

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**

<b>Schema</b>	<b>Applicable Years</b>	<b>Comments</b>
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"> <li>• EOD Major Salivary Glands 8<sup>th</sup>: 2018-2025 (Schema ID: 00080)</li> <li>• EOD Major Salivary Glands Version 9: 2026+ (Schema ID: 09081)</li> </ul> <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"> <li>• EOD Oropharynx HPV-Associated; 8th 2018-2025 (Schema ID: 00100)</li> <li>• EOD Oropharynx HPV-Associated Version 9: 2026+ (Schema ID: 09100)</li> </ul>
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><b>Note X: CLINICAL AND PATHOLOGICAL codes</b></p> <ul style="list-style-type: none"> <li>This schema has lymph node codes that are defined as <b>CLINICAL</b> assessment only or <b>PATHOLOGICAL</b> assessment only.</li> </ul> <p><b>No surgical resection</b></p> <ul style="list-style-type: none"> <li>Use <b>CLINICAL</b> assessment only codes (XXX) when there is a clinical work up only and there is <b>NO surgical resection of the primary tumor or site</b> WITH <ul style="list-style-type: none"> <li>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.</li> </ul> </li> </ul> <p><b>Surgical resection without neoadjuvant therapy</b></p> <ul style="list-style-type: none"> <li>Use <b>PATHOLOGICAL</b> assessment only codes (XXX) when there is a <b>surgical resection of the primary tumor or site</b> WITH <ul style="list-style-type: none"> <li>Any microscopic examination of regional lymph nodes, which includes FNA, core biopsy, sentinel node biopsy, lymph node excision done or lymph node dissection performed.</li> </ul> </li> </ul> <p><b>Surgical resection after neoadjuvant therapy</b></p> <ul style="list-style-type: none"> <li>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"> <li>See <b>EOD 2018 General Instructions</b> for further instructions on coding cases with neoadjuvant therapy, <a href="https://seer.cancer.gov/tools/staging/eod/">https://seer.cancer.gov/tools/staging/eod/</a>.</li> </ul> </li> </ul>

Schema	Data Item	Code	Original Text	Updated/New Text
Breast	EOD Primary Tumor	NA	<b>Note 2: Extension to skin or subcutaneous tissue</b> <ul style="list-style-type: none"> <li>Adherence, attachment, fixation, induration, and thickening are clinical evidence of extension to skin or subcutaneous tissue; assign code 200.</li> </ul>	<b>Note 2: Clinical evidence ONLY descriptions</b> <ul style="list-style-type: none"> <li>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. <ul style="list-style-type: none"> <li>Do not use these descriptions for pathological assessment of the breast.</li> </ul> </li> </ul> <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"> <li>• Brachial plexus, inferior branches or NOS</li> <li>• Chest wall (thoracic wall) (separate lesion-see EOD Mets)</li> <li>• Diaphragm (separate lesion-see EOD Mets)</li> <li>• Pancoast tumor (superior sulcus syndrome), NOS</li> <li>• Parietal pericardium</li> <li>• Parietal pleura (PL3)</li> <li>• Pericardium, NOS</li> <li>• Phrenic nerve</li> </ul> <p>Separate tumor nodule(s) in the same lobe as the primary</p>	<p>Any size tumor</p> <ul style="list-style-type: none"> <li>• Azygos vein (moved from code 650)</li> <li>• Chest wall (thoracic wall) (separate lesion-see EOD Mets)</li> <li>• Diaphragm (separate lesion-see EOD Mets)</li> <li>• Pancoast tumor (superior sulcus syndrome), NOS</li> <li>• Parietal pericardium</li> <li>• Parietal pleura (PL3)</li> <li>• Pericardium, NOS</li> <li>• Phrenic nerve</li> <li>• Stellate ganglion and thoracic nerve roots (see code 650 for other nerves)</li> </ul> <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"> <li>• Aorta</li> <li>• Azygos vein</li> <li>• Pulmonary artery or vein</li> <li>• Superior vena cava (SVC syndrome)</li> </ul> <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"> <li>• Cervical sympathetic (Horner's syndrome)</li> <li>• Recurrent laryngeal (vocal cord paralysis)</li> <li>• Vagus</li> </ul> <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"> <li>• Aorta</li> <li>• Brachiocephalic vein</li> <li>• Pulmonary artery or vein</li> <li>• Superior vena cava (SVC syndrome)</li> <li>• Supra-aortic arteries</li> </ul> <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"> <li>• Cervical sympathetic (Horner's syndrome) <ul style="list-style-type: none"> <li>◦ Excludes stellate ganglion and thoracic nerve roots (see Code 500)</li> </ul> </li> <li>• Recurrent laryngeal (vocal cord paralysis)</li> <li>• Vagus</li> </ul> <p>Subclavian vessels</p> <p>Thymus</p> <p>Trachea</p> <p><i>Azygos vein moved to code 500</i></p>