

PDCS Leukemia & Lymphoma

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1

1

2025 Implementation

- **Required by SEER 2025+**
 - Every facility in Iowa must report Pediatric staging and SSDI as applicable
 - Required by Iowa: **Ages 0-39**
 - Software will determine which cases will go into a specific Pediatric Schema
 - You will be assigning Ped Stage Items and SSDIs (when applicable) **in addition to**
 - AJCC (if applicable)
 - EOD
 - SSDIs/Grade

2

2

Where to Find Information:

- **SEER Website: RSA page – Pediatric Data (2024+)**
 - Schemas/Coding Structure
 - **2025:** <https://staging.seer.cancer.gov/pediatric/home/1.2/>
 - **2026:** <https://staging.seer.cancer.gov/pediatric/home/1.3/>
- **Pediatric Staging Manual (2024+)**
 - NAACCR Website: <https://www.naacccr.org/pediatric-resources/#1733928553790-ca5cfb7b-2f2e>
- **Questions – Ask a SEER Registrar**
 - <https://seer.cancer.gov/registrars/contact.html>



PEDIATRIC DATA COLLECTION SYSTEM (PDCS)
PEDIATRIC STAGING MANUAL
The Pediatric Staging Manual will be expanded over the course of several years and will be a comprehensive guide for coding of pediatric cancers.
<ul style="list-style-type: none"> • Pediatric Staging Manual v.1 (PDF, 187 KB) • Appendix (PDF, 1.1 MB) • Appendix (PDF, 201 KB) • Appendix (PDF, 115 KB)
TORONTO STAGING GUIDELINES
PEDIATRIC TRAININGS
PEDIATRIC CODING QUESTIONS
REFERENCES

3

3



Leukemia & Lymphoma Coding

- **Acute Lymphoblastic Leukemia (ALL)**
 - Pediatric Stage & SSDI
- **Hodgkin Lymphoma**
 - Pediatric Stage & SSDI
- **Non-Hodgkin Lymphoma**
 - Pediatric Stage

4

4

Acute Lymphoblastic Leukemia

5

5

Acute Lymphoblastic Leukemia (ALL)

Site: C000-C809

Histology: 9811-9819, 9837

Pediatric Stage:

- **Ped Primary Tumor:** 888 (NA)
- **Ped Regional Nodes:** 888 (NA)
- **Ped Mets:** 10-30, 99
 - Records clinically or cytologic confirmed involvement of CNS at diagnosis or during initial work up
 - Sources: imaging, lab reports, CSF lactate dehydrogenase test
 - Physician statement can be used

SSDI:

- White Blood Cell Count (WBC)

6

6

ALL Ped Mets

7

Criteria for CNS Involvement:

- Clinical signs
 - Imaging evidence of intracranial, intradural mass
 - Cranial nerve palsy, brain/eye involvement, or hypothalamic syndrome
 - *Note:* extra-ocular orbital masses, severe headaches, and eye swelling are **not** sufficient to constitute clinical involvement on their own
- Blasts in CSF
 - Cytospin is used to determine if blasts are present in CSF
 - If **Cytospin is not documented**, then presence of **blasts can't be determined**
 - CNS involvement would be unknown **UNLESS** there is a clinical statement of involvement **or** physician documents a CNS stage
 - If Cytospin documents **no blasts**, code as **absent**
 - If referred to as "**occasional**" or "**seen**" or **similar wording**, code as **present**
- Red and White Blood Cell Counts from CSF
 - Lumbar puncture is most common way to collect the information
 - If RBC <1/uL, record RBC = 0
 - If WBC <1/uL, record WBC = 0

7

ALL Ped Mets Coding

Description	Notes	Code
CNS 1	No clinical signs of CNS involvement AND no blasts in CSF	10
CNS 2	No clinical signs of CNS involvement AND blasts in CSF AND WBC $\leq 5/uL$ CSF OR No clinical signs of CNS involvement OR blasts in CSF AND WBC $\geq 5/uL$ CSF and RBC $\geq 10/uL$ CSF AND WBC/RBC in CSF $\leq 2x$ WBC/RBC in blood	20
CNS 3	Clinical signs of CNS involvement OR Blasts in CSF and WBC $\geq 5/uL$ CSF and EITHER: RBC $< 10/uL$ CSF OR RBC $\geq 10/uL$ CSF and WBC/RBC in CSF $> 2x$ WBC/RBC in blood	30
Unknown	No documented in record; no distant mets stated	99

8

8

ALL SSDI: WBC Count

9

• White Blood Cell Count (WBC)

- Source: lab results for WBC (blood)
 - Measured as “cells/mm³” which is same as “cells/uL”
 - If labs use a different measurement, convert by the following:
 - Report as 3650 cell/uL = 3650.0
 - Report as 3.55 k/uL = 3550.0 (multiple by 1000)
 - Report as 4.25 10³/uL = 4250.0 (multiple by 1000)
 - Report as 6.35 K/mm³ = 6350.0 (multiple by 1000)
 - Physician statement can be used if there is no other information
- **Coding Guidelines:**
 - Record the highest WBC prior to treatment
 - Record to nearest cells per microliter (cell/uL) prior to treatment
 - Known value takes priority over special codes: XXXXX.2 – XXXXX.4

9

ALL SSDI Coding

Description	Notes	Code
0.0-99999.9 cells/uL	Exact value to nearest tenth	0.0 – 99999.9
100,000+ cells/uL		XXXXX.1
WBC is low	No lab value , stated as WBC low	XXXXX.2
WBC is normal	No lab value , stated as WBC normal	XXXXX.3
WBC is elevated/high	No lab value , stated as WBC high/elevated	XXXXX.4
Test ordered	No results are in the chart	XXXXX.7
Not documented	Unknown; WBC not assessed or unknown if assessed	XXXXX.9

10

10

Lymphoma

Overview/Anatomy
 Hodgkin Lymphoma Ped
 Non-Hodgkin Lymphoma Ped

11

11

Introduction

12

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- **What is lymphoma?**

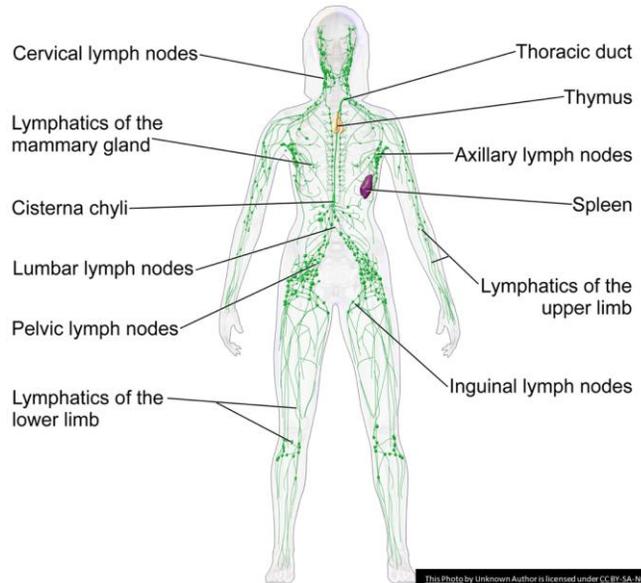
- A term that covers a variety of malignancies of the lymphatic system

- **Divided into 2 main groups:**

- Hodgkin Lymphoma (HL)
 - AKA – Hodgkin Disease
 - Originate almost anywhere in the body
 - Has Reed-Sternberg cells
- Non-Hodgkin Lymphoma (NHL)
 - May originate in a single lymph node, group of lymph nodes, or in an organ
 - Not a Hodgkin type lymphoma

12

Lymphatic System



13

13

Terms to know...

Lymph Nodes

- Primary Site is in the lymph node itself
- Part of the lymphatic system

Extranodal

- Site **outside lymph nodes**
- Still part of the lymphatic system

Extralymphatic

- Site **outside the lymphatic system**
- Common sites include GI tract, lung, breast, thyroid, brain

14

14

Organs of the Lymphatic System

Spleen: left side of the abdomen, filters blood. Largest lymphatic organ.

Thymus: in the chest behind the breastbone, processes T-lymphocytes, produces hormone.

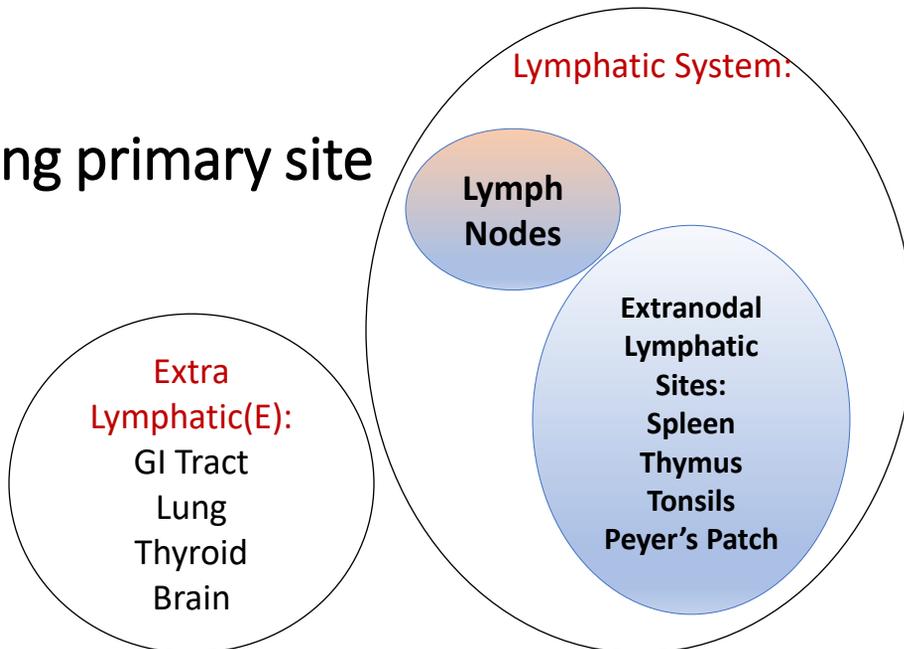
Tonsils: lymph tissue at the back of the throat

Peyer's Patch: visceral surface of the small intestine, usually ileum.

15

15

Coding primary site



16

16

Primary Site

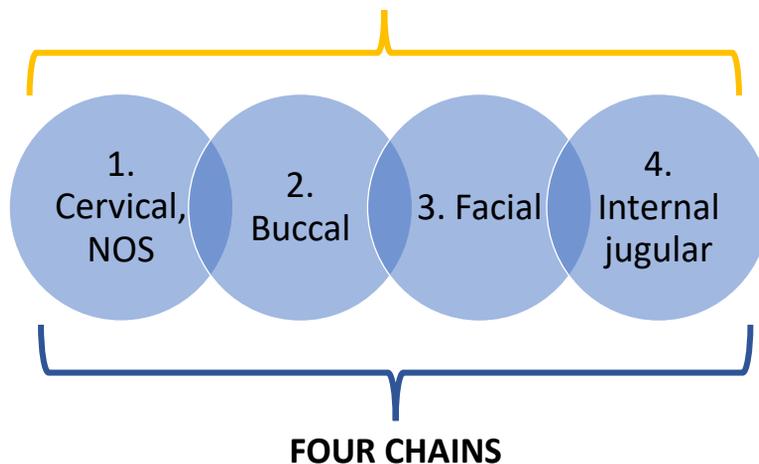
17

- Use **imaging** to determine your primary site
 - Also used to determine stage
 - This is critical for lymphomas
- Site of biopsy is confirming the diagnosis, it is not necessarily your primary site
 - These are very different from solid tumors
 - Biopsy is often the most convenient location to assess
 - **ALWAYS** review your imaging

17

Chains vs Regions

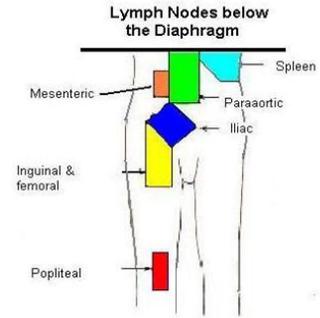
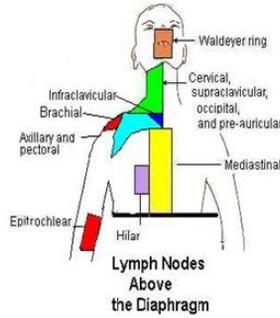
ONE REGION = head, face, neck (C770)



18

18

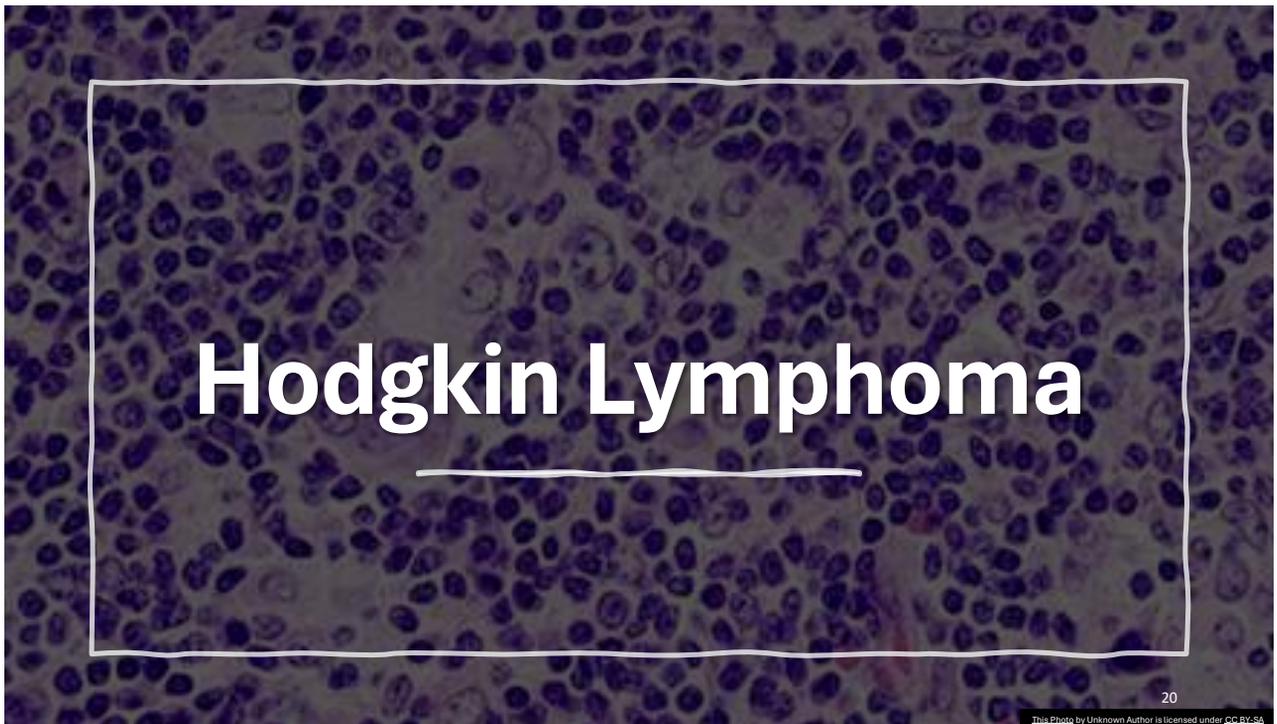
Location, Location, Location



The original "Lymphoma Man" appeared in an article by HS Kaplan and SA Rosenberg, "The treatment of Hodgkin's disease" in Medical Clinics of North America, 1966; 50:1591. It was reprinted on page 305 in Philip Rubin's Clinical Oncology: A Multidisciplinary Approach for Physicians and Students, eighth edition. W.B. Saunders Company, Philadelphia, 2001.

ICD-0-3	REGIONS OF LNS ABOVE THE DIAPHRAGM
14.2	1 Waldeyer's Ring includes: Base of tongue(lingual tonsil) Oropharynx (palatine tonsil) Nasopharynx (pharyngeal tonsil)
77.0	2 Cervical, Supraclavicular, Occipital Pre-auricular
77.1	5 Mediastinal
	6 Hilar
77.3	3 Infraclavicular
	4 Axillary/pectoral
	7 Epitrochlear/brachial

ICD-0-3	REGIONS OF LYMPH NODES BELOW DIAPHRAGM
42.2	8 Spleen
77.2	9 Mesenteric
	10 Para-aortic
77.5	11 Iliac
77.4	12 Inguinal/femoral
	13 Popliteal



Hodgkin Lymphoma

Primary Site: C000-C809

Histology: 9650-9653, 9655, 9659,9663

Pediatric Staging

- **Pediatric Primary Tumor:** 100-800; 999
- **Pediatric Regional Nodes:** 888 (NA)
- **Pediatric Mets:** 888 (NA)

SSDI:

- B Symptoms

21

21

HL – Pediatric Primary Tumor

22

- **Lymphatic sites** (nodal):
 - Lymph nodes (C770-C779)
 - Waldyer's ring (tonsils) (C024, C090-C099, C111, C142)
 - Spleen (C422)
 - Thymus (C379)
- Use **AJCC definitions for LN regions to determine when single or multiple regions**
 - Also see Heme Manual, *Appendix C*
- **Extralymphatic Sites:**
 - Sites outside the lymphatic system
 - *Example:* stomach (C16_); breast (C50_); colon (C18_)
- **Terms considered involvement:**
 - Fixed; matted; mass in hilum, mediastinum, retroperitoneum, and/or mesentery; palpable; enlarged; shotty; LAD

22

HL – Pediatric Primary Tumor

23

- **“Bulky disease”**
 - Ratio between the max diameter of the mediastinal mass and max intrathoracic diameter based on CT imaging
 - Bulk of other disease is a mass greater than 10cm
 - Mention of bulky disease without further involvement, **codes 300 or 400 for nodal lymphoma and 400 for extranodal lymphoma**
- **Liver enlargement** clinically is not enough to indicate involvement
 - Involvement is indicated by diffuse uptake, mass lesion, or abnormal LFT
 - Liver biopsy may be used to confirm equivocal involvement
 - Any liver involvement – **code 800**
- **Splenic involvement** is based on splenomegaly and PET or CT scans that state diffuse uptake, solitary mass, solitary lesions, or enlargement greater than 13cm
 - Physician statement of splenomegaly can be used
 - FDG uptake is **NOT** enough to code as involvement
- **Lung involvement** is based on pulmonary nodules or parenchymal involvement on PET or CT in absence of other causes; lung biopsy may be used to confirm equivocal involvement
 - Multifocal lung involvement is **codes 700 or 800**
 - Code **Mets at Dx-Lung as 1**

23

HL – Pediatric Primary Tumor

24

- **Bone involvement** – avid lesions on PET; bone biopsy may be done for equivocal involvement – **code 800**
 - This does **NOT** include bone marrow involvement
 - Code **Mets at Dx – Bone = 1**
- **Peripheral Blood involvement ONLY is code 750**
 - **Primary site = C421**
 - If there is peripheral blood **with** other involvement, **don't code primary site C421**
 - Ped PT will be based on the involvement of LN or organs
- **Bone Marrow involvement**
 - Assessed by bone marrow biopsy – **code 800**
 - If **ONLY** involvement is **bone marrow, primary site = C421, Ped PT = 800**
 - If LN or organ involvement **AND** bone marrow, code **Mets at DX – Other = 1**
 - A physician's assessment can be used if a bone marrow is not performed/not available
- **CNS involvement** – confirmed by plain radiology, CT or MRI; CSF may be done – **code 800**
 - CNS involvement may be the result of soft tissue disease represent extension from bone mets or parenchymal brain disease
 - Code **Mets at Dx – Bone = 1**

24

HL – Ped Primary Tumor

25

Primary	Extension	Notes	Code
Nodal	Single LN region; Multiple LN chains	SAME lymph node region	100
	2+ LN regions involved	SAME side diaphragm WITH/WITHOUT bulky disease	300
	Contiguous extension from node/lymphatic site to an extralymphatic site WITH/WITHOUT involvement of other nodal regions	SAME side diaphragm WITH/WITHOUT bulky disease (Note 5)	400
Extranodal	Single extralymphatic organ/site WITHOUT nodal involvement; Multifocal involvement (<i>except lung or liver</i>) of single extralymphatic site WITHOUT nodal involvement		200
	Localized involvement of a single extralymphatic site WITH involvement of its regional LN OR WITH involvement other LN on SAME side diaphragm	WITH/WITHOUT bulky disease (Note 5)	400

25

HL – Ped Primary Tumor

26

Primary Location	Notes	Code
Nodal & Extranodal	Involvement of LN regions on BOTH sides of diaphragm WITHOUT or UNKNOWN spleen involvement	575
	Involvement of LN regions on BOTH sides of diaphragm WITH spleen involvement; Involvement of LN ABOVE diaphragm WITH spleen involvement	600
Diffuse/Disseminated Extralymphatic	<i>Excludes lung/liver involvement</i> Diffuse/Disseminated involvement of 1+ extralymphatic organ(s)/site(s) WITH/WITHOUT nodal involvement; Involvement of isolated extralymphatic organ absence of adjacent LN, WITH disease in distant site; Multifocal involvement of one extralymphatic organ/site WITH nodal involvement; Noncontiguous extralymphatic organ involvement with nodal disease (2+ sites involved)	700
Peripheral blood	Involvement of peripheral blood ONLY	750
Diffuse/Disseminated	Diffuse/disseminated bone or CNS; Any involvement: bone marrow, CSF, liver, lung (multiple lesions), peripheral blood WITH other involvement; distant mets, NOS	800
Unknown	Not documented in medical record; unknown extension	999

26

HL – SSDI: B Symptoms

• B Symptoms:

- **Fever** – unexplained over 100.4 Fahrenheit (38 Centigrade)
- **Night sweats** – drenching (require change of bedclothes)
- **Weight loss** – unexplained of more than 10% of usual body weight 6mo prior to diagnosis

• Staging suffix “A” or “B”

- A – asymptomatic (no B symptoms)
- B – symptomatic (B symptoms present)

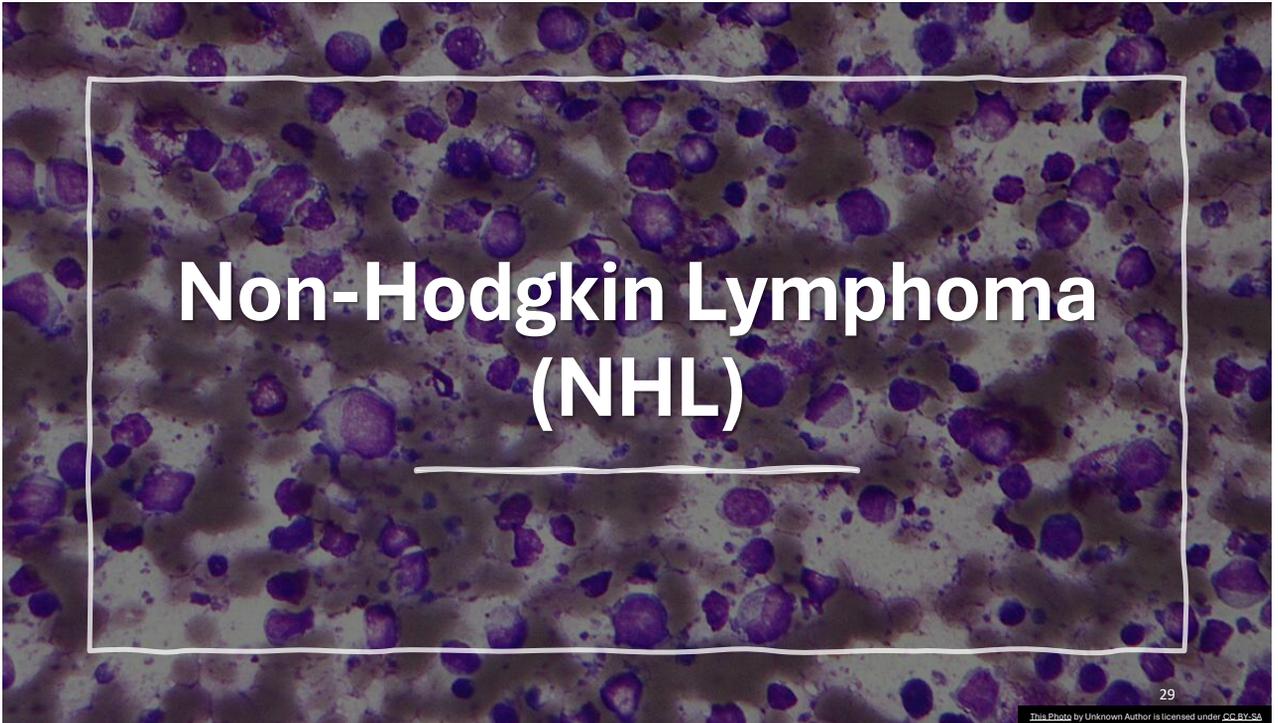
• Source documents: patient history, progress notes, consult notes, other statements in the record

27

HL – SSDI Coding

Description	Notes	Code
Asymptomatic	No B symptoms; Physician classified as “A”	0
Symptomatic	Any B symptoms present: Unexplained fever (over 100.4), Drenching night sweats, Unexplained weight loss (10% body weight in 6mo prior to diagnosis); Physician classified as “B”	1
Unknown	Not documented; B symptoms not assessed; No mention of B symptoms	9

28



29

Non-Hodgkin Lymphoma

Primary Site: C000-C809

Histology: 9591, 9671, 9673, 9678-9680, 9687-9691, 9695, 9698, 9699, 9702, 9705, 9714-9719, 9724, 9735, 9737-9738, 9761-9762, 9765-9768, 9769, 9823, 9827, 9970-9971; 9731-9732, 9734

Pediatric Stage:

- **Ped Primary Tumor:** 100-888; 999
- **Ped Regional Nodes:** 888 (NA)
- **Ped Mets:** 888 (NA)

SSDI - None

30

30

NHL – Ped Primary Tumor

31

- Terms for involvement:
 - Fixed; matted; mass in hilum, mediastinum, retroperitoneum, and/or mesentery; palpable; enlarged; shotty; LAD
- Extensive disease - **400**
 - Typically exhibits spread to para-aortic and retroperitoneal areas by implants and plaques in mesentery or peritoneum, or by direct infiltration of structures adjacent to primary tumor
 - Ascites may be present
 - Complete resection of all gross tumor is not possible

31

NHL – Ped Primary Tumor

32

Description	Notes	Code
Single extranodal/extralymphatic mass or nodal/lymphatic area	Excludes primaries: Abdomen (C239, C24_, C25_, C422, C49_, C48_, C649, C669, C762, C772); GI tract (C160-C218, C26_); Paraspinal or epidural sites (C47_); Intrathoracic tumors (C34_, C379, C38_, C771) – for these sites see code 400	100
Completely resected primary GI tumor (C160-C218, C26_)	WITH/WITHOUT involvement of associated mesenteric LN only	200
Any of the following:	Single extranodal tumor with regional LN involved; 2+ nodal areas on SAME side of diaphragm; 2+ single extranodal tumors WITH/WITHOUT regional node involvement and SAME side diaphragm	300
Any of the following:	Abdominal tumors (C239, C24_, C25_, C422, C49_, C48_, C649, C669, C762, C772) includes extensive primary intraabdominal disease; GI tumors (C160-C218, C26_) WITH LN involvement other than mesenteric nodes OR unresectable tumor; Paraspinal/Epidural tumors (C47_); Primary Intrathoracic tumors (C34_, C379, C38_, C771)	400

32

NHL – Ped Primary Tumor

Description	Notes	Code
Extranodal/Extralymphatic OR Nodal/Lymphatic tumors	BOTH sides diaphragm involved	500
Liver involved	Includes primary site C220 WITH or WITHOUT node involvement	600
CNS involved; Bone Marrow involved; Peripheral Blood involved	Includes primary site C700-C729 Single, multifocal, or multiple CNS tumors; or CNS tumors WITH node involvement; Cranial nerve palsy not explained by extradural lesions OR Blasts morphologically in CSF; Absence of CSF tumor mass and cranial nerve palsy, a CSF report is required to confirm or exclude CNS involve AND/OR Bone marrow involvement (include primary site C421); Peripheral blood involved WITH or WITHOUT other involvement	800
Not applicable	Histology: 9731, 9732, 9734	888
Unknown	Not documented; St Jude Staging System not assessed	999

33

Registrar Resources...

- **PDCS Manual – Appendix I**
 - NAACCR website
<https://www.naacccr.org/pediatric-resources/#1733928553790-ca5cfb7b-2f2e>
- **PDCS Coding for Stage and SSDI:**
 - SEER website
 - **2025:** <https://staging.seer.cancer.gov/pediatric/home/1.2/>
 - **2026:** <https://staging.seer.cancer.gov/pediatric/home/1.3/>
- **Specific Training:**
 - NACCR Training website:
<https://education.naacccr.org/pediatric-data-collection-system-training>

34



Questions?

- Questions on PDSC Manual and/or coding instructions:
 - **Ask a SEER Registrar:**
 - <https://seer.cancer.gov/registrars/contact.html>
- ICR specific questions on PDSC staging/coding:
 - **Melissa Riddle, ODS-C**
 - Education/Training
 - melissa-riddle@uiowa.edu

36