

SEER Inquiry System - Report

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Question 20031170

References:

#1: SEER Program Code Man, 3rd Ed, 8, 11. January 1998

#2: 2004 SEER Manual, 11

Question:

Terminology, NOS/Recurrence/Multiple Primaries (Pre-2007): Is the term "residual disease" equivalent to "recurrence"? See Description.

Discussion:

Example 1. Patient underwent excision and re-excision of lentigo maligna in 1998. Final path showed close but negative margins. In 1999 a biopsy of a brown patch (over the scar) in the same location was done. Pathology reported residual lentigo maligna. Is the 1999 melanoma a new primary because it was diagnosed more than two months after the first melanoma and there is no mention of recurrence? Or is the term "residual" another way of saying recurrence?

Example 2. In 1999, patient underwent excisional biopsy of intraductal carcinoma of the right breast, followed by radiation therapy. In 2000, mammogram showed calcifications in right breast. Biopsy was done with path showing residual ductal carcinoma in situ. There is no mention of recurrence. Is this one or two primaries?

Answer:

For tumors diagnosed prior to 2007:

According to our pathologist consultant, "residual" disease indicates incomplete eradication of the original disease process. Residual means that the disease process was not completely removed/eradicated in the initial therapy. Therefore cells from the original primary were never completely removed or destroyed.

In each example above, this is not a recurrence per se but rather

progression of disease. Do not abstract the latter diagnosis as a new primary.

For tumors diagnosed 2007 or later, refer to the MP/H rules. If there are still questions about how this type of tumor should be coded, submit a new question to SINQ and include the difficulties you are encountering in applying the MP/H rules.

Cancer Site Category:

N/A

Data Item Category:

N/A

Other Category:

Recurrence, Multiple primaries

Year:

2003