

## SEER Program Coding and Staging Manual 2015 - Summary of Changes

This table lists the changes made to the 2015 manual. Changes are listed by 2015 manual page number.

### Main Manual Changes

Page	Section	Data Item	Change	Notes/Comments
10	Introduction	Introduction section	Introduction became a separate section.	Separated Introduction section from Reportability section.
10	Introduction	SEER Coding and Staging Manual Contents	Information from Preface in Data Items added.	Added information from Preface/Data Items section into the Introduction, SEER Coding and Staging Manual Contents section.
11	Reportability	Reportability section	Reportability became a separate section.	Format change: Started Reportability section on a distinct page, to separate from Introduction.
11	Reportability	Reportable Diagnosis List	Item 1.a.1. added.	1.a.1. Carcinoid, NOS, of the appendix is reportable. As of 1/1/15, the ICD-O-3 behavior code changed from /1 to /3.
11	Reportability	Reportable Diagnosis List	Note 2 added.	<b>Note 2</b> : Report Pilocytic/Juvenile astrocytomas; code the histology and behavior as 9421/3.
11	Reportability	Reportable Diagnosis List	Note 3 updated.	<b>Note 3</b> : Urine cytology positive for malignancy is reportable for diagnoses in 2013 and forward Code the primary site to C689 in the absence of any other information Exception: When a subsequent biopsy of a urinary site is negative, do not report Do not implement new/additional casefinding methods to capture these cases Do not report cytology cases with ambiguous terminology
11	Reportability	Reportable Diagnosis List	Note 4 added.	<b>Note 4</b> : Non-invasive mucinous cystic neoplasm (MCN) of the pancreas with high-grade dysplasia is reportable. For neoplasms of the pancreas, the term MCN with high-grade dysplasia replaces the term mucinous cystadenocarcinoma, non-invasive.
11	Reportability	Reportable Diagnosis List	Note 5 added.	<b>Note 5</b> : Mature teratoma of the testes in adults is malignant and reportable as 9080/3.
12	Reportability	Reportable Diagnosis List	Item 2.b.i. added.	<b>Neoplasm</b> and <b>tumor</b> are reportable terms for brain and CNS because they are listed in ICD-O-3 with behavior codes of /0 and /1.
13	Reportability	Reportable Examples	Example 6 updated.	<b>Example 6</b> : "Carcinoid of the appendix found on appendectomy." Carcinoid tumor, NOS, is reportable (8240/3).
14	Reportability	Reportable Examples	Example 13 added.	<b>Example 13</b> : Rathke pouch tumor (C751, 9350/1) is a reportable neoplasm for cases diagnosed 2004 and later. Rathke cleft cyst and Rathke pouch tumor are different conditions. Rathke cleft cyst is not reportable.

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14	Reportability	Reportable Examples	Example 14 added.	<b>Example 14:</b> Report mature teratoma of the testis when diagnosed post puberty (malignant) and do not report when diagnosed in a child (benign). 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.
14	Reportability	Reportable Examples	Example 15 added.	<b>Example 15:</b> Report as either 8240/3 or 8151/3 when the pathology diagnosis is a neuroendocrine tumor (/3) and the clinical diagnosis is an insulinoma (/0).
14	Reportability	Reportable Examples	Example 16 added	<b>Example 16:</b> Hemangioma, NOS (9120/0) and cavernous hemangioma (9121/0) arising in the dura and parenchyma of the brain/CNS are reportable.
14	Reportability	Reportable Examples	Example 17 added.	<b>Example 17:</b> Cystic pancreatic endocrine neoplasm (CPEN) is reportable. Assign 8150/3 unless specified as a neuroendocrine tumor, Grade 1 (8240/3) or neuroendocrine tumor, Grade 2 (8249/3).
14	Reportability	Reportable Examples	Example 18 added.	<b>Example 18:</b> Solid pseudopapillary neoplasm of the pancreas is reportable as 8452/3.
14	Reportability	Non-Reportable Examples	Example 3 removed.	See manual for renumbered examples.
15	Reportability	Non-Reportable Examples	Example 17 added.	<b>Example 17:</b> Do not report mature teratoma of the testis when diagnosed before puberty (benign, 9080/0). Pubescence can take place over a number of years; review history and physical information and do not rely only on age. Do not report mature teratoma when it is not known whether the patient is pre- or post-pubescent.
15	Reportability	Non-Reportable Examples	Example 18 added.	<b>Example 18:</b> For ovary: Mature teratoma is benign (9080/0); therefore, is not a reportable neoplasm.
15	Reportability	Non-Reportable Examples	Example 19 added.	<b>Example 19:</b> Venous angiomas (9122/0) are not reportable wherever they arise. The primary site for venous hemangioma arising in the brain is blood vessel (C490). The combination of 9122/0 and C490 is not reportable. This is a venous abnormality. Previously called venous angiomas, these are currently referred to as developmental venous anomalies (DVA).
27	Basic Record Identification	SEER Coding System -- Original	Code F added.	Code F: 2015 SEER Coding Manual

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28	Basic Record Identification	SEER Coding System -- Current	Code F added.	Code F: 2015 SEER Coding Manual
40	Demographic Information	Census Tract Certainty 2010	Coding Priority 2 added.	2. Codes 2 and 6 are of equal priority
59	Demographic Information	Sex	Code 4 revised; codes 5 and 6 added.	4 Transsexual, NOS 5 Transsexual, natal male 6 Transsexual, natal female
59	Demographic Information	Sex	Definitions updated.	<b>Transsexual:</b> A person who was assigned to one gender at birth based on physical characteristics but who self-identifies psychologically and emotionally as the other gender. <b>Transgender:</b> See Transsexual. <b>Transgendered person:</b> A person who identifies with or expresses a gender identity that differs from the one which corresponds to the person's sex at birth.
59	Demographic Information	Sex	Coding Instructions updated.	1. Assign code 3 for Intersexed (persons with sex chromosome abnormalities) 2. Codes 5 and 6 may be used for cases diagnosed prior to 2015 3. Assign code 5 for transsexuals who are natively male or transsexuals with primary site of C600-C639 4. Assign code 6 for transsexuals who are natively female or transsexuals with primary site of C510-C589 5. Assign code 4 for transsexuals with unknown natal sex and primary site is not C510-C589 or C600-C639 6. When gender is not known a. Assign code 1 when the primary site is C600-C639 b. Assign code 2 when the primary site is C510-C589 c. Assign code 9 for primary sites not included above
66	Description of this Neoplasm	Date of Diagnosis	Coding Instruction 6 Example added.	<b>Example:</b> Cytology suspicious for malignancy 1/12/2015. Diagnosis of carcinoma per biopsy on 2/6/2015. Record 2/6/2015 as the date of diagnosis.

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66	Description of this Neoplasm	Date of Diagnosis	Coding Instruction 7 updated.	7. Code the earlier date as the date of diagnosis when a. A recognized medical practitioner says that, in retrospect, the patient had cancer at an earlier date or b. The original slides are reviewed and the pathologist documents that cancer was present. Code the date of the original procedure as the diagnosis date.
67	Description of this Neoplasm	Date of Diagnosis	Coding Instruction 9 updated.	9. Death certificate only (DCO) Cases a. Use information on the death certificate to estimate the date of diagnosis. Record the date of death as the date of diagnosis when there is not enough information available to estimate the date of diagnosis. For example, the time from onset to the date of death is described as 'years.' b. If no information is available, record the date of death as the date of diagnosis
68	Description of this Neoplasm	Date of Diagnosis	Cases Diagnosed Before Birth Example updated.	<b>Example:</b> Fetal intrahepatic mass consistent with hepatoblastoma diagnosed via ultrasound at 39 weeks gestation (1/30/2015). Live birth by C-section 2/4/2015. Code the date of diagnosis as 01/30/2015.
74	Description of this Neoplasm	Primary Site	Coding Instruction 3 Example updated.	<b>Example:</b> The patient has a primary tumor of the cervicothoracic esophagus and the point of origin is unknown. Code the primary site to C158.
76	Description of this Neoplasm	Primary Site	Coding Instruction 10 updated.	10. Angiosarcoma: a. Code C422 (spleen) as the primary site for angiosarcoma of spleen with metastasis to bone marrow b. Code C50_ (breast) for angiosarcoma of breast. Although angiosarcoma actually originates in the lining of the blood vessels, an angiosarcoma originating in the breast has a poorer prognosis than many other breast tumors.
76	Description of this Neoplasm	Primary Site	Sarcoma Example 2 added.	<b>Example 2:</b> Rhabdomyosarcoma of ethmoid sinus. Code primary site to C311.

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78	Description of this Neoplasm	Laterality	Coding Instruction 1 updated.	1. Assign code 0 when a. Primary site is unknown (C809), or b. Laterality is unknown for a death certificate only (DCO) case and the primary site is NOT C079-C081, C090-C091, C098-C099, C301, C310, C312, C341-C349, C384, C400- C403, C441-C443, C445-C447, C471-C472, C491-C492, C500-C509, C569, C570, C620-C629 C630-C631, C649, C659, C669, C690-C699, C700, C710-C714, C722-C725, C740-C749, or C754
79	Description of this Neoplasm	Laterality	Coding Instruction 5 updated.	1. Assign code 5 when the tumor originates in the midline of a site listed in 5.a. a. C700, C710-C714, C722-C725, C443, C445 i. Do not assign code 5 to sites not listed in 5.a.
80	Description of this Neoplasm	Laterality	Sites for Which Laterality Codes Must Be Recorded Note updated.	<b>Note:</b> A laterality code other than 0 must be assigned for the sites listed in the table above. Note that there is an effective date for assigning laterality for some of the sites. If the site is not listed on the table, code 0 may be assigned for laterality. Laterality may be coded for sites other than those required above. For example: Code 2 may be assigned for a tumor originating in the left lobe of thyroid.
82	Description of this Neoplasm	Diagnostic Confirmation	Note on tests and tumor markers including web site links added.	<b>Note :</b> For tests and tumor markers that may be used to help diagnose cancer, see: <a href="http://www.cancer.gov/cancertopics/factsheet/detection">http://www.cancer.gov/cancertopics/factsheet/detection</a> <a href="http://www.cancer.gov/cancertopics/factsheet/detection/tumor-markers">http://www.cancer.gov/cancertopics/factsheet/detection/tumor-markers</a>
85	Description of This Neoplasm	Histologic Type ICD-O-3	2015 ICD-O-3 Update added.	See the NAACCR Guidelines for ICD-O-3 Update Implementation for new terms and synonyms for existing ICD-O-3 histology codes.
87	Description of This Neoplasm	Behavior Code	Code 2 updated.	Carcinoma in situ; intraepithelial; noninfiltrating; non-invasive (carcinoma)
91	Description of this Neoplasm	Grade, Differentiation or Cell Indicator	Coding for Solid Tumors Note added.	<b>SEER Note:</b> Code grade from the time of the initial diagnosis. Do not code grade from recurrence or progression.
91	Description of this Neoplasm	Grade, Differentiation or Cell Indicator	Coding for Solid Tumors Example added.	<b>Example:</b> Prostate carcinoma Gleason score 2+3 per biopsies. Watchful waiting for one year. One year later, score of 4+3 per second biopsies. Surgery performed and the Gleason score is 7. Code the grade based on the original Gleason score of 2+3.

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N/A	Description of This Neoplasm	SEER Summary Stage 1977	Data item removed.	This data item was moved to the new section called Section V: Stage of Disease at Diagnosis.
N/A	Description of This Neoplasm	SEER Summary Stage 2000	Data item removed.	This data item was moved to the new section called Section V: Stage of Disease at Diagnosis.
100	Stage of Disease at Diagnosis	New Section V.	New section added.	This new section incorporates data items related to staging. Subsequent sections are renumbered.
101	Stage of Disease at Diagnosis	SEER Summary Stage 1977	Data item added.	Data item moved to the new section on staging.
102	Stage of Disease at Diagnosis	SEER Summary Stage 2000	Data item added.	Data item moved to the new section on staging.
102	Stage of Disease at Diagnosis	SEER Summary Stage 2000	Coding Instruction added.	1. Use Code 8 for benign and borderline brain/CNS cases.
103	Stage of Disease at Diagnosis	Clinical T	Data item added.	See manual.
104	Stage of Disease at Diagnosis	Clinical N	Data item added.	See manual.
105	Stage of Disease at Diagnosis	Clinical M	Data item added.	See manual.
106	Stage of Disease at Diagnosis	Clinical Stage Group	Data item added.	See manual.
107	Stage of Disease at Diagnosis	Clinical Stage (Prefix/Suffix) Descriptor	Data item added.	See manual.

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108	Stage of Disease at Diagnosis	Staged by (Clinical)	Data item added.	See manual.
109	Stage of Disease at Diagnosis	Pathologic T	Data item added.	See manual.
110	Stage of Disease at Diagnosis	Pathologic N	Data item added.	See manual.
111	Stage of Disease at Diagnosis	Pathologic M	Data item added.	See manual.
112	Stage of Disease at Diagnosis	Pathologic Stage Group	Data item added.	See manual.
113	Stage of Disease at Diagnosis	Pathologic Stage (Prefix/Suffix) Descriptor	Data item added.	See manual.
114	Stage of Disease at Diagnosis	Staged by (Pathologic)	Data item added.	See manual.
115	Stage of Disease at Diagnosis	AJCC Edition Number	Data item added.	See manual.
119	First Course of Therapy	First Course of Therapy	Introductory paragraph added.	Added introductory paragraph; therapy section applies to all neoplasms except for hematopoietic and lymphoid neoplasms. Registrars should consult with the hematopoietic references including the manual and database.

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119	First Course of Therapy	First Course of Therapy	Definition of active surveillance updated.	A treatment plan that involves closely watching a patient's condition but not giving any treatment unless there are changes in test results that show the condition is getting worse. Active surveillance may be used to avoid or delay the need for treatments such as radiation therapy or surgery, which can cause side effects or other problems. During active surveillance, certain exams and tests are done on a regular schedule. It may be used in the treatment of certain types of cancer, such as prostate cancer, urethral cancer, and intraocular (eye) melanoma. It is a type of expectant management. (Source: <a href="http://www.cancer.gov/dictionary?CdrID=616060">http://www.cancer.gov/dictionary?CdrID=616060</a> )
119	First Course of Therapy	First Course of Therapy	Definition of deferred therapy added.	Closely watching a patient's condition but not giving treatment unless symptoms appear or change, or there are changes in test results. Deferred therapy avoids problems that may be caused by treatments such as radiation or surgery. It is used to find early signs that the condition is getting worse. During deferred therapy, patients may be given certain exams and tests. It is sometimes used in prostate cancer. Also called expectant management. (Source: <a href="http://www.cancer.gov/dictionary?CdrID=667618">http://www.cancer.gov/dictionary?CdrID=667618</a> )
119	First Course of Therapy	First Course of Therapy	Definition of expectant management added.	Expectant management: Closely watching a patient's condition but not giving treatment unless symptoms appear or change, or there are changes in test results. Expectant management avoids problems that may be caused by treatments such as radiation or surgery. It is used to find early signs that the condition is getting worse. During expectant management, patients may be given certain exams and tests. It is sometimes used in prostate cancer. Also called deferred therapy. (Source: <a href="http://www.cancer.gov/dictionary?CdrID=616061">http://www.cancer.gov/dictionary?CdrID=616061</a> )
120	First Course of Therapy	Definitions	Definition of watchful waiting updated.	Closely watching a patient's condition but not giving treatment unless symptoms appear or change. Watchful waiting is sometimes used in conditions that progress slowly. It is also used when the risks of treatment are greater than the possible benefits. During watchful waiting, patients may be given certain tests and exams. Watchful waiting is sometimes used in prostate cancer. It is a type of expectant management. (Source: <a href="http://www.cancer.gov/dictionary?CdrID=45942">http://www.cancer.gov/dictionary?CdrID=45942</a> )



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121	First Course of Therapy	Coding Instructions	Coding Instruction 1 updated.	1. Code all treatment fields to 0 or 00 (Not done) when the physician opts for <b>active surveillance</b> . When the disease progresses or the patient becomes symptomatic, any prescribed treatment is second course. a. Code Treatment Status (RX Summ—Treatment Status) to 2.
122	First Course of Therapy	Coding Instructions	Coding Instruction 8 added; this replaces the section on First Course for Leukemia and	8. For information regarding first course of therapy for hematopoietic and lymphoid disease, refer to the NCI, SEER Hematopoietic and Lymphoid Neoplasm Coding Manual at: <a href="http://seer.cancer.gov/tools/heme/index.html">http://seer.cancer.gov/tools/heme/index.html</a> .
124	First Course of Therapy	Date Therapy Initiated	Coding Instruction 3 Example updated.	<b>Example:</b> On 01/03/2015, fetus is diagnosed with malignant teratoma. The teratoma is resected in utero on 01/10/2015. Live birth on 04/18/2015. Code the date therapy initiated as January 10, 2015 (20150110).
128	First Course of Therapy	Date of First Surgical Procedure	Data item added.	See manual.
129	First Course of Therapy	Date of First Surgical Procedure Flag	Data item added.	See manual.
130	First Course of Therapy	Surgery of Primary Site	Coding Instruction 1 updated.	1. Code <b>00</b> when a. No surgery was performed on the primary site <b>Note:</b> Excludes all sites and histologies that would be coded as 98 (See Coding Instruction #9 below), or b. First course of treatment was active surveillance/watchful waiting, or c. Case was diagnosed at autopsy
133	First Course of Therapy	Scope of Regional Lymph Node Surgery	Coding Instruction 7 updated.	7. Assign code <b>0</b> when a. Regional lymph node removal procedure was not performed <b>Note:</b> Excludes all sites and histologies that would be coded 9 (See Coding Instruction #12 below), OR b. First course of treatment was active surveillance/watchful waiting, OR c. The operative report lists a lymph node dissection, but no nodes were found by the pathologist

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137	First Course of Therapy	Surgical Procedure of Other Site	Coding Instruction 1 updated.	<p>1. Code 0 when</p> <ul style="list-style-type: none"> <li>a. No surgical procedures were performed that removed distant lymph node(s) or other tissue(s) or organ(s) beyond the primary site, or</li> <li>b. First course of treatment was active surveillance/watchful waiting</li> </ul>
137	First Course of Therapy	Surgical Procedure of Other Site	Coding Instruction 3.a. added.	<p>3. Assign code 1</p> <ul style="list-style-type: none"> <li>a. When the involved contralateral breast is removed for a single primary breast cancer.</li> </ul> <p><b>Note</b> : See SEER Notes in Appendix C, Breast surgery codes</p> <ul style="list-style-type: none"> <li>b. When any surgery is performed to remove tumors and the primary site is unknown or ill-defined (C760-768, C809)</li> <li>c. When any surgery is performed for hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease (C420, C421, C423, C424 or M-9740-9992)</li> </ul>
138	First Course of Therapy	Reason For No Surgery of Primary Site	Codes 1 and 9 updated.	<p>1 Surgery of the primary site was not performed because it was not part of the planned first- course treatment</p> <p>9 It is unknown if surgery of the primary site was recommended or performed; autopsy only cases</p>
140	First Course of Therapy	Date Radiation Started	Data item added.	See manual.
141	First Course of Therapy	Date Radiation Started Flag	Data item added.	See manual.
143	First Course of Therapy	Radiation	Coding Instruction 4.b. updated.	4.b. For 90-Yttrium and for 131-Iodine when given with Rituxan as treatment for lymphoma. (Code Rituxan as immunotherapy.)
144	First Course of Therapy	Radiation	Coding for Tumor Embolization definition of Radioembolization updated.	Tumor embolization combined with injecting small radioactive beads or coils into an organ or tumor.

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144	First Course of Therapy	Radiation	Coding Instructions updated.	<p>Code as brachytherapy (Radioactive implants-code 2) when the tumor embolization is performed using a radioactive agent or radioactive seeds.</p> <p><b>Example:</b> Yttrium-90 microsphere radioembolization is an FDA-approved, non-surgical procedure used to treat inoperable liver cancer. With yttrium-90 microsphere radioembolization, a catheter is inserted through a tiny incision in the groin and threaded through the arteries until it reaches the hepatic artery. Once the catheter is properly placed in the hepatic artery, millions of tiny beads, or microspheres, which contain the radioactive element yttrium-90, are released into the blood stream. These microspheres lodge in the smaller blood vessels that feed the tumor. In addition to preventing blood flow to the tumor, the microspheres emit radiation that helps destroy the cancerous cells.</p> <p><b>Do not code</b> pre-surgical (pre-operative) embolization of hypervascular tumors with agents such as particles, coils, or alcohol as a treatment. Pre-surgical embolization is typically performed to prevent excess bleeding during the resection of the primary tumor. Examples where pre-surgical embolization is used include meningiomas, hemangioblastomas, paragangliomas, and renal cell metastases in the brain.</p>
148	First Course of Therapy	Date Chemotherapy Started	Data item added.	See manual.
149	First Course of Therapy	Date Chemotherapy Started Flag	Data item added.	See manual.
150	First Course of Therapy	Chemotherapy	Table with Drug Name(s) updated.	Added Rituxan to the table: Rituximab/Rituxan.
151	First Course of Therapy	Chemotherapy	Coding Instruction 3.c. added.	3.c. Use SEER*Rx and compare the subcategory of each chemotherapy agent to determine whether or not they belong to the same group (subcategory). See "Chemotherapeutic Agents" below for the groups and their definitions.
153	First Course of Therapy	Chemotherapy	Chemotherapeutic Agents updated.	Edited several drug names.

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154	First Course of Therapy	Chemotherapy	Coding for Tumor Embolization definition of Radioembolization updated.	Tumor embolization combined with the injection of small radioactive beads or coils into an organ or tumor.
155	First Course of Therapy	Chemotherapy	Coding for Tumor Embolization Coding Instruction updated.	<b>Do not code</b> pre-surgical (pre-operative) embolization of hypervascular tumors with agents such as particles, coils, or alcohol as a treatment. Pre-surgical embolization is typically performed to prevent excess bleeding during the resection of the primary tumor. Examples where pre-surgical embolization is used include meningiomas, hemangioblastomas, paragangliomas, and renal cell metastases in the brain.
156	First Course of Therapy	Date Hormone Therapy Started	Data item added.	See manual.
157	First Course of Therapy	Date Hormone Therapy Started Flag	Data item added.	See manual.
159	First Course of Therapy	Hormone Therapy	Hormone Categories updated.	Edited drug names.
161	First Course of Therapy	Date Immunotherapy Started	Data item added.	See manual.
162	First Course of Therapy	Date Immunotherapy Started Flag	Data item added.	See manual.
164	First Course of Therapy	Immunotherapy	Table with Drug Name(s) updated.	Added Rituxan to the table: Rituximab/Rituxan.
166	First Course of Therapy	Hematologic Transplant and Endocrine Procedures	Codes 11 and 12 reformatted.	Aligned Codes 11 and 12 with other codes.
166	First Course of Therapy	Hematologic Transplant and Endocrine Procedures	Definition of BMT Allogeneic updated.	BMT Allogeneic: Receives bone marrow or stem cells from a donor. This includes haploidentical (or half-matched) transplants.

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168	First Course of Therapy	Hematologic Transplant and Endocrine Procedures	Coding Instruction 5 updated.	5. If the patient does not have a rescue, code the stem cell harvest as 88, recommended, unknown if administered. Use code 20 for umbilical cord stem cell transplant (single or double).
170	First Course of Therapy	Date Other Treatment Started	Data item added.	See manual.
171	First Course of Therapy	Date Other Treatment Started Flag	Data item added.	See manual.
172	First Course of Therapy	Other Therapy	Coding Instruction 1.b. added.	1.b. First course of treatment was active surveillance/watchful waiting
174	First Course of Therapy	Other Therapy	Coding for Tumor Embolization definition of Radioembolization updated.	Tumor embolization combined with injecting small radioactive beads or coils into an organ or tumor.
174	First Course of Therapy	Other Therapy	Coding for Tumor Embolization Coding Instruction updated.	<b>Do not code</b> pre-surgical (pre-operative) embolization of hypervascular tumors with agents such as particles, coils, or alcohol as a treatment. Pre-surgical embolization is typically performed to prevent excess bleeding during the resection of the primary tumor. Examples where pre-surgical embolization is used include meningiomas, hemangioblastomas, paragangliomas, and renal cell metastases in the brain.
176	Follow-Up Information	Death Clearance Instructions	Death Clearance Instructions added.	See the NAACCR Death Clearance Manual. There are two SEER requirements that differ from the NAACCR manual --SEER requires use of all entries on the death certificate to be matched at the patient level, not just the underlying cause of death --SEER requires tumor comparison – link all reportable death certificates at the tumor level, looking for possible second primaries
185	Follow-Up Information	Survival Data Items	Survival Data Items added.	Effective January 1, 2015, there are seven new NAACCR data items to facilitate survival analysis by NAACCR registries. The fields are derived for SEER registries. For further information on each specific data item, see the NAACCR Data Dictionary and the NAACCR 2015 Implementation Guidelines. See manual for list of data items.

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### Appendices Changes

Page	Section	Data Item	Change	Notes/Comments
A-1	Appendix A	County Codes	Alaska county codes updated.	See Appendix A for specific changes.
B-3	Appendix B	Country and State Codes	Czechoslovakia updated.	Czechoslovakia = CSK
B-9	Appendix B	Country and State Codes	Yugoslavia updated.	Yugoslavia = YUG
B-11	Appendix B	Country and State Codes	Czechoslovakia updated.	Czechoslovakia = CSK
B-18	Appendix B	Country and State Codes	Yugoslavia updated.	Yugoslavia = YUG
B-23	Appendix B	Country and State Codes	Czechoslovakia updated.	Czechoslovakia = CSK
B-23	Appendix B	Country and State Codes	Yugoslavia updated.	Yugoslavia = YUG
B-28	Appendix B	Country and State Codes	Czechoslovakia updated.	Czechoslovakia = CSK
B-28	Appendix B	Country and State Codes	Yugoslavia updated.	Yugoslavia = YUG
	Appendix C: Site Specific Coding Modules	Surgery Codes: Brain, Meninges, Spinal Cord, and Other Parts of the Central Nervous System	Code 10 SEER Note updated.	<b>SEER Note:</b> Local tumor destruction, NOS; laser interstitial thermal therapy (LITT) - code 10 if no specimen sent to pathology.
	Appendix C: Site Specific Coding Modules	Surgery Codes: Brain, Meninges, Spinal Cord, and Other Parts of the Central Nervous System	Code 90 SEER Note added.	<b>SEER Note:</b> Local tumor destruction, NOS; laser interstitial thermal therapy - code 90 if specimen sent to pathology.
	Appendix C: Site Specific Coding Modules	Surgery Codes: Brain, Meninges, Spinal Cord, and Other Parts of the Central Nervous System	Codes 43 and 47 reformatted.	Indented Code 43: further indented codes 44-46 under Code 43; indented Code 47: further indented codes 48, 49, and 75 under Code 47.