EOD AND SUMMARY STAGE
2025 UPDATES

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Iowa Cancer Registry Annual Updates
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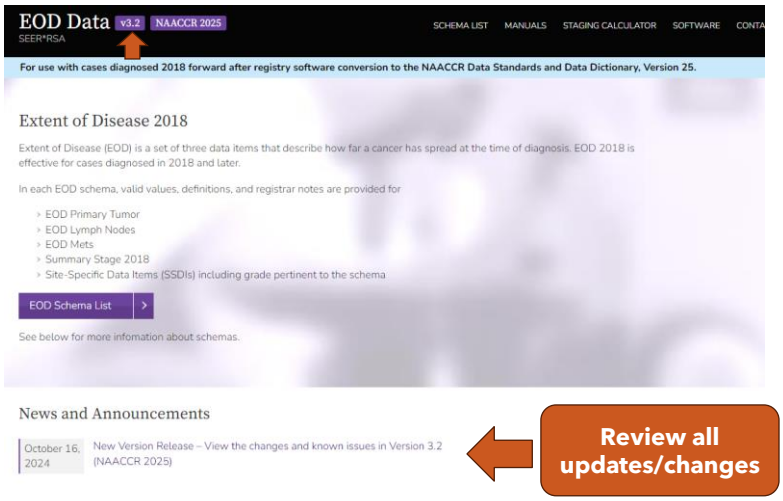
SEER*RSA v3.2

2025 updates for Site-Specific EOD codes and Summary Stage

https://staging.seer.cancer.gov/eod_public/home/3.2



Review all updates/changes

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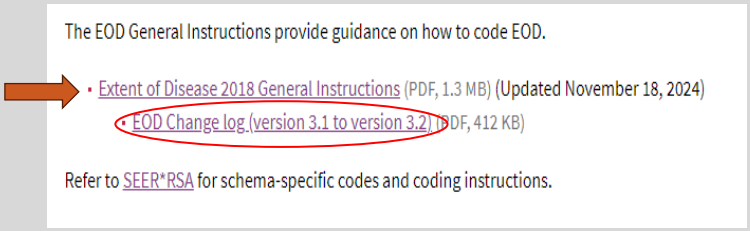
EOD General Instructions

- General instructions are not in SEER*RSA
  https://seer.cancer.gov/tools/staging/eod/


The EOD General Instructions provide guidance on how to code EOD.

- Extent of Disease 2018 General Instructions (PDF, 1.3 MB) (Updated November 18, 2024)
- EOD Change log (version 3.1 to version 3.2) (PDF, 412 KB)

Refer to SEER*RSA for schema-specific codes and coding instructions.

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Updated Schemas for AJCC v9

- Lung
- Nasopharynx
- Pleura Mesothelioma
- Thymus
- Soft Tissue Abdomen and Thoracic updates:
  - Primary site C340-C349, ***Histology 8982*** moved to **lung** for 2025+
  - Primary site C379, ***Histology 8980*** moved to **thymus** for 2025+

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EOD REGIONAL NODES

Updates

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EOD Regional Nodes

Primary Site	Clinical Assessment	Pathological Assessment
	Based on physical exam or imaging	Microscopic confirmation during clinical work up **AND/OR** LND
Colon/Rectum *Note 3*	**350** (1 LN or cN1a) **400** (2-3 LN or cN1b) **450** (cN1) **500** (4-6 LN or cN2a) **550** (7+ LN or cN2b) **600** (cN2)	**200** Tumor deposit **WITHOUT** LN **300** See list
Pancreas *Note 4*	**725** (1-3 LN or cN1) **775** (4+ LN or cN2)	**300** See list **700** Pancreas body/tail – celiac LN

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EOD Regional Nodes

Primary Site	Clinical Assessment	Pathologic Assessment
	Based on physical exam or imaging	Microscopic examination during clinical workup **AND/OR** LND
Esophagus *Note 3*	**725** (1-2 LN or cN1) **750** (3-6 LN or cN2) **775** (7+ LN or cN3)	**300** see list **700** see list
Small Intestine *Note 3*	**600** (1-2 LN or cN1) **700** (3+ LN or cN2)	**300** see list
Bile Ducts Distal, Perihilar; Cystic Duct; Gallbladder *Note 2*	**725** (1-3 LN or cN1) **775** (4+ LN or cN2)	**300** see list **700** SMA or SMV

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EOD Regional Nodes

Primary Site	Clinical Assessment	Pathological Assessment
	Based on physical exam or imaging	Based on microscopic exam **AND/OR** LND
Stomach *Note 2:* Hepatoduodenal LN are regional for C165 **ONLY** *Note 4:* assessment note	**450** (1-2 LN or cN1) **500** (3-6 LN or cN2) **600** (7-15 LN or cN3/cN3a) **700** (15+ LN or cN3b)	**300** see list
Appendix *Note 3*	**450** (1 LN or cN1a) **500** (2-3 LN or cN1b) **550** (cN1) **600** (4-6 LN or cN2a) **650** (7+ LN or cN2b) **700** (cN2)	**300** see list **400** Tumor deposit **WITHOUT** LN involved

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APPENDIX

Updates

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Appendix – Primary Tumor

- *NEW Note 6*: **Invasion into subserosa or mesoappendix**
  - **Code 300** when the only statement is
    - "Tumor invades through the muscularis propria into the subserosa or mesoappendix but doesn't extend to serosal surface"
    - Not enough information to clarify subserosa vs mesoappendix

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Appendix – Primary Tumor

Description	Update	Code
Subserosa invaded	Includes acellular mucin or mucinous epithelium that extends into subserosa (LAMN tumors)	**300**
Mesoappendix invaded	Includes acellular mucin or mucinous epithelium into the mesoappendix (LAMN tumors); If serosa of the mesoappendix involved code 500	**400**
Invasion of/through serosa	Includes acellular mucin or mucinous epithelium involving the serosa of the appendix or mesoappendix serosa (LAMN tumors)	**500**
	Code 600 has been DELETED!!!! Cases 2018+ code 600 is converted to EOD PT 500 and EOD Mets 30	
Involvement of specific organs	Reference to mucinous tumors removed	**700**

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Appendix – Regional Nodes

- *New Notes*
  - *Note 2*: **LAMN tumors**
    - Nodal metastasis is very rare in low-grade appendiceal neoplasms (LAMN); if no mention of LN in path report code as none (000)
  - *Note 3*: **Clinical & Pathological codes**
    - Clinical assessment only or Pathological assessment only
      - Specific codes based on timeframe and procedures performed

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Appendix - Mets

- **Code 30**
  - Intraperitoneal metastasis (peritoneal carcinomatosis)
    - WITH or WITHOUT peritoneal mucinous deposits containing tumor cells
  - Includes peritoneal spread with LAMN tumors

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BRAIN
CNS OTHER

Updates

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Brain/CNS Other – Primary Tumor

- *Note 1*: **Benign (/0) or Borderline Tumors (/1)**
  - Benign or borderline tumors are **always coded to 050** regardless of size, extension to adjacent sites, or multiple tumors
- *Note 3*: **Midline Shift**
  - A midline shift is not the same as crossing the midline
    - **Code 500** – documentation must state "crossing/crosses midline"
- *Note 4*: **Drop Metastasis**
  - Discontiguous spread or "drop metastasis" are coded in EOD Mets

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Brain/CNS Other – Mets

- **Code 70**
  - Metastasis w/in CNS and CSF Pathways
    - Carcinomatosis meningitis
    - Drop metastasis
    - Leptomeningeal mets
    - Meningeal carcinomatosis
  - Mets outside CNS
  - Extra-neural mets

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Intracranial Gland

- **Primary Tumor**
  - *Note*: **Benign (/0) and Borderline (/1) tumors**
    - Are always coded to 050 regardless of size, extension to adjacent sites, or multiple tumors
- **Mets**
  - *Note 1*: **Benign/Borderline Tumors**
    - Code 00 for benign (/0) and borderline (/1) tumors
  - *Note 2*: **Leptomeningeal mets**
    - Also known as carcinomatous meningitis and meningeal carcinomatosis, refers to spread of malignant cells through the CSF space
    - These cells can originate from primary CNS tumors, as well as from distant tumors that have metastasized via hematogenous spread
    - **Code 70**

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Medulloblastoma – Primary Tumor

- *Note 1*: **Benign/Borderline tumors**
  - **Always coded to 050** regardless of size, extension to adjacent sites, or multiple tumors
- *Note 2*: **Single Tumors**
  - Only for **single tumors confined to the primary site** (code 150) or a **single tumor crossing the midline** w/out extension to adjacent structures (code 250)
    - Code 999 if there are multiple tumors in the brain
      - Presence of multiple tumors is recorded in EOD Mets

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Medulloblastoma – Primary Tumor

- *Note 3*: **Midline shift**
  - A midline shift is not the same as crossing the midline
  - **Code 150** if you have a single tumor confined to the primary site w/ midline shift that is not extending into adjacent structures (see Note 4)
- *Note 4*: **Types of Extension coded in EOD Mets**
  - Direct or contiguous extension to an adjacent site is **NOT** collected in Pediatric Primary Tumor for Ependymoma
  - If the only information available is extension to adjacent site, code **EOD PT 999** and assign appropriate Pediatric Mets code
  - These are collected as EOD Mets
    - Adjacent connective/soft tissue; muscle
    - Bone
    - Circulating cells in CSF
    - Major blood vessels
    - Multiple/multifocal tumors

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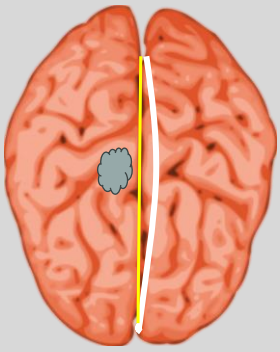
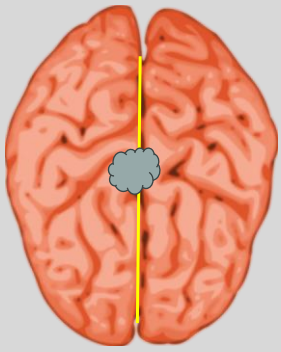
Midline Shift vs. Crossing Midline



Midline shift



Crossing Midline
Brian/CNS Other **EOD PT: 500**
Medulloblastoma **EOD PT: 250**

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Medulloblastoma - Mets

Code	Description	Notes
15	Tumor cells in CSF	
25	Intracranial spread beyond a single lesion	See sites listed
35	Visible mets in spine OR cervicomedullary junction Mets w/in CNS and CSF pathways: • Carcinomatosis meningitis; drop mets; leptomeningeal mets; meningeal carcinomatosis	*Note 3* See the listed adjacent structures; if just tumor cells in CSF code 15; multiple tumors
45	Extra-neural mets	See sites listed
70	Distant mets, NOS	*Note 2*: when distant mets don't fall into the codes 15, 25, 35, or 45

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OTHER SITES

Updates

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Lymphoma, Lymphoma CLL/SLL – Primary Tumor

- *Note 8*: **Splenic Involvement**
  - Based on splenomegaly and FDG-PET or CT scan that state diffuse uptake, solitary mass, miliary lesions, or enlargement greater than 13cm
  - FDG uptake in spleen that is **NOT** diffuse is not enough to code as splenic involvement
- *Note 14*: **Bilateral Involvement**
  - **Code 800**
    - Involvement of bilateral sites (i.e. breast, eye, kidney, etc)

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Melanoma Skin – Regional Nodes

- *New Note 2*: **Coding no regional LN involvement**
  - **Code 000** may be used when
    - Path report **ONLY** with localized tumor based on Breslow's depth and/or Clark's Level **AND**
    - No information on regional LN or mets
      - *Note*: if the tumor is noted to be regional or distant based on Breslow's and/or Clark's then cannot assume nodes are negative and need to assign **code 999**

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Prostate – Path Extension

- *New Note 5*: **Radical Prostatectomy, no residual disease**
  - **Code 300**
    - Microscopically confirmed clinical diagnosis of prostate cancer and radical prostatectomy shows no residual disease
- *New Note 8*: **No evidence of primary tumor**
  - **Code 800**
    - Use only when there is a clinical diagnosis of prostate cancer that has **NOT** been microscopically confirmed, and a radical prostatectomy or autopsy is done and there is no evidence of primary tumor
      - This will be very rare

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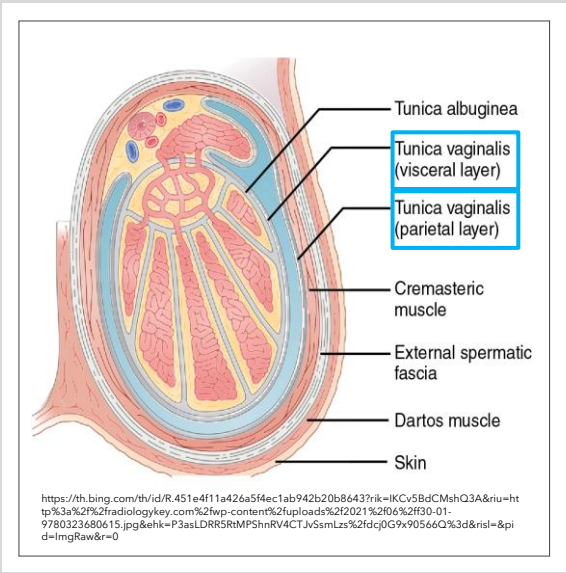

https://th.bing.com/th/id/R.451e4f11a426a5f4ec1ab942b20b8643?rik=IKCv5BdCMshQ3A&riu=http%3a%2f%2fradiologykey.com%2fwp-content%2fuploads%2f2021%2f06%2ff30-01-9780323680615.jpg&ehk=P3asLDRR5RtMPShnRV4CTJvSsmLzs%2fdcj0G9x90566Q%3d&risl=&pid=ImgRaw&r=0

Testis – Primary Tumor

- **Code 200**
  - Pathologic assessment **ONLY**
    - Tumor limited to testis **WITHOUT** LVI or unknown if LVI
    - ***Note***: surface implants (surface of vaginalis tunica) and Tunica vaginalis involved **moved to code 300**, previously included in code 200 which was an error
- **Code 300**
  - Pathologic assessment **ONLY**
    - Surface implants (surface of tunica vaginalis)
    - Tunica vaginalis involved
    - Tumor limited to testis **WITH** LVI

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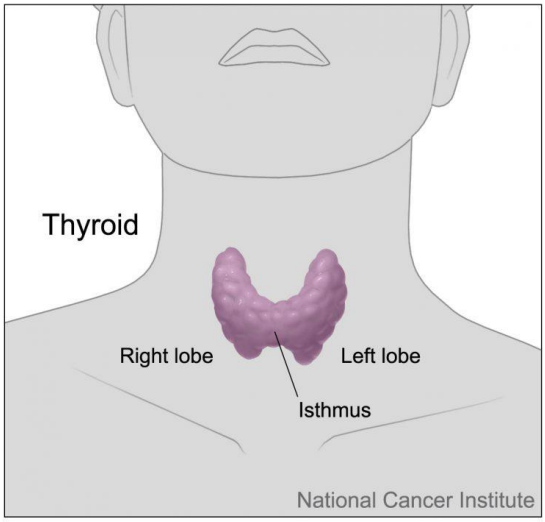

Thyroid – Regional Nodes

- *Note 2*: **Psammoma bodies only**
  - Psammoma bodies are counted as **positive regional LN**

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SUMMARY STAGE V3.2

Updates

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Manual Sections

- Summary Stage 2018 General Coding Instructions (PDF, 1.8 MB)
- Head and Neck (PDF, 1.5 MB)
- Digestive and Hepatobiliary Systems (PDF, 1.3 MB)
- Respiratory Tract and Thorax (PDF, 1.1 MB)
- Bone (PDF, 1.0 MB)
- Soft Tissue (PDF, 1.0 MB)
- Skin (PDF, 1.1 MB)
- Breast (PDF, 1.0 MB)
- Female Genital System (PDF, 1.2 MB)
- Male Genital System (PDF, 1.1 MB)
- Urinary System (PDF, 1.1 MB)
- Ophthalmic Sites (PDF, 1.1 MB)
- Brain (PDF, 1.0 MB)
- Endocrine System (PDF, 1.0 MB)
- Hematologic Malignancies (PDF, 1.2 MB)
- Ill-defined Other (PDF, 979 KB)
- Appendices (PDF, 1.2 MB)

Complete Summary Stage 2018 Manual (PDF, 4.1 MB)

Revision History

The change log (PDF, 412 KB) contains updates made between version 3.1 and 3.2.

Refer to the Historical Staging and Coding Manuals for previous versions of the manual.

Summary Stage v3.2

- Use SEER*RSA

https://staging.seer.cancer.gov/eod_public/home/3.2/

- Summary Stage site

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

  - Review the entire change log

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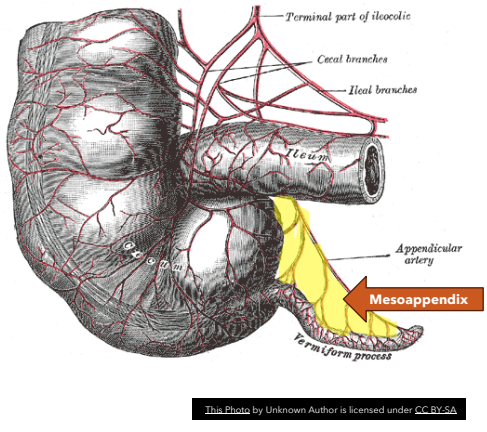

Appendix – LAMN

- *Note 3*: **LAMN Tumor: Behavior**
  - LAMN tumors (8480) can be either in situ (/2) or malignant (/3)
    - Confined to muscularis propria = in situ (/2)
    - Beyond muscularis propria = malignant (/3)
- *Note 4*: **LAMN Tumor: Localized**
  - **Code 1** (localized)
    - Only statement is "Tumor invades through MP into subserosa or mesoappendix but no extension to serosal surface" and no other information to clarify subserosa vs mesoappendix
- *Note 5*: **LAMN Tumor: Regional Nodal Mets**
  - Nodal mets is **VERY RARE** in LAMN
  - No mention of LN in path report for a LAMN, assume that there are not nodal mets

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New Notes

- **Brain/CNS/Intracranial Gland**
  - *Note 5*: **Benign/Borderline tumors**
    - Always coded to 8 regardless of size, extension to adjacent sites, or multiple tumors
- **Lymphoma; Lymphoma CLL/SLL**
  - *Note 7*: **Splenic Involvement**
    - Based on splenomegaly and FDG-PET or CT states diffuse uptake, solitary mass, miliary lesions, or enlargement greater than 13cm
      - FDG uptake in spleen that is NOT diffuse is not enough to code as splenic involvement
  - *Note 8*: **Bilateral Sites**
    - **Code 7** – involvement of bilateral sites (i.e. breast, eye, kidney, etc.)

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New Notes

- **Medulloblastoma**
  - *Note 3*: **Benign/Borderline tumors**
    - Always coded to 8 regardless of size, extension to adjacent sites, or multiple tumors
- **Thyroid**
  - *Note 3*: **Psammoma bodies**
    - Not a new note but clarification on Psammoma bodies
    - Code as positive LN involvement

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Thank You!

Questions?

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