

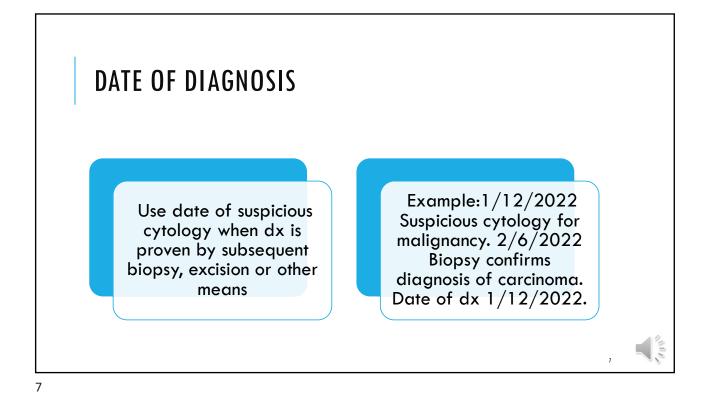
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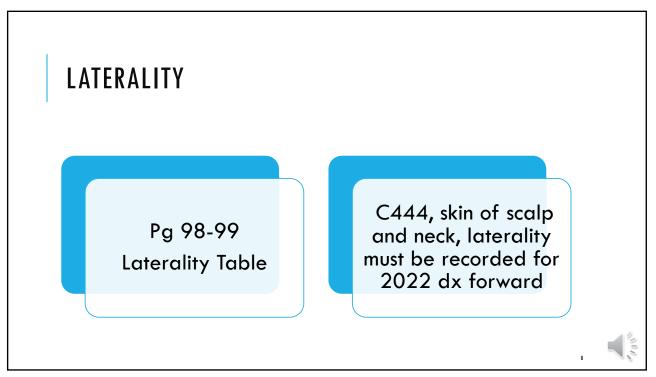
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Page	Section	Change/Comments
6	1 a Reportability	 i. Clear cell papillary renal cell carcinoma (8323/3) is reportable ii. Low-grade appendiceal mucinous neoplasm (LAMN) is reportable
		Numerous other changes that were effective $1/1/2021$. {GIST, Thymomas, evolving melanoma}
7	1b Do Not report	NOT REPORTABLE: {reference Appendix E.2} iv. Colon atypical hyperplasia v. High grade dysplasia in colorectal and esophageal primary sites vi. Adenocarcinoma in situ, HPV assoc (8483/2)(C53)
10	Ambig Terms	Cytology Do not accession a case based ONLY on suspicious cytology. Follow back on cytology diagnoses using ambiguous terminology is strongly recommended. Accession the case when a reportable diagnosis is confirmed later. The date of diagnosis is the date of the suspicious cytology. Exception: This is a change to previous instructions. The date of a suspicious cytology may be used as the date of diagnosis when a definitive diagnosis follows the suspicious cytology. See Date of Diagnosis for more information.

ambiguous terms or Reportability	Equivalent to "Diagnostic for" malignancy or reportable diagnosis. These phrases <mark>are</mark> reportable when no other information is available. • Considered to be [malignancy or reportable diagnosis]
	 Characteristic of [malignancy or reportable diagnosis] Appears to be a [malignancy or reportable diagnosis] Most compatible with [malignancy or reportable diagnosis] Most certainly [malignancy or reportable diagnosis] In keeping with
	 Equivalent to "Not diagnostic for" malignancy or reportable diagnosis. These phrases are NOT reportable when no other information is available. Highly suspicious for, but not diagnostic of [malignancy or reportable diagnosis] Most compatible with a [non-reportable diagnosis] such as a [reportable diagnosis] High probability for [malignancy or reportable diagnosis]
	If there is no information to the contrary, report a case described as "malignant until proven otherwise." The patient should have further work up to prove or disprove the findings. When additional information becomes available, update as necessary. Use text fields to describe the details. "Differential diagnoses" is equivalent to differential considerations





H	HISTOLO	GY		
Page	Section	Change/Comments		
104	Section IV: ICDO-3 Histology	 Added under section Histology Coding for Solid Tumors: Refer to the most current Solid Tumor Rules for histology code changes. Beginning with cases diagnosed 01/01/2022 forward, p16 test results can be used to code squamous cell carcinoma, HPV positive (8085) and squamous cell carcinoma, HPV negative (8086). Beginning 1/1/2022, non-keratinizing squamous cell carcinoma, HPV positive is coded 8085 for sites listed in Head and Neck Solid Tumor Rules Table 5 only. A diagnosis of non-keratinizing squamous cell carcinoma, HPV negative is coded 8086 for sites listed in Head and Neck Solid Tumor Rules Table 5 only. A diagnosis of non-keratinizing squamous cell carcinoma, HPV negative is coded 8086 for sites listed in Head and Neck Solid Tumor Rules Table 5 only. A diagnosis of keratinizing 		

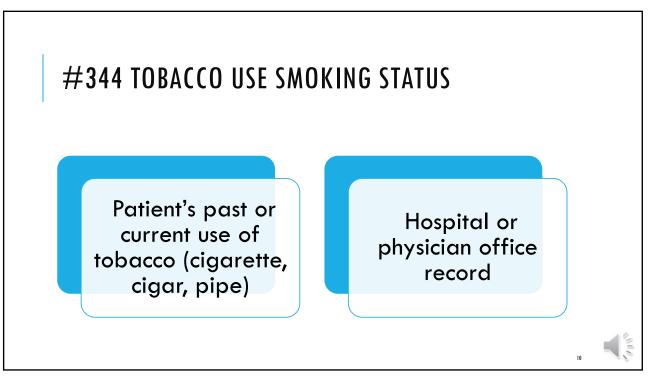
squamous cell carcinoma, NOS is coded 8071.

4. Clear cell papillary renal cell carcinoma is coded 8323/3. The 2016 WHO Classification of Tumors of the Urinary System and Male Genital Organs, 4th Edition, has reclassified this histology as a /1 because it is low nuclear grade and is now thought to be a neoplasia. This

change has not yet been implemented and it remains reportable as behavior /3

9

Т



TOBACCO USE SMOKING STATUS

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

Page	Section	Change/Comments
104	Section IV: Behavior	Code behavior prior to neoadjuvant therapy when given.
113	Section IV: Description of Neoplasm	 Tumor Size Clinical revision: Clinical classification is composed of diagnostic workup prior to first treatment, including physical examination, imaging, pathological findings (gross description and microscopic measurements most likely from a biopsy that did not remove the entire lesion), and surgical exploration without resection. Revised Example: Example: A breast biopsy revealed a 1.3 cm ductal carcinoma. There was no residual carcinoma found in the partial mastectomy specimen. The biopsy removed the whole tumor which makes it an excisional biopsy. Code the clinical tumor size as 999 and the path tumor size as 013.

Page	Section	Change/Comments
114	Added	3. Use clinical history on a pathology report for clinical tumor size when that is the only information available to code clinical tumor size. Use text field to record the details. Subsequent instructions renumbered.
115	Added	9. Do not use endometrial ultrasound reporting endometrial stripe or thickening because this does not represent clinical tumor size
122		 Tumor Size Path revision: 20. Assign code 000 when a. No residual tumor is found Neoadjuvant therapy has been administered and the resection shows no residual tumor b. Schema is Cervical Lymph Nodes and Unknown Primary 00060 c. EOD Primary Tumor is coded 800 (No evidence of primary tumor) for any schema except for those listed in Coding Instruction 22
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Code descriptions modified for codes 1, 2, 3, and 4.

1) Lymphovascular Invasion Present/Identified (NOT used for thyroid and adrenal)

2) Lymphatic and small vessel invasion only (L) OR

- Lymphatic invasion only (thyroid and adrenal only)
- 3) Venous (large vessel) invasion only (V) OR
- Angioinvasion (thyroid and adrenal only)

4) BOTH lymphatic and small vessel AND venous (large vessel) invasion OR • BOTH lymphatic AND angioinvasion (thyroid and adrenal only)

LVI

Pg 136-138 2. Code lymphovascular invasion to 0, 2, 3, 4, or 9 for the following Schema IDs:

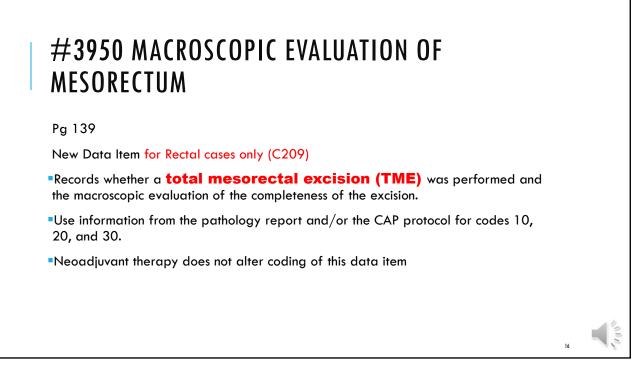
Thyroid 00730

Thyroid Medullary 00740

Adrenal Gland 00760

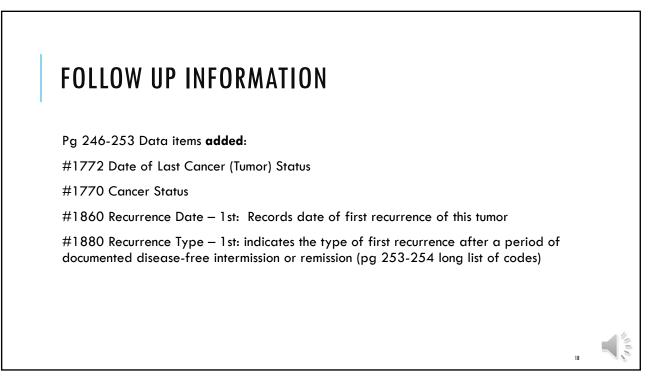
8. Synonyms: Added vii. Lymphovascular space invasion

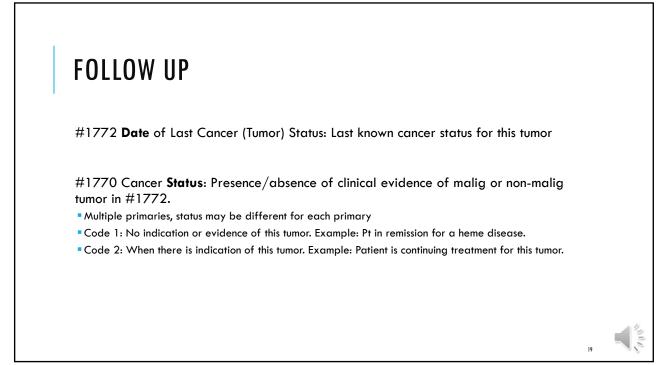
9. b. Use Code 8 for non-malignant brain (intracranial) and CNS tumors

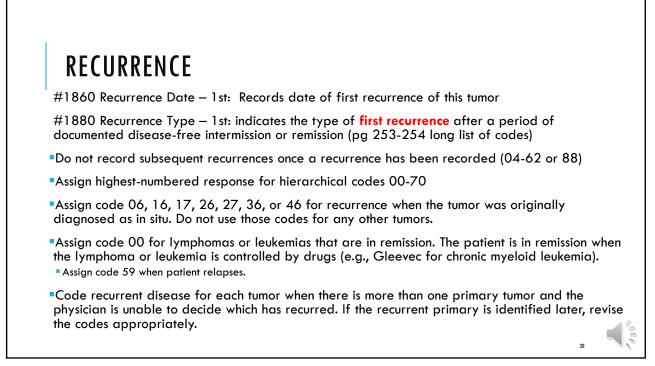


#3950 MACROSCOPIC EVALUATION OF MESORECTUM

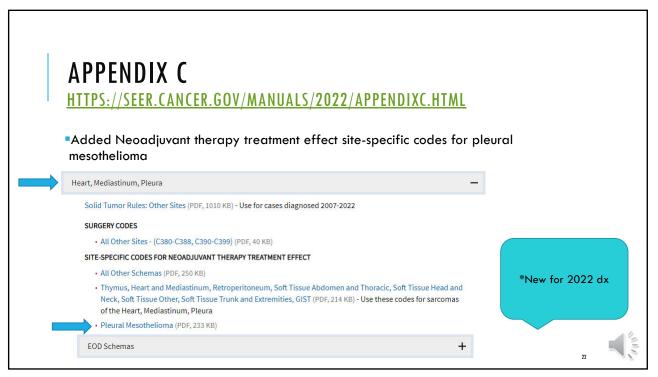
Code	Description	
00	Patient did not receive TME	
10	Incomplete	
20	Nearly complete	
30	Complete	
40	TME performed not specified on pathology report as incomplete, nearly complete, or complete	
	TME performed but pathology report not available	
	Physician statement that TME performed, no mention of incomplete, nearly complete or complete status	
99	Unknown if TME performed	
Blank	Site not rectum (C209)	

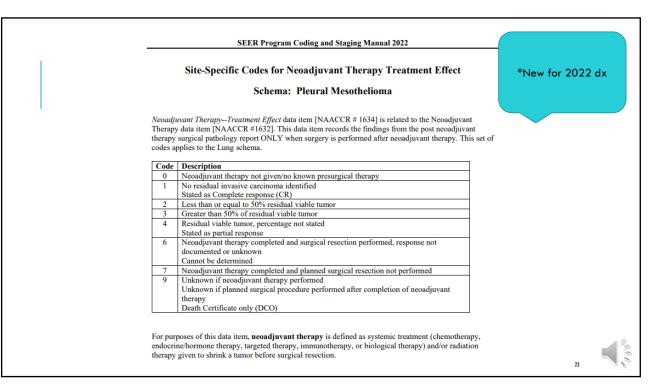


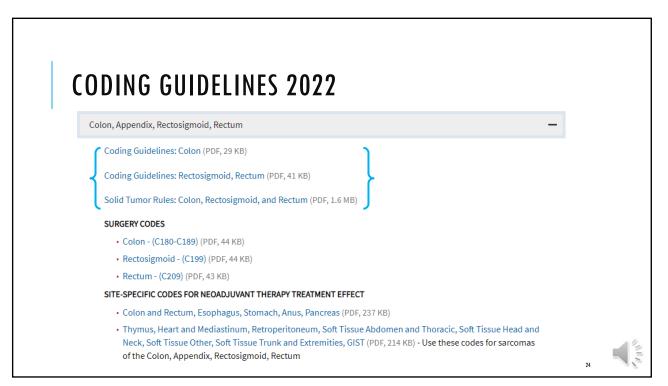


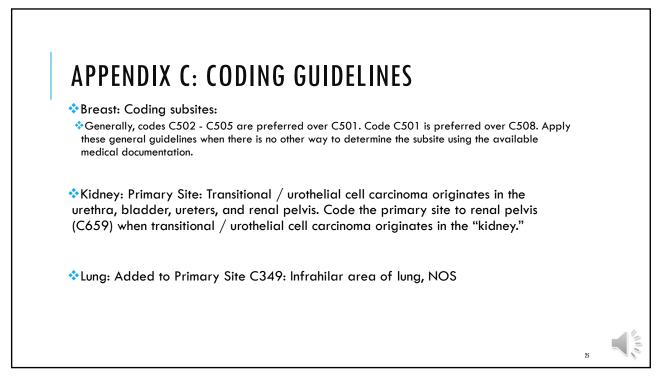


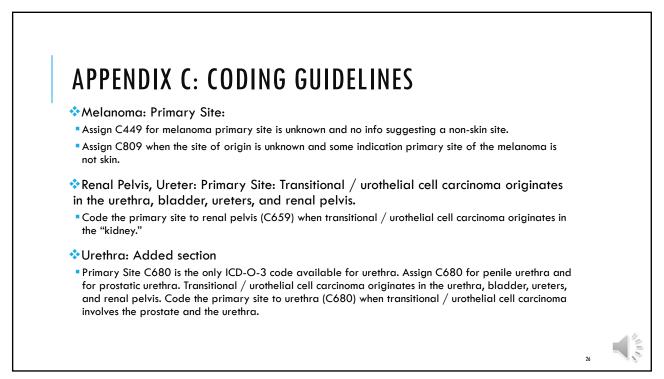
APPENDIX	(C: CODING MODULES	
Appendix C: Sit	e Specific Coding Modules	
Reporting Guidelines	Appendix C brings together the site-specific instructions needed to abstract a case, facilitating efficiency and accuracy. The site- specific coding modules include SEER Coding Guidelines, Extent of Disease, Site-Specific Neoadjuvant Therapy Effect coding	
Casefinding Lists	documents, and Surgery of Primary Site codes. ¹	
2022 SEER Coding and Staging Manual Appendix C for 2022 Manual	General instructions in the main manual are applicable in the absence of site-specific instructions. All modules include the extent of disease and surgery codes, Site-Specific Neoadjuvant Therapy Effect coding documents, and solid tumor coding rules. Some modules include site-specific coding guidelines. Additional site-specific coding instructions are found in SEER*RSA, the SSDI manual 20 (PDF), and the Grade manual 20 (PDF).	
Hematopoietic Project	Expand All Collapse All	
ICD-O-3 Coding Materials		
Solid Tumor Rules	Oral Cavity, Tonsil, Oropharynx +	
Historical Staging and Coding Manuals	+ Parotid, Other and Unspecified Glands +	
Grade Coding Instructions 2014	Pharynx, Hypopharynx, Nasopharynx, Pyriform Sinus	
SEER Data Submission Requirements	Esophagus +	
COVID-19 Abstraction Guidance	+ Stomach +	
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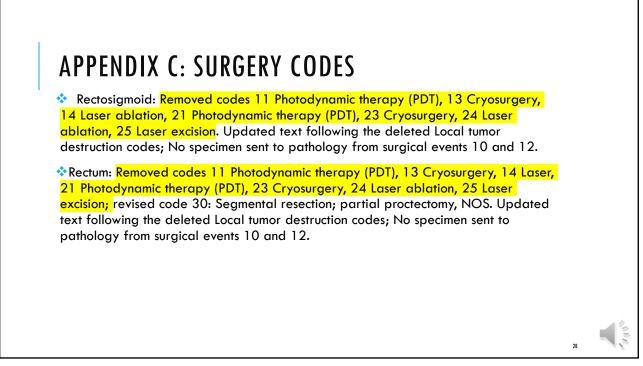








Anus: Removed codes 11 Photodynamic therapy (PDT), 13 Cryosurgery, 14 Laser, 21 Photodynamic therapy (PDT), 23 Cryosurgery, 24 Laser ablation, 25 Laser exision. Updated text following the deleted Local tumor destruction codes: No specimen sent to pathology from surgical events 10, 12, and 15. Choir: Removed codes 11 Photodynamic therapy (PDT), 13 Cryosurgery, 14 Laser, 21 Photodynamic therapy (PDT), 23 Cryosurgery, 24 Laser ablation, 25 Laser exision. Updated text following the deleted Local tumor destruction codes: No specimen sent to pathology from surgical events 10 and 12. Revised SEER Note: [SEER Note: Code 22 above combines 20 Local tumor excision, 27 Excisional biopsy, 26 Polypectomy, NOS, 28 Polypectomy-endoscopic, or 29 Polypectomy-surgical excision WITH 22 Electrocautery].



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