

Version 2.0 Changes for EOD

This document shows the changes that were made to EOD for the SEER*RSA version 2.0 release

[Table 1: Updated Schemas due to AJCC rolling updates, Version 2.0](#)

[Table 2: Changes to EOD Schemas, Version 2.0](#)

Version 2.0 Changes for EOD

Table 1: Updated Schemas due to AJCC rolling updates, Version 2.0

Schema	Applicable Years	Comments
Cervix, 9 th Edition	2021+	<p>Cervix, 9th edition, will be used with 2021+ diagnosis. There are now two Cervix schemas in SEER*RSA</p> <ul style="list-style-type: none">• Cervix 8th: 2018-2020 (Schema ID: 00520)• Cervix 9th: 2021+ (Schema ID: 09520) <p>Software will automatically take you to the correct Cervix schema based on the date of diagnosis</p>

Version 2.0 Changes for EOD

Table 2: Changes to EOD Schemas, Version 2.0

Schema	Data Item	Code	Original Text	Updated/New Text
Ampulla of Vater	EOD Primary Tumor	150	Duodenal submucosa Perisphincteric invasion (invasion beyond sphincter of Oddi)	Summary Stage derivation should be L No changes to definition
Ampulla of Vater	EOD Primary Tumor	700	Further contiguous extension	Periduodenal or peripancreatic soft tissue with involvement of structures in codes 500 or 600 OR Further contiguous extension
Appendix	EOD Primary Tumor	Notes		<i>For change log only: Notes were added to EOD Primary Tumor for Appendix. Please see SEER*RSA</i>
Appendix	EOD Primary Tumor	600	For mucinous tumors only	For mucinous tumors only (ICD-O-3 codes 8480/3, 8481/3, and 8490/3 only)
Appendix	EOD Primary Tumor	750	Adrenal (suprarenal) gland Bladder Diaphragm	Mucinous tumors only (ICD-O-3 codes 8480/3, 8481/3, and 8490/3) • Structures in code 700 with peritoneal involvement confined within right lower quadrant All tumors <ul style="list-style-type: none"> • Adrenal (suprarenal) gland • Bladder • Diaphragm

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Appendix	EOD Mets	Notes	<p>Note: Peritoneal spread is common in appendiceal tumors and is coded as 30 if limited to the peritoneum. Peritoneal implants involving abdominopelvic organs, such as the serosa of the small or large bowel and the surface of the ovary, spleen, or liver, should be coded as 30, regardless of whether implants demonstrate infiltration of underlying tissue, manifested as invasion. Nonperitoneal metastasis, such as pleuropulmonary involvement is rare and would be coded as 50</p>	<p>Note 1: Peritoneal spread is common in appendiceal tumors and is coded as 30 if limited to the peritoneum. Peritoneal implants involving abdominopelvic organs, such as the serosa of the small or large bowel and the surface of the ovary, spleen, or liver, should be coded as 30, regardless of whether implants demonstrate infiltration of underlying tissue, manifested as invasion. Nonperitoneal metastasis, such as pleuropulmonary involvement is rare and would be coded as 50.</p> <p>Note 2: Use code 70 when the only information is "distant metastasis, NOS," and there is no documentation regarding the specific metastases.</p> <ul style="list-style-type: none"> If there are specific metastasis documented that are not listed in codes 10, 30, 40, or 50, assign code 50 for "other specified distant metastasis."
Appendix	EOD Mets	40	None	<p>Distant lymph node(s)</p> <ul style="list-style-type: none"> - Inferior mesenteric - Superior mesenteric - Distant lymph node(s), NOS

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Appendix	EOD Mets	50	<p>Distant metastasis other than peritoneum</p> <p>Distant lymph node(s)</p> <ul style="list-style-type: none"> • Inferior mesenteric • Superior mesenteric • Distant lymph node(s), NOS <p>Intraperitoneal spread plus distant lymph node(s)</p> <p>Non-peritoneal metastasis Carcinomatosis</p> <p>Distant metastasis WITH or WITHOUT distant lymph node(s)</p>	<p>Non-peritoneal metastasis WITH or WITHOUT distant lymph nodes or intraperitoneal spread</p> <p>Intraperitoneal spread WITH distant lymph nodes</p> <p>Other specified distant metastasis</p> <p>Carcinomatosis</p>
Bladder	EOD Primary Tumor	Note 4	Note 4: In case of multifocal noninvasive, code 000	Note 4: In case of multifocal papillary noninvasive tumors (code 000) and nonpapillary in situ tumors (code 050), code 050.
Bladder	EOD Primary Tumor	000	<p>Papillary</p> <ul style="list-style-type: none"> • Non-infiltrating • Transitional cell carcinoma, stated to be non-invasive • Transitional cell carcinoma, with inferred description of non-invasion 	<p>Papillary (8130/2, 8131/2, other histologies, see code 050)</p> <ul style="list-style-type: none"> • Non-infiltrating or non-invasive papillary transitional cell carcinoma • Non-infiltrating or non-invasive papillary urothelial carcinoma • Papillary transitional cell carcinoma, with inferred description of non-invasion • Papillary urothelial carcinoma, with inferred description of non-invasion

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Bladder	EOD Primary Tumor	050	Nonpapillary <ul style="list-style-type: none"> • Carcinoma in situ, NOS • Sessile (flat) (solid) carcinoma in situ • Transitional cell carcinoma in situ 	Nonpapillary <ul style="list-style-type: none"> • Carcinoma in situ, NOS • Sessile (flat) (solid) carcinoma in situ • Transitional cell carcinoma in situ • Urothelial carcinoma (in situ, non-infiltrating, non-invasive) Multifocal papillary and nonpapillary non-invasive tumors (see Note 4)
Bladder	EOD Primary Tumor	500	Extravesical mass	Extravesical mass (Clinically or grossly apparent extravesical mass)
Bladder	EOD Primary Tumor	550	Extension to perivesical fat/tissues, NOS, including	Extension to perivesical fat/tissues, NOS (UNKNOWN if MICROSCOPIC or MACROSCOPIC), including
Bladder	EOD Primary Tumor	720	Extravesical tumor with extension to Abdominal wall Bone Colon Pelvic wall Pubic bone Rectum (female) Further contiguous extension	Bladder is "fixed" with extension to structures in code 650 OR Extravesical tumor with extension to Abdominal wall Bone Colon Pelvic wall Pubic bone Rectum (female) Further contiguous extension

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Bladder	EOD Mets	Note		<p>Note: Use code 70 when the only information is “distant metastasis, NOS,” and there is no documentation regarding the specific metastases.</p> <ul style="list-style-type: none"> If there are specific metastasis documented that are not listed in codes 10 or 50, assign code 50 for “other specified distant metastasis.”
Bladder	EOD Mets	10	Distant lymph node(s), NOS	<p>Intraaorticaval Paracaval Superior mesenteric</p> <p>Distant lymph node(s), NOS</p>
Bladder	EOD Mets	50	None	<p>NEW CODE Other specified distant metastasis WITH or WITHOUT distant lymph node(s)</p> <p>Carcinomatosis</p> <p><i>Note for change log only: EOD was not deriving the M1a and M1b categories</i></p>
Bladder	EOD Mets	70	<p>Carcinomatosis</p> <p>Distant metastasis WITH or WITHOUT distant lymph node(s)</p> <p>Distant metastasis, NOS</p>	<p>Distant metastasis, NOS</p>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Bone Spine	EOD Primary Tumor	600	Extension beyond periosteum to surrounding tissues, including adjacent skeletal muscle(s)	750: Extension beyond periosteum to surrounding tissues, including adjacent skeletal muscle(s) <i>Note for change log only: This change will be automatically done in the software update. No input from registrar needed</i>
Bone Spine	EOD Primary Tumor	650	Spinal canal	Summary Stage derivation should be RE No changes to definition
Bone Appendicular, Bone Pelvis, Bone Spine	EOD Mets	Note		Note: Use code 70 when the only information is "distant metastasis, NOS," and there is no documentation regarding the specific metastases. <ul style="list-style-type: none"> If there are specific metastasis documented that are not listed in codes 10, 30, or 50, assign code 50 for "other specified distant metastasis."
Bone Appendicular, Bone Pelvis, Bone Spine	EOD Mets	30	Distant lymph node(s), NOS	Distant lymph node(s), NOS WITH or WITHOUT lung metastasis
Bone Appendicular, Bone Pelvis, Bone Spine	EOD Mets	50	Bone (other than primary site) Lung WITH distant lymph node(s) OR other distant sites Carcinomatosis Distant mets WITH or WITHOUT distant lymph node(s)	Bone (other than primary site) WITH or WITHOUT distant lymph nodes or lung metastasis Other specified distant metastasis Carcinomatosis

Version 2.0 Changes for EOD

Breast	EOD Regional Nodes	Notes	<p>Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in EOD Mets.</p> <p>Note 2: If the pathology report indicates that nodes are positive but size of the metastases is not stated, assume the metastases are greater than 0.2 mm and code the lymph nodes as positive in this field.</p>	<p>Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in EOD Mets.</p> <p>Note 2: This schema has lymph node codes that are defined as “CLINICAL assessment only” or “PATHOLOGICAL assessment only.”</p> <ul style="list-style-type: none"> • CLINICAL assessment only codes (000, 150, 350, 400) are used when there is a clinical work up only and there is no surgical resection of the primary tumor or site. This includes FNA, core biopsy, sentinel node biopsy, or lymph node excision • PATHOLOGICAL assessment only codes (030, 050, 070, 200, 250, 300) are used when <ul style="list-style-type: none"> ○ Primary tumor or site surgically resected with <ul style="list-style-type: none"> ▪ Any microscopic examination of regional lymph nodes. Includes <ul style="list-style-type: none"> ▪ FNA, core biopsy, sentinel node biopsy or lymph node excision done during the clinical work up and/or ▪ Lymph node dissection performed • Remaining codes (no designation of CLINICAL or PATHOLOGICAL only assessment) can be used based on clinical and/or pathological information
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Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
				Note 3: If the pathology report indicates that nodes are positive but size of the metastases is not stated, assume the metastases are greater than 0.2 mm and code the lymph nodes as positive in this field.
Breast	EOD Regional Nodes	Notes	<p>Based on change above, previous notes 2 and 3, are now notes 4 and 5</p> <p>Current Note 5: Codes 100-200 and 350 only apply to involved axillary level I and II lymph nodes. If internal mammary, infraclavicular (subclavicular, level III axillary, apical), or supraclavicular lymph nodes are involved, codes 100-200 and 350 may not be used.</p>	<p>Note 6: Internal mammary nodes (codes 250, 300, 400, 600) are not routinely removed unless there was an uptake during a sentinel lymph node biopsy, or they were clinically apparent on imaging. Before assigning one of these codes, make sure that the documentation clearly states that internal mammary nodes are involved.</p> <ul style="list-style-type: none"> Do not confuse internal mammary nodes with intramammary nodes, which are routinely evaluated <p>Note 7: Codes 100-200 and 350 only apply to involved axillary level I and II lymph nodes. If internal mammary, infraclavicular (subclavicular, level III axillary, apical), or supraclavicular lymph nodes are involved, codes 100-200 and 350 may not be used.</p>
Breast	EOD Regional Nodes	000	No clinical regional lymph node involvement	<p>CLINICAL assessment only</p> <p>No clinical regional lymph node involvement</p>
Breast	EOD Regional Nodes	070	No regional lymph node involvement pathologically (lymph nodes removed and pathologically negative) WITHOUT ITCs or ITC testing unknown	<p>PATHOLOGICAL assessment only</p> <p>No regional lymph node involvement pathologically (lymph nodes removed and pathologically negative) WITHOUT ITCs or ITC testing unknown</p>

Version 2.0 Changes for EOD

<p>Buccal Mucosa, Floor of Mouth, Gum, Lip, Mouth Other, Palate Hard, Tongue Anterior</p>	<p>EOD Regional Nodes</p>	<p>Notes</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 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: This schema has lymph node codes that are defined as “Clinical assessment only” or “Pathological assessment only.”</p> <ul style="list-style-type: none"> • Clinical assessment only codes (450) are used when there is a clinical work up only and there is no surgical resection of the primary tumor or site. This includes FNA, core biopsy, sentinel node biopsy, or lymph node excision • Pathological assessment only codes (150, 500, 600, 700) are used for Oral Cavity sites when <ul style="list-style-type: none"> ○ Primary tumor or site surgically resected with <ul style="list-style-type: none"> ▪ Any microscopic examination of regional lymph nodes. Includes <ul style="list-style-type: none"> • FNA, core biopsy, sentinel node biopsy or lymph node excision done during the clinical work up and/or • Lymph node dissection performed ○ Primary tumor or site NOT surgically resected, but <ul style="list-style-type: none"> ▪ Lymph node dissection performed
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Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
				<ul style="list-style-type: none"> Remaining codes (no designation of Clinical or Pathological only assessment) can be used based on clinical and/or pathological information <p>Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.</p>
Buccal Mucosa, Floor of Mouth, Gum, Lip, Mouth Other, Palate Hard, Tongue Anterior	EOD Regional Nodes	Notes	<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 appropriately. If the specific level cannot be determined, consider them as Level V nodes.</p>	<p>Note 4: Supraclavicular lymph nodes can be either Level IV or Level V</p> <ul style="list-style-type: none"> Level IV: deep to the sternocleidomastoid muscle, in the lower jugular chain Level V: in the posterior triangle, inferior to the transverse cervical artery, supraclavicular lymph nodes, NOS
Buccal Mucosa, Floor of Mouth, Gum, Lip, Mouth Other, Palate Hard, Tongue Anterior	EOD Regional Nodes	100, 200, 250, 300, 400		<p>"CLINICAL or PATHOLOGICAL" removed from code description</p>

Version 2.0 Changes for EOD

Cervical Lymph Nodes and Unknown Primary	EOD Regional Nodes	Notes	<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 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: For this schema, code 000 (no regional lymph node involvement) is not applicable. This code was removed effective Version 2.0 and later in an effort to stop this schema being used when it is not applicable. To get into this schema, there must be lymph node involvement (clinically or pathologically)</p> <ul style="list-style-type: none"> ▪ If you are in this schema and there are negative nodes clinically, please review the response to Schema Discriminator 1: Occult Head and Neck Lymph Nodes and reassign appropriately (Code 1 is for primary site C760 with negative lymph node involvement) ▪ This schema may be used for nodes that are clinically positive (FNA, core biopsy, lymph node biopsy, lymph node excision or sentinel lymph node biopsy), but are confirmed to be pathologically negative on a lymph node dissection. In these cases, the clinical lymph node involvement has priority and should be coded in this field <ul style="list-style-type: none"> ○ <i>Example 1:</i> Excision of a single cervical node was positive,
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Version 2.0 Changes for EOD

				<p>subsequent cervical lymph node dissection was negative</p> <ul style="list-style-type: none"> ○ <i>Example 2:</i> Biopsy of a cervical was positive, the patient underwent neoadjuvant treatment, followed by a negative lymph node dissection <ul style="list-style-type: none"> ▪ This schema may not be used when nodes are positive on imaging only (not microscopically confirmed clinically) and the same nodes are removed and negative. In this situation, the pathological lymph node involvement would take priority and the lymph nodes would be coded as not involved (see first bullet about reviewing the schema discriminator) <p>Note 3: This schema has lymph node codes that are defined as “Clinical assessment only” or “Pathological assessment only.”</p> <ul style="list-style-type: none"> ▪ Clinical assessment only codes (450) are used when there is a clinical work up. This includes FNA, core biopsy, sentinel node biopsy, or lymph node excision ▪ Pathological assessment only codes (150, 500, 600, 700) are used for this schema when <ul style="list-style-type: none"> ○ FNA, core biopsy, sentinel node biopsy or lymph node excision
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Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
				<p>done during the clinical work up and/or</p> <ul style="list-style-type: none"> ○ Lymph node dissection performed ▪ Remaining codes (no designation of Clinical or Pathological only assessment) can be used based on clinical and/or pathological <p>Note 4: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are ipsilateral.</p>
Cervical Lymph Nodes and Unknown Primary	EOD Regional Nodes	Notes	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 appropriately. If the specific level cannot be determined, consider them as Level V nodes.	<p>Note 5: Supraclavicular lymph nodes can be either Level IV or Level V</p> <ul style="list-style-type: none"> • Level IV: deep to the sternocleidomastoid muscle, in the lower jugular chain <p>Level V: in the posterior triangle, inferior to the transverse cervical artery, supraclavicular lymph nodes, NOS</p>
Cervical Lymph Nodes and Unknown Primary	EOD Regional Nodes	000	No regional lymph node involvement	<p>CODE DELETED</p> <p>See note above</p>
Cervical Lymph Nodes and Unknown Primary	EOD Regional Nodes	100, 200, 250, 300, 400		" CLINICAL or PATHOLOGICAL " removed from code description

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Cervix-8 th Edition	EOD Primary Tumor	250	Clinically visible lesion (macroscopic), including superficial invasion	Clinically visible lesion (macroscopic), including superficial invasion FIGO Stage IB1, IB2
Cervix	EOD Mets	10	Distant lymph node(s) - Inguinal	Distant lymph node(s) - Inguinal (femoral)
Colon and Rectum	EOD Primary Tumor	Note 5	Code 300 <ul style="list-style-type: none"> Invasion through muscularis propria or muscularis, NOS Non-peritonealized pericolic/perirectal tissues invaded [Ascending Colon/Descending Colon/Hepatic Flexure/Splenic Flexure/: Posterior surface; Lower third of rectum] Subserosal tissue/(sub)serosal fat invaded 	Code 300 <ul style="list-style-type: none"> Invasion through muscularis propria or muscularis, NOS Non-peritonealized pericolic/perirectal tissues invaded [Ascending Colon/Descending Colon/Hepatic Flexure/Splenic Flexure/Upper two thirds of rectum: Posterior surface; Lower third of rectum] Subserosal tissue/(sub)serosal fat invaded
Colon and Rectum	EOD Primary Tumor	Note 5	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 	Code 400 <ul style="list-style-type: none"> Mesentery Peritonealized pericolic/perirectal tissues invaded [Ascending Colon/Descending Colon/Hepatic Flexure/Splenic Flexure/Upper third of rectum: anterior and lateral surfaces; Cecum; Sigmoid Colon; Transverse Colon; Rectosigmoid; Rectum: middle third anterior surface] Pericolic/Perirectal fat

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Colon and Rectum	EOD Mets	Notes	Note: Distant lymph node(s) for Colon, Rectum and Rectosigmoid include	<p>Note 1: Use code 70 when the only information is</p> <ul style="list-style-type: none"> Distant lymph nodes are involved, but not stated as single or multiple lymph node chains Distant metastasis is present, but not stated as single or multiple organ involvement <p>Note 2: Peritoneal involvement, WITH or WITHOUT any other involvement, is code 50.</p> <p>Note 3: Distant lymph node(s) for Colon, Rectum and Rectosigmoid include</p>
Colon and Rectum	EOD Mets	30	Metastasis to MULTIPLE distant lymph node chains WITH or WITHOUT single distant organ (except peritoneum)	<p>Single distant lymph node chain WITH single distant organ (except peritoneum)</p> <p>Metastasis to MULTIPLE distant lymph node chains WITH or WITHOUT single distant organ (except peritoneum)</p>
Corpus Carcinoma and Carcinosarcoma	EOD Primary Tumor	Note		Note 2: Codes 050, 070, and 080 (behavior code 2) are for Serous endometrial intraepithelial carcinoma (EIC) (8380/2).
Corpus Carcinoma and Carcinosarcoma	EOD Primary Tumor	050		<p>NEW CODE: 050</p> <p>Serous endometrial intraepithelial carcinoma (EIC) (8380/2)</p> <p>Tumor limited to the endometrium or invading less than half the myometrium</p>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Corpus Carcinoma and Carcinosarcoma	EOD Primary Tumor	070		NEW CODE: 070 Serous endometrial intraepithelial carcinoma (EIC) (8380/2) Tumor invading one half or more of the myometrium
Corpus Carcinoma and Carcinosarcoma	EOD Primary Tumor	080		NEW CODE: 070 Serous endometrial intraepithelial carcinoma (EIC) (8380/2) Invasion of myometrium, NOS
Cutaneous Carcinoma Head and Neck	EOD Regional Nodes	Notes	<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 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: This schema has lymph node codes that are defined as “CLINICAL assessment only” or “PATHOLOGICAL assessment only.”</p> <ul style="list-style-type: none"> • CLINICAL assessment only codes (450) are used when there is a clinical work up only and there is no surgical resection of the primary tumor or site. This includes FNA, core biopsy, sentinel node biopsy, or lymph node excision • PATHOLOGICAL assessment only codes (150, 500, 600, 700) are used when <ul style="list-style-type: none"> ○ Primary tumor or site surgically resected with <ul style="list-style-type: none"> ▪ Any microscopic examination of regional lymph nodes. Includes ▪ FNA, core biopsy, sentinel node biopsy or lymph node

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
				<p>excision done during the clinical work up and/or</p> <ul style="list-style-type: none"> ▪ Lymph node dissection performed <ul style="list-style-type: none"> • Remaining codes (no designation of CLINIAL or PATHOLOGICAL only assessment) can be used based on clinical and/or pathological information <p>Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.</p>
Cutaneous Carcinoma Head and Neck	EOD Regional Nodes	Notes	<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 appropriately. If the specific level cannot be determined, consider them as Level V nodes.</p>	<p>Note 4: Supraclavicular lymph nodes can be either Level IV or Level V</p> <ul style="list-style-type: none"> • Level IV: deep to the sternocleidomastoid muscle, in the lower jugular chain • Level V: in the posterior triangle, inferior to the transverse cervical artery, supraclavicular lymph nodes, NOS
Cutaneous Carcinoma Head and Neck	EOD Regional Nodes	100, 200, 250, 300, 400		<p>"CLINICAL or PATHOLOGICAL" removed from code description</p>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Cystic Duct	EOD Primary Tumor	600	Ampulla of Vater Colon Duodenum, NOS Invasion of/through serosa Liver Omentum, greater or lesser Pancreas Periductal/perimuscular connective tissue Serosa (visceral peritoneum) perforated Small intestine, NOS Stomach, distal or proximal Unilateral branches of hepatic artery (right or left) Unilateral branches of portal vein (right or left)	Extrahepatic bile ducts (including common bile duct) with extension to gallbladder or structures in codes 400-500 OR ONE Of the following organs or structures Ampulla of Vater Colon Duodenum, NOS Invasion of/through serosa Liver Omentum, greater or lesser Pancreas Periductal/perimuscular connective tissue Serosa (visceral peritoneum) perforated Small intestine, NOS Stomach, distal or proximal Unilateral branches of hepatic artery (right or left) Unilateral branches of portal vein (right or left)
Cystic Duct	EOD Primary Tumor	650	Hepatic artery (common, NOS) Portal vein (main, NOS) Two or more extrahepatic organs or structures	Two or more organs and/or structures listed in code 600 Hepatic artery (common, NOS) Portal vein (main, NOS)
Esophagus (both schemas)	EOD Primary Tumor	700		Codes (500+ + 600) added

Version 2.0 Changes for EOD

Fallopian Tube	EOD Primary Tumor	Notes	<p>Note 1: When both the Federation Internationale de Gynecologie et d'Obstetrique (FIGO) stage and extension information on the primary tumor are available, use the extension information to assign the code in preference to a statement of FIGO stage.</p> <p>Note 2: Tumors in codes 100-250 with malignant ascites are coded 300.</p> <ul style="list-style-type: none"> • Ascites, NOS is negative <p>Note 3: Both extension to and/or discontinuous metastasis to any of the following pelvic organs are included in code 450</p> <p>Bladder and bladder serosa Broad ligament (mesovarium) Cul de sac Parametrium Pelvic peritoneum Pelvic wall Rectosigmoid Rectum Sigmoid colon Sigmoid mesentery Ureter, pelvic</p>	<p>Note 1: When both the Federation Internationale de Gynecologie et d'Obstetrique (FIGO) stage and extension information on the primary tumor are available, use the extension information to assign the code in preference to a statement of FIGO stage.</p> <p>Note 2: Codes 050, 070 and 080 (behavior code 2) are for High-grade serous tubal intraepithelial carcinoma (STIC) (8441/2)</p> <p>Note 3: Tumors in codes 100-250 with malignant ascites are coded 300.</p> <ul style="list-style-type: none"> • Ascites, NOS should be excluded as a staging element <p>Note 4: If there is involvement of the ovary (including surgical spill and/or capsule rupture) with no further evidence of extension and the physician states that this is a fallopian tube primary, code 400.</p> <p>Note 5: Both extension to and/or discontinuous metastasis to any of the following pelvic organs are included in code 450</p> <ul style="list-style-type: none"> • Adjacent (pelvic) peritoneum • Bladder • Bladder serosa • Cul de sac (rectouterine pouch) • Ligament(s) (broad, ovarian, round, suspensory) • Mesosalpinx (Meosvarium) • Parametrium
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Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
				<ul style="list-style-type: none"> • Pelvic wall • Rectosigmoid • Rectum • Sigmoid colon (including sigmoid mesentery) • Ureter (pelvic portion)
Fallopian Tube	EOD Primary Tumor	Note	Note 7: Direct extension and/or metastasis to the liver or splenic parenchyma are coded in EOD mets	<p>Note 9: Tumor limited to the peritoneal surface of the liver or splenic capsule is coded 700, regardless of the size (microscopic or macroscopic)</p> <ul style="list-style-type: none"> • Liver and splenic parenchymal involvement is coded in EOD Mets (code 50)
Fallopian Tube	EOD Primary Tumor	050		<p>NEW CODE: High-grade serous tubal intraepithelial carcinoma (STIC) (8441/2) Limited to one tube</p>
Fallopian Tube	EOD Primary Tumor	070		<p>NEW CODE: High-grade serous tubal intraepithelial carcinoma (STIC) (8441/2) Both tubes involved</p>
Fallopian Tube	EOD Primary Tumor	080		<p>NEW CODE: High-grade serous tubal intraepithelial carcinoma (STIC) (8441/2) Unknown if one or both tubes involved</p>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Fallopian Tube	EOD Primary Tumor	100	Limited to one fallopian tube AND No tumor on fallopian tube surface AND No malignant cells in ascites or peritoneal washings High-grade serous tubal intraepithelial carcinoma (STIC) FIGO Stage IA	Limited to one fallopian tube AND No tumor on fallopian tube surface AND No malignant cells in ascites or peritoneal washings FIGO Stage IA Note for change log only: High-grade serous tubal intraepithelial carcinoma (STIC) moved to codes 050 and 070
Fallopian Tube	EOD Primary Tumor	200	Limited to one or both fallopian tube(s) WITH surgical spill FIGO Stage IC1	REMOVED-See note 3 Note for change log only: If there is presence of surgical spill, then there is involvement of the ovary and code 400 should be used
Fallopian Tube	EOD Primary Tumor	250	Limited to one or both fallopian tube(s) WITH capsule ruptured before surgery OR WITH tumor on fallopian tube surface FIGO Stage IC2	Limited to one or both fallopian tube(s) WITH tumor on fallopian tube surface FIGO Stage IC2 Note for change log only: "capsule rupture" removed. If there is capsule rupture, then there is involvement of the ovary and code 400 should be used

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Fallopian Tube	EOD Primary Tumor	450	<p>Extension to or implants to other pelvic tissues</p> <p>Adjacent peritoneum Broad ligament, ipsilateral Cul de sac (rectouterine pouch) Mesosalpinx, ipsilateral Rectosigmoid Sigmoid</p> <p>FIGO Stage IIB</p>	<p>Extension to and/or discontinuous metastasis to pelvic sites (see Note 5)</p> <p>FIGO Stage IIB</p>
Fallopian Tube	EOD Primary Tumor	600	<p>Summary Stage derivation is incorrect, goes to RE</p> <p>Microscopic peritoneal implants or microscopic peritoneal carcinomatosis beyond pelvis</p> <ul style="list-style-type: none"> • Includes peritoneal surface/capsule of liver • Omentum • Small intestine <p>FIGO Stage IIIA</p>	<p>Summary Stage derivation should be D</p> <p>Microscopic peritoneal implants or microscopic peritoneal carcinomatosis beyond pelvis (above pelvic brim) (See Note 8)</p>
Fallopian Tube	EOD Primary Tumor	650	<p>Macroscopic peritoneal implants or macroscopic peritoneal carcinomatosis beyond pelvis (above pelvic brim)</p> <p>Less than or equal to 2 cm in diameter</p> <p>FIGO Stage IIIB</p>	<p>Macroscopic peritoneal implants or macroscopic peritoneal carcinomatosis beyond pelvis (above pelvic brim) (See Note 8)</p> <ul style="list-style-type: none"> • Less than or equal to 2 cm in diameter <p>FIGO Stage IIIB</p>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Fallopian Tube	EOD Primary Tumor	700	<p>Macroscopic peritoneal implants or macroscopic peritoneal carcinomatosis beyond pelvis (above pelvic brim)</p> <p>Greater than 2 cm in diameter Includes tumor extension to capsule of liver and spleen WITHOUT parenchymal involvement of either organ</p> <p>FIGO Stage IIIC</p>	<p>Macroscopic peritoneal implants or macroscopic peritoneal carcinomatosis beyond pelvis (above pelvic brim) (See Note 8)</p> <ul style="list-style-type: none"> Greater than 2 cm in diameter <p>Extension or implants (microscopic, macroscopic or unknown) to the peritoneal surface of the liver or splenic capsule</p> <ul style="list-style-type: none"> WITHOUT parenchymal involvement of either organ <p>FIGO Stage IIIC</p>
Floor of Mouth	EOD Primary Tumor	600		Involvement of deep (extrinsic) muscle of tongue (code 550) with extension to structures listed in Note 2 (added at beginning of code)
Heart, Mediastinum and Pleura	EOD Primary Tumor	Notes		<p>Note 1: Code 000 (in situ) is not applicable for this schema.</p> <p>Note 2: For this schema, "multifocal" means involvement of multiple sites (codes 500-700).</p>
Heart, Mediastinum and Pleura	EOD Primary Tumor	500	<p>ONE adjacent organ/structure invaded</p> <p>Adjacent organ(s)/structure(s), NOS</p> <p>Heart (C380)</p>	<p>ONE adjacent organ/structure invaded</p> <p>Heart (C380)</p>
HemeRetic	EOD Primary Tumor	Note 3	<p>9740: Mast cell sarcoma</p> <p>(Note states this must always be coded system, code 700)</p>	<p>Note for change log only: This is an error. 9740: Mast Cell Sarcoma should only be in note 1 (can be coded 100, 700 or 999)</p> <p>Mast cell sarcoma removed from Note 3</p>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
HemeRetic	EOD Primary Tumor	Notes		<p>Note for change log only: New Heme histologies were added and some were changed. Only those that had changes are listed here. Changes done on Main Schema page (note 5) and EOD Primary Tumor, Notes 1 and 3</p> <p>Note 1: 9749: Erdheim Chester disease (2021+ only) 9971: Polymorphic PTLD (2018-2020 only, nonreportable as of 2021)</p> <p>Note 3: 9819: B-lymphoblastic/lymphoma, BCR-ALBL1 like (2021+ only) 9877: Acute myeloid leukemia with mutated NPM1 (2021+ only) 9878: Acute myeloid leukemia with biallelic mutation of CEBPA (2021+ only) 9879: Acute myeloid leukemia with mutated RUNX1 (2021+ only) 9912: Acute myeloid leukemia with BCR-ABL1 (2021+ only) 9968: Myeloid/lymphoid neoplasm with PCM1-JAK2 (2021+ only) 9991: Refractory neutropenia (2018-2020 only, see code 9980/3 for 2021+) 9992: Refractory thrombocytopenia (2018-2020 only, see code 9980/3 for 2021+) 9993: Myelodysplastic syndrome with ring sideroblasts and multilineage dysplasia (2021+ only)</p>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Hypopharynx	EOD Primary Tumor	700		Carotid artery (encased) with involvement of the hyoid bone OR (added at beginning of code)
Hypopharynx	EOD Primary Tumor	800	No evidence of primary tumor	<i>Note for change log only: This code has been deleted. It was in the schema in error. A suspected tumor in one of these sites, with no evidence of primary tumor would be assigned primary site C760</i>

Version 2.0 Changes for EOD

Hypopharynx	EOD Regional Nodes	Notes	<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 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: This schema has lymph node codes that are defined as “Clinical assessment only” or “Pathological assessment only.”</p> <ul style="list-style-type: none"> • Clinical assessment only codes (450) are used when there is a clinical work up only and there is no surgical resection of the primary tumor or site. This includes FNA, core biopsy, sentinel node biopsy, or lymph node excision • Pathological assessment only codes (150, 500, 600, 700) are used for Hypopharynx when <ul style="list-style-type: none"> ○ Primary tumor or site surgically resected with <ul style="list-style-type: none"> ▪ Any microscopic examination of regional lymph nodes. Includes <ul style="list-style-type: none"> • FNA, core biopsy, sentinel node biopsy or lymph node excision done during the clinical work up and/or • Lymph node dissection performed ○ Primary tumor or site NOT surgically resected, but <ul style="list-style-type: none"> ▪ Lymph node dissection performed
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Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
				<ul style="list-style-type: none"> Remaining codes (no designation of Clinical or Pathological only assessment) can be used based on clinical and/or pathological information <p>Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.</p>
Hypopharynx	EOD Regional Nodes	Notes	<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 appropriately. If the specific level cannot be determined, consider them as Level V nodes.</p>	<p>Note 4: Supraclavicular lymph nodes can be either Level IV or Level V</p> <ul style="list-style-type: none"> Level IV: deep to the sternocleidomastoid muscle, in the lower jugular chain Level V: in the posterior triangle, inferior to the transverse cervical artery, supraclavicular lymph nodes, NOS
Hypopharynx	EOD Regional Nodes	100, 200, 250, 300, 400		"CLINICAL or PATHOLOGICAL" removed from code description
Kidney Parenchyma	EOD Primary Tumor	100	<p>Any size tumor</p> <p>Invasion of renal capsule Invasive cancer confined to kidney cortex and/or medulla Pelvicalyceal system Renal pelvis or calyces involved Separate focus of tumor in renal pelvis/calyx</p> <p>Confined (limited) to the kidney, NOS Localized, NOS</p>	<p>Any size tumor</p> <ul style="list-style-type: none"> - Invasion of renal capsule - Invasive cancer confined to kidney cortex and/or medulla <p>Confined (limited) to the kidney, NOS Localized, NOS</p> <p>Note for change log only: Pelvicalyceal system, Renal pelvis or calyces involved and Separate focus of tumor in renal pelvis/calyx moved to code 200 so that correct EOD T is derived</p>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Kidney Parenchyma	EOD Primary Tumor	200	Invasion of perirenal and/or renal sinus fat but not beyond Gerota's fascia Perinephric tissue invasion WITHOUT extension beyond the Gerota's fascia	Invasion of perirenal and/or renal sinus fat but not beyond Gerota's fascia Pelvicalyceal system Perinephric tissue invasion WITHOUT extension beyond the Gerota's fascia Renal pelvis or calyces involved Separate focus of tumor in renal pelvis/calyx
Kidney Renal Pelvis	EOD Primary Tumor	Note 1	Note 1: In case of multifocal non-invasive and in situ tumors, code 050	Note 1: In case of multifocal papillary noninvasive tumors (code 000) and nonpapillary in situ tumors (code 050), code 050.
Kidney Renal Pelvis	EOD Primary Tumor	000	In situ, intraepithelial, noninvasive (flat, sessile)	Papillary (8130/2, 8131/2, other histologies, see code 050) <ul style="list-style-type: none"> • Non-infiltrating or non-invasive papillary transitional cell carcinoma • Non-infiltrating or non-invasive papillary urothelial carcinoma • Papillary transitional cell carcinoma, with inferred description of non-invasion • Papillary urothelial carcinoma, with inferred description of non-invasion
Kidney Renal Pelvis	EOD Primary Tumor	050	In situ, intraepithelial, noninvasive (flat, sessile)	Nonpapillary <ul style="list-style-type: none"> • Carcinoma in situ, NOS • Sessile (flat) (solid) carcinoma in situ • Transitional cell carcinoma in situ • Urothelial carcinoma (in situ, non-infiltrating, non-invasive) Multifocal papillary and nonpapillary non-invasive tumors (see Note 1)

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Kidney Renal Pelvis	EOD Regional Nodes	200	SINGLE lymph node greater than 2 cm	SINGLE regional lymph node greater than 2 cm SINGLE regional lymph node, size UNKNOWN
Lacrimal Gland	EOD Primary Tumor	700	Involvement of adjacent structures, including <ul style="list-style-type: none"> • Brain • Cavernous sinus • Orbital bone • Periosteum • Pterygoid fossa • Sinuses • Superior orbital fissure • Temporal fossa 	Involvement of adjacent structures, including <ul style="list-style-type: none"> • Brain • Cavernous sinus • Pterygoid fossa • Sinuses • Superior orbital fissure • Temporal fossa <p>Note for change log only: Orbital bone and Periosteum removed. Involvement of these structures only is covered in codes 200, 300</p>
Larynx Glottic	EOD Primary Tumor	Code 250	Supraglottis <ul style="list-style-type: none"> • Aryepiglottic fold • Arytenoid cartilage <ul style="list-style-type: none"> ○ Corniculate tubercle ○ Cuneiform tubercle ○ Ventricular bands (false vocal cord(s)) 	Supraglottis <ul style="list-style-type: none"> • Aryepiglottic fold • Cartilage (arytenoid, corniculate, cuneiform, laryngeal, NOS) • Epiglottis (infrahyoid, laryngeal [posterior] surface of epiglottis) • Epiglottis (suprahyoid) (including tip, lingual (anterior) and laryngeal surfaces) • Epilarynx, NOS • False cords: ventricular bands/cavity/vestibular fold
Larynx Glottic	EOD Primary Tumor	400	Paraglottic space Thyroid cartilage (inner cortex)	Paraglottic space Thyroid cartilage (inner cortex) (minor erosion)

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Larynx Other	EOD Primary Tumor	200	Thyroid cartilage (inner cortex)	Thyroid cartilage (inner cortex) (minor erosion)
Larynx Subglottic	EOD Primary Tumor	400	Tumor limited to larynx with vocal cord fixation Invasion of <ul style="list-style-type: none"> • Inner cortex of the thyroid cartilage • Paraglottic space 	Tumor limited to larynx with vocal cord fixation Paraglottic space Thyroid cartilage (inner cortex) (minor erosion)
Larynx Supraglottic	EOD Primary Tumor	600		Thyroid cartilage (inner cortex) (inner erosion) with extension to structures in code 500 OR (added at beginning of code)

Version 2.0 Changes for EOD

<p>Larynx Glottic, Larynx Other, Larynx Subglottic, Larynx Supraglottic</p>	<p>EOD Regional Nodes</p>	<p>Notes</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 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: This schema has lymph node codes that are defined as “Clinical assessment only” or “Pathological assessment only.”</p> <ul style="list-style-type: none"> • Clinical assessment only codes (450) are used when there is a clinical work up only and there is no surgical resection of the primary tumor or site. This includes FNA, core biopsy, sentinel node biopsy, or lymph node excision • Pathological assessment only codes (150, 500, 600, 700) are used for Larynx when <ul style="list-style-type: none"> ○ Primary tumor or site surgically resected with <ul style="list-style-type: none"> ▪ Any microscopic examination of regional lymph nodes. Includes <ul style="list-style-type: none"> • FNA, core biopsy, sentinel node biopsy or lymph node excision done during the clinical work up and/or • Lymph node dissection performed ○ Primary tumor or site NOT surgically resected, but <ul style="list-style-type: none"> ▪ Lymph node dissection performed
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Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
				<ul style="list-style-type: none"> Remaining codes (no designation of Clinical or Pathological only assessment) can be used based on clinical and/or pathological information <p>Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.</p>
Larynx Glottic, Larynx Other, Larynx Subglottic, Larynx Supraglottic	EOD Regional Nodes	Notes	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 appropriately. If the specific level cannot be determined, consider them as Level V nodes.	<p>Note 4: Supraclavicular lymph nodes can be either Level IV or Level V</p> <ul style="list-style-type: none"> Level IV: deep to the sternocleidomastoid muscle, in the lower jugular chain Level V: in the posterior triangle, inferior to the transverse cervical artery, supraclavicular lymph nodes, NOS
Larynx Glottic, Larynx Other, Larynx Subglottic, Larynx Supraglottic	EOD Regional Nodes	100, 200, 250, 300, 400		"CLINICAL or PATHOLOGICAL" removed from code description
Lip	EOD Primary Tumor	700		Invasion through cortical bone with extension to structures in code 600 OR (added at beginning of code)
Liver	EOD Primary Tumor	200		Summary Stage derivation should be RE No changes to definition

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Lung	EOD Primary Tumor	500	<p>Any size tumor</p> <p>Brachial plexus, inferior branches or NOS</p> <p>Chest wall (thoracic wall) (separate lesion-see EOD Mets)</p> <p>Pancoast tumor (superior sulcus syndrome), NOS</p> <p>Parietal pericardium</p> <p>Parietal pleura (PL3)</p> <p>Pericardium, NOS</p> <p>Phrenic nerve</p> <p>Separate tumor nodule(s) in the same lobe as the primary</p>	<p>Any size tumor</p> <p>Brachial plexus, inferior branches or NOS</p> <p>Chest wall (thoracic wall) (separate lesion-see EOD Mets)</p> <p>Diaphragm (separate lesion-see EOD Mets)</p> <p>Pancoast tumor (superior sulcus syndrome), NOS</p> <p>Parietal pericardium</p> <p>Parietal pleura (PL3)</p> <p>Pericardium, NOS</p> <p>Phrenic nerve</p> <p>Separate tumor nodule(s) in the same lobe as the primary</p>
Lung	EOD Primary Tumor	650	<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>Carina from lung</p> <p>Compression of esophagus or trachea not specified as direct extension</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 • Azygos vein • Pulmonary artery or vein • Superior vena cava (SVC syndrome) <p>Compression of esophagus or trachea not specified as direct extension</p>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Lung	EOD Mets	20	<p>Single distant lymph node involved</p> <ul style="list-style-type: none"> • Cervical • Distant lymph node, NOS 	<p>Single distant lymph node involved</p> <ul style="list-style-type: none"> • Cervical • Distant lymph node, NOS <p>WITH or WITHOUT metastasis listed in code 10</p>
Lung	EOD Mets	30	<p>Single extrathoracic metastasis in a single organ</p>	<p>Single extrathoracic metastasis in a single organ</p> <p>WITH or WITHOUT metastasis listed in code 10</p>
Lung	EOD Mets	50	<p>Carcinomatosis</p> <p>Distant metastasis WITH or WITHOUT distant lymph node(s)</p>	<p>Carcinomatosis</p> <p>Distant metastasis WITH or WITHOUT distant lymph node(s) or metastasis listed in code 10</p>
Lymphoma	EOD Primary Tumor	Notes		<p>Note for change log only: New Heme histologies were added and some were changed. Only those that had changes are listed here. Changes done on Main Schema page (note 4)</p> <p>9715: Anaplastic large cell lymphoma, ALK-negative (2021+ only)</p> <p>9725: Hydroa vacciniforme-like lymphoma (2018-2020 only, nonreportable as of 2021)</p> <p>9766/3: Lymphomatoid granulomatosis grade 3 (2021+ only)</p> <p>9826: Burkitt cell leukemia (2018-2020 only, see code 9687/3 for 2021+)</p>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Lymphoma, Lymphoma-CLL/SLL	EOD Primary Tumor	Note	<p>Note 12: Peripheral blood involvement is assessed by an aspiration or peripheral blood smear.</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 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 11: Peripheral blood involvement is assessed by an aspiration or peripheral blood smear.</p> <ul style="list-style-type: none"> Primary site is coded to bone marrow (C421): 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 If ONLY the peripheral blood is involved, code 750 If there is peripheral blood involvement WITH other involvement, code 800
Lymphoma, Lymphoma-CLL/SLL	EOD Primary Tumor	100	<p>Single lymph node region involved</p> <p>Involvement of multiple nodal chains in the SAME lymph node region</p>	<p>Note for change log only: No change in code descriptions, reformatted</p> <p>Nodal lymphomas</p> <ul style="list-style-type: none"> Single lymph node region involved Involvement of multiple nodal chains in the SAME lymph node region

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Lymphoma, Lymphoma- CLL/SLL	EOD Primary Tumor	200	Single extralymphatic site WITHOUT nodal involvement Multifocal involvement (except multifocal lung involvement, see code 700 or 800) of one extralymphatic organ/site WITHOUT nodal involvement	<i>Note for change log only: No change in code descriptions, reformatted</i> Extranodal lymphomas <ul style="list-style-type: none"> • Single extralymphatic site <ul style="list-style-type: none"> ○ WITHOUT nodal involvement • Multifocal involvement (except multifocal lung involvement or any liver involvement, see code 800) of one extralymphatic organ/site • WITHOUT nodal involvement (see code 400 for WITH nodal involvement)
Lymphoma, Lymphoma- CLL/SLL	EOD Primary Tumor	300	Two or more lymph node regions involved SAME side of diaphragm	<i>Note for change log only: No change in code descriptions, reformatted</i> Nodal lymphomas <ul style="list-style-type: none"> • Two or more lymph node regions involved • SAME side of diaphragm

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Lymphoma, Lymphoma-CLL/SLL	EOD Primary Tumor	400	<p>Localized involvement of a single extralymphatic organ/site</p> <ul style="list-style-type: none"> • WITH involvement of its regional lymph node(s) OR • WITH involvement of other lymph node(s) on the SAME side of the diaphragm <p>Contiguous extralymphatic extension from nodal/lymphatic site</p> <ul style="list-style-type: none"> • WITH or WITHOUT involvement of other nodal regions on SAME side of diaphragm 	<p>Note for change log only: No change in code descriptions, reformatted</p> <p>Nodal lymphomas</p> <ul style="list-style-type: none"> • Contiguous extralymphatic extension from nodal/lymphatic site • WITH or WITHOUT involvement of other nodal regions <ul style="list-style-type: none"> ○ on SAME side of diaphragm <p>Extranodal lymphomas</p> <ul style="list-style-type: none"> • Localized involvement of a single extralymphatic organ/site <ul style="list-style-type: none"> ○ WITH involvement of its regional lymph node(s) OR ○ WITH involvement of other lymph node(s) on the SAME side of the diaphragm
Lymphoma, Lymphoma-CLL/SLL	EOD Primary Tumor	600	<p>Involvement of lymph node regions on BOTH sides of the diaphragm</p> <p>OR nodes ABOVE the diaphragm involved WITH spleen involvement</p>	<p>Note for change log only: No change in code descriptions, reformatted</p> <p>Nodal lymphomas</p> <ul style="list-style-type: none"> • Involvement of lymph node regions on BOTH sides of the diaphragm <ul style="list-style-type: none"> ○ OR nodes ABOVE the diaphragm involved ○ WITH spleen involvement

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Lymphoma, Lymphoma-CLL/SLL	EOD Primary Tumor	700	<p>Diffuse or disseminated (multifocal) involvement of ONE OR MORE extralymphatic organ(s)/site(s)</p> <ul style="list-style-type: none"> • WITH OR WITHOUT associated lymph node involvement <p>Noncontiguous extralymphatic organ involvement in conjunction with nodal disease (two or more sites involved)</p> <p>Multifocal involvement of MORE THAN ONE extralymphatic organ/site</p> <p>Involvement of isolated extralymphatic organ in absence of involvement of adjacent lymph nodes, but in conjunction with disease in distant sites</p>	<p>Note for change log only: No change in code descriptions, reformatted</p> <p>Diffuse or disseminated involvement (except multifocal lung involvement or any liver involvement, see code 800) of ONE extralymphatic organ/site</p> <ul style="list-style-type: none"> • WITH or WITHOUT nodal involvement <p>Diffuse or disseminated involvement (except multifocal lung involvement or any liver involvement, see code 800) of MORE than one extralymphatic organ/site</p> <ul style="list-style-type: none"> • WITH or WITHOUT nodal involvement <p>Involvement of isolated extralymphatic organ in absence of involvement of adjacent lymph nodes, but in conjunction with disease in distant sites</p> <p>Multifocal involvement (except multifocal lung involvement or any liver involvement, see code 800) of one extralymphatic organ/site</p> <ul style="list-style-type: none"> • WITH nodal involvement <p>Noncontiguous extralymphatic organ involvement in conjunction with nodal disease (two or more sites involved)</p>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Lymphoma, Lymphoma-CLL/SLL	EOD Primary Tumor	750		NEW CODE 750: Peripheral blood involvement ONLY <i>Note for change log only: Code added so that the combination of TNM and Summary Stage will be derived correctly</i>
Lymphoma, Lymphoma-CLL/SLL	EOD Primary Tumor	800	Any involvement of <ul style="list-style-type: none"> • Blood/peripheral blood • Bone marrow • Cerebrospinal fluid (CSF) • Liver • Lung, multiple lesions (other than by direct extension in code 400) 	Any involvement of <ul style="list-style-type: none"> • Bone marrow • Cerebrospinal fluid (CSF) • Liver • Lung, multiple lesions (other than by direct extension in code 400) • Peripheral blood involvement WITH other involvement
Lymphoma Ocular Adnexa	EOD Regional Nodes	750		NEW CODE Distant lymph node(s), NOS
Major Salivary Glands	EOD Primary Tumor	500		Structures in code 400 with spinal accessory nerve involvement OR (added at beginning of code)
Major Salivary Glands	EOD Primary Tumor	700		Internal carotid artery or jugular vein with extension to structures in codes 350-500 OR (added at beginning of code)

Version 2.0 Changes for EOD

Major Salivary Glands	EOD Regional Nodes	Notes	<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 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: This schema has lymph node codes that are defined as “Clinical assessment only” or “Pathological assessment only.”</p> <ul style="list-style-type: none"> • Clinical assessment only codes (450) are used when there is a clinical work up only and there is no surgical resection of the primary tumor or site. This includes FNA, core biopsy, sentinel node biopsy, or lymph node excision • Pathological assessment only codes (150, 500, 600, 700) are used for Major Salivary Glands when <ul style="list-style-type: none"> ○ Primary tumor or site surgically resected with <ul style="list-style-type: none"> ▪ Any microscopic examination of regional lymph nodes. Includes <ul style="list-style-type: none"> • FNA, core biopsy, sentinel node biopsy or lymph node excision done during the clinical work up and/or • Lymph node dissection performed ○ Primary tumor or site NOT surgically resected, but <ul style="list-style-type: none"> ▪ Lymph node dissection performed
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Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
				<ul style="list-style-type: none"> Remaining codes (no designation of Clinical or Pathological only assessment) can be used based on clinical and/or pathological information <p>Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.</p>
Major Salivary Glands	EOD Regional Nodes	Notes	<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 appropriately. If the specific level cannot be determined, consider them as Level V nodes.</p>	<p>Note 4: Supraclavicular lymph nodes can be either Level IV or Level V</p> <ul style="list-style-type: none"> Level IV: deep to the sternocleidomastoid muscle, in the lower jugular chain Level V: in the posterior triangle, inferior to the transverse cervical artery, supraclavicular lymph nodes, NOS
Major Salivary Glands	EOD Regional Nodes	100, 200, 250, 300, 400		<p>"CLINICAL or PATHOLOGICAL" removed from code description</p>
Maxillary Sinus, Nasal Cavity and Ethmoid Sinus	EOD Primary Tumor	800	No evidence of primary tumor	<p>Note for change log only: This code has been deleted. It was in the schema in error. A suspected tumor in one of these sites, with no evidence of primary tumor would be assigned primary site C760</p>

Version 2.0 Changes for EOD

<p>Maxillary Sinus, Nasal Cavity and Ethmoid Sinus</p>	<p>EOD Regional Nodes</p>	<p>Notes</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 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: This schema has lymph node codes that are defined as “Clinical assessment only” or “Pathological assessment only.”</p> <ul style="list-style-type: none"> • Clinical assessment only codes (450) are used when there is a clinical work up only and there is no surgical resection of the primary tumor or site. This includes FNA, core biopsy, sentinel node biopsy, or lymph node excision • Pathological assessment only codes (150, 500, 600, 700) are used for Nasal Cavity and Paranasal Sinus sites when <ul style="list-style-type: none"> ○ Primary tumor or site surgically resected with <ul style="list-style-type: none"> ▪ Any microscopic examination of regional lymph nodes. Includes <ul style="list-style-type: none"> • FNA, core biopsy, sentinel node biopsy or lymph node excision done during the clinical work up and/or • Lymph node dissection performed ○ Primary tumor or site NOT surgically resected, but <ul style="list-style-type: none"> ▪ Lymph node dissection performed
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Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
				<ul style="list-style-type: none"> Remaining codes (no designation of Clinical or Pathological only assessment) can be used based on clinical and/or pathological information <p>Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.</p>
Maxillary Sinus, Nasal Cavity and Ethmoid Sinus	EOD Regional Nodes	Notes	<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 appropriately. If the specific level cannot be determined, consider them as Level V nodes.</p>	<p>Note 4: Supraclavicular lymph nodes can be either Level IV or Level V</p> <ul style="list-style-type: none"> Level IV: deep to the sternocleidomastoid muscle, in the lower jugular chain <p>Level V: in the posterior triangle, inferior to the transverse cervical artery, supraclavicular lymph nodes, NOS</p>
Maxillary Sinus, Nasal Cavity and Ethmoid Sinus	EOD Regional Nodes	100, 200, 250, 300, 400		"CLINICAL or PATHOLOGICAL" removed from code description
Melanoma Choroid and Ciliary Body	EOD Primary Tumor	Notes		<p>Note 3: Discrete tumor deposit(s) in the orbit that are not contiguous to the eye are recorded in lymph nodes (See EOD Regional Nodes).</p>
Melanoma Choroid and Ciliary Body	EOD Primary Tumor	700	Further contiguous extension	Extraocular extension, NOS UNKNOWN measurement WITH or WITHOUT ciliary body involvement
Melanoma Choroid and Ciliary Body, Iris	EOD Primary Tumor	700		<p>Summary Stage derivation should be RE</p> <p>No changes to definition</p>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Melanoma Iris	EOD Primary Tumor	Notes		<p>Note 1: Uveal melanomas arise most commonly in the choroid, less frequently in the ciliary body, and least often in the iris. Melanomas of the iris tend to be small, and those arising from or extending to the ciliary body typically are large.</p> <p>Note 2: Discrete tumor deposit(s) in the orbit that are not contiguous to the eye are recorded in lymph nodes (See EOD Regional Nodes).</p>
Melanoma Choroid and Ciliary Body	EOD Regional Nodes	300	Cervical, NOS Mandibular, NOS <ul style="list-style-type: none"> • Submandibular (submaxillary) Parotid, NOS <ul style="list-style-type: none"> • Infra-auricular • Preauricular 	Cervical, NOS Mandibular, NOS <ul style="list-style-type: none"> • Submandibular (submaxillary) Parotid, NOS <ul style="list-style-type: none"> • Infra-auricular Preauricular WITH or WITHOUT discrete tumor nodules in the orbit not contiguous to the eye
Melanoma Choroid and Ciliary Body	EOD Regional Nodes	500	Positive regional lymph node(s) Unknown if discrete tumor deposit(s) in orbit	Code deleted <i>Note for change log only: Confirmed that code 300 includes regional nodes WITH or WITHOUT discrete tumor nodules, so code 500 not needed</i>
Melanoma Iris	EOD Regional Nodes	400	Discrete tumor deposit(s) in orbit not contiguous to the eye WITHOUT positive regional lymph node(s)	Code deleted <i>Note for change log only: Confirmed that description does not apply to Melanoma Iris, so code removed</i>
Melanoma Iris	EOD Regional Nodes	500	Positive regional lymph node(s) Unknown if discrete tumor deposit(s) in orbit	Code deleted <i>Note for change log only: See note above for code 400</i>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Melanoma Choroid and Ciliary Body, Melanoma Iris	EOD Mets	Notes		<p>Note 1: If there are multiple metastatic sites, code based on the largest metastasis.</p> <p>Note 2: Use code 70 when the only information is “distant metastasis, NOS,” and there is no documentation regarding the specific metastases.</p> <ul style="list-style-type: none"> If there are specific metastasis documented that are not listed in codes 10, 20, or 30, assign code 30 for “other specified distant metastasis.”
Melanoma Choroid and Ciliary Body, Melanoma Iris	EOD Mets	10	Size of distant metastasis less than or equal to 3 cm	Distant lymph node(s) and/or other distant metastasis AND size of distant metastasis less than or equal to 3 cm
Melanoma Choroid and Ciliary Body, Melanoma Iris	EOD Mets	30	Size of distant metastasis 3.1 cm to 8 cm	Distant lymph node(s) and/or other distant metastasis AND size of distant metastasis 3.1 cm to 8 cm
Melanoma Choroid and Ciliary Body, Melanoma Iris	EOD Mets	50	Size of distant metastasis greater than or equal to 8.1 cm	Distant lymph node(s) and/or other distant metastasis AND size of distant metastasis greater than or equal to 8.1 cm
Melanoma Choroid and Ciliary Body, Melanoma Iris	EOD Mets	70	Size of distant metastasis unknown Distant lymph node(s), NOS Carcinomatosis Distant metastasis WITH or WITHOUT distant lymph node(s) Distant metastasis, NOS	Distant lymph node(s) and/or other distant metastasis AND size of distant metastasis unknown Carcinomatosis Distant metastasis, NOS

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Melanoma Conjunctiva	EOD Primary Tumor	Notes	<p>Note 1: Melanoma in situ is also called primary acquired melanosis.</p> <p>Note 2: The EOD Primary Tumor collapses the clinical and pathological information. Pathological evidence takes priority over clinical evidence, unless the clinical evidence was clearly greater or the patient had neoadjuvant treatment.</p> <p>Note 3: Nodular or well-defined conjunctival melanomas are clinically categorized according to the regional location of their posterior and anterior margins (i.e., cornea, limbus, bulbar conjunctiva, fornix, palpebral conjunctiva, plica, caruncle, or eyelid skin) and by their circumferential extent, in clock minutes, in each of these regions. A "quadrant" comprises 15 clock minutes regardless of the meridian locations of the lateral margins.</p>	<p>Note 1: Melanoma in situ is also called primary acquired melanosis.</p> <p>Note 2: Nodular or well-defined conjunctival melanomas are clinically categorized according to the regional location of their posterior and anterior margins (i.e., cornea, limbus, bulbar conjunctiva, fornix, palpebral conjunctiva, plica, caruncle, or eyelid skin) and by their circumferential extent, in clock minutes, in each of these regions. A "quadrant" comprises 15 clock minutes regardless of the meridian locations of the lateral margins.</p> <p>Note for change long only: Note 2 was removed, a general rule for EOD, not a schema specific rule</p>
Melanoma Head and Neck	EOD Primary Tumor	700	Moderately advanced disease, NOS	<p>Summary Stage derivation should be RE</p> <p>No changes to definition</p>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Melanoma Skin	EOD Primary Tumor	Note 4	<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 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 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 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: Level I (In situ) • Code 100: Level II (< 0.75 mm Breslow’s Depth) • Code 200: Level III (0.76 mm to 1.50 mm Breslow’s Depth) • Code 300: Level IV (> 1.50 mm Breslow’s Depth)

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Melanoma Skin	EOD Regional Nodes	Notes	<p>Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in EOD Mets.</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> <p>Lymph nodes with isolated tumor cells (ITCs) are counted as positive lymph nodes</p>	<p>Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in EOD Mets.</p> <p>Note 2: Codes 100-750 are based on the following criteria</p> <ul style="list-style-type: none"> • How the nodes were determined <ul style="list-style-type: none"> ○ Clinically occult (not clinically apparent) and found to be positive on microscopic examination (e.g., on sentinel lymph node procedure) ○ Clinically detected (clinically apparent) WITH or WITHOUT microscopic confirmation • Number of nodes involved • Presence of in-transit, satellite or microsatellite mets (see Note 4)
Melanoma Skin	EOD Regional Nodes	100	<p>One clinically occult (detected by SLN biopsy)</p> <p>WITHOUT in-transit, satellite, and/or microsatellite metastasis</p>	<p>One clinically occult</p> <p>WITHOUT in-transit, satellite, and/or microsatellite metastasis</p> <p>Note for change log only: “detected by SLN biopsy” removed. 100 can be based on lymph node biopsy/dissection or Sentinel Node biopsy</p>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Melanoma Skin	EOD Regional Nodes	400	Two or three clinically occult (detected by SLN biopsy) WITHOUT in-transit, satellite, and/or microsatellite metastasis	Two or three clinically occult WITHOUT in-transit, satellite, and/or microsatellite metastasis <i>Note for change log only: “detected by SLN biopsy” removed. 400 can be based on lymph node biopsy/dissection or Sentinel Node biopsy</i>
Melanoma Skin	EOD Regional Nodes	600	Four or more clinically occult (detected by SLN biopsy) WITHOUT in-transit, satellite, and/or microsatellite metastasis	Four or more clinically occult WITHOUT in-transit, satellite, and/or microsatellite metastasis <i>Note for change log only: “detected by SLN biopsy” removed. 600 can be based on lymph node biopsy/dissection or Sentinel Node biopsy</i>

Version 2.0 Changes for EOD

Merkel Cell	EOD Regional Nodes	Notes	<p>Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in EOD Mets.</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>	<p>Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in EOD Mets.</p> <p>Note 2: This schema has lymph node codes that are defined as “CLINICAL assessment only” or “PATHOLOGICAL assessment only.”</p> <ul style="list-style-type: none"> • CLINICAL assessment only codes (100, 200, 600, 650) are used when there is a clinical work up only and there is no surgical resection of the primary tumor or site. This includes FNA, core biopsy, sentinel node biopsy, or lymph node excision • PATHOLOGICAL assessment only codes (300, 350, 400, 500, 700, 750) are used when • Primary tumor or site surgically resected with <ul style="list-style-type: none"> ○ Any microscopic examination of regional lymph nodes. Includes <ul style="list-style-type: none"> ▪ FNA, core biopsy, sentinel node biopsy or lymph node excision done during the clinical work up and/or ▪ Lymph node dissection performed • Remaining codes (no designation of CLINICAL or PATHOLOGICAL only assessment) can be used based on clinical and/or pathological information <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</p>
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Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
				malignant activity (e.g., proliferation or stromal reaction).
Merkel Cell Skin	EOD Regional Nodes	Notes	<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>	Note for change log only: Notes determined to not be relevant for Merkel Cell Skin and removed
Merkel Cell Skin	EOD Regional Nodes	Notes	<p>Note 6: Regional lymph nodes for skin</p> <ul style="list-style-type: none"> Single, Multiple, Ipsilateral <p>See EOD Mets for contralateral or bilateral nodes (except for head and neck skin primaries)</p>	Note 5: Regional lymph nodes for skin Single, Multiple, Ipsilateral, Bilateral or Contralateral lymph nodes

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Merkel Cell Skin	EOD Regional Nodes	Notes	Skin of trunk (C445) <ul style="list-style-type: none"> • Upper trunk <ul style="list-style-type: none"> ○ Axillary ○ Cervical ○ Internal mammary ○ Supraclavicular • Lower trunk Superficial inguinal (femoral) 	Section removed
Merkel Cell Skin	EOD Mets	Note		Note: Use code 70 when the only information is “distant metastasis, NOS,” and there is no documentation regarding the specific metastases. <ul style="list-style-type: none"> • If there are specific metastasis documented that are not listed in codes 10, 20, or 30, assign code 50 for “other specified distant metastasis.”
Middle Ear	EOD Primary Tumor	800	No evidence of primary tumor	Note for change long only: This code has been deleted. It was in the schema in error. A suspected tumor in one of these sites, with no evidence of primary tumor would be assigned primary site C760

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
NET Adrenal Gland	EOD Mets	Notes		<p>Note 1: Use code 50 only when there are bone metastasis WITH other metastatic involvement.</p> <ul style="list-style-type: none"> If there are multiple distant mets but bone is not one of them, code 30. <p>Note 2: Use code 70 when the only information is “distant metastasis, NOS,” and there is no documentation regarding the specific metastases.</p> <ul style="list-style-type: none"> If there are specific metastasis documented that are not listed in codes 10, 20, or 30, assign code 30 for “other specified distant metastasis.”
NET Adrenal Gland	EOD Mets	30	Liver Lung	<p>Liver Lung</p> <p>Other specified distant metastasis</p> <p>Carcinomatosis</p> <p>WITH or WITHOUT distant lymph node(s)</p>
NET Adrenal Gland	EOD Mets	50	Any combination of codes 10, 20, 30	Bone WITH other distant metastasis (10) + (20 or 30)

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
NET Schemas: Ampulla of Vater, Appendix, Colon and Rectum, Duodenum, Jejunum and Ileum, Stomach	EOD Mets	Notes		<p>Note 1: Use code 50 only when there are liver metastasis WITH other metastatic involvement.</p> <ul style="list-style-type: none"> If there are multiple distant mets but liver is not one of them, code 30. <p>Note 2: Use code 70 when the only information is “distant metastasis, NOS,” and there is no documentation regarding the specific metastases.</p> <ul style="list-style-type: none"> If there are specific metastasis documented that are not listed in codes 10, 20, or 30, assign code 30 for “other specified distant metastasis.”
NET Schemas: Ampulla of Vater, Appendix, Colon and Rectum, Duodenum, Jejunum and Ileum, Pancreas, Stomach	EOD Mets	10	Liver	Liver (including liver parenchymal nodule(s))

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
NET Schemas: Ampulla of Vater, Appendix, Colon and Rectum, Duodenum, Jejunum and Ileum, Pancreas, Stomach	EOD Mets	30 (50 for Pancreas only)	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)	At least one extrahepatic site <ul style="list-style-type: none"> • Bone • Lung • Ovary(ies) • Peritoneum (seeding) Other specified distant metastasis (except liver) Carcinomatosis WITH or WITHOUT distant lymph node(s) <i>Note for change log only: Received confirmation that other distant metastasis then those listed, including carcinomatosis, WITHOUT liver involvement, are coded to 30</i>
NET Schemas: Ampulla of Vater, Appendix, NET Colon and Rectum, Duodenum, Jejunum and Ileum, Stomach, Pancreas	EOD Mets	50 (60 for Pancreas only)	Any combination of codes 10, 20, or 30 Other distant metastasis Carcinomatosis	Liver WITH other distant metastasis (10) + (20 or 30) <i>Note for change log only: Received confirmation that the only time code 50 should be used is when there Liver mets + any other mets (including carcinomatosis)</i>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
NET Pancreas	EOD Regional Nodes	300	<p>All Sites</p> <p>...</p> <p>Pancreas Head</p> <ul style="list-style-type: none"> • Lateral wall (right) • Portal vein • Pyloric (infrapyloric, retropyloric, subpyloric, suprapyloric) <p>Pancreas Body and Tail</p> <ul style="list-style-type: none"> • Pancreaticosplenic (pancreaticolinal) • Splenic (artery, hilum, lineal) <p>Suprapancreatic</p>	<p>All Sites</p> <p>...</p> <p>Pancreas Head (C250)</p> <ul style="list-style-type: none"> • Lateral wall (right) • Portal vein • Pyloric (infrapyloric, retropyloric, subpyloric, suprapyloric) <p>Pancreas Body and Tail (C251-C252)</p> <ul style="list-style-type: none"> • Pancreaticosplenic (pancreaticolinal) • Splenic (artery, hilum, lineal) • Suprapancreatic <p>Pancreas Other (C253-C254, C257-C259)</p> <ul style="list-style-type: none"> • Celiac • Common bile duct (pericholedochal) • Gastroepiploic (gastro-omental) • Lateral wall right • Pancreaticosplenic (pancreaticolienal) • Portal vein • Pyloric (infrapyloric, retropyloric, subpyloric, suprapyloric, NOS) • Splenic (artery, hilum, lineal) <p>Suprapancreatic</p>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
NET Pancreas	EOD Mets	Notes		<p>Note 4: Use code 60 only when there are liver metastasis WITH other metastatic involvement.</p> <ul style="list-style-type: none"> If there are multiple distant mets but liver is not one of them, code 30. <p>Note 5: Use code 70 when the only information is “distant metastasis, NOS,” and there is no documentation regarding the specific metastases.</p> <ul style="list-style-type: none"> If there are specific metastasis documented that are not listed in codes 10, 20, 40, or 50, assign code 50 for “other specified distant metastasis.”
NET Pancreas	EOD Mets	40	<p>Distant lymph nodes</p> <p>Pancreas Head (C250)</p> <ul style="list-style-type: none"> Pancreaticosplenic (pancreaticolienal) Splenic (lineal), NOS Gastroepiploic (gastro-omental), left <ul style="list-style-type: none"> Splenic hilum Splenic artery Suprapancreatic <p>Distant lymph nodes, NOS</p>	<p>Pancreas Head (C250)</p> <ul style="list-style-type: none"> Gastroepiploic (gastro-omental, left) Pancreaticosplenic (pancreaticolienal) Splenic (artery, hilum, lineal) Suprapancreatic <p>Pancreas Body and Tail (C251-C252)</p> <ul style="list-style-type: none"> Lateral wall (right) Portal vein <p>All sites (C250-C253, C257-C259)</p> <ul style="list-style-type: none"> Other distant lymph nodes <p>Distant lymph node(s), NOS</p>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
NET Stomach	EOD Mets	20 This needs to be converted to 30	Bone Lung Ovary(ies) Peritoneum	<p>At least one extrahepatic site</p> <ul style="list-style-type: none"> • Bone • Lung • Ovary(ies) • Peritoneum (seeding) <p>Other specified distant metastasis (except liver)</p> <p>Carcinomatosis</p> <p>WITH or WITHOUT distant lymph node(s)</p> <p><i>Note for change log only: Received confirmation that other distant metastasis then those listed, including carcinomatosis, WITHOUT liver involvement, are coded to 30</i></p> <p><i>Note for change log only: Conversion will automatically be done during the software update. No registrar input needed</i></p>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
NET Stomach	EOD Mets	30 This needs to be converted to 20	<p>Distant lymph node(s), including</p> <ul style="list-style-type: none"> • Hepatoduodenal (all subsites EXCEPT lesser curvature) • Intra-abdominal • Mesenteric (inferior, superior, NOS) • Middle colic • Pancreaticoduodenal (all subsites EXCEPT greater curvature) • Para-aortic • Porta hepatic (portal) (hilar) (in hilus of liver) • Retropancreatic • Retroperitoneal • Distant lymph node(s), NOS <p>Distant lymph node(s) WITH or WITHOUT structures in Code 20</p>	<p>Distant lymph node(s)</p> <ul style="list-style-type: none"> • Hepatoduodenal (all subsites EXCEPT lesser curvature) • Intra-abdominal • Mesenteric (inferior, superior, NOS) • Middle colic • Pancreaticoduodenal (all subsites EXCEPT greater curvature) • Para-aortic • Porta hepatic (portal) (hilar) (in hilus of liver) • Retropancreatic • Retroperitoneal • Distant lymph node(s), NOS <p>Note for change log only: Conversion will automatically be done during the software update. No registrar input needed</p>
Oropharynx p16- Oropharynx HPV-Mediated (p16+)	EOD Primary Tumor	400	Epiglottis, lingual surface plus both lateral walls through soft palate or base of tongue	Epiglottis, lingual surface plus both lateral walls through soft palate or base of tongue or other structures in code 200 OR
Oropharynx p16-	EOD Primary Tumor	700		<p>Oropharynx (C090-C091, C098-C099, C100, C102-C104, C108-C109)</p> <ul style="list-style-type: none"> • Prevertebral fascia/muscle with extension to structure in code 550 OR (added at beginning of code)

Version 2.0 Changes for EOD

Oropharynx p16-	EOD Regional Nodes	Notes	<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 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: This schema has lymph node codes that are defined as “Clinical assessment only” or “Pathological assessment only.”</p> <ul style="list-style-type: none"> • Clinical assessment only codes (450) are used when there is a clinical work up only and there is no surgical resection of the primary tumor or site. This includes FNA, core biopsy, sentinel node biopsy, or lymph node excision • Pathological assessment only codes (150, 500, 600, 700) are used for Oropharynx p16- when <ul style="list-style-type: none"> ○ Primary tumor or site surgically resected with <ul style="list-style-type: none"> ▪ Any microscopic examination of regional lymph nodes. Includes <ul style="list-style-type: none"> • FNA, core biopsy, sentinel node biopsy or lymph node excision done during the clinical work up and/or • Lymph node dissection performed ○ Primary tumor or site NOT surgically resected, but <ul style="list-style-type: none"> ▪ Lymph node dissection performed
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Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
				<ul style="list-style-type: none"> Remaining codes (no designation of Clinical or Pathological only assessment) can be used based on clinical and/or pathological information <p>Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.</p>
Oropharynx p16-, Oropharynx HPV-Mediated (p16+)	EOD Regional Nodes	Notes	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 appropriately. If the specific level cannot be determined, consider them as Level V nodes.	<p>Note 4: Supraclavicular lymph nodes can be either Level IV or Level V</p> <ul style="list-style-type: none"> Level IV: deep to the sternocleidomastoid muscle, in the lower jugular chain Level V: in the posterior triangle, inferior to the transverse cervical artery, supraclavicular lymph nodes, NOS
Oropharynx p16-	EOD Regional Nodes	100, 200, 250, 300, 400		"CLINICAL or PATHOLOGICAL" removed from code description

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Oropharynx HPV-Mediated (p16+)	EOD Regional Nodes	Notes	<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 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: This schema has lymph node codes that are defined as “CLINICAL assessment only” or “PATHOLOGICAL assessment only.”</p> <ul style="list-style-type: none"> • CLINICAL assessment only codes (300, 400) are used when there is a clinical work up only and there is no surgical resection of the primary tumor or site. This includes FNA, core biopsy, sentinel node biopsy, or lymph node excision • PATHOLOGICAL assessment only codes (500) are used when • Primary tumor or site surgically resected with <ul style="list-style-type: none"> ○ Any microscopic examination of regional lymph nodes. Includes <ul style="list-style-type: none"> ▪ FNA, core biopsy, sentinel node biopsy or lymph node excision done during the clinical work up and/or ▪ Lymph node dissection performed • Remaining codes (no designation of CLINICAL or PATHOLOGICAL only assessment) can be used based on clinical and/or pathological information <p>Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.</p>

Version 2.0 Changes for EOD

Ovary	EOD Primary Tumor	<p>Note 1: When both the Federation Internationale de Gynecologie et d'Obstetrique (FIGO) stage and extension information on the primary tumor are available, use the extension information to assign the code in preference to a statement of FIGO stage.</p> <p>Note 2: Tumors in codes 100-250 with malignant ascites are coded 300.</p> <ul style="list-style-type: none"> • Ascites, NOS is negative <p>Note 3: Both extension to and/or discontinuous metastasis to any of the following pelvic organs are included in code 450</p> <p>Bladder and bladder serosa Broad ligament (mesovarium) Cul de sac Parametrium Pelvic peritoneum Pelvic wall Rectosigmoid Rectum Sigmoid colon Sigmoid mesentery Ureter, pelvic</p>	<p>Note 1: When both the Federation Internationale de Gynecologie et d'Obstetrique (FIGO) stage and extension information on the primary tumor are available, use the extension information to assign the code in preference to a statement of FIGO stage.</p> <p>Note 2: Code 050 (behavior code 2) is for High-grade serous tubal intraepithelial carcinoma (STIC) (8441/2).</p> <p>Note 3: Tumors in codes 100-250 with malignant ascites are coded 300.</p> <ul style="list-style-type: none"> • Ascites, NOS should be excluded as a staging element <p>Note 4: If there is involvement of the fallopian tube with no further evidence of extension and the physician states that this is a ovary primary, code 400.</p> <p>Note 5: Both extension to and/or discontinuous metastasis to any of the following pelvic organs are included in code 450</p> <ul style="list-style-type: none"> • Adjacent (pelvic) peritoneum • Bladder • Bladder serosa • Cul de sac (rectouterine pouch) • Ligament(s) (broad, ovarian, round, suspensory) • Mesosalpinx (Meosvarium) • Parametrium • Pelvic wall
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Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
				<ul style="list-style-type: none"> • Rectosigmoid • Rectum • Sigmoid colon (including sigmoid mesentery) • Ureter (pelvic portion)
Ovary	EOD Primary Tumor	Note	Note 7: Direct extension and/or metastasis to the liver or splenic parenchyma are coded in EOD mets	Note 9: Tumor limited to the peritoneal surface of the liver or splenic capsule is coded 700, regardless of the size (microscopic or macroscopic) <ul style="list-style-type: none"> • Liver and splenic parenchymal involvement is coded in EOD mets (code 50)
Ovary	EOD Primary Tumor	050		NEW CODE: High-grade serous tubal intraepithel carcinoma (STIC) (8441/2)
Ovary	EOD Primary Tumor	450	Extension to or implants to other pelvic tissues Adjacent peritoneum Bladder Bladder serosa Cul de sac (rectouterine pouch) Ligament(s) (broad, ovarian, round, suspensory) Mesovarium Parametrium Pelvic wall Rectosigmoid Rectum Sigmoid colon (including sigmoid mesentery) Ureter (pelvic portion) FIGO Stage IIB	Extension to and/or discontinuous metastasis to pelvic sites (see Note 5) FIGO Stage IIB

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Ovary	EOD Primary Tumor	600	<p>Summary Stage derivation is incorrect, goes to RE</p> <p>Microscopic peritoneal implants or microscopic peritoneal carcinomatosis beyond pelvis</p> <ul style="list-style-type: none"> • Includes peritoneal surface/capsule of liver • Omentum • Small intestine <p>FIGO Stage IIIA</p>	<p>Summary Stage derivation should be D</p> <p>Microscopic peritoneal implants or microscopic peritoneal carcinomatosis beyond pelvis (above pelvic brim) (See Note 8)</p>
Ovary	EOD Primary Tumor	650	<p>Macroscopic peritoneal implants or macroscopic peritoneal carcinomatosis beyond pelvis (above pelvic brim)</p> <p>Less than or equal to 2 cm in diameter</p> <p>FIGO Stage IIIB</p>	<p>Macroscopic peritoneal implants or macroscopic peritoneal carcinomatosis beyond pelvis (See Note 8)</p> <ul style="list-style-type: none"> • Less than or equal to 2 cm in diameter <p>FIGO Stage IIIB</p>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Ovary	EOD Primary Tumor	700	<p>Macroscopic peritoneal implants or macroscopic peritoneal carcinomatosis beyond pelvis (above pelvic brim)</p> <p>Greater than 2 cm in diameter Includes tumor extension to capsule of liver and spleen WITHOUT parenchymal involvement of either organ</p> <p>FIGO Stage IIIC</p>	<p>Macroscopic peritoneal implants or macroscopic peritoneal carcinomatosis beyond pelvis (above pelvic brim) (See Note 8)</p> <ul style="list-style-type: none"> Greater than 2 cm in diameter <p>Extension or implants (microscopic, macroscopic or unknown) to the peritoneal surface of the liver or splenic capsule</p> <ul style="list-style-type: none"> WITHOUT parenchymal involvement of either organ <p>FIGO Stage IIIC</p>
Pancreas, NET Pancreas	EOD Regional Nodes	300		<p>Pancreas Other (C253-C254, C257-C259)</p> <ul style="list-style-type: none"> - Celiac - Common bile duct (pericholedochal) - Gastroepiploic (gastro-omental) - Lateral wall right - Pancreaticosplenic (pancreaticolienal) - Portal vein - Pyloric (infrapyloric, retropyloric, subpyloric, suprapyloric, NOS) - Splenic (artery, hilum, lineal) - Suprapancreatic
Pancreas	EOD Regional Nodes	700	<p>Pancreas Body Tail (C251, C252)</p> <p>Celiac</p>	<p>Pancreas Body Tail (C251, C252) (see code 300 for Pancreas Other, or EOD Mets for Pancreas Head)</p> <ul style="list-style-type: none"> - Celiac
Pancreas	EOD Mets	10	<p>Pancreas Head (C250)</p> <ul style="list-style-type: none"> - Celiac 	<p>Pancreas Head (C250) (see EOD Regional Nodes for all other sites)</p> <ul style="list-style-type: none"> - Celiac

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Pancreas	EOD Mets	20	Pancreas Head (C250) Pancreaticosplenic (pancreaticolienal) Splenic (lineal), NOS Gastroepiploic (gastro-omental), left <ul style="list-style-type: none"> • Splenic artery • Splenic hilum • Suprapancreatic 	Pancreas Head (C250) <ul style="list-style-type: none"> • Gastroepiploic (gastro-omental, left) • Pancreaticosplenic (pancreaticolienal) • Splenic (artery, hilum, lineal) • Suprapancreatic Pancreas Body and Tail (C251-C252) <ul style="list-style-type: none"> • Lateral wall (right) • Portal vein All sites (C250-C253, C257-C259) <ul style="list-style-type: none"> • Other distant lymph nodes Distant lymph node(s), NOS
Penis	EOD Primary Tumor	070	Verrucous carcinoma, NOS	Verrucous carcinoma, NOS (ICD-O-3 code 8051/3 only)

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Penis	EOD Regional Nodes	Notes	<p>Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in EOD Mets.</p> <p>Note 2: Regional lymph nodes include</p>	<p>Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in EOD Mets.</p> <p>Note 2: This schema has lymph node codes that are defined as “CLINICAL assessment only” or “PATHOLOGICAL assessment only.”</p> <ul style="list-style-type: none"> • CLINICAL assessment only codes (100, 200, 300) are used when there is a clinical work up only and there is no surgical resection of the primary tumor or site. This includes FNA, core biopsy, sentinel node biopsy, or lymph node excision • PATHOLOGICAL assessment only codes (400, 500) are used when • Primary tumor or site surgically resected with <ul style="list-style-type: none"> ○ Any microscopic examination of regional lymph nodes. Includes ○ FNA, core biopsy, sentinel node biopsy or lymph node excision done during the clinical work up and/or ○ Lymph node dissection performed • Remaining codes (no designation of CLINICAL or PATHOLOGICAL only assessment) can be used based on clinical and/or pathological information <p>Note 3: Regional lymph nodes include</p>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Pharynx Other	EOD Primary Tumor	800	No evidence of primary tumor	<i>For change log only: This code has been deleted. It was in the schema in error. A suspected tumor in one of these sites, with no evidence of primary tumor would be assigned primary site C760</i>
Placenta	EOD Mets	Note	Note: When both the Federation Internationale de Gynecologie et d'Obstetrique (FIGO) stage and metastatic detail are available, record the code with metastatic detail in preference to a statement of FIGO stage.	<p>Note 1: When both the Federation Internationale de Gynecologie et d'Obstetrique (FIGO) stage and metastatic detail are available, record the code with metastatic detail in preference to a statement of FIGO stage.</p> <p>Note 2: Use code 70 when the only information is "distant metastasis, NOS," and there is no documentation regarding the specific metastases.</p> <ul style="list-style-type: none"> If there are specific metastasis documented that are not listed in codes 10, 30, or 50, assign code 50 for "other specified distant metastasis."
Placenta	EOD Mets	30	Distant lymph node(s) <ul style="list-style-type: none"> Superficial inguinal (femoral) Distant lymph node(s), NOS	Distant lymph node(s) <ul style="list-style-type: none"> Superficial inguinal (femoral) Distant lymph node(s), NOS WITH or WITHOUT lung metastasis
Plasma Cell Disorders	EOD Primary Tumor	Note		Note 4: Per the 2016 WHO Hematopoietic and Lymphoid Neoplasms blue book, a plasmacytoma is defined as a single lesion. If there are multiple lesions/plasmacytomas, this is diagnostic of plasma cell myeloma (9732/3) and the Plasma Cell Myeloma Schema should be used to assign EOD.

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Plasma Cell Disorders	EOD Primary Tumor	500	Multiple plasmacytomas (9731, 9734) Multiple osseous or medullary plasmacytomas (9731) Multiple extraosseous or extramedullary plasmacytomas (9734)	<i>For change log only: Deleted. Per note above, multiple plasmacytomas are diagnostic of plasma cell myeloma</i>
Plasma Cell Disorders	EOD Regional Nodes	800	Summary Stage derivation NA	Summary Stage derived changed to RN
Primary Cutaneous Lymphoma (excluding MF and SS)	EOD Primary Tumor	700	Multiple lesions, NOS	Multiple lesions, NOS UNKNOWN if contiguous or discontinuous
Primary Cutaneous Lymphoma (excluding MF and SS)	EOD Regional Nodes	500	Cenrowal Nodes	Central nodes <i>Note for change log only: Received confirmation from AJCC that the “cenrowal” was a misspelling and this should have been “central”</i>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Primary Peritoneal Carcinoma	EOD Primary Tumor	Note	<p>Note 4: Both extension to and/or discontinuous metastasis to any of the following pelvic organs are included in code 450</p> <p>Adnexa, NOS Bladder and bladder serosa Broad ligament (mesovarium) Cul de sac Parametrium Pelvic peritoneum Pelvic wall Rectosigmoid Rectum Sigmoid colon Sigmoid mesentery Ureter, pelvic</p>	<p>Note 4: Both extension to and/or discontinuous metastasis to any of the following pelvic organs are included in code 450</p> <p>Adjacent pelvic (peritoneum) Bladder Bladder serosa Cul de sac (rectouterine pouch) Ligament(s) (broad, ovarian, round, suspensory) Mesosalpinx (Meosvarium) Parametrium Pelvic wall Rectosigmoid Rectum Sigmoid colon (including sigmoid mesentery) Ureter (pelvic portion)</p>
Primary Peritoneal Carcinoma	EOD Primary Tumor	Note	<p>Note 7: Direct extension and/or metastasis to the liver or splenic parenchyma are coded in EOD mets</p>	<p>Note 7: Tumor limited to the peritoneal surface of the liver or splenic capsule is coded 700, regardless of the size (microscopic or macroscopic)</p> <ul style="list-style-type: none"> Any parenchymal involvement of the liver or spleen is coded EOD Mets (code 50)

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Primary Peritoneal Carcinoma	EOD Primary Tumor	450	<p>Extension to or implants to other pelvic tissues</p> <p>Bladder Bladder serosa Cul de sac (rectouterine pouch) Ligament(s) (broad, ovarian, round, suspensory) Mesovarium Parametrium Pelvic wall Rectosigmoid Rectum Sigmoid colon (including sigmoid mesentery) Ureter (pelvic portion)</p> <p>FIGO Stage IIB</p>	<p>Extension to and/or discontinuous metastasis to pelvic sites (See Note 4)</p> <p>FIGO stage IIB</p>
Primary Peritoneal Carcinoma	EOD Primary Tumor	600	<p>Microscopic peritoneal implants or microscopic peritoneal carcinomatosis beyond pelvis (above pelvic brim)</p> <p>Omentum Small intestine</p> <p>FIGO Stage IIIA</p> <p>Summary Stage RE</p>	<p>Microscopic peritoneal implants or microscopic peritoneal carcinomatosis beyond pelvis (above pelvic rim) (See Note 6)</p> <p>FIGO Stage IIIA</p> <p>Summary Stage changed to D</p>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Primary Peritoneal Carcinoma	EOD Primary Tumor	650	<p>Macroscopic peritoneal implants or macroscopic peritoneal carcinomatosis beyond pelvis</p> <p>Less than or equal to 2 cm in diameter Omentum Small Intestine</p> <p>FIGO Stage IIIB</p>	<p>Macroscopic peritoneal implants or macroscopic peritoneal carcinomatosis beyond pelvis (above pelvic rim) (See Note 6)</p> <p>Less than or equal to 2 cm in diameter</p> <p>FIGO Stage IIIB</p>
Primary Peritoneal Carcinoma	EOD Primary Tumor	700	<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 • WITHOUT parenchymal involvement of either organ <p>FIGO Stage IIIC</p>	<p>Macroscopic peritoneal implants or macroscopic peritoneal carcinomatosis beyond pelvis (above pelvic brim) (See Note 6)</p> <ul style="list-style-type: none"> • Greater than 2 cm in diameter <p>Extension or implants (microscopic, macroscopic, or unknown) to the peritoneal surface of the liver or splenic capsule</p> <ul style="list-style-type: none"> • WITHOUT parenchymal involvement of either organ <p>FIGO Stage IIIC</p>
Prostate	EOD Primary Tumor	Notes	<p>Note 3: Bullet 3</p> <p>Imaging is not used to determine the clinical extension unless the physician clearly incorporate imaging findings into their evaluation</p>	<p>Note 3: Bullet 3</p> <p>Imaging is not used to determine the clinical extension. If a physician incorporates imaging findings into their evaluation (including the clinical T category), do not use this information</p>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Prostate	EOD Mets	Note		<p>Note: Use code 70 when the only information is “distant metastasis, NOS,” and there is no documentation regarding the specific metastases.</p> <ul style="list-style-type: none"> If there are specific metastasis documented that are not listed in codes 10, 30, or 50, assign code 50 for “other specified distant metastasis.”
Prostate	EOD Mets	50	<p>Other metastatic site(s) WITH or WITHOUT bone and/or distant lymph node(s)</p> <p>Carcinomatosis</p>	<p>Other specified distant metastasis WITH or WITHOUT distant lymph node(s) or bone metastasis</p> <p>Carcinomatosis</p>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Retinoblastoma	EOD Primary Tumor	Notes	Note 2: Pathological staging information from an enucleation always takes precedence over clinical staging, except in cases with neoadjuvant treatment where clinical disease is as extensive as or more extensive than disease at surgery.	<p>Note 2: This schema has extension codes that are defined as “CLINICAL assessment only” or “PATHOLOGICAL assessment only”</p> <ul style="list-style-type: none"> • CLINICAL assessment only codes (100, 125, 150, 200, 225, 325, 375, 425, 475, 525, 600, 650, 700) are used when there is a clinical work up only, including physical exam, imaging and biopsy (see Note 3 for exception) • PATHOLOGICAL assessment only codes (175, 250, 275, 350, 400, 450, 500, 750)) are used when there is a surgical resection of the primary site (enucleation)(see Note 3 for exception) • Remaining codes (no designation of CLINICAL or PATHOLOGICAL only assessment) can be used based on clinical and/or pathological information <p>Note 3: Pathological staging information from an enucleation always takes precedence over clinical staging, except in cases with neoadjuvant treatment where clinical disease is as extensive as or more extensive than disease at surgery</p>
Retinoblastoma	EOD Primary Tumor	300	CLINICAL or PATHOLOGICAL Intraocular tumor(s) WITH local invasion, NOS Intraocular tumor(s) with retinal detachment, vitreous seeding, or subretinal seeding, NOS	Intraocular tumor(s) WITH local invasion, NOS Intraocular tumor(s) with retinal detachment, vitreous seeding, or subretinal seeding, NOS

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Retinoblastoma	EOD Primary Tumor	550	CLINICAL OR PATHOLOGICAL Advanced intraocular tumor(s) WITH significant local invasion	Advanced intraocular tumor(s) WITH significant local invasion
Sinus Other	EOD Primary Tumor	800	No evidence of primary tumor	Note for change log only: This code has been deleted. It was in the schema in error. A suspected tumor in one of these sites, with no evidence of primary tumor would be assigned primary site C760
Soft Tissue Abdomen and Thoracic	EOD Primary Tumor	Notes	Note: Code 000 (in situ) is not applicable for this schema.	Note 1: Code 000 (in situ) is not applicable for this schema. Note 2: For this schema, "multifocal" means involvement of multiple sites (codes 500-700).
Soft Tissue Abdomen and Thoracic	EOD Primary Tumor	500	ONE adjacent organ/structure invaded Adjacent organ(s)/structure(s), NOS	ONE adjacent organ/structure invaded
Testis	EOD Primary Tumor	Notes	Note: An orchiectomy (pathological assessment) is required for codes 100, 150, 200, 400, and 500.	Note 1: This schema has extension codes that are defined as "PATHOLOGICAL assessment only" • PATHOLOGICAL assessment only codes (100, 150, 200, 300, 400, 500) are used when there is an orchiectomy Note 2: Pure seminomas are defined as 9061/3. (See codes 100 and 150)
Testis	EOD Primary Tumor	100 & 150	FOR PURE SEMINOMAS ONLY	FOR PURE SEMINOMAS ONLY (ICD-O-3 code 9061/3 only)

Version 2.0 Changes for EOD

Testis	EOD Regional Nodes	Notes	<p>Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in EOD Mets.</p> <p>Note 2: Involvement of inguinal, pelvic, or external iliac lymph nodes WITHOUT or unknown if previous scrotal or inguinal surgery prior to presentation of the testis tumor is coded in EOD Mets as distant lymph node involvement.</p>	<p>Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in EOD Mets.</p> <p>Note 2: This schema has lymph node codes that are defined as “CLINICAL assessment only” or “PATHOLOGICAL assessment only.”</p> <ul style="list-style-type: none"> • CLINICAL assessment only codes (100, 300) are used when there is a clinical work up only and there is no surgical resection of the primary tumor or site. This includes FNA, core biopsy, sentinel node biopsy, or lymph node excision • PATHOLOGICAL assessment only codes (200, 400, 500) are used when • Primary tumor or site surgically resected with <ul style="list-style-type: none"> ○ Any microscopic examination of regional lymph nodes. Includes <ul style="list-style-type: none"> ▪ FNA, core biopsy, sentinel node biopsy or lymph node excision done during the clinical work up and/or ▪ Lymph node dissection performed • Remaining codes (no designation of CLINIAL or PATHOLOGICAL only assessment) can be used based on clinical and/or pathological information <p>Note 3: Involvement of inguinal, pelvic, or external iliac lymph nodes WITHOUT or unknown if previous scrotal or inguinal surgery</p>
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Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
				prior to presentation of the testis tumor is coded in EOD Mets as distant lymph node involvement.
Testis	EOD Regional Nodes	000	CLINICAL or PATHOLOGICAL No regional lymph node involvement	No regional lymph node involvement
Testis	EOD Regional Nodes	600	CLINICAL or PATHOLOGICAL Metastasis in a lymph node larger than 5 cm in greatest dimension	Metastasis in a lymph node larger than 5 cm in greatest dimension
Testis	EOD Mets	Notes	Note: Involvement of inguinal, pelvic, or external iliac lymph nodes with previous scrotal or inguinal surgery prior to presentation of the testis tumor are coded in EOD Regional Nodes.	<p>Note 1: Involvement of inguinal, pelvic, or external iliac lymph nodes with previous scrotal or inguinal surgery prior to presentation of the testis tumor are coded in EOD Regional Nodes.</p> <p>Note 2: Note: Use code 70 when the only information is “distant metastasis, NOS,” and there is no documentation regarding the specific metastases.</p> <ul style="list-style-type: none"> If there are specific metastasis documented that are not listed in codes 10, 30, or 50, assign code 60 for “other specified distant metastasis.”
Testis	EOD Mets	60	Other distant site(s) WITH or WITHOUT distant lymph node(s) and/or lung Carcinomatosis	Other specified distant metastasis WITH or WITHOUT distant lymph node(s) and/or lung Carcinomatosis
Thymus	EOD Primary Tumor	100	Confined to thymus (encapsulated tumor) No mediastinal or pleura involvement	Confined to thymus (encapsulated tumor) OR Extending into the mediastinal fat WITHOUT mediastinal pleura/pleura involvement

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Thymus	EOD Primary Tumor	200	Confined to thymus (encapsulated tumor) Mediastinal or pleural involvement	Confined to thymus (encapsulated tumor) WITH mediastinal pleura/ pleural involvement
Thymus	EOD Primary Tumor	300	Summary Stage Derivation: RE	Summary Stage Derivation: L <i>Note for change log only: ERROR found: Codes 100 and 200 are correct</i>
Thymus	EOD Mets	Note		Note: Use code 70 when the only information is “distant metastasis, NOS,” and there is no documentation regarding the specific metastases. <ul style="list-style-type: none"> If there are specific metastasis documented that are not listed in codes 10, 30, or 50, assign code 50 for “other specified distant metastasis.”
Thymus	EOD Mets	30	Distant lymph node(s), NOS	Distant lymph node(s), NOS WITH or WITHOUT separate pleural or pericardial nodule(s)
Thymus	EOD Mets	50	Pulmonary intraparenchymal nodule Other extrathoracic sites Carcinomatosis Distant metastasis WITH or WITHOUT distant lymph node(s) OR WITH or WITHOUT pleural or pericardial nodule(s) metastasis	Pulmonary intraparenchymal nodule Other extrathoracic sites WITH or WITHOUT distant lymph node(s) OR pleural or pericardial nodule(s) Other specified distant metastasis Carcinomatosis

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Thyroid, Thyroid Medullary	EOD Mets	10	Distant lymph nodes, NOS	<p>Distant lymph node(s)</p> <ul style="list-style-type: none"> • Mediastinal (excluding superior mediastinal node(s), Level VII, see EOD Regional Nodes) • Distant lymph node(s), NOS
Urethra, Urethra Prostatic	EOD Primary Tumor	Notes		<p>New Note: Note: In case of multifocal papillary noninvasive tumors (code 000) and nonpapillary in situ tumors (code 050), code 050.</p>
Urethra, Urethra Prostatic	EOD Primary Tumor	000	Non-invasive papillary carcinoma	<p>Papillary (8130/2, 8131/2, other histologies, see code 050)</p> <ul style="list-style-type: none"> • Non-infiltrating or non-invasive papillary transitional cell carcinoma • Non-infiltrating or non-invasive papillary urothelial carcinoma • Papillary transitional cell carcinoma, with inferred description of non-invasion • Papillary urothelial carcinoma, with inferred description of non-invasion
Urethra	EOD Primary Tumor	050	In situ, intraepithelial, noninvasive (flat, sessile)	<p>Nonpapillary</p> <ul style="list-style-type: none"> • Carcinoma in situ, NOS • Sessile (flat) (solid) carcinoma in situ • Transitional cell carcinoma in situ • Urothelial carcinoma (in situ, non-infiltrating, non-invasive) <p>Multifocal papillary and nonpapillary non-invasive tumors (see Note)</p>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Urethra Prostatic	EOD Primary Tumor	050	<p>Carcinoma in situ involving (WITHOUT stromal invasion)</p> <ul style="list-style-type: none"> • Periurethral or prostatic ducts • Prostatic urethra 	<p>Nonpapillary</p> <ul style="list-style-type: none"> • Carcinoma in situ, NOS • Sessile (flat) (solid) carcinoma in situ • Transitional cell carcinoma in situ • Urothelial carcinoma (in situ, non-infiltrating, non-invasive) <p>Multifocal papillary and nonpapillary non-invasive tumors (see Note)</p> <p>WITH no stromal invasion and involvement of</p> <ul style="list-style-type: none"> • Periurethral or prostatic ducts • Prostatic urethra
Vulva	EOD Primary Tumor	100	<p>Vulva only: Stromal invasion less than or equal to 1 mm OR unknown</p> <p>FIGO Stage IA</p>	<p>Vulva only: Stromal invasion less than or equal to 1 mm</p> <ul style="list-style-type: none"> • UNKNOWN or NO perineum involvement <p>Invasive carcinoma confined to</p> <ul style="list-style-type: none"> - Musculature - Submucosa - Vulva including skin <p>FIGO Stage IA</p>

Version 2.0 Changes for EOD

Schema	Data Item	Code	Original Text	Updated/New Text
Vulva	EOD Primary Tumor	150	<p>Vulva only: Stromal invasion not known</p> <p>Invasive carcinoma confined to</p> <ul style="list-style-type: none"> • Musculature • Submucosa • Vulva including skin <p>Localized, NOS</p> <p>FIGO Stage I [NOS]</p>	<p>Vulva only: Stromal invasion not known</p> <ul style="list-style-type: none"> • UNKNOWN or NO perineum involvement <p>Confined to vulva, NOS</p> <p>Localized, NOS</p> <p>FIGO Stage I [NOS]</p>
Vulva	EOD Primary Tumor	300	<p>Vulva only: Stromal invasion greater than 1 mm</p>	<p>Vulva only: Stromal invasion greater than 1 mm</p> <ul style="list-style-type: none"> • UNKNOWN or NO perineum involvement