

2023dx SEER Manual Updates

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1

Change Log



https://seer.cancer.gov/manuals/2023/SPCSM_2023_Changelog.pdf

Home / Registry Operations / Reporting Guidelines / SEER Coding and Staging Manual

SEER Program Coding and Staging Manual 2023

Updated January 17, 2023

Reporting Guidelines

Casefinding Lists	
SEER Coding and Staging Manual	-
Appendix C for 2023 Manual	
Hematopoietic Project	+
ICD-O-3 Coding Materials	
Solid Tumor Rules	+

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 November 1, 2022) **January 2023 Revision**
- [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, 174 KB) or [Excel](#) (XLSX, 25 KB)
- [Summary of Changes \(September 2022\)](#) (PDF, 401 KB) - provides the list of changes included in this release.



7/18/2023

2023 SEER Manual

2

2

Standards for Oncology Registry Entry

STORE 2023

Effective for Cases Diagnosed
January 1, 2023

Posted 6/28/2023

Table of Contents

Foreword..... 29

FROM "FORDS" TO "STORE"..... 29

STORE 2023 Summary of Changes..... 30

7/18/2023 2023 SEER Manual 3

3

Agenda

- Change Log Jan 2023 Revision
- Reportability
- Laterality Table
- Surgery Primary Site 2023 (4-digit format)
- Items deleted from manual
- Codes/Descriptions added/modified
 - Race, tobacco
- Appendices new/modified
 - Appendix C coding guidelines
 - Appendix C Surgery Codes
 - Appendix C Neoadjuvant Therapy Treatment Effect Site specific codes
- Appendix E
 - E1 Reportable examples
 - E2 Nonreportable examples

7/18/2023 2023 SEER Manual 4

4

In addition...

2023 Changes

In addition to the updates to the *2023 SEER Program Coding and Staging Manual*, changes related to cancer coding and staging include 2023 updates to

- [SEER Extent of Disease \(EOD\) \(includes updates to SEER*RSA\)](#)
- [Solid Tumor Rules \(important updates to existing site groups, comprehensive revision of Other Sites Rules\)](#)
- [Grade Manual](#)
- [Site-Specific Data Items Manual](#)
- [ICD-O-3.2](#)
- [NAACCR Version 23](#)



5

5


Reportability

Added

- Added new reportable diagnoses for 2023:
 - i. High-grade astrocytoma with piloid features (HGAP) (9421/3) as of 01/01/2023
 - ii. Lymphangiomyomatosis (9174/3) is reportable as of 01/01/2023; the behavior changed from /1 to /3.
 - iii. Mesothelioma in situ (9050/2) is reportable as of 01/01/2023 (new code)
 - iv. Diffuse leptomeningeal glioneuronal tumor (9509/3) is reportable as of 01/01/2023

Subsequent items were renumbered

Added

- “Carcinomatosis” (8010/9) and “metastatic” tumor or neoplasm (8000/6) indicate malignancy and could be indicative of a reportable neoplasm. Review all of the available information to determine the origin of the carcinomatosis or the origin of the metastases
- Report diffuse astrocytoma, MYB- or MYBL1-altered and diffuse low-grade glioma, MAPK pathway-altered (9421/1) as of 01/01/2023
- Report multinodular and vacuolating neuronal tumor (9509/0) as of 01/01/2023
- Report juvenile xanthogranuloma (9749/1) as of 01/01/2023 (C715 is the most common site)
- LAMN 8480 (SEER 2022 dx; COC 2023 dx) 



7/18/2023

2023 SEER Manual

6

6

Reportability

Revised

- Revised the bullet regarding intraepithelial neoplasia, and the list of examples, **to include high grade, grade II, and grade III**. See manual for the revisions. This was formerly 1.a.vii.

Revised

- Report pilocytic astrocytoma/juvenile pilocytic astrocytoma as 9421/1 for all CNS sites as of 01/01/2023



7

Reportability SEER | STORE

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- x. The following diagnoses **are reportable** (not a complete list)
- Lobular carcinoma in situ (LCIS) of breast
 - Intraepithelial neoplasia, high grade, grade II, grade III
- Examples:** (Not a complete list. See ICD-O-3.2. See 1.b.iii for PIN III.)

STORE 2023

STORE 2023 Summary of Changes

STORE 2023 Page Number	Section or NAACCR Data Item Number	Data Item Name	Changes/Comments/Clarifications
46	Overview of Coding Principles	Case Eligibility	Added: Lobular Carcinoma In Situ alone is not reportable to CoC. The decision not to collect LCIS was made <i>to align</i> STORE with the AJCC 8th Edition. Please see the AJCC 8th Edition for complete details. Please note: SEER and NPCR require reporting of LCIS. If LCIS is reportable for your state registry, follow your state registry requirements. Assign Class of Case according to the relationship between the patient and the reporting facility.



8

Reportability

Deleted

- Report Pilocytic/Juvenile astrocytomas; code the histology and behavior as 9421/3
Exception: The behavior is non-malignant when the primary site is optic nerve (C723).
- Do not report cytology cases with ambiguous terminology (see page 11 for ambiguous terms)

Pg 13, Item 1c now reads: **Do not accession a case based ONLY on suspicious cytology.**

Note: "Suspicious cytology" means any cytology report diagnosis that uses an ambig term listed as reportable.

Follow back on cytology dx using ambig terms.

Cytology refers to microscopic exam of cells in body fluids obtained from aspirations, washings, scrapings, smears.

TIP: Look for measured liquid in cc's or ml's.

7/18/2023

2023 SEER Manual

9

9

Laterality

Added

- Added primary site C444 to coding instruction
 - 5.a (Assign code 5 when the tumor originates in the midline)

Primary Site C444

Laterality must be coded

Deleted

- C300 Nasal cavity (excluding nasal cartilage, nasal septum)
- C340 Main bronchus (excluding carina)
- C413 Rib, clavicle (excluding sternum)
- C414 Pelvic bones (excluding sacrum, coccyx, symphysis pubis)

Code Laterality field to 0

Laterality no longer coded for these sites

7/18/2023

2023 SEER Manual

10

10

Race

Codes Modified & Labels clarified

- Modified code descriptions for:
- Code 02: Black or African American
- Code 03: American Indian or Alaska Native
- Code 07: Native Hawaiian
- Code 13: Cambodian
- Code 15: Asian Indian, NOS or Pakistani, NOS
- Code 21: Chamorro
- Code 32: Papua New Guinean
- Code 96: Other Asian, including Asian, NOS
- Code 98 Some other race
- Code 99: Unknown by patient



7/18/2023

2023 SEER Manual

11

11

Race

Revised

Spanish Surname or Origin

- 6. Assign code 9
 - a. For death certificate only (DCO) cases when Spanish/Hispanic origin is unknown
 - b. When there is no written or verbal indication of Spanish origin, the patient declined to answer their Spanish origin, or the patient does not know their Spanish origin
- **Example:** The patient's race is white or black, they were born in the United States, their last name is not on a Spanish surname list, and there is no mention of Spanish origin in the patient record.



7/18/2023

2023 SEER Manual

12

12

Tobacco Use

Page	Section	Data Item	Change	Notes/Comments
80	Section III: Demographic Information	Tobacco Use Smoking Status	Coding Instruction 3 added	<p>3. Assign code 1 when</p> <p>a. The patient currently smokes OR</p> <p>b. It is known that the patient stopped smoking within 30 days prior to diagnosis. The risks associated with smoking decrease as the time from cessation increases which means a person who stopped smoking within the last 30 days has the same risks as a current smoker. In that instance, assign code 1.</p>
80	Section III: Demographic Information	Tobacco Use Smoking Status	Coding Instruction 4 revised	<p>4. Assign code 2 when the medical record indicates</p> <p>a. "Former smoker"</p> <p>b. Patient has smoked tobacco in the past but does not smoke now</p> <p>Note: If there is evidence in the medical record that the patient quit recently (within 30 days prior to diagnosis), assign code 1, current smoker. The 30 days prior information, if available, is intended to differentiate patients who may have quit recently due to symptoms that lead to a cancer diagnosis.</p>
80	Section III: Demographic Information	Tobacco Use Smoking Status	Coding Instruction 5 added	<p>5. Assign code 3 when</p> <p>a. The patient is noted to have smoked, but the current smoking status is not known</p> <p>b. It is known that the patient "recently" stopped smoking but it is not known how long ago the patient stopped smoking</p>
81	Section III: Demographic Information	Tobacco Use Smoking Status	Coding Instruction 6 revised	<p>6. Assign code 9 when</p> <p>a. The medical record only indicates "No"</p> <p>b. The record has no information about smoking status or history (e.g., pathology report only)</p> <p>c. It is documented that the patient uses or used smokeless or chewing tobacco or e-cigarettes or vapes, but tobacco use is not mentioned</p>

7/18/2023

2023 SEER Manual

13

13

Tumor Size Clinical

Added:

- **Note 2:** For prostate clinical tumor size, size from an operative report is the highest priority. Use the size from imaging if you do not have a size from an operative report.
- **Note 3:** When LEEP is followed by more definitive surgery for a cervical primary, code clinical tumor size based on the LEEP.
- Assign code **999** for calcifications that span given distance. Do not record the size of calcifications as tumor size. If there is no measurement of the mass or tumor, record 999 for clinical tumor size.

7/18/2023

2023 SEER Manual

14

14

Revised:

- Assign tumor size for benign and borderline tumors in the schemas Brain, CNS Other, Intracranial Gland, and Medulloblastoma when provided; do not default to 999

Tumor Size Pathological

Added:

- **Example 2:** Anal canal tumor is 2.5 cm from proximal to distal (3.5 cm in circumference). Record tumor size as 035. The circumferential measurement is the largest measurement in this example. In this case, the pathologist usually cuts the anus and rectum open like a tube; the circumference is measured flat.

Revised:

- Assign tumor size for benign and borderline tumors in the schemas Brain, CNS Other, Intracranial Gland, and Medulloblastoma when provided; do not default to 999



7/18/2023

2023 SEER Manual

15

15

Lymphovascular Invasion (LVI)

Added:

- 7c When there is no residual tumor found after neoadjuvant treatment and there is no LVI on biopsy (Code 0)
- 10i. Ambiguous terminology is used
 - **Example:** Assign code 9 for “suspicious LVI.”

Revised:

- Lymphovascular Invasion indicates whether lymphatic duct or blood vessel invasion is identified in the pathology report.



7/18/2023

2023 SEER Manual

16

16

Surgery Primary Site 2023 [#1291]

Page	Section	Data Item	Change	Notes/Comments
	Section VII: First Course of Therapy	Surgery of Primary Site	Data item deleted	Deleted <i>Surgery of Primary Site</i> (NAACCR Item #1290) from the manual.
169	Section VII: First Course of Therapy	Surgery of Primary Site 2023	Data item added; codes revised	Added <i>Surgery of Primary Site 2023</i> (NAACCR Item #1291) to the manual. See manual.
				This data item replaces <i>Surgery of Primary Site</i> (NAACCR Item #1290). The instructions remain the same except as noted in the changes to coding instructions below. Updated surgery codes from the 2-digit format to 4-digit. Of note: Updated surgery codes to the format throughout the manual.
170	Section VII: First Course of Therapy	Surgery of Primary Site 2023	Coding Instruction 6.a added	Assign the code that reflects the cumulative effect of all surgeries to the primary site a. When a previous surgical procedure to remove a portion of the primary site is followed by surgery to remove the remainder of the primary site, code the total or final results. Do not rely on registry software to perform this task.
171	Section VII: First Course of Therapy	Surgery of Primary Site 2023	Coding Instruction 14 added	Leave blank for diagnosis years 2003-2022

7/18/2023

2023 SEER Manual

17



17

Sentinel LNs Positive [BREAST only]

Revised

- FOR BREAST ONLY (added sentence at the end of 4.a)
- a. Use code **97** in this data item and record the total number of positive regional lymph nodes biopsied/dissected (both sentinel and regional) in Regional Nodes Positive (NAACCR Item #820) when a sentinel lymph node biopsy is performed **during the same procedure** as the regional node dissection. When both are performed during the same procedure, code 97 has priority over the number of positive lymph nodes.

7/18/2023

2023 SEER Manual

18



18

Surgical Procedure of Other Site

Revised

- 6. Assign code **1** when
 - a. Any surgery is performed to remove tumors for any case coded to primary site C420, C421, C423, C424, C760-C768, C770-C779, or C809
 - i. **Excluding** cases coded to the schema Cervical Lymph Nodes and Unknown Primary 00060



Various other changes and updates

Page	Section	Data Item	Change	Notes/Comments
150	Section VI: Stage-related Data Items	Mets at Diagnosis--Other	Coding Instruction 1.d Note added	Note: Do not code spleen involvement for Hodgkin lymphoma in <i>Mets at Diagnosis--Other</i> . Spleen involvement is not classified as distant mets for Hodgkin lymphoma in most staging systems.
160	Section VII: First Course of Therapy	First Course Therapy Definitions	Definition revised	Surgical procedure: Any surgical procedure coded in the data items <i>Surgery of Primary Site 2023</i> , <i>Scope of Regional Lymph Node Surgery (excluding code 1)</i> , or <i>Surgical Procedure of Other Site</i> .
198	Section VII: First Course of Therapy	Radiation Sequence with Surgery	Coding Instruction 2.a revised	Assign code 4 when there are at least two phases, episodes, or fractions of radiation therapy given before and at least two more after surgery to the primary site, scope of regional lymph node surgery (excluding code 1), surgery to other regional site(s), distant site(s), or distant lymph node(s)



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Page	Section	Data Item	Change	Notes/Comments
85	Section IV: Description of this Neoplasm	Date of Diagnosis	Coding Instruction 4 Example 2 Note revised	Added 'imaging' prior to procedure. Note: Appendix E in the 2023 SEER Program Manual lists which PI-RADS, BI-RADS, and LI-RADS are reportable versus non-reportable. If reportable, use the date of the imaging procedure as the date of diagnosis when this is the earliest date and there is no information to dispute the imaging findings.

STORE 2023

STORE 2023 Summary of Changes

STORE 2023 Page Number	Section or NAACCR Data Item Number	Data Item Name	Changes/Comments/Clarifications
46	Overview of Coding Principles	Case Eligibility	All Rads are still being discussed amongst standard setters. An update on coding the Date of Diagnosis will be released once decided. Registrars should follow current rules in STORE to assign Date of diagnosis. CoC does not collect rads alone, a positive biopsy must confirm the diagnosis, the Date of Diagnosis is the date of the biopsy.



21

Various other changes and updates

Page	Section	Data Item	Change	Notes/Comments
219	Section VII: First Course of Therapy	Hematologic Transplant And Endocrine Procedures	Coding Instruction 6 Note added	Note: Bilateral oophorectomy is coded 30 when it is performed for hormonal effect for breast, endometrial, vaginal, and other primary cancers.
246	Section VIII: Follow Up Information	Recurrence Type--1st	Coding Instruction 12 added	Assign code 10 for recurrence of a benign brain tumor.



COC only

- Recurrence Date – 1st #1860
- Recurrence Type – 1st #1880



22

Neoadjuvant Therapy Fields

Neoadjuvant Therapy [NAT]

Added:

- Document information regarding neoadjuvant therapy in the text remarks field as needed.
- i. For example, the patient’s only treatment was surgery

NAT – Clinical Response

Added:

- **Note 2:** Assign code 3 when the managing/treating physician documents that the patient progressed after neoadjuvant therapy was started even if the neoadjuvant therapy was not completed. Use text fields for documentation.

NAT-Treatment Effect

Added:

- **Note 2:** Code 6 includes situations where a treatment effect is noted to be present, but cannot be classified to codes 1-4.



7/18/2023

2023 SEER Manual

23

23

Appendix C: Coding Guidelines

Site		Comments
Bladder	Added	Primary Site Code C679: Posterolateral wall
Bones	Revised	Removed C413 and C414 from sites where laterality required
Brain/CNS, Benign and Borderline	Added	Created new document specific to benign brain based on former Brain and CNS guidelines. See Manual
Brain/CNS, Malignant	Added	Created new document specific to malignant brain based on former Brain and CNS guidelines. See Manual.



7/18/2023

2023 SEER Manual

24

24

Appendix C: Coding Guidelines

Site		Comments
Breast	Added	Code primary site to C509 when: <ul style="list-style-type: none"> Multiple tumors (two or more) in at least two quadrants of breast Multiple tumors (two or more) located together at 12, 3, 6, or 9:00 position
Intracranial Glands	New	See Manual
Pancreas	New	See Manual
Tongue	New	See Manual



7/18/2023

2023 SEER Manual

25

25

Appendix C: Surgery Codes

Site		Comments
★ ALL	Revised	Surgery codes all revised from 2-digit to 4 digits. Codes for all sites begin with letter A except for skin that begins with letter B to denote significant change was made in codes (per SEER and STORE)
Breast	Revised	<p>Edited text under A400 Total (simple) mastectomy, NOS section A total (simple) mastectomy removes all breast tissue, the nipple, and the areolar complex. An axillary dissection is not done, but sentinel lymph nodes may be removed. For single primaries involving both breasts, use code A760. [SEER Note: Example of single primary with removal of involved contralateral breast-- Inflammatory carcinoma involving both breasts. Bilateral simple mastectomies. Code <i>Surgery of Primary Site 2023</i> (NAACCR #1291) as A760. Deleted text under A500 Modified radical mastectomy section For single primaries only, code removal of involved contralateral breast under the data item Surgical Procedure of Other Site (NAACCR Item #1294)</p>



7/18/2023

2023 SEER Manual

26

26

Appendix C: Surgery Codes

Site		Comments
Colon	Revised	Any combination of A200, A260, A270, A280, or A290 WITH A220 Electrocautery
Esophagus	Added	Added note under A800 Esophagectomy, NOS [SEER Note: Code a transhiatal esophagectomy depending on the extent of the esophagectomy. Read all of the operative report and the entire pathology report carefully. If a partial esophagectomy was performed, assign code A300. If a total esophagectomy was performed, assign code A400. If you do not have enough information to determine whether a partial or a total esophagectomy was performed, assign code A800. The transhiatal esophagectomy does not usually include removal of a portion of the stomach, but if a portion of stomach is removed, assign code A520 or A530. If the entire stomach was removed (not likely) assign code A540. Use text fields to record the details.]

7/18/2023

2023 SEER Manual

27

27

Appendix C: Surgery Codes

Site		Comments
Lung	Revision	Placed statement below A800 Resection of lung, NOS Specimen sent to pathology from surgical events A200–A800
Prostate	Added	Added notes under A200 Local tumor excision, NOS section [SEER Note: Assign code A220 for aqua ablation water jet (or other tumor destruction procedure), described on pathology as a TURP, that identified adenocarcinoma as an incidental finding. Use text fields to document the details.] Any combination of A200, A210, A220, or A230 WITH A240 Cryosurgery A250 Laser A260 Hyperthermia [SEER Note: Assign code A250 for Holmium laser enucleation of the prostate when a specimen is sent to pathology.]


7/18/2023

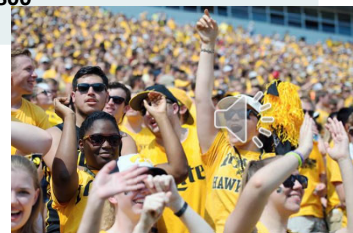
2023 SEER Manual

28

28

Appendix C: Surgery Codes

Site		Comments
Skin 	Added	Significant changes to skin surgery codes, descriptions and text. See manual. <i>The priority order for sources used to assign surgery codes is: Operative report, statement from a physician, description of the surgical procedure on a pathology report, results of the pathology report. Code based on the description of the procedure. **Do not code based on margin status documented in the pathology report.</i>
Thyroid	Revised	Revised statement below A800 Thyroidectomy, NOS Specimen sent to pathology from surgical events A200-A800



7/18/2023

2023 SEER Manual

29

Appendix C: Neoadjuvant Treatment Effect Site Specific Codes: Breast

Site		Comments
Breast	Added	5b. Neoadjuvant therapy was completed and the treatment effect in the breast is stated only as "Present"
Lymphoma+	Revision Added	1. ALWAYS code to 0, no neoadjuvant therapy (not applicable), for the following schemas listed in manual, except for death certificate only cases (DCO code to 9)



7/18/2023

2023 SEER Manual

30

30

Appendix E1: Reportable

Site		Comments
Reportable Examples	Added	Intraepithelial neoplasia examples <ul style="list-style-type: none"> • Squamous intraepithelial neoplasia, high grade • High grade squamous intraepithelial lesion (HSIL) • Intraepithelial neoplasia grade II/III; II-III • Squamous dysplasia, high grade for sites other than colon/GI • Anal intraepithelial neoplasia (AIN), grade II • Anal intraepithelial neoplasia (AIN), grade III • Biliary intraepithelial neoplasia, high grade • Conjunctival intraepithelial neoplasia grade III • Penile intraepithelial neoplasia (PeIN), undifferentiated • Squamous intraepithelial neoplasia, grade II • Vaginal intraepithelial neoplasia (VaIN), grade III • Vulvar intraepithelial neoplasia (VIN), grade III • Squamous intraepithelial neoplasia, grade III

7/18/2023

2023 SEER Manual

31

31

Appendix E1: Reportable

Site		Comments
Reportable Examples	24 Added	8380/2 (C54_) <ul style="list-style-type: none"> • Endometrioid intraepithelial neoplasia (EIN) • Intraepithelial neoplasm of endometrium • Atypical hyperplasia of endometrium
	25 Added	Pancreatic intraepithelial neoplasia (PanIN III) 8148/2
	26 Added	Differentiated Penile Intraepithelial Neoplasia 8071/2
	27 Added	Intracholecystic papillary neoplasm (ICPN) with high-grade dysplasia 8503/2 Renumbered subsequent Reportable Non-Malignant Examples.

7/18/2023

2023 SEER Manual

32

32

Appendix E2: Non-Reportable

Site		Comments
Non-Reportable Examples	33 Added	Ecchordosis physaliphora
	34 Added	Low to intermediate grade neuroendocrine neoplasm or middle ear adenomatoid tumor (MEANT)
	35 Added	Moderate squamous dysplasia and severe squamous dysplasia of lung
	36 Added	High grade prostatic intraepithelial neoplasia (PIN)(8148/2)



7/18/2023

2023 SEER Manual

33

33

Finally...

- Site code clarifications (SEER pg 95 table)
 - Edge of tongue = C021
 - Lateral tongue = C023
 - Postauricular = C444
 - Preauricular (skin) = C443
- Brain imaging
 - “Neoplasm” and “Tumor” are reportable terms when found on imaging
 - “Mass” and “Lesion” are not reportable terms for imaging




7/18/2023

2023 SEER Manual

34

34

Covid-19

- https://www.naaccr.org/wp-content/uploads/2022/09/2023-Implementation-Guidelines_20220901.pdf
- <https://seer.cancer.gov/tools/covid-19/index.html>
- COVID information is not required by SEER for cases diagnosed in 2023.
- COC stopped collecting COVID info for cases dx in 2022. 



7/18/2023

2023 SEER Manual

35

35

STORE various other changes

Removed: A new phase begins when there is a change in the target volume of a body site, treatment fraction size, modality or treatment technique. Up to three phases of radiation treatment can now be documented.

Added: “but modern radiotherapy allows phases to be delivered simultaneously so new terminology is needed. **Each phase is meant to reflect a “delivered radiation prescription”**. At the start of the radiation planning process, physicians write radiation prescriptions to treatment volumes and specify the dose per fraction (session), the number of fractions, the modality, and the planning technique. **A phase simply represents the radiation prescription that has actually been delivered** (as sometimes the intended prescription differs from the delivered prescription).



7/18/2023

2023 SEER Manual

36

36

◆ STORE various other changes

- Appendix R: CTR Guide to Coding Radiation Therapy v5.0 January 2023
 - Numerous other Radiation clarifications made in the treatment volume section
- Appendix M: CTR Guide to coding Melanoma Skin
 - Surgery Codes begin with B to indicate significant change in codes
 - Margin now captured in SSDI #3961 effective 2023 dx and forward



7/18/2023

2023 SEER Manual

37

37

Thank you



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<https://shri-public-health.uiowa.edu/registrars/training-education/video-training-library/>



7/18/2023

2023 SEER Manual

38

38