OrderID and Report Date

Order ID from Castle and date of report (DD/MM/YY) are provided for both DecisionDx-UM and DecisionDx-Melanoma cases.

UM SEER Cases Decode:

CSTLUMGEP: UM Castle GEP Class Score (DecisionDx-UM)
10 Class 1A (includes normal and reduced classification)
20 Class 1B (includes normal and reduced classification)
30 Class 2 (includes normal and reduced classification)
99 No score available/unknown

CSTLUMPRAME: UM Castle reported PRAME
01 PRAME negative
02 PRAME positive
99 PRAME unknown

CM SEER Cases Decode:

CSTLGEPMAIN: CM Castle GEP Main Class Score (DecisionDx-Melanoma)
10 Class 1 (includes 1A, 1B)
20 Class 2 (includes 2A, 2B, 2 reduced)
99 No score available/unknown

CSTLGEPSUB: CM Castle GEP SubClass Score (DecisionDx-Melanoma)
11 Class 1A
12 Class 1B
21 Class 2A, or old annotation of Class 2_reduced
22 Class 2B
99 No score available/unknown

CSTLTUMORSITE: Location of the tumor

C440	Skin of lip
C441	Skin of eyelid
C442	Skin of ear & external auricular canal
C443	Skin of other & unspecified parts of face
C444	Skin of scalp & neck (clavicle, trapezius neck)
C445	Skin of trunk (abdomen, back, chest, breast, sternum, trapezius-except trapezius neck, buttocks, vulva, anal, inguinal)
C446	Skin of upper limb and shoulder (scapula, deltoid)
C447	Skin of lower limb and hip
C448	Overlapping lesion of skin
C449	Skin, NOS

CSTLLATERAL: Laterality- which side did the primary present. C441, C442, C443, C444, C445, C446, C447 all require laterality codes

LATERALITY

NAACCR Item #: 410
SEER*Stat Name: Laterality
Item Length: 1

Field Description: Laterality describes the side of a paired organ or side of the body on which the reportable tumor originated. Starting with cases diagnosed January 1, 2004 and later, laterality is coded for select invasive, benign, and borderline primary intracranial and CNS tumors.

See http://seer.cancer.gov/manuals/primsite.laterality.pdf for a list of sites for which SEER requires information on laterality.

Code	Description
0	Not a paired site
1	Right: origin of primary
2	Left: origin of primary
3	Only one side involved, right or left origin unspecified
4	Bilateral involvement, lateral origin unknown; stated to be single primary
	• Both ovaries involved simultaneously, single histology
	• Bilateral retinoblastomas
	• Bilateral Wilms's tumors
5	Paired site: midline tumor
9	Paired site, but no information concerning laterality; midline tumor

CSTLHXTYPE: Histologic subtype based on ICD-O-3
https://training.seer.cancer.gov/melanoma/abstract-code-stage/morphology.html

8743   Superficial Spreading
8742   Lentigo Maligna
8744   Acral Lentiginous
8745   Desmoplastic
8720   Lentiginous, coded as NOS
8720   Malignant Melanoma, NOS (unknown and not addressed included)
8745   Neurotropic
8720   Nevoid
8770   Nodular and spindle cell
8721   Nodular
8720   Polypoid (7 cases, all coded as NOS)
8772   Spindle cell
8770   Spitzoid
8720   Melanoma in situ

nodular

Previous

Replace wit

Cutaneous Melanoma Equivalent Terms and Definitions
C440-C449 with Histology 8720 – 8780 (Excludes melanoma of any other site)
Rules Apply to Cases Diagnosed 1/1/2021 forward

Table 2: Specific Histologies, NOS, and Subtypes/Variants

NOS Histology Terms and Codes	Synonyms	Subtypes/Variants
Melanoma, NOS 8720 *Note*: Sarcomatoid melanoma is a rare subtype of melanoma characterized by almost complete loss of melanocytic differentiation both morphologically and phenotypically, with the bulk of the tumor being replaced by a spindle cell, sarcomatoid component. Use code 8772/3, spindle cell melanoma.	Melanoma in situ 8720/2 Early/Evolving melanoma in situ** 8720/2 Nevoid melanoma 8720/3 Early/Evolving invasive melanoma** 8720/3	Acral melanoma*/acral lentiginous melanoma, malignant 8744/3 Amelanotic melanoma 8730/3 Balloon cell melanoma 8722/3 Desmoplastic melanoma/desmoplastic melanoma, amelanotic/neurotropic melanoma, malignant 8745/3* Epithelioid cell melanoma 8771/3 Lentigo maligna/Hutchinson melanotic freckle 8742/2 Lentigo maligna melanoma/Melanoma in Hutchinson melanotic freckle 8742/3 Low cumulative sun damage melanoma*/superficial spreading melanoma 8743/3 Melanoma arising in a blue nevus 8780/3* Malignant melanoma arising in giant congenital nevus*/malignant melanoma in giant pigmented nevus 8761/3 Malignant melanoma in a precancerous melanosis 8741/3 Malignant melanoma, regressing 8723/3 Malignant Spitz tumor*/mixed epithelioid and spindle cell melanoma 8770/3 Nodular melanoma 8721/3 Spindle cell melanoma 8772/3 Spindle cell melanoma, type A 8773/3 Spindle cell melanoma, type B 8774/3

CSTLBEHAV: Behavior subtype (Per SEER instructions)
In our dataset, all are malignant (3), except rare in situ (2).

BEHAVIOR CODE ICD-O-3

NAACCR Item #: 523
SEER*Stat Name: Behavior code ICD-O-3
Item Length: 1

Field Description: SEER requires registries to collect malignancies with in situ /2 and malignant /3 behavior codes as described in ICD-O-3. SEER requires registries to collect benign /0 and borderline /1 intracranial and CNS tumors for cases diagnosed on or after 1/1/2004. Behavior is the fifth digit of the morphology code after the slash (/). See ICD-O-3 (page 66) for a discussion of the behavior code.

Code	Description
0	Benign (Reportable for intracranial and CNS sites only)
1	Uncertain whether benign or malignant, borderline malignancy, low malignant potential, and uncertain malignant potential (Reportable for intracranial and CNS sites only)
2	Carcinoma in situ; intraepithelial; noninfiltrating; noninvasive
3	Malignant, primary site (invasive)

All ICD-O-2 behaviors for 1975-2000 were converted to ICD-O-3.

CSTLBRESLOW: Breslow thickness based on CS1 where 0.01mm = 001, 0.1mm = 010 etc.
https://training.seer.cancer.gov/schema/melanoma_skin/x_extra_tables.html
https://staging.seer.cancer.gov/cs/input/02.05.50/merkel_cell_skin/ssf1/?version=/tnm/home/1.1/
https://staging.seer.cancer.gov/cs/schema/02.05.50/melanoma_skin/?breadcrumbs=(~schema_list~)

Note: Consistent with SEER guidelines all BT depths of 9.80mm or greater are coded as 980 (49 cases were ≥9.80mm) Unknown BT = 999 (18 cases with unknown BT)

CSTLULC: Ulceration status based on CS2

000	No ulceration present. "No"
010	Ulceration present "Yes"
999	Unknown or no information Not documented in patient record. "N/A" or blank

CSTLMR: mitotic rate based on SSF7

https://staging.seer.cancer.gov/cs/input/02.05.50/melanoma_skin/ssf7/?breadcrumbs=(~schema_list~),(~view_schema~,~melanoma_skin~)

Note: When cases were listed as X-Y mm/2 the largest value of X and Y was used. 0.4 and 0.5 were rounded up to 1 (001)

Code	Description
000	0 mitoses per square millimeter (mm) Mitoses absent No mitoses present
001-010	1 - 10 mitoses/square mm (Exact measurement in mitoses/square mm) Examples: 001 1 mitosis per square mm 002 2 mitoses per square mm 010 10 mitoses per square mm Note: if X>/mm2 → 0X0, when X is between 1 and 10 Note: if range reported in data, converted to highest number. Traditional rounding methods applied
011	11 or more mitoses per square mm, including >10/mm2
988	Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code 988 may result in an edit error.)
990	Stated as "less than 1 mitosis/square mm" Stated as "nonmitogenic" "<1/mm^2"
991	Stated as "at least 1 mitosis/square mm" Stated as "mitogenic". ">1/mm^2"
996	Mitotic rate described with denominator other than square millimeter (mm)
997	Test performed, results not in chart Test performed, quantitative results not stated
998	No histologic examination of primary site.
999	Unknown or no information Not documented in patient record

CSTLTRANSECTED: Presence of transected base

000 FALSE
010 TRUE
999 Blank or not reported

CSTLREGRESS: Presence of regression, per CS8
https://staging.seer.cancer.gov/cs/input/02.05.50/melanoma_skin/ssf8/?breadcrumbs=(~schema_list~),(~view_schema~,~melanoma_skin~)

Code	Description
000	No regression present Regression not identified Regression absent
001	OBSOLETE DATA CONVERTED V0203 See code 010 Regression present
010	Regression present
988	Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code 988 may result in an edit error.)
998	No histologic examination of primary site
999	Unknown or no information Not documented in patient record

CSTLLVI: Presence of lymphovascular invasion
000 FALSE
010 TRUE
999 unknown, blank

CSTLPNI: Presence of perineural invasion
000 FALSE
010 TRUE
999 unknown, blank

CSTLSLNB: Was a sentinel lymph node biopsy performed (based on Castle records which will under-report as this is not typically part of ordering or is unknown at the time of GEP)
000 No or False
010 Yes or True
999 N/A, unknown, NX

CSTLNODE: Node status as captured in Castle records.

000 N0
010 N1a
011 N1b
012 N1c
020 N2a
021 N2b
022 N2c
999 NX,unknown,blank