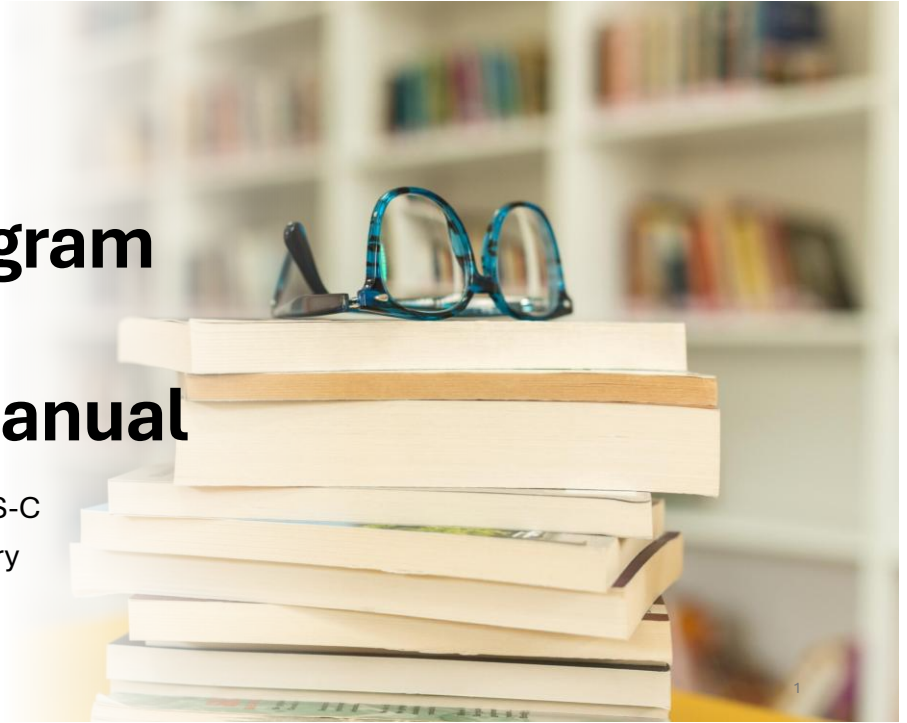


2026 SEER Program Coding & Staging Manual

Melissa Riddle, ODS-C
Iowa Cancer Registry
April 2026



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2026 SPCSM

- Summary of Changes:
https://seer.cancer.gov/manuals/2026/SPCSM_2026_Changelog.pdf
- Summary of Major Changes – 2026 SPCSM, pages 9-10
https://seer.cancer.gov/manuals/2026/SPCSM_2026_MainDoc.pdf

SEER Program Coding and Staging Manual 2026

7 The 2026 manual is to be used for cases diagnosed January 1, 2026 and forward.

- **SEER Program Coding and Staging Manual 2026** (PDF, 1.8 MB) (released September 2025)
- **Appendix A - County Codes** (PDF, 500 KB)
- **Appendix B - Country and State Codes** (PDF, 459 KB)
- **Appendix C - Site-Specific Coding Modules**
- **Appendix D - Race and Nationality Descriptions** (PDF, 228 KB)
- **Appendix E - Reportable and Non-reportable Examples: PDF** (PDF, 199 KB) or **Excel** (XLSX, 26 KB)
- **Summary of Changes (September 2025)** (PDF, 330 KB) - provides the list of changes included in this release.



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What we will review...

New data item – Sex Assigned at Birth	LVI	SEER SSF 1 – updated sites: oropharynx	Systemic Therapy
Neoadjuvant therapy	Cancer Status	Appendix C	Appendix E

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Sex Assigned at Birth



- Replaces data item – Sex
 - Begins with cases 2026+

Description	Notes	Code
Male	Sex is stated as male (no other information that patient was assigned different sex at birth); Sex unknown & site is C600-C639	1
Female	Sex is stated as female (no other information that patient was assigned different sex at birth); Sex unknown & site is C510-C589	2
Not stated/Unknown	Sex is not stated; Born with Disorders of Sexual Development (DSD) and sex not clearly defined; Sex is documented as other than male or female	9

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Lymphovascular Invasion

- When LVI is present/identified in any primary tumor code 1
 - **Exception:**
 - Thyroid
 - Thyroid medullary
 - Adrenal gland
 - Codes applicable are 0, 2, 3, 4, or 9
 - Code 1 is **NOT** applicable for these sites

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SEER Site Specific Factor 1

- Updated sites:
 - **Oropharynx HPV-Associated (2018-2025)**
 - C019; C029; C051-C052; C090-C091; C098-C099; C100; C102-C104; C108-C109; C111
 - C111 for years 2018-2024 ONLY
 - **Oropharynx HPV-Associated (2026)**
 - C019; C029; C051-C052; C090-C091; C098-C099; C100; C102-C104; C108-C109
 - **Oropharynx HPV-Independent**
 - C019; C029; C051-C052; C090-C091; C098-C099; C100; C102-C104; C108-C109; C111
 - C111 for years 2018-2024 ONLY

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SEER Site Specific Factor 1

• Updated Instructions:

• Instruction 4

- Codes 10-51 are hierarchical – use the highest code that applies

• Instruction 5

- Oropharynx HPV-Associated schema
 - If an additional HPV test is done in addition to p16, **code those results**
 - No additional test, **code 11** (Schema Discriminator = 2)

• Instruction 6

- Oropharynx HPV-Independent schema
 - If an additional HPV test is done in addition to p16, **code those results**
 - No additional test:
 - **Code 10** if Schema Discriminator = 1
 - **Code 99** if Schema Discriminator = 9

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SEER SSF1 & Schema Discriminator 2

Schema	Notes	SEER SSF1	Schema Discrim 2
Oropharynx HPV-Associated (Schema 00100)	p16 positive; no additional testing	11	2
	Another test positive (DNA, ISH, RT-PCR, etc.)	21, 31, 41, 51, or 71	2
Oropharynx HPV-Independent (Schema 00111)	p16 negative; no additional testing	10	1
	Another test negative (DNA, ISH, RT-PCR, etc.)	20, 30, 40, 50, or 70	1
	No additional test, no p16 test	99	9

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Systemic Therapy

Search Database

Name
Docetaxel

Alternate Names
LIT-976
RP-56976
Taxotere


Abbreviations
None

Category
Chemotherapy

Subcategory
Taxane

NSC Number
628503

Primary Site
Breast
gastric
head & neck
non-small cell lung
ovarian
prostate cancer



- Refer to SEER*Rx to determine whether the drugs used are chemo, hormone, or immunotherapy and code as listed regardless of the primary site(s) listed in SEER*Rx for that drug
 - Do **NOT** code under the data item, *Other Therapy*
 - Chemotherapy – *Instruction 2c*
 - Hormone therapy – *Instruction 1*
 - Immunotherapy – *Instruction 1*
 - *Example:*
 - Docetaxel given for colon cancer
 - SEER*Rx doesn't list colon as a site
 - Still code the docetaxel as chemotherapy

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Chemotherapy

• Chemoembolization

- When the embolizing agent(s) is a chemo drug (SEER*Rx) code as specific information regarding the agent(s) documented
 - 01- Chemo, NOS (number agent unknown)
 - 02 – single agent
 - 03 – multiple agents

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Neoadjuvant Therapy

- **Definition of Surgical Resection updated**

- Defined as the most definitive surgical procedure that removes some or all the primary tumor/site
 - Most sites that would include codes A300-A800 or B300-B800
 - However, some site codes less than these could be used:
 - *Example:* Breast C509 – code B290 (central lumpectomy) would qualify as surgical resection

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Cancer Status

Updated when new
information is received

- **Coding Instruction 2**

- Assign **code 2** when there is indication of tumor
 - *Example:* patient died or is continuing active treatment for this tumor

- **Coding Instruction 3**

- Use information from an official source such as a health care provider, patient's physician, or other information such as death certificate
 - *Example:* margin status along with additional information that determine cancer status
 - *Example:* stage and outcome of neoadjuvant or other therapy

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Cancer Status

Description	Notes	Code
No evidence of this tumor	No indication or evidence of this tumor; Patient is in remission for hematopoietic dz; Patient on maintenance therapy that continues for years and that is the only information available	1
Evidence of this tumor	Evidence that patient still has disease; Patient dies with evidence of this tumor; Patient continuing active treatment for this tumor	2
Unknown	Indeterminant whether tumor is present; Not stated in medical record	9

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Appendix C Updates



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Bladder

- Site-Specific Codes for Neoadjuvant Therapy Treatment Effect
 - Records the findings from the post neoadjuvant therapy surgical pathology report **ONLY** when surgery is performed after neoadjuvant therapy
 - BCG prior to surgical resection is **NOT** neoadjuvant therapy
 - Neoadjuvant therapy is systemic therapy and/or radiation given to shrink tumor before surgical resection

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Bladder – Neoadjuvant Therapy Treatment Effect

Description	Notes	Code
Neoadjuvant therapy not given	No know presurgical therapy	0
Complete pathologic response	Absence of histologically identifiable residual cancer cells (TRG1) or stated TRG1; Residual in situ carcinoma only	1
Strong response	Predominant fibrosis of the tumor bed w/ residual cancer cells less than 50% (TRG2) or stated TRG2; 50% of this area	2
Weak/poor response	Residual cancer cells greater than or equal to 50% of tumor bed (TRG3) or stated TRG3; Stated weak/partial/minimal response; Stated no response	3
Response, NOS	Stated as response, no %; Not stated TRG1, 2, or 3; Not stated complete/partial/weak/minimal/poor	4
Response not documented	Neoadjuvant therapy complete and surgical resection performed, response not documented or unknown	6
No surgical resection	Neoadjuvant therapy complete but surgical resection	7
Unknown if neoadjuvant therapy performed	Unknown if planned surgery performed after neoadjuvant therapy; DCO	9

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Prostate – Surgery Codes

- **A200** – Local Tumor Excision, NOS
 - **A210** TURP, NOS
 - **A220** TURP – incidental cancer finding
 - **A230** TURP – known/suspected cancer
 - **SEER NOTE:**
 - **A220** for tumor destruction procedure or other minimally invasive procedure when cancer is an incidental finding, includes the following procedures:
 - Ablation (aqua, cold, heat, laser)
 - Holmium laser enucleation of the prostate (HoLEP) or TURP

Update

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Skin – Surgery Codes

- **B200** – Local tumor excision, NOS; Excisional biopsy, NOS
 - **B220** Shave biopsy
 - **B230** Punch biopsy
 - **B240** Elliptical biopsy (aka fusiform)
 - **SEER NOTE:**
 - Elliptical/fusiform excisions are eye shape excisions around the circle outlining the amount of normal skin to take during the excision and performed to allow for a better-looking scar

NEW

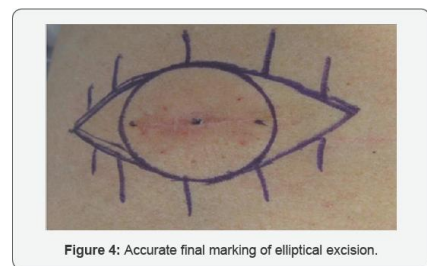


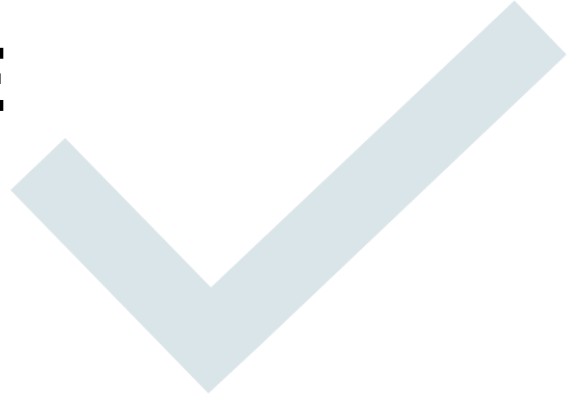
Figure 4: Accurate final marking of elliptical excision.

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Appendix E Updates



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Appendix E – Reportability Examples

• Appendix E1: Reportable Examples

- Conjunctival melanocytic intraepithelial lesions (C-MIL)
 - Low-grade conjunctival melanocytic intraepithelial lesion (LG-CMIL) with focal high-grade features of conjunctiva (C690, 8720/2)
 - **Acceptable terms:** conjunctival melanocytic intraepithelial neoplasia (C-MIN); Primary acquired melanosis (PAM); melanoma in situ

• Appendix E2: Non-Reportable Examples

- Cavemous malformation is not reportable for any site

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Appendix E – Reportability Examples

- **Appendix E1: Reportable Examples UPDATE!!!!**

- Do **NOT** Report cases solely based on
 - PI-Rads 4 or 5 or
 - LI-Rads 4, 5, or OPTN 5 category
- The **instructions in Appendix E1 to report are included but should be ignored** based on the recent update from SEER
 - These instructions will be removed with the 2027 updates

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A few reminders...



Review the entire summary of changes for the 2026 SPCSM



Take the 2026 Annual Updates Quiz

Watch all annual update training videos first

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Questions? Contact me.

Melissa Riddle, ODS-C
Education & Training
Iowa Cancer Registry
melissa-riddle@uiowa.edu



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