

SEER Inquiry System - Report  
Produced: 05/13/2024 12:58 AM

## Question 20021141

### References:

SEER EOD-88, 3rd Ed, 90-91

### Question:

EOD-Extension--Lung: When only minimal information is available, such as scans and needle biopsies, should EOD extension be coded to localized or unknown? See discussion.

### Discussion:

The patient was diagnosed with non-small carcinoma of the lung by needle biopsy of the right upper lobe Feb. 2, 2001. History revealed that CT performed prior to needle bx showed 2 right sided lung lesions and right hilar adenopathy. Chest x-ray following needle bx showed irregular opacity within the RML appears unchanged. Soft tissue prominence in the azygos region, possibly related LN enlargement. This is the only information available.

Should we code extension as 30 [localized, NOS]?

### Answer:

For cases diagnosed 1998-2003:

Code the EOD-Extension field to 99 [unknown] if no additional information is available for this case. Because the second lesion in the right lung could be malignant, the extension code might be 77 [separate tumor nodule(s) in different lobe]. With the possibility of a more extensive stage, the status of the hilar lymph nodes is also not clear. The abstracted information is insufficient to stage this case.

### Cancer Site Category:

Lung

### Data Item Category:

N/A

### Other Category:

N/A

### Year:

2002