

SEER Program Coding and Staging Manual 2024 Updates

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Overview



REVIEW NEW DATA ITEMS
FOR 2024



UNDERSTAND THE
UPDATES FOR 2024



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Location of updates

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

SEER Program Coding and Staging Manual 2024

- ➔ [SEER Program Coding and Staging Manual 2024](#) (PDF, 1.8 MB) (released September 2023)
- [Appendix A - County Codes](#) (PDF, 504 KB)
- [Appendix B - Country and State Codes](#) (PDF, 425 KB)
- [Appendix C - Site Specific Coding Modules](#)
- [Appendix D - Race and Nationality Descriptions](#) (PDF, 227 KB)
- [Appendix E - Reportable and Non-reportable Examples: PDF](#) (PDF, 196 KB) or [Excel](#) (XLSX, 25 KB)
- ★ [Summary of Changes \(September 2023\)](#) (PDF, 314 KB) - provides the list of changes included in this release.

<https://www.facs.org/media/bfxlv0eu/store-manual-2024.pdf>



During presentation will reflect differences between these

Standards
for Oncology
Registry Entry

Standards for Oncology Registry Entry

STORE 2024

Effective for Cases Diagnosed
January 1, 2024

Release date 5/29/2024



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New Data Items

Geocoding
Tumor Size Summary
Breast Reconstruction



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New Data Items

- **Geocoding Quality Code (#86)**
 - Derived variable based on the geocoding process
 - Indicates whether an address in NAACCR/AGGIE Geocoder or MI GeoCorrect Tool matched, failed to match, or needs to be reviewed
- **Geocoding Quality Code Detail (#87)**
 - Derived variable related to Geocoding Quality Code
 - Used during a manual review of geocoded cases
 - Assess input reference data agreement, geographic accuracy, and micro-scale fitness for use at the sub-county level



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New Data Items

- **Tumor Size Summary (#756)**
 - Begins 1/1/2024
 - Record in millimeters (mm)
 - Priority Order:
 - Surgical resection specimen (pathology) without neoadjuvant therapy
 - Discrepancy among tumor size measurements in various sections of the path report code the size from the synoptic report
 - Only a text report is available use: final diagnosis, microscopic or gross exam
 - Neoadjuvant therapy followed by surgery, code largest size of tumor prior to treatment
 - Don't record the size from the pathologic specimen
 - No surgical resection code largest measurement of tumor from imaging, physical exam, or other diagnostic procedures in this order (prior to any treatment)
 - If none of the above apply, code largest size from all information within 4 months of diagnosis in the absence of disease progression



No longer required
2024+:
Tumor Size Clinical
Tumor Size Pathologic

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Tumor Size Summary



- Tumor size stated **as less than** x mm or x cm, report as 1mm less
 - *Example:* <1cm code as 009; <2cm code as 019
 - If less than 1mm code as 001
- Tumor size stated **as greater than** x mm or x cm, report as 1mm more
 - *Example:* >10mm or >1cm code as 011; >2cm code as 021
 - If anything, greater than 989mm (98.9cm) code as 989
- Tumor size **between 2 sizes**, record size as the midpoint between the 2 (add sizes and divide by 2)
 - *Example:* between 2cm and 3cm, code as 025; $2+3=5$, divide 5 by 2 = 2.5cm (025)
- **Tumor size range**, code the higher tumor size
 - *Example:* Tumor size is 8-10mm, code 010
- Round tumor size when described as **fractions of mm**
 - Round tenths of mm in 1-4 range down to nearest whole mm
 - Round tenths of mm in 5-9 range up to nearest whole mm
 - **EXCEPTION** is for Breast: sizes greater than 1.0mm and up to 2.4mm to 2mm (002)

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New Data Items

- **Derived Summary Grade(#1975)**
 - Calculated at the central registry level
 - Cases diagnosed 2018+
 - Takes the highest (more severe) grade value from *Grade Clinical* and *Grade Pathological*
 - Exception – Breast as behavior affects the priority
 - If grade is needed in the EOD 2018 Derived Stage Group Calculation, then this value is used there



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New Data Items

• Breast Reconstruction (#1335)

- Coded for breast primaries diagnosed 1/1/2024+
- Reconstruction procedure immediately following resection of the breast
 - Performed during the same operative procedure
 - There may be two reports where one surgeon performs the resection, and another typically performs the reconstruction
- Only applies to ipsilateral reconstruction
- Oncoplastic surgery is typically performed by the surgeon but may be in the Breast Plastic Reconstructive note



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Breast Reconstruction Codes



Description	Code
No reconstruction; no immediate reconstruction; started but not completed	A000
Tissue expander placed; Tissue expander w/out implant or tissue placed	A100
Direct to implant; Permanent implant	A200
Oncoplastic tissue rearrangement; Reconstruction w/ parenchymal flap or adj tissue transfer	A300
Oncoplastic reduction and/or mastopexy; Breast conserving resection and breast reduction/lift performed	A400
Oncoplastic reconstruction w/ regional tissue flaps; Breast conserving resection and reconstruction w/ skin flaps	A500
Mastectomy reconstruction w/ autologous tissue, no source specified; Autologous tissue source unknown/not specified	A600
Mastectomy reconstruction WITH abdominal tissue	A610
Mastectomy reconstruction WITH thigh tissue	A620
Mastectomy reconstruction WITH gluteal tissue	A630
Mastectomy reconstruction WITH back tissue	A640

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Breast Reconstruction Codes

Not otherwise specified (NOS) codes or unknown codes when the other reconstruction codes don't fit or apply



Procedure	Code
Reconstruction performed; method unknown	A900
Implant based reconstruction, NOS	A970
Autologous tissue-based reconstruction, NOS	A980
Unknown if immediate reconstruction performed	A990

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Updates for 2024

Updates to coding instructions
and/or data items



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Updates to Coding Instructions



Social Security Number

• Coding Instruction 2

- For missing parts of the Social Security number, enter 9s or blanks (dependent upon software)
- For SEER*Abs enter 9s for the missing digits
 - Example: Last 4 digits are all that are available enter: 999-99-1234
- Other software – check with vendor

Laterality

• Code 4 – Bilateral involvement

- Both breasts when inflammatory carcinoma is bilateral at diagnosis (4e)
- Bilateral involvement at time of diagnosis and lateral origin unknown for a site listed in the table *Sites for Which Laterality Must Be Recorded* (4f)
- *Example:* Both arms are involved with Kaposi sarcoma and no other sites are involved. It is not known on which arm the Kaposi sarcoma originated. Assign laterality 4.

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Tobacco Use Smoking Status

- **SEER*Abs – Tobacco Use** (required as available)
- **Don't record** the patient's past or current use of marijuana, chewing tobacco, e-cigarettes, or vaping devices per *instruction 2*
- **Code 1** Current Smoker
 - *Instruction 3b* Record only states "current tobacco use"
- **Code 2** Former Smoker
 - *Instruction 4b* "Prior tobacco use"
- **Code 3** Smoker, current status unknown
 - *Instruction 5c* It cannot be determined whether the patient currently smokes or formerly smoked
 - Medical record only indicates "Yes" for smoking without further information
- **Code 9** Unknown if ever smoked
 - *Instruction 6b* Smoking status is not stated or provided
 - *Instruction 6c* The method (cigarette, pipe, cigar) used cannot be verified in the chart
- Use text fields to explain the code assignment per *instruction 7*



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Primary Site

- **New Section:** Physician Priority Order for Coding Primary Site for Solid Tumors

- General rule the surgeon is usually in a better position to determine the site of origin
- When a pathologist is looking at an entire organ, he/she may be able to pinpoint the site of origin within that organ

- **Instruction 15**

- If choice of primary site is between ovary, fallopian tube, or primary peritoneal without designation of the site of origin, any indication of fallopian tube involvement indicates primary tumor is tubal
 - Fallopian tube primary carcinomas can be confirmed by reviewing pathology fallopian tube sections document presence of either serous tubal intraepithelial carcinoma (STIC) and/or tubal mucosal invasive serous carcinoma
- Absence of fallopian tube involvement, refer to the histology and look at treatment plans
- All else fails assign C579 as a last resort



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Primary Site

- **Instruction 16** 

- Primary Site Table
 - Added
 - Periclitral C511
 - Ureterovesical junction (UVJ) C669
 - Code changed
 - Parapharyngeal space to C139 (previously C490)



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Reportability



High grade dysplasia of the colorectal sites –

Not reportable


- It is designated as an in situ (/2) behavior in the latest WHO classification

Ambiguous Terms

- “Diagnostic for” malignancy or reportable diagnosis the following phrase was added as reportable when no other information is available:
 - **In keeping with** [malignancy or reportable diagnosis]

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Updated Data Items/Instructions

- **Intraductal papillary mucinous neoplasm with high grade dysplasia (8453/2) of the pancreas** 

- Diagnostic Confirmation assign code 7 when the only confirmation is based on imaging (*instruction 8, new note*), histologic confirmation is not required
- Behavior – In Situ pathologic examination exception
 - May be reportable based on imaging alone
 - Histologic confirmation is not required



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SEER Site-Specific Factor 1

Not the same as SSDI - HPV

• Instructions Modified

1. Record results of any HPV testing performed on tissue/pathological specimens
2. Several methods to determine HPV status:
 - Most frequently used test is IHC for p16 expression
 - Other tests detect viral DNA or RNA
3. HPV-type 16 refers to virus type and different from p16 overexpression
4. Codes 10-51 are hierarchical (10 highest, 51 lowest)
5. Cases in **Oropharynx HPV-Mediated (p16+)** schema
 - a) If **additional HPV test** is done in addition to p16 code those test results
 - b) **No additional HPV test** is done, **code 11** in this data item (Schema Discriminator 2 is code 2)
6. Cases in **Oropharynx (p16-)** schema
 - a) If **additional HPV test** is done in addition to p16 code those results
 - b) No additional HPV testing done:
 - i. **Schema Discriminator 2 is code 1**, then **SEER SSF 1 = 10**
 - ii. **Schema Discriminator 2 is code 9**, then **SEER SSF 1 = 99**



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SEER Site-Specific Factor 1 Codes

Tissue/Path specimen

Description	Code
HPV <i>negative</i> by p16 test	10
HPV <i>positive</i> by p16 test	11
HPV <i>negative</i> for viral DNA by ISH test	20
HPV <i>positive</i> for viral DNA by ISH test	21
HPV <i>negative</i> for viral DNA by PCR test	30
HPV <i>positive</i> for viral DNA by PCR test	31
HPV <i>negative</i> by ISH E6/E7 RNA test	40
HPV <i>positive</i> by ISH E6/E7 RNA test	41
HPV <i>negative</i> by RT-PCR E6/E7 RNA test	50
HPV <i>positive</i> by RT-PCR E6/E7 RNA test	51
HPV status reported in medical records as <i>negative</i> , test type unknown	70
HPV status reported in medical records as <i>positive</i> , test type unknown	71
Test done, results not in chart	97
No documentation in medical record; HPV test not done, not assessed or unknown if assessed	99



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Updated Items/Instructions



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Date Therapy Initiated

- *Instruction 2* added:
 - For cases diagnosed 2024+
 - Record the date the decision was made for active surveillance
 - Even if patient changes their mind later and ops for additional treatment
 - *Treatment Status* should be **coded as 2**, Active Surveillance/Watchful Waiting
 - Include text to document the decision made for active surveillance/watchful waiting

Radiation Treatment Modality (Phase I, II, III)

- Coding *Instruction 1* added:
 - Radioisotopes, NOS for Radioembolization code 13
 - *Examples:* intravascular yttrium-90 or lutetium-177

Updated Data Items/Instructions



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Systemic Treatment

- **Code 82** – Modified
 - Not recommended/administered because it was contraindicated due to patient risk factors (e.g. comorbid conditions, advanced age, **progression of tumor prior to administration**)

Chemotherapy *instruction 7c* added:

- Assign code 82 when chemotherapy is customary option for the primary site/histology, but it was not administered due to patient risk factors, such as
 - **Progression of tumor prior to administration**

Updated Data Items/Instructions



Neoadjuvant Therapy

Neoadjuvant Therapy – Clinical Response

Instruction 1 – Assign code 0

- **When the primary site is unknown and neoadjuvant therapy is given to treat another site**

Example: Patient is diagnosed with melanoma in the lymph node with no primary skin site found. The physician gives immunotherapy as neoadjuvant therapy with planned and carried out surgical resection of involved lymph nodes following completion of immunotherapy.



Other Therapy

Instruction 2 – Assign code 1

- PUVA (Psoralen (P) and long-wave ultraviolet radiation (UVA)) in the RARE event that it is used as treatment for extremely thin melanomas or cutaneous T-cell lymphomas (e.g. mycosis fungoides)

Note: Code UVB phototherapy for mycosis fungoides as photodynamic therapy under Surgery of Primary Site 2023 for skin. Assign code B110 [Photodynamic therapy (PDT)] when there is no pathology specimen.

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Appendix C

Coding Guidelines
Surgery Codes



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Appendix C: Coding Guidelines

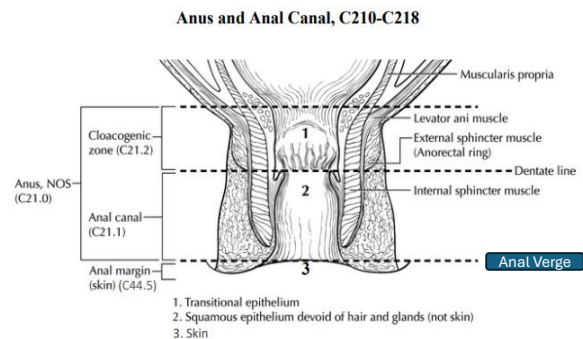
- Added/Updated:
 - **Anus** – primary site anatomic location
 - **Brain/CNS, Malignant/Benign/Borderline** – section on tentorium
 - **Breast** – statement on coding primary subsite
 - **Pancreas** – statement on coding primary site on neck pancreas



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New Coding Guideline: Anus

- Illustration to assist in appropriate primary site coding
 - **Anus, NOS C210**
 1. **Cloacogenic zone C212**
 - Epithelial transitional cell zone
 - 6-12mm above dentate line
 2. **Anal canal C211**
 - Squamous epithelium - mucosa
 - Last portion of GI tract
 - 3-4cm long
 3. **Anal margin (skin) C445**
 - Perianal skin
 - Below anal verge



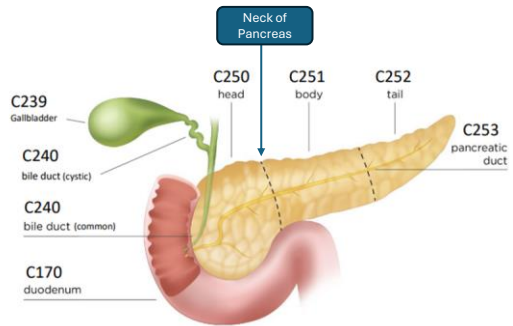
Modified from: AJCC Cancer Staging Atlas. Springer, New York, NY. https://doi.org/10.1007/978-1-4614-2080-4_15



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Coding Guideline: Pancreas

- Added footnote for **Pancreas Neck** ^
 - **C257** Other specified parts of pancreas; **Neck of Pancreas**^
 - ^Note: pancreas body vs. neck: the neck is a thin section of the pancreas located between the head and body
 - Anatomy:
 - About 2cm wide and lies mostly behind the pylorus of stomach
 - Located in front of where portal vein is formed and covered with peritoneum
 - Splenic artery and vein run along posterior wall of neck
 - Superior mesenteric artery lies medial to the neck



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Coding Guideline: Breast

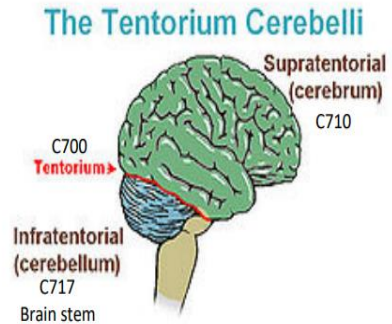
- Apply these general guidelines when there is no other way to determine subsite using the available medical documentation:
 - **Updated for subsite coding preference:**
 - **C502-C505** (specific quadrants) are preferred over code C501 (central)
 - **C500** (nipple/areola) and **C501** (central) are preferred over C508 (overlapping)



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Coding Guidelines: Brain/CNS Malignant and Benign/Borderline

- **New section on tentorium**
 - A fold of the dura mater when separates the cerebellum (infratentorial) from cerebrum (supratentorial)
- **Based Summary Stage 2018 subsites**
 - **Infratentorial, NOS C717**
 - All subsites C716-C717
 - Hypothalamus C710
 - Pallium C710
 - Thalamus C710
 - Posterior cranial fossa C719
 - **Supratentorial, NOS C710**
 - All subsites C711-C715
 - Primary site C710 (excludes those above)
 - Corpus Callosum C718
 - Middle Cranial Fossa C719
 - Tapetum C718
 - Suprasellar C719



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Appendix C: Surgery Codes

- **Bones (C400-C419), Peripheral Nerves/Autonomic Nervous System (C470-C479), Soft Tissue (C490-C499)**

- *Added SEER Notes* to the following surgery codes:

- **A250** Local excision
- **A260** Partial resection

SEER Note: According to the CoC, “excision” in the surgery codes to the lesion and “partial resection” refers to the organ

- **A300** Radical excision or resection of Lesion **WITH** limb salvage

SEER Note: Assign code A300 when the tumor was excised, and the limb was saved (salvaged)

Example: 6cm sarcoma excised from soft tissue near the distal humerus. Able to obtain 2cm pathologic margins. Plastic team intercepted to perform graph with muscle taken from abdomen.



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Appendix C: Breast Surgery Codes



Procedure	Notes	2024 Code
Partial mastectomy; lumpectomy; segmental mastectomy; tylectomy	Previous (pre-operative) positive biopsy (core or FNA)	B200
Excisional breast biopsy	No pre-operative biopsy proven diagnosis of cancer; Surgeon removes the (positive) mass and no biopsy prior to mass removed	B210
Excisional breast biopsy, for atypia	Pre-operative biopsy shows atypical ductal hyperplasia (ADH) or atypia , an excision performed, and pathology shows in situ or invasive cancer	B215
Re-excision of margins from primary tumor	For gross or microscopic residual disease when <i>less than total mastectomy</i> performed	B240
Central lumpectomy	Only performed for a prior diagnosis of cancer , which includes <i>removal of nipple areolar complex</i>	B290

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Appendix C: Breast Surgery Codes



Procedure	Notes	2024 Code
Skin-sparing mastectomy <ul style="list-style-type: none"> WITHOUT removal uninvolved contralateral breast WITH removal uninvolved contralateral breast 	Removes <i>all breast tissue and the nipple areolar complex</i> and <i>preserves native breast skin</i> ; performed with and without SLN biopsy or ALND.	B300 <ul style="list-style-type: none"> B310 B320
Nipple-sparing mastectomy <ul style="list-style-type: none"> WITHOUT removal uninvolved contralateral breast WITH removal uninvolved contralateral breast 	Removes <i>all breast tissue</i> but <i>preserves the nipple areolar complex and breast skin</i> ; performed with and without SLN biopsy or ALND.	B400 <ul style="list-style-type: none"> B410 B420
Areolar-sparing mastectomy <ul style="list-style-type: none"> WITHOUT removal uninvolved contralateral breast WITH removal uninvolved contralateral breast 	Removes <i>all breast tissue and nipple</i> but <i>preserves areola and breast skin</i> ; performed with and without SLN biopsy or ALND. Patient has <i>excisional biopsy followed by an areolar-sparing mastectomy</i> during first course therapy – code areolar-sparing mastectomy (cumulative results)	B500 <ul style="list-style-type: none"> B510 B520

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Appendix C: Breast Surgery Codes



Procedures	Notes	2024 Code
Total (simple) mastectomy <ul style="list-style-type: none"> WITHOUT removal of uninvolved contralateral breast WITH removal of uninvolved contralateral breast 	<i>Removes all breast tissue, nipple, areolar complex, and breast skin; performed with and without SLN biopsy or ALND</i>	B600 <ul style="list-style-type: none"> B610 B620
Radical mastectomy, NOS <ul style="list-style-type: none"> WITHOUT removal of uninvolved contralateral breast WITH removal of uninvolved contralateral breast Bilateral mastectomy for a single tumor involving both breasts (bilateral inflammatory carcinoma) 	<i>Removes all breast tissue, nipple areolar complex, breast skin, and pectoralis muscle; performed WITH level I-III ALND</i>	B700 <ul style="list-style-type: none"> B710 B720 B760
Mastectomy, NOS	Includes extended radical mastectomy	B800
Surgery, NOS		B900

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Appendix C: Colon Surgery Codes



Procedure	Notes	2024 Code
No surgery; None; Autopsy ONLY	Colostomy only, no colon tissue removed	B000
Local tumor excision, NOS		B200
Polypectomy, NOS		B260
Excisional biopsy		B270
Polypectomy-endoscopic	<i>Polypectomy during an initial colonoscopy for screening or symptoms without knowledge if polyp is benign or malignant</i>	B280
Polypectomy-endoscopic mucosal resection/dissection	<i>More complicated polypectomy performed during a colonoscopy; usually known to be malignant</i>	B281
Polypectomy-open approach surgical excision or laparoscopic		B290
Electrocautery	In combination of B200-B290 WITH electrocautery	B220

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Appendix C: Colon Surgery Codes



Procedure	Notes	2024 Code
Wide Local Excision with Tumor; Local tumor resection; Transanal resection	Focused on just <i>removing primary tumor</i> and not <i>portion of colon or rectum</i> ; just tumor w/ bit of margin	B291
Partial colectomy • Plus resection of contiguous organ	<i>Removal of one or more colon segments</i> ; less than half of colon removed	B300 • B320
Appendectomy for appendix primary ONLY	Includes <i>incidental findings</i> ; Removal of a short portion of distal ileum is NOT removal of contiguous organ	B330
Hemicolectomy	<i>Removal of total right</i> (cecum w/ appendix, ascending colon, hepatic flexure) <i>or left colon</i> (splenic flexure, descending colon, sigmoid) <i>and portion transverse colon</i> ; Note: extended right or left hemicolectomy	B400
Subtotal colectomy • Plus resection of contiguous organ	<i>Total right or left colon and entire transverse colon</i> – code 401	B401 • B410

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Appendix C: Colon Surgery Codes



Procedure	Notes	2024 Code
Total colectomy • Plus resection of contiguous organ	Removal of colon from <i>cecum to rectosigmoid junction</i> ; may include <i>portion of rectum</i>	B500 • B510
Total proctocolectomy • Plus resection of contiguous organ	Removal of colon from <i>cecum to rectosigmoid junction, including entire rectum</i>	B600 • B610
Colectomy or proctocolectomy with resection of contiguous organs, NOS	Assign this code when there <i>isn't enough information to assign codes B320, B410, B510, or B610</i> ; Includes ANY colectomy WITH resection of any contiguous organs (en bloc resection)	B700
Colectomy, NOS		B800

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Appendix C: Lung Surgery Codes



Procedure	Notes	2024 Code
Local tumor destruction, NOS <ul style="list-style-type: none"> • Laser ablation or cryosurgery • Electrocautery; fulguration (hot forceps for tumor destruction) 	<i>Radiofrequency ablation (RFA) code B150;</i> No pathologic specimen for these codes	B150 <ul style="list-style-type: none"> • B120 • B130
Local tumor destruction, NOS	Unknown if specimen was sent to pathology	B190
Excision or Resection of less than one lobe, NOS <ul style="list-style-type: none"> • Wedge resection • Segmental resection (lingulectomy) • Excision, NOS • Laser excision • Bronchial sleeve resection <u>ONLY</u> 	Pathologic specimen submitted; less than a lobe for all of these codes; Same descriptions, just renumbered to place codes in ascending numerical order	B200 <ul style="list-style-type: none"> • B210 • B220 • B230 • B240 • B250

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Appendix C: Lung Surgery Codes



Procedure	Notes	2024 Code
Resection of lobe or bilobectomy (less than whole lung), NOS <ul style="list-style-type: none"> • WITH mediastinal LND 	Removal of <i>one or more lobes of the lung but not the entire lung.</i> If lymph node dissection (LND) is NOT performed, but <i>lymph nodes are obtained as part of the lobectomy code B300</i>	B300 <ul style="list-style-type: none"> • B330
Bronchial sleeve lobectomy/bilobectomy	<i>An entire lobe(s) are removed in addition to part of the bronchus. A portion of bronchus is not typical of a standard lobectomy or bilobectomy.</i>	B320
Lobe or bilobectomy extended, NOS <ul style="list-style-type: none"> • WITH chest wall • WITH pericardium • WITH diaphragm 		B450 <ul style="list-style-type: none"> • B460 • B470 • B480

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Appendix C: Lung Surgery Codes



Procedure	Notes	Code
Pneumonectomy, NOS <ul style="list-style-type: none"> • WITH Mediastinal LND (radical pneumonectomy) 	Other names (B550): complete pneumonectomy, sleeve pneumonectomy, standard pneumonectomy, total pneumonectomy, resection of the whole lung	B550 <ul style="list-style-type: none"> • B560
Extended pneumonectomy, NOS <ul style="list-style-type: none"> • Plus pleura or diaphragm 	Resection of the <i>entire lung in addition to one or more of the following: superior vena cava (SVC), left atrium, aorta, or chest wall</i> ; Extended radical pneumonectomy (old code A700) no corresponding B code – use B660	B650 <ul style="list-style-type: none"> • B660
Resection of lung, NOS	Not classified in previous codes	B800

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Appendix C: Pancreas Surgery Codes



Procedure	Notes	2024 Code
Local tumor excision, NOS	Enucleation, laser tumor destruction, thermal therapy, or ablation	B250
Partial pancreatectomy, NOS	<i>Distal pancreatectomy or subtotal pancreatectomy</i>	B300
Local or partial pancreatectomy and duodenectomy <ul style="list-style-type: none"> • WITHOUT distal/partial gastrectomy (pylorus preserving Whipple) • WITH partial gastrectomy (classic Whipple) 	<i>Pancreaticoduodenectomy</i> (Whipple procedure) If it is <i>not specified where the stomach was cut</i> code B350.	B350 <ul style="list-style-type: none"> • B351 • B352
Total pancreatectomy		B400
Total pancreatectomy and subtotal gastrectomy and/or duodenectomy	<i>Extended pancreatoduodenectomy</i> (previously code A700)	B600
Pancreatectomy, NOS		B800
Surgery, NOS	NanoKnife or irreversible electroporation (IRE)	B900

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Appendix C: Thyroid Surgery Codes



Procedure	Notes	2024 Code
Removal of less than a lobe, NOS <ul style="list-style-type: none"> Local surgical excision Removal of a partial lobe ONLY 	Same description as previous surgery codes just renumbered (ascending order)	B200 <ul style="list-style-type: none"> B210 B220
Lobectomy and/or isthmectomy, NOS <ul style="list-style-type: none"> Lobectomy ONLY (right or left) Isthmectomy ONLY Lobectomy WITH isthmectomy 	Same description as previous surgery codes just renumbered (ascending order)	B250 <ul style="list-style-type: none"> B251 B252 B253
Removal of a lobe and partial removal contralateral lobe		B300
Subtotal or near total thyroidectomy		B400
Total thyroidectomy		B500
Thyroidectomy, NOS		B800

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Appendix D

Race & Nationality



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Appendix D: Race & Nationality

- References have been updated
- Use **ONLY** these lists when race is not stated but other information is provided in the medical record
 - **Code 01** – White
 - **Code 02** – African American
 - **Code 03** – American Indian and Alaska Native – see *Reference 2* for most updated list
 - **Asian Race Codes**
 - **Native Hawaiian and Other Pacific Islander Codes**
 - **Code 98** – Other Race, NEC – do **not** use for Hispanic, Latino, or Spanish, NOS refer to *Reference 1*
 - **Code 99** – Unknown – see *other race descriptions*: descriptions of ethnic origins cannot be coded to a specific race code are listed



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Appendix E

Reportable Examples
Non-reportable Examples



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Appendix E1: Reportable Examples

<p>23</p>	<p>Intraepithelial neoplasia examples (not an exhaustive list)</p> <ul style="list-style-type: none"> • Squamous intraepithelial neoplasia, high grade, or grade II, or grade III (with exceptions) • High grade squamous intraepithelial lesion (HGSIL or HSIL) (with exception) • Intraepithelial neoplasia grade II/III; II-III • Squamous dysplasia, high grade (for stomach, small intestine, and esophagus only) • 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 • Vaginal intraepithelial neoplasia (VaIN), grade III • Vulvar intraepithelial neoplasia (VIN), grade III 	<p>Exceptions (not reportable)</p> <p>Squamous intraepithelial neoplasia (SIN) of cervix (C53_) and skin sites coded to C44_</p> <p>Carcinoma in situ (CIS) arising in cervix (53_) and perianal skin (C445)</p> <p>Cervical intraepithelial neoplasia (CIN III) of cervix (C53_)</p> <p>High grade squamous intraepithelial lesion (HGSIL or HSIL) arising in perianal skin (C445)</p> <p>AIN II and AIN III (8077) arising in perianal skin (C445)</p> <p>High grade prostatic intraepithelial neoplasia (PIN)</p> <p>See also the 2024 SEER manual, Reportability section, for additional reportable terms.</p>
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Appendix E2: Non-reportable Examples

#	Diagnosis/Condition	Notes
1	Sclerosing pneumocytoma of the lung with multiple regional lymph nodes involved with sclerosing pneumocytoma	Lymph node involvement with sclerosing pneumocytoma, formerly sclerosing hemangioma (an obsolete term), is non-malignant. According to the WHO Classification of Thoracic Tumors, 5th edition, "most sclerosing pneumocytomas behave in a benign fashion. However, although cases with lymph node metastases and distant organ metastases have occasionally been reported, these findings do not appear to adversely affect prognosis."
32	High grade dysplasia in sites other than stomach, small intestine, and esophageal primary sites	Not reportable.

Revised diagnosis/condition and note



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Questions?

SEER*SINQ – search for your topic/question:

<https://seer.cancer.gov/seer-inquiry/>

Ask a SEER Registrar:

<https://seer.cancer.gov/registrars/contact.html>

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