This table lists the pertinent changes made to the 2012 manual. Changes are listed by 2012 manual page number.

Page	Section	Data Item	Change	Notes/Comments
3	Reportability	Reportability Examples	Reportable Example 9 added.	Reportable • Example 9: GIST with lymph nodes positive for malignancy. Report the case and code the behavior as malignant (/3).
4	Reportability	Reportability Examples	Non Reportable Examples 5 and 6 added.	Non Reportable Example 5: VIN II-III and VIN II/III are not reportable. Example 6: Squamous cell carcinoma of the perianal skin (C445) is not reportable. Squamous cell carcinoma of the anus (C210) is reportable.
5	Reportability	How to Use Ambiguous Terminology For Case Ascertainment	Instruction 1.b.i.1. Example updated	
6	Reportability	How to Use Ambiguous Terminology For Case Ascertainment	Instruction 1.b.ii. Exception updated.	"Suspicious cytology" means any cytology dx that uses an ambiguous term listed under "Ambiguous terms that are reportable".
12	Basic Record Identification	SEER Participant	Code 0000001547 Emory University – Entire state other than metropolitan Atlanta and rural Georgia added.	
16	Basic Record Identification	SEER Coding System— Original	Code C added.	
17	Basic Record Identification	SEER Coding System- Current	Code C added.	

Page	Section	Data Item	Change	Notes/Comments
26	Demographic Information	Census Tract 2010	New Data Item.	
27	Demographic Information	Census Tract Certainty 2010	New Data Item.	
38	Demographic Information	Census Tract Certainty 2000	Coding Instructions updated.	
37	Demographic Information	Race 1,2,3,4,5	Code 21 definition updated.	
38	Demographic Information	Race 1,2,3,4,5	Priorities for Coding Multiple Races, instruction 3d updated.	Changed from "Codes 01-32" to "Codes 02 -32take priority over code 98".
51	Demographic Information	Primary Payer at Diagnosis	Coding Instruction 3 updated.	Code the type of insurance reported closest to the date of diagnosis when there are multiple reported for multiple admissions.
51	Demographic Information	Primary Payer at Diagnosis	Coding Instruction 4 added.	Code the insurance at the time of initial diagnosis/treatment. Do not change based on subsequent info.
53	Description of This Neoplasm	Date of Diagnosis	Instructions for Case transmitted to SEER and Case not transmitted to SEER added.	
54	Description of This Neoplasm	Date of Diagnosis	Coding Instruction 1 added.	
55	Description of This Neoplasm	Date of Diagnosis	Coding Instruction 6 updated.	Previously clarified in SINQ 20091125.
58	Description of This Neoplasm	Date of Diagnosis Flag	Code 12 added.	
58	Description of This Neoplasm	Date of Diagnosis Flag	Coding Instructions for Case not transmitted to SEER added.	
71	Description of This Neoplasm	Diagnostic Confirmation	Coding Instructions for Solid Tumors, instruction 6, Example 1 REMOVED.	REMOVED - <i>Example 1:</i> The presence of alpha-fetoprotein for liver cancer

Page	Section	Data Item	Change	Notes/Comments
72	Description of This Neoplasm	Diagnostic Confirmation	Coding Instructions for Hematopoietic and Lymphoid Neoplasms, instruction 3c. Note updated.	Do not use code 1 if the provisional dx was based on tissue, BM, or blood and the immunophenotyping or genetic testing on that same tissue, BM, or blood identified the specific disease.
72	Description of This Neoplasm	Diagnostic Confirmation	Coding Instructions for Hematopoietic and Lymphoid Neoplasms, instruction 5 updated.	Assign code 3 when: BM, tissue or blood is suspicious for neoplasm OR provides provisional diagnosis of heme/lymph neoplasm AND genetic testing, immunophenotyping, or JAK2 EITHER confirms the disease OR identifies a more specific histo.
73	Description of This Neoplasm	Diagnostic Confirmation	Coding Instructions for Hematopoietic and Lymphoid Neoplasms, instruction 7a. added.	Code 5 would rarely if ever, be used for Heme neoplasms. When there is a provisional diagnosis or suspicion of cancer based on tissue, BM, and/or blood, code Dx Conf as 3 not 5.
76	Description of This Neoplasm	Behavior Code	Coding Instructions Intracranial and CNS tumors additional instructions added.	Do not use the WHO grade to code behavior.
76	Description of This Neoplasm	Behavior Code	Coding Instructions Metastatic or Nonprimary Sites additional instructions and Example added.	
79	Description of This Neoplasm	Grade, Differentiation or Cell Indicator	General Coding Rules for Solid Tumors, instruction 1 updated.	
79	Description of This Neoplasm	Grade, Differentiation or Cell Indicator	General Coding Rules for Solid Tumors, instruction 6 updated.	If the grade of the invasive component is unknown, code the grade of the in situ component.

Page	Section	Data Item	Change	Notes/Comments
79	Description of This Neoplasm	Grade, Differentiation or	General Coding Rules for Solid	9. Do not code grade based on
		Cell Indicator	Tumors, instruction 9 and 10	FIGO.
			added.	10. Do not code grade based on
				WHO for brain and CNS neoplasms.
82	Description of This Neoplasm	Multiplicity Counter	Coding Instruction 2 added.	Update this data item only once.
83	Description of This Neoplasm	Multiplicity Counter	Coding Instruction 9c. added.	
83	Description of This Neoplasm	Multiplicity Counter	Coding Instruction 10 updated	Part a. Dendritic cell sarcoma
				(9757) removed – was a duplicate.
84	Description of This Neoplasm	Multiplicity Counter	Coding Instruction 11d.	
			updated.	
84	Description of This Neoplasm	Multiplicity Counter	Coding Instruction 12, Example	Term changed from Multinodular
			2 updated.	carcinoma of the thyroid to
				Multicentric carcinoma of the
				thyroid.
84	Description of This Neoplasm	Multiplicity Counter	Coding Instruction 13e.	Format change only.
			updated.	
85	Description of This Neoplasm	Multiplicity Counter	Coding Instruction 13f. added.	Use code 99 when the case is a
	•			DCO.
86	Description of This Neoplasm	Date of Multiple Tumors	Data item description updated.	Date of Multiple Tumors is
				intended to capture the date that
				multiple tumors were discovered.

Page	Section	Data Item	Change	Notes/Comments
87	Description of This Neoplasm	Date of Multiple Tumors	Coding Instruction 2a. & 2b. added.	Record the date of diagnosis when: a. Primary tumor cannot be found (code 00 in Mult Counter) b. Number of tumors is described as multicentric/multifocal and number is unk (code 89 in Mult Counter)
88	Description of This Neoplasm	Date of Multiple Tumors	Coding Instruction 3, Example 3 added.	Example: Rt breast UOQ core biopsy showed invasive ductal ca in solitary tumor. Rt mastectomy showed that UOQ ca AND an additional invasive ductal ca in the LOQ. Enter the mastectomy date in Date of Multiple Tumors, the date that the second tumor was found.
90	Description of This Neoplasm	Type of Multiple Tumors Reported as One Primary	Description of code 30 updated	One or more in situ tumor(s) AND only one invasive tumor in the same organ/primary site
91	Description of This Neoplasm	Type of Multiple Tumors Reported as One Primary	Description of code 40 updated	At least two invasive tumors in the same organ, may also have one or more in situ tumors
94	Description of This Neoplasm	Ambiguous Terminology	Coding Instruction 3 updated.	
94	Description of This Neoplasm	Ambiguous Terminology	Rationale for Collection section added.	
96	Description of This Neoplasm	Date of Conclusive Terminology	Coding Instruction 2 added.	
103	First Course of Therapy	Definitions	New terms & definitions added: Concurrent therapy and Neoadjuvant therapy.	

Page	Section	Data Item	Change	Notes/Comments
104	First Course of Therapy	Treatment Timing	Coding Instruction 1, Example 3 added.	
107	First Course of Therapy	First Course for Leukemia and Hematopoietic Disease - Other Hematopoietic	Other Hematopoietic instructions updated.	Reflects the changes made in the 2012 Heme DB and Manual: 1. Do not collect blood transfusions for Heme primaries. 2. Phlebotomies are coded for polycythemia vera ONLY. 3. Blood-thinners and/or anticlotting agents are coded only for the diseases listed.
116	First Course of Therapy	Date Therapy Initiated	Removed the Definition of "Cancer-directed therapy."	
115	First Course of Therapy	Scope of Regional Lymph Node Surgery	Coding Instruction 1 added.	Use the operative report as the primary source document to determine whether the operative procedure was a SLNBx, a dissection of regional LN's, or a combination of the two. The operative report takes precedence over the pathology report.
116	First Course of Therapy	Scope of Regional Lymph Node Surgery	Coding Instruction 7 was consolidated into a single instruction (previously listed as two separate instructions).	1 0, 1

Page	Section	Data Item	Change	Notes/Comments
116	First Course of Therapy	Scope of Regional Lymph Node Surgery	Coding Instruction 8 added.	When a SLNBx is performed, additional non-sentinel nodes can be taken during the same procedure. The operative report must be reviewed to determine whether only a SLNBx procedure (code 2) was done or whether a SLNBx followed by a LN dissection (code 6) was done.
116	First Course of Therapy	Scope of Regional Lymph Node Surgery	Coding Instruction 9 added.	Codes 3, 4 or 5: Must review the operative report to ensure that a SLNBx was NOT done.
117	First Course of Therapy	Scope of Regional Lymph Node Surgery	Coding Instruction 10 added.	Must review the operative report: 1. If relatively few nodes are pathologically examined to confirm whether the procedure was limited to a SLNBx only. 2. If a SLNBx is attempted and the patient fails to map (no sentinel LN's are identified). When mapping fails, a more extensive dissection is usually performed. Code these as 6.
117	First Course of Therapy	Scope of Regional Lymph Node Surgery	Coding Instruction 11 added.	Must review the operative report: 1. If relatively few nodes are pathologically examined to confirm whether the procedure was limited to a SLNBx only.

Page	Section	Data Item	Change	Notes/Comments
118	First Course of Therapy	Scope of Regional Lymph Node Surgery	New section: Coding Instructions – Sentinel lymph node biopsy (SLNBx), breast primary C500-C509 added.	Use the operative report as the primary source document to determine whether the operative procedure was a SLNBx, an axillary node dissection (ALND), or a combination of the two. The operative report takes precedence over the pathology report.
129	First Course of Therapy	Radiation Sequence With Surgery	Code 7 added with Coding Instructions, 2.b.	Surgery both before and after radiation (for cases diagnosed 1/1/2012 and later). Assign code 7 when there are at least two surgeries; radiation was administered between one surgical procedure and a subsequent surgical procedure.
129	First Course of Therapy	Radiation Sequence With Surgery	Coding Instruction 2.a. added and previous Examples removed.	
134	First Course of Therapy	Chemotherapy	Chemotherapeutic Agents – Targeted therapy, definition of Molecular targeted therapy (MTT) added.	
140	First Course of Therapy	Immunotherapy	Coding Instruction 4b added.	
142	First Course of Therapy	Hematologic Transplant and Endocrine Procedures	Definitions for Stem cell transplant and Umbilical cord stem cell transplant added.	
144	First Course of Therapy	Systemic Treatment/Surgery Sequence	Code 3 example removed.	Example is now used for new code 7.

Page	Section	Data Item	Change	Notes/Comments
144	First Course of Therapy	Systemic Treatment/Surgery Sequence	Code 7 added with Definition and Example(s)/Notes.	Surgery both before and after systemic therapy (effective for cases diagnosed 1/1/2012 and later). Systemic was administered between two separate surgical procedures.
146	First Course of Therapy	Other Therapy	Coding Instruction 2.a. Note added.	Do not code blood transfusion as treatment.