



Lung Abstracting 101 2025 Training

Extent of Disease (EOD)

Presented by Melissa Riddle, ODS-C

ICR Video Training Series: Iowa Cancer Registry

March 2026

Extent of Disease

- **EOD General Instructions**

<https://seer.cancer.gov/tools/staging/eod/>

- **SEER*RSA – Site-specific instructions/notes**

- Use appropriate lung module based on diagnosis year:
 - 2018-2024
 - 2025+

NIH NATIONAL CANCER INSTITUTE
SEER Registrar Staging Assistant

Database Version:
EOD_PUBLIC v3.2 (NAACCR 2025) Go

EOD Data v3.2 NAACCR 2025
SEER*RSA

[SCHEMA LIST](#) [MANUALS](#) [STAGING CALCULATOR](#) [SOFTWARE](#) [CONTACT](#)

For use with cases diagnosed 2018 forward after registry software conversion to the NAACCR Data Standards and Data Dictionary, Version 25.

[EOD Home](#) > [Schema List](#)

- Colon and Rectum
- Conjunctiva
- Corpus Adenosarcoma
- Corpus Carcinoma and Carcinosarcoma
- Corpus Sarcoma
- Cutaneous Carcinoma of Head and Neck
- Larynx Supraglottic
- Lip
- Liver
- ▼ Lung
 - 8th: 2018-2024
 - V9: 2025+
- Lymphoma

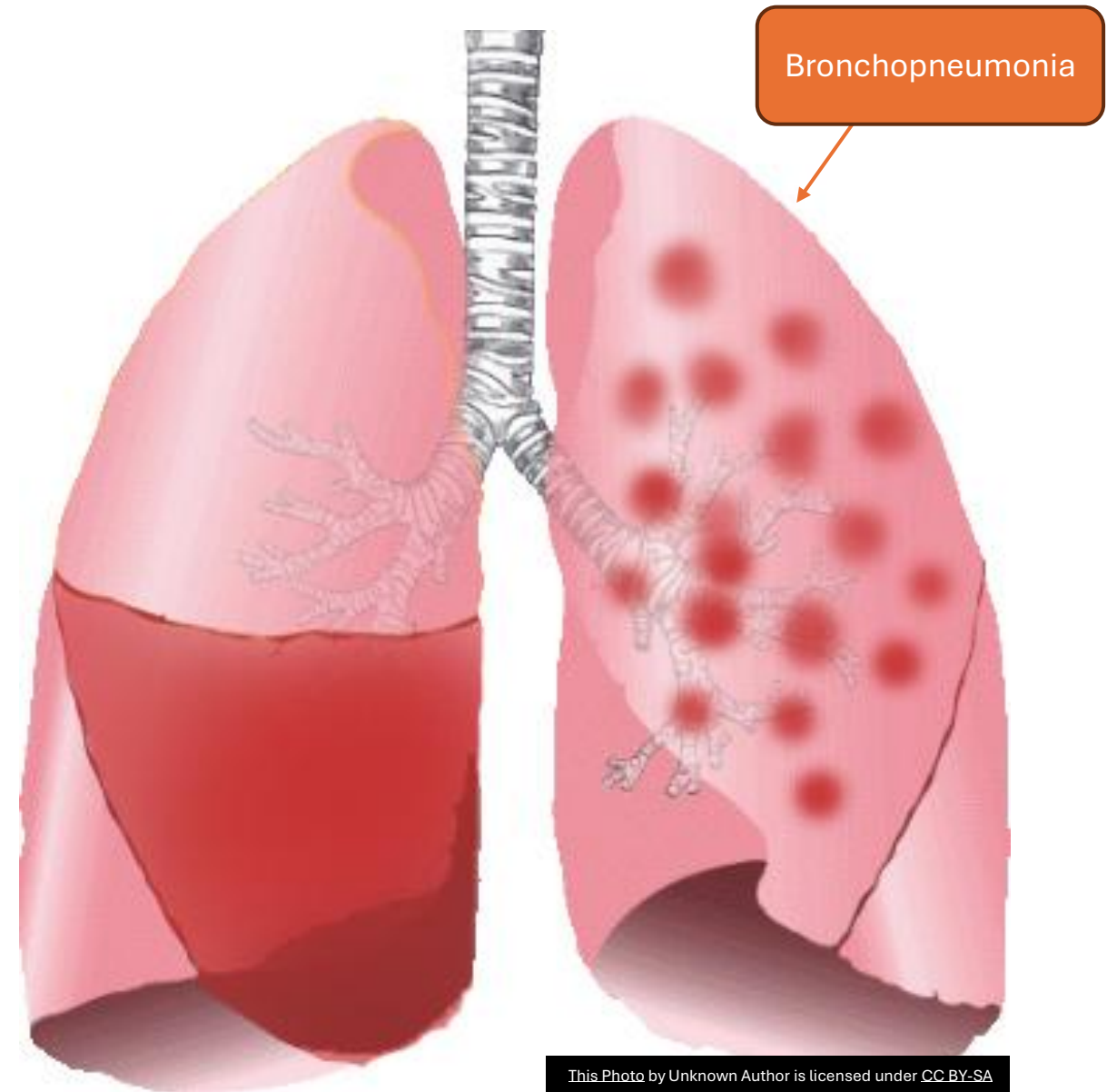
EOD Primary Tumor

- **11 Site-specific notes:**
 - Bronchopneumonia and Obstructive pneumonitis
 - GGO, GGN, and GG/L
 - Minimally invasive adenocarcinoma
 - Superficial spreading tumor
 - Localized tumor
 - Atelectasis
 - Visceral pleural invasion
 - Penetration of visceral pleura
 - Vocal cord paralysis or Superior vena cava syndrome
 - Separate tumor nodules
 - Occult carcinoma

EOD

Primary Tumor

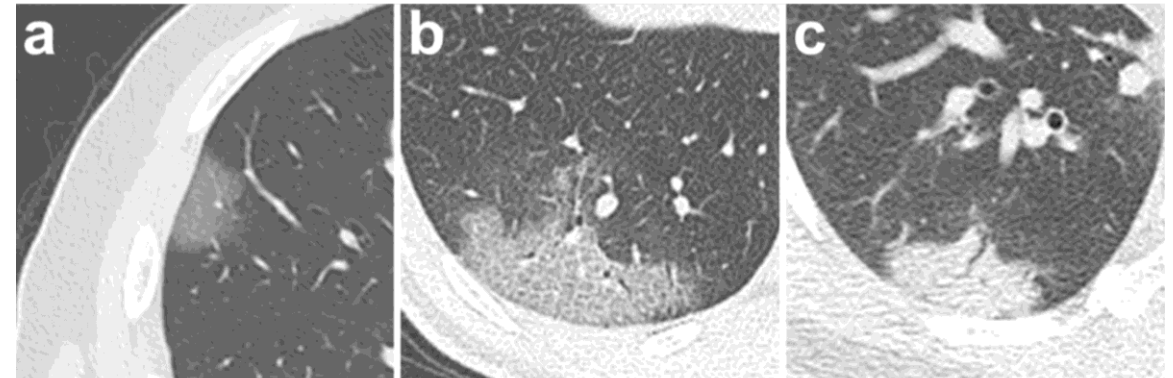
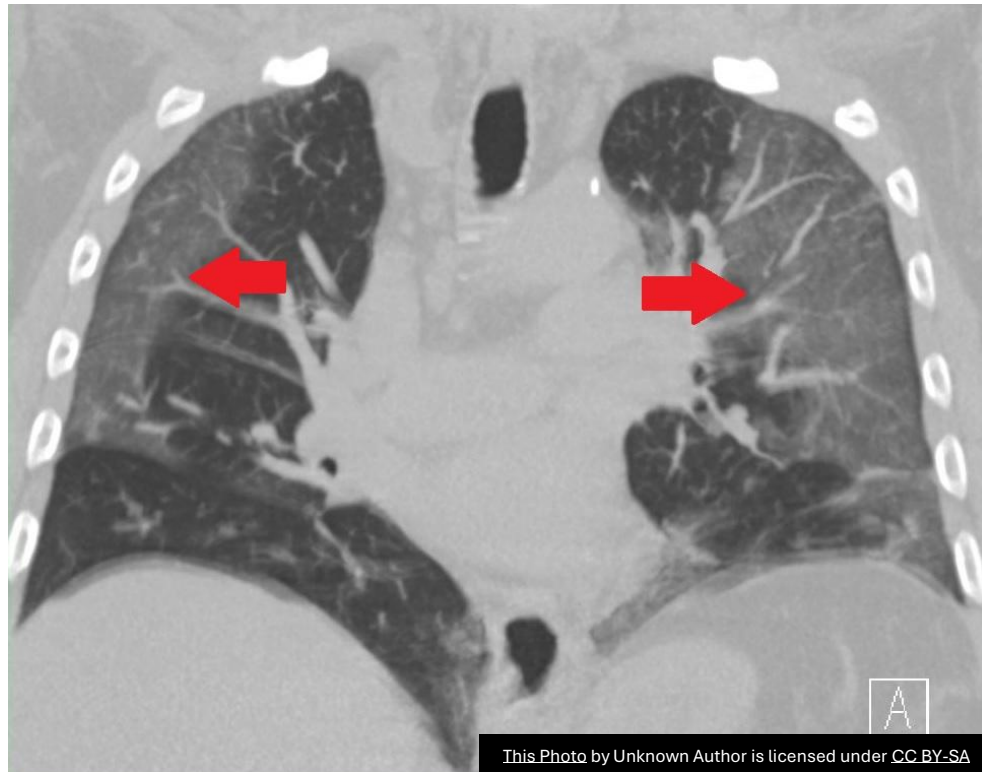
- **Bronchopneumonia**
 - Acute inflammation of the walls of the bronchioles, usually from spread of infection from upper to lower respiratory tract
 - Ignore these findings
- **Obstructive pneumonitis**
 - Combination of atelectasis, bronchiectasis with mucous plugging, and parenchymal inflammation that *develops distal to an obstructing endobronchial lesion*



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Ground Glass and Lepidic

- GGO, GGN, GG/L are frequently seen on CT scans
 - Seen in both benign and malignant conditions
 - These are **not to be counted as STN** for staging purposes



Ground Glass Opacity

**Crazy-Paving Pattern
(Ground Glass Opacity with
Superimposed Inter- and
Intralobular Septal
Thickening)**

**Consolidation
with Air
Bronchogram**

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EOD Primary Tumor

Description	Notes	EOD	SS18
Noninvasive; In Situ	Behavior /2	000	0
Minimally invasive adenocarcinoma (MIA)	<p>Note 3: MIA – less than or equal to 3cm</p> <ul style="list-style-type: none"> • WITH predominantly lepidic pattern AND • Less than or equal to 5mm invasion <ul style="list-style-type: none"> • if size invasion unknown, code 300 	100	1
Superficial spreading tumor, any size	<p>Note 4: Pathology report must state it is superficially spreading (uncommon); if unsure don't use this code</p> <p>WITH invasion limited bronchial wall</p> <p>WITH/WITHOUT proximal extension to MSB</p>	200	1
Any size tumor	<p>Note 5: Localized cancer</p> <ul style="list-style-type: none"> • Not predominantly lepidic pattern (code 100), or superficial spreading (code 200), and no involvement of adjacent structures or pleura 	300	1

EOD Primary Tumor

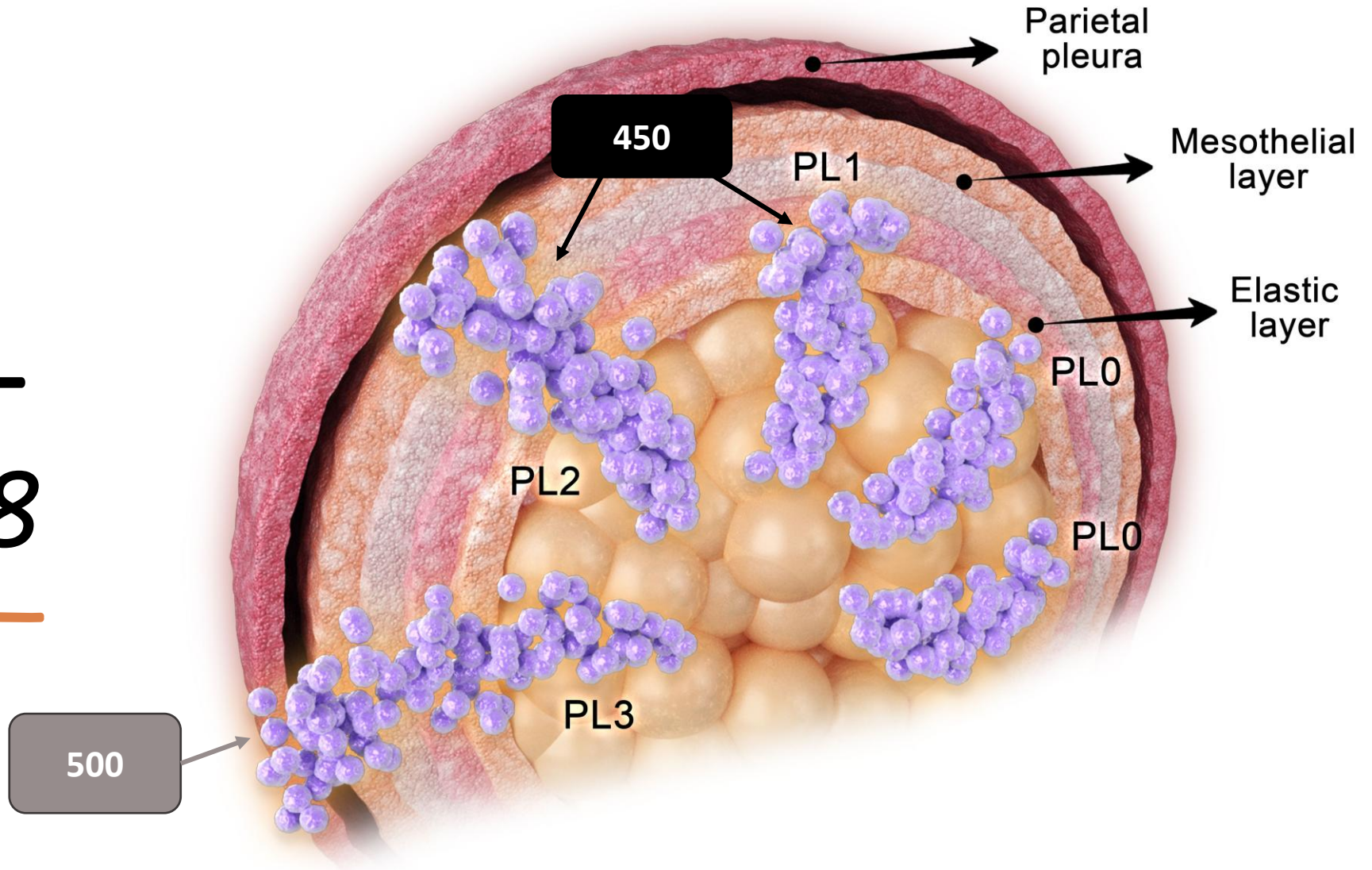
Description	Notes	EOD	SS18
Any size tumor	Adjacent ipsilateral lobe (direct tumor invasion); Confined to hilus; MSB, NOS (no involvement carina), includes extension from other part of lung	400	1
Any size tumor	Atelectasis/obstructive pneumonitis (<i>Notes 1 & 6</i>) <ul style="list-style-type: none"> Extends to hilar region, involving part or all of lung; Pleura, NOS; Pulmonary ligament; Visceral pleura (PL1, PL2, or NOS) (<i>Notes 7 & 8</i>)	450	2
Any size tumor	Brachial plexus, inferior branches or NOS; Chest wall (direct extension, separate lesion see Mets); Parietal pleura (PL3) (<i>Notes 7 & 8</i>) Separate tumor nodules, same lobe as primary (<i>Note 10</i>)	500	2

Atelectasis

- **Absorption** –
 - Caused by airway obstruction and absorption of air from involved lung
- **Compression** –
 - Tumor/mass compress the lobe or lung



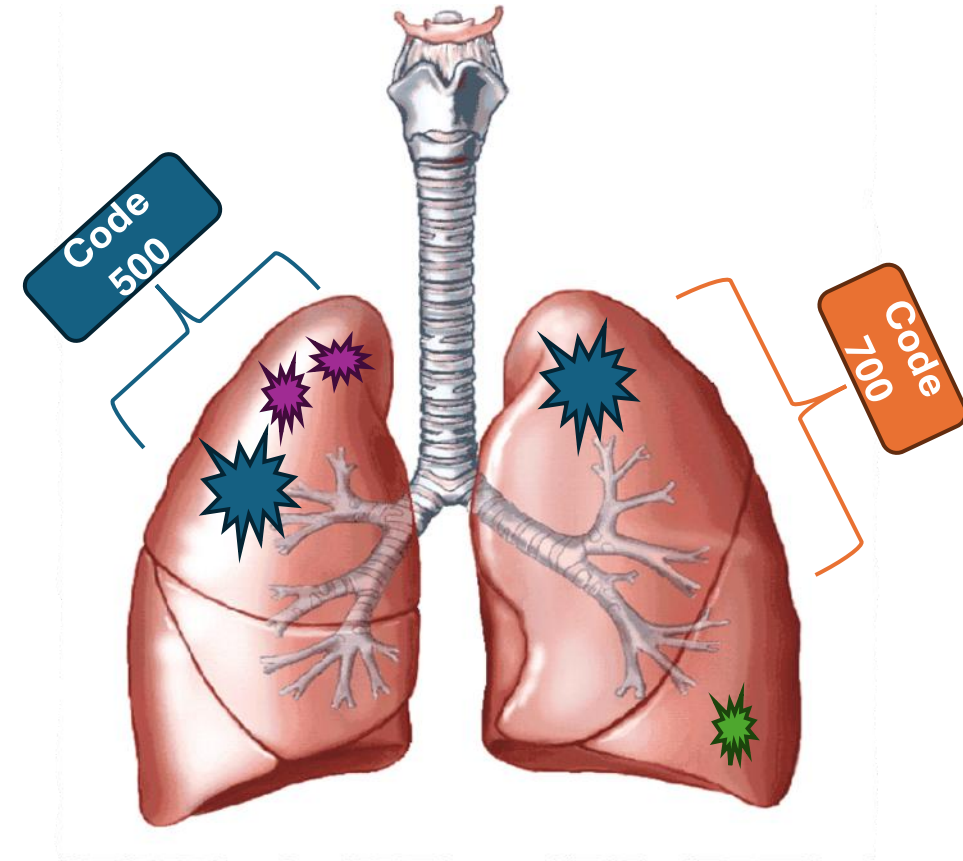
Pleura Invasion – *Notes 7 & 8*



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Separate Tumor Nodules – *Note 10*

- Intrapulmonary mets (like the SSDI)
 - **SAME** lung
 - Assumed to be **SAME** histology
 - Biopsy of all tumors may not be performed
 - Record from imaging reports and pathology reports



Separate Tumor Nodules

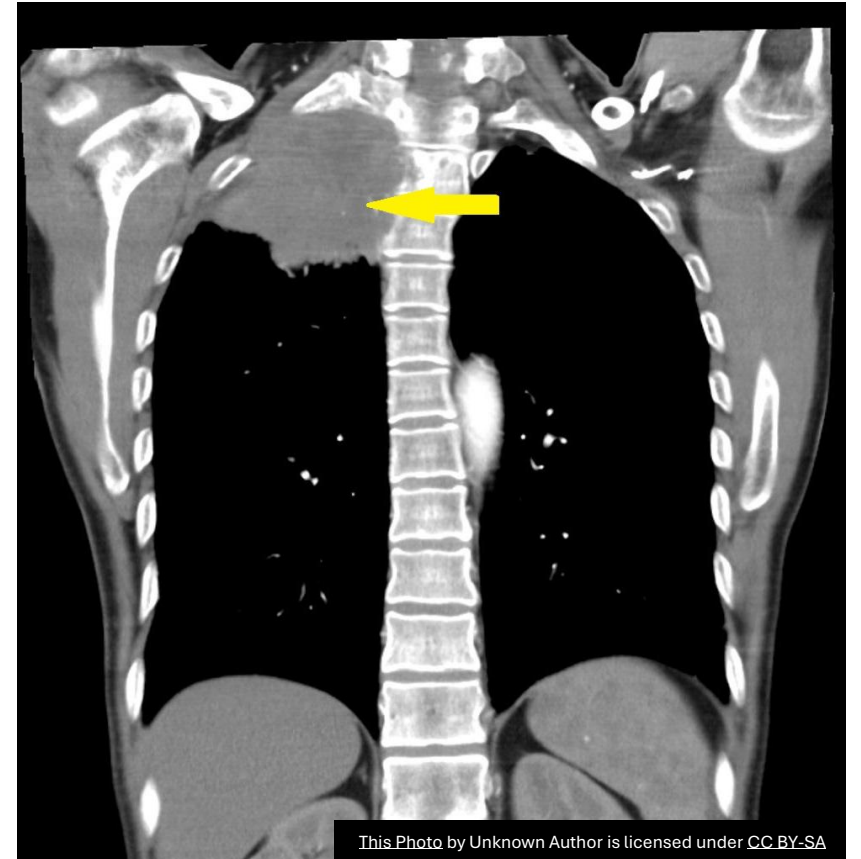
SSDI: STN	EOD Tumor	SS18
Code 1: Same histo (or assumed), in same (ipsilat) lobe as primary	Code 500	2
Code 2: Same histo (or assumed), in same (ipsilat) lung, different lobe	Code 700	7
Code 3: Same histo (or assumed), in same (ipsilat) lung, same and different lobes	Code 700	7
Code 7:	Do not code the info in EOD per <i>note 3</i>	Disregard info

EOD Primary Tumor

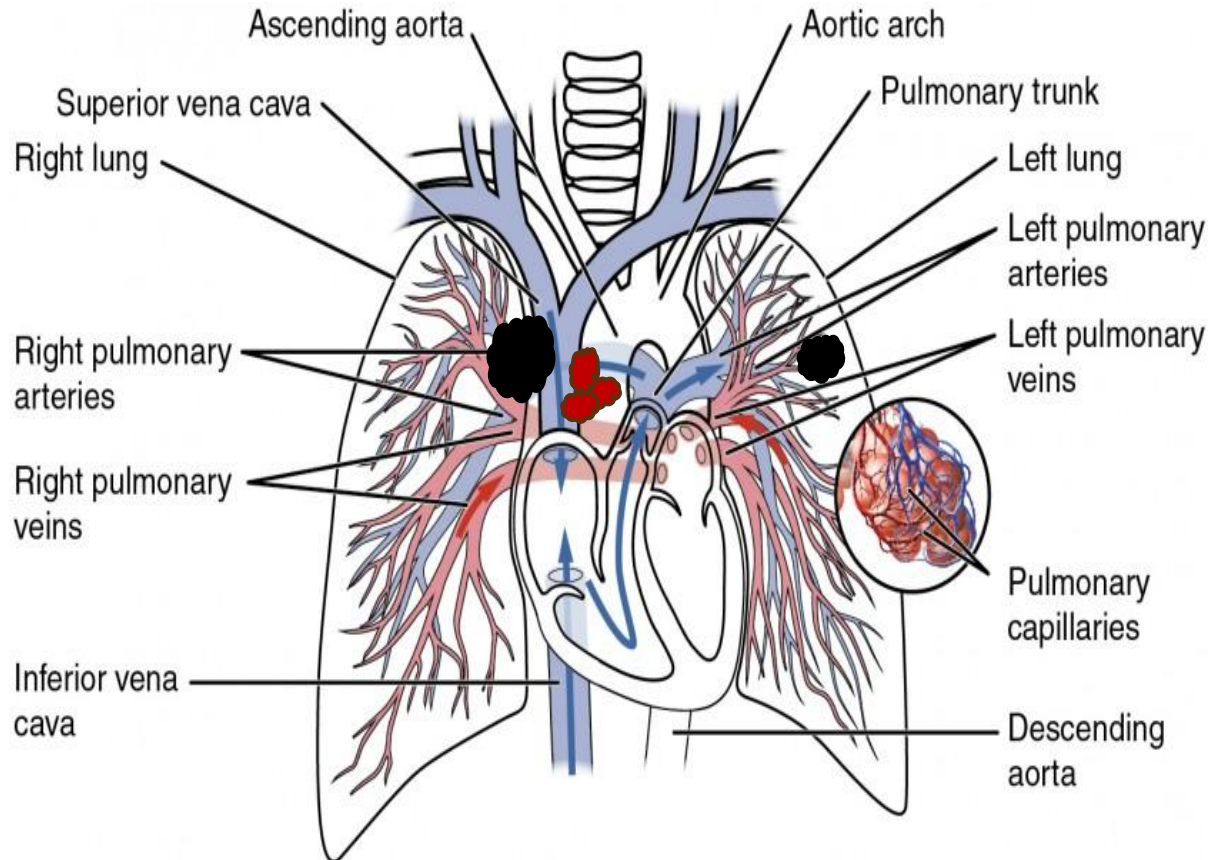
Description	Notes	EOD	SS18
Carina	Tumor limited to the carina	600	1
Carina + Other sites involved (600+ 100-500); Major blood vessels; Mediastinum	See code for list of involvement; SVC syndrome or Vocal cord paralysis (<i>Note 9</i>)	650	2
Any size tumor	Adjacent rib (direct extension); Sternum	675	7
Heart; STN in different ipsilateral lobe	See code for list of involvement	700	7
No evidence of primary tumor	No primary lung tumor but found based on regional LN and/or distant mets	800	9
Proven by malignant cells only Occult carcinoma	Tumor proven based on malignant cells in sputum or bronchial washings – not seen on imaging; <i>Note 11</i>	980	9
Unknown	Use sparingly	999	9

Pancoast Tumor

- Rare lung cancer in the upper-most segment of lung
 - Direct invasion of the brachial plexus nerve bundle
 - Causing pain, weakness, and sometimes paralysis
 - It is malignant and usually found on imaging
 - AKA superior sulcus tumor



Primary Tumor vs. Regional Nodes



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- Vocal cord paralysis, superior vena cava syndrome, and compression of trachea or esophagus can be due to tumor or mediastinal nodes
 - **Note 9** provides instructions:
 - **EOD PT – Code 650**
 - Direct extension of primary tumor
 - Usually, a centrally located tumor or in the upper lobe
 - **EOD Regional Nodes – Code 400, 450, 500**
 - Due to LN involvement or compression
 - Primary lung tumor is peripheral
 - Unknown if it is due to the lung primary or LN mets

EOD Regional Nodes

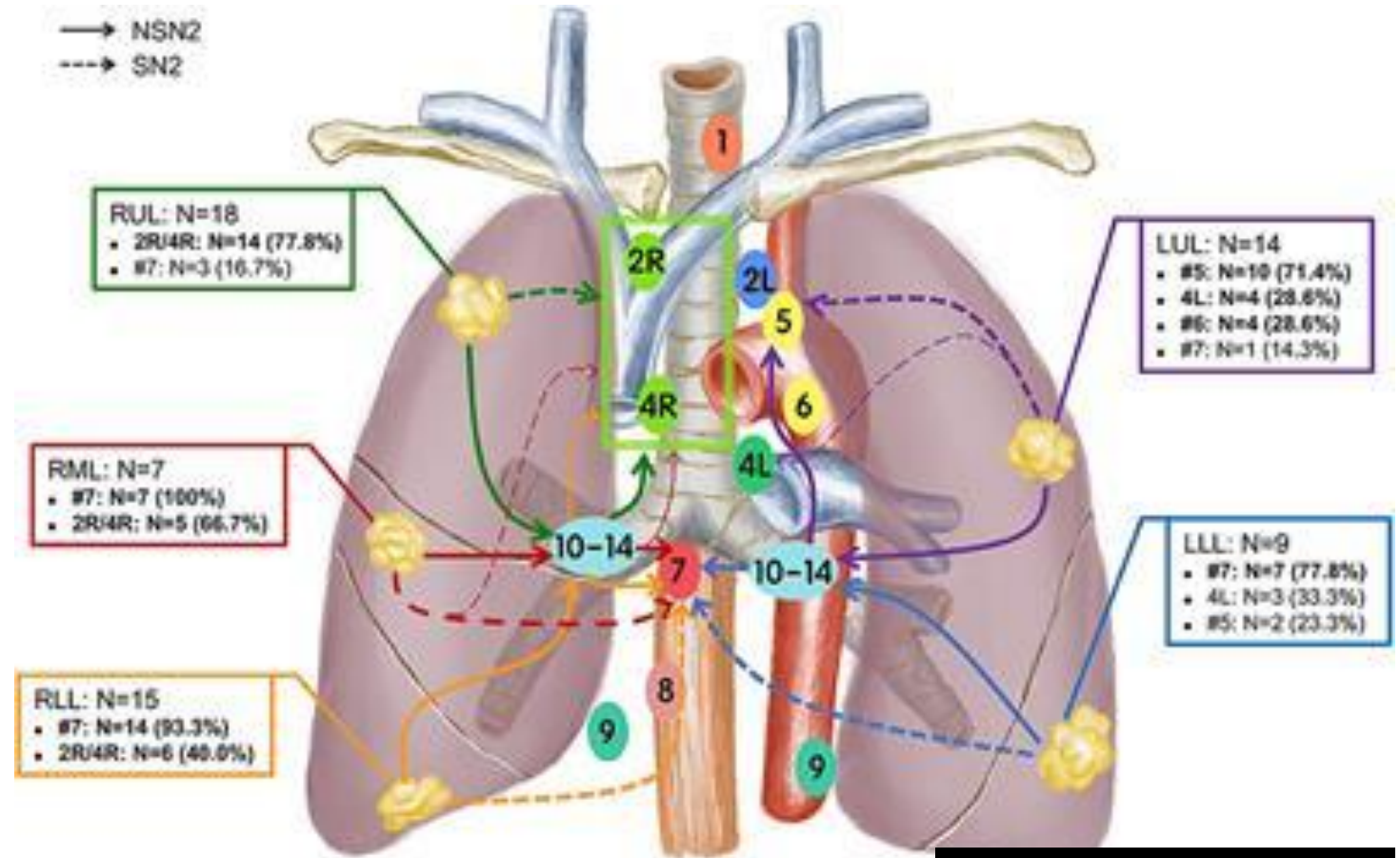
EOD Regional Nodes

- **4 Site-Specific Notes**

- Only code regional nodes in this field
- List of Mediastinal and Subcarinal Nodal Stations
- Vocal cord paralysis or Superior vena cava syndrome
- Lymph nodes, NOS

Lung Regional Nodes

- **Superior Mediastinal**
 - Stations 2-4
- **Aortic (AP Zone)**
 - Stations 5-6
- **Inferior Mediastinal**
 - Subcarinal – Station 7
 - Lower zone – Stations 8-9



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Lymph Node Terms

- **EOD General Instructions, page 23 (instruction 5)**
 - **Terms meaning LN involvement:**
 - Fixed
 - Matted
 - Mass in the hilum, mediastinum, and/or mesentery
 - **Other terms need physician states LN are involved:**
 - Palpable
 - Enlarged
 - Visible swelling
 - Shotty
 - Lymphadenopathy

Example:

- CT Chest: 3.1cm RUL mass susp for lung cancer with mediastinal **lymphadenopathy** suspicious for nodal involvement.
 - Record as involved LN

EOD Regional Nodes

Description	Notes	Code
No regional LN involved		000
Ipsilateral Nodes – Hilar/Peripheral	Stations 10-14	300
Ipsilateral Nodes – 1 Mediastinal	1 Lymph node in Stations 2-9; see <i>Note 2</i>	400
Ipsilateral Nodes – 2+ Mediastinal	2+ Lymph nodes in Stations 2-9; see <i>Note 2</i>	450
Ipsilateral Nodes – Mediastinal	Stations 2-9; unknown number involved	500
Ipsilateral or Contralateral Nodes Supraclavicular	Station 1: scalene, low cervical, supraclavicular (see full list with code)	600
Contralateral or Bilateral Nodes – Hilar/Peripheral Zone/Sup Med	Stations 10-14; Stations 2-4	700
Regional LN, NOS	Regional LN involved but not sure which ones (codes 300-700 don't apply); see <i>Note 4</i>	800
Unknown	Use sparingly	999

EOD Mets

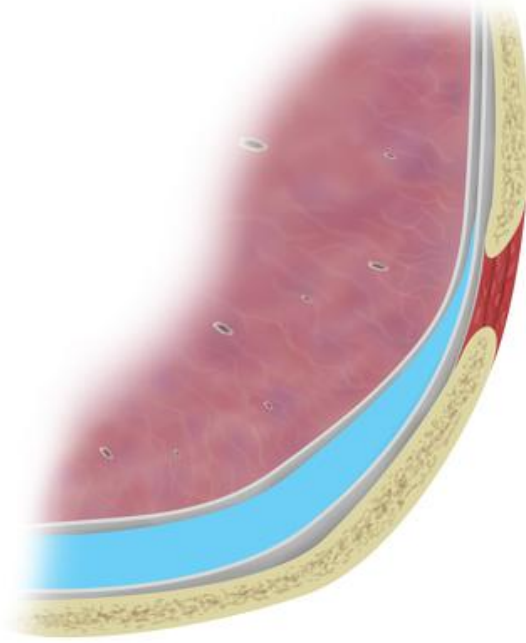
EOD Mets

- 2 Site-Specific Notes:
 - **Pleural and Pericardial Effusions**
 - Most of these findings in conjunction with lung cancer are due to tumor
 - However, a few patients could have multiple negative cytopathologic exams
 - If this occurs and the fluid is non-bloody, not an exudate, and physician/clinical judgement is that it is **not** related to cancer then exclude from staging (code 00)
 - **Extrathoracic Mets**
 - Abdominal organs
 - Adjacent rib with a separate tumor involved
 - If by direct extension code EOD Primary Tumor
 - Distant LN
 - Carcinomatosis

EOD Mets

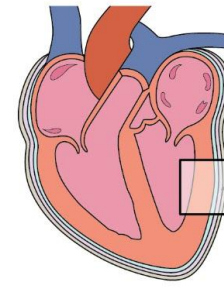
Description	Notes	Code
No distant mets	Unknown if distant mets	00
Pericardial/Pleural Effusion	See Note 1; Malignant pleural effusion or pericardial effusion; Contralateral lung/MSB; STN contralateral lung	10
Single distant LN	See list	20
Single organ mets	1 single met in one organ	30
Multiple mets in a single organ system	Several met lesions/tumors in a single organ	40
Multiple mets in multiple organs	Multiple distant mets in multiple organs or distant organ and distant LN	45
Multiple mets	Unknown if single or multiple organs	50
Distant mets, NOS	Coded 10-50 don't apply	70

pleural effusion

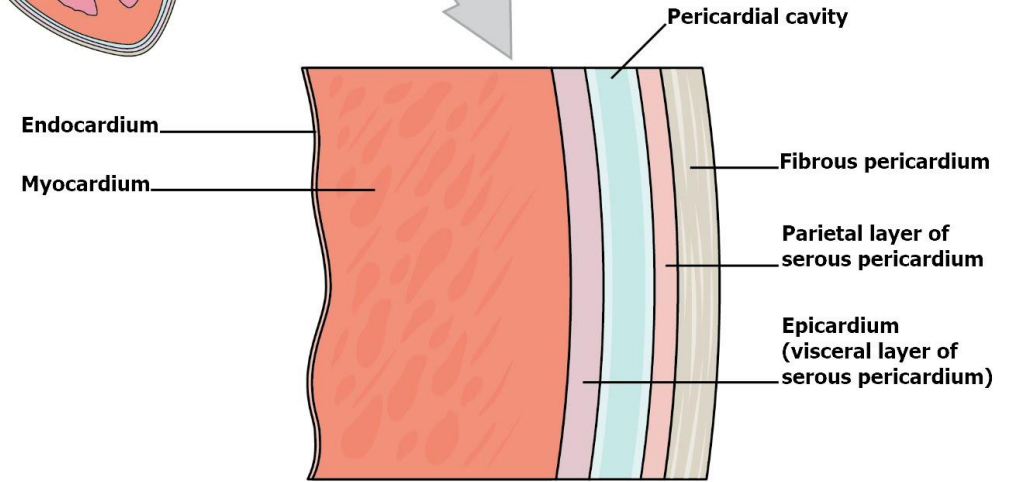


M. Skalski
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EOD Mets

Code 10

- **Pleural Effusion**
 - Fluid collects between the pleural lining
 - Often from tumor cells sloughing off and cancer cells invade the pleura
- **Pericardial Effusion**
 - Fluid collects in the pericardial sac surrounding the heart
 - Tumor cells have invaded the pericardial sac/cavity

Case Scenarios



Case Scenario 1

- 12/18/2024 RUL bx: adenocarcinoma
- 1/6/2025 PET: 2 hypermetabolic malign nodules in RUL, 1.3cm and 1cm; 1.9cm groundglass opacity in RUL, doesn't demonstrate significant activity; no lymph nodes or distant mets
- Oncologist: synchronous T1 N0 M0 adenocarcinoma RUL
- **What is the correct EOD Primary Tumor?**
- **What is the SSDI – Separate Tumor Nodules?**

Case Scenario 2

- RUL, wedge resection: 1cm squamous cell carcinoma, pd (pT1a)
- RLL, wedge resection: 1.5cm squamous cell carcinoma, md (pT1b)

- Single primary – M7
- **What is the correct EOD Primary Tumor?**

- **What is the code for SSDI – Separate Tumor Nodule?**

Case Scenario 3

- Right VATS Superior Segmentectomy, RLL: Adenocarcinoma, MD, 1cm
 - Tumor extension: limited to lung parenchyma
 - Tumor comes to within 0.1cm from the pleura
 - Mediastinal LND: 0/7
- **What is the correct EOD Primary Tumor?**
- **What is the correct EOD Regional Nodes code?**

SEER*Educate

- **Coding – CEs**

- Dx 2021-2026 EOD, Summary Stage, Grade, SSDI mashup
 - **Lung Cases 1-5** (CE closes 1/2028)



Questions? Contact me.

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Education & Training

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