

## SEER Program Coding and Staging Manual 2016 - Summary of Changes

This table lists the changes made to the 2016 manual. Changes are listed by 2016 manual page number.

| Page | Section       | Data Item                 | Change              | Notes/Comments  |
|------|---------------|---------------------------|---------------------|---|
| 5    | Reportability | Reportable Diagnosis List | Item 1.a. updated.  | <p>Added/updated items 1.a.ii., iii. iv., v., and vi., formerly listed as notes 1 to 5:</p> <p>ii. The following diagnoses are reportable<br/>           Intraepithelial neoplasia, grade III<br/>           Examples: (not a complete list)<br/>           lobular neoplasia grade III (LN III)/lobular intraepithelial neoplasia grade III (LIN III) breast (C500-C509), pancreatic intraepithelial neoplasia (PanIN III) (C250-C259), and penile intraepithelial neoplasia grade III (PeIN III) (C600-C609) added to the list that has been bulleted</p> <p>iii. unchanged</p> <p>iv. Urine cytology positive for malignancy is reportable for diagnoses in 2013 and forward</p> <ul style="list-style-type: none"> <li>• Exception: When a subsequent biopsy of a urinary site is negative, do not report</li> <li>• Code the primary site to C689 in the absence of any other information</li> <li>• Do not implement new/additional casefinding methods to capture these cases</li> <li>• Do not report cytology cases with ambiguous terminology (see page 11 for ambiguous terms)</li> </ul> <p>v. unchanged</p> <p>vi. unchanged</p> |
| 8    | Reportability | Reportable Examples       | Example 12 updated. | Added histology/behavior code to the example: 8470/2  |
| 8    | Reportability | Reportable Examples       | Example 14 updated. | <p><b>Example 14:</b> Report mature teratoma of the testis when diagnosed after puberty (malignant) and do not report when diagnosed in a child (benign). Do not report mature teratoma of the testis when it is not known whether the patient is prepubescent or postpubescent. Pubescence can take place over a number of years; review physical history and do not rely only on age. For testis: Mature teratoma in adults is malignant (9080/3); therefore, is a reportable neoplasm.</p>   |
| 9    | Reportability | Reportable Examples       | Example 19 added.   | <p><b>Example 19:</b> Report liver cases with an LI-RADS category LR-5 or LR-5V based on the 2014 American College of Radiology definitions, <a href="http://nrdr.acr.org/lirads">http://nrdr.acr.org/lirads</a>.</p> <p>Use the date of the LR-5 or LR-5V scan as the date of diagnosis when it is the earliest confirmation of the malignancy.</p>  |

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| 9    | Reportability | Non-Reportable Examples | Example 4 updated.  | <b>Example 4</b> : “AIN II-III,” “AIN II/III,” “VAIN II-III,” “VAIN II/III,” “VIN II-III,” “VIN II/III,” etc. are not reportable.<br><br>Intraepithelial neoplasia (8077/2 and 8148/2) must be unequivocally stated as Grade III to be reportable.  |
| 9    | Reportability | Non-Reportable Examples | Example 6 updated.  | <b>Example 6</b> : Breast cases designated “BIRADS 4” or “BIRADS 5” without any additional information are not reportable.<br><br>The American College of Radiology defines Category 4 as “Suspicious abnormality.” This is not reportable terminology – abnormality is not a reportable term. Category 5 is defined as “Highly suggestive of malignancy.” “(Highly) suggestive” is not reportable ambiguous terminology (see Ambiguous Terminology below).<br><br>Lung: Do not use the ACR Lung Imaging Reporting and Data System (Lung-RADS™) to determine reportability. Look for reportable terminology from the managing physician or other sources. |
| 10   | Reportability | Non-Reportable Examples | Example 11 updated. | <b>Example 11</b> : Lobular intraepithelial neoplasia grade 1 and grade 2 are not reportable.   |
| 10   | Reportability | Non-Reportable Examples | Example 16 updated. | <b>Example 16</b> : Lobular intraepithelial neoplasia grade 1 and grade 2 are not reportable.   |
| 10   | Reportability | Non-Reportable Examples | Example 17 added.   | <b>Example 17</b> : HGSIL, HSIL, carcinoma in situ (CIS), and AIN III (8077) arising in perianal skin (C445) are not reportable.<br><br>Examples 18, 19, 20 renumbered (formerly 17, 18, 19)  |
| 10   | Reportability | Non-Reportable Examples | Example 21 added.   | <b>Example 21</b> : Do not report liver cases based only on an LI-RADS category of LR-4.<br><br>Report liver cases with an LI-RADS category LR-5 or LR-5V based on the 2014 American College of Radiology definitions, <a href="http://nrdcr.acr.org/lirads">http://nrdcr.acr.org/lirads</a> .  |

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| 10   | Reportability | Non-Reportable Examples                   | Example 22 added. | <b>Example 2 2:</b> The terms "high grade dysplasia" (HGD) and "severe dysplasia" are <b>not</b> reportable. For the purposes of cancer registry reporting, they are not synonymous with in situ for tumors in the gastrointestinal tract (such as colon, stomach, esophagus). These cases are only reportable when the pathologist documents carcinoma in situ, or intraepithelial neoplasia grade III, or when the registry includes in their policies and procedures the pathologist's statement that HGD is equivalent to carcinoma in situ.   |
| 11   | Reportability | Cases Diagnosed Clinically Are Reportable | Section updated.  | In the absence of a histologic or cytologic confirmation of a reportable neoplasm, accession a case based on the clinical diagnosis (when a recognized medical practitioner says the patient has a cancer, carcinoma, malignant neoplasm, or reportable neoplasm). A clinical diagnosis may be recorded in the final diagnosis on the face sheet or other parts of the medical record.   |
| 11   | Reportability | Brain or CNS Neoplasms                    | Section updated.  | A brain or a CNS neoplasm identified only by diagnostic imaging is reportable.<br><b>Neoplasm</b> and <b>tumor</b> are <b>reportable</b> terms for brain and CNS because they are listed in ICD-O-3 with behavior codes of /0 and /1<br><b>Mass</b> and <b>lesion</b> are <b>not reportable</b> terms for brain and CNS because they are not listed in ICD-O-3 with behavior codes of /0 or /1   |
| 11   | Reportability | Ambiguous Terminology                     | Section updated.  | <b>Cytology</b><br>Do <b>not</b> accession a case based <b>ONLY</b> on <b>suspicious</b> cytology. Follow back on cytology diagnoses using ambiguous terminology is strongly recommended.<br><b>Note:</b> "Suspicious cytology" means any cytology report diagnosis that uses an ambiguous term, including ambiguous terms that are listed as reportable in this manual.<br>Cytology refers to the microscopic examination of cells in body fluids obtained from aspirations, washings, scrapings, and smears; usually a function of the pathology department.<br><b>Important:</b> Accession cases with cytology diagnoses that are positive for malignant cells. |

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| 12   | Reportability                  | How to Use Ambiguous Terminology for Case Ascertainment | Item 1.b. updated.          | <b>Note:</b> "Suspicious cytology" means any cytology report diagnosis that uses an ambiguous term, including ambiguous terms that are listed as reportable on the preceding page. Follow back on cytology diagnoses using ambiguous terminology is strongly recommended. Cytology refers to the microscopic examination of cells in body fluids obtained from aspirations, washings, scrapings, and smears; usually a function of the pathology department. Important: Accession cases with cytology diagnoses that are positive for malignant cells. |
| 13   | Reportability                  | How to Use Ambiguous Terminology for Case Ascertainment | Item 1.c. updated.          | c. Use the reportable ambiguous terms when screening diagnoses on pathology reports, operative reports, scans, mammograms, and other diagnostic testing with the exception of tumor markers  |
| 13   | Reportability                  | How to Use Ambiguous Terminology for Case Ascertainment | Item 2.c. and d. added.     | c. Neoplasm and tumor are reportable terms for brain and CNS because they are listed in ICD-O-3 with behavior codes of /0 and /1<br>d. Mass and lesion are not reportable terms for brain and CNS because they are not listed in ICD-O-3 with behavior codes of /0 or /1.  |
| 16   | Determining Multiple Primaries | Solid Tumors  | Primary Site table updated. | Ureter/Renal pelvis/Bladder changed to Renal pelvis/Ureter/Bladder/Other urinary to be consistent with Multiple Primaries/Histology rules  |
| 16   | Determining Multiple Primaries | Transplants   | New section added.          | Added section on transplants. See manual.  |
| 23   | Basic Record Identification    | SEER Coding System -- Original                          | Code G added.               | Code G: 2016 SEER Coding Manual  |
| 24   | Basic Record Identification    | SEER Coding System -- Current                           | Code G added.               | Code G: 2016 SEER Coding Manual  |
| 26   | Information Source             | Type of Reporting Source                                | Definition updated.         | Managed health plan<br>• Any facility where all of the diagnostic and treatment information is maintained in one unit record (all records for the patient from all departments, clinics, offices, etc. in a single file with the same medical record number)   |

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| 26   | Information Source      | Type of Reporting Source         | Definition updated.   | Physician office<br><ul style="list-style-type: none"> <li>A physician office performs examinations and tests. Physician offices may perform limited surgical procedures.</li> </ul> Note: The category “physician’s office” also includes facilities that are called surgery centers when surgical procedures under general anesthesia cannot be performed in these facilities.  |
| 32   | Demographic Information | Place of Residence at Diagnosis  | Coding Priorities/Sources 3. updated.                             | 3. Use residency information from a death certificate only when the residency from other sources is coded as unknown. Review each case carefully and apply the U.S. Census Bureau/SEER rules for determining residence.<br>a. For example, the death certificate may give the person’s previous home address rather than the nursing home address as the place of residence. If the person was a resident of a nursing home at diagnosis, use the nursing home address as the place of residence. |
| 33   | Demographic Information | Place of Residence at Diagnosis  | Temporary Residents of SEER Area--Persons in Institution updated. | <b>Note</b> : Code the physical address of the institution. Do not code the post office box.  |
| 35   | Demographic Information | County at Diagnosis Geocode 1990 | Data item added.  | See manual.   |
| 36   | Demographic Information | County at Diagnosis Geocode 2000 | Data item added.  | See manual.   |
| 37   | Demographic Information | County at Diagnosis Geocode 2010 | Data item added.  | See manual.   |
| 38   | Demographic Information | County at Diagnosis Geocode 2020 | Data item added.  | See manual.   |
| 39   | Demographic Information | Address at Diagnosis--State      | Data item added.  | See manual.   |
| 43   | Demographic Information | Census Tract Poverty Indicator   | Data item added.  | See manual.   |

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| 44   | Demographic Information      | Rural Urban Continuum 2013  | Data item added.                                  | See manual.   |
| 50   | Demographic Information      | Age at Diagnosis            | Coding Instruction added.                         | 4. If the patient's age is 100 years or older, check the accuracy of the date of birth and date of diagnosis, and document both in a text field   |
| 54   | Demographic Information      | Race 1, 2, 3, 4, 5          | Coding Example 10 added.                          | <b>Example 10</b> : Patient is stated to be Chinese and black. Code Race 1 as 04 (Chinese), code Race 2 as 02 (Black). Code in the order stated when no other priority applies.   |
| 63   | Demographic Information      | Sex                         | Code 3 revised.                                   | Changed Code 3 Description to: Other (intersex, disorders of sexual development/DSD)  |
| 63   | Demographic Information      | Sex                         | Definition added.                                 | <b>Intersex</b> : A person born with ambiguous reproductive or sexual anatomy; chromosomal genotype and sexual phenotype other than XY-male and XX-female   |
| 63   | Demographic Information      | Sex                         | Coding Instruction 1. updated.                    | 1. Assign code 3 for<br>a. Intersexed (persons with sex chromosome abnormalities)<br>b. Hermaphrodite   |
| 64   | Demographic Information      | Marital Status at Diagnosis | Definition added.                                 | <b>Common Law Marriage</b> . A couple living together for a period of time and declaring themselves as married to friends, family, and the community, having never gone through a formal ceremony or obtained a marriage license  |
| 78   | Description of this Neoplasm | Primary Site                | Coding Instruction for Solid Tumors 1. updated.   | 1. Unless otherwise instructed, use all available information in the medical record to code the site  |
| 79   | Description of this Neoplasm | Primary Site                | Coding Instruction for Solid Tumors 6.c. updated. | 6. c. Use the site code suggested by ICD-O-3 when there is no information available indicating a different primary site<br><b>Example</b> : Biopsy of lymph node diagnosed as metastatic non-small cell carcinoma. Patient expired and there is no information available about the primary site. Assign C349 based on the site code suggested in ICD-O-3. |

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| 80   | Description of this Neoplasm | Primary Site | Coding Instruction 12. added.   | 12. Transplants:<br>a. Code the primary site to the location of the transplanted organ when a malignancy arises in a transplanted organ, i.e., code the primary site to where the malignancy resides or lies<br>b. For information about organ or tissue transplants, see the section Determining Multiple Primaries<br>c. For additional information about hematopoietic-related transplants, refer to the Hematopoietic and Lymphoid Neoplasm Coding Manual and Database   |
| 80   | Description of this Neoplasm | Primary Site | Coding Instruction 13., formerly 12., Primary Site/Histology                | The following were added to the Primary Site table:<br>Cutaneous leiomyosarcoma C449<br>Glossotonsillar sulcus C109<br>Melanoma, NOS C449  |
| 80   | Description of this Neoplasm | Primary Site | Coding Instruction 14., formerly 13., updated with addition of d, e, and f. | 14. When the medical record does not contain enough information to assign a primary site<br>a. Consult a physician advisor to assign the site code<br>b. Use the NOS category for the organ system or the Ill-Defined Sites (C760-C768) if the physician advisor cannot identify a primary site<br>c. Code Unknown Primary Site (C809) if there is not enough information to assign an NOS or Ill-Defined Site category<br>d. Code unknown primary in the absence of any information when the physician documents an unknown primary<br>e. Assign the NOS code for the body system when there are two or more possible primary sites documented and all are within the same system, is appropriate<br><b>Example</b> : Two possible sites are documented in the GI system such as colon and small intestine; code to the GI tract, NOS (C269). Document the possible primary sites in a text field.<br>f. Assign C148 when there is an unknown head and neck primary<br><b>Example</b> : Lymph node biopsy with diagnosis of squamous cell carcinoma deemed to be a head and neck primary and no specific head and neck primary site identified<br>Assignment of C148 is based on a note in ICD-O-3 indicating it should be used when a code between C000 and C142 cannot be assigned. This code is more specific than C760. |
| 82   | Description of this Neoplasm | Laterality   | Coding Instruction 4.a. updated.  | 4. Code 4 is seldom used EXCEPT for the following<br>a. Both ovaries involved simultaneously with a single histology, or epithelial histologies (8000-8799)  |

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| 83   | Description of this Neoplasm | Laterality              | Coding Instruction 5.a.i. examples updated.        | 5. Assign code 5 when the tumor originates in the midline of a site listed in 5.a<br>a. C700, C710 C714, C722 C725, C443, C445<br>i. Do not assign code 5 to sites <b>not</b> listed in 5.a<br>Example 1: Patient has an excision of a melanoma located just above the umbilicus (C445, laterality 5).<br>Example 2: Patient has a midline meningioma of the cerebral meninges (C700, laterality 5).   |
| 83   | Description of this Neoplasm | Laterality              | Coding Instruction 7. added.                       | 7. Document the laterality in a text field.  |
| 89   | Description of This Neoplasm | Histologic Type ICD-O-3 | 2016 ICD-O-3 Update added.                         | 2016 ICD-O-3 Update<br>Standard setters agreed to postpone the implementation of new histology terms and codes for ICD-O-3. See the NAACCR Guidelines for ICD-O-3 Update Implementation for the appropriate ICD-O-3 histology codes to assign for new terms.   |
| 89   | Description of This Neoplasm | Histologic Type ICD-O-3 | Histology Coding for Solid Tumors section updated. | Table for: Site-specific histology coding rules cover the following:<br>Ureter/Renal pelvis/Bladder changed to Renal pelvis/Ureter/Bladder/Other urinary to be consistent with Multiple Primaries/Histology rules.   |
| 92   | Description of This Neoplasm | Behavior Code           | In Situ and Invasive example updated.              | Re-code the behavior as malignant (/3) when metastases are attributed to a tumor originally thought to be in situ.<br><b>Example</b> : Right colon biopsy reveals tubulovillous adenoma with microfocal carcinoma in situ; right hemicolectomy is negative for residual disease. Later core liver biopsy consistent with adenocarcinoma of gastrointestinal origin. Oncologist states most likely colon primary. Change the behavior code for the colon primary from /2 to /3. There were no other colon primaries in this case. |
| 92   | Description of This Neoplasm | Behavior Code           | ICD-O-3 Histology/Behavior Code Listing updated.   | Histology code in the example was updated:<br><b>Example</b> : The pathology report says large cell carcinoma in situ. The ICD-O-3 lists large cell carcinoma only with a malignant behavior (8012/3). Code the histology and behavior as 8012/2 as specified by the pathologist.  |
| 93   | Description of This Neoplasm | Behavior Code           | Synonyms for In Situ list updated.                 | Added: Intraepithelial neoplasia, Grade III (e.g., AIN III, LIN III, VAIN III, VIN III) and removed of AIN III, LIN III, SIN III, VAIN III, and VIN III.   |



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| 104  | Stage of Disease at Diagnosis              | Section V revised.                  | New section created as separate document. | This revised section incorporates data items related to staging including revised data items and new data items and includes an introduction regarding staging items and schemas and is a separate document located at:<br><a href="http://seer.cancer.gov/manuals/2016/SPCSM_2016_SectionV.pdf">http://seer.cancer.gov/manuals/2016/SPCSM_2016_SectionV.pdf</a> |
| 106  | Collaborative Stage Data Collection System | SEER Requirements                   | SEER Requirements updated                 | See manual.  |
| 109  | First Course of Therapy                    | First Course of Therapy Definitions | Definition updated.                       | <b>Palliative treatment:</b> The World Health Organization describes palliative care as treatment that improves the quality of life by preventing or relieving suffering. Palliative therapy is part of the first course of therapy when it destroys or modifies cancer tissue.  |
| 113  | First Course of Therapy                    | Date Therapy Initiated              | Example in Coding Instruction 2 updated.  | <b>Example :</b> Breast core needle biopsy with diagnosis of infiltrating duct carcinoma; subsequent re-excision with no residual tumor noted. Code the date of the needle biopsy as the date therapy initiated.   |
| 119  | First Course of Therapy                    | Surgery of Primary Site             | Code 98 updated.                          | Special codes for hematopoietic neoplasms; ill-defined sites; and unknown primaries (See site-specific codes for the sites and histologies), except death certificate only   |
| 119  | First Course of Therapy                    | Surgery of Primary Site             | Coding instruction 1. updated.            | 1. Code 00 when<br>a. No surgery was performed on the primary site, OR<br>b. First course of treatment was active surveillance/watchful waiting, OR<br>c. Case was diagnosed at autopsy<br><b>Note :</b> Code 00 excludes all sites and histologies that would be coded as 98. (See Coding Instruction #9 below.)  |
| 120  | First Course of Therapy                    | Surgery of Primary Site             | Coding Instruction 8. added.              | 8. Assign the surgery code(s) that best represents the extent of the surgical procedure that was actually carried out when surgery is aborted. If the procedure was aborted before anything took place, assign code 00. See 1.a. above.  |
| 120  | First Course of Therapy                    | Surgery of Primary Site             | Coding instruction 9.a. updated.          | Revised Coding Instruction 10.a. (formerly 9.)<br>10. Code 98 for the following sites unless the case is death certificate only:<br>a. Hematopoietic neoplasms<br>i. Primary site: C421 (all histologies)<br>ii. Histologies: 9740, 9751, 9754-9759, 9762, 9930  |

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| 121     | First Course of Therapy | Surgical Margins of the Primary Site | Data item added.                               | See manual.  |
| 122     | First Course of Therapy | Scope of Regional Lymph Node Surgery | Coding Instruction 2.a. updated.               | Revised Coding Instruction 2.a.:<br>2. Code regional lymph node procedures in this data item. Record distant lymph node removal in Surgical Procedure of Other Site.<br>a. Include lymph nodes that are regional in the current AJCC Staging Manual  |
| 124-125 | First Course of Therapy | Scope of Regional Lymph Node Surgery | Coding Instructions 12.a.ii. and iii. updated. | Revised Coding Instruction 12.a.ii. and iii.:<br>ii. Lymphoma with primary site in lymph nodes (C770 C779) AND<br>• 9590, 9726, 9735-9738, OR<br>• 9727, 9811-9818, 9823, 9827, 9837 (leukemia/lymphoma histologies)<br>iii. Hematopoietic neoplasms<br>• Primary site: C421 (all histologies)<br>• Histologies: 9740, 9751, 9754-9759, 9762, 9930 |
| 127     | First Course of Therapy | Surgical Procedure of Other Site     | Coding Instruction 3.c. updated.               | Revised Coding Instruction 3.c.:<br>c. When any surgery is performed for hematopoietic neoplasms (C421 or M-9740, 9751, 9754-9759, 9762, 9930)   |
| 127     | First Course of Therapy | Surgical Procedure of Other Site     | Coding Instructions 5. and 6. added.           | 5. Assign code 2 for sites that are regional by stage<br>6. Assign code 4 for sites that are distant by stage  |
| 133     | First Course of Therapy | Radiation                            | Coding Instruction 1.a. added.                 | 1. Assign code 0 when<br>a. The medical record states that radiation was not given, was not recommended, or was not indicated  |
| 140     | First Course of Therapy | Date Systemic Therapy Started        | Data item added.                               | See manual.  |
| 141     | First Course of Therapy | Date Systemic Therapy Started Flag   | Data item added.                               | See manual.  |
| 146     | First Course of Therapy | Chemotherapy                         | Coding Instruction 4. added.                   | 4. Code as treatment for both primaries when the patient receives chemotherapy for invasive carcinoma in one breast and also has in situ carcinoma in the other breast. Chemotherapy would likely affect both primaries.   |

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| 146  | First Course of Therapy | Chemotherapy    | Coding Instruction 5.a. added.   | 5. Assign code 00 when<br>a. The medical record documents chemotherapy was not given, was not recommended, or was not indicated  |
| 146  | First Course of Therapy | Chemotherapy    | Coding Instruction 5.e. updated. | 5.e. Active surveillance/watchful waiting is the first course of treatment (e.g., CLL)   |
| 148  | First Course of Therapy | Chemotherapy    | Definition updated.              | Revised the definition of Targeted Therapy and removed Molecular Targeted Therapy definition:<br>Targeted cancer therapies are drugs or other substances that block the growth and spread of cancer by interfering with specific molecules ("molecular targets") that are involved in the growth, progression, and spread of cancer. Targeted cancer therapies are sometimes called "molecularly targeted drugs," "molecularly targeted therapies," "precision medicines," or similar names. Examples of molecularly targeted therapy are imatinib (Gleevec), lapatinib (Tykerb), erlotinib (Tarceva), sunitinib (Sutent). |
| 152  | First Course of Therapy | Hormone Therapy | Coding Instruction 2.a. added.   | 2. Assign code 00 when<br>a. The medical record states that hormone therapy was not given, was not recommended, or was not indicated   |
| 153  | First Course of Therapy | Hormone Therapy | Coding Example 4 added.          | Added example under Coding Examples:<br>Example 4: Lupron is a hormonal treatment for prostate cancer. Code as hormonal treatment when Lupron is given for prostate cancer.  |
| 158  | First Course of Therapy | Immunotherapy   | Definition updated.              | Revised Cancer Vaccines as follows:<br>Cancer Treatment Vaccines: Also called therapeutic vaccines, are a type of immunotherapy. The vaccines work to boost the body's natural defenses to fight a cancer. Doctors give treatment vaccines to people already diagnosed with cancer. The vaccines may: <ul style="list-style-type: none"> <li>• Prevent cancer from returning</li> <li>• Destroy any cancer cells still in the body after other treatment</li> <li>• Stop a tumor from growing or spreading</li> </ul> Please refer to SEER*RX to determine how to code non-FDA approved vaccines.                          |

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| 158     | First Course of Therapy | Immunotherapy                                   | Coding Instruction<br>1.a. added.   | 1. Assign code 00 when<br>a. The medical record states that immunotherapy was not given, not recommended, or not indicated  |
| 159     | First Course of Therapy | Immunotherapy                                   | Coding Instruction<br>1.e. updated. | 1.e. Active surveillance/watchful waiting is the first course of treatment (e.g., CLL)  |
| 159     | First Course of Therapy | Immunotherapy                                   | Coding Instruction<br>1.g. updated. | 1.g. Anti-thymocyte globulin treatment is given. Anti-thymocyte globulin is used to treat transplant rejection. Do not code as immunotherapy.   |
| 159     | First Course of Therapy | Immunotherapy                                   | Data item updated.                  | Moved text 'Immunotherapy is designed to' after Coding Instructions.  |
| 160-161 | First Course of Therapy | Hematologic Transplant And Endocrine Procedures | Definitions updated.                | Revised definitions of: Bone Marrow Transplant (BMT), BMT Allogeneic, BMT Autologous, Peripheral Blood Stem Cell Transplantation (PBSCT), Rescue, and Stem cell transplant<br>Added definition of: BMT Syngeneic  |
| 161     | First Course of Therapy | Hematologic Transplant And Endocrine Procedures | Coding Instruction<br>1.a. added.   | 1. Assign code 00 when<br>a. The medical record states that there was no hematologic transplant or endocrine therapy, or these were not recommended, or not indicated.  |
| 161     | First Course of Therapy | Hematologic Transplant And Endocrine Procedures | Coding Instruction<br>1.e. updated. | 1.e. Active surveillance/watchful waiting is the first course of treatment (e.g., CLL)  |
| 162     | First Course of Therapy | Hematologic Transplant And Endocrine Procedures | Coding Instruction<br>5. updated.   | 5. Assign code 20 for umbilical cord stem cell transplant (single or double).<br><b>Note</b> : If the patient does not have a rescue, code the stem cell harvest as 88, (recommended, unknown if administered)  |
| 162     | First Course of Therapy | Hematologic Transplant And Endocrine Procedures | Coding Instruction<br>8. updated.   | 8. Assign code 88 when the only information available is that the patient was referred to an oncologist for consideration of hematologic transplant or endocrine procedure<br><b>Note</b> : Review cases coded 88 periodically for later confirmation of transplant procedure or endocrine therapy. |

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| 168        | First Course of Therapy    | Other Therapy                          | Coding Instruction 5. updated. | 5. Assign code 6 for<br>a. Cancer treatment administered by nonmedical personnel<br>b. Unconventional methods whether they are the only therapy or are given in combination with conventional therapy<br>c. Alternative therapy ONLY if the patient receives no other type of treatment<br>Example: Lupron given for breast cancer. Assign code 6. Lupron is not an approved hormone treatment for breast cancer and should not be coded in the hormone field.   |
| 196        | Administrative Codes       | Over-Ride Summary Stage/Nodes Positive | Data item added.               | See manual.  |
| 197        | Administrative Codes       | Over-Ride Summary Stage/TNM-N          | Data item added.               | See manual.  |
| 198        | Administrative Codes       | Over-Ride Summary Stage/TNM-M          | Data item added.               | See manual.  |
| A-1        | Appendix A                 | County Codes                           | Alaska county codes updated.   | See Appendix A for specific changes.   |
| B1-<br>B22 | Appendix B: B1, B2, B3, B4 | Country and State Codes                | Country ISO Codes updated.     | Palestine Territories, Occupied changed to Palestine<br>Saint Martin (French part) changed to Saint-Martin (French part)<br>Congo, Democratic Republic of changed to Congo, Democratic Republic of the<br>Indonesia (Dutch East Indies) changed to Indonesia<br>Northern Ireland (Ulster) changed to Northern Ireland<br>Palau (Trust Territory of Pacific Islands) changed to Palau<br>Tokelau Islands (New Zealand) changed to Tokelau<br>Sao Tome & Principe changed to Sao Tome and Principe<br>Czechoslovakia – removed from B-4<br>Yugoslavia – removed from B-4 |

**SEER Program Coding and Staging Manual 2016 - Summary of Changes**

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| Page | Section                                  | Data Item                  | Change                                | Notes/Comments  |
|------|--|----------------------------|---------------------------------------|---|
|      | Appendix C: Site Specific Coding Modules | Coding Guidelines: Bladder | Source updated.                       | Included UICC in the reference source as noted in the picture of the bladder.   |
|      | Appendix C: Site Specific Coding Modules | Coding Guidelines: Bladder | Reportability section added.          | <b>Reportability</b><br>Do not report bladder cancer based on UroVysion test results alone. Report the case if there is a physician statement of malignancy and/or the patient was treated for cancer.  |
|      | Appendix C: Site Specific Coding Modules | Coding Guidelines: Bladder | Reportability section added.          | <b>Not</b> reportable<br><br>Papillary urothelial neoplasms of low malignant potential (PUNLMs)<br>The WHO classification categorizes "PUNLMP" as borderline, 8130/1. The definition is "a papillary urothelial tumor which resembles the exophytic urothelial papilloma, but shows increased cellular proliferation exceeding the thickness of normal urothelium." The histopathologic description is "the papillae of PUNLMP are discrete, slender and not fused and are lined by multilayered urothelium with minimal to absent cytologic atypia...Mitoses are rare and have a basal location."<br><br>Papilloma of bladder<br>The WHO classification categorizes "urothelial papilloma" as benign, 8120/0. The definition is "composed of a delicate fibrovascular core covered by urothelium indistinguishable from that of normal urothelium." The histopathologic description is "characterized by discrete papillary fronds with occasional branching...the epithelium lacks atypia...mitoses are absent to rare and, if present, are basal in location and not abnormal. The lesions are often small and occasionally show concomitant inverted growth pattern. Rarely, papilloma may show extensive involvement of the mucosa." |
|      | Appendix C: Site Specific Coding Modules | Coding Guidelines: Bladder | Primary Site Codes: note added.       | *The interureteric ridge is a fold of mucous membrane extending across the bladder between the ureteric orifices and forms one of the boundaries for the trigone of the bladder.  |
|      | Appendix C: Site Specific Coding Modules | Coding Guidelines: Bladder | First Course Treatment section added. | BCG<br>Code BCG as both surgery and immunotherapy. See the SEER manual, Appendix C, Bladder Surgery Codes, SEER Note under code 16  |

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|------|--|---------------------------------|---------------------------------------|--|
|      | Appendix C: Site Specific Coding Modules | Coding Guidelines: Esophagus    | Text updated.                         | Edited text to correspond with picture of the esophagus: upper thoracic cervical, mid thoracic esophagus, and lower thoracic (abdominal)   |
|      | Appendix C: Site Specific Coding Modules | Coding Guidelines: Esophagus    | First Course Treatment section added. | First Course Treatment<br>Do not code proton pump inhibitors (PPI) as treatment<br><br>Do not code RFA for Barrett's esophagus as treatment<br>HALO 90 ultra radiofrequency ablation (RFA) of Barrett's esophagus is used to reduce progression of high-grade dysplasia to esophageal cancer. It is not used to treat esophageal cancer. |
|      | Appendix C: Site Specific Coding Modules | Surgery Codes: All cancer sites | Histology codes in header updated.    | Revised header:<br>(Except for M-9732, 9741-9742, 9761, 9800-9809, 9820, 9826, 9831-9834, 9840-9920, 9930-9948, 9950-9967, and 9975-9992)  |
|      | Appendix C: Site Specific Coding Modules | Surgery Codes: Breast           | Note added.                           | <b>SEER Note:</b> When a patient has a procedure (e.g., lumpectomy) with reconstruction, code only the procedure (e.g., lumpectomy , code 22) as the surgery.  |
|      | Appendix C: Site Specific Coding Modules | Surgery Codes: Skin             | Code 45-47 updated.                   | Revised the text to read: If the excision or reexcision has microscopically negative margins less than 1 cm OR the margins are more than 1 cm but are not microscopically confirmed; use the appropriate code, 20-36.  |