

SEER Program Code Manual
3rd Edition, Revision 1

SEER Field
and
Code Changes
for 2003

Note: All previous versions are rescinded.

Changes to SEER Data Set for 2003
SEER Program Code Manual, 3rd Edition, 1st revision

Data Items Required by SEER but No Longer Collected by COC

The following fields will still be required by SEER or its participating central registries, even though they will no longer be collected by Commission on Cancer-approved facilities.

Name Prefix	used for case consolidation; not submitted to NCI SEER
Name Suffix	used for case consolidation; not submitted to NCI SEER
Maiden name	used for case consolidation; not submitted to NCI SEER
Alias	used for case consolidation; not submitted to NCI SEER
Marital Status at diagnosis	reported to NCI SEER
County at diagnosis	field not necessarily collected at hospital level--could be a computer-derived field
Census Tract	field not collected at hospital level--could be a computer-derived field
Cause of death	not collected at facility level
ICD Revision	not collected at facility level

SEER Field and Code Changes for 2003

New or Revised Data Items to be Collected

The following field will be required for Commission on Cancer(COC)-approved facilities. Although this field is *not* required by NCI SEER, central registries must use this information to determine multiple primaries when the first primary is an in situ case followed by a recurrence (according to COC) that has to be reported to SEER as a new invasive primary. The principal codes to review are shown in bold below.

Source: Facility Oncology Registry Data Standards (FORDS) Manual, July 2002. American College of Surgeons Commission on Cancer; <http://www.facs.org/dept/cancer/coc/fordsmanual.html>.

Type of First Recurrence

If the tumor was originally diagnosed as in situ, code recurrence to 06, 16, 17, 26, 27, 36, or 46 only. Do not use those codes for any other tumors.

Code Definition (partial list through 50)

- 00 Patient became disease-free after treatment and has not had a recurrence.
- 04 In situ recurrence of an invasive tumor.
- 06 In situ recurrence of an in situ tumor.
- 10 Local recurrence, and there is insufficient information available to code to 13–17. Local recurrence includes recurrence confined to the remnant of the organ of origin, to the organ of origin, to the anastomosis, or to scar tissue where the organ previously existed.
- 13 Local recurrence of an invasive tumor.
- 14 Trocar recurrence of an invasive tumor. Includes recurrence in the trocar path or entrance site following prior surgery.
- 15 Both local and trocar recurrence of an invasive tumor (both 13 and 14).
- 16 Local recurrence of an in situ tumor, NOS**
- 17 Both local and trocar recurrence of an in situ tumor.**
- 20 Regional recurrence, and there is insufficient information available to code to 21–27.
- 21 Recurrence of an invasive tumor in adjacent tissue or organ(s) only.
- 22 Recurrence of an invasive tumor in regional lymph nodes only.
- 25 Recurrence of an invasive tumor in adjacent tissue or organ(s) and in regional lymph nodes (both 21 and 22) at the same time.
- 26 Regional recurrence of an in situ tumor, NOS.**
- 27 Recurrence of an in situ tumor in adjacent tissue or organ(s) and in regional lymph nodes at the same time.**
- 30 Both regional recurrence of an invasive tumor in adjacent tissue or organs(s) and/or regional lymph nodes (20–25) **and** local and/or trocar recurrence (10, 13, 14, or 15).
- 36 Both regional recurrence of an in situ tumor in adjacent tissue or organ(s) and/or regional lymph nodes (26 or 27) and local and/or trocar recurrence (16 or 17).**
- 40 Distant recurrence, and there is insufficient information available to code to 46–62.
- 46 Distant recurrence of an in situ tumor.**

SEER Field and Code Changes for 2003

Sequence Number--Central

The Uniform Data Standards Committee approved a changes in the Sequence Number-Central codes (see new codes below). SEER will adopt the codes in 2003 in preparation for the inclusion of benign brain tumors in registries effective with 2004 diagnoses.

Note: All Cervix CIS/CIN III, diagnosis year 1996-2002 are sequenced to 98 (record layout 9) and for 2003+ must be sequenced into the 60-87 range.

Reference: *Standards for Cancer Registries, Volume II: Data Standards and Data Dictionary*, 7th Edition, Record Layout Version 10. North American Association of Central Cancer Registries, March 2002. Page 346-348.

Codes

Nationally Required:

- 00 One primary only in the patient's lifetime
- 01 First of two or more primaries
- 02 Second of two or more primaries
- ..
- .. (Actual number of this primary)
- ..
- 35 Thirty-fifth of thirty-five or more primaries
- 98 Cervix in situ 1996-2002
- 99 Unspecified nationally required sequence number or unknown

State Registry-Defined:

- 60 Only one state registry-defined neoplasm
- 61 First of two or more state registry-defined neoplasms
- ..
- 88 Unspecified number of state registry-defined neoplasms

SEER Field and Code Changes for 2003

Sequence Number--Central (continued)

The table below shows examples of which sequence number series to use by type of neoplasm:

Neoplasm	SeqNum-Central (Numeric Series)
In Situ/Malignant as Federally Required for each Diagnosis Year	
In situ (behavior code 2) (Cervix CIS/CIN III, diagnosis year before 1996) (includes VIN III, VAIN III, AIN III)	00 - 35
Malignant (behavior code 3)	00 - 35
Juvenile astrocytoma, diagnosis year 2001+ (report as 9421/3)	00 - 35
Invasive following in situ new primary as defined by COC	00 - 35
Invasive following in situ new primary as defined by SEER	00 - 35
Cervix in situ 1996-2002	98
Unspecified nationally required sequence number or unknown	99
Benign Brain as Federally Required for each Diagnosis Year/State Registry-Defined	
Benign brain	60 - 87
Borderline ovarian, diagnosis year 2001+	60 - 87
Other borderline/benign	60 - 87
Skin SCC/BCC	60 - 87
PIN III	60 - 87
Cervix CIS/CIN III, diagnosis year 2003+	60 - 87
Unspecified state registry-defined sequence number	88

Treatment Items

After recent discussions with the SEER PIs and registry directors, the NCI Program staff decided that there will be a year of transition for the treatment items collected for cases diagnosed in 2003. SEER will allow for the surgery items for 2003 cases to be transmitted to SEER in either the SEER 3rd edition codes (ROADS codes) **OR** in FORDS codes. Most of the SEER areas are planning on coding the majority if not all of their cases to the FORDS codes for 2003. However, concerns have been raised as to the effect of the 2003 changes on timeliness of the 2003 data. One would not want to stop the processing of 2003 cases and create a large backlog due to delays in the availability of new software programs for the 2003 cases. The longer that it takes for the new software in the hospitals and central registries to be designed, written, tested and implemented, the greater the impact on the timeliness of the 2003 cases. This leaves a delicate balance between timeliness and the implementation of new software for the 2003 cases. Therefore, the SEER Program will allow either set of surgery codes for cases diagnosed in 2003 in order to allow central registries maximum flexibility in dealing with phasing in of new software at different times by the many facilities reporting to them.

The American College of Surgeons will require that all CoC approved cancer program registries adopt the changes outlined in the FORDS manual for cases diagnosed on or after 01/01/2003. The SEER Program is not in anyway trying to take away the authority of the College in their mandates to these hospitals. For hospitals that are planning to collect their data using FORDS items and code definitions, it is unfair for the central registry to put any additional undue burden on them by requiring that they additionally collect the same or similar data using item and code definitions found in the SEER 3rd edition coding manual.

The College has been extremely cooperative in making changes to the FORDS manual so that the data are more compatible with earlier data that was collected. Some of the delay in releasing implementation guidelines has been in trying to ensure the new data are compatible with the old. The final resolution has involved the approval of six surgery data items to retain the surgery information for pre-2003 cases. Three of the items are for hospital surgery items and 3 for summary surgery items. For the summary surgery items, therefore, there are 2 fields for certain surgery items – one for 1998-2002 data and another for the 2003+ data: RX Summ – Surg Prim Site; RX Summ – Scope reg LN Sur; RX Summ – Surg Oth reg/dis. SEER would make a slight change to the current designated NAACCR use and make it for cases coded according to SEER 3rd edition (rather than for only 1998-2002 to accommodate some 2003) and the other for cases coded according to 2003 FORDS (rather than 2003+ cases). For cases diagnosed in 2003, SEER participants could choose which set of fields are filled in for each person/tumor (see table below); but for a particular person/tumor, the codes have to be from the same set of definitions, either SEER 3rd edition or FORDS.

SEER Field and Code Changes for 2003

For 2003 cases, SEER is requiring either set of surgery items (the FORDS codes are preferable):

FORDS (revision 1 of SEER 3rd edition) standards:

RX Summ Surg Prim Site (#1290)

RX Summ Scope Reg LN (#1292)

RX Summ Surg Oth R/D (#1294)

Note: Reconstruction (for breast) is incorporated into surgery of primary site and Number of Lymph Nodes Examined is incorporated into scope of regional lymph node surgery. Both fields should be submitted as blank.

OR

SEER 3rd edition coding manual (ROADS) codes:

RX Summ Surg Site 98-02 (#1646)

RX Summ Scope Reg 98-02 (#1647)

RX Summ Reg LN Removed (#1296)

RX Summ Surg Oth 98-02 (#1648)

RX Summ - Reconstruction 1st (#1330)

For each patient/tumor record, only one set of surgery codes can be used. A flag, RX Coding System – Current (NAACCR #1460), should be coded ‘05’ if the ROADS, i.e. SEER 3rd edition codes were used and ‘06’ if the FORDS codes were used. This may be computer generated for each patient/tumor record.

Note: NAACCR has renamed the old variables with ‘98-02’ and assigned them a different item number.

In order to minimize chaos in the data for 2003 diagnosed cases, these guidelines must be followed:

1. Currently there are several fields that have different formats and codes between versions, i.e., they are one digit in NAACCR 9 and 2 digits for NAACCR 10. These include RX Summ—BRM (NAACCR #1410), RX Summ—Chemo (NAACCR #1390), RX Summ – Hormone (item #1400). For these fields it is necessary to keep two fields but code only one for a particular person/tumor. All data coded to the SEER 3rd edition codes would be converted to the new 2 digit field in the NAACCR 10 volume. See the implementation guide for more information. There would not be any review and the conversions are straightforward. SEER will collect the new field for transplants, RX Summ – Transplnt/endocr (NAACCR item # 3250). This would not be an additional item to collect but rather would be a conversion from data collected in pre-2003 codes (namely RX—Summ Hormone (item#1400) and RX Summ – BRM (NAACCR #1410)) OR a straight copy of RX Summ – Transplnt/endocr (NAACCR item # 3250) from hospitals collecting data according to FORDS. See the section on RX Summ – Tranplnt/endocr (NAACCR item #3250).
2. As discussed above, the flag RX Coding System – Current (NAACCR #1460) would be used to designate which set of surgery codes were used. We would prefer that all of the data are either in pre-2003 codes or 2003 FORDS codes, but this may not be practical if 2003 cases start becoming backlogged. Therefore, the flag will be ‘05’ if SEER 3rd edition codes or ‘06’ if 2003 FORDS codes were used. The proposed changes to NAACCR 10 are to retain separate places for the pre-2003 and 2003+ fields. SEER would slightly change the distinction in the NAACCR fields whose names end in ‘98-02’ to also include cases coded according to SEER 3rd edition.

SEER Field and Code Changes for 2003

3. For RX Summ – Reg LN Removed and Reconstruction for breast, it should be collected according to whatever coding rules are being used for the other surgery fields. That is, if cases diagnosed in 2003 are coded by the SEER 3rd edition, then these fields should also be coded according to SEER 3rd edition. If the other surgery items are in 2003 FORDS, then these fields will be blank.
4. All summary surgery fields for the same patient/tumor must be collected using the same set of codes (either SEER 3rd edition (ROADS) **or** FORDS) with the corresponding flag (see #2) set to designate which set of codes was used.
5. Case consolidation: if multiple records for the same patient/tumor come into the registry with codes according to the SEER code manual 3rd edition and others with codes according to 2003 FORDS codes, the registry must decide on one set of surgery items to use for consolidation (FORDS or SEER 3rd edition) and set the flag (NAACCR #1460) to convey which was chosen.
6. If data are coded in the new FORDS fields, do not backward convert to old codes.
7. SEER will provide computer programs to perform the conversions.

NEW Site-Specific Surgery Code Schemes

HEMATOPOIETIC/RETICULOENDOTHELIAL/IMMUNOPROLIFERATIVE/ MYELOPROLIFERATIVE DISEASE

C42.0, C42.1, C42.3, C42.4 with any histology;

M-9750, 9760-9764, 9800-9820, 9831-9920, 9931-9964, 9980-9989 of any site

Surgery of Primary Site

- 98 All hematopoietic/reticuloendothelial/immunoproliferative/myeloproliferative disease sites and/or histology, WITH OR WITHOUT surgical treatment
- 99 Death certificate only

Scope of Regional Lymph Node Surgery

- 9 Always coded 9

Surgical Procedure/Other Site

Surgical procedures for hematopoietic/reticuloendothelial/immunoproliferative/myeloproliferative primaries are to be recorded using the data item *Surgical Procedure/Other Site*. (See below)

UNKNOWN AND ILL-DEFINED PRIMARY SITES

C76.0-C76.8, C80.9

Except: M-9750, 9760-9764, 9800-9820, 9831-9920, 9931-9964, 9980-9989

Surgery of Primary Site

- 98 All unknown and ill-defined disease sites, WITH OR WITHOUT surgical treatment
- 99 Death certificate only

Scope of Regional Lymph Node Surgery

- 9 Always coded 9

Surgical Procedure/Other Site

Surgical procedures for unknown and ill-defined primaries are to be recorded using the data item *Surgical Procedure/Other Site*. (See below)

SEER Field and Code Changes for 2003

SPLEEN and LYMPH NODES now two separate sites

SPLEEN

C42.2

Surgery of Primary Site

- 00 None; no surgery of primary site; autopsy only
- 19 Local tumor destruction, NOS
No specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003).
- 21 Partial splenectomy
- 22 Total splenectomy
- 80 Splenectomy, NOS [Note: this was code 20 in SEER Program Code Manual 3rd edition]
- 90 Surgery
- 99 Unknown if surgery performed; death certificate only

Scope of Regional Lymph Node Surgery

Use generic codes

Surgical Procedure/Other Site

Use generic codes

SEER Field and Code Changes for 2003

LYMPH NODES

C77.0-C77.9

Except: M-9750, 9760-9764, 9800-9820, 9831-9920, 9931-9964, 9980-9989

Surgery of Primary Site

- 00 None; no surgery of primary site; autopsy ONLY
- 19 Local tumor destruction or excision, NOS
[Note: this was code 10 under spleen and lymph nodes in SEER Program Code Manual 3rd edition]
Unknown whether a specimen was sent to pathology for surgical events coded to 19 (principally for cases diagnosed prior to January 1, 2003).
- 15 Local tumor destruction, NOS
No specimen sent to pathology from surgical event 15.
- 25 Local tumor excision, NOS
Less than a full chain; includes a lymph node biopsy.
- 30 Lymph node dissection, NOS
 - 31 One chain
 - 32 Two or more chains
- 40 Lymph node dissection, NOS PLUS splenectomy
 - 41 One chain
 - 42 Two or more chains
- 50 Lymph node dissection, NOS and partial/total removal of adjacent organ(s)
 - 51 One chain
 - 52 Two or more chains
- 60 Lymph node dissection, NOS and partial/total removal of adjacent organ(s) PLUS splenectomy
Includes staging laparotomy for lymphoma.
 - 61 One chain
 - 62 Two or more chains
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate ONLY

Scope of Regional Lymph Node Surgery

- 9 Always coded 9

Surgical Procedure/Other Site

Use generic codes

Scope of Regional Lymph Node Surgery

Effective for SEER revision 1 of 3rd ed codes: All primary sites will have the same coding structure for this field.

- 0 None**
No regional lymph node surgery. No lymph nodes found in the pathologic specimen. Diagnosed at autopsy.
- 1 Biopsy or aspiration of regional lymph node, NOS** [former wording for this code was regional lymph node(s) removed, NOS--see new #3]
Biopsy or aspiration of regional lymph node(s) regardless of the extent of involvement of disease. [SEER guideline (with COC concurrence): for a procedure stated to be a biopsy of a lymph node, use code 1; for a procedure stated to be removal of one lymph node, use code 4. Code 1 was not used prior to 01/01/2003.]
- 2 Sentinel lymph node biopsy** [new for most fields]
Biopsy of the first lymph node or nodes that drain a defined area of tissue within the body. Sentinel node(s) are identified by the injection of a dye or radio label at the site of the primary tumor.
- 3 Number of regional nodes removed unknown or not stated; regional lymph nodes removed, NOS**
Sampling or dissection of regional lymph node(s) and the number of nodes removed is unknown or not stated. The procedure is not specified as sentinel node biopsy.
- 4 1–3 regional lymph nodes removed**
Sampling or dissection of regional lymph node(s) with fewer than four lymph nodes found in the specimen. The procedure is not specified as sentinel node biopsy.
- 5 4 or more regional lymph nodes removed**
Sampling or dissection of regional lymph nodes with at least four lymph nodes found in the specimen. The procedure is not specified as sentinel node biopsy.
- 6 Sentinel node biopsy and code 3, 4, or 5 at same time, or timing not stated**
Code 2 was performed in a single surgical event with code 3, 4, or 5. Or, code 2 and 3, 4, or 5 were performed, but timing was not stated in patient record.
- 7 Sentinel node biopsy and code 3, 4, or 5 at different times**
Code 2 was followed in a subsequent surgical event by procedure 3, 4, or 5.
- 9 Unknown or not applicable**
It is unknown whether regional lymph node surgery was performed; death certificate-only; for lymphomas with a lymph node primary site; an unknown or ill-defined primary; or for hematopoietic, reticuloendothelial, immunoproliferative or myeloproliferative disease. [SEER guideline: 9 includes “not stated.”]

Surgical Procedure of Other Site

Effective for SEER revision 1 of 3rd ed codes: All primary sites will have the same coding structure for this field. This field records the surgical removal of regional tissues other than nodes, distant lymph nodes or other tissue(s)/organ(s) beyond the primary site.

- 0 None**
No surgical procedure of non-primary site was performed. Diagnosed at autopsy.
- 1 Non-primary surgical procedure performed**
Non-primary surgical resection to other site(s), unknown if whether the site(s) is regional or distant.
- 2 Non-primary surgical procedure to other regional sites**
Resection of regional site.
Note: for en bloc resection with primary site, see Surgery of Primary Site field. Do not code en bloc resection here.
- 3 Non-primary surgical procedure to distant lymph node(s)**
Resection of *distant lymph node(s)*.
- 4 Non-primary surgical procedure to distant site**
Resection of distant site.
- 5 Combination of codes**
Any combination of surgical procedures 2, 3, or 4.
- 9 Unknown**
It is unknown whether any surgical procedure of a non-primary site was performed.
Death certificate only.

Radiation Therapy

Regional Treatment Modality

Boost Treatment Modality

These fields replace "Radiation" in the Commission on Cancer data set. SEER will continue to collect Radiation, which has been re-named RX Summ--Radiation (see table and conversion chart below).

Code 00 translates to RX Summ--Radiation code 0, none.

Code	Label	Definition
00	No radiation treatment	Radiation therapy was not administered to the patient.

Codes 20-43 translate to RX-Summ--Radiation code 1, beam radiation

20	External beam, NOS	The treatment is known to be by external beam, but there is insufficient information to determine the specific modality.
21	Orthovoltage	External beam therapy administered using equipment with a maximum energy of less than one (1) million volts (MV). Orthovoltage energies are typically expressed in units of kilovolts (kV).
22	Cobalt-60, Cesium-137	External beam therapy using a machine containing either a Cobalt- 60 or Cesium-137 source. Intracavitary use of these sources is coded either 30 or 31.
23	Photons (2-5 MV)	External beam therapy using a photon producing machine with a beam energy in the range of 2-5 MV.
24	Photons (6-10 MV)	External beam therapy using a photon producing machine with a beam energy in the range of 6-10 MV.
25	Photons (11-19 MV)	External beam therapy using a photon producing machine with a beam energy in the range of 11-19 MV.
26	Photons (>19 MV)	External beam therapy using a photon producing machine with a beam energy of more than 19 MV.
27	Photons (mixed energies)	External beam therapy using more than one energy over the course of treatment.
28	Electrons	Treatment delivered by electron beam.
29	Photons and electrons mixed	Treatment delivered using a combination of photon and electron beams.
30	Neutrons, with or without photons/electrons	Treatment delivered using neutron beam.
31	IMRT	Intensity modulated radiation therapy, an external beam technique that should be clearly stated in patient record.
32	Conformal or 3-D therapy	An external beam technique using multiple, fixed portals shaped to conform to a defined target volume. Should be clearly described as conformal or 3-D therapy in patient record.
40	Protons	Treatment delivered using proton therapy.
41	Stereotactic radiosurgery, NOS	Treatment delivered using stereotactic radiosurgery, type not specified in patient record.
42	Linac radiosurgery	Treatment categorized as using stereotactic technique delivered with a linear accelerator.
43	Gamma Knife	Treatment categorized as using stereotactic technique delivered using a Gamma Knife machine.

continued

SEER Field and Code Changes for 2003

Codes 50-55 translate to RX Summ--Radiation code 2, radioactive implants

50	Brachytherapy, NOS	Brachytherapy, interstitial implants, molds, seeds, needles or intracavitary applicators of radioactive materials not otherwise specified.
51	Brachytherapy, Intracavitary, LDR	Intracavitary (no direct insertion into tissues) radio-isotope treatment using low dose rate applicators and isotopes (Cesium-137, Fletcher Applicator).
52	Brachytherapy, Intracavitary, HDR	Intracavitary (no direct insertion into tissues) radio-isotope treatment using high dose rate after-loading applicators and isotopes.
53	Brachytherapy, Interstitial, LDR	Interstitial (direct insertion into tissues) radio-isotope treatment using low dose rate sources.
54	Brachytherapy, Interstitial, HDR	Interstitial (direct insertion into tissues) radio-isotope treatment using high dose rate sources.
55	Radium	Infrequently used for low dose rate (LDR) interstitial and intracavitary therapy.

Codes 60-62 translate to RX Summ--Radiation code 3, radioisotopes

60	Radioisotopes, NOS	Iodine-131, Phosphorus-32, etc.
61	Strontium-89	Treatment primarily by intravenous routes for bone metastases.
62	Strontium-90	

Codes 80, 85 translate to RX Summ--Radiation code 4, Combination of 1 with 2 or 3

80*	Combination modality, specified*	Combination of external beam radiation and either radioactive implants or radioisotopes*
85*	Combination modality, NOS*	Combination of radiation treatment modalities not specified in code 80.*

Note: For cases diagnosed prior to 01/01/2003, the codes reported in this data item describe any radiation administered to the patient as part or all of the first course of therapy. Codes 80 and 85 describe specific converted descriptions of radiation therapy coded according to Volume II, ROADS and DAM rules and **should not** be used to record regional radiation for cases diagnosed on or after 01/01/2003. --FORDS Manual, page 157.

Code 98 translates to RX Summ--Radiation code 5, radiation therapy, NOS, method or source unspecified

98	Other, NOS	Radiation therapy administered, but the treatment modality is not specified or is unknown.
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Code 99 translates to RX Summ--Radiation code 9, unknown

99	Unknown	It is unknown whether radiation therapy was administered.
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SEER Field and Code Changes for 2003

The following field is to be submitted to NCI SEER (no changes to this field)

RX SUMM--RADIATION

Codes

- 0 None
- 1 Beam radiation
- 2 Radioactive implants
- 3 Radioisotopes
- 4 Combination of 1 with 2 or 3
- 5 Radiation, NOS—method or source not specified
- 7 Patient or patient’s guardian refused
- 8 Radiation recommended, unknown if administered
- 9 Unknown if radiation administered

Conversion Table for FORDS Regional Radiation Therapy Fields to SEER RX SUMM--Radiation

For cases that are received from College approved hospitals, information for RX–Summ Radiation can be derived from Rad – Boost RX Modality, Rad – Regional RX Modality and Reason No Radiation by the following table:

* **Note: For asterisked items, if Reason No Radiation is 7, 0 becomes 7; if Reason No Radiation is 8, 0 becomes 8.**

Rad – Boost RX Modality	Rad – Regional RX Modality	RX SUMM- -Radiation
00	00, 99	0*
00	20-43	1
00	50-55	2
00	60-62	3
00	80-85	4
00	98	5
20-43	00, 20-43, 98, 99	1
20-43	50-55, 60-62, 80-85	4
50-55	00, 50-55, 98, 99	2
50-55	20-43, 80-85	4
50-55	60-62	3
60-62	00, 50-55, 60-62, 98, 99	3

Rad – Boost RX Modality	Rad – Regional RX Modality	RX-SUMM- -Radiation
60-62	20-43, 80-85	4
80-85	00-99	4
98	00, 98, 99	5
98, 99	20-43	1
98, 99	50-55	2
98, 99	60-62	3
98, 99	80-85	4
99	00	0*
99	99	9

Chemotherapy

Effective for SEER revision 1 of 3rd ed codes:

Chemotherapy field expanded to two digits (see conversion table which follows). Treatments (none or actual) in 00-09 range. Reasons treatment not administered in 80-89 range. Unknown is now 99. Codes are the same as the FORDS manual.

- 00** None; chemotherapy was not part of the planned first course of therapy
- 01** Chemotherapy administered as first course therapy, but the type and number of agents is not documented in patient record.
- 02** Single-agent chemotherapy administered as first course therapy.
- 03** Multi-agent chemotherapy administered as first course therapy.
- 82 [new]** Chemotherapy was not recommended/administered because it was contraindicated due to patient risk factors (i.e., comorbid conditions, advanced age).
- 85 [new]** Chemotherapy was not administered because the patient died prior to planned or recommended therapy.
- 86 [new]** Chemotherapy was not administered. It was recommended by the patient's physician, but was not administered as part of the first course of therapy. No reason was stated in patient record.
- 87** Chemotherapy was not administered. It was recommended by the patient's physician, but this treatment was refused by the patient, a patient's family member, or the patient's guardian. The refusal was noted in patient record.
- 88** Chemotherapy was recommended, but it is unknown if it was administered.
- 99** It is unknown whether a chemotherapeutic agent(s) was recommended or administered because it is not stated in patient record. Death certificate only.

SEER Field and Code Changes for 2003

CHEMOTHERAPY CONVERSION TABLE

SEER Code Manual 3rd Edition Chemotherapy	SEER Code Manual 3rd ed revision 1 Chemotherapy
0	00
1	01
2	02
3	03
7	87
8	88
9	99

Note: for SEER 3rd edition, codes 82-86 are invalid for SEER.

Hormone Therapy

Effective for SEER revision 1 of 3rd ed codes: Hormone Therapy field expanded to two digits (see conversion table which follows). Endocrine surgery and radiation moved to new Hematologic Transplant and Endocrine Procedures field. Treatments (none or actual) in 00-09 range. Reasons treatment not administered in 80-89 range. Unknown is now 99. Codes are the same as the FORDS manual.

- 00** None, hormone therapy was not part of the planned first course of therapy.
- 01** Hormone therapy administered as first course therapy.
- 82 [new]** Hormone therapy was not recommended/administered because it was contraindicated due to patient risk factors (i.e., comorbid conditions, advanced age).
- 85 [new]** Hormone therapy was not administered because the patient died prior to planned or recommended therapy.
- 86 [new]** Hormone therapy was not administered. It was recommended by the patient's physician, but was not administered as part of the first course of therapy. No reason was stated in patient record.
- 87** Hormone therapy was not administered. It was recommended by the patient's physician, but this treatment was refused by the patient, a patient's family member, or the patient's guardian. The refusal was noted in patient record.
- 88** Hormone therapy was recommended, but it is unknown if it was administered.
- 99** It is unknown whether a hormonal agent(s) was recommended or administered because it is not stated in patient record. Death certificate only.

SEER Field and Code Changes for 2003

HORMONE THERAPY CONVERSION TABLE

SEER Code Manual 3 rd Edition Hormone therapy	SEER Code Manual 3rd ed revision 1 Hormone therapy
0	00
1	01
2	00
3	01
7	87
8	88
9	99

Note: for SEER 3rd edition, codes 82-86 are invalid for SEER.

SEER 3rd edition revision 1: information on endocrine surgery and/or endocrine radiation will no longer be collected in this field. See Hematologic Transplant and Endocrine Procedures.

Immunotherapy

Effective for SEER revision 1 of 3rd ed codes: Immunotherapy field expanded to two digits (see conversion table which follows). Bone marrow transplant and stem cell procedures have been moved to new Hematologic Transplant and Endocrine Procedures field. Treatments (none or actual) in 00-09 range. Reasons treatment not administered in 80-89 range. Unknown is now 99. Codes are the same as the FORDS manual.

- 00** None, immunotherapy was not part of the planned first course of therapy.
- 01** Immunotherapy administered as first course therapy.
- 82 [new]** Immunotherapy was not recommended/administered because it was contraindicated due to patient risk factors (i.e., comorbid conditions, advanced age).
- 85 [new]** Immunotherapy was not administered because the patient died prior to planned or recommended therapy.
- 86 [new]** Immunotherapy was not administered. It was recommended by the patient's physician, but was not administered as part of the first course of therapy. No reason was stated in patient record.
- 87** Immunotherapy was not administered. It was recommended by the patient's physician, but this treatment was refused by the patient, a patient's family member, or the patient's guardian. The refusal was noted in patient record.
- 88** Immunotherapy was recommended, but it is unknown if it was administered.
- 99** It is unknown whether an immunotherapeutic agent(s) was recommended or administered because it is not stated in patient record. Death certificate only.

IMMUNOTHERAPY CONVERSION TABLE

SEER Code Manual 3rd Edition Immunotherapy	SEER Code Manual 3rd ed revision 1 Immunotherapy
0	00
1	01
2¹	00
3²	00
4³	00
5⁴	00
6⁵	01
7	87
8	88
9	99

Note: for SEER 3rd edition, codes 82-86 are not valid.

- ¹ **Note: bone marrow transplant--autologous has been moved to Hematologic Transplant and Endocrine Procedures code 11.**
- ² **Note: bone marrow transplant--allogenic has been moved to Hematologic Transplant and Endocrine Procedures code 12.**
- ³ **Note: bone marrow transplant, NOS has been moved to Hematologic Transplant and Endocrine Procedures code 10.**
- ⁴ **Note: stem cell transplant has been moved to Hematologic Transplant and Endocrine Procedures code 20 and has been renamed “Stem cell harvest.”**
- ⁵ **Note: combination of biological response modifier and bone marrow transplant or stem cell transplant will be recorded as separate fields. Record biological response modifier in the immunotherapy field and the appropriate bone marrow or transplant procedure in Hematologic Transplant and Endocrine Procedures.**

Hematologic Transplant and Endocrine Procedures

NEW field effective for SEER revision 1 of 3rd ed codes: Bone marrow and stem cell procedures are now coded in this field. Endocrine surgery or radiation is now coded in this field. Treatments (none or actual) in 00-30 range. Combination hematologic transplant and endocrine procedures coded as 40. Reasons treatment not administered in 80-89 range. Unknown is now 99. Codes are the same as the FORDS manual.

- 00** No transplant procedure or endocrine therapy was administered as part of first course therapy.
- 10** A bone marrow transplant procedure was administered, but the type was not specified.
- 11** Bone marrow transplant–autologous.
- 12** Bone marrow transplant–allogeneic.
- 20** Stem cell harvest.
- 30** Endocrine surgery and/or endocrine radiation therapy.
- 40** Combination of endocrine surgery and/or radiation with a transplant procedure. (Combination of codes 30 with 10-20.)
- 82** Hematologic transplant and/or endocrine surgery/radiation was not recommended/administered because it was contraindicated due to patient risk factors (i.e., comorbid conditions, advanced age).
- 85** Hematologic transplant and/or endocrine surgery/radiation was not administered because the patient died prior to planned or recommended therapy.
- 86** Hematologic transplant and/or endocrine surgery/radiation was not administered. It was recommended by the patient's physician, but was not administered as part of the first course of therapy. No reason was stated in patient record.
- 87** Hematologic transplant and/or endocrine surgery/radiation was not administered. It was recommended by the patient's physician, but this treatment was refused by the patient, a patient's family member, or the patient's guardian. The refusal was noted in patient record.
- 88** Hematologic transplant and/or endocrine surgery/radiation was recommended, but it is unknown if it was administered.
- 99** It is unknown whether hematologic transplant and/or endocrine surgery/radiation was recommended or administered because it is not stated in patient record. Death certificate only.

HEMATOLOGIC TRANSPLANT AND ENDOCRINE PROCEDURES CONVERSION TABLE

For SEER, Conversion from RX Summ - Hormone and RX Summ - BRM to RX Summ - Transplnt/Endocr (#3250)		
SEER Program Code Manual 3rd edition		RX Summ - Transplnt/Endocr (#3250)
Rx Summ - Hormone	Rx Summ - BRM	
0, 1, 7, 8	0, 1, 7, 8	00
0, 1, 7, 8, 9	2	11
	3	12
	4, 6	10
	5	20
2, 3	0, 1, 7, 8, 9	30
	2, 3, 4, 5, 6	40
9	0, 1, 7, 8	00
0, 1, 7, 8	9	00
9	9	99

Note for SEER: After analysis of data, it was decided that codes 7 and 8 in RX Summ - Hormone would be treated as though they only referred to hormonal therapy and not endocrine surgery. Similarly for RX Summ -BRM, codes 7 and 8 would only rarely reflect transplants refused or recommended. Therefore, for SEER, codes 82, 85, 86, 87, and 88 are invalid for cases using this conversion algorithm.

SEER Field and Code Changes for 2003

This table shows each treatment item will be required to be transmitted, depending upon the date of diagnosis.

Item Name	NAACCR Item #	SEER	
		Dx Date <= 12/31/02	2003 Diagnoses
RX Summ - Surg Prim Site	1290	.	F or ed3
RX Summ - Surg Site 98-02	1646	R	
RX Summ - Scope Reg LN Sur	1292	.	F or ed3
RX Summ - Scope Reg 98-02	1647	R	
RX Summ - Reg LN Removed	1296	R	Blank or ed3
RX Summ - Surg Oth Reg/Dis	1294	.	F or ed3
RX Summ - Surg Oth 98-02	1648	R	
RX Summ - Reconstruction 1st	1330	R	Blank or ed3
RX Summ - Surg/Rad Seq	1380	ed 3	ed 3
Reason For No Surgery	1340	ed 3	ed 3
RX Summ - Surgery Type ^	1640	ed 3	.
RX Summ - Radiation	1360	ed 3	ed 3
RX Summ - Rad To CNS	1370	ed 3	ed 3
RX Summ - Chemo	1390	ed3 to F	F*
RX Summ - Hormone	1400	ed3 to F	F*
RX Summ - BRM	1410	ed3 to F	F*
RX Summ - Transplnt/Endocr	3250	ed3 to F	F*
RX Summ - Other	1420	ed3	ed3

^ Item *RX Summ - Surgery Type* (#1640) is only reported for cases diagnosed on or before 12/31/1997.

R designates ROADS codes and definitions.

F designates FORDS codes and definitions.

F* designates year 2003 diagnoses that are coded directly using FORDS codes and definitions OR are coded using the 3rd edition of the SEER Program Code Manual and converted to FORDS codes, with the exception that specified codes are invalid (see "Forward Code Conversion", Tables 4 - 7, above).

notes continue on next page

SEER Field and Code Changes for 2003

- ed 3** designates the codes and definitions published in the 3rd edition of the SEER Program Code Manual.
- ed3 to F** designates items coded according to the 3rd edition of the SEER Program Code Manual and converted to FORDS codes, with the exception that specified codes are invalid (see “Forward Code Conversion”, Tables 4 - 7, above).
- F or ed3 / blank or ed3:** designates year 2003 diagnoses that can be reported using either FORDS or 3rd edition of the SEER Program Code Manual. For each case/tumor, all the summary surgery items must be coded using the same set of definitions (either SEER 3rd edition or FORDS) and codes transmitted in the appropriate item (SEER 3rd edition codes in items 1646, 1647, 1648, 1296 and 1330; FORDS codes in items 1290, 1292, 1294, leaving items 1296 and 1339 blank).