SEER Overview of Recurrence Data Collection

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May 9th, 2026

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Outline

1. *Decoding Recurrence: What Registrars Ask Most*
2. *Terms and Definitions*
3. *Review of Coding Instructions for*
   - *Recurrence Type 1st*
   - *Date of 1st Recurrence*
   - *Cancer Status*
   - *Date of Last Cancer Status*
4. *Upcoming changes for v27*

What Registrars Ask Most

- How to determine coding recurrence type?
- When coding recurrence type what is the best resource/coding guidelines to use?
- How to code PSA Biochemical Recurrence
- How do we know how to code recurrence type for prostate cancer if the PT did not receive surgery but received external beam or seed implants.
- Can an ambiguous terms be used for recurrence?
- Patient was lost to follow up and has no post op scans — should we mark them NEVER disease free or disease free (because of definitive surgery performed)?

Terms and Definitions

Progression[1] - cancer continues to grow or spread during treatment or patient was never disease free

Recurrence[1] - cancer returns after treatment is completed and there was a period of remission (or no evidence of disease)

Local recurrence[2] – recurs in initial primary organ

Regional Recurrence[2] - recurs in adjacent organ or lymph nodes draining the organ

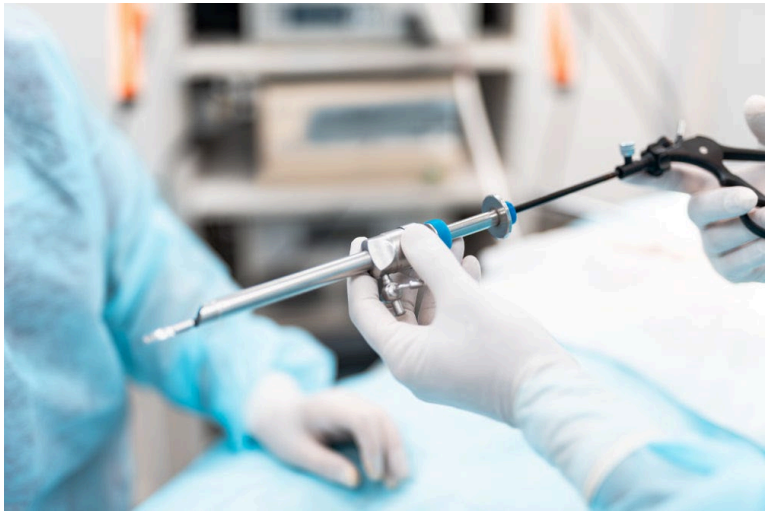
Distant Recurrence[2] - cancer has spread to organs or tissues far beyond regional

1. https://www.cancer.gov/publications/dictionaries/cancer-terms/def/progression
2. 2026 Store manual, page 33

Terms and Definitions (Cont.)

Trocar Recurrence[2] - Trocar recurrence is a reappearance of cancer in the trocar path or at the entrance site of a surgical instrument (port site) following surgery.

A **trocar[3]** is a small tube surgeons insert through the body cavity to pass instruments and/or cameras.



2. https://www.facs.org/media/iiajly3g/store-manual-2026.pdf [page 33]

3. https://www.merriam-webster.com/dictionary/trocar

Image: https://trocarsupplies.com/blogs/news/everything-you-need-to-know-about-trocars?srsltid=AfmBOopYcFBcVc4cPoUvDuT6hUqeYR5KA1rHts4PYLHQgbNtl9lAvrWR

Recurrence Type – 1st

Recurrence Type--1st

Item Length: 2
NAACCR Item #: 1880
NAACCR Name: Recurrence Type--1st
XML NAACCR ID: recurrenceType1st

Recurrence Type--1st indicates the type of first recurrence after a period of documented disease free intermission or remission.

Code	Description
00	Patient became disease-free after treatment and has not had a recurrence; leukemia in remission
04	In situ recurrence of an invasive tumor
06	In situ recurrence of an in situ tumor
10	Local recurrence and there is insufficient information available to code to 13-17. Recurrence is confined to the remnant of the organ of origin; to the organ of origin; to the anastomosis; or to scar tissue where the organ previously existed.
13	Local recurrence of an invasive tumor
14	Trocar recurrence of an invasive tumor. Includes recurrence in the trocar path or entrance site following prior surgery.
15	Both local and trocar recurrence of an invasive tumor (both 13 and 14)
16	Local recurrence of an in situ tumor
17	Both local and trocar recurrence of an in situ tumor
20	Regional recurrence, and there is insufficient information available to code to 21-27
21	Recurrence of an invasive tumor in adjacent tissue or organ(s) only
22	Recurrence of an invasive tumor in regional lymph nodes only
25	Recurrence of an invasive tumor in adjacent tissue or organ(s) and in regional lymph nodes (both 21 and 22) at the same time
26	Regional recurrence of an in situ tumor, NOS
27	Recurrence of an in situ tumor in adjacent tissue or organ(s) and in regional lymph nodes at the same time
30	Both regional recurrence of an invasive tumor in adjacent tissue or organ(s) and/or regional lymph nodes (20-25) and local and/or trocar recurrence (10, 13, 14, or 15)
36	Both regional recurrence of an *in situ* tumor in adjacent tissue or organ(s) and/or regional lymph nodes (26 or 27) and local and/or trocar recurrence (16 or 17)
40	Distant recurrence and there is insufficient information available to code to 46-62
46	Distant recurrence of an *in situ* tumor
51	Distant recurrence of an invasive tumor in the peritoneum only. Peritoneum includes peritoneal surfaces of all structures within the abdominal cavity and/or positive ascitic fluid.
52	Distant recurrence of an invasive tumor in the lung only. Lung includes the visceral pleura.
53	Distant recurrence of an invasive tumor in the pleura only. Pleura includes the pleural surface of all structures within the thoracic cavity and/or positive pleural fluid.
54	Distant recurrence of an invasive tumor in the liver only
55	Distant recurrence of an invasive tumor in bone only. This includes bones other than the primary site.
56	Distant recurrence of an invasive tumor in the CNS only. This includes the brain and spinal cord, but not the external eye.
57	Distant recurrence of an invasive tumor in the skin only. This includes skin other than the primary site.

Code	Description
58	Distant recurrence of an invasive tumor in lymph node only. Refer to the staging schema for a description of lymph nodes that are distant for a particular site.
59	Distant systemic recurrence of an invasive tumor only. This includes leukemia, bone marrow metastasis, carcinomatosis, and generalized disease.
60	Distant recurrence of an invasive tumor in a single distant site (51-58) and local, trocar, and/or regional recurrence (10-15, 20-25, or 30)
62	Distant recurrence of an invasive tumor in multiple sites (recurrences that can be coded to more than one category 51-59)
70	Since diagnosis, patient has never been disease-free. This includes cases with distant metastasis at diagnosis, systemic disease, unknown primary, or minimal disease that is not treated.
88	Disease has recurred, but the type of recurrence is unknown
99	It is unknown whether the disease has recurred or if the patient was ever disease-free

Coding Instructions

1. Assign the code for the type of first recurrence. First recurrence may occur well after completion of the first course of treatment or after subsequent treatment.
2. Check the Solid Tumor Rules to determine which subsequent tumors should be coded as recurrences
3. Continue to check for disease-free status, which may occur after subsequent treatment has been completed, when the patient has never been disease-free (code 70)
4. Continue to check until a recurrence occurs when the patient is disease-free (code 00). First recurrence may occur well after completion of the first course of treatment.
5. Do ***not*** record subsequent recurrences once a recurrence has been recorded (code 04-62 or 88)
6. Assign the highest-numbered applicable response for hierarchical codes 00-70
   a. Change the code to 00 the first time a patient converts from code 70 (never disease free) to disease-free
   b. Assign the proper code for the recurrence the first time a patient converts from code 00 to a recurrence. No further changes (other than corrections) should be made.
7. Assign code 06, 16, 17, 26, 27, 36, or 46 for recurrence when the tumor was originally diagnosed as in situ. Do not use those codes for any other tumors.
8. Codes 00, 88, or 99 may apply to any tumor
9. Assign codes 51–59 (organ or organ system of distant recurrence) only when all first occurrences were in a single category. There may be multiple metastases (or "seeding") within the distant location.
10. Assign code 00 for lymphomas or leukemias that are in remission. The patient is in remission when the lymphoma or leukemia is controlled by drugs (e.g., Gleevec for chronic myeloid leukemia).
    a. Assign recurrence code 59 when the patient relapses.
11. Code the recurrent disease for each tumor when there is more than one primary tumor and the physician is unable to decide which has recurred. If the recurrent primary is identified later, revise the codes appropriately.
12. Assign code 10 for recurrence of a benign brain tumor.

Recurrence Coding Structure

04-17 In situ recurrence codes

20-36 Regional recurrence codes

40-62 Distant recurrence codes

70 Since diagnosis patient has never been disease free

88 Disease has recurred, but type is unknown

99 Unknown whether disease has recurred or if the patient was ever disease-free

General Coding Instructions

Continue to check for disease free status when patient has never been disease free (code 70)

70 → 00 Check

Continue to check until a recurrence occurs when the patient is disease free (Code 00)

00 → 04-62 or 88

Assign the proper code for the patient's first recurrence updating this data item from code 00 to 04-62 or 88. (**No Further changes should be made**)

X

00 → 70

Do **NOT** record subsequent recurrences once a recurrence has been recorded (code 04-62, 88)

Solid Tumor Rules

Current coding instructions below are being reviewed by all stakeholders (changes to come in 2027)

-Use the Solid Tumor Rules as written to determine whether a subsequent tumor is a new primary or a recurrence.

The ONLY exception is when a pathologist compares slides from the subsequent tumor to the “original” tumor and documents the subsequent tumor is a recurrence of the previous primary.

Never abstract multiple primaries based only on a physician’s statement of “recurrence” or “recurrent” unless instructed to do so by a specific rule.

Multiple Tumors

Code the recurrent disease for each tumor when there is more than one primary tumor and the physician is unable to decide which has recurred. If the recurrent primary is identified later, revise the codes appropriately.

Lymphomas/Leukemias

Assign code 00 for lymphomas or leukemias that are in remission. The patient is in remission when the lymphoma or leukemia is controlled by drugs.

Assign recurrence code 59 if the patient relapses.

Common Coding Pitfalls

Coding distant when its actually regional

Confusing progression with recurrence

Coding recurrence when it's actually a new primary (or vice versa)

Changes To Come! -->

Recurrence vs. New Primary: Do not rely solely on a physician's statement to distinguish between a recurrence and a new primary; refer to Solid Tumor Rules and SEER Program and Coding Manual, unless a pathologist compares the present tumor to the original tumor and states that the new tumor is a recurrence

Grade Coding: Do not use information from a recurrence to code the grade of the original primary tumor; code grade based on information *prior* to neoadjuvant therapy.

Sequence Number: If a patient has a recurrence, the sequence number of the original tumor remains the same (e.g., 01), whereas a new primary would be (e.g. 02)

Recurrence Date – 1st

Recurrence Date--1st

Item Length: 8
NAACCR Item #: 1860
NAACCR Name: Recurrence Date--1st
XML NAACCR ID: recurrenceDate1st

Recurrence Date--1st records the date of the first recurrence of this tumor. *Recurrence Date--1st* must be transmitted in the YYYYMMDD format. *Recurrence Date--1st* may be recorded in the transmission format or recorded in the traditional format (MMDDYYYY) and converted electronically to the transmission format.

Transmitting Dates

Transmit date data items in the year, month, day format (YYYYMMDD). Leave the year, month, and/or day blank when they cannot be estimated or are unknown.

Common Formats

YYYYMMDD	Complete date is known
YYYYMM	Year and month are known/estimated; day is unknown
YYYY	Year is known/estimated; month and day cannot be estimated or are unknown
Blank	Year, month, and day cannot be estimated or are unknown

Transmit Instructions

1. Transmit date data items in the year, month, day format (YYYYMMDD)
2. Leave the year, month, and/or day blank when they cannot be estimated or are unknown
3. Most SEER registries collect the month, day, and year. When the full date (YYYYMMDD) is transmitted, the seventh and eighth digits (day) will be held confidentially and only used for survival calculations when received by NCI SEER.

Codes for Year

Code the four-digit year

Codes for Month

Code	Description
01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December

Codes for Day

01
02
03
..
..
31

Coding Instructions

1. Record the date the physician diagnoses the first progression, metastasis, or recurrence of disease after a disease-free period.

Estimating Dates

Estimating the **month**

1. Code "spring of" to April
2. Code "summer" or "middle of the year" to July
3. Code "fall" or "autumn" to October
4. For "winter of," try to determine whether the physician means the first of the year or the end of the year and code January or December as appropriate. If no determination can be made, use whatever information is available to calculate the month.
5. Code "early in year" to January
6. Code "late in year" to December
7. Use whatever information is available to calculate the month
8. Code the month of admission when there is no basis for estimation
9. Leave month blank if there is no basis for approximation

General Coding Instructions

Record the date the physician diagnoses the first progression, metastasis or recurrence of disease after a disease-free period.

Must be in the YYYYMMDD format (transmission format)

Blanks allowed (unknown or cannot be estimated)

Case Scenario – Recurrence Date 1st

Type of first recurrence	70	00
Recurrence date – first	05/01	05/01

Then patient has a recurrence a year later,
Update BOTH data fields -> type of first recurrence and recurrence date – first
then STOP

Cancer Status

To document the presence or absence of this tumor based on clinical evidence as of the Date of Last Cancer (tumor) Status

1 - No evidence of this tumor

SEER Note: Assign code 1 when patient is on maintenance therapy for years and this is the only information that suggests cancer may be present.
e.g. long-term hormone therapy

2 - Evidence of this tumor

e.g. patient died before treatment was completed/started or undergoing active treatment

9 – Unknown; indeterminate

Date of Last Cancer (Tumor) Status

Records the date of last known cancer status for this tumor.

NCI SEER requires the registries to update the follow up information on all cases on an annual basis.

Must be in YYYYMMDD format (Transmission format)

Blanks allowed (unknown or cannot be estimated)

Date of Last Cancer (Tumor) Status

Item Length: 8
NAACCR Item #: 1772
NAACCR Name: Date of Last Cancer (Tumor) Status
XML NAACCR ID: dateOfLastCancerStatus

Date of Last Cancer (tumor) Status records the date of last known cancer status for this tumor. NCI SEER requires the registries to update the follow up information on all cases on an annual basis.

Date of Last Cancer (tumor) Status must be transmitted in the YYYYMMDD format. *Date of Last Follow-Up or of Death* may be recorded in the transmission format or recorded in the traditional format (MMDDYYYY) and converted electronically to the transmission format.

Transmitting Dates

Transmit date data items in the year, month, day format (YYYYMMDD). Leave the year, month, and/or day blank when they cannot be estimated or are unknown.

Common Formats

YYYYMMDD	Complete date is known
YYYYMM	Year and month are known/estimated; day is unknown
YYYY	Year is known/estimated; month and day cannot be estimated or are unknown
Blank	Year, month, and day cannot be estimated or are unknown

Transmit Instructions

1. Transmit date data items in the year, month, day format (YYYYMMDD)
2. Leave the year, month, and/or day blank when they cannot be estimated or are unknown
3. Most SEER registries collect the month, day, and year for date therapy initiated. When the full date (YYYYMMDD) is transmitted, the seventh and eighth digits (day) will be deleted when the data are received by NCI SEER.

Codes for Year

Code the four-digit year

Upcoming changes for v27

SEER Required Status changed to Required for the following data items

-Recurrence Type – First #1880 (Previously required when available)

-Date of First Recurrence #1860 (Previously required when available)

-Cancer Status #1770 (Previously required when available)

-Date of Last Cancer Status #1772 (Previously required when available)

Resources

Ask A SEER Registrar

https://seer.cancer.gov/registrars/contact.html

Commission on Cancer's Canswer Forum

https://cancerbulletin.facs.org/forums/

Thank you!

www.cancer.gov

www.cancer.gov/espanol