

PDCS

Rhabdomyosarcoma

Non-Rhabdomyosarcoma

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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>

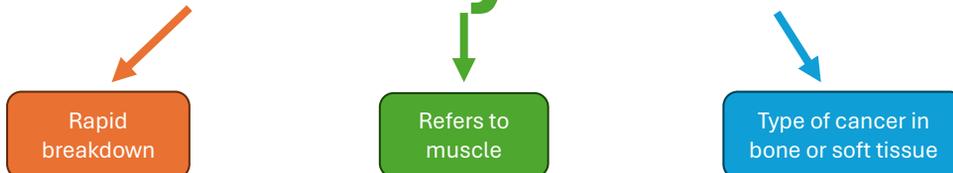


PEDIATRIC DATA COLLECTION SYSTEM (PDCS)
PEDIATRIC STAGING MANUAL
The Pediatric Staging Manual will be expanded over the course of several years and will be a comprehensive guide for coding of pediatric cancers.
<ul style="list-style-type: none"> • Pediatric Staging Manual v1.1 (PDF, 187 KB) • Appendix (PDF, 1.1 MB) • Appendix (PDF, 261 KB) • Appendix (PDF, 115 KB)
TORONTO STAGING GUIDELINES
PEDIATRIC TRAININGS
PEDIATRIC CODING QUESTIONS
REFERENCES

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Rhabdomyosarcoma



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Rhabdomyosarcoma (RMS)

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- Most common soft tissue sarcoma in children and adolescents
 - Made up of cells that normally develop into skeletal (voluntary) muscles
 - About 3% of all childhood cancers are RMS
- Rhabdomyoblasts
 - Before birth these cells, which will form skeletal muscles begin to form
 - These cells can develop into RMS
 - Because it is a cancer of early muscle cells, it is more common in children
- It can begin any where in the body
 - Most common sites:
 - Head & Neck area
 - Urinary
 - Reproductive organs
 - Arms or Legs
 - Types of RMS:
 - Embryonal RMS – most common type
 - Alveolar RMS
 - Anaplastic RMS or Pleomorphic RMS – uncommon type
 - Spindle cell/sclerosing RMS

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Rhabdomyosarcoma (RMS)

Primary Site: C000-C809

Histology: 8900-8905, 8910, 8912, 8920, 8991

Behavior: 3

Pediatric Stage:

- **Ped Primary Tumor:** 100-800; 999
- **Ped Regional Nodes:** 000-888; 999
- **Ped Mets:** 00-70; 99

Pediatric SSDI:

- FOXO1 Gene Rearrangements

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RMS – Ped Primary Tumor

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Description	Extension...	Ped PT
Any size tumor	Confined to site of origin; Localized, NOS	100
	Adjacent connective tissue; Adjacent organs/structures; Regional, NOS	200
	Further contiguous extension	700
No evidence of primary		800
Unknown	No extension stated; Primary can't be assessed; Not documented in the record	999

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RMS – Ped Regional Nodes

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Description	Notes	Code
No regional LN involved	No mention of LN involvement, assume negative (LN involvement is rare)	000
Regional LN, NOS	Regional LN involvement	800
Not Applicable	Primary Sites: C420-C424; C700-C729; C751-C753; C760-C809	888
Not stated/documentated	Unknown; Regional LN not stated or can't be assessed; Not documented in record	999

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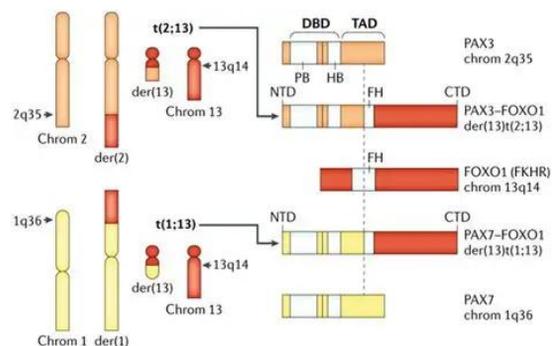
RMS: Ped Mets

Description	Notes	Code
No distant mets	Stated that there is no distant mets; Imaging shows no distant mets	00
Distant LN, NOS		10
Distant mets, NOS	Distant mets WITH/WITHOUT distant LN; Carcinomatosis;	70
Unknown	Not documented in record; Distant mets not stated; Not assessed/unknown if assessed	99

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Ped SSDI: FOXO1 Gene Rearrangement

- FOXO1 gene rearrangement fusion present in about 85% of alveolar rhabdomyosarcoma (ARMS) patients
 - Generally negative for embryonal rhabdomyosarcomas
 - May be recorded for all RMS – if available code what is known
 - Presence of this gene rearrangement is a poor prognosis
 - Provides new therapeutic opportunities as a fusion positive rhabdomyosarcoma (FP-RMS)
- PAX7-FOXO1 or FKHR-PAX7
- PAX3-FOXO1 or FKHR-PAX3



<https://tse3.mm.bing.net/th?id/OIP:h5m3ckASvq4TnYxFJ2RF5wHaEm?rs=1&pid=ImgDetMain&o=7&rm=3>

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Ped SSDI: FOXO1 Gene Rearrangement

Description	Notes	Code
No gene rearrangement	No fusions identified	0
FOXO1-PAX3	Rearrangement of FOXO1-PAX3	1
FOXO1-PAX7	Rearrangement of FOXO1-PAX7	2
FOXO1-PAX3 & PAX7	Both fusions of FOXO1-PAX3 & FOXO1-PAX7	3
FOXO1 fusion present	FOXO1 gene rearrangement present, fusion partner unknown	4
Test ordered	No results in chart but the test was performed	7
Not documented	Unknown; Can't be determined; Gene rearrangement not assessed/unknown if assessed; No information available	9

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Non-Rhabdomyosarcoma

Fibrosarcomas
Other Specified
Unspecified

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Non-Rhabdomyosarcoma

Primary Site/Histology:

- **C000-C809:** 8820, 8822, 8824-8827, 9150, 9160, 9491, 9540-9571, 9580
- **C000-C399, C440-C768, C809:** 8587, 8710-8713, 8806, 8810-8811, 8813-8815, 8821, 8823, 8830-8836, 8840-8842, 8850-8858, 8860-8862, 8870, 8880, 8881, 8890-8898, 8921, 8982, 8990, 9040-9044, 9120-9125, 9130-9133, 9135, 9136, 9141, 9142, 9161, 9170-9175, 9231, 9251, 9252, 9373, 9581
- **C000-C639, C659-C699, C739-C768, C809:** 8963
- **C490-C499:** 9180, 9210, 9220, 9240
- **C000-C399, C470-C759:** 9260
- **C000-C399, C470-C639, C659-C699, C739-C768, C809:** 9364, 9365

Behavior: 3

Pediatric Stage:

- **Ped Primary Tumor:** 100-800; 999
- **Ped Regional Nodes:** 000-888; 999
- **Ped Mets:** 00-70; 99

Ped SSDI: None

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Non-Rhabdomyosarcoma

Description	Primary Site Codes	Histology Codes
Fibrosarcoma	C000-C399, C440-C768, C809	8810-8811, 8813-8815, 8821, 8823, 8834-8835
	C000-C809	8820, 8822, 8824-8827, 9150, 9160, 9491, 9540-9571, 9580
Other Specified	C000-C809	8587, 8710-8713, 8806, 8831-8833, 8836, 8840-8842, 8850-8858, 8860-8862, 8870, 8880, 8881, 8890-8898, 8921, 8982, 8990, 9040-9044, 9120-9125, 9130-9133, 9135, 9136, 9141, 9142, 9161, 9170-9175, 9231, 9251, 9252, 9373, 9581
	C000-C399, C440-C768, C809	8830
	C000-C639, C659-C699, C739-C768, C809	8963
	C490-C499	9180, 9210, 9220, 9240
	C000-C399, C470-C759	9260
	C000-C399, C470-C639, C659-C699, C739-C768, C809	9364
	C000-C399, C470-C639, C659-C768, C809	9365
Unspecified	C000-C399, C440-C768	8800-8805

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Non-RMS – Ped Primary Tumor

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Description	Extension	Ped PT
Any size tumor	Confined to site of origin; Localized	100
	Adjacent connective tissue; Adjacent organ/structure; Regional, Nos	200
	Further contiguous extension	700
No evidence of primary		800
	Unknown; extension not stated; Not documented in the record	999

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Non-RMS – Ped Regional Nodes

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Description	Notes	Code
No regional LN involved	If there is no mention of LN being involved, assume negative (LN is rare)	000
Regional LN, NOS	Lymph nodes involved	800
Not applicable	Sites: C420-C424, C700-C729, C751-C753, C760-C809	888
Not assessed	Unknown; Regional nodes not assessed/unknown if assessed; Regional nodes can't be assessed	999

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Non-RMS – Ped Mets

	Description	Notes	Code
17	No distant mets	Stated that there are no distant mets; Imaging shows no distant mets	00
	Distant LN, NOS		10
	Distant Mets, NOS	Distant mets WITH/WITHOUT distant LN; Carcinomatosis	70
	Not documented	Unknown; Distant mets not stated	99

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Registrar Resources...

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- **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>

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Questions?

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

