

VERSION 1.7 CHANGES FOR SUMMARY STAGE

This document shows the changes that were made to Summary Stage for the SEER*RSA version 1.7 release on September 4, 2019.

Chapter	Code	Original Text	Updated/New Text
Appendix	3		NEW Tumor deposits (TD) in subserosa or mesentery WITHOUT regional lymph node metastases
Brain	Notes		NEW Note 10: A midline shift is not the same thing as crossing the midline (code 2) <ul style="list-style-type: none"> It must state tumor crosses the midline
Breast	Notes	Note 7: Negative nodes with positive isolated tumor cells (ITCs) less than or equal to 0.2 mm or positive molecular findings (RT-PCR) are negative for lymph nodes in Summary Stage.	Note 7: Isolated tumor cells (ITCs) are defined as single tumor cells or small clusters not greater than 0.2 mm, usually detected by immunohistochemical (IHC) or molecular methods. ITCs do not usually show evidence of malignant activity (e.g., proliferation or stromal reaction). RT-PCR is a molecular method designed to find evidence of unique tumor or epithelial cell markers. <ul style="list-style-type: none"> Lymph nodes with ITCs only or positive molecular findings (RT-PCR), or both ITCs and RT-PCR are not counted as positive nodes for Summary Stage
Breast	3	Regional lymph node(s) involved only <ul style="list-style-type: none"> Axillary (ipsilateral), NOS Fixed/matted ipsilateral axillary Infraclavicular (subclavicular) Internal mammary (parasternal) (ipsilateral) Intramammary 	Regional lymph node(s) involved only <ul style="list-style-type: none"> Axillary, NOS (ipsilateral) Fixed/matted axillary (level I and II) (ipsilateral) Infraclavicular (subclavicular) (ipsilateral) Internal mammary (parasternal) (ipsilateral) Intramammary (ipsilateral)

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Breast	7	<p>Distant lymph node(s), NOS</p> <ul style="list-style-type: none"> • Axillary, contralateral or bilateral • Cervical, NOS • Internal mammary (parasternal), contralateral or bilateral • Supraclavicular (transverse cervical), ipsilateral or contralateral 	<p>Distant lymph node(s), NOS</p> <ul style="list-style-type: none"> • Axillary (contralateral or bilateral) • Cervical, NOS • Fixed/matted axillary (level I and II) (contralateral or bilateral) • Infraclavicular (subclavicular) (contralateral or bilateral) • Internal mammary (parasternal) (contralateral or bilateral) • Intramammary (contralateral or bilateral) • Supraclavicular (transverse cervical) (ipsilateral, contralateral or bilateral)
Cervix	Notes	<p>Note 3: Para-aortic nodes are now regional instead of distant.</p>	<p>Note 3: Isolated tumor cells (ITCs) are defined as single tumor cells or small clusters not greater than 0.2 mm, usually detected by immunohistochemical (IHC) or molecular methods. ITCs do not usually show evidence of malignant activity (e.g., proliferation or stromal reaction).</p> <ul style="list-style-type: none"> • Lymph nodes with ITCs only are not counted as positive nodes for Summary Stage <p>Note 4: Para-aortic nodes are now regional instead of distant.</p>
Colon & Rectum	Notes	<p>Note 6: Tumor that is adherent to other organs or structures, macroscopically, is coded as regional (code 2) or distant (code 7). However, if no tumor is present in the adhesion, microscopically, the classification should be coded to localized (code 1) or regional (code 2).</p>	<p>Note 6: Invasion into “pericolonic/ perirectal tissue” can be either Localized or Regional, depending on the primary site. Some sites are entirely peritonealized; some sites are only partially peritonealized or have no peritoneum. Localized may not be used for sites that are entirely peritonealized (cecum, transverse colon, sigmoid colon, rectosigmoid colon, upper third of rectum).</p> <ul style="list-style-type: none"> • Localized <ul style="list-style-type: none"> ○ Invasion through muscularis propria or muscularis, NOS ○ Non-peritonealized pericolonic/perirectal tissues invaded [Ascending Colon/Descending Colon/Hepatic Flexure/Splenic Flexure: Posterior surface; Middle third of rectum: Anterior surface; Lower third of rectum]

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			<ul style="list-style-type: none"> ○ Subserosal tissue/(sub)serosal fat invaded • Regional <ul style="list-style-type: none"> ○ Mesentery ○ Pericolic/Perirectal fat ○ Peritonealized pericolic/perirectal tissues invaded [Ascending Colon/Descending Colon/Hepatic Flexure/Splenic Flexure: anterior and lateral surfaces; Cecum; Sigmoid Colon; Transverse Colon; Rectosigmoid; Rectum: middle third anterior surface] • If the pathologist does not further describe the “pericolic/perirectal tissues” as either “non-peritonealized pericolic/perirectal tissues” vs “peritonealized pericolic/perirectal tissues” fat and the gross description does not describe the tumor relation to the serosa/peritoneal surface, and it cannot be determined whether the tumor arises in a peritonealized portion of the colon, code Localized. <p>Note 7: Tumor that is adherent to other organs or structures, macroscopically, is coded as regional (code 2) or distant (code 7). However, if no tumor is present in the adhesion, microscopically, the classification should be coded to localized (code 1) or regional (code 2).</p>
Colon & Rectum	1	Non-peritonealized pericolic tissues invaded Perimuscular tissue invaded	Non-peritonealized pericolic/perirectal tissues invaded (see Regional for peritonealized pericolic/perirectal tissues invaded. See Note 6) Pericolic/perirectal tissues invaded, NOS (unknown whether non-peritonealized or peritonealized. See Note 6) Perimuscular tissue invaded
Colon & Rectum	2	Pericolic fat Retroperitoneum (excluding fat)	Pericolic fat Peritonealized pericolic/perirectal tissues invaded (see Localized for non-peritonealized pericolic/perirectal tissues invaded. See Note 6) Retroperitoneum (excluding fat)

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Colon & Rectum	2		NEW Cecum (C180) • Greater omentum
Colon & Rectum	3	Rectum (C209) • Iliac (internal) (hypogastric) (obturator)	Rectum (C209) • Iliac (hypogastric, internal, obturator) (see code 7 for common, external, NOS)
Colon & Rectum	7	Rectosigmoid/Rectum • Colic (left) (rectum) • Hemorrhoidal, inferior (rectosigmoid) • Iliac (common, external) • Internal iliac (hypogastric), NOS (rectosigmoid) • Obturator (rectosigmoid) • Rectal, inferior (rectosigmoid) • Superior mesenteric	Distant Lymph Nodes Rectosigmoid ▪ Hemorrhoidal, inferior (rectosigmoid) ▪ Iliac (common, external, hypogastric, internal, obturator, NOS) ▪ Rectal, inferior ▪ Superior mesenteric Rectum • Colic (left) (rectum) • Iliac (common, external, NOS) (see code 3 for hypogastric, internal, obturator) • Superior mesenteric
Corpus Carcinoma & Carcino-Sarcoma; Corpus Sarcoma	Notes		Note 3: Isolated tumor cells (ITCs) are defined as single tumor cells or small clusters not greater than 0.2 mm, usually detected by immunohistochemical (IHC) or molecular methods. ITCs do not usually show evidence of malignant activity (e.g., proliferation or stromal reaction). • Lymph nodes with ITCs only are not counted as positive nodes for Summary Stage
Lung	2	Main stem bronchus less than 2.0 cm from carina	Removed (no longer relevant to staging)
Lung	2	• Visceral pleura	• Visceral pleura invasion (PL1, PL2, PL3, or NOS)
Lung	7	Distant lymph nodes • Pulmonary root	Deleted (under code 3)

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Lung	7		Added Distant lymph nodes <ul style="list-style-type: none"> ▪ Periesophageal ▪ Pretracheal
Lymphoma	Notes		NEW Note 5: If there is peripheral blood or bone marrow involvement, code 7.
Lymphoma	7	Distant metastasis, NOS <ul style="list-style-type: none"> • Bone marrow 	Distant metastasis, NOS <ul style="list-style-type: none"> • Blood/peripheral blood • Bone marrow
Lymphoma Ocular Adnexa	Notes		NEW Note 4: If there is peripheral blood or bone marrow involvement, code 7.
Lymphoma Ocular Adnexa	7	Distant metastasis, NOS <ul style="list-style-type: none"> • Distant metastasis WITH or WITHOUT distant lymph node(s) 	Distant metastasis, NOS <ul style="list-style-type: none"> ▪ Blood/peripheral blood ▪ Bone marrow ▪ Distant metastasis WITH or WITHOUT distant lymph node(s)
Melanoma Skin	Notes		Note 5: If a Breslow's depth is given in the pathology report and there is no other indication of involvement , the following guidelines may be used (<i>Note: If a physician documents a different Clark's Level then provided by these guidelines, go with the physician's Clark Level</i>) <ul style="list-style-type: none"> • In situ: Level 1 • Localized: <ul style="list-style-type: none"> ○ Level II (< 0.75 mm Breslow's Depth) ○ Level III (0.76 mm to 1.50 mm Breslow's Depth) ○ Level IV (> 1.50 mm Breslow's Depth) • Regional: <ul style="list-style-type: none"> ○ Level V: Through entire dermis

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Melanoma Skin	Notes	<p>Note 3: Lymph nodes with isolated tumor cells (ITCs) are counted as positive lymph nodes. ITCs are defined as any tumor deposits in lymph nodes less than or equal to 0.2 mm.</p>	<p>Note 6: Isolated tumor cells (ITCs) are defined as single tumor cells or small clusters not greater than 0.2 mm, usually detected by immunohistochemical (IHC) or molecular methods. ITCs do not usually show evidence of malignant activity (e.g., proliferation or stromal reaction).</p> <ul style="list-style-type: none"> Lymph nodes with isolated tumor cells (ITCs) are counted as positive lymph nodes
Melanoma Skin	Notes	<p>Note 6: Satellite lesions/nodules or in-transit metastases are coded as regional nodes (code 3).</p>	<p>Note 7: In-transit, satellite, and/or microsattellite metastasis are metastasis that have occurred via lymphatic or angiolymphatic spread. Satellite nodules are subcutaneous metastasis that occur within 2 cm of the primary tumor. Microsattellite metastasis are microscopic cutaneous metastasis found adjacent or deep to a primary melanoma tumor.</p> <ul style="list-style-type: none"> In-transit, satellite, and/or microsattellite metastasis are counted as positive nodes <p>Note 8: Bilateral or contralateral nodes are classified as regional nodes for head, neck, and truncal tumors with bidirectional drainage to primary nodal basins, as shown on lymphoscintigraphy. Truncal tumors may also drain to both cephalad and caudal primary nodal basins as shown on lymphoscintigraphy.</p> <ul style="list-style-type: none"> Clinical assessment of bilateral/contralateral or cephalad/caudal regional nodal involvement is required for tumors where lymphoscintigraphy is not performed <p>Note 9: Contiguous or secondary nodal basins are the next nodal drainage basins beyond the primary nodal basins and are coded as regional nodes.</p>

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Melanoma Skin	3	<p>Regional lymph node(s) involved only</p> <ul style="list-style-type: none"> • All sites <ul style="list-style-type: none"> ○ Regional lymph node(s), NOS <ul style="list-style-type: none"> ▪ Lymph node(s), NOS ▪ Skin of head and neck (C000-C002, C006, C440-C444) 	<p>All sites (Single, Multiple, Ipsilateral) (See Code 7 for contralateral or bilateral nodes (except for head and neck skin primaries))</p> <ul style="list-style-type: none"> • Isolated tumor cells (ITCs) WITH or WITHOUT regional lymph node involvement • In-transit, satellite, and/or microsatellites WITH or WITHOUT regional lymph node involvement • Regional lymph node(s), NOS <ul style="list-style-type: none"> ○ Lymph node(s), NOS <p>Head and Neck skin primaries only (C000-C002, C006, C440, C442-C444) (includes contralateral and bilateral nodes)</p> <p>Added</p> <p>Skin of trunk (C445)</p> <ul style="list-style-type: none"> ▪ Upper trunk <ul style="list-style-type: none"> ○ Axillary ○ Cervical ○ Internal mammary ○ Supraclavicular ▪ Lower trunk <ul style="list-style-type: none"> ○ Superficial inguinal (femoral)

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Merkel Cell	Notes	<p>Note 2: Lymph nodes with isolated tumor cells (ITCs) are counted as positive lymph nodes. ITCs are defined as any tumor deposits in lymph nodes less than or equal to 0.2 mm.</p> <p>Note 3: Merkel cell carcinoma presenting in nodal or visceral site with primary site unknown is coded to C449, Skin, NOS.</p>	<p>Note 2: Merkel cell carcinoma presenting in nodal or visceral site with primary site unknown is coded to C449, Skin, NOS.</p> <p>Note 3: Isolated tumor cells (ITCs) are defined as single tumor cells or small clusters not greater than 0.2 mm, usually detected by immunohistochemical (IHC) or molecular methods. ITCs do not usually show evidence of malignant activity (e.g., proliferation or stromal reaction).</p> <ul style="list-style-type: none"> • Lymph nodes with isolated tumor cells (ITCs) are counted as positive lymph nodes <p>Note 4: In transit metastasis is defined as a tumor distinct from the primary lesion and located either between the primary lesion and the draining regional lymph node(s) or distal to the primary lesion. In transit metastasis with positive lymph node(s) are coded under regional lymph nodes.</p> <ul style="list-style-type: none"> • In-transit metastasis are counted as positive nodes <p>Note 5: Bilateral or contralateral nodes are classified as regional nodes for head, neck, and truncal tumors with bidirectional drainage to primary nodal basins, as shown on lymphoscintigraphy. Truncal tumors may also drain to both cephalad and caudal primary nodal basins as shown on lymphoscintigraphy.</p> <ul style="list-style-type: none"> • Clinical assessment of bilateral/contralateral or cephalad/caudal regional nodal involvement is required for tumors where lymphoscintigraphy is not performed <p>Note 6: Contiguous or secondary nodal basins are the next nodal drainage basins beyond the primary nodal basins and are coded as regional nodes.</p>

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Merkel Cell	3	<p>Regional lymph node(s) involved only</p> <ul style="list-style-type: none"> • In-transit metastasis present WITH or WITHOUT lymph node metastasis • All sites <ul style="list-style-type: none"> ○ Regional lymph node(s), NOS <ul style="list-style-type: none"> ▪ Lymph node(s), NOS • Skin of head and neck (C000-C002, C006, C440-C444) 	<p>Regional lymph node(s) involved only</p> <ul style="list-style-type: none"> • All sites (Single, Multiple, Ipsilateral) (See Code 7 for contralateral or bilateral nodes (except for head and neck skin primaries)) <ul style="list-style-type: none"> ○ Isolated tumor cells (ITCs) WITH or WITHOUT regional lymph node involvement ○ In-transit mets WITH or WITHOUT regional lymph node involvement ○ Regional lymph node(s), NOS <ul style="list-style-type: none"> ▪ Lymph node(s), NOS • Head and Neck skin primaries only (C000-C002, C006, C440, C442-C444) (includes contralateral and bilateral nodes) <p>Added</p> <p>Skin of trunk (C445)</p> <ul style="list-style-type: none"> ▪ Upper trunk <ul style="list-style-type: none"> ○ Axillary ○ Cervical ○ Internal mammary ○ Supraclavicular ▪ Lower trunk <ul style="list-style-type: none"> ○ Superficial inguinal (femoral)
Ovary, Fallopian Tube; and Primary Peritoneal Carcinoma	Notes	<p>Note 4: Peritoneal implants outside the pelvis must be microscopically confirmed.</p>	<p>Note 4: Isolated tumor cells (ITCs) are defined as single tumor cells or small clusters not greater than 0.2 mm, usually detected by immunohistochemical (IHC) or molecular methods. ITCs do not usually show evidence of malignant activity (e.g., proliferation or stromal reaction).</p> <ul style="list-style-type: none"> • Lymph nodes with ITCs only are not counted as positive nodes for Summary Stage <p>Note 5: Peritoneal implants outside the pelvis must be microscopically confirmed.</p>

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Pancreas	7	<p>Pancreas Head (C250)</p> <ul style="list-style-type: none"> • Celiac • Colon (other than transverse colon including hepatic flexure) • Omentum • Spleen 	<p>Pancreas Head (C250)</p> <ul style="list-style-type: none"> • Colon (other than transverse colon including hepatic flexure) • Omentum • Spleen <p>Note: Celiac removed, celiac artery is regional (code 2) for all sites</p>
Primary Cutaneous Lymphoma	Notes		<p>NEW</p> <p>Note 5: If there is peripheral blood or bone marrow involvement, code 7.</p>
Primary Cutaneous Lymphoma	7	<p>Distant site(s) (including further contiguous extension)</p> <ul style="list-style-type: none"> • Extracutaneous non-lymph node disease present 	<p>Distant site(s) (including further contiguous extension)</p> <ul style="list-style-type: none"> • Blood/peripheral blood • Bone marrow • Extracutaneous non-lymph node disease present
Skin (except Eyelid)	Notes	<p>Note 4: Regional lymph nodes include: single, multiple, ipsilateral, bilateral or contralateral lymph nodes.</p>	<p>Note 4: Bilateral or contralateral nodes are classified as regional nodes for head, neck, and truncal tumors with bidirectional drainage to primary nodal basins, as shown on lymphoscintigraphy. Truncal tumors may also drain to both cephalad and caudal primary nodal basins as shown on lymphoscintigraphy.</p> <ul style="list-style-type: none"> • Clinical assessment of bilateral/contralateral or cephalad/caudal regional nodal involvement is required for tumors where lymphoscintigraphy is not performed <p>Note 5: Contiguous or secondary nodal basins are the next nodal drainage basins beyond the primary nodal basins and are coded as regional nodes.</p> <p>Note 6: Regional lymph nodes include: single, multiple, ipsilateral, bilateral or contralateral lymph nodes.</p>

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Skin (except Eyelid)	3	<p>All sites</p> <ul style="list-style-type: none"> • Regional lymph node(s), NOS <ul style="list-style-type: none"> ○ Lymph node(s), NOS <p>Head and Neck skin primaries only (C000-C002, C006, C440, C442-C444)</p>	<p>All sites (Single, Multiple, Ipsilateral) (See Code 7 for contralateral or bilateral nodes (except for head and neck skin primaries))</p> <ul style="list-style-type: none"> ▪ Regional lymph node(s), NOS <ul style="list-style-type: none"> ○ Lymph node(s), NOS <p>Head and Neck skin primaries only (C000-C002, C006, C440, C442-C444) (includes contralateral and bilateral nodes)</p> <p>Added</p> <p>Skin of trunk (C445)</p> <ul style="list-style-type: none"> ▪ Upper trunk <ul style="list-style-type: none"> ○ Axillary ○ Cervical ○ Internal mammary ○ Supraclavicular ▪ Lower trunk <ul style="list-style-type: none"> ○ Superficial inguinal (femoral)
Testis	1	<p>Localized only (localized, NOS)</p> <ul style="list-style-type: none"> ▪ WITHOUT lymphovascular invasion 	<p>Localized only (localized, NOS)</p> <ul style="list-style-type: none"> ▪ WITHOUT lymphovascular invasion or UNKNOWN if lymphovascular invasion
Vagina	Notes		<p>Note 3: Isolated tumor cells (ITCs) are defined as single tumor cells or small clusters not greater than 0.2 mm, usually detected by immunohistochemical (IHC) or molecular methods. ITCs do not usually show evidence of malignant activity (e.g., proliferation or stromal reaction).</p> <ul style="list-style-type: none"> • Lymph nodes with ITCs only are not counted as positive nodes for Summary Stage

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Vulva	Notes		<p>Note 4: Isolated tumor cells (ITCs) are defined as single tumor cells or small clusters not greater than 0.2 mm, usually detected by immunohistochemical (IHC) or molecular methods. ITCs do not usually show evidence of malignant activity (e.g., proliferation or stromal reaction).</p> <ul style="list-style-type: none"> Lymph nodes with ITCs only are not counted as positive nodes for Summary Stage