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DATE: February 17, 1999

MEMO TO: SEER Program participants
All parties interested in SEER rules and guidelines

FROM: SEER Program Central Office Staff

SUBJECT: **ERRATA AND CORRECTIONS TO 1998 SEER PUBLICATIONS**

Now that the *SEER Program Code Manual, 3rd edition* and the *SEER Extent of Disease 1988, 3rd edition* have been in effect for a year, it is important to report some errata that have been identified in these documents. These points were discussed at the 1/15/99 Uniform Data Standards Committee conference call. The corrections should take place immediately and are retroactive to cases diagnosed January 1, 1998 and after. The exception is ITEM 5 below, which is retroactive to 1995 cases.

This memo has been formatted to allow you to attach these errata to the appropriate places in the manuals.

- Esophagus EOD, lymph node extension** (page 47):
under **Cervical only: delete** Superior mediastinal
Any superior mediastinal lymph node involvement from a cancer in the cervical esophagus should be coded 7.

under **Intrathoracic, upper or middle, only: delete** Cervical, NOS
Any cervical lymph node involvement from an intrathoracic esophageal cancer should be coded to 6. *SEER 1998 Manuals errata, February 1999*
- Laryngeal cartilage C32.3**, which was inadvertently omitted from the EOD manual, should be *included* in the **Larynx, Overlapping Lesion or Not Otherwise Specified** chapter on page 86-87. *SEER 1998 Manuals errata, February 1999*

3. **Pleura EOD scheme** (page 94)
Code 42: *delete* Mediastinal organs or tissues
Code 60: *delete* Diaphragm
Code 60: *add* Mediastinal organs or tissues

Review all pleura cases coded to 42 and 60 diagnosed 1/1/98 and after.

SEER 1998 Manuals errata, February 1999

4. In the **Prostate EOD schemes** (clinical and pathologic), code 43 should read T3a.

SEER 1998 Manuals errata, February 1999

5. **IMPORTANT INFORMATION ABOUT PROSTATE CODE 31.**

Since prostate EOD code 31 was introduced in 1995, there has been an artificial increase in the incidence of regional disease as a result of including the term “arising in prostatic apex.”

In order to correct this problem, it will be necessary to review all prostate cancers from 1995 forward coded to 31 and re-code them into the following categories:

- 31 Into prostatic apex/arising in prostatic apex, NOS**
- 33 Arising in prostatic apex**
- 34 Extending into prostatic apex.**

The earlier this change can be made, the less expensive it will be to review and re-code all cases coded to 31 since 1995.