

# PDCS Renal Tumors

Melissa Riddle, ODS-C  
Iowa Cancer Registry

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## 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

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## Where to Find Information:

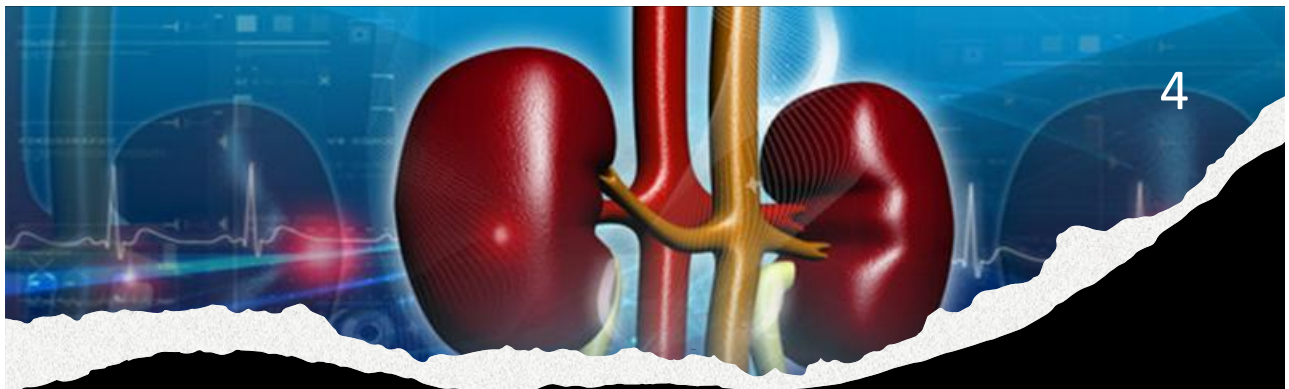
- **SEER Website: RSA page – Pediatric Data (2024+)**
  - Schemas/Coding Structure
    - 2025: <https://staging.seer.cancer.gov/pediatric/home/1.2/>
    - 2026: <https://staging.seer.cancer.gov/pediatric/home/1.3/>
- **Pediatric Staging Manual (2024+)**
  - NAACCR Website: <https://www.naacccr.org/pediatric-resources/#1733928553790-ca5cfb7b-2f2e>
- **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"> <li>• <a href="#">Pediatric Staging Manual v.1</a> (PDF, 187 KB)</li> <li>• <a href="#">Appendix</a> (PDF, 1.1 MB)</li> <li>• <a href="#">Appendix</a> (PDF, 201 KB)</li> <li>• <a href="#">Appendix</a> (PDF, 115 KB)</li> </ul>
TORONTO STAGING GUIDELINES
PEDIATRIC TRAININGS
PEDIATRIC CODING QUESTIONS
REFERENCES

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# Renal Tumors

Ewing Sarcoma of Kidney (9364)  
 Kidney Sarcomas (8964-8967)  
 Nephroblastoma (8959, 8960)  
 Rhabdoid Renal Tumor (8963)  
 Unspecified Malignant Renal Tumors (8000-8005)

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# Renal Tumors

**Primary Site:** C649, C659

**Histology:**

- Ewing Sarcoma of Kidney (9364)
- Kidney Sarcomas (8964-8967)
- Nephroblastoma (8959, 8960)
- Rhabdoid Renal Tumor (8963)
- Unspecified Malignant Renal Tumors (8000-8005)

**Behavior:** 3

**Pediatric Stage:**

- Ped Primary Tumor: 100-800; 999
- Ped Regional Nodes: 000-800; 999
- Ped Mets: 0-70; 99

**Pediatric SSDI:**

- Chromosome 1p
- Chromosome 16q
- Chromosome 1q
- Ewing Sarcoma SSDI: EWSR1-FLI1 fusion

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## Renal Tumors – Ped Primary Tumor

Based on surgical resection of primary site. If there is **NO** surgical resection, **code 999**.

	Neoadjuvant Chemo	Resection	Extension	Notes	Ped PT	SS
6	No/unknown chemo and <b>no biopsy</b>	Complete	Limited to kidney	<b>WITH negative or unknown margins</b> (positive margins, see <i>code 300</i> )	<b>100</b>	<b>1</b>
			Beyond kidney – see list in manual		<b>200</b>	<b>2</b>
	No/unknown chemo but <b>biopsy before surgery (FNA)</b>		Residual tumor confined to abdomen – see list in manual	<b>WITH positive margins</b>	<b>300</b>	<b>2</b>
	Chemo given	Complete	Limited to kidney		<b>110</b>	<b>1</b>
			Beyond kidney – see list in manual		<b>210</b>	<b>2</b>
		Incomplete	Gross or microscopic extend beyond resection margins – see list in manual	Surgical biopsy prior to resection (doesn't include FNA)	<b>310</b>	<b>2</b>

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## Renal Tumors – Ped Primary Tumor

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### Code 800

- No evidence of primary tumor on resection

### Code 999

- No surgical resection of primary tumor
- No documentation in medical record
- Primary tumor can't be assessed
- Unknown/Not stated

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## Renal Tumors – Ped Regional Nodes

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Description	Code
No regional LN involvement	<b>000</b>
Aortic, NOS	<b>300</b>
• Lateral (lumbar)	
• Para-aortic	
• Preaortic	
• Retroaortic	
Caval, NOS	<b>300</b>
• Interaortocaval	
• Paracaval; Pericaval; Precaval; Retrocaval	
Renal hilar	<b>300</b>
Retroperitoneal, NOS	
Regional LN, NOS	<b>800</b>
Unknown; <b>No microscopic evaluation</b> of regional LN; not documented in record	<b>999</b>

Regional LN evaluation is based on **microscopic evaluation**:  
FNA, biopsy, SLN bx, or LND

Do **NOT** use imaging to code Ped Nodes

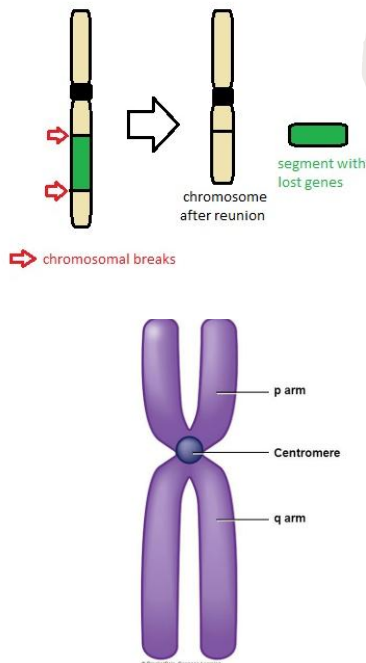


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# Renal Tumors – Ped Mets

Description	Code
No distant mets; Stated no mets on imaging; Physician states no mets	<b>00</b>
Distant LN	<b>10</b>
9 Extension to:	<b>70</b>
<ul style="list-style-type: none"> <li>• Adrenal gland               <ul style="list-style-type: none"> <li>• Ipsilateral, noncontiguous</li> <li>• Contralateral</li> </ul> </li> <li>• Contralateral kidney</li> <li>• Contralateral ureter</li> <li>• Liver</li> <li>• Spleen</li> </ul>	
Carcinomatosis; Distant mets <b>WITH</b> or <b>WITHOUT</b> distant LN	
Unknown; not stated distant mets; not documented in record	<b>99</b>

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## Renal Tumors – Ped SSDI: Loss Chromosome 1p & 16q

- **Chromosome 1p: LOH**
  - Loss of genetic material on the short arm of chromosome 1
  - This test in conjunction with Chromosome 16q: LOH is performed
- **Chromosome 16q: LOH**
  - Loss of genetic material on the long arm of chromosome 16
  - This test is done in conjunction with Chromosome 1p: LOH
- **Source:**
  - Molecular pathology report, may be an addendum
  - Physician statement can be used when no other information is available

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## Ped SSDI – Loss Chromosome 1p & 16q

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Description	Notes	Code
1p or 16q deletion not present	Negative for LOH	0
1p or 16q deletion present	Chromosome 1p or 16q LOH identified	1
Test ordered, results not in chart	Test was ordered but the results aren't available at your facility	7
Unknown	Not documented in record; Not assessed or unknown if assessed	9

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## Renal Tumors – Ped SSDI: Chromosome 1q

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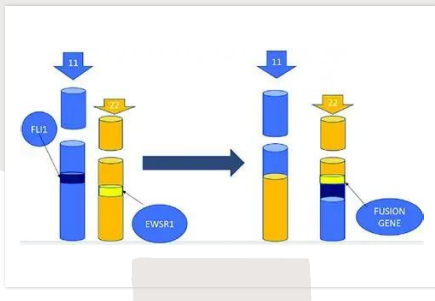
### • Gain of Chromosome 1q

- Common cytogenetic finding in Wilms tumor (about 30%)
- Also done in conjunction with testing Chromosome 1p and 16q LOH

Description	Code
Gain of Chromosome 1q not present; negative; not identified	0
Gain of Chromosome 1q present; identified; positive	1
Test ordered, results not in chart	7
Not documented in record; Unknown if tested/assessed	9

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## Renal Tumors – Ped SSDI: EWSR1-FLI1 fusion



<https://tse4.mm.bing.net/th?id/OIP.G90539DH3Me1raUa5v2utAHaDm?rs=1&pid=ImgDetMain&o=7&rm=3>

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### • Ewing Sarcoma of Kidney

- **EWSR1-FLI1 Fusion** is a genetic alteration
  - EWSR1 gene is part of the FET gene family
  - FLI1 gene is part of the ETS transcription factor family
  - This fusion results from reciprocal translocation involving chromosomes 11 and 22
  - Leading to the formation of a chimeric transcript that fuses exon of EWSR1 to exons of FLI1
- Occurs in 90% of Ewing Sarcomas
  - Pioneering transcription factor and potent oncogene
- **Source Document:** Molecular pathology report (may be addendum)
  - Physician statement can be used if no other information is available

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## Ped SSDI: EWSR1-FLI1 Fusion

Description	Notes	Code
No gene rearrangements	No fusion identified	0
EWSR1- <b>FLI1</b> fusion present	Rearrangement is present	1
EWSR1- <b>ERG</b> fusion present		2
<b>Other EWSR1</b> gene fusion present	Other type of EWSR1 rearrangement	3
EWSR1 rearranged, <b>unknown partner</b>	Fusion partner is unknown	4
<b>Non-EWSR1</b> variant translocation		5
Test ordered, results not in chart		7
Not documented	Unknown if assessed or not assessed; can't be determined	9

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# Registrar Resources...

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- **PDCS Manual – Appendix I**
  - NAACCR website  
<https://www.naaccr.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.naaccr.org/pediatric-data-collection-system-training>

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## 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](mailto:melissa-riddle@uiowa.edu)



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