the pathology report or a physician's statement indicates that lymphovascular invasion (or one of its synonyms) is present in the specimen.

c. Lymphovascular invasion must be coded 0, 1, 2, 3, 4, or 9 for the Schema IDs in the following list:

0, 1, 2, 3, 4, 8, or 9

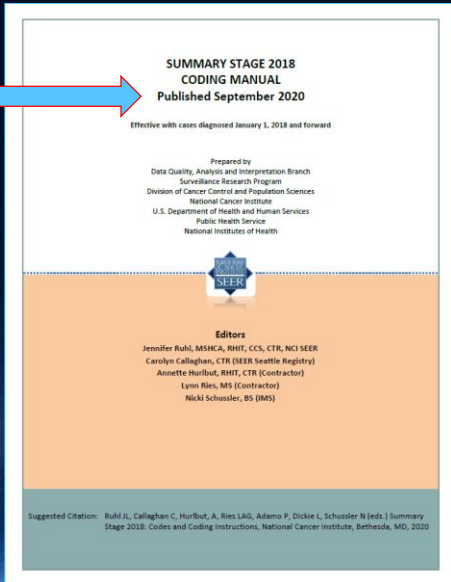
00071 Lip	00250 Bile Ducts Perihilar	00210 Anus
00072 Tongue Anterior	00260 Bile Ducts Distal	00220 Liver
00073 Gum	00270 Ampulla Vater	00241 Gallbladder
00074 Floor of Mouth	00280 Pancreas	00242 Cystic Duct
00075 Palate Hard	00290 NET Stomach	00381 Bone Appendicular Skeleton
00076 Buccal Mucosa	00301 NET Duodenum	00382 Bone Spine
00077 Mouth Other	00302 NET Ampulla of Vater	00383 Bone Pelvis
00080 Major Salivary Glands	00320 NET Appendix	00400 Soft Tissue Head and Neck
00100 Oropharynx (p16+)	00330 NET Colon and Rectum	00410 Soft Tissue Trunk and Extremities
00111 Oropharynx (p16-)	00340 NET Pancreas	00421 Soft Tissue Abdomen and Thorax
00112 Hypopharynx	00350 Thymus	00422 Heart, Mediastinum, and Pleura
00121 Maxillary Sinus	00360 Lung	00440 Retroperitoneum
00122 Nasal Cavity and Ethmoid Sinus	00450 Merkel Cell Skin	00450 Soft Tissue Other
00130 Larynx Other	00470 Melanoma Skin	00480 Breast (Invasive)
00131 Larynx Supraglottic	00500 Vulva	00580 Prostate
00132 Larynx Glottic	00510 Vagina	00600 Kidney Parenchyma
00133 Larynx Subglottic	00520 Cervix	00610 Kidney Renal Pelvis
00161 Esophagus (Incl GE Junction) Squamous	00530 Corpus Carcinoma	00631 Urethra
00169 Esophagus (Incl GE Junction) (Excl Squa	00541 Corpus Sarcoma	00632 Urethra-Prostatic
00170 Stomach	00542 Corpus Adenosarcoma	00640 Skin Eyelid
00180 Small Intestine	00560 Placenta	00660 Melanoma Conjunctiva
00190 Appendix	00570 Penis	00671 Melanoma Iris
00200 Colon and Rectum	00590 Testis	00672 Melanoma Choroid and Ciliary Body
00230 Bile Ducts Intrahepatic	00620 Bladder	00700 Orbital Sarcoma
	00730 Thyroid	00750 Parathyroid
	00740 Thyroid Medullary	

e. Lymphovascular invasion must be coded 8 (not applicable) for all other Schema IDs:

00600 Cervical Lymph Nodes, Occult Head and Neck
00118 Pharynx Other
00119 Middle Ear
00128 Sinus Other
00140 Melanoma Head and Neck
00150 Cutaneous Carcinoma Head and Neck
00278 Biliary Other
00288 Digestive Other
00358 Trachea
00370 Pleural Mesothelioma
00378 Respiratory Other
00458 Kaposi Sarcoma
00478 Skin Other
00551 Ovary
00552 Primary Peritoneal Carcinoma
00553 Fallopian Tube
00558 Adnexa Uterine Other
00559 Genital Female Other
00598 Genital Male Other
00638 Urinary Other
00650 Conjunctiva
00680 Retinoblastoma
00690 Lacrimal Gland
00698 Lacrimal Sac
00710 Lymphoma Ocular Adnexa
00718 Eye Other
00721 Brain
00722 CNS Other
00723 Intracranial Gland
00770 NET Adrenal Gland
00778 Endocrine Other
00790 Lymphoma
00795 Lymphoma (CLL/SLL)
00811 Mycosis Fungoides
00812 Primary Cutaneous Lymphoma non MF
00821 Plasma Cell Myeloma
00822 Plasma Cell Disorders
00830 Heme/Retic
99999 Ill-Defined Other

Code 8, Not Applicable for benign/borderline brain and CNS tumors and Gastrointestinal Stromal Tumors (GIST).

SS2018 – September 2020



- SS2018 Continues to Try to Align Staging with AJCC TNM as Needed/Appropriate
- Sometimes AJCC TNM and SS2018 are just out of alignment due to foundation
- Each is Anatomical Staging – but, the Basis of Staging Foundation Varies
- Every Site/Every Histology/Every Behavior MUST and CAN be Staged in SS2018
- Not Every Site/Histology/Behavior is included in AJCC TNM Staging Chapters
- There are notes at end of each SS2018 Chapter explaining the changes for each

SEER Summary Staging Manual

VERSION 2.1 CHANGES FOR SUMMARY STAGE

Table 1: Updated Schemas due to AJCC rolling updates, Version 2.1

Schema	Applicable Years	Comments
Cervix Sarcoma	2021+	Cervix Sarcoma will be implemented in the 2022 updates, but will be applicable for cases diagnosed 2021+. You will need to find these cases and update the staging information. Since the Schema is changing, all staging fields (EOD, SS2018, AJCC TNM and SSDIs) relevant to your standard setters would have to be updated. Based on review of SEER data, we anticipate only a couple of cases per registry.



SEER Summary Staging Manual

Table 2: Changes to Summary Stage 2018 Chapters, Version 2.1

Schema	Code	Original Text	Updated/New Text
Appendix	0	In situ, intraepithelial, noninvasive <ul style="list-style-type: none"> Acellular mucin or mucinous epithelium may invade into the muscularis propria (Adeno) carcinoma, noninvasive, in a polyp or adenoma 	In situ, intraepithelial, noninvasive <ul style="list-style-type: none"> Acellular mucin or mucinous epithelium may invade into the muscularis propria (Adeno) carcinoma, noninvasive, in a polyp or adenoma Low-grade appendiceal mucinous neoplasm confined by the muscularis propria (LAMN) High-grade appendiceal mucinous neoplasm confined by the muscularis propria (HAMN)
Bladder, Kidney Renal Pelvis, Urethra	0		In situ, intraepithelial, noninvasive Added as first line
Bone	2	Spine (C412) Involvement of multiple non-adjacent vertebral segments	Spine (C412) Involvement of multiple non-adjacent vertebral segments Spinal canal (moved from Code 7)
Bone	7	Spine (C412) Gross vascular invasion Spinal canal Tumor thrombus in great vessels	Spine (C412) Gross vascular invasion Tumor thrombus in great vessels
Buccal Mucosa	7	Note 4: Involvement through cortical bone is required for assignment of code 2	Note 4: Invasion through cortical bone is required for assignment of code 7.
Cervix, Vagina, Vulva	3, 7		The lymph nodes for these three schemas have been restructured. No change to codes

SEER Summary Staging Manual

Schema	Code	Original Text	Updated/New Text
Corpus Carcinoma and Carcinosarcoma	0	In situ, intraepithelial, noninvasive, preinvasive Endometrial intraepithelial carcinoma (EIC) (8380/2)	In situ, intraepithelial, noninvasive, preinvasive Endometrial intraepithelial carcinoma (EIC) (8380/2) Serous endometrial intraepithelial carcinoma (SEIC) (8441/2)
Gallbladder	3		Added: Portacaval
Lymphoma	7	Distant site(s)/lymph node(s) involved <ul style="list-style-type: none"> Distant involvement <ul style="list-style-type: none"> Diffuse or disseminated involvement of ONE extralymphatic organ/site WITH or WITHOUT nodal involvement Diffuse or disseminated involvement of MORE than one extralymphatic organ/site WITH or WITHOUT nodal involvement Involvement of isolated extralymphatic organ in absence of involvement of adjacent lymph nodes, but in conjunction with disease in distant sites 	Distant site(s)/lymph node(s) involved <ul style="list-style-type: none"> Distant involvement <ul style="list-style-type: none"> Diffuse or disseminated involvement of ONE or MORE extralymphatic organ(s)/site(s) WITH or WITHOUT nodal involvement Involvement of isolated extralymphatic organ in absence of involvement of adjacent lymph nodes, but in conjunction with disease in distant sites
Mouth Other	7	Note 4: Involvement through cortical bone is required for assignment of code 2	Note 4: Invasion through cortical bone is required for assignment of code 7 .

41

41

SEER Summary Staging Manual

Schema	Code	Original Text	Updated/New Text
Oropharynx	1	Oropharynx (C090-C091, C098-C099, C100, C102-C104, C108-C109) <ul style="list-style-type: none"> Tonsil (palatine, NOS) Tonsillar pillar/fossa Wall (anterior [including vallecular], lateral, posterior) Tongue Base (C019, C024) <ul style="list-style-type: none"> Lamina propria, submucosa, musculature (intrinsic) Tumor crosses midline 	Oropharynx (C090-C091, C098-C099, C100, C102-C104, C108-C109) <ul style="list-style-type: none"> Base of Tongue (including lingual tonsil) Tonsil (palatine, NOS) Tonsillar pillar/fossa Wall (anterior [including vallecular], lateral, posterior) Tongue Base (C019, C024) <ul style="list-style-type: none"> Base of Tongue for lingual tonsil Lamina propria, submucosa, musculature (intrinsic) Lingual tonsil for base of tongue Tumor crosses midline
Oropharynx	2		Oropharynx (C090-C091, C098-C099, C100, C102-C104, C108-C109) <ul style="list-style-type: none"> Base of Tongue (including lingual tonsil) moved to code 1 Tongue Base (C019, C024) <ul style="list-style-type: none"> Base of Tongue for lingual tonsil moved to code 1 Lingual tonsil for base of tongue moved to code 1
Ovary and Primary Peritoneal Carcinoma	0	In situ: noninvasive, intraepithelial Limited to tubal mucosa Preinvasive	In situ: noninvasive, intraepithelial <ul style="list-style-type: none"> Limited to ovarian mucosa Serous tubal intraepithelial carcinoma (STIC) (8441/2)

42

42

SSDI Manual, v2.0 – September 2020

NEW SSDIs in Version 2.0

Item #	Item Description	Schemas (New or Added)
3855	HER2 Overall Summary	Esophagus & Stomach (Squamous)
3863	Ki-67	NET Ampulla of Vater, NET Appendix, NET Colon and Rectum, NET Duodenum, NET Jejunum and Ileum, NET Pancreas, NET Stomach
3927	Schema Discriminator 2 - Soft Tissue Sarcoma (C473, C475, C493-C495)	Soft Tissue Abdomen and Thoracic, Soft Tissue Trunk and Extremities, Soft Tissue Other
3938	ALK Rearrangement	Lung
3939	EGFR Mutational Analysis	Lung
3940	BRAF Mutational Analysis	Colon & Rectum
3941	NRAS Mutational Analysis	Colon & Rectum
3942	CA 19-9 PreTx Lab Value	Pancreas

SSDI Manual V2.0 Change Log is Available on NAACCR Website

<https://apps.naacr.org/ssdi/list/>

45

45

Site-Specific Data Items Manual, v2.0

SSDIs Required to Assign Stage – 16 AJCC Site Chapters – p30-31 of SSDI Manual

AJCC Chapter	NAACCR Data Item #	NAACCR Data Item Name	EOD Schema(s)
16: Esophagus (Squamous cell only)	3829	Esophagus and EGI 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
58: 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	Oxrenomegaly (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

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.

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	LDH 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

46

46

SSDI Manual, v2.0 – September 2020

CoC/AJCC/NCDB - Required SSDIs

COMPLETE SSDI-REQUIRED BY CoC/AJCC/NCDB	COMPLETE SSDI-REQUIRED BY CoC/AJCC/NCDB	COMPLETE SSDI-REQUIRED BY CoC/AJCC/NCDB	COMPLETE SSDI-REQUIRED BY CoC/AJCC/NCDB
Chromosome 1p: Loss of Heterozygosity (LOH)	Gleason Patterns Clinical	LN Distant: Mediastinal, Scapular	Pleural Effusion
Chromosome 19q: Loss of Heterozygosity (LOH)	Gleason Patterns Pathological	LN Head and Neck Levels I-III	Progesterone Receptor Percent Positive or Range
Adenoid Cystic Basaloid Pattern	Gleason Score Clinical	LN Head and Neck Levels IV-V	Progesterone Receptor Summary
Adenopathy	Gleason Score Pathological	LN Head and Neck Levels VI-VII	Progesterone Receptor Total Allred Score
AFP Post-Orchiectomy Lab Value	Gleason Tertiary Pattern	LN Head and Neck Other	Primary Sclerosing Cholangitis
AFP Post-Orchiectomy Range	Grade Clinical	LN Isolated Tumor Cells (ITC)	Profound Immune Suppression
AFP Pre-Orchiectomy Lab Value	Grade Pathological	LN Laterality	POD Prostate Pathologic Extension
AFP Pre-Orchiectomy Range	Grade Post Therapy Path (yp)	LN Positive Axillary Level I-II	PSA (Prostatic Specific Antigen) Lab Value
AFP Pretreatment Interpretation	hCG Post-Orchiectomy Lab Value	LN Size	Residual Tumor Volume Post Cytoreduction
AFP Pretreatment Lab Value	hCG Post-Orchiectomy Range	LN Status Femoral-Inguinal, Para-Aortic, Pelvic	Response to Neoadjuvant Therapy
Anemia	hCG Pre-Orchiectomy Lab Value	Lymphocytosis	S Category Clinical
B symptoms	hCG Pre-Orchiectomy Range	Major Vein Involvement	S Category Pathological
Bilirubin Pretreatment Total Lab Value	HER2 IHC Summary	Measured Basal Diameter	Sarcomatoid Features
Bilirubin Pretreatment Unit of Measure	HER2 ISH Dual Probe Copy Number	Measured Thickness	Schema Discriminator 1
Bone Invasion	HER2 ISH Dual Probe Ratio	Methylation of O6-Methylguanine-Methyltransferase	Schema Discriminator 2
Brain Molecular Markers	HER2 ISH Single Probe Copy Number	Microsatellite Instability (MSI)	Schema Discriminator 3
Breslow Tumor Thickness	HER2 ISH Summary	Microvascular Density	Separate Tumor Nodules
CA-125 Pretreatment Interpretation	HER2 Overall Summary	Mitotic Count Uveal Melanoma	Serum Albumin Pretreatment Level
CEA Pretreatment Interpretation	Heritable Trait	Mitotic Rate Melanoma	Serum Beta-2 Microglobulin Pretreatment Level
CEA Pretreatment Lab Value	High Risk Cytogenetics	Multigene Signature Method	LDH Lab Value
Chromosome 3 Status	High Risk Histologic Features	Multigene Signature Results	Thrombocytopenia
Chromosome 8q Status	HIV Status	NCCN International Prognostic Index (IPI)	Tumor Deposits
Circumferential Resection Margin (CRM)	International Normalized Ratio Prothrombin Time	Number of Cores Examined	Tumor Growth Pattern
Creatinine Pretreatment Lab Value	Ipsilateral Adrenal Gland Involvement	Number of Cores Positive	Ulceration
Creatinine Pretreatment Unit of Measure	JAK2	Number of Examined Para-Aortic Nodes	Visceral and Parietal Pleural Invasion
Estrogen Receptor Percent Positive or Range	KI-67	Number of Examined Pelvic Nodes	ALK Rearrangement
Estrogen Receptor Summary	Invasion Beyond Capsule	Number of Positive Para-Aortic Nodes	EGFR Mutational Analysis
Estrogen Receptor Total Allred Score	KIT Gene Immunohistochemistry	Number of Positive Pelvic Nodes	BRAF Mutational Analysis
Esophagus and EGI Tumor Epicenter	KRAS	Oncotype Dx Recurrence Score-DCIS	NRAS Mutational Analysis
Extracranial Extension Clin (non-Head and Neck)	LDH Post-Orchiectomy Range	Oncotype Dx Recurrence Score-Invasive	CA 19-9 PreTx Lab Value
Extracranial Extension Head and Neck Clinical	LDH Pre-Orchiectomy Range	Oncotype Dx Risk Level-DCIS	NCDB-SARSCoV2-Test
Extracranial Extension Head and Neck Pathological	LDH Level	Oncotype Dx Risk Level-Invasive	NCDB-SARSCoV2-Pos
Extracranial Extension Path (non-Head and Neck)	LDH Upper Limits of Normal	Organomegaly	NCDB-SARSCoV2-Pos Date
Extravascular Matrix Patterns	LN Assessment Method Femoral-Inguinal	Percent Necrosis Post Neoadjuvant	NCDB-COVID19-Tx Impact
Fibrosis Score	LN Assessment Method Para-Aortic	Perineural Invasion	
FIGO Stage	LN Assessment Method Pelvic	Peripheal Blood Involvement	
Gestational Trophoblastic Prognostic Scoring Index	LN Distant Assessment Method	Peritoneal Cytology	

47

2021 Updates to SEER Hematopoietic Database & Manual

- The SEER Hematopoietic Database and Manual has been updated several times without national user notification via SEER Blast or NAACCR Blast.
- There is a Revision History Describing Annual Changes
- We hope the changes will be produced in a more structured and transparent fashion in the coming months and years – this has been extremely frustrating with changes to the multiple primary rules and tables as well as histology codes and years for use and what to use or not to use in the database – it has become unstructured and unreliable – but, is still our primary source – it is better than 2020
- Please don't forget there is a PDF of the MPH Rules for lymphoma and leukemia and plasma cell neoplasms on the Heme DB Website – but, you need to look for the link and know that it is there...and check for updates.

48

48

Hematopoietic Data Base & Manual

2021 Changes Released September 1, 2020

In this section:

- Histology Changes
- Changes in Reportability
- Coding Diagnostic Confirmation
- Diagnostic Confirmation Coding Instructions for Hematopoietic and Lymphoid Neoplasms (9590/3-9993/3)
- New Section in 2021

Histology Changes

New histologies. **These histologies can only be used for cases diagnosed 2021+.**

- 9715/3: Anaplastic large cell lymphoma, ALK-negative/ Breast implant-associated anaplastic large cell lymphoma
- 9749/3: Erdheim-Chester Disease
- 9766/3: Lymphomatoid granulomatosis grade 3
- 9819/3: B-lymphoblastic leukemia/lymphoma, BCR-ALB1 like
- 9877/3: Acute myeloid leukemia with mutated NPM1
- 9878/3: Acute myeloid leukemia with biallelic mutation of CEBPA
- 9879/3: Acute myeloid leukemia with mutated RUNX1
- 9912/3: Acute myeloid leukemia with BCR-ABL1
- 9968/3: Myeloid/lymphoid neoplasm with PCM1-JAK2
- 9993/3: Myelodysplastic syndrome with ring sideroblasts and multilineage dysplasia

The following histologies are new, but are /1 and not reportable. They have been included in the Hematopoietic Database for informational purposes.

- 9591/1: Monoclonal B-cell lymphocytosis, non-CLL type
- 9673/1: In situ mantle cell neoplasia
- 9680/1: EBV-positive mucocutaneous ulcer
- 9695/1: In situ follicular neoplasia
- 9702/1: Indolent T-cell lymphoproliferative disorder of the gastrointestinal tract
- 9709/1: Primary cutaneous CD4-positive small/medium T-cell lymphoproliferative disorder (previously listed as an alternate name in 9709/3)
- 9738/1: HHV8-positive germinotropic lymphoproliferative disorder
- 9761/1: IgM monoclonal gammopathy of undetermined significance
- 9823/1: Monoclonal B-cell lymphocytosis, CLL-type

49

49

Hematopoietic Data Base & Manual

Changes in Reportability

- The following histologies are now a /1 (instead of a /3) and are no longer reportable starting with 2021 diagnoses:
 - 9725/3: Hydroa vacciniforme-like lymphoma (New preferred name: Hydroa vacciniforme-like lymphoproliferative disorder)
 - Note: See 9725/1 for 2021+
 - 9971/3: Post-transplant lymphoproliferative disorder (PTLD)
 - Note: See 9971/1 for 2021+
- The following histology codes and terms are obsolete and have a new code starting with 2021 diagnoses:
 - 9826/3: Burkitt Leukemia (for diagnosis 2021+, coded as 9687/3 Burkitt lymphoma with primary site C421)
 - 99991/3: Refractory neutropenia (for diagnosis 2021+, coded as 9980: Myelodysplastic syndrome with single lineage dysplasia)
 - 99992/3: Refractory thrombocytopenia (for diagnosis 2021+, coded as 9980: Myelodysplastic syndrome with single lineage dysplasia)
- Change in histology 9751/3
 - Only Langerhans cell histiocytosis, disseminated is a /3 for 2021+ diagnoses. All other terminology, including Langerhans cell histiocytosis, NOS, is now a /1 (see updated alternate names list when "help me code for diagnosis" is 2021)

PTLD - 9971/1

Burkitt & MDS

9751/3

New Section in 2021

- Appendix D (New): Introduction to Genetic Nomenclature.

50

50

Hematopoietic Data Base & Manual

Coding Diagnostic Confirmation

- Code 1: Added "Includes peripheral blood smear"
- Code 3: Added "includes peripheral blood smear followed by flow cytometry"
- Code 5: Added Note 2: This does not include cases where a peripheral blood smear is done (code 1) and peripheral blood smear followed by flow cytometry (code 3)

Diagnostic Confirmation Coding Instructions for Hematopoietic and Lymphoid Neoplasms (9590/3-9993/3)

Code 1: Positive histology

4b: White blood count (WBC)

Note: A registrar may not abstract a hematopoietic neoplasm based on a CBC or WBC with abnormal counts alone. There must be a diagnosis of a reportable Heme neoplasm on the CBC or WBC report or a subsequent physician diagnosis based on the WBC or CBC.

Code 3: Positive histology PLUS positive immunophenotyping or genetic testing

Added 1c: Peripheral blood smear followed by flow cytometry (most commonly done with CLL/SLL, 9823/3)

Note: Flow cytometry studies are normally done based on an abnormal blood smear. If unable to find documentation that a peripheral blood smear was done first, assume that it was and code 3

Example: Peripheral blood flow cytometry report: Flow cytometry express HLA-DR, CD5, CD19, moderate CD20, CD22, bright CD45, bright CD200 and exhibit lambda immunoglobulin light chain restriction by intracellular staining. These cells lack expression of CD38. Taken together, these results demonstrate the presence of a clonal population of B-cell, immunophenotypically diagnostic of CLL/SLL

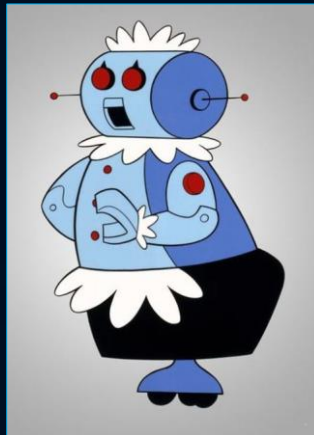
Code 5: Positive laboratory test/marker study

Note: Do not use this code when a peripheral blood smear is done (which qualifies for a code 1) or a peripheral blood smear followed by flow cytometry (which qualifies for a code 3). Flow cytometry studies are normally done based on an abnormal peripheral blood smear. If unable to find documentation that a peripheral blood smear was done first, assume that it was and code 3

51

51

One more time...deep breath...almost there.



52

52

SEER*RSA for 2021 Staging (and earlier)

SEER*RSA

NATIONAL CANCER INSTITUTE
Surveillance, Epidemiology, and End Results Program

Registrar Staging Assistant (SEER*RSA)

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 (SS) 2018
 - Code Site Specific Data
- For cases diagnosed in 2017 and before
 - Code Grade
 - Code Site Specific Data

SEER*RSA – Schema ID & Discriminators

AJCC Chapter Calculation

Primary Site	History	AJCC ID	Description	AJCC Version Number
		10.1	Esophagus and Esophagogastric Junction: Other Histologies	08
		10.2	Esophagus and Esophagogastric Junction: Adenocarcinoma	08
		10.3	Esophagus and Esophagogastric Junction: Other Histologies	08
		XX	Other Esophagus and Esophagogastric Junction	88
		XX	Other Esophagus and Esophagogastric Junction	88

SEER*RSA

NATIONAL CANCER INSTITUTE
SEER Registrar Staging Assistant

SEER*RSA

Written by the SEER*RSA (SEER) Registrar Staging Assistant website, this tool is intended for cancer registrars who analyze and code extent of disease information, and important site specific prognostic and prognostic factors. (Other manual resources 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 (SSDI)
- Code TNM or CS data items, as appropriate, for 2017 and prior years

In addition to this site, SEER*RSA data are provided via both an API and software binaries. Software binaries download links are provided below.

EOD data access: TNM data access: CS data access

View EOD Data (v2.0) Current Version 2.0

View TNM 7th Data (v1.0-2017) Current Version 1.8

View CS Data (v1.0-2016) Current Version 0.20.16

53

53

SEER*RSA (Registrar Staging Assistant)

NATIONAL CANCER INSTITUTE
SEER Registrar Staging Assistant

EOD Data v2.0

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 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 (SSDI) including grade pertinent to the schema

EOD Schema List

See below for more information about schemas.

Database Version:
EOD_PUBLIC v2.0
CS v02.05.50
EOD_PUBLIC v1.0
EOD_PUBLIC v1.1
EOD_PUBLIC v1.2
EOD_PUBLIC v1.3
EOD_PUBLIC v1.4
EOD_PUBLIC v1.5
EOD_PUBLIC v1.6
EOD_PUBLIC v1.7
EOD_PUBLIC v2.0
EOD_PUBLIC v2.1
TNM v1.0
TNM v1.1
TNM v1.2
TNM v1.3
TNM v1.4
TNM v1.5
TNM v1.6
TNM v1.7
TNM v1.8

Version 2.1 is compatible with NAACCR 2022 and should not be used until the 2021 reporting year submissions are complete. [View prior version](#)

July 30, 2021 New Version Release - View the changes and known issues

54

54

SEER*RSA (Registrar Staging Assistant)

NIH NATIONAL CANCER INSTITUTE SEER Registrar Staging Assistant

Database Version: EOD_PUBLIC v2.1

EOD Data v2.1

Version 2.1 is compatible with NAACCR 2022 and should not be used until the 2021 reporting year submissions are complete. [View prior version](#)

EOD Home » Schema List

Cancer Schema List

Standard Search Site/Hist Search Displaying 120 Schemas

Site: Histology: Search

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	

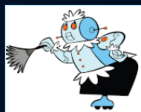
55

55

SEER*RSA (Registrar Staging Assistant)

Stomach

Primary Site	Histology	Schema Discriminator 1
C160	8000-8149, 8154, 8160-8231, 8243-8248, 8250-8682, 8690-8700, 8720-8790, 9700-9701	0, 3, 9
C161-C166, C168-C169	8000-8149, 8154, 8160-8231, 8243-8248, 8250-8682, 8690-8700, 8720-8790, 9700-9701	



Esophagus (including GE junction) (excluding Squamous)

Primary Site	Histology	Schema Discriminator 1	Schema Discriminator 2
C150-C155, C158-C159	8000-8015, 8021-8046, 8060, 8071-8073, 8075-8076, 8078-8082, 8084-8552, 8561-8700, 8720-8790, 9700-9701		
C160	8000-8015, 8021-8046, 8060, 8071-8073, 8075-8076, 8078-8082, 8084-8149, 8154, 8160-8231, 8243-8248, 8250-8552, 8561-8682, 8690-8700, 8720-8790, 9700-9701	2	
C150-C155, C158-C159	8020		2
C160	8020	2	2

Esophagus (including GE junction) Squamous

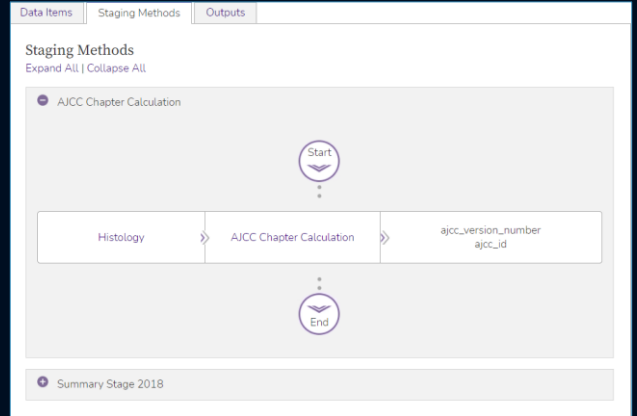
Primary Site	Histology	Schema Discriminator 1	Schema Discriminator 2
C150-C155, C158-C159	8050-8054, 8070, 8074, 8077, 8083, 8560		
C160	8050-8054, 8070, 8074, 8077, 8083, 8560	2	
C150-C155, C158-C159	8020		1, 9
C160	8020	2	1, 9

56

56

SEER*RSA (Registrar Staging Assistant)

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 histologicTypeIcdO3		None
Behavior	<BLANK>	No	NAACCR #523 behaviorCodeIcdO3		None
Schema Discriminator 1	<BLANK>	Yes	NAACCR #3926 schemaDiscriminator1	All	SSDI
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	Yes	NAACCR #820 regionalNodesPositive		None
Regional Nodes Examined	99	No	NAACCR #930 regionalNodesExamined		None



57

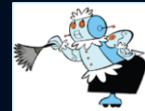
57

SEER*RSA (Registrar Staging Assistant)

AJCC Chapter Calculation

Collapsed Table | Full Table

Histology	AJCC ID	Description	AJCC Version Number
8000, 8010, 8013, 8020, 8041, 8070, 8082, 8140, 8142, 8144-8145, 8148, 8211, 8214, 8244, 8246, 8255, 8260, 8480, 8490, 8510, 8512, 8560, 8576	17	Stomach	08
8001-8005, 8011-8012, 8014-8015, 8021-8040, 8042-8060, 8071-8081, 8083-8131, 8141, 8143, 8146-8147, 8149, 8154, 8160-8210, 8212-8213, 8215-8231, 8243, 8245, 8247-8248, 8250-8254, 8256-8257, 8261-8474, 8481-8482, 8500-8509, 8513-8552, 8561-8575, 8580-8682, 8690-8700, 8720-8790, 9700-9701	XX	Other Stomach	88



AJCC Chapter Calculation

Collapsed Table | Full Table

Histology	AJCC ID	Description	AJCC Version Number
8000, 8010, 8013, 8020, 8041, 8070, 8082	17	Stomach	08
8140, 8142, 8144-8145, 8148	17	Stomach	08
8211, 8214, 8244, 8246, 8255, 8260	17	Stomach	08
8480, 8490	17	Stomach	08
8510, 8512, 8560, 8576	17	Stomach	08
8001-8005, 8011-8012, 8014-8015, 8021-8040, 8042-8060, 8071-8081, 8083-8131	XX	Other Stomach	88
8141, 8143, 8146-8147, 8149, 8154, 8160-8210	XX	Other Stomach	88
8212-8213, 8215-8231, 8243, 8245, 8247-8248, 8250-8254, 8256-8257, 8261-8474	XX	Other Stomach	88
8481-8482, 8500-8509	XX	Other Stomach	88
8513-8552, 8561-8575, 8580-8682	XX	Other Stomach	88
8690-8700, 8720-8790, 9700-9701	XX	Other Stomach	88

58

SEER*RSA (Registrar Staging Assistant)

Summary Stage

Collapsed Table | Full Table

T	N	M	Summary Stage
IS	NONE, U, NA	NONE, U, NA	0
IS, L, RE, U	D	<Any value>	7
IS, L, RE, U	NONE, RN, U, NA	D	7
IS, L, U	RN	NONE, U, NA	3
L	NONE, U, NA	NONE, U, NA	1
RE	NONE, U, NA	NONE, U, NA	2
RE	RN	NONE, U, NA	4
D	<Any value>	<Any value>	7
U	NONE, U, NA	NONE, U, NA	9



Summary Stage

Collapsed Table | Full Table

T	N	M	Summary Stage
IS	NONE, U, NA	NONE, U, NA	0
IS	D	<Any value>	7
IS	NONE, RN, U, NA	D	7
IS	RN	NONE, U, NA	3
L	NONE, U, NA	NONE, U, NA	1
RE	NONE, U, NA	NONE, U, NA	2
L, U	RN	NONE, U, NA	3
RE	RN	NONE, U, NA	4
D	<Any value>	<Any value>	7
L, RE, U	D	<Any value>	7
L, RE, U	NONE, RN, U, NA	D	7
U	NONE, U, NA	NONE, U, NA	9



2022 Updates to Manuals – A Peek into the Future



"One more time from the top! And 5,6,7,8!"

"Just kidding, we're going to have to do it 10 more times."



ICD-O-3 Updates for 2022

Guidelines for ICD-O-3.2 Update Implementation NAACCR, Inc.
 North American Association of Central Registries, Inc.

GUIDELINES FOR 2022 ICD-O-3.2 HISTOLOGY CODE AND BEHAVIOR UPDATE
 Effective January 1, 2022

Prepared by:
 NAACCR ICD-O-3 Update Implementation Work Group

2022 ICD-O-3 Update to be used jointly with ICD-O-3.2, Solid Tumor Rules, and Hematopoietic and Lymphoid Neoplasm Database

December 1, 2021

The following fifth editions were released after the 2021 ICD-O-3.2 update:
WHO Classification of Tumors of the Breast (2018)
WHO Classification of Tumors of Digestive System (2018)
WHO Classification of Tumors of the Female Reproductive Organs (2019)
WHO Classification of Tumors of Soft Tissue and Bone (2019)

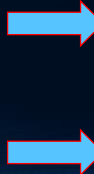
2.4 How extensive are the changes for 2022?

For 2022, the major changes apply to reportable terminology. The 2020 update includes: 12 new ICD-O codes/terms, two of which are non-reportable, three histologies have changed behavior with two remaining non-reportable and one becoming reportable, and 42 new preferred or related terms.

Table 2: 2022 ICD-O-3.2 Update (Alpha)

- Codes/terms listed alphabetically
- Only new associated terminology to existing ICD-O-3.2 codes are included in the 2022 ICD-O Implementation guidelines and documentation. Terms are those listed in the blue books.
- Update based on the following 9th Ed Classification of Tumors books: Breast, Digestive System, Female Genital, and Soft Tissue & Bone

ICD-O Code	Term	Required SEER	Required NPCR	Required CoC	Required CCCR	Remarks
8483/2	Adenocarcinoma in situ, HPV-associated (C530-C531, C538-C539)	N	N	N	N	New ICD-O code/term Not reportable
8484/2	Adenocarcinoma in situ, HPV-independent, NOS (C530-C531, C538-C539)	N	N	N	N	New ICD-O code/term Not reportable
8483/3	Adenocarcinoma, HPV-associated (C530-C531, C538-C539)	Y	Y	Y	Y	New ICD-O code/term
8310/3	Adenocarcinoma, HPV-independent, clear cell type	Y	Y	Y	Y	New term for uterine cervix
8482/3	Adenocarcinoma, HPV-independent, gastric type (C530-C531, C538-C539)	Y	Y	Y	Y	New related term
9110/3	Adenocarcinoma, HPV-independent, mesonephric type	Y	Y	Y	Y	New preferred term
8484/3	Adenocarcinoma, HPV-independent, NOS (C530-C531, C538-C539)	Y	Y	Y	Y	New ICD-O code/term
8200/3	Adenoid cystic carcinoma with high-grade transformation	Y	Y	Y	Y	New related term



AJCC Cancer Staging, Version 9 Updates



Solid Tumor Manual Updates for 2022

- Incorporate ALL 2022 Guidelines for ICD-O-3.2 Update
- 2022 H&N - New Section for HPV+ and HPV- Squamous Cell Carcinoma
- Other Changes not yet announced

Grade Coding Manual, v2.1

Schema ID	Schema ID Name (EOD Schema Name)	AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table
00358	Trachea	N/A	N/A	Trachea	Grade 99
00360	Lung	36	Lung	Lung	Grade 02
00370	Pleural Mesothelioma	37	Malignant Pleural Mesothelioma	Pleural Mesothelioma	Grade 02
00378	Respiratory Other	N/A	N/A	Respiratory Other	Grade 99
00381	Bone Appendicular Skeleton	38	Bone	Bone	Grade 08
00382	Bone Spine	38	Bone	Bone	Grade 08
00383	Bone Pelvis	38	Bone	Bone	Grade 08
00400	Soft Tissue Head and Neck	40	Soft tissue sarcoma of the Head and Neck	Soft Tissue	Grade 09
00410	Soft Tissue Trunk and Extremities	41	Soft tissue sarcoma of the Trunk and Extremities	Soft Tissue	Grade 10
00421	Soft Tissue Abdomen and Thoracic (excluding Heart, Mediastinum, Pleura)	42	Soft tissue sarcoma of the Abdomen and Thoracic Visceral Organs	Soft Tissue	Grade 09
00422	Heart, Mediastinum and Pleura	42	Soft tissue sarcoma of the Abdomen and Thoracic Visceral Organs	Heart, Mediastinum, and Pleura	Grade 09
00430	GIST	43	Gastrointestinal Stromal Tumors	GIST	Grade 11
00440	Retroperitoneum	44	Soft tissue sarcoma of the Retroperitoneum	Retroperitoneum	Grade 10
00450	Soft Tissue Usual Histologies/Sites	45	Soft tissue sarcoma of Unusual Sites and Histologies	Soft Tissue	Grade 09
00458	Kaposi Sarcoma	45	Soft tissue sarcoma of Unusual Sites and Histologies	Kaposi Sarcoma	Grade 09
00460	Merkel Cell Skin	46	Merkel Cell Carcinoma	Merkel Cell Skin	Grade 98
00470	Melanoma Skin	47	Melanoma of the Skin	Melanoma Skin	Grade 98
00478	Skin Other	N/A	N/A	Skin (except Eyelid)	Grade 99
00480	Breast	48	Breast	Breast	Grade 17

Grade Coding Instructions and Tables

Effective with Cases Diagnosed 1/1/2018 and Forward

Published August 2021

Version 2.1

AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table	Schema ID	Schema ID Name (EOD Schema Name)	AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table
72	Brain and Spinal Cord	Brain	Grade 24	00169	Esophagus (including GE junction) (excluding Squamous)	16	Esophagus and Esophago gastric Junction	Esophagus (including GE junction)	Grade 03
72	Brain and Spinal Cord	CNS Other	Grade 24	00170	Stomach	17	Stomach	Stomach (including NET)	Grade 04
72	Brain and Spinal Cord	Intracranial Gland	Grade 24	00180	Small Intestine	18	Small Intestine	Small Intestine (including NET)	Grade 02
73	Thyroid-Differentiated and Anaplastic Carcinoma	Thyroid (including Medullary)	Grade 98	00190	Appendix	19	Appendix-Carcinoma	Appendix (including NET)	Grade 05
74	Thyroid-Medullary	Thyroid (including Medullary)	Grade 98	00200	Colon and Rectum	20	Colon and Rectum	Colon and Rectum (including NET)	Grade 02
75	Parathyroid	Parathyroid	Grade 25	00210	Anus	21	Anus	Anus	Grade 06
76	Adrenal Cortical Carcinoma	Adrenal Gland (including NET)	Grade 26	00220	Liver	22	Liver	Liver	Grade 02
77	Adrenal-Neuroendocrine Tumors	Adrenal Gland (including NET)	Grade 98	00230	Bile Ducts Intrahepatic	23	Intrahepatic Bile Duct	Intrahepatic Bile Ducts	Grade 01
N/A	N/A	Endocrine Other	Grade 99	00241	Gallbladder	24	Gallbladder	Gallbladder	Grade 01
	Hodgkin and Non-		Grade 88	00242	Cystic Duct	24	Gallbladder	Extrahepatic Bile Ducts	Grade 01

SSDI Manual, v2.1 – September 2021

NEW SSDIs in Version 2.1

Item #	Item Description	Schemas (New or Added)
3955	Derived Rai Stage	Lymphoma - CLL/SLL
3956	p16	Cervix
3959	LN Status - Femoral Inguinal	Vulva, Vagina
3958	LN Status - Paraortic	Vagina, Cervix
3957	LN Status - Pelvic	Vulva, Vagina, Cervix

LOTS of Changes to Existing SSDI Items
43 pages of Changes in Change Log
 SSDI Manual V2.1 Change Log is Available on NAACCR Website
<https://apps.naacr.org/ssdi/list/>

SEER Summary Stage 2022



2022 Changes to Summary Stage 2018 have NOT been Posted

Changes will be Based on the Status of Rolling Updates to AJCC Version 9

2022 Hematopoietic DB & Manual Updates

2022 Changes Released August 11, 2021

- Diagnostic confirmation section of the manual updated to indicate which histologies have a default code of 3 (histology plus immunophenotyping/genetics), those that should never have a code 3.
- The Hematopoietic database has a new field called "Diagnostic Confirmation." Information for each /3 histology has information about diagnostic confirmation added.
- For 9896/3: Alternate name "AML with recurrent genetic abnormalities, NOS" was removed from this code and was moved to 9861/3. a. Due to questions received about a case presented at NCRA and then consultation with a Hematopoietic expert, it was determined that this alternate name was incorrectly placed in code 9896/3 and the appropriate place for this alternate name was in 9861/3.
- Additional information added in 9861/3 about the "AML with recurrent genetics abnormalities" group. 5. For 9811/3, the more specific B-cell lymphoma/leukemias were added as a reference
- For 9811/3, the more specific B-cell lymphoma/leukemias were added as a reference

* NEW * Site-Specific Surgery Coding System CoC Is Testing 4 New Breast Surgery Fields in 2022

BREAST (Appendix A: Site-Specific Surgery Codes) – STORE 2022

For single primaries only, code removal of involved contralateral breast under the data item Surgical Procedure/Other Site (NAACCR Item #1294) or Surgical Procedure/Other Site at This Facility (NAACCR Item #674). If contralateral breast reveals a second primary, each breast is abstracted separately.

B200 Partial mastectomy, less than total mastectomy, lumpectomy, segmental mastectomy, quadrantectomy, tylectomy, with or without nipple resection
B210 Excisional breast biopsy - Diagnostic excision, no pre-operative biopsy proven diagnosis of cancer
B215 Excisional breast biopsy, for atypia
B240 Re-excision of margins from primary tumor site for gross or microscopic residual disease when less than total mastectomy performed.
B290 Central lumpectomy, only performed for a prior diagnosis of cancer, which includes removal of the nipple areolar complex

Reconstruction that is performed during this surgical procedure is coded in the Immediate Breast Reconstruction site specific data item.

B300 Skin-sparing mastectomy
B310 WITHOUT removal of uninvolved contralateral breast
B320 WITH removal of uninvolved contralateral breast

A skin sparing mastectomy removes all breast tissue and the nipple areolar complex and preserves native breast skin to cover the immediate reconstruction. It is performed with and without sentinel node biopsy or ALND.

Reconstruction that is performed during this surgical procedure is coded in the Immediate Breast Reconstruction site specific data item.

B400 Nipple-sparing mastectomy
B410 WITHOUT removal of uninvolved contralateral breast
B420 WITH removal of uninvolved contralateral breast

A nipple sparing mastectomy removes all breast tissue but preserves the nipple areolar complex and breast skin and is performed with immediate reconstruction. It is performed with and without sentinel node biopsy or ALND.

Reconstruction that is performed during this surgical procedure is coded in the Immediate Breast Reconstruction site specific data item.

B500 Areolar-sparing mastectomy
B510 WITHOUT removal of uninvolved contralateral breast
B520 WITH removal of uninvolved contralateral breast

An areolar sparing mastectomy removes all breast tissue and the nipple but preserves the areola and breast skin and is performed with immediate reconstruction. It is performed with and without sentinel node biopsy or ALND.

Reconstruction that is performed during this surgical procedure is coded in the Immediate Breast Reconstruction site specific data item.

B600 Total (simple) mastectomy
B610 WITHOUT removal of uninvolved contralateral breast
B620 WITH removal of uninvolved contralateral breast

A total (simple) mastectomy removes all breast tissue, the nipple areolar complex and breast skin and is not performed with reconstruction. It is performed with and without sentinel node biopsy or ALND.

Reconstruction that is performed during this surgical procedure is coded in the Immediate Breast Reconstruction site specific data item.

B700 Radical mastectomy, NOS
B710 WITHOUT removal of uninvolved contralateral breast
B720 WITH removal of uninvolved contralateral breast

A radical mastectomy removes all breast tissue, the nipple areolar complex, breast skin, and pectoralis muscle and is not performed with reconstruction. It is performed with level I-III ALND.

B760 Bilateral mastectomy for a single tumor involving both breasts, as for bilateral inflammatory carcinoma

B800 Mastectomy, NOS (including extended radical mastectomy)

Specimen sent to pathology from surgical events listed above.

B900 Surgery, NOS

B990 Unknown if surgery was performed; death certificate ONLY

* NEW *

Site-Specific Surgery Coding System CoC Is Testing 4 New Breast Surgery Fields in 2022

New Data Item, Site Specific for Breast:
BREAST (Appendix A: Site-Specific Surgery Codes) – STORE 2022

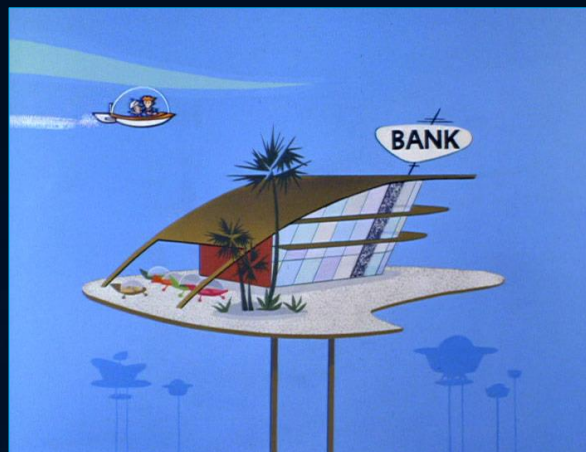
Immediate Breast Reconstruction (Ipsilateral breast only?)

A000	No reconstruction (default)
A100	Placement of tissue expander
A200	Direct to implant placement
A300	Oncoplastic tissue rearrangement (not a formal mastopexy/reduction)
A400	Oncoplastic reduction and/or mastopexy
A500	Oncoplastic reconstruction with regional tissue flaps
A600	Mastectomy reconstruction with autologous tissue, source not specified
	A610 Mastectomy reconstruction with abdominal tissue
	A620 Mastectomy reconstruction with thigh tissue
	A630 Mastectomy reconstruction with gluteal tissue
	A640 Mastectomy reconstruction with back tissue
A900	Reconstruction performed, method unknown
	A970 Implant based reconstruction, NOS
	A980 Autologous tissue-based reconstruction, NOS
A990	Unknown if reconstruction performed

69

69

Questions



70

70