


## SEER Program Coding and Staging Manual 2022

Effective with Cases Diagnosed January 1, 2022 and Forward

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Division of Cancer Control and Population Sciences  
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# SEER Coding & Staging Manual 2022

MANUAL MANIA  
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## SEER Historical Staging and Coding Manuals ([cancer.gov](https://cancer.gov))

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Title	Date Range
Coding Manuals	
<a href="#">SEER Program Coding and Staging Manual 2018 (PDF, 1.4 MB)</a>  <ul style="list-style-type: none"> <li>• <a href="#">Appendix A - County Codes (PDF, 177 KB)</a> </li> <li>• <a href="#">Appendix B - Country and State Codes (PDF, 291 KB)</a> </li> <li>• <a href="#">Appendix C - Site Specific Coding Modules</a> </li> <li>• <a href="#">Appendix D - Race and Nationality Descriptions from the 2000 Census and Bureau of Vital Statistics (PDF, 130 KB)</a> </li> <li>• <a href="#">Appendix E - Reportable and Non-reportable Examples: PDF (PDF, 169 KB) or Excel (XLSX, 24 KB)</a> </li> <li>• <a href="#">Final Manual Change Log: PDF (PDF, 197 KB) or Excel (XLSX, 26 KB)</a> </li> </ul>	 <div style="border: 2px solid red; padding: 5px; display: inline-block; margin-top: 5px;">2018-2020</div>

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This manual includes current coding instructions for reporting cases by SEER registries. For documentation of variables in the SEER research data, see the [Historical Coding Manuals](#) for the applicable diagnosis year.

## SEER Coding and Staging Manual 2022

- [SEER Program Coding and Staging Manual 2022](#) (PDF, 1.7 MB)
- [Appendix A - County Codes](#) (PDF, 325 KB)
- [Appendix B - Country and State Codes](#) (PDF, 467 KB)
- [Appendix C - Site Specific Coding Modules](#)
- [Appendix D - Race and Nationality Descriptions from the 2000 Census and Bureau of Vital Statistics](#) (PDF, 109 KB)
- [Appendix E - Reportable and Non-reportable Examples: PDF](#) (PDF, 173 KB) or [Excel](#) (XLSX, 25 KB)
- [Summary of Changes](#) (PDF, 895 KB) - provides the list of changes included in this release.

## SEER Coding and Staging Manual 2023







**7** The 2023 manual is to be used for cases diagnosed January 1, 2023 and forward.

- [SEER Program Coding and Staging Manual 2023](#) (PDF, 1.8 MB) (updated September 14, 2022)
- [Appendix A - County Codes](#) (PDF, 492 KB)
- [Appendix B - Country and State Codes](#) (PDF, 420 KB)
- [Appendix C - Site Specific Coding Modules](#)
- [Appendix D - Race and Nationality Descriptions](#) (PDF, 218 KB)
- [Appendix E - Reportable and Non-reportable Examples: PDF](#) (PDF, 188 KB) or [Excel](#) (XLSX, 25 KB)
- [Summary of Changes \(September 2022\)](#) (PDF, 387 KB) - provides the list of changes included in this release.

## Other Manuals

- [Staging Resources](#)
- [Historical Staging and Coding Manuals](#) ←

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<b>Coding Manuals</b>	
<a href="#">SEER Program Coding and Staging Manual 2022</a> (PDF, 1.7 MB)  <ul style="list-style-type: none"> <li>• <a href="#">Appendix A - County Codes</a> (PDF, 325 KB)</li> <li>• <a href="#">Appendix B - Country and State Codes</a> (PDF, 467 KB)</li> <li>• <a href="#">Appendix C - Site Specific Coding Modules</a></li> <li>• <a href="#">Appendix D - Race and Nationality Descriptions from the 2000 Census and Bureau of Vital Statistics</a> (PDF, 109 KB)</li> <li>• <a href="#">Appendix E - Reportable and Non-reportable Examples: PDF</a> (PDF) or <a href="#">Excel</a> (XLSX, 25 KB)</li> <li>• <a href="#">Summary of Changes</a> (PDF, 895 KB) - provides the list of changes included in this release.</li> </ul>	2022
<a href="#">SEER Program Coding and Staging Manual 2021</a> (PDF, 1.7 MB)  <ul style="list-style-type: none"> <li>• <a href="#">Appendix A - County Codes</a> (PDF, 170 KB)</li> <li>• <a href="#">Appendix B - Country and State Codes</a> (PDF, 288 KB)</li> <li>• <a href="#">Appendix C - Site Specific Coding Modules</a></li> <li>• <a href="#">Appendix D - Race and Nationality Descriptions from the 2000 Census and Bureau of Vital Statistics</a> (PDF, 274 KB)</li> <li>• <a href="#">Appendix E - Reportable and Non-reportable Examples: PDF</a> (PDF, 171 KB) or <a href="#">Excel</a> (XLSX, 25 KB)</li> <li>• <a href="#">Summary of Changes</a> (PDF, 328 KB) - provides the list of changes included in this release.</li> </ul>	2021
<a href="#">SEER Program Coding and Staging Manual 2018</a> (PDF, 1.4 MB)  <ul style="list-style-type: none"> <li>• <a href="#">Appendix A - County Codes</a> (PDF, 177 KB) </li> <li>• <a href="#">Appendix B - Country and State Codes</a> (PDF, 291 KB) </li> <li>• <a href="#">Appendix C - Site Specific Coding Modules</a> </li> <li>• <a href="#">Appendix D - Race and Nationality Descriptions from the 2000 Census and Bureau of Vital Statistics</a> (PDF, 130</li> </ul>	2018-2020

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## Reportability

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Cases diagnosed on or after January 1, 1973.

Definition of reportability

- ▶ Malignant histologies (invasive /3 and in situ /2)
  - ▶ Exceptions
- ▶ Benign/non-malignant histologies
  - ▶ Neoplasm and tumor are reportable terms for brain & CNS as of 1/1/2004
  - ▶ Identified by diagnostic imaging only is reportable
- ▶ Cases diagnosed clinically are reportable
  - ▶ In the absence of histologic or cytologic confirmation

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## Ambiguous Terminology

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### Do NOT

- accession a case based **ONLY** on suspicious cytology

### DO

- Accession cases with cytology diagnosis that is positive
- **Exception:** The date of a suspicious cytology MAY BE used as the date of dx when a definitive dx follows the suspicious cytology. [\*Change\*]
- Cytology refers to cells in body fluids from aspirations, washings, scrapings and smears. Usually measured in cc or ml.

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## Ambiguous Terminology

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- ▶ Ambiguous terms that ARE reportable (used to determine reportability)
- |                       |                  |
|-----------------------|------------------|
| ▶ apparent(ly)        | appears          |
| ▶ comparable with     | compatible with  |
| ▶ consistent with     | favor(s)         |
| ▶ malignant appearing | most likely      |
| ▶ presumed            | probable         |
| ▶ suspect(ed)         | suspicious (for) |
| ▶ typical (of)        |                  |

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## Ambiguous Phrases

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### Do NOT use

- Highly suspicious for, but not diagnostic of
- Most compatible with a
- High probability for
- Differential considerations or differential diagnoses

### DO use

- Considered to be
- Characteristic of
- Appears to be a
- Most compatible with
- Most certainly
- In keeping with

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Section III	Demographic info	9
Section IV	Description of neoplasm	
Section V	Stage of Disease at Dx	
Section VI	Stage-related items	
Section VII	First Course Therapy	

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## Description of this Neoplasm

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Date of diagnosis pg 82

- ▶ This is the date the reportable neoplasm was first diagnosed
  - ▶ NOT the date the patient was admitted to your facility
- ▶ Do NOT change the date when a clinical diagnosis is later confirmed by histology or cytology
- ▶ Code date of death for autopsy only cases
- ▶ Estimating the date of diagnosis

Sequence number: Describes the # and sequence of all reportable tumors

Laterality Table pg 97

Diagnostic confirmation pg 100

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## Description of this Neoplasm

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Primary site pg 92

- ▶ Code site of invasive cancer when there is invasive and in situ in different subsites of the same anatomic site
- ▶ Always code the site of the primary tumor NOT a metastatic site

Morphology – Refer to Solid Tumor Rules

Behavior – note terminology for in situ pg 108

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## Description of this Neoplasm

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Grade (solid tumors ONLY)

- ▶ Grade Clinical: Grade before any treatment
- ▶ Grade Pathological: Grade from resection
- ▶ Grade Post Therapy Clin (yc) Grade following neoadj therapy
- ▶ Grade Post Therapy Path (yp) for 2021 dx and forward

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## Tumor Size – Clinical

2. Document clinical tumor size **before any form of treatment**, in the priority order that follows  
**Priority of recording clinical tumor size**

- 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.

*Note:* 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.

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## Tumor Size – Clinical Examples

- ▶ Example 1
  - ▶ Mammo = 2.5 cm
  - ▶ Needle Bx = 1.5 mm from core
  - ▶ No cTNM

**Clinical TS = 025**

- ▶ Example 2
  - ▶ Imaging = 34 mm
  - ▶ Needle bx = 11 mm on slide
  - ▶ Stage cT2 by MD

**Clinical TS = 034**

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## Clarification on tumor size

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### Neoadjuvant treatment – how to code Tumor size fields

- ▶ Tumor Size Clinical – taken from any clinical information prior to neoadjuvant treatment
- ▶ Tumor Size Pathologic – Code 999
- ▶ Tumor Size Summary – Code the Tumor size Clinical

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## Stage Related Data Items

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### LVI or Lymphovascular Invasion

- ▶ Synonyms include but not limited to:
  - ▶ Angiolymphatic invasion
  - ▶ Blood vessel invasion
  - ▶ Lymph vascular emboli
  - ▶ Lymphatic invasion
  - ▶ Lymphovascular invasion
  - ▶ Vascular invasion

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## LVI

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<b>LVI on pathology report PRIOR to neoadjuvant (preoperative) therapy</b>	<b>LVI on pathology report AFTER neoadjuvant (preoperative) therapy</b>	<b>Code LVI to</b>
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

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## Macroscopic Eval of Mesorectum

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- ▶ New field as of 1/1/2022    NACCR Item #3950
- ▶ Records if total mesorectal excision (TEM) done
- ▶ Records macroscopic evaluation of completeness of excision
- ▶ Rectal cases only (c20.9)

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## Macroscopic Eval of Mesorectum

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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

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## Stage Related Data Items

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Mets at Diagnosis: Discontinuous or distant mets, can be clinical or path, can be single or multiple mets, code whether neoadjuvant systemic therapy given or not.

- ▶ Bone – do not code bone marrow here
- ▶ Brain
- ▶ Liver
- ▶ Lung – do not include pleural effusion here
- ▶ Distant lymph node: Not for regional node involvement
- ▶ Other: Bone marrow, pleural nodules, malig pleural or pericardial effusion. Code lymphomas with bone marrow involvement (Stage IV disease). Carcinomatosis.

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## Section VII First Course of Therapy

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### Definitions

- ▶ Active surveillance (watchful waiting)
  - ▶ Watching a patient's condition, giving no treatment unless disease worsens
- ▶ Concurrent therapy
  - ▶ Treatment given at the same time as another
- ▶ Disease recurrence
  - ▶ Solid tumor – see STR manual
- ▶ 1<sup>st</sup> 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 1<sup>st</sup> course when it modifies or destroys cancer tissue

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## First Course of Therapy

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### Treatment timing

- ▶ First course ends when
  - ▶ treatment plan is completed
  - ▶ there is disease progression, recurrence or tx failure
  - ▶ Or one year after date of diagnosis when there is no documentation of a treatment plan, recurrence or treatment failure

### Coding instructions

- ▶ Refusal - Multiple primaries

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## First Course of Therapy

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### Date therapy initiated

- ▶ The start date for any type of treatment for this tumor
- ▶ Coding instructions
  - ▶ Code date of excisional bx when it is the 1<sup>st</sup> tx
    - ▶ Code date of incisional bx when further surgery reveals no residual

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## First Course of Therapy

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### Surgery of primary site

- ▶ See site specific surgery codes Appendix C
- ▶ Code the most invasive, extensive or definitive surgery
- ▶ Shave and punch biopsies are most often diagnostic
  - ▶ Code as surgery ONLY when entire tumor is removed and margins are clear [pg 171, item 4, note 2]
  - ▶ Code as surgery if gross margins neg and only microscopic resid at margin.
- ▶ Code total removal of primary when a previous procedure removed a portion
- ▶ Look for combo codes for en bloc procedures

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## First Course of Therapy

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### 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.

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## Scope of Reg LN Surgery

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- ▶ Describes the **procedure** of removal, biopsy or aspiration of regional nodes during any procedure
- ▶ Instructions for sentinel lymph node biopsies
- ▶ Additional instructions for breast primaries
- ▶ **Op report** takes precedence when determining if a SLNBx or dissection was performed

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## Date of SLN biopsy

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### 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.

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## SLN Exam/Pos

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- ▶ Sentinel LNs Examined
  - ▶ If both SLN and non-SLN sampled during the SLN procedure, document total nodes sampled during the SLN procedure.
- ▶ Sentinel LNs Positive
  - ▶ Exact number of SLN found to contain mets
- ▶ When SLN Bx and Node Dissection performed during **different procedures**
  - ▶ Only record the number of positive SLN found during Bx procedure

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## Sentinel Lymph Nodes Positive

- ▶ When SLN bx & Node dissection performed during the **same procedure**
  - ▶ **Breast only: Code 97**
    - ▶ Record total number of **positive** (both SLN & regional) in *Regional Lymph node positive* field
  - ▶ **Melanoma only:** Record total number of positive nodes

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## Date of Regional LN Dissection

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Date non-sentinel regional node dissection performed

- ▶ If both SLN biopsy and a subsequent regional LN dissection performed:
  - ▶ Record the date of the regional LN dissection in this data item
  - ▶ Record the SLN biopsy procedure in the date of SLN biopsy

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## 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

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## Surg Proc Other Site

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- ▶ Surgical removal of distant LN(s) or other tissue(s) or organ(s) beyond primary site
- ▶ Do not code tissue or organs such as an appendix that were removed incidentally, and the organ was not involved with cancer

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## First Course of Therapy

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- ▶ Radiation
  - ▶ Beam, seeds, radioisotopes
- ▶ Chemotherapy
  - ▶ Single vs. multiple agents
- ▶ Hormone
- ▶ Immunotherapy
- ▶ Hematologic Transplant and Endocrine Procedures
  - ▶ Bone marrow transplants
- ▶ Other Experimental

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## Appendix C - Surgery Codes

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- ▶ STORE Manual Appendix A
- ▶ SEER Manual Appendix C
  - ▶ \*SEER Notes\*

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# Neoadjuvant Therapy

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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

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## Quiz

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- ▶ Locate the online MS Forms Quiz that matches the name of this presentation.
- ▶ Complete prior to moving to the next presentation.

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Questions?



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