

SEER Inquiry System - Report

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Question 20021103

References:

2004 SEER Manual, 170, C-255

Question:

Surgery of Primary Site/First Course Treatment--Liver: If disease progression is so rapid that the initial therapy plan is changed before patient receives any therapy, would "no therapy" be the first course? See discussion.

Discussion:

Patient was diagnosed with liver cancer on 8/23 and on 9/6 a hepatectomy was recommended. However, patient was hospitalized on 9/19 with ascites. Patient underwent embolization instead of a hepatectomy during that admission.

Answer:

Code the "embolization" (or hepatic artery embolization, HAE) in Surgery of Primary Site. Assign code 10 [local tumor destruction, NOS].

The embolization is coded as first course of therapy for this case because it seems that this patient was not adequately staged until 9/19 -- there is no indication on this case of the stage of disease in August or early September. Furthermore, no treatment was started before the embolization. Therefore, the ascites is not "progression of disease" in this case -- it is taken into account as part of the initial stage of disease.

This procedure was previously coded as other therapy, experimental. Code as surgery as of July 2005.

History:

Previous answer valid December 2002 to June 2005, no longer valid:

Code the "embolization" (or hepatic artery embolization, HAE) in the Other Cancer-Directed Therapy field to 2 [Other experimental cancer-directed therapy].

The embolization would be coded for this case because it seems that this patient was not adequately staged until 9/19. Information about the stage can be gathered up to and after diagnosis. There is no indication on this case of the stage of disease in August or early September. Furthermore, no treatment was started before the embolization.

Cancer Site Category:

N/A

Data Item Category:

Surgery of Primary Site, First course treatment

Other Category:

N/A

Year:

2002