

This document shows the changes that were made to EOD and Summary Stage 2018 for the SEER*RSA version 3.3 release.

Table 1: Updated Schemas due to AJCC Version 9 rolling updates, Version 3.3

Table 2: Changes to EOD Schemas, Version 3.3

There were no Summary Stage changes for 2026

Table 1: Updated Schemas due to AJCC Version 9 rolling updates, Version 3.3

Schema	Applicable Years	Comments
Major Salivary Glands Version 9	2026+	<p>AJCC's Major Salivary Glands, Version 9, will be used with 2026+ diagnosis</p> <p>There are now two EOD Major Salivary Gland schemas</p> <ul style="list-style-type: none"> • EOD Major Salivary Glands 8th: 2018-2025 (Schema ID: 00080) • EOD Major Salivary Glands Version 9: 2026+ (Schema ID: 09081) <p>Summary Stage chapter: Major Salivary Gland (2018+)</p>
Oropharynx HPV-Associated	2026+	<p>AJCC's Oropharynx HPV-Associated, Version 9 will be used with 2026+ diagnosis (previously Oropharynx HPV Mediated (p16+). Name change effective for 2018+)</p> <p>There are now two EOD Oropharynx schemas</p> <ul style="list-style-type: none"> • EOD Oropharynx HPV-Associated; 8th 2018-2025 (Schema ID: 00100) • EOD Oropharynx HPV-Associated Version 9: 2026+ (Schema ID: 09100)
Oropharynx HPV-Independent		Name change, previously Oropharynx (p16-), effective for 2018+

Table 2: Changes to EOD Schemas, Version 3.3

Schema	Data Item	Code	Original Text	Updated/New Text
Lip, Tongue Anterior, Gum, Floor of Mouth, Hard Palate, Buccal Mucosa, Mouth Other, Major Salivary Glands, Oropharynx- Associated, Oropharynx Independent, Hypopharynx, Maxillary Sinus, Nasal Cavity & Ethmoid Sinus, Larynx, Cutaneous Carcinoma of Head and Neck, Appendix, Bile Ducts Distal/ Perihilar, Breast, Colon & Rectum, Cystic Duct, Esophagus, Gallbladder, Pancreas, Small Intestine, Stomach, Testis	EOD Regional Nodes	NA	Clinical vs pathological notes	<p>Note X: CLINICAL AND PATHOLOGICAL codes</p> <ul style="list-style-type: none"> This schema has lymph node codes that are defined as CLINICAL assessment only or PATHOLOGICAL assessment only. <p>No surgical resection</p> <ul style="list-style-type: none"> Use CLINICAL assessment only codes (XXX) when there is a clinical work up only and there is NO surgical resection of the primary tumor or site WITH <ul style="list-style-type: none"> Any microscopic examination of regional lymph nodes, which includes FNA, core biopsy, sentinel node biopsy, lymph node excision, or lymph node dissection done during the clinical work up. <p>Surgical resection without neoadjuvant therapy</p> <ul style="list-style-type: none"> Use PATHOLOGICAL assessment only codes (XXX) when there is a surgical resection of the primary tumor or site WITH <ul style="list-style-type: none"> Any microscopic examination of regional lymph nodes, which includes FNA, core biopsy, sentinel node biopsy, lymph node excision done or lymph node dissection performed. <p>Surgical resection after neoadjuvant therapy</p> <ul style="list-style-type: none"> If patient has neoadjuvant therapy, and the clinical assessment is equal to or greater than the pathological assessment, then the clinical assessment codes take priority. Otherwise, code the pathologic assessment. <ul style="list-style-type: none"> See EOD 2018 General Instructions for further instructions on coding cases with neoadjuvant therapy, https://seer.cancer.gov/tools/staging/eod/.

Schema	Data Item	Code	Original Text	Updated/New Text
Breast	EOD Primary Tumor	NA	<p>Note 2: Extension to skin or subcutaneous tissue</p> <ul style="list-style-type: none"> • Adherence, attachment, fixation, induration, and thickening are clinical evidence of extension to skin or subcutaneous tissue; assign code 200. 	<p>Note 2: Clinical evidence ONLY descriptions</p> <ul style="list-style-type: none"> • Adherence, attachment, fixation, induration, and thickening are clinical evidence of extension to skin or subcutaneous tissue; assign code 200 if that is the only information available. ◦ Do not use these descriptions for pathological assessment of the breast. <p>Rest of notes renumbered</p>
Breast	EOD Primary Tumor	450, 700	Two codes set to OBSOLETE	<p>It was determined that codes 450 and 500 were incorrect. Inflammatory carcinoma should not be part of the definition. Code 450 removed, since removing the diagnosis of inflammatory carcinoma makes it a duplicate of code 400. Code 700 was also removed since Inflammatory carcinoma can only be one code (600).</p> <p>Codes 450 and 700 are listed as obsolete for Version 3.3. These will be removed, and older data converted, in Version 3.4.</p> <p>Code 500 had “diagnosis of inflammatory carcinoma” removed</p>

Schema	Data Item	Code	Original Text	Updated/New Text
Lung, Version 9	EOD Primary Tumor	500	<p>Any size tumor</p> <ul style="list-style-type: none"> • Brachial plexus, inferior branches or NOS • Chest wall (thoracic wall) (separate lesion-see EOD Mets) • Diaphragm (separate lesion-see EOD Mets) • Pancoast tumor (superior sulcus syndrome), NOS • Parietal pericardium • Parietal pleura (PL3) • Pericardium, NOS • Phrenic nerve <p>Separate tumor nodule(s) in the same lobe as the primary</p>	<p>Any size tumor</p> <ul style="list-style-type: none"> • Azygos vein (moved from code 650) • Chest wall (thoracic wall) (separate lesion-see EOD Mets) • Diaphragm (separate lesion-see EOD Mets) • Pancoast tumor (superior sulcus syndrome), NOS • Parietal pericardium • Parietal pleura (PL3) • Pericardium, NOS • Phrenic nerve • Stellate ganglion and thoracic nerve roots (see code 650 for other nerves) <p>Separate tumor nodule(s) in the same lobe as the primary</p> <p><i>See code 650 for Brachial plexus, inferior branches or NOS</i></p>

Schema	Data Item	Code	Original Text	Updated/New Text
Lung, Version 9	EOD Primary Tumor	650	<p>Code 600 + (100-500)</p> <p>Carina with involvement of any other parts of lung</p> <p>Blood vessel(s) (major)</p> <ul style="list-style-type: none"> • Aorta • Azygos vein • Pulmonary artery or vein • Superior vena cava (SVC syndrome) <p>Compression of esophagus or trachea specified as direct extension</p> <p>Esophagus</p> <p>Mediastinum, extrapulmonary or NOS</p> <p>Nerve(s)</p> <ul style="list-style-type: none"> • Cervical sympathetic (Horner's syndrome) • Recurrent laryngeal (vocal cord paralysis) • Vagus <p>Trachea</p>	<p>Code 600 + (100-500)</p> <p>Carina with involvement of any other parts of lung</p> <p>Blood vessel(s) (major)</p> <ul style="list-style-type: none"> • Aorta • Brachiocephalic vein • Pulmonary artery or vein • Superior vena cava (SVC syndrome) • Supra-aortic arteries <p>Brachial plexus (trunks, divisions, cords, or terminal nerves) (moved from code 500)</p> <p>Compression of esophagus or trachea specified as direct extension</p> <p>Esophagus</p> <p>Mediastinum, extrapulmonary or NOS</p> <p>Nerve(s)</p> <ul style="list-style-type: none"> • Cervical sympathetic (Horner's syndrome) <ul style="list-style-type: none"> ○ Excludes stellate ganglion and thoracic nerve roots (see Code 500) • Recurrent laryngeal (vocal cord paralysis) • Vagus <p>Subclavian vessels</p> <p>Thymus</p> <p>Trachea</p> <p>Azygos vein moved to code 500</p>