SEER Program Coding and Staging Manual 2022 - Summary of Changes
This table lists the changes in the 2022 manual by page number.

Page	Section	Data Item	Change	Notes/Comments
1	Preface	Summary of Changes	Listing of major changes updated.	Revised the section with the list of major changes including additions, deletions, and modifications made to the 2022 manual and appendices.
2	Preface	2022 Changes	Listing of additional 2022 changes updated.	Revised the list of 2022 changes relating to cancer coding and staging.
3	Introduction	Submitting Questions	Text added.	Submit technical questions, suggestions, and revisions related to this manual to Ask A SEER Registrar on the SEER website. An appointed staff member from each SEER core registry may also submit technical questions to NCI SEER inquiry system using the web-based SINQ system. Updates to this manual identified after publication will be found in SINQ under the category of 'Updates to current manual' until a subsequent revision of this manual is issued.
3	Preface	Transmission Instructions for Dates	Text deleted.	Deleted sentence: Date data items are fixed-length and left-justified.
6	Reportability	Reportable Diagnosis List	Item 1.a.i and ii added.	i. Clear cell papillary renal cell carcinoma (8323/3) is reportable ii. Low-grade appendiceal mucinous neoplasm (LAMN) is reportable Subsequent items were renumbered.
6	Reportability	Reportable Diagnosis List	Item 1.a.iv revised.	iv. **All** GIST tumors, ***except*** for those stated to be benign, are reportable as of 01/01/2021. The behavior code is /3 in ICD-O-3.2.
7	Reportability	Reportable Diagnosis List	Item 1.b..iv, v, and vi added.	iv. Colon atypical hyperplasia v. High grade dysplasia in colorectal and esophageal primary sites vi. Adenocarcinoma in situ, HPV associated (8483/2)(C53)
8	Reportability	Reportable Diagnosis List	Item 1.b edited.	Added statement at end of section: Refer to Appendix E.2 for non-reportable examples.

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10	Reportability	Ambiguous Terminology	Text revised and exception added.	**Cytology** Do **not** accession a case based ONLY on **suspicious** cytology. Follow back on cytology diagnoses using ambiguous terminology is strongly recommended. Accession the case when a reportable diagnosis is confirmed later. The date of diagnosis is the date of the suspicious cytology.***Exception:*** This is a change to previous instructions. The date of a suspicious cytology may be used as the date of diagnosis when a definitive diagnosis follows the suspicious cytology. See Date of Diagnosis for more information.
11	Reportability	Ambiguous Terminology	Ambiguous Terms for Reportability section revised.	Added so section: Use **all available information first and seek clarification** from clinicians whenever possible. Added text under the list of Ambiguous Terms for Reportability regarding equivalent terms "Diagnostic for," "Not diagnostic for," and "Differential diagnoses." See manual for listing of terms. Added the last paragraph to the section: If there is no information to the contrary, report a case described as "malignant until proven otherwise." The patient should have further work up to prove or disprove the findings. When additional information becomes available, update as necessary. Use text fields to describe the details.
15	Changing Information on the Abstract		Item 4 example dates revised.	**When the date of diagnosis is confirmed in retrospect to be earlier than the original date abstracted** ***Example***: Patient has surgery for a benign argentaffin carcinoid (8240/1) of the sigmoid colon in May 2021. In January 2022, the patient is admitted with widespread metastasis consistent with malignant argentaffin carcinoid. The registrar accessions the malignant argentaffin carcinoid as a 2022 diagnosis. Two months later, the pathologist reviews the slides from the May 2021 surgery and concludes that the carcinoid diagnosed in 2021 was malignant. Change the date of diagnosis to May 2021 and histology to 8241 and the behavior code to malignant (/3).

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16	Determining Multiple Primaries	Hematopoietic and Lymphoid Neoplasms	Tense changed.	Updated wording in this section to past tense. Updates to the *Hematopoietic and Lymphoid Neoplasm Coding Manual* and *Database* were made for 2021 cases. The updates reflect changes based on ICD-O-3.2. Apply the Multiple Primary Rules in the *Hematopoietic and Lymphoid Neoplasm Coding Manual* and *Database.*
18	Section I: Basic Record Identification	SEER Participant	SEER registries added.	Updated Core registries tables and added table of Support registries. See manual.
23	Section I: Basic Record Identification	NAACCR Record Version	Data item added.	See manual.
67	Section III: Demographic Information	Race 1, 2, 3, 4, 5	Code modified.	Code description for code 03 modified to: American Indian, Aleutian, or Alaska Native (includes all indigenous populations of the western hemisphere)
80	Section III: Demographic Information	Tobacco Use Smoking Status	Data item added.	See manual.
84	Section IV: Description of this Neoplasm	Date of Diagnosis	Coding Instruction 1 exception deleted.	Deleted: ***Exception:*** Do not use the date of diagnosis from a cytology report using ambiguous terminology. See Coding Instruction #5 below.
84	Section IV: Description of this Neoplasm	Date of Diagnosis	Coding Instruction 1 example dates updated.	***Example:*** Area of microcalcifications in breast suspicious for malignancy on 02/13/2022. Biopsy positive for ductal carcinoma on 02/28/2022. The date of diagnosis 02/13/2022.
84	Section IV: Description of this Neoplasm	Date of Diagnosis	Coding Instruction 3 example 1 dates updated.	Renamed example to Example 1 and updated dates: ***Example 1:*** On May 15, 2022, physician states that patient has lung cancer based on clinical findings. The patient has a positive biopsy of the lung in June 3, 2022. The date of diagnosis remains May 15, 2022.

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Page	Section	Data Item	Change	Notes/Comments
84	Section IV: Description of this Neoplasm	Date of Diagnosis	Coding Instruction 3 example 2 and note added.	Added second example: **Example 2**: Radiologist reports Liver Imaging Reporting and Data System (LI-RADS) Category 5 on imaging. Later biopsy confirms hepatocellular carcinoma (HCC). Record date of diagnosis as date of LI-RADS imaging. **Note**: Appendix E in the 2022 SEER Program Manual lists which PI-RADS, BI-RADS, and LI-RAD are reportable versus non-reportable. If reportable, use the date of the procedure as the date of diagnosis when this is the earliest date and there is no information to dispute the imaging findings.
84	Section IV: Description of this Neoplasm	Date of Diagnosis	Coding Instruction 5 and note 1 revised; example added.	5. Use the date of suspicious cytology when the diagnosis is proven by subsequent biopsy, excision, or other means ***Example:*** Cytology suspicious for malignancy 01/12/2022. Diagnosis of carcinoma per biopsy on 02/06/2022. Record 01/12/2022 as the date of diagnosis. ***Note 1:*** "Suspicious" cytology means that the diagnosis is preceded by an ambiguous term such as apparently, appears, compatible with, etc.
85	Section IV: Description of this Neoplasm	Date of Diagnosis	Coding Instructions 6, 9, and Cases Diagnosed Before Birth examples revised.	Updated dates to 2022 in the examples.
88	Section IV: Description of this Neoplasm	Tumor Record Number	Data item added.	See manual.
91	Section IV: Description of this Neoplasm	Sequence Number--Central	Coding Instruction 6 example revised	Updated date to 2022 in the example under Non-Malignant Coding Instructions.

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Page	Section	Data Item	Change	Notes/Comments
92	Section IV: Description of this Neoplasm	Primary Site	Section added	**Resources for Coding Primary Site for Solid Tumors, in priority order**1. ICD-O2. SEER Program Manual a. Including Coding Guidelines in Appendix C3. Solid Tumor Rules
93	Section IV: Description of this Neoplasm	Primary Site	Coding Instruction 3 added.	3. Do ***not*** adjust the primary site code to fit staging or any other data items Subsequent instructions renumbered.
94	Section IV: Description of this Neoplasm	Primary Site	Coding Instruction 8.a and note added.	8. Code the primary site, not the metastatic site. If a tumor is metastatic and the primary site is unknown, code the primary site as unknown (C809). a. Code primary site using results of the molecular test CancerTYPE ID only when there is no other information about the primary site. Document in the text that the site is solely based on results from CancerTYPE ID molecular testing. ***Note:*** CancerTYPE ID tests are a standardized molecular method of determining primary site in tumors initially identified in a metastatic site. The use of CancerTYPE ID to determine primary site is not yet a standard practice and has not received FDA clearance.
95	Section IV: Description of this Neoplasm	Primary Site	Coding Instruction 15 table revised.	Added to the table in instruction #15: Back of tongue C019 Interarytenoid space C329 Intracranial C719 Porta hepatis C220 True vocal folds C320
98	Section IV: Description of this Neoplasm	Laterality	Note added.	Added note to section Sites for Which Laterality Codes Must Be Recorded: ***Note:*** Laterality will be automatically coded to 0 in SEER*DMS for sites not listed in the table below.
99	Section IV: Description of this Neoplasm	Laterality	Table edited.	Added C444, skin of scalp and neck, to the table Sites for Which Laterality Codes Must Be Recorded Revised C445 to Skin of trunk

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104	Section IV: Description of this Neoplasm	Histologic Type ICD-O-3	Text added.	Added under section **ICD-O-3.2:** See the NAACCR website for additional updates for 2022.
104	Section IV: Description of this Neoplasm	Histologic Type ICD-O-3	Text added.	Added under section **Histology Coding for Solid Tumors**Refer to the most current Solid Tumor Rules for histology code changes.1. Beginning with cases diagnosed 01/01/2022 forward, p16 test results can be used to code squamous cell carcinoma, HPV positive (8085) and squamous cell carcinoma, HPV negative (8086). 2. Beginning 1/1/2022, non-keratinizing squamous cell carcinoma, HPV positive is coded 8085 for sites listed in Head and Neck Solid Tumor Rules Table 5 only. A diagnosis of non-keratinizing squamous cell carcinoma, NOS is coded 8072.3. Beginning 1/1/2022, keratinizing squamous cell carcinoma, HPV negative is coded 8086 for sites listed in Head and Neck Solid Tumor Rules Table 5 only. A diagnosis of keratinizing squamous cell carcinoma, NOS is coded 8071.4. Clear cell papillary renal cell carcinoma is coded 8323/3. The 2016 WHO Classification of Tumors of the Urinary System and Male Genital Organs, 4th Edition, has reclassified this histology as a /1 because it is low nuclear grade and is now thought to be a neoplasia. This change has not yet been implemented and it remains reportable as behavior /3.
106	Section IV: Description of this Neoplasm	Behavior Code	Coding Instruction added.	Added section **General** Code behavior prior to neoadjuvant therapy when given.
106	Section IV: Description of this Neoplasm	Behavior Code	Example in second paragraph revised.	Added a sentence to the example under **Metastatic or Non-primary Sites**: ***Example***: Adenocarcinoma in situ with lymph nodes positive for malignancy. Code the behavior as malignant (/3). When the invasive component cannot be found and there are positive lymph nodes, assign behavior /3 based on the positive lymph nodes.
113	Section IV: Description of this Neoplasm	Tumor Size--Clinical	Introductory paragraph revised.	Added language to first paragraph, second sentence: Clinical classification is composed of diagnostic workup prior to first treatment, including physical examination, imaging, pathological findings (gross description and microscopic measurements most likely from a biopsy that did not remove the entire lesion), and surgical exploration without resection.

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113	Section IV: Description of this Neoplasm	Tumor Size--Clinical	Coding Instruction 2.b.i example revised.	Revised the second example found under the note in 2.b.i: ***Example:*** A breast biopsy revealed a 1.3 cm ductal carcinoma. There was no residual carcinoma found in the partial mastectomy specimen. The biopsy removed the whole tumor which makes it an excisional biopsy. Code the clinical tumor size as 999 and the path tumor size as 013.
114	Section IV: Description of this Neoplasm	Tumor Size--Clinical	Coding Instruction 3 added.	3. Use clinical history on a pathology report for clinical tumor size when that is the only information available to code clinical tumor size. Use text field to record the details.Subsequent instructions renumbered.
115	Section IV: Description of this Neoplasm	Tumor Size--Clinical	Coding Instruction 9 added.	9. Do ***not*** use endometrial ultrasound reporting endometrial stripe or thickening because this does ***not*** represent clinical tumor size.
116	Section IV: Description of this Neoplasm	Tumor Size--Clinical	Coding Instruction 22.b revised.	22. Assign code **000** when a. Schema is Cervical Lymph Nodes and Unknown Primary 00060 b. EOD Primary Tumor is coded 800 (No evidence of primary tumor) for any schema except for those listed in Coding Instruction 24
117	Section IV: Description of this Neoplasm	Tumor Size--Clinical	Coding Instruction 24.d edited.	d. Lymphoma 00790
120	Section IV: Description of this Neoplasm	Tumor Size--Pathologic	Coding Instruction 1 example revised.	***Example:*** A breast biopsy revealed a 1.3 cm ductal carcinoma. There was no residual carcinoma found in the partial mastectomy specimen. The biopsy removed the whole tumor which makes it an excisional biopsy. Code the clinical tumor size as 999 and the path tumor size as 013.
122	Section IV: Description of this Neoplasm	Tumor Size--Pathologic	Coding Instruction 20.a.i added and 2.c revised.	20. Assign code 000 when a. No residual tumor is found i. Neoadjuvant therapy has been administered and the resection shows no residual tumor b. Schema is Cervical Lymph Nodes and Unknown Primary 00060 c. EOD Primary Tumor is coded 800 (No evidence of primary tumor) for any schema except for those listed in Coding Instruction 22

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123	Section IV: Description of this Neoplasm	Tumor Size--Pathologic	Coding Instruction 22.f.iv edited.	iv. Lymphoma 00790
126	Section V: Stage of Disease at Diagnosis	Introductory section	Note added.	Added note to section introduction: ***Note:*** There are no specific instructions for pathology-only cases. Assign 9s or the appropriate "unknown" code when abstracting stage and related data items from pathology reports or HL-7 reports only and information is not provided.
128	Section V: Stage of Disease at Diagnosis	Extent of Disease Primary Tumor	Text edited.	Deleted 2018 from text referring to EOD data collection system.
129	Section V: Stage of Disease at Diagnosis	Extent of Disease Regional Nodes	Text edited.	Deleted 2018 from text referring to EOD data collection system.
130	Section V: Stage of Disease at Diagnosis	Extent of Disease Metastases	Text edited.	Deleted 2018 from text referring to EOD data collection system.
135	Section VI: Stage-related Data Items	Stage-related Data Items	Text revised.	Nine data items are presented in this section. See the Site-specific Data Item (SSDI) Manual for data items not included in this section.

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136	Section VI: Stage-related Data Items	Lymphovascular Invasion	Code Descriptions edited.	Code descriptions modified for codes 1, 2, 3, and 4. 1 Lymphovascular Invasion Present/Identified (NOT used for thyroid and adrenal) 2 Lymphatic and small vessel invasion only (L) OR Lymphatic invasion only (thyroid and adrenal only) 3 Venous (large vessel) invasion only (V) OR Angioinvasion (thyroid and adrenal only) 4 BOTH lymphatic and small vessel AND venous (large vessel) invasion OR BOTH lymphatic AND angioinvasion (thyroid and adrenal only)
136	Section VI: Stage-related Data Items	Lymphovascular Invasion	Coding Instruction 2 added.	2. Code lymphovascular invasion to 0, 2, 3, 4, or 9 for the following Schema IDs Thyroid 00730 Thyroid Medullary 00740 Adrenal Gland 00760
137	Section VI: Stage-related Data Items	Lymphovascular Invasion	Coding Instruction 8.a.vii added.	vii. Lymphovascular space invasion
138	Section VI: Stage-related Data Items	Lymphovascular Invasion	Coding instruction 9.b added.	b. For non-malignant brain (intracranial) and CNS tumors
139	Section VI: Stage-related Data Items	Macroscopic Evaluation of the Mesorectum	Data item added.	See manual.
140	Section VI: Stage-related Data Items	Mets at Diagnosis--Bone	Coding Instruction 1.d revised.	d. Code this data item for all solid tumor schemas (including Kaposi Sarcoma and Ill-Defined Other [includes unknown primary site]) and the following Hematopoietic schemas except as noted in 2.c. and 2.d.

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140	Section VI: Stage-related Data Items	Mets at Diagnosis--Bone	Coding Instruction 1.d.ii edited and I.d.vi added.	i. Lymphoma Ocular Adnexa 00710 ii. Lymphoma 00790 iii. Lymphoma-CLL/SLL 00795 iv. Mycosis Fungoides (MF) 00811 v. Primary Cutaneous Lymphoma (excluding MF and SS) 00812 vi. HemeRetic 00830 (excluding primary sites C420, C421, C423, C424)
141	Section VI: Stage-related Data Items	Mets at Diagnosis--Bone	Coding Instruction 2.c.i revised.	Revised the coding instruction for assigning code 8 (deleted C770-C779): i. Any case coded to primary site C420, C421, C423, or C424
142	Section VI: Stage-related Data Items	Mets at Diagnosis--Brain	Coding Instruction 1.d revised.	d. Code this data item for all solid tumor schemas (including Kaposi Sarcoma and Ill-Defined Other [includes unknown primary site]) and the following Hematopoietic schemas except as noted in 2.c. and 2.d.
142	Section VI: Stage-related Data Items	Mets at Diagnosis--Brain	Coding Instruction 1.d.ii edited and I.d.vi added.	i. Lymphoma Ocular Adnexa 00710 ii. Lymphoma 00790 iii. Lymphoma-CLL/SLL 00795 iv. Mycosis Fungoides (MF) 00811 v. Primary Cutaneous Lymphoma (excluding MF and SS) 00812 vi. HemeRetic 00830 (excluding primary sites C420, C421, C423, C424)
143	Section VI: Stage-related Data Items	Mets at Diagnosis--Brain	Coding Instruction 2.c.i revised.	Revised the coding instruction for assigning code 8 (deleted C770-C779): i. Any case coded to primary site C420, C421, C423, or C424
144	Section VI: Stage-related Data Items	Mets at Diagnosis--Liver	Coding Instruction 1.d revised.	d. Code this data item for all solid tumor schemas (including Kaposi Sarcoma and Ill-Defined Other [includes unknown primary site]) and the following Hematopoietic schemas except as noted in 2.c. and 2.d.
144	Section VI: Stage-related Data Items	Mets at Diagnosis--Liver	Coding Instruction 1.d.ii edited and I.d.vi added.	i. Lymphoma Ocular Adnexa 00710 ii. Lymphoma 00790 iii. Lymphoma-CLL/SLL 00795 iv. Mycosis Fungoides (MF) 00811 v. Primary Cutaneous Lymphoma (excluding MF and SS) 00812 vi. HemeRetic 00830 (excluding primary sites C420, C421, C423, C424)

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145	Section VI: Stage-related Data Items	Mets at Diagnosis--Liver	Coding Instruction 2.c.i revised.	Revised the coding instruction for assigning code 8 (deleted C770-C779):i. Any case coded to primary site C420, C421, C423, or C424
146	Section VI: Stage-related Data Items	Mets at Diagnosis--Lung	Coding Instruction 1.d revised.	d. Code this data item for all solid tumor schemas (including Kaposi Sarcoma and Ill-Defined Other [includes unknown primary site]) and the following Hematopoietic schemas except as noted in 2.c. and 2.d.
146	Section VI: Stage-related Data Items	Mets at Diagnosis--Lung	Coding Instruction 1.d.ii edited and I.d.vi added.	i. Lymphoma Ocular Adnexa 00710 ii. Lymphoma 00790 iii. Lymphoma-CLL/SLL 00795 iv. Mycosis Fungoides (MF) 00811 v. Primary Cutaneous Lymphoma (excluding MF and SS) 00812 vi. HemeRetic 00830 (excluding primary sites C420, C421, C423, C424)
147	Section VI: Stage-related Data Items	Mets at Diagnosis--Lung	Coding Instruction 2.c.i revised.	Revised the coding instruction for assigning code 8 (deleted C770-C779): i. Any case coded to primary site C420, C421, C423, or C424
148	Section VI: Stage-related Data Items	Mets at Diagnosis--Distant Lymph Node(s)	Coding Instruction 1.e revised.	d. Code this data item for all solid tumor schemas (including Kaposi Sarcoma and Ill-Defined Other [includes unknown primary site]) and the following Hematopoietic schemas except as noted in 2.c. and 2.d.
148	Section VI: Stage-related Data Items	Mets at Diagnosis--Distant Lymph Node(s)	Coding Instruction 1.e.ii edited and I.e.vi added.	i. Lymphoma Ocular Adnexa 00710 ii. Lymphoma 00790 (excluding primary sites C770-C779; see 2.c.) iii. Lymphoma-CLL/SLL 00795 (excluding primary sites C770-C779; see 2.c.) iv. Mycosis Fungoides (MF) 00811 v. Primary Cutaneous Lymphoma (excluding MF and SS) 00812 vi. HemeRetic 00830 (excluding primary sites C420, C421, C423, C424, see 2.c.)
150	Section VI: Stage-related Data Items	Mets at Diagnosis--Other	Coding Instruction 1.d revised.	d. Code this data item for all solid tumor schemas (including Kaposi Sarcoma and Ill-Defined Other [includes unknown primary site]) and the following Hematopoietic schemas except as noted in 2.d. and 2.e.

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150	Section VI: Stage-related Data Items	Mets at Diagnosis--Other	Coding Instruction 1.d.ii and iii revised and I.d.vi added.	i. Lymphoma Ocular Adnexa 00710ii. Lymphoma 00790 (see 2.d.)iii. Lymphoma-CLL/SLL 00795 (see 2.d.)iv. Mycosis Fungoides (MF) 00811v. Primary Cutaneous Lymphoma (excluding MF and SS) 00812vi. HemeRetic 00830 (excluding primary sites C420, C421, C423, C424, see 2.d.)
151	Section VI: Stage-related Data Items	Mets at Diagnosis--Other	Coding Instruction 2.d.i revised.	Revised the coding instruction for assigning code 8 (deleted C770-C779): i. Any case coded to primary site C420, C421, C423, or C424
154	Section VI: Stage-related Data Items	Additional Stage-related Data Items	Introductory text revised.	Revised introductory paragraphs to update information. See manual.
154	Section VI: Stage-related Data Items	Additional Stage-related Data Items	Table 3 edited.	Updated Table 3 to: Site-specific Data Items Implemented in 2022. Added note: ***Note:*** The new data items are collected by SEER from CoC-accredited hospitals except Derived Rai Stage.
155	Section VI: Stage-related Data Items	Additional Stage-related Data Items	Table 4 added.	Added Table 4 : Additional Site-specific Data Items Required for Transmission. This replaces Table 4 in the previous manual: Table 4: Site-specific Data Items Required for Staging.
163	Section VII: First Course of Therapy	Date Therapy Initiated	Coding Instruction 3 example revised.	Updated dates to 2022 in the example.

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172	Section VII: First Course of Therapy	Surgery of Primary Site	Coding Instruction 6 revised.	6. Assign the code that reflects the **cumulative effect** of all surgeries to the primary site. ***Example:*** The patient underwent a partial mastectomy and sentinel lymph node biopsy, followed by an axillary lymph node dissection for the first right breast primary in 2011. The separate 2020 right breast primary was treated with a total mastectomy and removal of one involved axillary lymph node. The operative report only refers to this as a non-sentinel lymph node, with no mention of other axillary findings. Cumulatively, this patient has undergone a modified radical mastectomy since there were likely no remaining axillary lymph nodes. For the 2020 primary, code the cumulative effect of the surgery done in 2011 plus the surgery performed in 2020. Use text fields on both abstracts to record the details.
176	Section VII: First Course of Therapy	Scope of Regional Lymph Node Surgery	Coding Instruction 13.a.ii revised and 13.a.iv, v. and vi added.	a. Assign code 9 fori. Any case coded to primary site: C420, C421, C423, C424, C589, C700-C709, C710-C729, C751-C753, C761-C768, C770-C779, or C809ii. Lymphoma 00790iii. Lymphoma-CLL/SLL 00795iv. Plasma Cell Disorders (excluding histology 9734/3) 00822v. HemeRetic 00830 (excluding primary sites C420, C421, C423, C424)vi. Ill-Defined/Other 99999
177	Section VII: First Course of Therapy	Scope of Regional Lymph Node Surgery	Coding Instruction SLNBx 3.b edited.	Deleted 'Lymph' in data item names: Regional Nodes Examined and Regional Nodes Positive
180	Section VII: First Course of Therapy	Sentinel Lymph Nodes Examined	Coding Instructions 2 and 5 edited.	Deleted 'Lymph in data item names: Regional Nodes Examined and Regional Nodes Positive
181	Section VII: First Course of Therapy	Sentinel Lymph Nodes Positive	Coding Instructions 2, 4, and 5.a edited.	Deleted 'Lymph in data item names: Regional Nodes Examined and Regional Nodes Positive

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183	Section VII: First Course of Therapy	Date of Regional Lymph Node Dissection	Introductory text edited.	Deleted 'effective 01/01/2018' from first paragraph.
183	Section VII: First Course of Therapy	Date of Regional Lymph Node Dissection	Coding Instruction 1 edited.	Deleted 'Lymph in data item name: Regional Nodes Examined
183	Section VII: First Course of Therapy	Date of Regional Lymph Node Dissection	Coding Instruction 2 revised.	2. Record the date of the regional lymph node dissection in this data item and record the date of the sentinel lymph node biopsy procedure in the Date of Sentinel Lymph Node Biopsy data item [NAACCR Item #832] for **breast and cutaneous melanoma cases** whena. Both a sentinel lymph node biopsy procedure and a separate regional lymph node dissection procedure are performed ORb. A sentinel lymph node biopsy is performed in the same procedure as the regional lymph node dissection. In this case, the **dates should be the same.**
183	Section VII: First Course of Therapy	Date of Regional Lymph Node Dissection	Coding Instruction 3 revised.	3. Record the date of the regional lymph node dissection in this data item for **all other cases** (in addition to breast and cutaneous melanoma cases) a. If a sentinel lymph node biopsy procedure is also performed, record the procedure in the Date of Sentinel Lymph Node Biopsy data item [NAACCR Item #832]. i. If the sentinel lymph node biopsy is performed in the same procedure as the regional lymph node dissection, the **dates should be the same**
185	Section VII: First Course of Therapy	Regional Nodes Positive	Coding Instruction 1.a edited.	Removed the year 2018 from EOD Regional Nodes: a. Include lymph nodes that are regional in the current AJCC Staging Manual or EOD Regional Nodes
185	Section VII: First Course of Therapy	Regional Nodes Positive	Coding Instruction 2 revised.	2. **This data item is based on pathological information only**, including autopsy. This data item is to be recorded regardless of whether the patient received neoadjuvant (preoperative) treatment. Information from the autopsy may be used to code Regional Nodes Positive. Use text fields to explain the situation.

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187	Section VII: First Course of Therapy	Regional Nodes Positive	Coding Instruction 11.b edited and 11.e and 11.f added.	1. Use code **99** for a. Any case coded to primary site C420, C421, C423, C424, C589, C700-C709, C710-C729, C751-C753, C761-C768, C770-C779, or C809 b. Lymphoma 00790 c. Lymphoma-CLL/SLL 00795 d. Plasma Cell Disorders (excluding 9734/3) 00822 e. HemeRetic 00830 (excluding primary sites C420, C421, C423, C424) f. Ill-Defined/Other 99999 g. Cases with no information about positive regional lymph nodes
188	Section VII: First Course of Therapy	Regional Nodes Examined	Coding Instruction 2 revised.	2. **This data item is based on pathologic information only**, including autopsy. This data item is to be recorded regardless of whether the patient received neoadjuvant (preoperative) treatment. Information from the autopsy may be used to code Regional Nodes Examined. Use text fields to explain the situation.
189	Section VII: First Course of Therapy	Regional Nodes Examined	Coding Instruction 4.c revised.	Removed the word 'positive' before aspiration: Include the node in the count of Regional Nodes Examined when the aspiration or core biopsy is from a node in a different node region
190	Section VII: First Course of Therapy	Regional Nodes Examined	Coding Instruction 12.b edited and 12.e and 12.f added.	12. Use code **99** for a. Any case coded to primary site C420, C421, C423-C424, C589, C700-C709, C710-C729, C751-C753, C761-C768, C770-C779, or C809 b. Lymphoma 00790 c. Lymphoma-CLL/SLL 00795 d. Plasma Cell Disorders (excluding 9734/3) 00822 e. HemeRetic 00830 (excluding primary sites C420, C421, C423, C424) f. Ill-Defined/Other 99999 g. Cases with no information about the examination of regional lymph nodes
191	Section VII: First Course of Therapy	Surgical Procedure of Other Site	Coding Instruction 3 and example added.	3. For this data item, do not include organs beyond the primary site that are included in the Surgery of Primary Site codes. ***Example:*** A hemicolectomy including removal of the small bowel. Surgery of Primary Site code 41 for colon includes resection of contiguous organ such as small bowel or bladder. Do not code removal of small bowel or bladder performed with a subtotal colectomy/hemicolectomy in Surgical Procedure of Other Site.

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192	Section VII: First Course of Therapy	Surgical Procedure of Other Site	Coding Instructions 7 and 8 edited.	Removed 2018 from EOD; these instructions were previously numbered 6 and 7.
193	Section VII: First Course of Therapy	Reason for No Surgery of Primary Site	Code 2 Description revised.	Surgery of the primary site was not recommended/performed because it was contraindicated due to patient risk factors (comorbid conditions, advanced age, progression of tumor prior to planned surgery, etc.)
194	Section VII: First Course of Therapy	Reason for No Surgery of Primary Site	Coding Instruction 3.b and example added.	b. Assign code 2 when surgery of the primary site was contraindicated due to factors including, but not limited to, comorbid conditions, advanced age, and progression of tumor prior to planned surgery.***Example:*** The patient with metastatic cancer of the right kidney to the lung has a history of prior nephrectomy of the left kidney with a current history of congestive heart disease and smoking. The patient is considered a surgical risk.
195	Section VII: First Course of Therapy	Reason for No Surgery of Primary Site	Coding Instruction 3.d note edited.	Changed data item name in example: Reason for No Surgery of Primary Site
229	Section VII: First Course of Therapy	Neoadjuvant Therapy	Introductory text revised.	Revised third paragraph: For the purposes of this data item, neoadjuvant therapy is defined as systemic treatment (chemotherapy, endocrine/hormone therapy, targeted therapy, immunotherapy, or biological therapy) and/or radiation therapy before intended or performed surgical resection to improve local therapy and long-term outcomes during first course of treatment.
231	Section VII: First Course of Therapy	Neoadjuvant Therapy	Coding guidelines revised.	Added bullets to list of **criteria for neoadjuvant therapy**: •Neoadjuvant therapy data items are coded based on treatment/procedures that occur during first course of therapy. • Neoadjuvant therapy may be given as part of a clinical trial
236	Section VII: First Course of Therapy	Neoadjuvant Therapy--Clinical Response	Coding Instruction 9.a note edited.	Changed 'as' to 'to': ***Note:*** Neoadjuvant Therapy data item [NAACCR #1632] coded to 1.

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237	Section VII: First Course of Therapy	Neoadjuvant Therapy--Clinical Response	Coding Instruction 10 note revised and examples added.	Added 'or 2' to coding instruction 10 note: ***Note:*** Neoadjuvant Therapy data item [NAACCR #1632] to 1 or 2. Added examples: ***Example 2:*** Patient starts neoadjuvant chemotherapy; however, patient expired after one cycle of chemotherapy. ***Example 3:*** Patient starts neoadjuvant chemotherapy; however, due to rapid reporting of the case, the information is not yet available. The code should be revised after treatment is completed.
238	Section VII: First Course of Therapy	Neoadjuvant Therapy--Treatment Effect	Notes added.	Added notes below code table:***Note 1:*** Code 0 indicates a patient did not receive any neoadjuvant treatment or received only a short course of hormone therapy that was not part of a clinical trial. If hormone therapy is given as part of a clinical trial, it is coded as neoadjuvant treatment and not coded 0 for treatment effect.***Note 2:*** Code 7 includes patients who complete or start neoadjuvant treatment and expire before surgical treatment.***Note 4:*** Code 9 includes patients who start treatment and treatment effect information is not available at the time of reporting, such as with rapid case reporting. Revise the code after treatment is completed.
246	Section VIII: Follow Up Information	Date of Last Cancer (Tumor) Status	Data item added.	See manual.
247	Section VIII: Follow Up Information	Date of Last Cancer (Tumor) Status Flag	Data item added.	See manual.
248	Section VIII: Follow Up Information	Cancer Status	Data item added.	See manual.
249	Section VIII: Follow Up Information	Recurrence Date--1st	Data item added.	See manual.

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252	Section VIII: Follow Up Information	Recurrence Date--1st Flag	Data item added.	See manual.
253	Section VIII: Follow Up Information	Recurrence Type--1st	Data item added.	See manual.
	Appendix A	County Codes	Registries/county codes added.	Added counties and county codes for SEER registries that were added to the 2022 SEER Manual SEER Participant list.
	Appendix C: Site Specific Coding Modules	Coding Guidelines: Breast	Text added.	Added under Coding Subsites: Generally, codes C502 - C505 are preferred over C501. C501 is preferred over C508. Apply these general guidelines when there is no other way to determine the subsite using the available medical documentation.
	Appendix C: Site Specific Coding Modules	Coding Guidelines: Kidney	Text added.	Added section: Primary Site Transitional / urothelial cell carcinoma originates in the urethra, bladder, ureters, and renal pelvis. Code the primary site to renal pelvis (C659) when transitional / urothelial cell carcinoma originates in the "kidney."
	Appendix C: Site Specific Coding Modules	Coding Guidelines: Lung	Text added.	Added to Primary Site C349: Infrahilar area of lung, NOS
	Appendix C: Site Specific Coding Modules	Coding Guidelines: Melanoma	Text added.	Added section: Primary Site Assign C449 for melanoma when the primary site is unknown and there is no information suggesting that the melanoma originated in a non-skin site. Assign C809 when the site of origin is unknown and there is some indication that the primary site of the melanoma is not skin

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	Appendix C: Site Specific Coding Modules	Coding Guidelines: Renal Pelvis and Ureter	Text added.	Added section: Primary Site Transitional / urothelial cell carcinoma originates in the urethra, bladder, ureters, and renal pelvis. Code the primary site to renal pelvis (C659) when transitional / urothelial cell carcinoma originates in the "kidney."
	Appendix C: Site Specific Coding Modules	Coding Guidelines: Urethra	Text added.	Added section:Primary SiteC680 is the only ICD-O-3 code available for urethra. Assign C680 for penile urethra and for prostatic urethra.Transitional / urothelial cell carcinoma originates in the urethra, bladder, ureters, and renal pelvis. Code the primary site to urethra (C680) when transitional / urothelial cell carcinoma involves the prostate and the urethra.
	Appendix C: Site Specific Coding Modules	Surgery Codes: Anus	Codes deleted.	Removed codes 11 Photodynamic therapy (PDT), 13 Cryosurgery, 14 Laser, 21 Photodynamic therapy (PDT), 23 Cryosurgery, 24 Laser ablation, 25 Laser excision. Updated text following the deleted Local tumor destruction codes: No specimen sent to pathology from surgical events 10, 12, and 15.
	Appendix C: Site Specific Coding Modules	Surgery Codes: Colon	Codes deleted.	Removed codes 11 Photodynamic therapy (PDT), 13 Cryosurgery, 14 Laser, 21 Photodynamic therapy (PDT), 23 Cryosurgery, 24 Laser ablation, 25 Laser excision. Updated text following the deleted Local tumor destruction codes: No specimen sent to pathology from surgical events 10 and 12. Revised SEER Note: [***SEER Note:*** Code 22 above combines 20 Local tumor excision, 27 Excisional biopsy, 26 Polypectomy, NOS, 28 Polypectomy-endoscopic, or 29 Polypectomy-surgical excision WITH 22 Electrocautery]
	Appendix C: Site Specific Coding Modules	Surgery Codes: Rectosigmoid	Codes deleted.	Removed codes 11 Photodynamic therapy (PDT), 13 Cryosurgery, 14 Laser ablation, 21 Photodynamic therapy (PDT), 23 Cryosurgery, 24 Laser ablation, 25 Laser excision. Updated text following the deleted Local tumor destruction codes; No specimen sent to pathology from surgical events 10 and 12.
	Appendix C: Site Specific Coding Modules	Surgery Codes: Rectum	Codes deleted; code revised.	Removed codes 11 Photodynamic therapy (PDT), 13 Cryosurgery, 14 Laser, 21 Photodynamic therapy (PDT), 23 Cryosurgery, 24 Laser ablation, 25 Laser excision; revised code 30: Segmental resection; partial proctectomy, NOS. Updated text following the deleted Local tumor destruction codes; No specimen sent to pathology from surgical events 10 and 12.

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	Appendix C: Site Specific Coding Modules	Surgery Codes: Skin	Note added.	***[SEER Note:*** You may take margin information from the operative report if it is missing from the pathology report when assigning the surgery codes for skin. This applies to any skin malignancy for which the skin surgery codes apply.***Exception:*** Do not apply this to surgery codes 45-47 where specific instructions about microscopic confirmation are included.]
	Appendix C: Site Specific Coding Modules	Neoadjuvant Therapy Treatment Effect Site Specific Codes: all	Coding instruction 1 Note updated.	Revised the note on all Neoadjuvant Therapy--Treatment Effect coding guidelines: ***Note:*** Neoadjuvant Therapy data item [NAACCR # 1632] coded to 0 or 3.
	Appendix C: Site Specific Coding Modules	Neoadjuvant Therapy Treatment Effect Site-Specific Codes: All Other Schemas	Code Descriptions edited.	Edited code descriptions 2 and 3 to add a carriage return (enter): Code 2 Near complete pathological response Present: Single cells or rare small groups of invasive cancer cells Code 3 Partial or minimal pathological response Present: Residual invasive cancer with evident tumor regression, but more than single cells or rare small groups of cancer cells
	Appendix C: Site Specific Coding Modules	Neoadjuvant Therapy Treatment Effect Site Specific Codes: Colon and Rectum, Esophagus, Stomach, Anus, Pancreas	Code Description revised.	Corrected description of Code 0: Neoadjuvant therapy not given/no known presurgical therapy

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	Appendix C: Site Specific Coding Modules	Neoadjuvant Therapy Treatment Effect Site Specific Codes: Pleural Mesothelioma	New site specific document added.	Added Appendix C, Neoadjuvant Therapy Treatment Effect Site-Specific Codes for Pleural Mesothelioma. See Appendix C.
	Appendix C: Site Specific Coding Modules	Neoadjuvant Therapy Treatment Effect Site-Specific Codes: Prostate	Coding Instruction 1.a example and exception added.	***Example:*** Patient received a short course of hormone therapy and it is not part of a clinical trial. ***Exception:*** If hormone therapy is given as part of a clinical trial, this is coded as neoadjuvant therapy and would not be coded as 0 for treatment effect.
	Appendix C: Site Specific Coding Modules	Neoadjuvant Therapy Treatment Effect Site-Specific Codes: Prostate	Coding Instruction 4.a note and example added.	***Note:*** If hormone therapy is given as part of a clinical trial, this is considered neoadjuvant therapy. ***Example:*** Patient has localized prostate cancer and is part of a clinical trial. Three hormonal agents along with two ancillary agents were administered for 3 months, followed by radical prostatectomy that showed treatment effect.
	Appendix E1	Reportable Examples	Example 21 added.	Report low-grade appendiceal mucinous neoplasm (LAMN). LAMN is assigned a behavior of /2 or /3 making it reportable. LAMNs are slow-growing neoplasms that have the potential for peritoneal spread and can result in patient death. LAMNs demonstrate an interesting biology in that they do not have hematogenous dissemination risk, but risk for appendiceal perforation, which can result in peritoneal dissemination, repeated recurrences after surgery and even death.
	Appendix E2	Non-Reportable Examples	Example deleted.	Deleted former #2: Anal intraepithelial neoplasia (AIN) II-III, AIN II/III; Vaginal intraepithelial neoplasia (VAIN) II-III, VAIN II/III; Vulvar intraepithelial neoplasia (VIN) II-III, VIN II/III, etc. Subsequent items renumbered.

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	Appendix E2	Non-Reportable Examples	Example 30 revised.	Rathke cleft cyst, also called pars intermedia cyst of the parotid gland, is not reportable; whereas, Rathke pouch tumor is reportable.
	Appendix E2	Non-Reportable Examples	Example 31 added.	Colon atypical hyperplasia
	Appendix E2	Non-Reportable Examples	Example 32 added.	High grade dysplasia in colorectal and esophageal primary sites