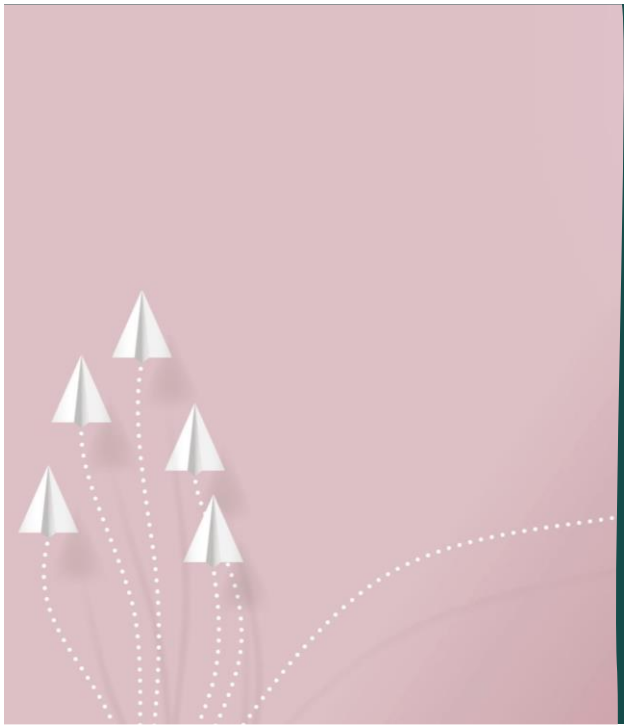


2025 SEER PROGRAM CODING & STAGING MANUAL

Melissa Riddle, ODS-C

Iowa Cancer Registry Annual Updates

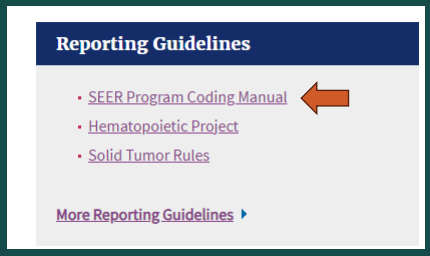
April 2025

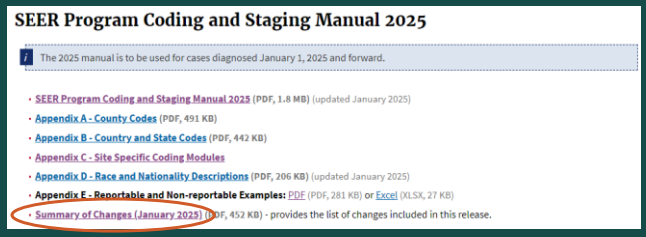
1

1

Where to find the updates.....

- SEER website: https://seer.cancer.gov/registrars/
- Go to SEER Program Coding Manual





2

2

2025 Summary of Changes

Reportable Diagnosis List	Priority for Coding Multiple Races	Spanish Surname or Origin	Primary Payer – Medicare examples
Primary Site	Treatment Data Items	Cancer Status	Appendix C updates

3

3

Reportable Diagnosis List

Added 2025

- Post Transplant Lymphoproliferative Disorder (PTLD) **9971/3**
  - Reportable when it is not in conjunction with
    - Lymphoma
    - CLL/SLL
    - Plasma Cell Disorders
    - Plasma Cell Myeloma
    - Cutaneous Lymphoma
- Conjunctival intraepithelial neoplasia w/ severe dysplasia, or Grade III; squamous intraepithelial neoplasia Grade II of conjunctiva
- High grade dysplasia of esophagus, stomach, small intestine
- High grade squamous dysplasia or larynx
- High grade squamous intraepithelial lesion (HGSIL) of the anus
- High grade vulvar intraepithelial neoplasia

4

4

Reportable Diagnosis List

- **Non-reportable**:
  - Skin primary (C440-C449)
    - ***Note 2* added**
      - SCC of sites coded to C44 is NOT reportable
      - Do not use AJCC staging to determine reportability
      - Follow cancer registry instructions for reportability
  - Prostatic intraepithelial neoplasia (PIN II and PIN III) (C619)
  - High grade dysplasia in colorectal sites (C180-C189, C199, and C209)

5

5

SEER Appendix E1 and E2

- **Appendix E1 – Reportable Examples**
  - Anal intraepithelial neoplasia (AIN), grade II (C210-C211)
  - Cavernous angioma is a related term for cavernous hemangioma (**9121/0**)
    - Reportable for non-malignant brain/CNS sites
    - Cavernous sinus hemangioma, report primary site **C700**

- **Appendix E2 – Non-reportable Examples**
  - Atypical lentiginous melanocytic proliferation
  - Conjunctival intraepithelial neoplasia NOS
  - Malignant tumorlet, NOS (lung)
  - Duct intraepithelial neoplasia type 1a
  - Endometrial hyperplasia w/ focal atypia
  - Pancreatic intraepithelial neoplasia (PanIN) low grade; Pan-IN NOS
  - Pancreatic neuroendocrine microadenoma
  - Vaginal intraepithelial neoplasia NOS
  - Vulvar intraepithelial neoplasia NOS

6

6

Priorities for Coding Multiple Races

1. Code 07 (Native Hawaiian) takes priority over ALL other codes
2. Codes 02-32, 96-97 take priority over code 01 and 98
   - *Example*: Patient is described as white and African American.
     - Race 1: 02
     - Race 2: 01
3. Code the specific race before the non-specific race when both apply

7

7

Race Coding Updates

- Race code 03 for person stated to be
  - Native Alaskan (Western Hemisphere) **OR**
  - American Indian whether from North, Central, South, or Latin America
- Code based on birthplace when race is
  - Recorded as Mongolian or Asian **AND**
  - Place of birth is recorded as China, Japan, Philippines, or another Asian nation
    - *Example*: Race is recorded as Asian and place of birth states Japan
      - **Race 1**: 05 (Japanese)

8

8

Race Coding Updates

- If the patient is multi-racial and specific races not specified code 99
  - **Don't use code 98** for "multi-racial" statement alone
- Refer to *Appendix D* when race is unknown or not stated but birthplace is stated/recorded
  - Race may be inferred from nationality in some cases
    - ***Exception*** Code *Race 1* through *Race 5* as **99** when patient's name is incongruous with the race inferred based on nationality
      - *Example*: Patient's birthplace is Ethiopia; Patient's name is Ping Chen; Do NOT use country of birth to code race, use other information to code race
        - If no other information code race as 99
- **Do not use patient photographs or images from social media to code race**

9

9

Spanish Surname/Origin - Revised Descriptions

Description	Code
South or Central American (except Brazil) See list of countries in Central and South America in manual	**4**
Spanish, NOS; Hispanic, NOS; Latino, NOS There is evidence other than surname or birth surname that the person is Hispanic but can't be assigned to codes 1-5	**6**
Spanish Surname **ONLY** The only evidence of the person's Hispanic origin is the surname or birth surname and there is no evidence that he/she is not Hispanic	**7**

10

10

Spanish Surname/Origin - Instruction Updates

- **Instruction 2** – Use all information to determine Spanish/Hispanic origin including:
  - d. Information about life history and/or primary language spoken at home found in the abstracting process
  - e. A last name or birth surname found on a list of Hispanic/Spanish names
- **Instruction 3** – **Code 0** for Brazil
- **Instruction 4** – When there is more than one ethnicity/origin **code 6**
  - *Example*: Documented both Mexican (code 1) and Dominican Republic (code 8)

NEW

11

11

Spanish Surname/Origin - Instruction Updates

- **Instruction 5** – Only evidence of the patient's Hispanic origin is a surname or birth surname and no evidence that patient is **NOT** Hispanic – **Code 7**
  - Ordinarily used at central registry
- **Instruction 8** – When consolidating records at the central registry:
  - Prefer code 1 over 5 when both are submitted with birthplace of Mexico
  - Prefer codes 2, 3, 4, or 8 over 5

12

12

Primary Payer - Examples added

Description	Examples	Code
Medicare with supplement, NOS	Patient is known to have Medicare with a supplement, but the **type of supplement is unknown**	**61**
Medicare administered through a Managed Care Plan	Patient has Medicare managed plan (Medicare C or Medicare Advantage) **Medicare managed care plan takes the place of original Medicare plan** and **listed as first and usually only insurance as a HMO, PPO, etc.**	**62**
Medicare with private supplement	Patient has **Medicare A and B** with a **private supplement** to cover costs outside of Medicare A/B. Medicare listed first on face sheet and commercial insurance listed second	**63**

13

13

Primary Site - Instruction Added

- **Instruction 4** – coding subsite ".8" when a **single tumor overlaps an adjacent subsite(s)** and **point of origin not determined**

NEWS

b. Single tumor overlapping a reportable site and a non-reportable site:

Determine the site of origin or site with the greatest involvement

i. If site origin/greatest involvement is reportable site – report the case and assign topography code

ii. If site origin/greatest involvement is non-reportable site – do not report the case

iii. If site of origin/greatest involvement can't be determined– do no report the case because you can't confirm reportability

Example: SqCC overlapping skin and vermillion of upper lip. More than 50% of lesion is on vermillion report the case, if less than 50% on vermillion don't report the case

14

14

Primary Site - Instruction Updates

- **Instruction 16** & table updated
  - In absence of any additional information about the primary site, assign the codes listed for these primary sites/histologies and record in text field:
    - Added the following to the table:
      - **Mastoid or mastoid complex C301**
      - **Septum pellucidum C719**
      - **Pterygomandibular raphe C069**

15

15

Treatment Data Items

Surgery of Primary Site 2023

Surgical Margins of Primary Site

Chemotherapy

Immunotherapy

Neoadjuvant Therapy

16

16

Surgery of Primary Site 2023 - Revised Text

- Information from imaging may be used to assign the most accurate surgery code possible when information from post-operative imaging adds to what is known about the surgery performed

  Example:

  Craniotomy for brain tumor resection, no additional information regarding surgical procedure is available. Post-operative MRI states "there is a cavity with blood product from the gross total resection".

  Use the MRI information to assign a more specific surgery of primary site code.

17

17

Surgery of Primary Site 2023 - Added Instruction

- **Instruction 10** –
  - Assign the code that best represents the procedure that was actually performed based on the surgeon's description of the procedure.
    - Avoid assigning a code based on the procedure that was intended to be performed when there is a difference between the planned procedure and the actual procedure performed.

18

18

Surgical Margins of Primary Site - Instructions Added

- **Instruction 1** – Assign **code 0** when
  - b. The entire organ is removed for localized disease unless there is information to the contrary
    - Such as a hysterectomy performed for a localized endometrial cancer case
- **Instruction 7** – Assign **code 9**
  - c. When patient has a TURBT, and surgical margins are **NOT** mentioned in the TURBT report. The op report may mention no residual tumor.

19

19

Chemotherapy - Instruction Updates

- Old **Instruction 2** – deleted
  - ~~Chemotherapy given as radiosensitizers/radioprotectants~~
  - Other instructions moved up

Chemo given as a radiosensitizer/radioprotectant are to be coded as treatment

- ***NEW* Instruction 2** (previously instruction 3)
  - Physician may change a drug during the 1st course of therapy because the patient can't tolerate the original agent
    - a. This is a continuation of the 1st course of therapy when the chemo agent that is substituted belongs to the same group

20

20

Hormone Therapy – Instruction Added

- **Instruction 2** –
  - Code as treatment for both primaries when the patient receives HRT for one primary that could affect the other primary

    Example:

    Patient is diagnosed with IDC in R breast and DCIS in L breast.

    Both primaries are hormone positive.

    Code HRT for both primaries in this case (simultaneous bilateral breast primaries)

21

21

Neoadjuvant Therapy

- **Introduction updated**:
  - For the purpose of this data item, neoadjuvant therapy is defined as systemic treatment and/or radiation therapy to improve local therapy and long-term outcomes during 1st course of treatment before planned surgical resection.
- **Revised Definition**:
  - Surgical resection is defined as the most definitive surgical procedure that removes some or all the primary tumor/site
    - For many sites this would be codes A300-A800 or B300-B800
    - Some sites surgical codes less than A300 or B300 could be used

      Example: Breast – central lumpectomy B290

22

22

Neoadjuvant Therapy - Instructions Updated

- **Instruction 1** – Assign **code 0** (no neoadjuvant therapy; no surgery planned)
  b. When surgical resection of the primary site is **NOT** part of planned 1st course of treatment

  Example: Patient has unresectable lung cancer, and no surgical resection is planned, only chemoradiation is planned
- **Instruction 2** – Assign **code 1** (neoadjuvant therapy completed)
  b. Patient completed full course of neoadjuvant therapy with or without planned surgical resection
  c. When the patient starts neoadjuvant therapy on one chemo regimen and the regimen is changed due to either poor performance or lack of response, as long as patient completes the full course of treatment.

23

23

Neoadjuvant Therapy - Clinical Response
Coding Guidelines Revised

- Evaluated after primary systemic and/or radiation therapy is completed or started but stopped due to disease progression or death **PRIOR** to surgical resection.
- Based on clinical history, physical examination, biopsies, imaging, and other diagnostic work up.
- Do **NOT** use information from the surgical pathology report to code this data item.

24

24

Neoadjuvant Therapy - Clinical Response
Instructions Revised

- **Instruction 5** – Assign **code 3**
  - ***Note 2***: When managing/treating physician documents that the patient progressed after neoadjuvant therapy was started even if neoadjuvant therapy isn't complete. Use text fields to document this information.
- **Instruction 10** – Assign **code 8**
  a. When neoadjuvant therapy done and clinical response is:
    - **NOT** documented **OR**
    - Unknown **OR**
    - Not clearly stated as complete or partial (codes 1-5)

25

25

Neoadjuvant Therapy - Treatment Effect

- **Definition revised**:
  - Surgical resection is defined as the most definitive surgical procedure that removes some or all the primary tumor/site
    - For many sites this would be codes A300-A800 or B300-B800
    - Some sites surgical codes less than A300 or B300 could be used
      Example: Breast – central lumpectomy B290
- Revised ***Note 3*** – **Code 7** includes
  - Patients who complete or start but do not complete neoadjuvant treatment
    - Without subsequent surgical resection **OR**
    - Patient expires before surgical treatment

26

26

Cancer Status Updates

Date of Last Cancer Status

Cancer Status

27

27

Date of Last Cancer (tumor) Status

- **Revised instructions**:
  1. Code the month, day and the year of the last known cancer status for this tumor
  2. Use information from a health care provider, patient's physician, or other official source (i.e. death certificate).
     - Do **NOT** use information from an unofficial source such as a family member, friend or other non-official source.
  3. Use the date of death as the Date of Last Cancer (tumor) Status for deceased patients and use all entries on the death certificate to code Cancer Status.

28

28

Cancer Status - Instruction Updates

1. Assign **code 1** (no evidence of this tumor) when
   a. There is no information of evidence of this tumor, for example, the patient is in remission for a hematopoietic disease
   b. Patient is on maintenance therapy that continues for years and that is the only information that suggests cancer may be present
2. Assign **code 2** (evidence of this tumor) when there is indication of this tumor, for example, patient died or is continuing treatment for this tumor (not maintenance therapy)
3. Use ALL entries on the death certificate to code Cancer Status for deceased patients

NEW

NEW

29

29

Appendix C Updates

Coding Guidelines: Breast, Kidney, Lymphoma, Melanoma Skin

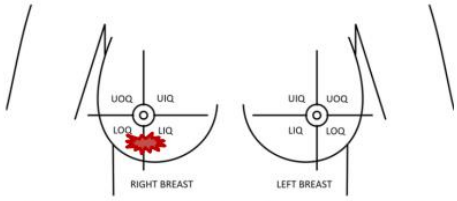
Surgery Codes: Brain, Colon, Lung

30

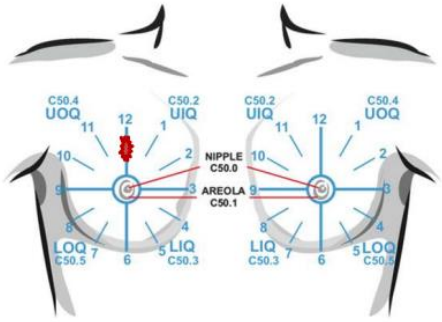
30

primary site to C508 when

There is a single tumor in two or more subsites and the subsite in which the tumor origi
is unknown



There is a single tumor located at the 12, 3, 6, or 9 o'clock position on the breast



Coding Guidelines: Breast

NEW diagrams and examples for subsite C508

31

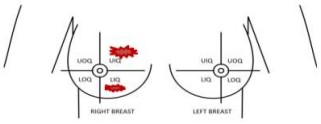
31

Coding Guidelines: Breast

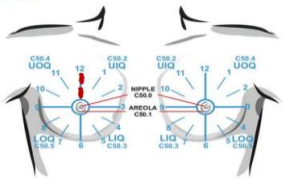
NEW diagrams and examples for subsite C509

Code the primary site to C509 when

- There are multiple tumors (two or more) in at least two quadrants of the breast

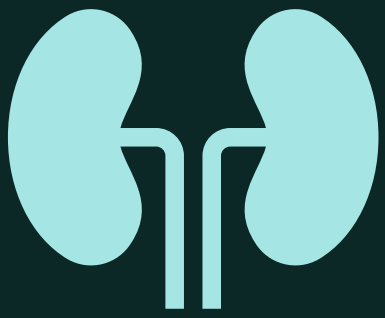


- There are multiple tumors (two or more) located together at the 12, 3, 6, or 9-o'clock position on the breast



32

32



Coding Guidelines: Kidney

- Primary Site:
  - Urothelial cell carcinoma originates in the urethra, bladder, ureters, and renal pelvis
  - Code primary site to **renal pelvis** (**C659**) when urothelial cell carcinoma originates in the "kidney"

33

33

Coding Guidelines: Lymphoma

- Surgery of Primary Site 2023 –
  - Nodal Lymphoma (C770-C779)
    - Do **NOT** code in Surgery of Primary Site 2023 when **multiple nodes** are involved and only one is removed
      - Code as a biopsy

34

34

Coding Guidelines: Melanoma Skin

- Sites/Histology codes updated:
  - C000-C002, C006, C440-C449, C500, C510-C512, C518-C519, C600-C602, C608-C609, C632
  - With histology codes 8720-8790
- Updated Breslow Tumor Thickness:
  - Thickness/depth stated as greater than 9.9mm, code **AX.0**
    - *Example*: At least 10mm - AX.0

35

35

Surgery Code Updates

Site	New Notes	Updates	Codes
Colon (C180-C189)	Includes electrocautery; fulguration (hot forceps for tumor destruction)	**REMOVED** code B120	**B100**
Lung (C340-C349)	Assign code B200 for cryodebulking		**B200**
Brain (C700-C709, C710-C719, C720-C729)	Assign code A200 for stereotactic biopsy of brain tumor. This includes a Stealth or StealthStation guided needle biopsy, a type of stereotactic biopsy.		**A200**

36

36

Thank You!

Contact Information:

Melissa Riddle, ODS-C

melissa-riddle@uiowa.edu

37

37