

PDCS Reproductive Organs

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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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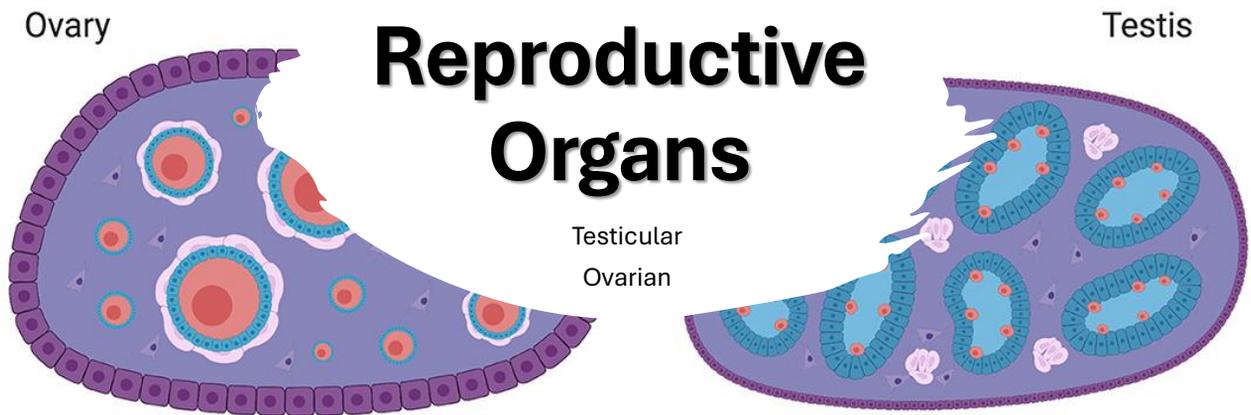
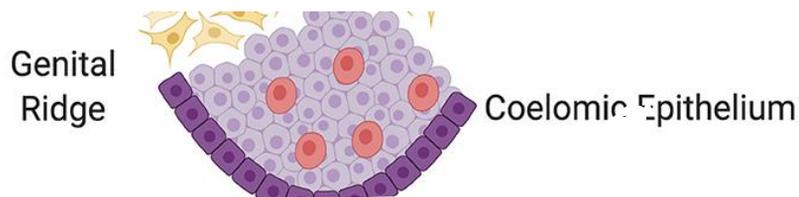
Where to Find Information:

- **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 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

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Reproductive Organs – Testis/Ovary

Primary Site: C569; C620-C629

Histology: 9060-9065, 9070-9073, 9080-9085, 9090, 9091, 9100-9101

Behavior: 3

Pediatric Stage:

- **Ped Primary Tumor:**
 - Testicular: 200-800; 999
 - Ovarian: 100-800; 999
- **Ped Regional Nodes:** 000-800; 999
- **Ped Mets:** 00-70; 99

Pediatric SSDI:

- **Testicular:** S Category Clinical, S Category Pathological
- **Ovarian:** None

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Testicular – Ped Primary Tumor

Surgery	Extension	Notes	Ped PT
6 Orchiectomy	Limited to testis; Localized; WITHOUT/Unknown vascular/lymphatic invasion	Seminoma confined to testis; LVI must be coded as none (0), not applicable (8) or unknown (9)	200
	Epididymis WITHOUT vascular/lymphatic invasion	LVI must be coded as none (0), not applicable (8), or unknown (9)	250
	Limited to testis WITH vascular/lymphatic invasion; Tunica vaginalis WITH/WITHOUT vascular/lymphatic invasion	Excludes Epididymis (see code 450)	350
	Hilar soft tissue; Mediastinum of testis; Visceral mesothelial layer WITHOUT/Unknown vascular/lymphatic invasion	Epididymis WITH vascular invasion	450
	Spermatic cord, ipsilateral; Vas Deferens		500

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Testicular – Ped Primary Tumor

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Extension to...	Notes	Ped PT
Dartos muscle, ipsilateral; Scrotum, ipsilateral	Not pathologic dependent	600
Penis; Scrotum, contralateral; Ulceration of scrotum	Further contiguous extension; Not pathologic dependent	700
No evidence of primary tumor	No primary identified	800
Not stated	Unknown; Primary tumor can't be assessed; Not documented in record	999

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Testicular – Ped Regional Nodes

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Assessment	Description	Notes	Code
Clinical/Path	No regional LN involved		000
Clinical only	Mets in LN, less than 2cm	No surgical workup of primary tumor/site	100
	Mets in LN, between 2cm and 5cm		300
Pathological only	Mets in LN, less than 2cm	Primary tumor/site surgically resected with ANY microscopic exam of regional LN: FNA, core bx or SLN during clinical workup and/or LND performed	200
	Mets in LN, between 2cm and 5cm		400
	Extranodal extension of LN present		500
Clinical/Path	Mets in LN, larger than 5cm		600
	Regional LN, NOS	Lymph nodes, NOS	800
	Unknown; Not documented in record	Regional LN not stated; Can't be assessed	999

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Testicular – Ped Mets

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Description	Notes	Code
No distant mets	Stated no distant mets; Imaging doesn't reveal metastatic dz	00
Distant LN	WITHOUT/UNKNOWN previous scrotal or inguinal surgery <ul style="list-style-type: none"> • External iliac* • Inguinal, NOS* • Deep, NOS • Nod of Cloquet or Rosenmuller • Pelvis, NOS* • Superficial (femoral) Retroperitoneal specified as above diaphragm; Distant LN, NOS	10
Lung	WITH/WITHOUT distant LN	50
Other specified distant mets	WITH/WITHOUT distant LN and/or lung; Carcinomatosis	60
Distant mets, NOS	No specific site of distant mets	70
Unknown	Distant mets not stated; Not documented in record	99

*Inguinal, pelvic, or external iliac LN
WITH previous scrotal or inguinal surgery prior to testis tumor are coded in **Ped Reg Nodes**

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Testicular Ped SSDI: S Category

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- **What is it?**
 - Combines the results of the following pre-orchietomy:
 - Alpha Fetoprotein (AFP)
 - Human Chorionic Gonadotropin (hCG)
 - Lactate Dehydrogenase (LDH)
- Important role in staging and monitoring germ cell tumors
 - Non-seminomas: degree of tumor marker elevation after orchietomy is one of the most significant predictors in prognosis
- **Source:** Physician statement
 - Code the S Category as described by the physician
 - The S Category may be determined by available lab values or calculated by vendor software (based on SSDIs), if these **differ** from the physician's statement – **code the physician's S Category**

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Ped SSDI: S Category

• Relevant SSDIs

• Clinical:

- AFP Pre-Orchiectomy Lab Value/Range
- hCG Pre-Orchiectomy Lab Value/Range
- LDH Pre-Orchiectomy Range

• Pathological:

- AFP Post-Orchiectomy Lab Value/Range
- hCG Post-Orchiectomy Lab Value/Range
- LDH Post-Orchiectomy Range

- **Clinical Time Frame:** S category statement/lab values at **diagnosis prior to treatment**

- **Pathologic Time Frame:** S category statement/lab values **after orchiectomy and prior to adjuvant therapy**

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Ped SSDI: S Category Clin/Path

*N indicates upper limit of normal for LDH

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Stage Time Frame	Physician Statement	Lab Values	Notes	Code
Clinical/Path	S0	All marker levels normal		0
Clinical	S1	LDH: less than 1.5xN* AND hCG (mIU/L) 5,000-50,000 AND AFP (ng/mL) 1,000-10,000	All 3 lab values are needed	1
Path		LDH less than 1.5xN* AND hCG (mIU/L) less than 5,000 AND AFP (ng/mL) less than 1,000		
Clinical/Path	S2	LDH 1.5xN* to 10xN* OR hCG (mIU/L) 5,000-50,000 OR AFP (ng/mL) 1,000-10,000		2
Clinical/Path	S3	Only ONE elevated test: LDH greater than 10xN* OR hCG (mIU/L) greater than 50,000 OR AFP (ng/mL) greater than 10,000	Only one elevated test needed to assign S2-3	3
Path		Clinical values normal Pathologic values NOT repeated	S Category Clin coded 0	5
Clinical/Path	SX	Any individual test not available or none are available for S2-3, assign 9	Not documented/Not assessed; Unknown	9

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Ovarian – Ped Primary Tumor

Involvement of	Extension to	Notes	Ped PT
13 One/Both Ovaries	WITH/WITHOUT tumor or ovarian surface OR surgical spill AND NO/UNKNOWN: <ul style="list-style-type: none"> Malignant cells in ascites/peritoneal washing Capsule rupture 		100
	WITH malignant cells in ascites/peritoneal washing OR Capsule rupture		200
	Pelvic extension (below pelvic rim)	Includes FT involvement and physician verify ovary primary; See list Note 2	300
	WITH cytologically or histologically confirmed spread to peritoneum outside pelvis	See list Note 3	400
No evidence of primary		No primary tumor identified	800
Unknown	Not documented; Stage group not assessed		999

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Ovarian – Ped Regional Nodes

Description	Notes	Code
14 No regional LN involved		000
Intrabdominal; Para-aortic, NOS; Pelvic, NOS; Retroperitoneal, NOS	See full list in manual	300
Regional LN, NOS	Lymph nodes, NOS; Unnamed LN in vicinity of primary tumor	800
Unknown	Regional LN not stated; Regional LN can't be assessed; Not documented	999

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Ovarian – Ped Mets

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Description	Notes	Code
No distant mets	Stated that there are no distant mets by physician; Imaging doesn't reveal distant mets/negative	00
Pleural effusion; FIGO Stage 4A	Positive cytology confirms	10
Distant LN	Inguinal, NOS (see full list in manual); Distant LN; WITH/WITHOUT pleural effusion involved cytologically	30
Extra-abdominal organs; FIGO Stage 4B	Liver parenchymal; Spleen parenchymal; Transmural involvement of intestine; Carcinomatosis (multiple parenchymal organs or diffuse involvement of multiple non-abdominal organs) <ul style="list-style-type: none"> Excludes peritoneal carcinomatosis (see Ped PT) WITH/WITHOUT involvement of codes 10 & 30;	50
Distant mets, NOS; FIGO Stage 4 (NOS)	Distant mets that doesn't fit codes 10, 30, or 50	70
Unknown	Distant mets not documented/not stated; No documentation in record	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/registrars/contact.html>
- ICR specific questions on PDCS staging/coding:
 - **Melissa Riddle, ODS-C**
 - Education/Training
 - melissa-riddle@uiowa.edu



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