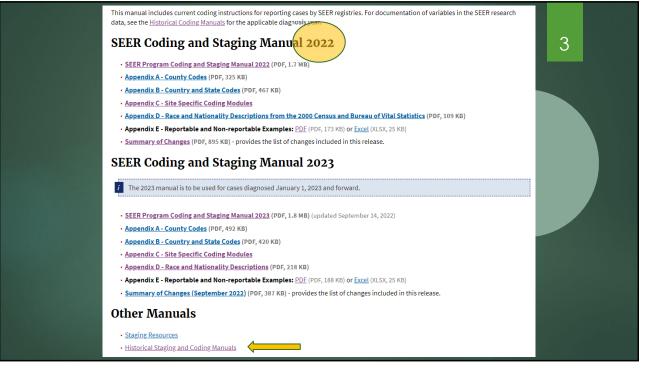
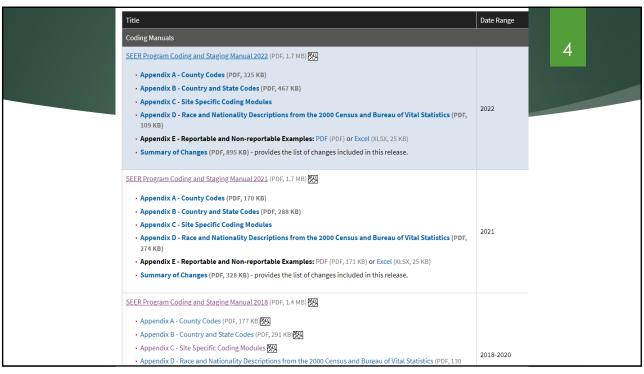
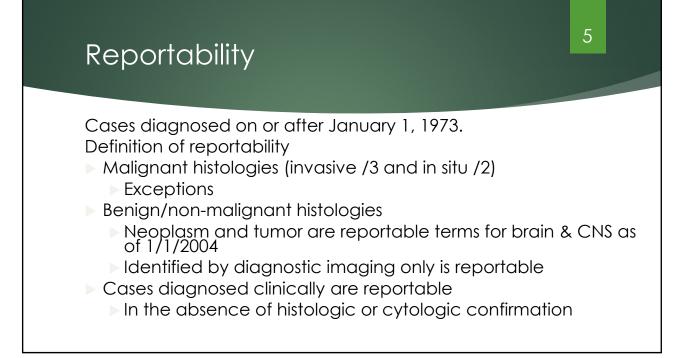


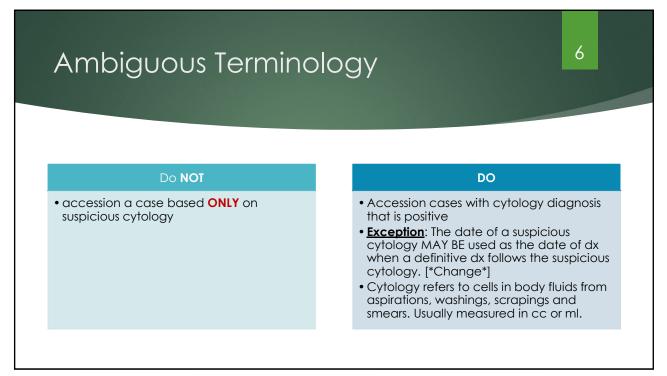
<u>SEER Historical Staging and Coding</u> <u>Manuals (cancer.gov)</u>

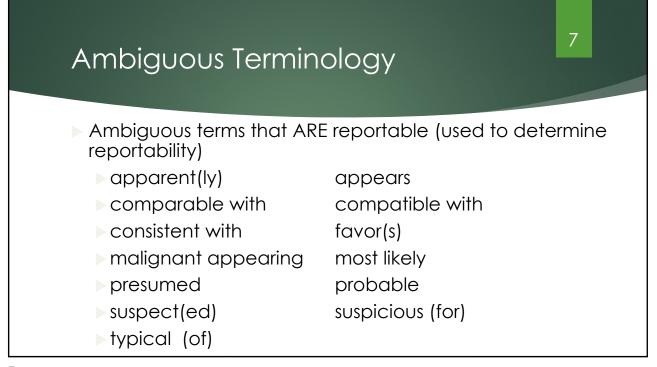
Title	Date Range
Coding Manuals	
SEER Program Coding and Staging Manual 2018 (PDF, 1.4 MB) 🕅	_
• Appendix A - County Codes (PDF, 177 KB) 💹	
Appendix B - Country and State Codes (PDF, 291 KB)	
Appendix C-Site Specific Coding Modules	2018-2020
 Appendix D - Race and Nationality Descriptions from the 2000 Census and Bureau of Vital Statistics (PDF, 130 KB) 	2010 2020
• Appendix E - Reportable and Non-reportable Examples: PDF (PDF, 169 KB) or Excel (XLSX, 24 KB) 🕅	
Final Manual Change Log: PDF (PDF, 197 KB) or Excel (XLSX, 26 KB)	



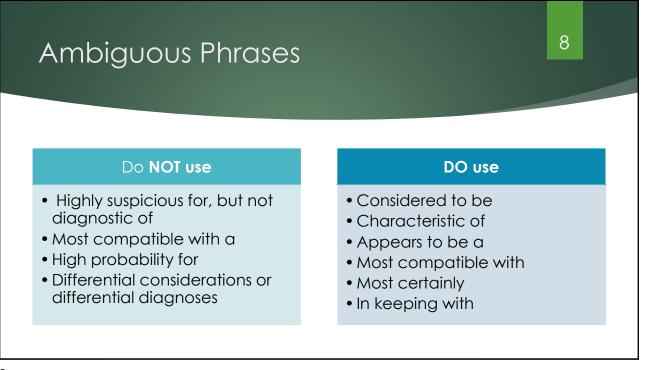


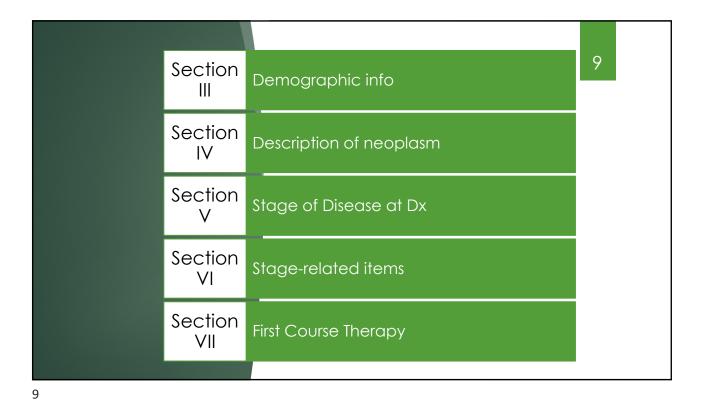


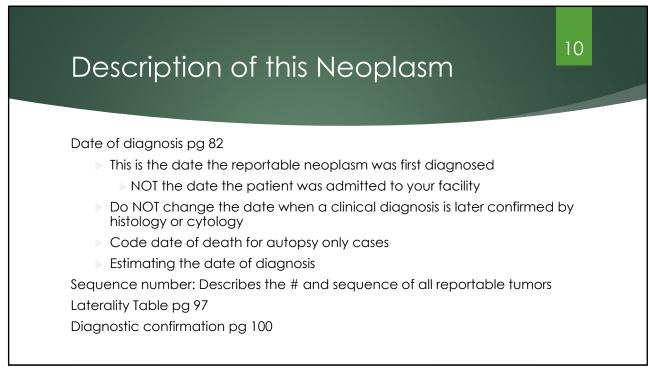


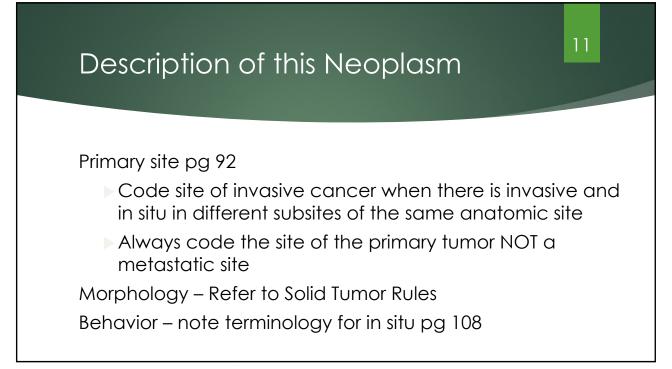


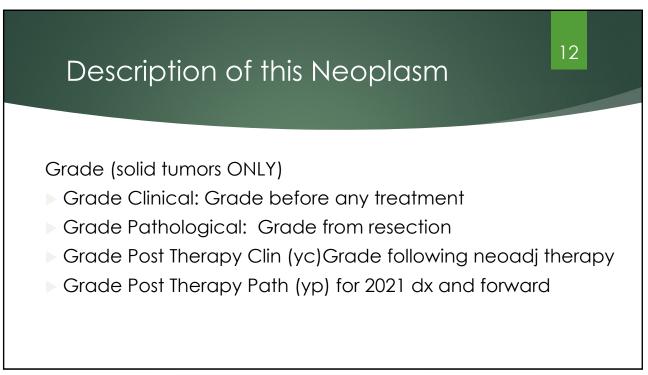




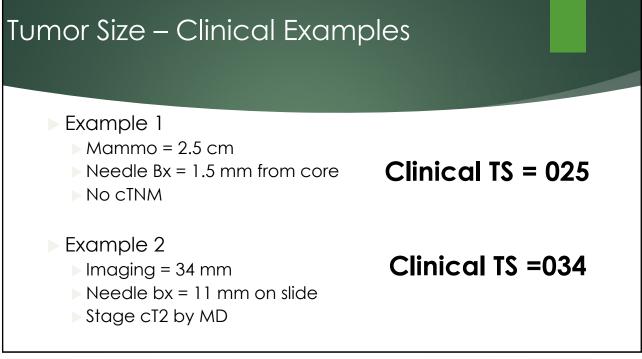


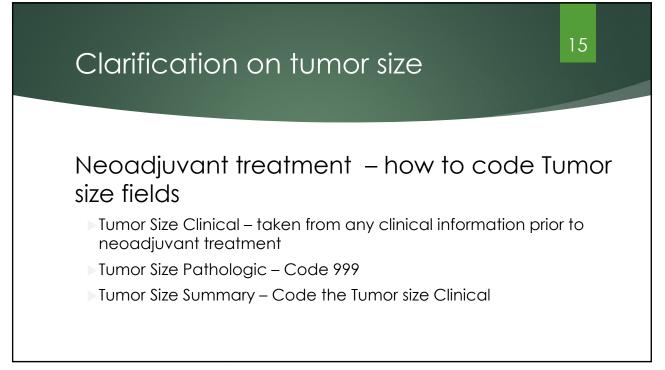


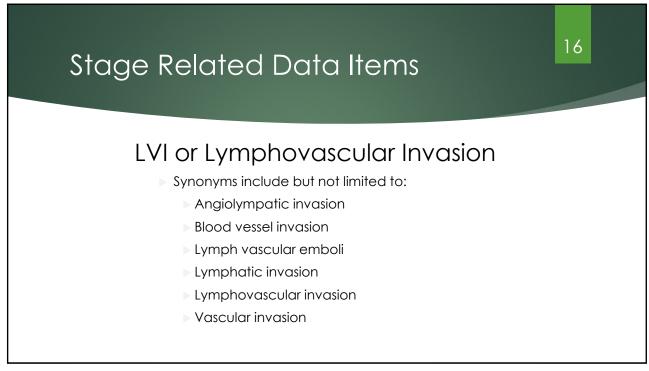




Tumor Size - 2		ument clinical tumor size before any form of treatment , in the priority order that follows ority of recording clinical tumor size	
Clinical	a.	Operative report from surgical exploration without resection	
	b.	Imaging-guided tissue biopsy (i.e., incisional biopsy done under imaging)	
		i. Do not use the size from a core biopsy or needle biopsy for clinical tumor size unless you are confident that the size corresponds to the tumor rather than the size of the specimen obtained. Core biopsies and needle biopsies do not necessarily obtain enough tissue to know the actual tumor size.	
		Example : Prostate biopsy, pathologist states core 1: tumor involves 8 mm of core; core 2: tumor involves 3 mm of core. The sizes reported (8 mm and 3 mm) do not represent the size of the prostate tumor. Look for a tumor size on imaging or elsewhere for this case.	
		<i>Note:</i> An incisional biopsy that removed the whole tumor is actually an excisional biopsy. Record excisional biopsy tumor size in Tumor Size–Pathologic.	
		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.	
	c.	Diagnostic imaging	
		Use the largest size from available diagnostic imaging procedures in no priority order unless the physician specifies the imaging procedure that is most accurate. Examples include: MRI, ultrasound, mammography, CT, PET, x-ray.	
	d.	Physical exam	
		Use in the absence of surgical exploration, imaging from incisional biopsy, and diagnostic imaging. Tumor size from an endoscopy (e.g., colonoscopy) is included under physical exam.	



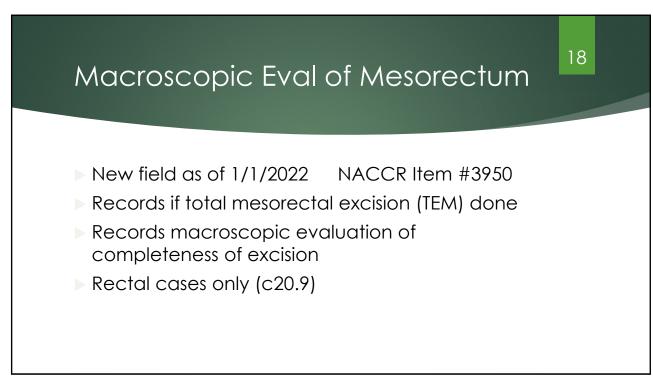




1	7

LVI on pathology report PRIOR to neoadjuvant	LVI on pathology report AFTER neoadjuvant	Code LVI to
(preoperative) therapy	(preoperative) therapy	
0 – Not present/Not identified	0 - Not present/Not identified	0 - Not present/Not identified
0 - Not present/Not identified	1 - Present/Identified	1 - Present/Identified
0 - Not present/Not identified	9 - Unknown/Indeterminate	9 - Unknown/Indeterminate
1 - Present/Identified	0-Not present/Not identified	1 - Present/Identified
1 - Present/Identified	1 - Present/Identified	1-Present/Identified
1 - Present/Identified	9 - Unknown/Indeterminate	1 - Present/Identified
9 - Unknown/Indeterminate	0-Not present/Not identified	9 - Unknown/Indeterminate
9 - Unknown/Indeterminate	1 - Present/Identified	1 - Present/Identified
9 – Unknown/Indeterminate	9 - Unknown/Indeterminate	9 - Unknown/Indeterminate

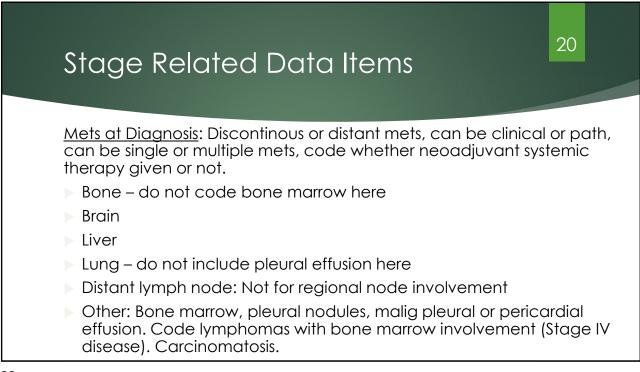
LVI



Macroscopic Eval 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)

Where to find this information: Path report and/or CAP protocol



Section VII First Course of Therapy

Definitions

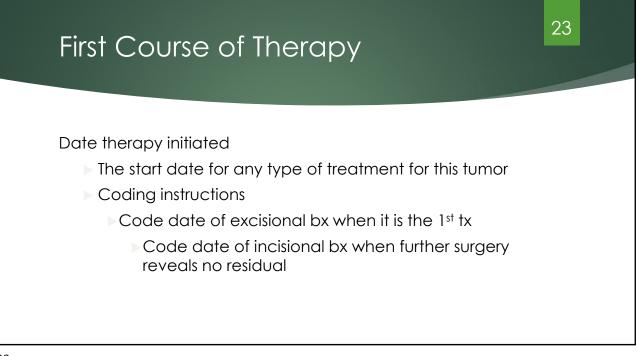
Active surveillance (watchful waiting)

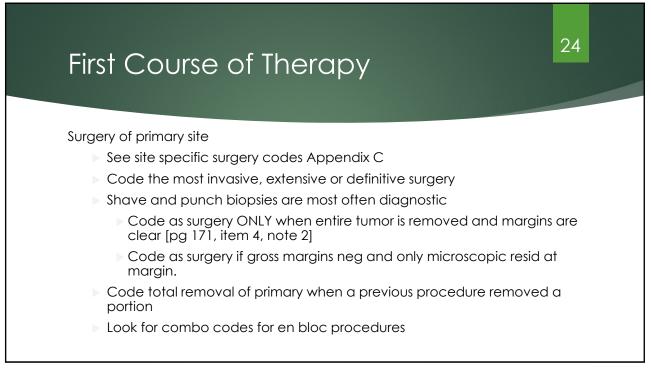
 Watching a patient's condition, giving no treatment unless disease worsens

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- Concurrrent therapy
 - Treatment given at the same time as another
- Disease recurrence
 - Solid tumor see STR manual
- 1st course therapy
 - treatment given after original diagnosis in an attempt to destroy or modify the cancer tissue
- Neoadjuvant
 - Systemic or radiation therapy given prior to surgery to shrink the tumor
- Palliative treatment
 - Treatment that improves quality of life by preventing or relieving suffering
 - Considered part of 1st course when it modifies or destroys cancer tissue

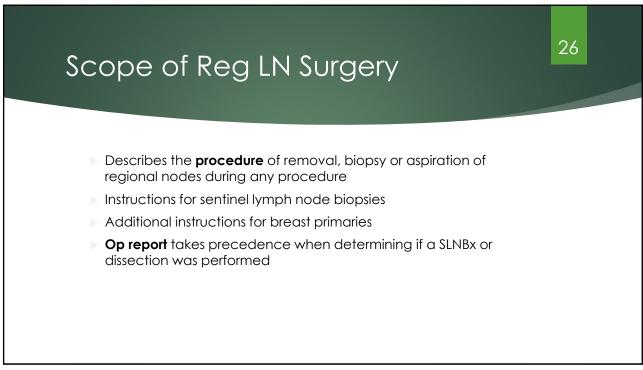






First Course of Therapy	25
Surgical margins of the primary site ► Describes the final status of surgical margins after resection ► Codes 0-3 & 7-9	
Use margins sections from CAP protocol or micro to identify microscopic findings.	

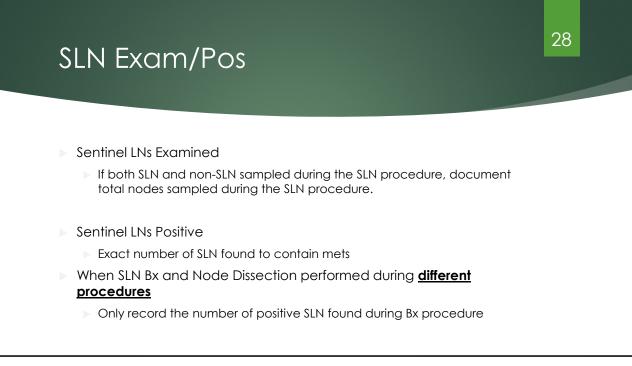


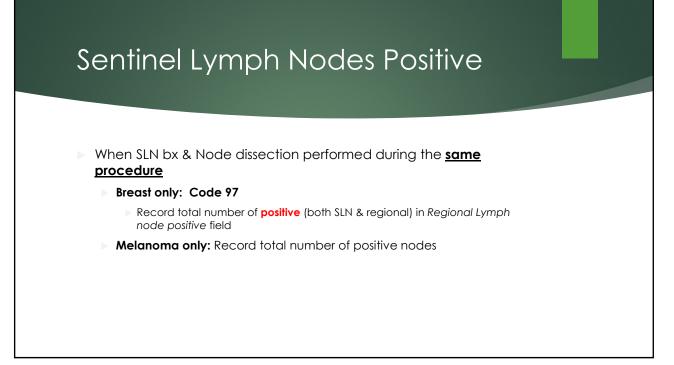


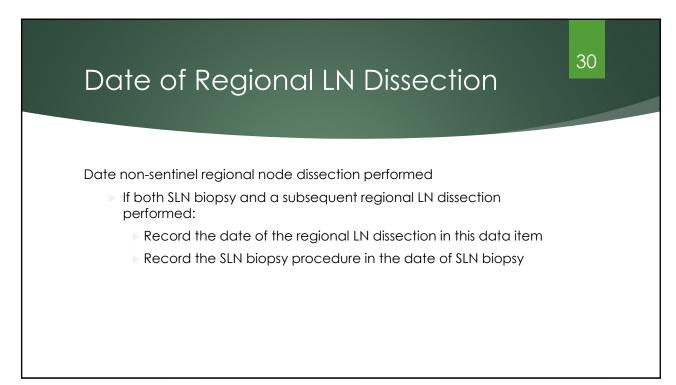
Date of SLN biopsy

Date of Sentinel Lymph Node Biopsy

- Required for breast and melanoma cases only
- Record date SLN biopsy only
- ▶ Do not record date of FNA, core needle biopsy of LN
- ▶ If **BOTH** SLN and subsequent regional LN dissection performed:
 - ▶ Record the date of sentinel LN biopsy in this data time.
 - Record the date of the subsequent regional LN dissection in Date of Reg LN Dissection data item.



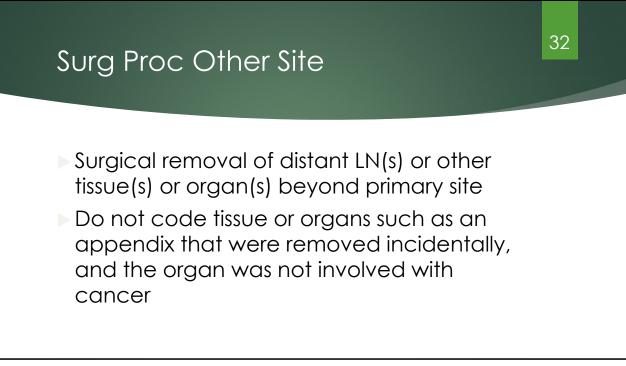




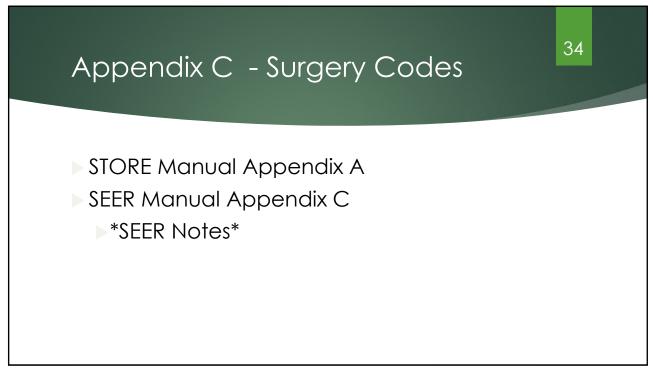
Regional Nodes Pos/Exam

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Regional Nodes only Based on path info only Nodes pos is cumulative Site-specific rules for ITCs







Neoadjuvant Therapy

NAACCR Item	Field Name	Source of info	Comments
#1632 (pg 229-233)	Neoadjuvant Therapy	Any place in record	Criteria for Neoadjuvant must be met
#1633 (pg 234-237)	Neoadjuvant Therapy – Clinical Response	Managing physician must state outcome	Based on the managing/treating physician's interpretation/statement of the response to neoadjuvant therapy,
#1634 (pg 238-239) along with Appx C for response codes	Neoadjuvant Therapy – Treatment Effect	Path Report	pathologist's statement of neoadjuvant treatment effect from the surgical pathology report

