

**TREATMENT ERRATA**  
for *Abstracting and Coding Guide for the Hematopoietic Diseases*  
NIH Publication 03-5146

The following errata to the “red Heme Diseases Book” occurred with the publication of SEER\*Rx, the Registrar’s Interactive Antineoplastic Drug Database, version 1.00. These changes to the book are effective for cases diagnosed January 1, 2005 and after. It is not necessary or recommended that cases diagnosed and treated prior to 2005 be reviewed or recoded.

**Global Code Conversions**

<i>As printed in Heme Diseases Book</i>	<i>SEER/FORDS code</i>
Chemotherapy 1	Chemotherapy 01 (Chemotherapy, NOS)
Chemotherapy 2	Chemotherapy 02 (Single-agent chemotherapy)
Chemotherapy 3	Chemotherapy 03 (Multiagent chemotherapy)
Hormone Therapy 1	Hormone Therapy 01
Immunotherapy 1	Immunotherapy 01
Immunotherapy 2, 3, 4, 5	Hematologic Transplant and Endocrine Procedures 10, 11, 12, 20
Other Therapy 1	Other Treatment 1
Radiation 1	<i>FORDS</i> : Regional Treatment Modality codes 20-43 <i>SEER</i> : RX Summ—Radiation 1
Radiation 3	<i>FORDS</i> : Regional Treatment Modality codes 60-62 <i>SEER</i> : RX Summ—Radiation 3

Page	Item in Treatment Section	Was	Should Now Read
iv	All references to	ROADS manual	FORDS manual
iv	All references to	SEER Book 8	SEER*Rx (current version)
iv	All references to	SEER Code Manual (third edition)	SEER Program Coding and Staging Manual 2004 (current version)
3	Bisphosphonates	Other Therapy 1	Ancillary; do not code
13	Anti-CD20 monoclonal antibody (rituximab)	Immunotherapy 1	Chemotherapy 01 (NOS), 02 (single agent), or 03 (multiagent)
15	Asparaginase	Immunotherapy 1	Chemotherapy 01 (NOS), 02 (single agent), or 03 (multiagent)
18	Stem cell transplantation	Immunotherapy 5	Hematologic transplant and endocrine procedures 20
24	Interferon alfa	Immunotherapy 1	Immunotherapy 01
24	Pentostatin, rituxan	Immunotherapy 1	Chemotherapy 01 (NOS), 02 (single agent), or 03 (multiagent)
24	BL22 (recombinant immunotoxin)	Immunotherapy 1	Chemotherapy 01 (NOS), 02 (single agent), or 03 (multiagent)
25	Deferoxamine	Other Therapy 1	Ancillary; do not code
31	Thalidomide (anti-angiogenesis agent)	Immunotherapy 1	Chemotherapy 01 (NOS), 02 (single agent), or 03 (multiagent)