

This document shows the changes that were made to EOD and Summary Stage 2018 for the SEER*RSA version 3.2 release.

[Table 1 Updated Schemas due to AJCC Version 9 rolling updates, Version 3.2](#)

[Table 2: Changes to EOD Schemas, Version 3.2](#)

[Table 3: Changes to Summary Stage 2018 Chapters, Version 3.2](#)

Table 1: Updated Schemas due to AJCC Version 9 rolling updates, Version 3.2

Schema	Applicable Years	Comments
Lung Version 9	2025+	<p>AJCC's Lung, Version 9, will be used with 2025+ diagnosis</p> <p>There are now two EOD Lung schemas in SEER*RSA</p> <ul style="list-style-type: none"> • EOD Lung 8th: 2018-2024 (Schema ID: 00360) • EOD Lung V9: 2025+ (Schema ID: 09360) <p>Summary Stage chapter: Lung (2018+)</p>
Nasopharynx Version 9	2025+	<p>AJCC's Nasopharynx, Version 9, will be used with 2025+ diagnosis</p> <p>There are now two EOD Nasopharynx schemas in SEER*RSA</p> <ul style="list-style-type: none"> • EOD Nasopharynx 8th: 2018-2024 (Schema ID: 00090) • EOD Nasopharynx V9: 2025+ (Schema ID: 09090) <p>Summary Stage chapter: Nasopharynx (2018+)</p>
Pleura Mesothelioma Version 9	2025+	<p>AJCC's Pleural Mesothelioma, Version 9, will be used with 2025+ diagnosis</p> <p>There are now two EOD Pleural Mesothelioma schemas in SEER*RSA</p> <ul style="list-style-type: none"> • EOD Pleural Mesothelioma 8th: 2018-2024 (Schema ID: 00370) • EOD Pleural Mesothelioma V9: 2025+ (Schema ID: 09370) <p>Summary Stage chapter: Pleural Mesothelioma (2018+)</p>
Thymus Version 9	2025+	<p>AJCC's Thymus, Version 9, will be used with 2025+ diagnosis</p> <p>There are now two EOD Thymus schemas in SEER*RSA</p> <ul style="list-style-type: none"> • EOD Thymus 8th: 2018-2024 (Schema ID: 00350) • EOD Thymus V9: 2025+ (Schema ID: 09350) <p>Summary Stage chapter: Thymus (2018+)</p>
Soft Tissue Abdomen and Thoracic, 8 th edition	2025+	<p>Primary Site C340-C349, histology 8982 was removed from this schema for 2025 and later. This is now found in Lung Version 9</p>
Soft Tissue Abdomen and Thoracic, 8 th edition	2025+	<p>Primary site C379, histology 8980, was removed from this schema for 2025 and later. This is now found in Thymus, V9</p>

Version 3.2

In 2024, an update to the SSDI manual was done. For each of the notes, there was a short header added before the note that will provide the registrar with what the note is about. This has been done to help registrar's find what they are looking for more quickly.

This change has also been done for EOD and Summary Stage.

All those changes are not included in this change log, because every EOD Primary Tumor, EOD Regional Nodes, EOD Mets, Summary Stage chapter was impacted. These changes were format changes, not content changes.

The information in this change log are for content changes only. These content changes are documented in the new format

The codes and code descriptions were not affected.

Table 2: Changes to EOD Schemas, Version 3.2

Schema	Data Item	Code	Original Text	Updated/New Text
Appendix (8 th and Version 9)	EOD Primary Tumor	Notes		<p>New Note 6: Invasion into subserosa or mesoappendix</p> <ul style="list-style-type: none"> Code 300 when the only statement is “Tumor invades through the muscularis propria into the subserosa or mesoappendix but does not extend to serosal surface” and there isn’t enough information to clarify subserosa versus mesoappendix. <p>Original notes 6 and 7 renumbered</p>
Appendix (8 th and Version 9)	EOD Primary Tumor	300	Subserosa	<p>Subserosa</p> <p>-Includes acellular mucin or mucinous epithelium that extends into the subserosa (LAMN tumors)</p>
Appendix (8 th and Version 9)	EOD Primary Tumor	400	Mesoappendix	<p>Mesoappendix</p> <p>-Includes acellular mucin or mucinous epithelium that extends into the mesoappendix (LAMN tumors)</p> <p>-See code 500 if serosa of the mesoappendix is involved</p>
Appendix (8 th and Version 9)	EOD Primary Tumor	500	Invasion of/through serosa (mesothelium) (visceral peritoneum)	<p>Invasion of/through serosa (mesothelium) (visceral peritoneum)</p> <p>- Includes acellular mucin or mucinous epithelium involving the serosa of the appendix or serosa of the mesoappendix (LAMN tumors)</p>
Appendix (8 th and Version 9)	EOD Primary Tumor	600	For mucinous tumors only (ICD-O-3 codes 8480/3, 8481/3, and 8490/3 only) - Peritoneal involvement confined within right lower quadrant + WITHOUT further local extension	<p>Code has been deleted.</p> <p>Cases for 2018+ will be converted to EOD PT 500 and EOD Mets 30 (if EOD Mets = 00, 10)</p> <p>This definition was left over from 7th edition</p>

Table 2: Changes to EOD Schemas, Version 3.2

Schema	Data Item	Code	Original Text	Updated/New Text
Appendix (8 th and Version 9)	EOD Primary Tumor	750	<p>Mucinous tumors only (ICD-O-3 codes 8480/3, 8481/3, and 8490/3 only)</p> <p>- Structures in code 700 with peritoneal involvement confined within right lower quadrant</p> <p>All tumors</p> <p>- Adrenal (suprarenal) gland</p> <p>- Bladder</p> <p>- Diaphragm</p> <p>- Fallopian tube</p> <p>- Fistula to skin</p> <p>- Gallbladder</p> <p>- Kidney</p> <p>- Liver</p> <p>- Other segment(s) of colon/rectum via serosa</p> <p>- Ovary</p> <p>- Ureter</p> <p>- Uterus</p> <p>Further contiguous extension</p>	<p>Adrenal (suprarenal) gland</p> <p>Bladder</p> <p>Diaphragm</p> <p>Fallopian tube</p> <p>Fistula to skin</p> <p>Gallbladder</p> <p>Kidney</p> <p>Liver</p> <p>Other segment(s) of colon/rectum via serosa</p> <p>Ovary</p> <p>Ureter</p> <p>Uterus</p> <p>Further contiguous extension</p> <p><i>Note: Reference to mucinous tumors removed. Holdover from 7th edition</i></p>
Appendix (8 th and Version 9)	EOD Regional Nodes	Notes		<p>New Note 2: LAMN tumors</p> <ul style="list-style-type: none"> Nodal metastasis is very rare in low-grade appendiceal neoplasms (LAMN). If there is no mention of lymph nodes in the pathology report for a LAMN, code as none (000).
Appendix (8 th and Version 9)	EOD Regional Nodes	Notes		<p>New Note 3</p> <p>-Provides instructions on how to code new Clinical Only codes for when there are positive nodes clinically, but no pathological (microscopic) examination of lymph nodes</p>

Table 2: Changes to EOD Schemas, Version 3.2

Schema	Data Item	Code	Original Text	Updated/New Text
Appendix (8 th and Version 9)	EOD Regional Nodes	New		<p>Clinical assessment only codes added: 450-700</p> <p><i>Note: These new codes can be used for 2018+ once software is updated to Version 3.2. No review of cases previously finalized will be required</i></p>
Appendix (8 th and Version 9)	EOD Mets	30	<p>Intraperitoneal metastasis (peritoneal carcinomatosis)</p> <p>-WITH or WITHOUT peritoneal mucinous deposits containing tumor cells</p>	<p>Intraperitoneal metastasis (peritoneal carcinomatosis)</p> <p>-WITH or WITHOUT peritoneal mucinous deposits containing tumor cells</p> <p>-Includes peritoneal spread with LAMN tumors</p>
Bile Ducts Distal, Bile Ducts Perihilar, Cystic Duct, Gallbladder	EOD Regional Nodes	Notes		<p>New Note 2</p> <p>-Provides instructions on how to code new Clinical Only codes for when there are positive nodes clinically, but no pathological (microscopic) examination of lymph nodes</p>
Bile Ducts Distal, Bile Ducts Perihilar, Cystic Duct, Gallbladder	EOD Regional Nodes	Codes		<p>Clinical assessment only codes added: 725, 775</p> <p><i>Note: These new codes can be used for 2018+ once software is updated to Version 3.2. No review of cases previously finalized will be required</i></p>

Table 2: Changes to EOD Schemas, Version 3.2

Schema	Data Item	Code	Original Text	Updated/New Text
Brain, CNS Other, 8 th edition & Version 9	EOD Primary Tumor	Notes	<p>Note: <i>The current notes are only found in Brain schemas. The new notes will be in the Brain, CNS, and Intracranial Gland schemas</i></p> <p>Note 2: A midline shift is not the same thing as crossing the midline (code 500)</p> <ul style="list-style-type: none"> It must state tumor crosses the midline <p>Note 3: Discontiguous spread, or "drop metastasis" are coded in EOD Mets</p>	<p>Note 1: Benign (/0) or Borderline (1) tumors</p> <ul style="list-style-type: none"> Benign (/0) or Borderline (/1) tumors are always coded to 050 regardless of size, extension to adjacent sites, or multiple tumors <p>Note 2: Previously note 1</p> <p>Note 3: Midline shift</p> <ul style="list-style-type: none"> A midline shift is not the same thing as crossing the midline (code 500). Documentation must state "crossing/crosses the midline" <p>Note 4: Drop metastasis</p> <ul style="list-style-type: none"> Discontiguous spread, or "drop metastasis" are coded in EOD mets.

Table 2: Changes to EOD Schemas, Version 3.2

Schema	Data Item	Code	Original Text	Updated/New Text
Intracranial Gland, 8 th edition & Version 9	EOD Mets	Notes		<p>Note 1: Benign (/0) or Borderline (1) tumors</p> <ul style="list-style-type: none"> Benign (/0) or Borderline (/1) tumors are always coded to 050 regardless of size, extension to adjacent sites, or multiple tumors <p>Note 2: Distant metastasis</p> <ul style="list-style-type: none"> Use code 70 when the only information is “distant metastasis, NOS,” and there is no documentation regarding the specific metastases. If there are specific metastasis documented that are not listed in codes 15, 25, or 35, or 45, assign code 45 for “other specified distant metastasis.” <p>Note 3: Types of extension coded in this data item</p> <ul style="list-style-type: none"> The following adjacent structures/sites, by direct or contiguous extension, are coded to 35. <ul style="list-style-type: none"> Adjacent connective/soft tissue Adjacent muscle Bone Circulating cells in cerebral spinal fluid (CSF) Major blood vessel(s) Meninges (e.g.; dura) Multiple/multifocal tumors Nerves (cranial, NOS) Ventricular system <p>Note 4: Leptomeningeal metastases</p> <ul style="list-style-type: none"> Leptomeningeal metastases, also known as carcinomatous meningitis and meningeal carcinomatosis, refers to the spread of malignant cells through the CSF space. These cells can originate from primary CNS tumors (e.g., in the form of drop metastases), as well as from distant tumors that have metastasized via hematogenous spread (code 35).

Table 2: Changes to EOD Schemas, Version 3.2

Schema	Data Item	Code	Original Text	Updated/New Text
Brain, 8 th Ed & Version 9	EOD Mets	70	<p>Metastasis within CNS and CSF pathways</p> <p>"Drop" metastasis</p> <p>Metastasis outside the CNS</p> <p>Extra-neural metastasis</p> <p>Carcinomatosis</p> <p>Distant metastasis WITH or WITHOUT distant lymph node(s)</p> <p>Distant metastasis, NOS</p>	<p>Metastasis within CNS and CSF pathways</p> <ul style="list-style-type: none"> • Carcinomatous meningitis • Drop metastasis • Leptomeningeal metastases • Meningeal carcinomatosis <p>Metastasis outside the CNS</p> <p>Extra-neural metastasis</p> <p>Carcinomatosis</p> <p>Distant metastasis WITH or WITHOUT distant lymph node(s)</p> <p>Distant metastasis, NOS</p>
CNS Other, 8 th Ed & Version 9	EOD Mets	70	<p>Carcinomatosis</p> <p>Distant metastasis WITH or WITHOUT distant lymph node(s)</p> <p>Distant metastasis, NOS</p>	<p>Metastasis within CNS and CSF pathways</p> <ul style="list-style-type: none"> • Carcinomatous meningitis • Drop metastasis • Leptomeningeal metastases • Meningeal carcinomatosis <p>Metastasis outside the CNS</p> <p>Extra-neural metastasis</p> <p>Carcinomatosis</p> <p>Distant metastasis WITH or WITHOUT distant lymph node(s)</p> <p>Distant metastasis, NOS</p>
Colon and Rectum	EOD Regional Nodes	Notes		<p>New Note 3</p> <p>-Provides instructions on how to code new Clinical Only codes for when there are positive nodes clinically, but no pathological (microscopic) examination of lymph nodes</p>

Table 2: Changes to EOD Schemas, Version 3.2

Schema	Data Item	Code	Original Text	Updated/New Text
Colon and Rectum	EOD Regional Nodes	New		<p>Clinical assessment only codes added: 350-600</p> <p><i>Note: These new codes can be used for 2018+ once software is updated to Version 3.2. No review of cases previously finalized will be required</i></p>
Esophagus	EOD Regional Nodes	Notes		<p>New Note 3</p> <p>-Provides instructions on how to code new Clinical Only codes for when there are positive nodes clinically, but no pathological (microscopic) examination of lymph nodes</p>
Esophagus	EOD Regional Nodes	New		<p>Clinical assessment only codes added: 725, 750, 775</p> <p><i>Note: These new codes can be used for 2018+ once software is updated to Version 3.2. No review of cases previously finalized will be required</i></p>
Lymphoma, Lymphoma CLL/SLL	EOD Primary Tumor	Notes	<p>Note 7: Clinical enlargement of the liver is not enough to indicate involvement. Involvement is indicated by diffuse uptake or mass lesion or abnormal liver function tests. Liver biopsy may be used to confirm equivocal involvement.</p> <ul style="list-style-type: none"> Any involvement of liver (including primary liver lymphoma) is coded as 800 	<p>Note 7: Liver involvement</p> <ul style="list-style-type: none"> Clinical enlargement of the liver is not enough to indicate involvement. Involvement is indicated by diffuse uptake or mass lesion or abnormal liver function tests. Liver biopsy may be used to confirm equivocal involvement. Any involvement of liver (including primary liver lymphoma) is coded as 800 <p>Note 8: Splenic involvement</p> <ul style="list-style-type: none"> Splenic involvement is based on splenomegaly and FDG-PET or CT scans that state diffuse uptake, solitary mass, miliary lesions, or enlargement of greater than 13 cm FDG uptake in the spleen that is not diffuse is not enough to code as splenic involvement <p>Rest of notes renumbered</p>

Table 2: Changes to EOD Schemas, Version 3.2

Schema	Data Item	Code	Original Text	Updated/New Text
Lymphoma, Lymphoma CLL/SLL	EOD Primary Tumor	Notes	Notes already renumbered because of issue above	<p>New Note 14: Bilateral involvement</p> <ul style="list-style-type: none"> Code 800 for involvement of bilateral sites (i.e.; breast, eye, kidney, etc.). Example: Patient with extranodal non-Hodgkin's Lymphoma, involving bilateral choroids, (single focus both sites), and no lymph node involvement. <ul style="list-style-type: none"> Code 800 for bilateral involvement of choroids (eye)
Medullo-blastoma	EOD Primary Tumor	Notes	<p>Note 1: Pediatric Primary Tumor for Medulloblastoma is coded only for single tumors confined to the primary site (see code 150) or a single tumor crossing the midline without extension to adjacent structures (see code 250).</p>	<p>Note 1: Benign/borderline tumors</p> <ul style="list-style-type: none"> Benign (/0) or Borderline (/1) tumors are always coded to 050 regardless of size, extension to adjacent sites, or multiple tumors <p>Note 2: Single tumors</p> <ul style="list-style-type: none"> EOD Primary Tumor for Medulloblastoma is coded only for single tumors confined to the primary site (see code 150) or a single tumor crossing the midline without extension to adjacent structures (see code 250). Code 999 if there are multiple tumors in the brain The presence of multiple tumors is recorded in EOD Mets

Table 2: Changes to EOD Schemas, Version 3.2

Schema	Data Item	Code	Original Text	Updated/New Text
Medullo-blastoma	EOD Primary Tumor	Notes	<p>Note 2: Direct or contiguous extension to an adjacent site is not collected in Pediatric Primary Tumor for Ependymoma. If the only information available is extension to an adjacent site, code Pediatric Primary Tumor 999 and assign the appropriate Pediatric Mets code. The following are collected in Pediatric Mets (see code 25 for all except circulating cells in CSF (code 15)).</p> <ul style="list-style-type: none"> ○ Adjacent connective/soft tissue ○ Adjacent muscle ○ Bone ○ Circulating cells in cerebral spinal fluid (CSF) ○ Major blood vessel(s) ○ Meninges (e.g., dura) ○ Multiple/multifocal tumors ○ Nerves (cranial, NOS) ○ Ventricular system 	<p>Note 3: Midline shift</p> <ul style="list-style-type: none"> • A midline shift is not the same thing as crossing the midline • Code 150 if you have a single tumor confined to the primary site with a midline shift that is not extending into adjacent structures (see Note 4). <p>Note 4: Types of extension coded in EOD Mets</p> <ul style="list-style-type: none"> • Direct or contiguous extension to an adjacent site is not collected in Pediatric Primary Tumor for Ependymoma. • If the only information available is extension to an adjacent site, code EOD Primary Tumor 999 and assign the appropriate Pediatric Mets code • The following are collected in EOD Mets (see code 25 for all except circulating cells in CSF (code 15)). <ul style="list-style-type: none"> ○ Adjacent connective/soft tissue ○ Adjacent muscle ○ Bone ○ Circulating cells in cerebral spinal fluid (CSF) ○ Major blood vessel(s) ○ Meninges (e.g., dura) ○ Multiple/multifocal tumors ○ Nerves (cranial, NOS) ○ Ventricular System
Medullo-blastoma	EOD Primary Tumor	150	<p>All sites</p> <ul style="list-style-type: none"> • Single tumor with no invasion or seeding to other structures <p>Confined to site of origin, NOS Localized, NOS</p>	<p>All sites</p> <ul style="list-style-type: none"> • Single tumor confined to the primary site with no invasion or seeding to other structures <p>Confined to site of origin, NOS Localized, NOS</p>

Table 2: Changes to EOD Schemas, Version 3.2

Schema	Data Item	Code	Original Text	Updated/New Text
Medullo-blastoma	EOD Primary Tumor	250	Tumor crosses the midline	Single tumor confined to the primary site that crosses the midline • WITHOUT invasion of adjacent structures (see Note 4)
Medullo-blastoma	EOD Primary Tumor	999	Unknown; extension not stated Primary tumor cannot be assessed Not documented in medical record Death Certificate Only	Unknown; extension not stated Multiple tumors (See Note 1) Single tumor with extension to an adjacent site (see Note 4) Primary tumor cannot be assessed Not documented in medical record Death Certificate Only
Medullo-blastoma	EOD Mets	35	"Drop" metastasis Gross spinal subarachnoid seeding Visible metastasis in cervicomedullary (junction)	Visible metastasis in spine OR Visible metastasis in cervicomedullary (junction) Metastasis within CNS and CSF pathways <ul style="list-style-type: none"> • Carcinomatous meningitis • Drop metastasis • Leptomeningeal metastases • Meningeal carcinomatosis
Melanoma Skin	EOD Regional Nodes	Notes	Current note 2 moved to note 3, etc.	New Note 2: Coding no regional lymph node involvement <ul style="list-style-type: none"> • Code 000 may be used when <ul style="list-style-type: none"> • Pathology report only with a localized tumor based on Breslow's depth and/or Clark's Level (see EOD Primary Tumor or Summary Stage) AND • No information on regional lymph nodes or mets • Note: If the tumor is noted to be regional or distant based on Breslow's Depth and/or Clark's (see EOD Primary Tumor, EOD Mets or Summary Stage) then you cannot assume that the nodes are negative and would need to assign 999.

Table 2: Changes to EOD Schemas, Version 3.2

Schema	Data Item	Code	Original Text	Updated/New Text
Pancreas	EOD Regional Nodes	Notes		<p>New Note 4</p> <p>-Provides instructions on how to code new Clinical Only codes for when there are positive nodes clinically, but no pathological (microscopic) examination of lymph nodes</p>
Pancreas	EOD Regional Nodes	New		<p>Clinical assessment only codes added: 725, 775</p> <p><i>Note: These new codes can be used for 2018+ once software is updated to Version 3.2. No review of cases previously finalized will be required</i></p>
Pleura (8 th edition)	EOD Primary Tumor	200		<p>New</p> <p>Ipsilateral pleural surfaces all involved (diaphragmatic, parietal, mediastinal, and viscera)</p> <ul style="list-style-type: none"> WITHOUT further involvement
Prostate	EOD Prostate Pathologic Extension	Notes		<p>New Note 5: Radical prostatectomy, no residual disease</p> <ul style="list-style-type: none"> Code 300 when there is a microscopically confirmed clinical diagnosis of prostate cancer and the radical prostatectomy shows no residual disease <p>Old Note 6, now Note 7</p> <p>New Note 8: No evidence of primary tumor</p> <ul style="list-style-type: none"> Code 800 is only to be used when there is a clinical diagnosis of prostate cancer that has not been microscopically confirmed (i.e., diagnosed via imaging with bone mets) and a radical prostatectomy or autopsy is done and there is no evidence of primary tumor (this will be very rare) <p>Old Note 7, now Note 9</p> <p>Old Note 8, now Note 10</p>

Table 2: Changes to EOD Schemas, Version 3.2

Schema	Data Item	Code	Original Text	Updated/New Text
Small Intestine	EOD Regional Nodes	Notes		<p>New Note 4 -Provides instructions on how to code new Clinical Only codes for when there are positive nodes clinically, but no pathological (microscopic) examination of lymph nodes</p>
Small Intestine	EOD Regional Nodes	New		<p>Clinical assessment only codes added: 600, 700</p> <p><i>Note: These new codes can be used for 2018+ once software is updated to Version 3.2. No review of cases previously finalized will be required</i></p>
Stomach	EOD Regional Nodes	Notes		<p>New Note 4 -Provides instructions on how to code new Clinical Only codes for when there are positive nodes clinically, but no pathological (microscopic) examination of lymph nodes</p>
Stomach	EOD Regional Nodes	New		<p>Clinical assessment only codes added: 450-700</p> <p><i>Note: These new codes can be used for 2018+ once software is updated to Version 3.2. No review of cases previously finalized will be required</i></p>
Testis	EOD Primary Tumor	200	PATHOLOGICAL assessment only Tumor limited to testis WITHOUT lymphovascular invasion or UNKNOWN if lymphovascular invasion - Body of testis - Rete testis - Surface implants (surface of vaginalis tunica) - Tunica albuginea - Tunica vaginalis involved - Tunica, NOS - Confined to testis, NOS - Localized, NOS	PATHOLOGICAL assessment only Tumor limited to testis WITHOUT lymphovascular invasion or UNKNOWN if lymphovascular invasion - Body of testis - Rete testis - Tunica albuginea - Tunica, NOS - Confined to testis, NOS - Localized, NOS <p>Note: Surface implants (surface of vaginalis tunica) and Tunica vaginalis involved moved to code 300. There were in code 200 in error</p>

Table 2: Changes to EOD Schemas, Version 3.2

Schema	Data Item	Code	Original Text	Updated/New Text
Testis	EOD Primary Tumor	300	<p>PATHOLOGICAL assessment only</p> <p>Tumor limited to testis (including rete testis invasion) - WITH lymphovascular invasion</p>	<p>PATHOLOGICAL assessment only</p> <p>Surface implants (surface of tunica vaginalis) Tunica vaginalis involved</p> <p>Tumor limited to testis (including rete testis invasion) - WITH lymphovascular invasion</p>
Thyroid; Thyroid Medullary	EOD Regional Nodes	Notes	<p>Note 2: Code 800 if regional lymph nodes are involved, but there is no indication which ones are involved</p>	<p>Note 2: Psammoma bodies only</p> <ul style="list-style-type: none"> Psammoma bodies are counted as positive regional lymph nodes <p>Previous note 2, now note 3</p>

Table 3: Changes to Summary Stage 2018 Chapters, Version 3.2

Schema	Code	Original Text	Updated/New Text
Appendix	Notes		<p>Note 3: LAMN tumor: Behavior</p> <ul style="list-style-type: none"> LAMN tumors (8480) can be either in situ (behavior 2) or malignant (behavior 3). If the tumor is confined to the muscularis propria, it is an in-situ tumor (behavior 2) If the tumor extends beyond the muscularis propria, it is a malignant tumor (behavior 3) <p>Note 4: LAMN tumor: Localized</p> <ul style="list-style-type: none"> Code 1 (Localized) for LAMN's when the only statement is "Tumor invades through muscularis propria into subserosa or mesoappendix but does not extend to serosal surface" and there isn't enough information to clarify subserosa versus mesoappendix. <p>Note 5: LAMN tumor: Regional Nodal Metastasis</p> <ul style="list-style-type: none"> Nodal metastasis is very rare in low-grade appendiceal neoplasms (LAMN). If there is no mention of lymph nodes in the pathology report for a LAMN, assume that there are no nodal metastasis.
Appendix	0	<p>In situ, intraepithelial, noninvasive</p> <ul style="list-style-type: none"> -Acellular mucin or mucinous epithelium may invade into the muscularis propria -(Adeno) carcinoma, noninvasive, in a polyp or adenoma -Low-grade appendiceal mucinous neoplasm confined by the muscularis propria (LAMN) (in situ) -High-grade appendiceal mucinous neoplasm confined by the muscularis propria (HAMN) (in situ) 	<p>In situ, intraepithelial, noninvasive</p> <ul style="list-style-type: none"> -Acellular mucin or mucinous epithelium may invade into the muscularis propria -(Adeno) carcinoma, noninvasive, in a polyp or adenoma -Low-grade appendiceal mucinous neoplasm confined by the muscularis propria (LAMN) (in situ) -High-grade appendiceal mucinous neoplasm confined by the muscularis propria (HAMN) (in situ)

Table 2: Changes to EOD Schemas, Version 3.2

Schema	Code	Original Text	Updated/New Text
Appendix	1	Subserosa	Subserosa -Includes acellular mucin or mucinous epithelium that extends into the subserosa (LAMN tumors)
Appendix	2	Mesoappendix	Mesoappendix -Includes acellular mucin or mucinous epithelium that extends into the mesoappendix -WITH or WITHOUT involvement of the serosa (LAMN tumors)
Appendix	7	Intraperitoneal spread/peritoneal metastasis (peritoneal carcinomatosis) - WITH or WITHOUT peritoneal mucinous deposits containing tumor cells	Intraperitoneal spread/peritoneal metastasis (peritoneal carcinomatosis) -WITH or WITHOUT peritoneal mucinous deposits containing tumor cells -Includes peritoneal spread with LAMN tumors
Brain, 8 th , 9 th CNS, 8 th , 9 th Intracranial Gland, 8 th , 9 th	Notes	Note 5: Assign code 8 for benign or borderline tumors	New Note 5: Benign/Borderline tumors -Benign (/0) or Borderline (/1) tumors are always coded to 8 regardless of size, extension to adjacent sites, or multiple tumors
Lymphoma, Lymphoma-CLL/SLL	Notes		New Note 7: Splenic involvement <ul style="list-style-type: none"> Splenic involvement is based on splenomegaly and FDG-PET or CT scans that state diffuse uptake, solitary mass, miliary lesions, or enlargement of greater than 13 cm <ul style="list-style-type: none"> FDG uptake in the spleen that is not diffuse is not enough to code as splenic involvement
Lymphoma, Lymphoma-CLL/SLL	Notes		New Note 8: Bilateral sites <ul style="list-style-type: none"> Code 7 for involvement of bilateral sites (i.e.; breast, eye, kidney, etc.). Example: Patient with extranodal non-Hodgkin's Lymphoma, involving bilateral choroids, (single focus both sites), and no lymph node involvement. <ul style="list-style-type: none"> Code 7 for bilateral involvement of choroids (eye)

Table 2: Changes to EOD Schemas, Version 3.2

Schema	Code	Original Text	Updated/New Text
Medulloblastoma	Notes	Note 3: Assign code 8 for benign or borderline tumors	New Note 3: Benign/borderline tumors <ul style="list-style-type: none"> Benign (/0) or Borderline (/1) tumors are always coded to 8 regardless of size, extension to adjacent sites, or multiple tumors
Thyroid	Notes		Note 3: Psammoma bodies only <ul style="list-style-type: none"> Code psammoma bodies only as positive lymph node involvement