



2023 UPDATES: EOD, SUMMARY STAGE 2018, SSDI & GRADE

BOBBI JO MATT, MS, RHIT, CTR

JULY 2023

The background is a dark blue gradient. In the corners, there are white line-art graphics resembling circuit boards or neural networks, with lines connecting to small circles.

EOD & SUMMARY STAGE 2018

2023 UPDATES

EOD – CHANGE LOG

Extent of Disease (EOD) 2018

Published October 2022

Staging

Registrar Staging Assistant (SEER*RSA)

Summary Stage 2018 +

Staging Resources -

Extent of Disease (EOD) 2018

Collaborative Stage

Beginning with cancer cases diagnosed January 1, 2018 and forward, SEER registries in the United States will provide staging information. The three main data items are EOD Primary Tumor, EOD Regional Nodes and EOD Mets. Using this information, EOD TNM N and EOD TNM M will be derived, along with an EOD TNM Stage Group based on the AJCC 8th edition database referred to as the [SEER*RSA](#) that provides information about each cancer (primary site/histology).

The EOD General Instructions provide guidance on how to code.

- [Extent of Disease 2018 General Instructions](#) (PDF, 46 KB) (Updated October 28, 2022)
- [EOD Change log \(version 2.1 to version 3.0\)](#) (PDF, 373 KB)

Refer to [SEER*RSA](#) for schema-specific codes and coding instructions.

Refer to the [Historical Staging and Coding Manuals](#) for previous versions of the manual.

<https://seer.cancer.gov/tools/staging/eod/>

SUMM STAGE 2018 –

Summary Stage 2018

Released October 19, 2022 (Version 3.0)

Staging

Registrar Staging Assistant (SEER*RSA)

Summary Stage 2018

Summary Stage Manual

Staging Resources

Collaborative Stage

Summary Stage is the most basic way of c
been called General Stage, California Stag
histology combination, including lympho
words, it is a combinati

The chapters of this ma

- Summary Stage 2
- Head and Neck (P

- Appendices (PDF, 528 KB)

[Complete Summary Stage 2018 Manual](#) (PDF, 3.3 MB)

Revision History

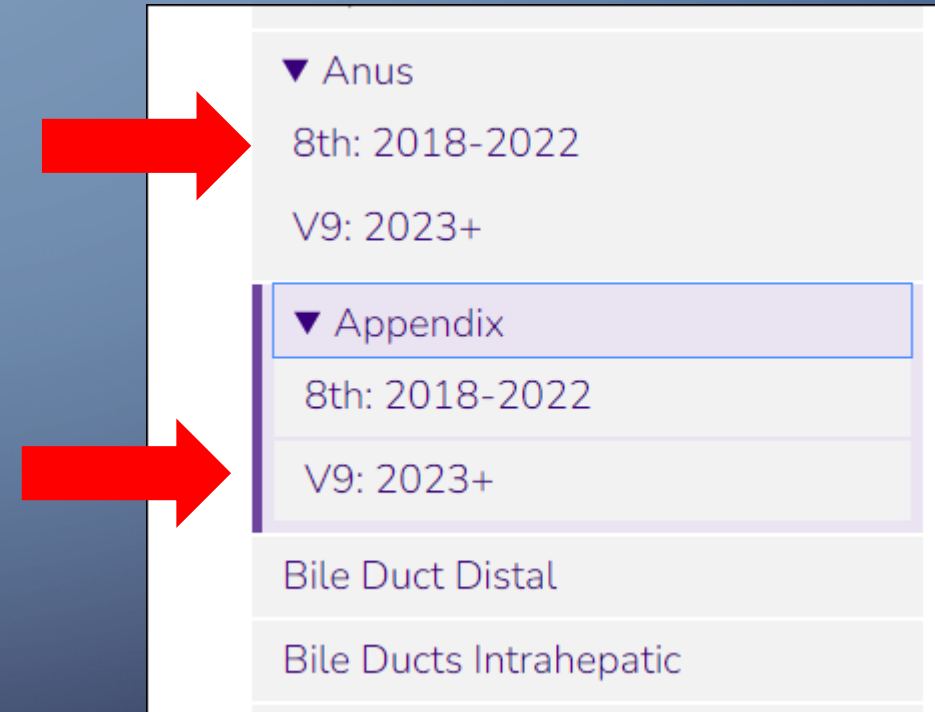
The [change log](#) (PDF, 365 KB) contains updates made between version 2.1 and 3.0.

Refer to the [Historical Staging and Coding Manuals](#) for previous versions of the manual.

<https://seer.cancer.gov/tools/ssm/>

NEW EOD SCHEMAS

- Two EOD schemas for:
 - Anus
 - Appendix
 - Brain
 - Cervix
 - CNS Other
 - Intracranial Gland



NEW EOD SCHEMAS CONT.

- Medulloblastoma (2023+)
 - Sites: Histology
 - C700-C729: 9362, 9740-9472, 9474-9478, 9501-9504, 9508
 - C700-C722, C724-C7029: 9473
 - C753, C751
 - Prior to 2023:
 - EOD Brain: C700, C710-C719
 - EOD CNS Other: C701, C709, C720-C729
 - EOD Intracranial Gland: C753
 - Software will automatically take you to the correct schema based on Dx date
 - New Summary Stage chapter for 2023+

APPENDIX

- EOD Mets (both EOD schemas)
 - Moved “Peritoneal carcinomatosis”

Code 30: Intraperitoneal metastasis (peritoneal carcinomatosis)

Code 50: Carcinomatosis

- Excludes peritoneal carcinomatosis (see EOD Mets code 30)

BILE DUCTS INTRAHEPATIC

- EOD Primary Tumor
 - New Code

Code 400: Invasion into, but not through the visceral peritoneum

- Summary Stage = Regional (Code 2)

BREAST

- EOD Primary Tumor
 - Modified Code 300: Rib(s)
 - Ipsilateral rib(s) (**contiguous extension only**, for discontinuous extension, see EOD Mets)
 - Summary Stage 2018 = Regional (Code 2)
- EOD Mets
 - Modified Code 70: Bone
 - Bone, including **contralateral ribs**
 - Added to Code 70:
 - Ipsilateral rib(s) (**discontiguous extension only**, see EOD primary Tumor for contiguous extension)
 - Summary Stage 2018 = Distant (Code 7)

COLON AND RECTUM - EOD

- EOD Primary Tumor Notes 5 and 6:
 - Deals with invasion into pericolonic/pericorectal tissue
 - Lists which parts of colon/rectum are entirely, partially or non-peritonealized
 - Helps distinguish between EOD Primary Tumor codes 300 and 400
- EOD Primary Tumor:
 - Re-worded Code 300 and 400 for Pericolic/Perirectal fat/tissues
 - For non-peritonealized sites or unknown: Use code 300
 - For peritonealized sites: Use code 400

COLON AND RECTUM – SS 2018

- Re-wrote Notes 6 and 7
 - Deals with invasion into pericolonic/pericolorectal tissue
 - Lists which parts of colon/rectum are entirely, partially or non-peritonealized
 - Helps distinguish between Localized (code 1) and Regional (code 2) tumors
 - For non-peritonealized sites or unknown: Code 1
 - For peritonealized sites: Code 2

LIVER - EOD

- Primary Tumor
 - Derivation change from Regional to Localized
 - Code 150: Code 100 WITH vascular invasion
 - Code 200: Multiple (Satellite) nodules/tumors confined to one lobe
WITH or WITHOUT vascular invasion

LIVER – SS 2018

- New Note

- Liver divided into several lobes

- Caudate lobe: Segment 1

- Quadrate lobe: Segment 4b

- Left lobe: Segments 2, 3, 4a

- Right lobe: Segments 5, 6, 7, 8

- If multiple lobes involved, code 2 (regional)

LUNG

- EOD Primary Tumor
 - New Note 2 regarding ground glass opacities (GGO), ground glass nodules (GGN), and ground/glass lepidic (GG/L)
 - Increasing in number due to better imaging
 - Found in both benign and malignant lung conditions
 - Often associated with early stage lung cancer but not necessarily malignancies themselves
 - For staging – not to be counted as separate tumor nodules

LUNG CONT.

- EOD Primary Tumor
 - New Note 9 regarding vocal cord paralysis, superior vena cava syndrome and compression of the trachea or esophagus
 - If caused by direct extension of PT, code in EOD Primary Tumor, code 650 (SS2018 - Regional, direct extension)
 - If PT is peripheral and clearly unrelated, code in EOD Lymph Nodes, code 400 (SS2018 - Regional, nodes only)
 - If unable to determine, code in EOD Lymph Nodes, Code 400
 - Same note can be found under EOD Regional Nodes and Summary Stage 2018

LYMPHOMA, LYMPHOMA –

CLL/SLL

- EOD Primary Tumor

- Code 600 separated into codes 575 (NEW) and 600

- Code 575:

Nodal and Extranodal lymphomas

Involvement of lymph node regions on **BOTH** sides of the diaphragm

WITHOUT or UNKNOWN spleen involvement

- Code 600:

Nodal and Extranodal lymphomas

Involvement of lymph node regions on **BOTH** sides of the diaphragm **WITH** spleen involvement

Includes involvement of lymph nodes **ABOVE** the diaphragm **WITH** spleen involvement

DUPLICATE EXTENSION SITES

- Sites listed more than once in EOD Primary Tumor codes
 - NET Colon and Rectum
 - Ovary(ies) and Uterus listed in both 600 and **700**
 - Removed from 600
 - Oropharynx HPV-Mediated (p16+)
 - Under Pharyngeal Tonsil, Paranasal Sinus listed in both **600** and 700
 - Removed from 700
 - Oropharynx (p16-)
 - Under Pharyngeal Tonsil, Paranasal Sinus listed in both **500** and 550
 - Removed from 550

PLEURA MESOTHELIOMA

- EOD Primary Tumor
 - New code added: Code 000 - In situ, intraepithelial, noninvasive
- Summary Stage 2018 – New code 0
 - New code 0: In situ, intraepithelial, noninvasive
- EOD Mets
 - Added bullet to Note 1:
 - A positive pleural effusion (code 05) should **not** be coded as present under the Mets at Dx-Other field. Code 0 for Mets at Dx-Other when code 05 (Malignant pleural effusion) is coded in EOD Mets

PROSTATE – EOD

- Primary Tumor and Prostate Path Extension
 - Major revision of Notes – **MUST READ!**
 - EOD Primary Tumor captures the clinical extent of disease only
 - Guidelines for assigning Clinical Extension for AJCC and EOD **are different**
 - Radical prostatectomy and autopsy are recorded in EOD Prostate Pathologic Extension
 - TURP or Simple prostatectomy results are recorded in EOD Primary Tumor
 - Imaging is **NOT** used to determine the clinical extension
 - Code 120 when the tumor is clinically inapparent (DRE negative)
 - Coded in CS as Code 150
 - Summary Stage 2018 Notes updated regarding imaging

PROSTATE – SUMMARY STAGE 2018

- Re-wrote Notes 5 and 6 for clarification
 - Note 5 covers whether Imaging can be used for clinical extension
 - **Answer: No**, and if unknown whether the physician used it, assume they did not
 - Notes 6 covers when no information from DRE, but physician assigns clinical stage
- Added New Note 7
 - Localized can be used when DRE not documented or not done and there is no evidence of extraprostatic extension
 - Examples added

BONE – SUMMARY STAGE 2018

- Two notes added
 - For Spinal tumors (C412) if only the number of adjacent vertebral segments are involved, code as localized. Any other vertebral segments (non-adjacent), code as regional
 - For Pelvic tumors (C414), both the number of pelvic segments involved by primary tumor and the presence or absence of extraosseous extension determine the correct SS2018

BONE – SS 2018 CONT.

- Localized (Code 1)
 - Pelvis (C414)
 - Confined to pelvis, NOS (number of segments involved not known **and WITHOUT or UNKNOWN if extraosseous extension**)
 - **One to four pelvic segments** involved WITHOUT or UNKNOWN if extraosseous extension
- Regional (Code 2)
 - Spine (C412)
 - **One to four** pelvic segments involved WITH extraosseous extension

The background is a dark blue gradient. In the corners, there are decorative white line-art elements resembling circuit traces or neural network connections, with small circles at the end of the lines.

SSDI & GRADE

2023 UPDATES

SSDI & GRADE – CHANGE LOG

Version Selection: 3.0 ▼

Data Last Updated: Sept. 12, 2022

RESOURCES

Version 3.0 (For use with cases diagnosed 2018 forward after registry software conversion to the NAACCR Data Standards and Data Dictionary, Version 23)

- » SSDI Manual
- » SSDI Manual Appendix A
- » SSDI Manual Appendix B
- » SSDI Manual Appendix C
- » Grade Manual
- » Change Log

Comments or suggestions concerning the SSDI's are welcome and can be posted at the American College of Surgeons **CAnswer Forum**.

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

RETIRED & NEW SSDI'S

- One retired SSDI in V2.1 – Removed from all schemas for V3.0
 - 3884: LN Status Femoral-Inguinal, Para-Aortic, Pelvic
- Three **new SSDI's** applicable for cases diagnosed 2023+
 - 3956: p16
 - Schema Anus V9
 - 3960: Histologic Subtype
 - Schema Appendix V9
 - 3961: Clinical Margin Width
 - Schema Melanoma Skin

3956: P16

- Required for schemas:
 - Cervix (2021+)
 - Leave blank for 2018-2020)
 - Anus (2023+)
 - Leave blank for 2018-2022
- Must be based on testing results for p16 overexpression
 - Statement of HPV pos/neg not enough
 - Testing for HPV by DNA, mRNA, antibody should not be used to code

3956: P16 CODES

Code	Description
0	p16 Negative; Nonreactive
1	p16 Positive; Diffuse, Strong reactivity
8	Not applicable
9	Not tested for p16; Unknown
Blank	Diagnosis year prior to 2023

3960: HISTOLOGIC SUBTYPE

- Required for Schema Appendix (2023+)
 - Leave blank for 2018-2022
- Identify specific subtypes for histology code 8480/2 or 8480/3
- Use the Solid Tumor Rules to determine histology prior to coding the SSDI

3960: HISTOLOGIC SUBTYPE

Code	Description
0	Histology is NOT 8480
1	Low-grade appendiceal mucinous neoplasm; LAMN
2	High-grade appendiceal mucinous neoplasm; HAMN
3	Mucinous Adenocarcinoma/carcinoma; Mucus Adenocarcinoma/carcinoma; Colloid adenocarcinoma/carcinoma
4	Other terminology coded to 8480
Blank	Diagnosis year is prior to 2023

3961: CLINICAL MARGIN WIDTH

- Required for Schema Melanoma Skin (2023+)
 - Leave blank for 2018-2022
- Describes the margins from a wide excision for a melanoma primary
 - Measured by surgeon prior to the procedure
 - Taken from the edge of the lesion or prior excision scar to the peripheral margin of specimen
- Code from the operative report from a wide excision
 - Do not use the path report to code data item
 - If multiple wide excisions are performed, code from the procedure with the largest margin

3961: CLINICAL MARGIN WIDTH CODES

Code	Description
0.1	Documented as 0.1 cm or less (1 mm or less)
0.2 – 9.9	0.2 cm – 9.9 cm
XX.1	10 cm or greater
XX.8	Not Applicable
XX.9	Not documented; No Wide excision performed; Mohs or similar procedure; Wide excision performed, clinical margin width not documented; No surgical resection performed (B000); Unknown if procedure performed
Blank	Diagnosis year is prior to 2023

SSDI – GENERAL INSTRUCTIONS

- Priority Order for SSDI's
 - Addendums or amendments (corrections that are not incorporated into the initial synoptic report, including CAP Cancer Protocol)
 - Synoptic report
 - Pathology report: Final diagnosis
 - Physician statement

NON-INVASIVE NEOPLASM

- Added to multiple codes under multiple schemas and multiple SSDI's
- Notes referring to how to code when cases were in situ (/2) were removed

3832: EXTRANODAL EXTENSION H&N PATHOLOGICAL

- Added a new Note 2 – definition of ENE
- Re-wrote Note 3 to include how to code SSDI based on Scope of Regional node
 - Examples:
 - Code 0.0
 - Absence of ENE, positive lymph nodes assessed by lymph node dissection
 - 1292: Scope of Regional Lymph Node Surgery must be 3-7
 - Code X.7 as appropriate for
 - Lymph nodes negative for cancer assessed by Sentinel lymph node biopsy or lymph node dissection
 - 1292: Scope of Regional Lymph Node Surgery must be 2-7
- Same update to SSDI 3833: Extranodal extension path – non H&N

3926 SCHEMA DISCRIMINATOR 1: ESOPHAGUS GE JUNCTION (EGJ)/STOMACH

- Required for Schema's 00161, 00169, 00170
- Complete rewrite of SSDI instructions
 - Notes added
 - Use code 0 when...
 - Use code 1 when...
 - Added Examples
- Actual code values are the same

3835: FIBROSIS SCORE

- Liver and Bile Ducts Intrahepatic schemas
- Instructions changed (Note 4)
 - Record results based on info collected during the initial workup through the first course surgery, in the absence of neoadjuvant treatment. If multiple histologic assessments (bx or resection) are taken, record the highest score. Results after start of neoadjuvant treatment or primary systemic or radiation may not be used.

3867: KI-67

- NET Schemas
- New Note 4
 - Results from nodal or metastatic tissue may not be used
 - If the only information you have is a Ki-67 from a node or met site, code to XXX.9
- Added to Note 7 – Take specific value over X codes
 - Examples:
 - Ki-67 is less than 1%: Code XXX.4
 - Ki-67 stated as 5-10%: Code XXX.5
 - Ki-67 is greater than 30%: Code XXX.6

3918: PROFOUND IMMUNE SUPPRESSION

- Merkel Cell Skin Schema
- Note 2 modified
 - For the following conditions, there is not time limits for these conditions – code as present
 - HIV/AIDS (Code 1)
 - Solid organ transplant recipient (Code 2)
 - Chronic lymphocytic leukemia (Code 3)

3869: LDH LEVEL

- Melanoma Skin Schema
- Note 2 modified
 - Record the lab value of the highest serum LDH test results
 - **Before or after** surgical resection of primary site (w/wo nodes)
 - Must be taken **prior to** systemic, radiation or surgery to met site
- 3870: LDH Upper Limits of Normal – same note applies

3826/3914: ER/PR PERCENT POSITIVE OR RANGE

- Breast Schema
- Note updated
 - If a range on report is not the same as in table, code as following:
 - If the range is **less than or equal to 10**, code the appropriate R code based on the lower number
 - Example: Reported as 25-34% - Code R30 (21-30%)
 - If the range is **greater than 10**, then code to unknown
 - Example: Reported as 10-25% - Code XX9 (unknown)
 - Example: Reported as 67-100% - Code XX9 (unknown)

3828/3916: ER/PR TOTAL ALLRED SCORE

- Breast Schema
- No longer required beginning with 2023 diagnoses
 - Leave blank for 2023+
 - Required for 2018-2022
- Required SSDI's for Breast cases for 2023
 - 5 relating to ER/PR/HER2 testing
 - 6 relating to Multigene/Oncotype testing
 - 3 relating to misc. information (Ki-67, LN positive, response to neoadjuvant₄₁ tx)

BREAST SCHEMA – MINOR UPDATES

- 3894/3895: Multigene Signature Method/Results
 - Note 2 updated
 - Only record tests that are based on gene assays
 - Don't include other tests which use a multivariate data model
- 3863: Ki-67
 - New note
 - If Ki-67 done on both in situ and invasive components of primary tumor, code from the invasive component
 - If in situ and invasive components present, Ki-67 only done on in situ, code Ki-67 as unknown (XXX.9)

3836: FIGO STAGE

- Vulva, Vagina, Cervix (v8 and v9), Corpus schemas, Ovary, Primary Peritoneal, Fallopian Tube, and Placenta schemas
- Note 1 modified:
 - There must be a statement about FIGO stage from the managing physician in order to code this data item
 - Do **not** code FIGO stage based on the path report
 - Do **not** code FIGO stage based only on T, N, M
 - If “FIGO” is not included with a stated stage, then **do not** assume it is a FIGO stage

3899: NUMBER OF EXAMINED PARA-AORTIC NODES

- Corpus schemas and Cervix Sarcoma schemas
- Note 4 modified
 - If a lymph node dissection is done and only pelvic lymph nodes are assessed, **or** only “nodes” are documented without specifying pelvic or para-aortic, code to 00
- Same applies to SSDI 3900: Number of Examined Pelvic Nodes⁴⁴

GRADE - GENERAL CODING INSTRUCTIONS

- Added Instruction
 - Priority for grade
 - Synoptic report (including CAP protocol)
 - Pathology report: Final diagnosis
 - Physician statement

GRADE TABLE 9 & 10

- Soft Tissue schemas, Heart, Mediastinum and Pleura, Kaposi Sarcoma, Orbital Sarcoma schemas
- New Note added: Code 1 if stated as “low grade” only
- New code added: Code H – Stated as “high grade” only



bobbi-matt@uiowa.edu or lori-somers@uiowa.edu