

VERSION 1.7 EOD CHANGE LOG

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

Schema	Data Item	Code	Original Text	Updated/New Text
General Instructions	EOD Mets			<p>NEW</p> <p>5. Not all possible metastatic sites are listed in each of the schemas. If there is confirmed metastasis of a site that is not listed, assign the highest code as described below.</p> <p>a. For schemas that have only codes 10 (distant lymph nodes) and 70 (all other mets), code 70 is to be used for all mets (except distant lymph nodes only)</p> <p>b For schemas where there are additional codes, use the highest code before code 70 when mets are present that are not specified in any of the other codes. Code 70 in these cases should only be used when the only information is “distant metastasis, NOS,” and there is no documentation regarding the specific metastases</p> <p>i. For example, history only cases or cases with minimal information available.</p> <p>ii. There will be enough information to code the numerically lower, but more specific, EOD Mets code when the location of the metastases is documented in the chart or abstract.</p>
Brain	EOD Primary Tumor	Notes		<p>NEW</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

VERSION 1.7 EOD CHANGE LOG

Schema	Data Item	Code	Original Text	Updated/New Text
Brain	EOD Primary Tumor	500	<p>Infratentorial tumor extends supratentorially to involve</p> <ul style="list-style-type: none"> • Cerebrum (cerebral hemisphere) (excluding hypothalamus, pallium, thalamus) • Anterior cranial fossa • Corpus callosum • Middle cranial fossa • Suprasellar brain • Tapetum 	<p>Infratentorial tumor extends supratentorially to involve</p> <ul style="list-style-type: none"> • Anterior cranial fossa • Cerebrum (cerebral hemisphere) (excluding hypothalamus, pallium, thalamus) • Anterior cranial fossa • Middle cranial fossa • Suprasellar brain • Tapetum <p>Note: Corpus callosum removed, already listed under group for all sites</p>
Breast	EOD Regional Nodes	Notes	<p>Note 4: Codes 030, 050, and 070 are for nodes that are pathologically negative.</p> <ul style="list-style-type: none"> • Code 030: Negative nodes pathologically with positive ITCs OR positive ITCs AND positive RT-PCR • Code 050: Negative nodes pathologically with positive RT-PCR, negative ITCs • Code 070: Negative nodes pathologically, unknown if ITCs or RT-PCR 	<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). Lymph nodes with ITCs only are not counted as positive nodes. RT-PCR is a molecular method designed to find evidence of unique tumor or epithelial cell markers.</p> <ul style="list-style-type: none"> • Codes 030, 050, and 070 are for nodes that are pathologically negative but are positive for ITCs or RT-PCR <ul style="list-style-type: none"> ○ Code 030: Negative nodes pathologically with positive ITCs OR positive ITCs AND positive RT-PCR ○ Code 050: Negative nodes pathologically with positive RT-PCR, negative ITCs

VERSION 1.7 EOD CHANGE LOG

Schema	Data Item	Code	Original Text	Updated/New Text
				<ul style="list-style-type: none"> o Code 070: Negative nodes pathologically, unknown if ITCs or RT-PCR
Breast	EOD Regional Nodes	Notes	<p>Note 7: Regional lymph nodes include</p> <ul style="list-style-type: none"> • Axillary (ipsilateral), NOS • Internal mammary (ipsilateral) • Supraclavicular (transverse cervical) (ipsilateral) 	<p>Note 7: Regional lymph nodes include</p> <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) • Supraclavicular (transverse cervical) (ipsilateral)
Breast	EOD Regional Nodes	350	<p>CLINICAL assessment only</p> <p>Fixed/matted ipsilateral axillary (level I and II)</p>	<p>CLINICAL assessment only</p> <p>Fixed/matted axillary (level I and II) (ipsilateral)</p>
Breast	EOD Mets	10	<p>Distant lymph node(s)</p> <ul style="list-style-type: none"> • Cervical, NOS • Contralateral/bilateral axillary • Contralateral/bilateral internal mammary (parasternal) • Supraclavicular (transverse cervical) (contralateral) 	<p>Distant Lymph Node(s)</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) (contralateral or bilateral)
Buccal Mucosa, Floor of Mouth, Gum, Hypopharynx,	EOD Regional Nodes	Notes	<p>Note 4: For codes 100-700, use the list below for named regional lymph nodes.</p>	<p>Note 4: Extranodal extension (ENE) is defined as the extension of a nodal metastasis through the lymph node capsule into adjacent tissue. The</p>

VERSION 1.7 EOD CHANGE LOG

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Larynx(Glottic, Subglottic, Supraglottic), Lip, Major Salivary Glands, Maxillary Sinus, Mouth Other, Nasal Cavity and Ethmoid Sinus, Oropharynx p16-, Palate Hard, Tongue Anterior,				<p>following codes record the status of the lymph nodes with positive ENE</p> <ul style="list-style-type: none"> • Code 150: Pathological only: single ipsilateral node, less than or equal to 3 cm • Code 450: Clinical only: overt ENE • Code 500: Pathological only: single ipsilateral node, greater than 3 cm • Code 600: Pathological only: multiple ipsilateral, bilateral or contralateral nodes • Code 700: Pathological only: Single contralateral node <p>Note 5: For codes 100-700, use the list below for named regional lymph nodes.</p>
Colon & Rectum	EOD Primary Tumor	Notes	<p>Note 5: Tumors characterized by involvement of the serosal surface (visceral peritoneum) by direct extension or perforation in which the tumor cells are continuous with the serosal surface through inflammation are coded to 500.</p>	<p>Note 5: Invasion into “pericolonic/pericolorectal tissue” can be either codes 300 or 400, depending on the primary site. Some sites are entirely peritonealized; some sites are only partially peritonealized or have no peritoneum. Code 300 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"> • Code 300 <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

VERSION 1.7 EOD CHANGE LOG

Schema	Data Item	Code	Original Text	Updated/New Text
				<p>third of rectum: Anterior surface; Lower third of rectum]</p> <ul style="list-style-type: none"> ○ Subserosal tissue/(sub)serosal fat invaded • Code 400 <ul style="list-style-type: none"> ○ Mesentery ○ 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] ○ Pericolic/Perirectal fat • 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 300. <p>Note 6: Tumors characterized by involvement of the serosal surface (visceral peritoneum) by direct extension or perforation in which the tumor cells are continuous with the serosal surface through inflammation are coded to 500.</p>

VERSION 1.7 EOD CHANGE LOG

Schema	Data Item	Code	Original Text	Updated/New Text
Colon & Rectum	EOD Primary Tumor	300	Non-peritonealized pericolic/perirectal tissues invaded Perimuscular tissue invaded	Non-peritonealized pericolic/perirectal tissues invaded (see Code 400 for peritonealized pericolic/perirectal tissues invaded. See Note 5) Pericolic/perirectal tissues invaded, NOS (unknown whether non-peritonealized or peritonealized. See Note 5) Perimuscular tissue invaded
Colon & Rectum	EOD Primary Tumor	400	Perirectal fat Rectovaginal septum (rectum)	Perirectal fat Peritonealized pericolic/perirectal tissues invaded (see code 300 for non-peritonealized pericolic/perirectal tissues invaded. See Note 5) Rectovaginal septum (rectum)
Colon & Rectum	EOD Primary Tumor	500	<ul style="list-style-type: none"> ▪ Invasion through the visceral peritoneum 	<ul style="list-style-type: none"> ▪ Invasion of/through the visceral peritoneum
Colon & Rectum	EOD Primary Tumor	700	Cecum (C180) <ul style="list-style-type: none"> • Greater omentum • Kidney • Liver • Ureter 	Cecum (C180) <ul style="list-style-type: none"> • Kidney • Liver • Ureter Note: Greater omentum deleted (in code 600)
Corpus Adeno-sarcoma, Corpus Sarcoma	EOD Regional Nodes	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. <ul style="list-style-type: none"> • For positive ITCs with NO regional lymph node involvement, code 050

VERSION 1.7 EOD CHANGE LOG

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Corpus Carcinoma and Carcinosarcoma	EOD Regional Nodes	Notes	Note 3: Regional lymph nodes include	<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). Lymph nodes with ITCs only are not counted as positive nodes.</p> <ul style="list-style-type: none"> For positive ITCs with NO regional lymph node involvement, code 050 <p>Note 4: Regional lymph nodes include</p>
Cutaneous Carcinoma of Head and Neck	EOD Regional Nodes	Notes	Note 4: For codes 100-700, use the list below for named regional lymph nodes.	<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: Extranodal extension (ENE) is defined as the extension of a nodal metastasis through the lymph node capsule into adjacent tissue. The</p>

VERSION 1.7 EOD CHANGE LOG

Schema	Data Item	Code	Original Text	Updated/New Text
				<p>following codes record the status of the lymph nodes with positive ENE</p> <ul style="list-style-type: none"> Code 150: Pathological only: single ipsilateral node, less than or equal to 3 cm Code 450: Clinical only: overt ENE Code 500: Pathological only: single ipsilateral node, greater than 3 cm Code 600: Pathological only: multiple ipsilateral, bilateral or contralateral nodes Code 700: Pathological only: Single contralateral node <p>Note 7: For codes 100-700, use the list below for named regional lymph nodes.</p> <p>The following lymph nodes are regional for Head and Neck tumors (includes bilateral or contralateral nodes)</p>
Fallopian Tube	EOD Primary Tumor	Notes	<p>Note 3 and Note 6 include</p> <ul style="list-style-type: none"> Rectosigmoid Sigmoid colon 	Removed from Note 6
Fallopian Tube	EOD Primary Tumor	Notes	<p>Note 4: Peritoneal implants may also be called seeding, salting, talcum powder appearance, or studding.</p>	<p>Note 4: Peritoneal implants or peritoneal carcinomatosis may also be called seeding, salting, talcum powder appearance, or studding.</p> <ul style="list-style-type: none"> Code 600, 650, or 700 based on microscopic or the macroscopic size Extraperitoneal carcinomatosis are coded in EOD Mets
Fallopian Tube	EOD Primary Tumor	Notes	Note 6:	Note 6:

VERSION 1.7 EOD CHANGE LOG

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			Intestine large (except rectum)	Intestine large (except rectum, rectosigmoid and sigmoid colon)
Fallopian Tube	EOD Primary Tumor	250	<p>Limited to one or both fallopian tube(s)</p> <ul style="list-style-type: none"> • WITH capsule ruptured before surgery OR • WITH tumor on ovarian surface or fallopian tube surface <p>FIGO Stage IC2</p>	<p>Limited to one or both fallopian tube(s)</p> <ul style="list-style-type: none"> • WITH capsule ruptured before surgery OR • WITH tumor on fallopian tube surface <p>High-grade serous tubal intraepithelial carcinoma (STIC)</p> <p>FIGO Stage IC2</p>
Fallopian Tube	EOD Primary Tumor	300	<p>Malignant cells in ascites or peritoneal washings</p> <p>FIGO Stage IC3</p>	<p>Malignant cells in ascites or peritoneal washings</p> <p>Limited to one or both fallopian tubes</p> <p>FIGO Stage IC3</p>
Fallopian Tube	EOD Primary Tumor	350	<p>Limited to one or both fallopian tube(s)</p> <ul style="list-style-type: none"> • UNKNOWN if capsule(s) ruptured • UNKNOWN if tumor on ovarian surface or fallopian tubes • UNKNOWN if cells in ascites or peritoneal washings <p>Localized</p> <p>FIGO Stage I [NOS]</p>	<p>Limited to one or fallopian tube(s)</p> <ul style="list-style-type: none"> • UNKNOWN if capsule(s) ruptured • UNKNOWN if tumor on fallopian tube surface • UNKNOWN if cells in ascites or peritoneal washings • UNKNOWN if surgical spill or capsule ruptured <p>Confined to fallopian tube, NOS</p> <p>Localized, NOS</p> <p>FIGO Stage I [NOS]</p>

VERSION 1.7 EOD CHANGE LOG

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Fallopian Tube	EOD Primary Tumor	400	<p>Extension to or implants on</p> <ul style="list-style-type: none"> • Adnexa • Corpus uteri • Ovary(ies) • Uterus, NOS <p>FIGO Stage IIA</p>	<p>Extension to or implants on</p> <ul style="list-style-type: none"> • Adnexa • Ovary(ies) • Uterus, NOS <p>FIGO Stage IIA</p> <p>(Note: Corpus uteri removed, included with Uterus, NOS)</p>
Fallopian Tube	EOD Primary Tumor	500	<p>Tumor involves one or both fallopian tubes</p> <p>Pelvic extension, NOS(below pelvic brim)</p> <p>FIGO Stage II [NOS]</p>	<p>Tumor involves one or both fallopian tubes</p> <ul style="list-style-type: none"> • WITH pelvic extension, NOS (below pelvic brim) <p>FIGO Stage II [NOS]</p>
Fallopian Tube	EOD Primary Tumor	600	<p>Microscopic peritoneal implants beyond pelvis</p> <ul style="list-style-type: none"> • Includes peritoneal surface/capsule of liver • Omentum • Small intestine <p>FIGO Stage IIIA</p>	<p>Microscopic peritoneal implants or microscopic peritoneal carcinomatosis beyond pelvis (above pelvic brim)</p> <ul style="list-style-type: none"> • Omentum • Small intestine <p>FIGO Stage IIIA</p> <p>Note: "Includes peritoneal surface of liver" removed</p>

VERSION 1.7 EOD CHANGE LOG

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Fallopian Tube	EOD Primary Tumor	650	<p>Macroscopic peritoneal implants beyond pelvis</p> <ul style="list-style-type: none"> • Less than or equal to 2 cm in diameter • Includes peritoneal surface of liver • Omentum • Small Intestine <p>FIGO Stage IIIB</p>	<p>Macroscopic peritoneal implants or macroscopic peritoneal carcinomatosis beyond pelvis</p> <ul style="list-style-type: none"> • Less than or equal to 2 cm in diameter • Omentum • Small intestine <p>FIGO Stage IIIB</p> <p>Note: "Includes peritoneal surface of liver" removed</p>
Fallopian Tube	EOD Primary Tumor	700	<p>Macroscopic peritoneal implants beyond pelvis</p> <ul style="list-style-type: none"> • Greater than 2 cm in diameter • Includes peritoneal surface of liver (liver capsule) <ul style="list-style-type: none"> ○ Includes tumor extension to liver and spleen WITHOUT parenchymal ○ Involvement of either organ <p>FIGO Stage IIIC</p>	<p>Macroscopic peritoneal implants or macroscopic peritoneal carcinomatosis beyond pelvis (above pelvic brim)</p> <ul style="list-style-type: none"> • Greater than 2 cm in diameter • Includes tumor extension to capsule of liver and spleen <ul style="list-style-type: none"> ○ WITHOUT parenchymal involvement of either organ <p>FIGO Stage IIIC</p>
Fallopian Tube	EOD Primary Tumor	750	<p>One or both fallopian tubes involved WITH microscopic confirmed peritoneal metastasis outside of the pelvis</p> <p>Peritoneal implants, NOS</p> <p>Further contiguous extension</p> <p>FIGO Stage III [NOS]</p>	<p>One or both fallopian tubes involved</p> <ul style="list-style-type: none"> • WITH confirmed peritoneal metastasis or peritoneal carcinomatosis outside of the pelvis (above pelvic brim) • UNKNOWN if microscopic or macroscopic <p>Peritoneal implants, NOS</p> <p>Further contiguous extension</p> <p>FIGO Stage III [NOS]</p>

VERSION 1.7 EOD CHANGE LOG

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Fallopian Tube	EOD Regional Nodes	Notes	Note 3: Regional lymph nodes include (bilateral and contralateral)	<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). Lymph nodes with ITCs only are not counted as positive nodes.</p> <ul style="list-style-type: none"> For positive ITCs with NO regional lymph node involvement, code 050 <p>Note 4: Regional lymph nodes include (bilateral and contralateral)</p>
Fallopian Tube	EOD Mets	50	Carcinomatosis (involvement of multiple parenchymal organs OR diffuse involvement of multiple non-abdominal organs)	<p>Carcinomatosis (involvement of multiple parenchymal organs OR diffuse involvement of multiple non-abdominal organs)</p> <ul style="list-style-type: none"> Excludes peritoneal carcinomatosis (see EOD Primary Tumor)
Larynx Other	EOD Regional Nodes	Notes	<p>Note: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in EOD Mets.</p> <p>The following lymph nodes are regional for Head and Neck tumors</p>	<p>Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by TNM.</p> <p>Note 2: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.</p> <p>Note 3: For head and neck cancers, if lymph nodes are described only as “supraclavicular”, try to determine if they are in Level IV (deep to the sternocleidomastoid muscle, in the lower jugular chain) or Level V (in the posterior triangle, inferior to the transverse cervical artery) and code</p>

VERSION 1.7 EOD CHANGE LOG

Schema	Data Item	Code	Original Text	Updated/New Text
				<p>appropriately. If the specific level cannot be determined, consider them as Level V nodes.</p> <p>Note 4: Extranodal extension (ENE) is defined as the extension of a nodal metastasis through the lymph node capsule into adjacent tissue. The following codes record the status of the lymph nodes with positive ENE</p> <ul style="list-style-type: none"> • Code 150: Pathological only: single ipsilateral node, less than or equal to 3 cm • Code 450: Clinical only: overt ENE • Code 500: Pathological only: single ipsilateral node, greater than 3 cm • Code 600: Pathological only: multiple ipsilateral, bilateral or contralateral nodes • Code 700: Pathological only: Single contralateral node <p>Note 5: For codes 100-700, use the list below for named regional lymph nodes. If the only information available is “regional lymph nodes, NOS” or “lymph nodes,” code 800.</p> <p>The following lymph nodes are regional for Head and Neck tumors</p>

VERSION 1.7 EOD CHANGE LOG

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Lung	EOD Primary Tumor	Notes	<p>Note 2: Code 100 only applies to predominantly lepidic pattern (AIS) tumors with a small focus of invasion.</p> <p>Note 3: Atelectasis is the failure of the lung to expand (inflate) completely.</p>	<p>Note 2: Code 100 is to be used only when the following criteria are met</p> <ul style="list-style-type: none"> Minimally invasive adenocarcinoma (less than or equal to 3 cm) WITH predominantly lepidic pattern AND less than or equal to 5 mm invasion in greatest dimension <p>Note 3: Code 200 is to be used for superficial spreading tumors only. The pathology report must state that it is superficially spreading.</p> <ul style="list-style-type: none"> These types of tumor are uncommon, and this code should be used very sparingly. If in doubt, do not use this code <p>Note 4: Code 300 is to be used for a localized cancer where size is determining the extent of the primary tumor. It is not a predominantly lepidic pattern (code 100), or a superficial spreading tumor (code 200), and there is no involvement of adjacent structures or invasion of the pleural (codes 400 and above)</p> <p>Note 5: Atelectasis is the failure of the lung to expand (inflate) completely.</p>
Lung	EOD Primary Tumor	Notes	<p>Note 4: Specific information about visceral pleura invasion is captured in codes 450 (PL1 and PL2) and 500 (PL3).</p>	<p>Note 6: Specific information about visceral pleura invasion is captured in codes 450 (PL1, PL2, or NOS) and 500 (PL3).</p>
Lung	EOD Primary Tumor	450	<ul style="list-style-type: none"> Visceral pleura (PL1 or PL2) 	<ul style="list-style-type: none"> Visceral pleura (PL1, PL2, or NOS)

VERSION 1.7 EOD CHANGE LOG

Schema	Data Item	Code	Original Text	Updated/New Text
Lung	EOD Regional Nodes	600	Pulmonary Root	Removed from code 600; in code 300 which is correct
Lung	EOD Regional Nodes	700		Added: <ul style="list-style-type: none"> ▪ Periesophageal ▪ Pretracheal
Lymphoma	EOD Primary Tumor	Notes	<p>Note 11: Bone marrow involvement is assessed by an aspiration and bone marrow biopsy.</p> <ul style="list-style-type: none"> • Primary site bone marrow (C421): Code 800 • Bone marrow involvement (except for primary site bone marrow) is coded as 800. Code also “Mets at Dx-Other” as 1. Do not code to “Mets at Dx-Bone” as 1. • In cases where bone marrow biopsy/aspiration is not performed, but a physician’s clinical assessment indicates bone marrow involvement, the physician’s clinical assessment can be used. <p>Note 12: See the data item <i>B symptoms</i> [NAACCR Data Item Number: #3812] to code the presence or absence of B symptoms.</p>	<p>Note 11: Bone marrow involvement is assessed by an aspiration and bone marrow biopsy.</p> <ul style="list-style-type: none"> • Bone marrow involvement (except for primary site bone marrow) is coded as 800. Code also “Mets at Dx-Other” as 1. Do not code to “Mets at Dx-Bone” as 1 <ul style="list-style-type: none"> ○ If only involvement is bone marrow, code primary site to bone marrow (C421), EOD Primary Tumor 800. Do not code “Mets at Dx-Other” as 1 ○ In cases where bone marrow biopsy/aspiration is not performed, but a physician’s clinical assessment indicates bone marrow involvement, the physician’s clinical assessment can be used <p>Note 12: Peripheral blood involvement is assessed by an aspiration or peripheral blood smear.</p> <ul style="list-style-type: none"> • Peripheral blood involvement is coded as 800. Code also “Mets at Dx-Other” as 1 <ul style="list-style-type: none"> ○ If only involvement is peripheral blood involvement, code primary site to bone marrow (C421), EOD

VERSION 1.7 EOD CHANGE LOG

Schema	Data Item	Code	Original Text	Updated/New Text
				<p>Primary Tumor 800. Do not code "Mets at Dx-Other" as 1</p> <ul style="list-style-type: none"> o In cases where peripheral blood smear is not performed, but a physician's clinical assessment indicates peripheral blood involvement, the physician's clinical assessment can be used <p>Note 13: See the data item <i>B symptoms</i> [NAACCR Data Item Number: #3812] to code the presence or absence of B symptoms.</p>
Lymphoma	EOD Primary Tumor	800	<p>Any involvement of</p> <ul style="list-style-type: none"> • Bone marrow 	<p>Any involvement of</p> <ul style="list-style-type: none"> • Blood/peripheral blood • Bone marrow
Lymphoma-CLL/SLL	EOD Primary Tumor	Notes	<p>Note 11: Bone marrow involvement is assessed by an aspiration and bone marrow biopsy.</p> <ul style="list-style-type: none"> • Primary site bone marrow (C421): Code 800 • Bone marrow involvement (except for primary site bone marrow) is coded as 800. Code also "Mets at Dx-Other" as 1. Do not code to "Mets at Dx-Bone" as 1. • In cases where bone marrow biopsy/aspiration is not performed, but a physician's clinical assessment indicates bone marrow involvement, the physician's clinical assessment can be used. 	<p>Note 11: Bone marrow involvement is assessed by an aspiration and bone marrow biopsy.</p> <ul style="list-style-type: none"> • Primary site is coded bone marrow (C421): Code 800. Do not code "Mets at Dx-Other as 1." o In cases where bone marrow biopsy/aspiration is not performed, but a physician's clinical assessment indicates bone marrow involvement, the physician's clinical assessment can be used <p>Note 12: Peripheral blood involvement is assessed by an aspiration or peripheral blood smear.</p>

VERSION 1.7 EOD CHANGE LOG

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			<p>Note 12: See the data item <i>B symptoms</i> [NAACCR Data Item Number: #3812] to code the presence or absence of B symptoms.</p>	<ul style="list-style-type: none"> • Primary site is coded to bone marrow (C421): Code 800. Do not code “Met at Dx-Other” as 1 <ul style="list-style-type: none"> ○ In cases where peripheral blood smear is not performed, but a physician’s clinical assessment indicates peripheral blood involvement, the physician’s clinical assessment can be used <p>Note 13: See the data item <i>B symptoms</i> [NAACCR Data Item Number: #3812] to code the presence or absence of B symptoms.</p>
Lymphoma-CLL/SLL	EOD Primary Tumor	800	<p>Any involvement of</p> <ul style="list-style-type: none"> • Bone marrow 	<p>Any involvement of</p> <ul style="list-style-type: none"> • Blood/peripheral blood • Bone marrow
Lymphoma Ocular Adnexa	EOD Mets	Notes	<p>Note: Distant lymph node involvement is coded in EOD Regional Nodes.</p>	<p>Note 1: Distant lymph node involvement is coded in EOD Regional Nodes.</p> <p>Note 2: If there is peripheral blood or bone marrow involvement, code 30 or 50.</p>
Lymphoma Ocular Adnexa	EOD Mets	30	Bone marrow	<p>Blood/peripheral blood</p> <p>Bone marrow</p>
Melanoma Skin	EOD Primary Tumor	Notes	<p>Note 3: Satellite lesions/nodules or in-transit metastases are coded in EOD Regional Nodes.</p> <p>Note 4: In addition to EOD Primary Tumor, the following data items are also collected to determine the extent of the primary tumor.</p>	<p>Note 3: Satellite lesions/nodules or in-transit metastases are coded in EOD Regional Nodes.</p> <p>Note 4: 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</i></p>

VERSION 1.7 EOD CHANGE LOG

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				<p><i>Clark's Level then provided by these guidelines, go with the physician's Clark Level)</i></p> <ul style="list-style-type: none"> • Code 000: In situ • Code 100: Level I (< 0.75 mm Breslow's Depth) • Code 200: Level II (0.76 mm to 1.50 mm Breslow's Depth) • Code 300: Level III (> 1.50 mm Breslow's Depth) <p>Note 5: In addition to EOD Primary Tumor, the following data items are also collected to determine the extent of the primary tumor:</p>
Melanoma Skin	EOD Regional Nodes	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: Code 300 if there are satellite(s) or in-transit metastasis without regional lymph node involvement. Code 500 or 700 (based on number of nodes involved) if both satellite nodules/in-transit metastases and regional lymph nodes are present.</p>	<p>Note 2: 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 3: In-transit, satellite, and/or microsatellite 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. Microsatellite metastasis are microscopic cutaneous metastasis found adjacent or deep to a primary melanoma tumor.</p>

VERSION 1.7 EOD CHANGE LOG

Schema	Data Item	Code	Original Text	Updated/New Text
				<ul style="list-style-type: none"> • Code 300 if there are in-transit, satellite, and/or microsatellite metastasis WITHOUT regional lymph node involvement • Code 500 if there are in-transit, satellite, and/or microsatellite metastasis WITH 1 positive lymph node • Code 700 if there are in-transit, satellite, and/or microsatellite metastasis WITH 2+ positive lymph nodes
Melanoma Skin	EOD Regional Nodes	Notes	<p>Note 6: Regional lymph nodes for skin</p> <ul style="list-style-type: none"> • Single, Multiple, Ipsilateral, Bilateral or Contralateral lymph nodes <p>Skin of head and neck (C000-C002, C006, C440-C444)</p>	<p>Note 6: Regional lymph nodes for skin</p> <ul style="list-style-type: none"> • Single, Multiple, Ipsilateral <ul style="list-style-type: none"> ○ See <i>EOD Mets</i> for contralateral or bilateral nodes (except for head and neck skin primaries) <p>Head and Neck skin primaries only (C000-C002, C006, C440, C442-C444) (includes bilateral or contralateral nodes)</p> <p>Added 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)

VERSION 1.7 EOD CHANGE LOG

Schema	Data Item	Code	Original Text	Updated/New Text
Melanoma Skin	EOD Mets	20	Bone Skeletal muscle (excluding direct extension) Skin or subcutaneous tissue beyond regional lymph nodes Underlying cartilage	Bone (excluding contiguous extension) Skeletal muscle (excluding contiguous extension) Skin or subcutaneous tissue beyond regional lymph nodes Underlying cartilage (excluding contiguous extension)
Merkel Cell	EOD Regional Nodes	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: 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> <p>Note 4: Regional lymph nodes for skin</p> <ul style="list-style-type: none"> Single, Multiple, Ipsilateral, Bilateral or Contralateral lymph nodes <p>Skin of head and neck (C000-C006, C008-C009, C440-C444)</p>	<p>Note 2: 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 3: 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"> Code 600 if there are clinically in-transit metastasis WITHOUT regional lymph node involvement Code 650 if there are clinically in-transit metastasis WITH regional lymph node involvement Code 700 if there are pathologically in-transit metastasis WITHOUT regional lymph node involvement

VERSION 1.7 EOD CHANGE LOG

Schema	Data Item	Code	Original Text	Updated/New Text
				<ul style="list-style-type: none"> • Code 750 if there are pathologically in-transit metastasis WITH regional lymph node involvement <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 for skin</p> <ul style="list-style-type: none"> • Single, Multiple, Ipsilateral <ul style="list-style-type: none"> ○ See <i>EOD Mets</i> for contralateral or bilateral nodes (except for head and neck skin primaries) <p>Head and Neck skin primaries only (C000-C002, C006, C440, C442-C444) (includes bilateral or contralateral nodes)</p>

VERSION 1.7 EOD CHANGE LOG

Schema	Data Item	Code	Original Text	Updated/New Text
				<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)
NET Ampulla of Vater	EOD Mets	30	<p>At least one extrahepatic site</p> <ul style="list-style-type: none"> - Bone - Lung - Ovary(ies) - Peritoneum (seeding) <p>Distant metastasis (except liver) WITH or WITHOUT distant lymph node(s)</p> <p>Carcinomatosis</p>	REMOVED: Carcinomatosis (moved to code 50)
NET Ampulla of Vater	EOD Mets	50	Any combination of codes 10, 20, 30	<p>Any combination of codes 10, 20, 30</p> <p>Other distant metastasis</p> <p>Carcinomatosis</p>

VERSION 1.7 EOD CHANGE LOG

Schema	Data Item	Code	Original Text	Updated/New Text
NET Appendix	EOD Mets	30	Metastases in other sites (excluding liver) WITH or WITHOUT distant lymph node(s) <ul style="list-style-type: none"> • Bone • Lung • Ovary • Peritoneum Carcinomatosis	REMOVED: Carcinomatosis (moved to code 50)
NET Appendix	EOD Mets	50	(10) + (30)	Any combination of codes 10, 20, 30 Other distant metastasis Carcinomatosis
NET Colon and Rectum	EOD Mets	50	Any combination of codes 10, 20, 30 Carcinomatosis Distant lymph node(s) WITH or WITHOUT other organs	Any combination of codes 10, 20, 30 Other distant metastasis Carcinomatosis
NET Duodenum	EOD Mets	30	At least one extrahepatic site <ul style="list-style-type: none"> • Bone • Lung • Ovary(ies) • Peritoneum (seeding) Distant metastasis (except liver) WITH or WITHOUT distant lymph node(s) Carcinomatosis	REMOVED: Carcinomatosis (moved to code 50)

VERSION 1.7 EOD CHANGE LOG

Schema	Data Item	Code	Original Text	Updated/New Text
NET Duodenum	EOD Mets	50	Any combination of codes 10, 20, or 30	Any combination of codes 10, 20, 30 Other distant metastasis Carcinomatosis
NET Jejunum and Ileum	EOD Mets	30	At least one extrahepatic site <ul style="list-style-type: none"> • Bone • Lung • Ovary(ies) • Peritoneum (seeding) Distant metastasis (except liver) WITH or WITHOUT distant lymph node(s) Carcinomatosis	REMOVED: Carcinomatosis (moved to code 50)
NET Jejunum and Ileum	EOD Mets	50	Any combination of codes 10, 20, or 30	Any combination of codes 10, 20, 30 Other distant metastasis Carcinomatosis
NET Pancreas	EOD Mets	50	Extrahepatic sites, including <ul style="list-style-type: none"> • Bone • Lung • Ovary • Peritoneum Carcinomatosis Distant metastasis (except liver) WITH or WITHOUT distant lymph node(s)	REMOVED: Carcinomatosis (moved to code 60)
NET Pancreas	EOD Mets	60		Added: Carcinomatosis

VERSION 1.7 EOD CHANGE LOG

Schema	Data Item	Code	Original Text	Updated/New Text
NET Stomach	EOD Mets	50	Codes 20 + 30 Carcinomatosis Distant metastasis WITH or WITHOUT distant lymph node(s), NOS	Any combination of codes 10, 20, 30 Other distant metastasis Carcinomatosis
Ovary	EOD Primary Tumor	Notes	Note 3 and Note 6 include <ul style="list-style-type: none"> ▪ Rectosigmoid ▪ Sigmoid colon 	Removed from Note 6
Ovary	EOD Primary Tumor	Notes	Note 4: Peritoneal implants or peritoneal carcinomatosis may also be called seeding, salting, talcum powder appearance, or studding.	Note 4: Peritoneal implants or peritoneal carcinomatosis may also be called seeding, salting, talcum powder appearance, or studding. <ul style="list-style-type: none"> • Code 600, 650, or 700 based on microscopic or the macroscopic size • Extraperitoneal carcinomatosis are coded in EOD Mets
Ovary	EOD Primary Tumor	000	In situ, intraepithelial, noninvasive, preinvasive Limited to tubal mucosa	In situ, intraepithelial, noninvasive, preinvasive Note: Limited to tubal mucosa is only for FT
Ovary	EOD Primary Tumor	100	Limited to one ovary (capsule intact) AND <ul style="list-style-type: none"> • No tumor on fallopian tube surface AND • No malignant cells in ascites or peritoneal washings FIGO Stage IA	Limited to one ovary (capsule intact) AND <ul style="list-style-type: none"> • No tumor on ovarian surface AND • No malignant cells in ascites or peritoneal washings • WITH or WITHOUT high-grade serous tubal intraepithelial carcinoma (STIC) FIGO Stage IA

VERSION 1.7 EOD CHANGE LOG

Schema	Data Item	Code	Original Text	Updated/New Text
Ovary	EOD Primary Tumor	150	<p>Limited to both ovaries (capsule(s) intact) AND</p> <ul style="list-style-type: none"> No tumor on fallopian tube surface AND No malignant cells in ascites or peritoneal washings <p>FIGO Stage IB</p>	<p>Limited to both ovaries (capsule(s) intact) AND</p> <ul style="list-style-type: none"> No tumor on ovarian surface AND No malignant cells in ascites or peritoneal washings <p>FIGO Stage IB</p>
Ovary	EOD Primary Tumor	250	<p>Limited to one or both ovaries</p> <ul style="list-style-type: none"> WITH capsule ruptured before surgery OR WITH tumor on ovarian surface or fallopian tube surface <p>FIGO Stage IC2</p>	<p>Limited to one or both ovaries</p> <ul style="list-style-type: none"> WITH capsule ruptured before surgery OR WITH tumor on ovarian surface <p>FIGO Stage IC2</p>
Ovary	EOD Primary Tumor	300	<p>Malignant cells in ascites or peritoneal washings</p> <p>FIGO Stage IC3</p>	<p>Malignant cells in ascites or peritoneal washings</p> <p>Limited to one or both ovaries</p> <p>FIGO Stage IC3</p>

VERSION 1.7 EOD CHANGE LOG

Schema	Data Item	Code	Original Text	Updated/New Text
Ovary	EOD Primary Tumor	350	<p>Limited to one or both ovary(ies)</p> <ul style="list-style-type: none"> • UNKNOWN if capsule(s) ruptured • UNKNOWN if tumor on ovarian surface or fallopian tubes • UNKNOWN if cells in ascites or peritoneal washings <p>Localized</p> <p>FIGO Stage I [NOS]</p>	<p>Limited to one or both ovary(ies)</p> <ul style="list-style-type: none"> • UNKNOWN if capsule(s) ruptured • UNKNOWN if tumor on ovarian surface • UNKNOWN if cells in ascites or peritoneal washings • UNKNOWN if surgical spill or capsule ruptured <p>Confined to ovary, NOS</p> <p>Localized, NOS</p> <p>FIGO Stage I [NOS]</p>
Ovary	EOD Primary Tumor	500	<p>Tumor involves one or both ovaries</p> <p>Pelvic extension, NOS(below pelvic brim)</p> <p>FIGO Stage II [NOS]</p>	<p>Tumor involves one or both ovaries</p> <ul style="list-style-type: none"> • WITH pelvic extension, NOS (below pelvic brim) <p>FIGO Stage II [NOS]</p>
Ovary	EOD Primary Tumor	600	<p>Microscopic peritoneal implants beyond pelvis</p>	<p>Microscopic peritoneal implants or microscopic peritoneal carcinomatosis beyond pelvis</p> <p>FIGO Stage IIIA</p> <p>Note: "Includes peritoneal surface of liver" removed</p>

VERSION 1.7 EOD CHANGE LOG

Schema	Data Item	Code	Original Text	Updated/New Text
Ovary	EOD Primary Tumor	650	<p>Macroscopic peritoneal implants beyond pelvis</p> <ul style="list-style-type: none"> • Less than or equal to 2 cm in diameter • Includes peritoneal surface of liver <p>FIGO Stage IIIB</p>	<p>Macroscopic peritoneal implants or macroscopic peritoneal carcinomatosis beyond pelvis</p> <ul style="list-style-type: none"> • Less than or equal to 2 cm in diameter <p>FIGO Stage IIIB</p> <p>Note: "Includes peritoneal surface of liver" removed</p>
Ovary	EOD Primary Tumor	700	<p>Macroscopic peritoneal implants beyond pelvis</p> <ul style="list-style-type: none"> • Greater than 2 cm in diameter • Includes peritoneal surface of liver (liver capsule) <ul style="list-style-type: none"> ○ Includes tumor extension to liver and spleen WITHOUT parenchymal involvement of either organ <p>FIGO Stage IIIC</p>	<p>Macroscopic peritoneal implants or macroscopic peritoneal carcinomatosis beyond pelvis (above pelvic brim)</p> <ul style="list-style-type: none"> • Greater than 2 cm in diameter • Includes tumor extension to capsule of liver and spleen <ul style="list-style-type: none"> ○ WITHOUT parenchymal involvement of either organ <p>FIGO Stage IIIC</p>
Ovary	EOD Primary Tumor	750	<p>One or both ovaries involved WITH confirmed peritoneal metastasis outside of the pelvis (unknown whether microscopic or macroscopic)</p> <p>Peritoneal implants, NOS</p> <p>Further contiguous extension</p> <p>FIGO Stage III [NOS]</p>	<p>One or both ovaries involved</p> <ul style="list-style-type: none"> • WITH confirmed peritoneal metastasis or peritoneal carcinomatosis outside of the pelvis (above pelvic brim) • UNKNOWN if microscopic or macroscopic <p>Peritoneal implants, NOS</p> <p>Further contiguous extension</p> <p>FIGO Stage III [NOS]</p>

VERSION 1.7 EOD CHANGE LOG

Schema	Data Item	Code	Original Text	Updated/New Text
Ovary	EOD Regional Nodes	Notes	Note 3: Regional lymph nodes include (bilateral and contralateral)	<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). Lymph nodes with ITCs only are not counted as positive nodes.</p> <ul style="list-style-type: none"> For positive ITCs with NO regional lymph node involvement, code 050 <p>Note 4: Regional lymph nodes include (bilateral and contralateral)</p>
Ovary	EOD Mets	50	Carcinomatosis (involvement of multiple parenchymal organs OR diffuse involvement of multiple non-abdominal organs)	<p>Carcinomatosis (involvement of multiple parenchymal organs OR diffuse involvement of multiple non-abdominal organs)</p> <ul style="list-style-type: none"> Excludes peritoneal carcinomatosis (see EOD Primary Tumor)
Primary Peritoneal Carcinoma	EOD Primary Tumor	Notes	Note 2: Peritoneal implants may also be called seeding, salting, talcum powder appearance, or studding	<p>Note 2: Peritoneal implants or peritoneal carcinomatosis may also be called seeding, salting, talcum powder appearance, or studding.</p> <ul style="list-style-type: none"> Code 600, 650, or 700 based on microscopic or the macroscopic size Extraperitoneal carcinomatosis are coded in EOD Mets
Primary Peritoneal Carcinoma	EOD Primary Tumor	Notes	<p>Note 4 and Note 6 include</p> <ul style="list-style-type: none"> Rectosigmoid Sigmoid colon 	Removed from Note 6

VERSION 1.7 EOD CHANGE LOG

Schema	Data Item	Code	Original Text	Updated/New Text
Primary Peritoneal Carcinoma	EOD Primary Tumor	Notes	<p>Note 6:</p> <p>Intestine large (except rectum)</p>	<p>Note 6:</p> <p>Intestine large (except rectum, rectosigmoid and sigmoid colon)</p>
Primary Peritoneal Carcinoma	EOD Primary Tumor	600	<p>Microscopic peritoneal implants beyond pelvis</p>	<p>Microscopic peritoneal implants or microscopic peritoneal carcinomatosis beyond pelvis (above pelvic brim)</p> <ul style="list-style-type: none"> • Omentum • Small intestine <p>FIGO Stage IIIA</p> <p>Note: "Includes peritoneal surface of liver" removed</p>
Primary Peritoneal Carcinoma	EOD Primary Tumor	650	<p>Macroscopic peritoneal implants beyond pelvis</p> <ul style="list-style-type: none"> • Less than or equal to 2 cm in diameter • Includes peritoneal surface of liver <p>FIGO Stage IIIB</p>	<p>Macroscopic peritoneal implants or macroscopic peritoneal carcinomatosis beyond pelvis</p> <ul style="list-style-type: none"> • Less than or equal to 2 cm in diameter • Omentum • Small Intestine <p>FIGO Stage IIIB</p> <p>Note: "Includes peritoneal surface of liver" removed</p>

VERSION 1.7 EOD CHANGE LOG

Schema	Data Item	Code	Original Text	Updated/New Text
Primary Peritoneal Carcinoma	EOD Primary Tumor	700	<p>Macroscopic peritoneal implants beyond pelvis</p> <ul style="list-style-type: none"> • Greater than 2 cm in diameter • Includes peritoneal surface of liver (liver capsule) <ul style="list-style-type: none"> ○ Includes tumor extension to liver and spleen WITHOUT parenchymal involvement of either organ <p>FIGO Stage IIIC</p>	<p>Macroscopic peritoneal implants or macroscopic peritoneal carcinomatosis beyond pelvis (above pelvic brim)</p> <ul style="list-style-type: none"> • Greater than 2 cm in diameter • Includes tumor extension to capsule of liver and spleen <ul style="list-style-type: none"> ○ WITHOUT parenchymal involvement of either organ <p>FIGO Stage IIIC</p>
Primary Peritoneal Carcinoma	EOD Primary Tumor	750	<p>One or both ovaries involved WITH confirmed peritoneal metastasis outside of the pelvis (unknown whether microscopic or macroscopic)</p> <p>Peritoneal implants, NOS</p> <p>Further contiguous extension</p> <p>FIGO Stage III [NOS]</p>	<p>Primary peritoneal carcinoma</p> <ul style="list-style-type: none"> • WITH confirmed peritoneal metastasis or peritoneal carcinomatosis outside of the pelvis (above pelvic brim) • UNKNOWN if microscopic or macroscopic <p>Peritoneal implants, NOS</p> <p>Further contiguous extension</p> <p>FIGO Stage III [NOS]</p>

VERSION 1.7 EOD CHANGE LOG

Schema	Data Item	Code	Original Text	Updated/New Text
Primary Peritoneal Carcinoma	EOD Regional Nodes	Notes	Note 3: Regional lymph nodes include (bilateral and contralateral)	<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). Lymph nodes with ITCs only are not counted as positive nodes.</p> <ul style="list-style-type: none"> For positive ITCs with NO regional lymph node involvement, code 050 <p>Note 4: Regional lymph nodes include (bilateral and contralateral)</p>
Primary Peritoneal Carcinoma	EOD Mets	50	Carcinomatosis (involvement of multiple parenchymal organs OR diffuse involvement of multiple non-abdominal organs)	<p>Carcinomatosis (involvement of multiple parenchymal organs OR diffuse involvement of multiple non-abdominal organs)</p> <ul style="list-style-type: none"> Excludes peritoneal carcinomatosis (see EOD Primary Tumor)
Primary Cutaneous Lymphoma	EOD Mets	Notes		<p>NEW</p> <p>Note: If there is peripheral blood or bone marrow involvement, code 70.</p>
Primary Cutaneous Lymphoma	EOD Mets	70	Distant site(s) involved Extracutaneous non-lymph node disease present	<p>Distant site(s) involved</p> <ul style="list-style-type: none"> Blood/peripheral blood Bone marrow Extracutaneous non-lymph node disease present

VERSION 1.7 EOD CHANGE LOG

Schema	Data Item	Code	Original Text	Updated/New Text
Skin Other	EOD Regional Nodes	Notes	Note 2: Regional lymph nodes include: single, multiple, ipsilateral, bilateral or contralateral lymph nodes.	<p>Note 2: Bilateral or contralateral nodes are classified as regional nodes for truncal tumors (C445) 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 3: Contiguous or secondary nodal basins are the next nodal drainage basins beyond the primary nodal basins and are coded as regional nodes.</p>
Skin Other	EOD Regional Nodes	300	Skin of upper limb and shoulder (C446)	<p>Skin of trunk (C445) (includes contralateral and bilateral)</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) (lower trunk only) <p>(C446-C449: Single, Ipsilateral, Multiple. See EOD Mets for contralateral or bilateral nodes)</p> <p>Skin of upper limb and shoulder (C446)</p>

VERSION 1.7 EOD CHANGE LOG

Schema	Data Item	Code	Original Text	Updated/New Text
Vagina, Vulva	EOD Regional Nodes	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). Lymph nodes with ITCs only are not counted as positive nodes.</p> <ul style="list-style-type: none"> For positive ITCs with NO regional lymph node involvement, code 050