

THE SEER PROGRAM CODE MANUAL

CANCER STATISTICS BRANCH
SURVEILLANCE PROGRAM
DIVISION OF CANCER PREVENTION AND CONTROL
NATIONAL CANCER INSTITUTE

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COMPUTER RECORD FORMAT

The format of the data to be submitted to the National Cancer Institute by the participants of the SEER Program is as follows:

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COMPUTER RECORD FORMAT

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V.04	Radiation to the Brain and Central Nervous System	1	148	108
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V.06	Chemotherapy	1	150	110
V.07	Endocrine (Hormone/Steroid) Therapy	1	151	111
V.08	Biological Response Modifiers	1	152	112
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COMPUTER RECORD FORMAT

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INTRODUCTION AND GENERAL INSTRUCTIONS

Rules for Determining Multiple Primary Cancers (except for lymphatic and hematopoietic diseases): (cont'd)

- 2) Within each breast, combinations of ductal and lobular carcinoma occurring within two months of each other are to be considered a single primary and the histology coded according to the ICD-O, FT, 1988.

Note: If the ductal and lobular lesions for the female breast are reported to occur in different quadrants of the same breast, the appropriate site code is '174.9'. If the ductal lesion occurs in one breast and the lobular lesion occurs in the opposite breast, these are considered to be two primaries whether diagnosed within two months or not.

- 3) Some tumors have more than one histologic pattern. The most frequent combinations are listed in ICD-O, FT, 1988, under the term "mixed" in the alphabetic index. In addition combination terms such as "adenosquamous carcinoma (8560/3)" or "small cell-large cell carcinoma (8045/3)" are included. Any of these mixed histologies are to be considered one primary. Refer to the rule on "Compound Morphologic Diagnoses" (pg. xviii, *International Classification of Diseases for Oncology, 1976* (ICD-O, 1976)) for rules on coding compound morphologic diagnoses or diagnoses including modifying adjectives which have different code numbers. For a diagnosis with more than one modifying adjective, consider this to be one primary and code to the highest histology.
 - b. Multiple lesions of different histologic types occurring in different sites are considered separate primaries whether occurring simultaneously or at different times.
6. If only one histologic type is reported and if both sides of a paired site are involved within two months of diagnosis, a determination must be made as to whether the patient has one or two independent primaries. If it is determined that there are two independent primaries, two records are to be submitted, each with the appropriate laterality and extent of disease information. If it is determined that there is only one primary, laterality should be coded according to the side in which the single primary originated and a single record submitted. If it is impossible to tell in which of the pair the single primary originated, laterality should be coded as a '4' and a single record submitted.

There are *THREE EXCEPTIONS* to this rule. Simultaneous bilateral involvement of the ovaries in which there is only a single histology is to be considered one primary and laterality is to be coded '4'. Bilateral retinoblastomas and bilateral Wilms's tumor are always considered single primaries (whether simultaneous or not), and laterality is coded as '4'.

INTRODUCTION AND GENERAL INSTRUCTIONS

Rules for Determining Multiple Primary Cancers (except for lymphatic and hematopoietic diseases): (cont'd)

7. Kaposi's sarcoma (9140/3) is reported only once. Kaposi's sarcoma is coded to the site in which it arises. If Kaposi's sarcoma arises in skin and another site simultaneously, code to skin (173._). If no primary site is stated, code to skin (173._).

Rules for Determining Multiple Primaries for Lymphatic and Hematopoietic Diseases:

The table on pages 11-35 is to be used to help determine multiple primaries of the lymphatic and hematopoietic diseases. Because of the rarity of subacute leukemias and aleukemias, they have been excluded from this table. Similarly, malignant myeloproliferative and immunoproliferative diseases, except Waldenstrom's disease, are not included. To use this table locate the first diagnosis in the left column of the table, then locate the second diagnosis in the other columns. If the second primary appears in the middle column, the two diagnoses are usually considered two separate primaries. If the second diagnosis appears in the right hand column, then the two diagnoses are usually considered one primary. Select the disease mentioned in the first column unless there is an indication in the right hand column to do otherwise. If the pathology report specifically states differently, use the pathology report. Consult your medical advisor or pathologist if questions remain.

For example,

- 1) a. first diagnosis: small cleaved cell, diffuse lymphoma
b. second diagnosis: Hodgkin's disease, mixed cellularity

This case would be considered two primaries.

- 2) a. first diagnosis: small cleaved cell, diffuse lymphoma
b. second diagnosis: acute lymphocytic leukemia

This case would be considered one primary.

RULES:

1. No topography (site) is to be considered in determining multiple primaries of lymphatic and hematopoietic diseases.
2. The interval between diagnoses is NOT to enter into the decision.

Example: A lymphocytic lymphoma (M-9670/3) diagnosed in March, 1987 and an unspecified non-Hodgkin's lymphoma (M-9590/3) diagnosed in April, 1988 would be considered one primary, a lymphocytic lymphoma diagnosed in March, 1987 (the earlier diagnosis).

INTRODUCTION AND GENERAL INSTRUCTIONS

DETERMINATION OF SUBSEQUENT PRIMARIES OF LYMPHATIC (NODAL AND EXTRANODAL) AND HEMATOPOIETIC DISEASES

First Primary	Presumably a Second Subsequent Primary	Presumably NOT a Subsequent Primary (Only One Primary)
Multiple myeloma or plasmacytoma (9730,9731)	Non-Hodgkin's lymphoma except immunoblastic or large-cell lymphoma (9592-9594, 9670,9672-9676,9683, 9685-9686,9690-9697, 9702-9704) Hodgkin's disease (9650-9667) Burkitt's lymphoma (9687) Mycosis fungoides or Sezary's disease (9700,9701) Malignant histiocytosis or Letterer-Siwe's disease (9720,9722) True histiocytic lymphoma (9723) Mast cell tumor (9740,9741) Leukemia except plasma cell (9800-9825, 9840-9940)	Malignant lymphoma, NOS (9590,9591) Immunoblastic or large cell lymphoma* (9671,9680-9682, 9684,9698) Multiple myeloma or plasmacytoma (9730,9731) Plasma cell leukemia (9830) Waldenstrom's macroglobulinemia (9761)

*Occasionally multiple myeloma develops an immunoblastic or large cell lymphoma phase. This is to be considered one primary, multiple myeloma. Consult your medical advisor or pathologist if questions remain.

INTRODUCTION AND GENERAL INSTRUCTIONS

DETERMINATION OF SUBSEQUENT PRIMARIES OF LYMPHATIC (NODAL AND EXTRANODAL) AND HEMATOPOIETIC DISEASES

First Primary	Presumably a Second Subsequent Primary	Presumably NOT a Subsequent Primary (only One Primary)
Mast cell tumor (9740,9741)	Non-Hodgkin's lymphoma (9590-9594,9670-9687, 9690-9698,9702-9704) Hodgkin's disease (9650-9667) Mycosis fungoides or Sezary's disease (9700,9701) Malignant histiocytosis or Letterer-Siwe's disease (9720,9722) True histiocytic lymphoma (9723) Multiple myeloma or plasmacytoma (9730,9731) Non-lymphocytic leukemias (9840-9842,9860-9880, 9910) Chronic lymphocytic leukemia (9823) Plasma cell leukemia (9830) Lymphosarcoma cell leukemia (9850) Myeloid sarcoma (9930)	Mast cell tumor (9740,9741) Leukemia, NOS (9800) Acute leukemia, NOS (9801) Chronic leukemia, NOS (9803) Monocytic leukemia (9890-9893) Mast cell leukemia (9900)

INTRODUCTION AND GENERAL INSTRUCTIONS

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DETERMINATION OF SUBSEQUENT PRIMARIES OF
LYMPHATIC (NODAL AND EXTRANODAL) AND HEMATOPOIETIC DISEASES

First Primary	Presumably a Second Subsequent Primary	Presumably NOT a Subsequent Primary (only One Primary)
Mast cell tumor (9740,9741) (cont'd)	Acute panmyelosis (9931)	
	Acute myelofibrosis (9932)	
	Hairy cell leukemia (9940)	
	Waldenstrom's macroglobulinemia (9761)	

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INTRODUCTION AND GENERAL INSTRUCTIONS

DETERMINATION OF SUBSEQUENT PRIMARIES OF LYMPHATIC (NODAL AND EXTRANODAL) AND HEMATOPOIETIC DISEASES

First Primary	Presumably a Second Subsequent Primary	Presumably NOT a Subsequent Primary (only One Primary)
Waldenstrom's macroglobulinemia (9761)	Non-Hodgkin's lymphoma except immunoblastic or large cell lymphoma (9593-9594,9673-9676, 9683,9685-9686, 9690-9697,9702-9704)	Malignant lymphoma, NOS (9590,9591) Lymphosarcoma (9592) Immunoblastic or large cell lymphoma (9671,9680-9682, 9684,9698)
	Hodgkin's disease (9650-9667)	Malignant lymphoma, lymphocytic (9670,9672)
	Burkitt's lymphoma (9687)	Multiple myeloma or plasmacytoma (9730,9731)
	Mycosis fungoides or Sezary's disease (9700,9701)	Plasma cell leukemia (9830)
	Malignant histiocytosis or Letterer-Siwe's disease (9720,9722)	Waldenstrom's macroglobulinemia (9761)
	True histiocytic lymphoma (9723)	
	Mast cell tumor (9740,9741)	
	Leukemia except plasma cell (9800-9825,9840-9940)	

SEER CODE SUMMARY
Section IV, Fields 01-05

Section, Field Number	Code	Description	Character Position
IV. Description of This Neoplasm			
IV.01		Date of Diagnosis	
	Month		72-73
	01-12 Month		
	99 Unknown		
	Year		74-77
	All four digits of year		
IV.02		Sequence Number	78-79
	00	One primary only	
	01	First of two or more primaries	
	02	Second of two or more primaries	
	..		
	..	(Actual number of this primary)	
	..		
	10	Tenth of ten or more primaries	
	11	Eleventh of eleven or more primaries	
	..		
	..		
	..		
	99	Unspecified sequence number	
IV.03		Primary Site	80-82
		See the <i>International Classification of Diseases for Oncology, Field Trial Edition, March, 1988</i> (ICD-O, FT, 1988), Topography Section for the primary site.	
IV.04		Field Not Used	83
IV.05		Laterality at Diagnosis	84
	0	Not a paired site	
	1	Right: origin of primary	
	2	Left: origin of primary	
	3	Only one side involved, right or left origin unspecified	
	4	Bilateral involvement, lateral origin unknown: stated to be single primary, Both ovaries involved simultaneously, single histology Bilateral retinoblastomas Bilateral Wilms's tumors	
	9	Paired site, but no information concerning laterality; midline tumor	

SEER CODE SUMMARY
Section IV, Fields 06-07

Section, Field Number	Code	Description	Character Position
IV. Description of This Neoplasm (cont'd)			
IV.06		Morphology	85-90
		See the <i>International Classification of Diseases for Oncology, Field Trial Edition, March, 1988</i> (ICD-O, FT, 1988), Morphology Section for histologic type, behavior and grading.	
IV.06.A		Histologic Type	85-88
IV.06.B		Behavior code	89
IV.06.C		Grade, Differentiation, or Cell Indicator	90
IV.07		Tumor Markers	91-92
IV.07.A		Tumor Marker 1	91
		For Breast Cases Only	
		Estrogen Receptor	
	0	None done	
	1	Positive	
	2	Negative	
	3	Borderline; undetermined whether positive or negative	
	8	Ordered, but results not in chart	
	9	Unknown or no information	
		For All Other Cases	
	9	Not applicable	
IV.07.B		Tumor Marker 2	92
		For Breast Cases Only	
		Progesterone Receptor	
	0	None done	
	1	Positive	
	2	Negative	
	3	Borderline; undetermined whether positive or negative	
	8	Ordered, but results not in chart	
	9	Unknown or no information	
		For All Other Cases	
	9	Not applicable	

SEER CODE SUMMARY
Section IV, Fields 08-14

Section, Field Number	Code	Description	Character Position
IV. Description of This Neoplasm (cont'd)			
IV.08		Diagnostic Confirmation	93
	1	Positive histology	
	2	Positive exfoliative cytology, no positive histology	
	4	Positive microscopic confirmation, method not specified	
	5	Positive laboratory test/marker study	
	6	Direct visualization without microscopic confirmation	
	7	Radiography and other imaging techniques without microscopic confirmation	
	8	Clinical diagnosis only (other than 5, 6, or 7)	
	9	Unknown whether or not microscopically confirmed	
IV.09		Field Not Used	94
IV.10		Diagnostic Procedures (1973-87)	95-96
		See site-specific detail in Appendix D.	
IV.11		Field Not Used	97
IV.12		Coding System for Extent of Disease	98
	0	SEER Nonspecific (1973-82)	
	1	SEER Two-Digit Site-Specific (1973-82)	
	2	SEER Expanded (13-digit) Site-Specific (1973-82)	
	3	SEER 4-digit Extent of Disease (1983-87)	
	4	SEER 10-digit Extent of Disease, 1988 (1988+)	
IV.13		Extent of Disease	
IV.13.A,B		SEER Nonspecific/Two-Digit (1973-82)	99-100
IV.13.C		SEER Expanded (13-digit) Site-Specific (1973-82)	101-113
IV.13.D		SEER 4-digit Extent of Disease (1983-87)	114-117
IV.13.E		SEER 10-digit Extent of Disease, 1988 (1988+)	118-127
IV.14		Field Not Used	128-137

SEER CODE SUMMARY
Section V, Fields 01-03

Section, Field Number	Code	Description	Character Position
V. First Course of Cancer-Directed Therapy			
V.01		Date Therapy Initiated	
	000000	No cancer-directed therapy	
	999999	Unknown if any cancer-directed therapy was administered	
	Month		138-139
	01-12	Month	
	99	Unknown	
	Year		140-143
	All four digits	of year	
	9999	Unknown	
V.02		Surgery	
V.02.A		Site-Specific Surgery	144-145
		See two-digit code for surgery detail in Appendix C of this manual.	
V.02.B		Reason for No Cancer-Directed Surgery	146
	0	Cancer-directed surgery performed	
	1	Cancer-directed surgery not recommended	
	2	Contraindicated due to other conditions; Autopsy Only case	
	6	Unknown reason for no cancer-directed surgery	
	7	Patient or patient's guardian refused	
	8	Recommended, unknown if done	
	9	Unknown if cancer-directed surgery performed; Death Certificate Only case	
V.03		Radiation	147
	0	None	
	1	Beam radiation	
	2	Radioactive implants	
	3	Radioisotopes	
	4	Combination of 1 with 2 or 3	
	5	Radiation, NOS -- method or source not specified	
	7	Patient or patient's guardian refused	
	8	Radiation recommended, unknown if administered	
	9	Unknown	

TYPE OF REPORTING SOURCE

Section II, Field 01

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Code:

Type of Reporting Source

- 1 Hospital Inpatient/Outpatient or Clinic
- 3 Laboratory (Hospital or Private)
- 4 Private Medical Practitioner (LMD)
- 5 Nursing/Convalescent Home/Hospice
- 6 Autopsy Only
- 7 Death Certificate Only

The hospital record for an inpatient with a cancer diagnosis (before death) takes precedence over other types of reports.

Code '6', Autopsy Only, means that the cancer was not diagnosed even as a clinical diagnosis while the patient was alive. If the patient was an inpatient with another admitting diagnosis and an autopsy disclosed the cancer for the first time, code '6' is proper. Autopsy findings take precedence over death certificate information, i.e., code '6' takes precedence over code '7'. However, a clinical diagnosis of cancer at any of the sources coded '1'-'5' has priority over confirmation at autopsy.

For Autopsy Only cases:

1. Date of Diagnosis (IV.01) must be the date of death.
2. For breast cases diagnosed on or after January 1, 1990, code both Tumor Markers (IV.07A,IV.07B) to '0'; for all other cases code '9'.
3. Code Date Therapy Initiated (V.01) to '000000'.
4. For lung and leukemia diagnoses, code Radiation to the Brain and Central Nervous System (V.04) to '0'; for all other cases code '9'.
5. Code Reason for No Cancer-directed Surgery (V.02B) to '2'.
6. Code all remaining treatment fields (V.02A,V.03,V.05-V.09) to zero.

Code '7', Death Certificate Only (including Coroners' case), is used only when "follow-back" activities have produced no other medical reports -- the death certificate is truly the only source of information. Often a case is reported first via the death certificate, but later registry action yields missing or additional medical reports. Such additional reports take precedence.

For Death Certificate cases:

1. Date of Diagnosis (IV.01) must be the date of death.
2. Code both Tumor Markers (IV.07A,IV.07B) to '9'.
3. Code Diagnostic Confirmation (IV.08) to '9'.
4. Code Date Therapy Initiated (V.01) to '999999'.
5. Code Site-specific Surgery (V.02A) to '09'.
6. Code Reason for No Cancer-directed Surgery (V.02B) to '9'.
7. Code Radiation Sequence with Surgery (V.05) to '0'.
8. Code all remaining treatment fields (V.03,V.04,V.06-V.09) to '9'.

FIELD NOT USED

Section II, Field 02

Blanks should be submitted in this field.

GRADE, DIFFERENTIATION, OR CELL INDICATOR

Section IV, Field 06.C

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The grading or differentiation; or for lymphomas and leukemias, designation of T-cell, B-cell, and null cell is described on page 2- of ICD-O, FT, 1988.

Grade, differentiation

If a diagnosis indicates two different degrees of grade or differentiation (e.g., "well and poorly differentiated"; or "grade II-III"; or "well differentiated grade II"), code to the higher grade code (Rule 10, page xxiii in ICD-O, 1976).

Code the degree of differentiation or grade stated in the FINAL pathologic diagnosis only.

For example:

Microscopic Description: Moderately differentiated squamous cell carcinoma with poorly differentiated areas
Final Pathologic Diagnosis: Moderately differentiated squamous cell carcinoma

Code to the final diagnosis: Moderately differentiated '2'.

Usually there will be no statement as to grade for in situ lesions. However, if a grade is stated, it should be coded.

When there is variation in the usual terms for degree of differentiation, code to the higher grade as specified below:

Term	Grade	Code
Low grade	I-II	2
Medium grade	II-III	3
High grade	III-IV	4
Partially well differentiated	I-II	2
Moderately undifferentiated	III	3
Relatively undifferentiated	III	3

Note: Where there is no tissue diagnosis, it may still be possible to establish the grade of a tumor through Magnetic Resonance Imaging (MRI) or Positron Emission Tomography (PET). In particular, it is now possible to grade brain tumors by this method. Thus, if there is no tissue diagnosis, but there is a grade/differentiation available from an MRI or PET report, code grade based on those reports. If there is a tissue diagnosis, grade should be from the pathology report only.

GRADE, DIFFERENTIATION, OR CELL INDICATOR (cont'd)

Section IV, Field 00.C

According to the *Manual for Staging Cancer, Third Edition*, from the American Joint Committee on Cancer, grade of tumor is required for the following sites to be staged:

158.0-158.9	Retroperitoneum and peritoneum
164.1-164.9	Heart and mediastinum
170.0-170.9	Bone
171.0-171.9	Connective, subcutaneous and other soft tissue
185.9	Prostate gland
191.0-191.9	Brain
192.1	Cerebral meninges

Grade coding for prostate cases using Gleason's score or pattern:

1. If Gleason's score (2-10) is given, code as follows:

Gleason's score	Grading
2, 3, 4	I Well Differentiated
5, 6, 7	II Moderately Differentiated
8, 9, 10	III Poorly Differentiated

2. If Gleason's pattern (1-5) is given, code as follows:

Gleason's pattern	Grading
1,2	I Well Differentiated
3	II Moderately Differentiated
4,5	III Poorly Differentiated

For lymphomas and leukemias, designation of T-cell, B-cell, and null cell

Code the final pathologic diagnosis of T-cell, B-cell or null cell whether or not marker studies are documented in the patient record. (See page 24 of ICD-O, FT, 1988.)

For lymphomas and leukemias, information on T-cell, B-cell or null cell has precedence over information on grading or differentiation.

TUMOR MARKERS

Section IV, Field 07, Introduction

Discussion:

Tumor Markers are prognostic indicators. SEER collects only estrogen and progesterone receptors for breast cancer as of January 1, 1990 diagnoses.

TUMOR MARKER 1

Section IV, Field 07.A

Code:

Tumor Marker 1

For Breast Cases Only

- Estrogen Receptor
- 0 None done
 - 1 Positive
 - 2 Negative
 - 3 Borderline; undetermined whether positive or negative
 - 8 Ordered, but results not in chart
 - 9 Unknown or no information

For All Other Cases

- 9 Not applicable

For breast cases only diagnosed on or after January 1, 1990:

1. Code '0' for all "Autopsy Only" cases;
2. Code '9' for all "Death Certificate Only" cases;
3. Code '0'-'9' for all other cases.

For all sites except breast diagnosed on or after January 1, 1990, code '9'.

For all diagnoses before January 1, 1990, code '9'.

TUMOR MARKER 2

Section IV, Field 07.B

Code:

Tumor Marker 2

For Breast Cases Only

Progesterone Receptor

- 0 None done
- 1 Positive
- 2 Negative
- 3 Borderline; undetermined whether positive or negative
- 8 Ordered, but results not in chart
- 9 Unknown or no information

For All Other Cases

- 9 Not applicable

For breast diagnoses only on or after January 1, 1990:

1. Code '0' for all "Autopsy Only" cases;
2. Code '9' for all "Death Certificate Only" cases;
3. Code '0'-'9' for all other cases.

For all sites except breast diagnosed on or after January 1, 1990, code '9'.

For all diagnoses before January 1, 1990, code '9'.

DIAGNOSTIC CONFIRMATION

Section IV, Field 08

=====

Diagnostic Confirmation indicates whether *AT ANY TIME* during the patient's medical history there was microscopic confirmation of the morphology of this cancer. It indicates not only the fact of microscopic confirmation but the nature of the best evidence available. Thus, this is a priority series with code '1' taking precedence. Each number takes priority over all higher numbers.

Code:

Diagnostic Confirmation

Microscopically Confirmed

- 1 Positive histology
- 2 Positive exfoliative cytology, no positive histology
- 4 Positive microscopic confirmation, method not specified

Not Microscopically Confirmed

- 5 Positive laboratory test/marker study
- 6 Direct visualization without microscopic confirmation
- 7 Radiography and other imaging techniques without microscopic confirmation
- 8 Clinical diagnosis only (other than 5, 6, or 7)

Confirmation unknown

- 9 Unknown whether or not microscopically confirmed

Specific:

Code 1: Microscopic diagnoses based upon tissue specimens from biopsy, frozen section, surgery, autopsy, or D and C. Positive hematologic findings relative to leukemia are also included. Bone marrow specimens (including aspiration biopsies) are coded as '1'.

Code 2: Cytologic diagnoses based on microscopic examination of cells as contrasted with tissues. Included are smears from sputum, bronchial brushings, bronchial washings, tracheal washings, prostatic secretions, breast secretions, gastric fluid, spinal fluid, peritoneal fluid, pleural fluid, and urinary sediment. Cervical and vaginal smears are common examples. Also included are diagnoses based upon paraffin block specimens from concentrated spinal, pleural, or peritoneal fluid.

Code 4: Diagnoses stated to be microscopically confirmed but with no detailed information on method.

Code 5: Clinical diagnosis of cancer based on certain laboratory tests or marker studies which are clinically diagnostic for cancer. Examples are the presence of fetal alpha protein for liver cancer and an abnormal electrophoretic spike for multiple myeloma and Waldenstrom's macroglobulinemia.

FIRST COURSE OF CANCER-DIRECTED THERAPY

Section V, Introduction

For the SEER Program the concept of definitive treatment is limited to procedures directed toward cancer tissues whether of the primary site or metastases. If a specific therapy normally affects, controls, changes, removes, or destroys cancer tissue, it is classified as definitive treatment even if it cannot be considered curative for a particular patient in view of the extent of disease, incompleteness of treatment, lack of apparent response, size of dose, operative mortality, or other criteria. The first course of cancer-directed therapy may begin any time at or after diagnosis.

Definition of "First Course" for all Malignancies Except Leukemias:

For all cases, the first course of therapy includes all cancer-directed treatment administered to the patient within four months after the initiation of therapy. All modalities of treatment are included regardless of sequence or the degree of completion of any component method.

Exceptions:

1. If it is documented that the planned first course of therapy continued beyond or began after four months of initiation, include all as first course.
2. Should there be a change of therapy due to apparent failure of the original planned and administered treatment or because of progression of the disease, the later therapy should be *EXCLUDED* from the first course and considered part of a SECOND course of therapy.

Definitions of "First Course" for Leukemias:

The basic time period is two months after the date of initiation of therapy. When precise information permits, the first course of definitive treatment is to be related to the first "remission" as follows -- even if in violation of the two-month rule:

- A. If a remission, complete or partial, is achieved during the first course of therapy for the leukemic process, include:
 1. All definitive therapy considered as "remission-inducing" for the first remission, and
 2. All definitive therapy considered as "remission-maintaining" for the first remission, i.e., irradiation to the central nervous system.
 3. Disregard all treatment administered to the patient after the lapse of the first remission.
- B. If no remission is attained during the first course of therapy, use the two-month rule.

FIRST COURSE OF CANCER-DIRECTED THERAPY (cont'd)

Section V, Introduction

No Cancer-Directed Therapy:

"Cancer tissue" means proliferating malignant cells or an area of active production of malignant cells such as adjacent tissues or distant sites. In some instances, malignant cells are found in tissues where they did not originate and where they do not reproduce, such as malignant cells found at thoracentesis or paracentesis. A procedure removing malignant cells but not treating a site of proliferation of such cells is NOT to be considered cancer therapy for the purpose of this program.

If patient receives ONLY symptomatic or supportive therapy, this is classified as "no cancer-directed therapy."

The term "palliative" is normally used in two senses: (a) as meaning non-curative and (b) as meaning the alleviation of symptoms. Thus, some treatments termed palliative fall within the definition of cancer-directed treatment and some are excluded as treating the patient but not the cancer.

Autopsy Only and Death Certificate Only Cases:

For Autopsy Only cases:

1. Code Date Therapy Initiated (V.01) to '000000'.
2. For lung and leukemia diagnoses, code Radiation to the Brain and Central Nervous System (V.04) to '0'; for all other cases code '9'.
3. Code Reason for No Cancer-directed Surgery (V.02B) to '2'.
4. Code all remaining treatment fields to zero.

For Death Certificate Only cases:

1. Code Date Therapy Initiated (V.01) to '999999'.
2. Code Site-specific Surgery (V.02A) to '09'.
3. Code Reason for No Cancer-directed Surgery (V.02B) to '9'.
4. Code Radiation Sequence with Surgery (V.05) to '0'.
5. Code all remaining treatment fields to '9'.

SURGERY

Section V, Field 02

GENERAL INSTRUCTIONS FOR CODING SITE-SPECIFIC SURGERY

The site-specific surgery scheme is composed of a two-digit code for all sites. Individual schemes exist in Appendix C for these sites:

ICD-O	Site
140.0-149.9	Oral Cavity
151.0-151.9	Stomach
153.0-153.9	Colon
154.0-154.1	Rectosigmoid, Rectum
157.0-157.9	Pancreas
161.0-161.9	Larynx
162.2-162.9	Bronchus and Lung
169.2	Spleen
170.0-170.9	Connective tissue
171.0-171.9	Bone
173.0-173.9	Skin
174.0-174.9, 175.9	Breast
180.0-180.9	Cervix Uteri
182.0-182.8	Corpus Uteri
183.0	Ovary
185.9	Prostate
186.0-186.9	Testis
188.0-188.9	Bladder
189.0-189.2	Kidney, Renal Pelvis, Ureter
193.9	Thyroid
196.0-196.9	Lymph nodes

All other sites are coded to the general scheme in Appendix C.

Once it is determined that cancer-directed surgery was performed, use the best information in the operative/pathology reports to determine the operative procedure. Do *NOT* depend on the name of the procedure since it may be incomplete.

If the operative report is unclear as to what was excised or if there is a discrepancy between the operative and pathology reports, use the pathology report, unless there is reason to doubt its accuracy.

If a surgical procedure removes the remaining portion of an organ which had been partially resected previously for any condition, code as total removal of the organ. If none of the primary organ remains, the code should indicate that this is the case.

SURGERY (cont'd)

Section V, Field 02

=====

GENERAL INSTRUCTIONS FOR CODING SITE-SPECIFIC SURGERY (cont'd)

For example:

1. Resection of a stomach which had been partially excised previously is coded as total removal of stomach.
2. Removal of a cervical stump is coded as total removal of uterus.
3. Lobectomy of a lung with a previous wedge resection is coded as total removal of lobe.

For purposes of this program a lymph node dissection is defined as any lymph node dissection done within the first course of cancer-directed therapy. Any lymph node dissection done as a separate procedure within the first course of cancer-directed therapy is to be coded.

In order to code the removal of lymph nodes as "surgery with lymph node dissection", a minimum of four lymph nodes must be removed.

If an excisional biopsy is followed by "re-excision" or "wide excision" within the first course of cancer-directed therapy, include that later information in coding site-specific surgery.

If multiple primaries are excised at the same time, code the appropriate surgery for each site. *For example:* 1) if a total abdominal hysterectomy was done for a patient with two primaries, one of the cervix and one of the endometrium, code each as having had a total abdominal hysterectomy. 2) If a total colectomy was done for a patient with multiple primaries in several segments of the colon, code total colectomy for each of the primary segments.

Surgery for extranodal lymphomas should be coded using the scheme for the extranodal site. *For example:* a lymphoma of the stomach is to be coded using the scheme for stomach.

Ignore surgical approach in coding procedures.

Ignore the use of laser if used only for the initial incision.

Surgical procedures performed solely for the purpose of establishing a diagnosis/stage or for the relief of symptoms are to be coded in the Site-specific Surgery field using codes '01'-'07' but are not considered cancer-directed surgery.

Procedures such as brushings, washings, and aspiration of cells as well as hematologic findings (peripheral blood smears) are not surgical procedures.

SURGERY (cont'd)

Section V, Field 02

=====

GENERAL INSTRUCTIONS FOR CODING SITE-SPECIFIC SURGERY (cont'd)

Examples of exploratory surgery are:

Celiotomy	Laparotomy
Cystotomy	Nephrotomy
Gastrotomy	Thoracotomy

Examples of bypass surgery are:

Colostomy	Nephrostomy
Esophagostomy	Tracheostomy
Gastrostomy	Urethrostomy

Priority of Codes

In the Site-specific Surgery code schemes, except where otherwise noted, the following priorities hold:

1. Codes '10'-'90' over codes '00'-'09'.
2. Codes '10'-'78' over codes '80'-'90'.
3. In the range '10'-'78' the higher code has priority.
4. Codes '01'-'07' over code '09'.
5. In the range '01'-'06' the higher code has priority.
6. Codes '01'-'07' and '09' cannot be used in combination with codes '10'-'90'.
7. Surgery of primary not included in any category should be coded '90'.
8. Codes '01'-'06' have priority over code '07'.

Reconstructive Surgery

Second digit is to be coded '8' when reconstructive surgery of the primary site is done as part of the planned first course of therapy.

Examples of reconstructive surgery are:

Ileal pouch-anal anastomosis for colon
Facial reconstruction for head and neck tumors
Breast reconstruction

The following examples are not considered reconstructive surgery:

Colostomy
Skin grafting

REASON FOR NO CANCER-DIRECTED SURGERY

Section V, Field 02.B

=====

Code:

Reason for No Cancer-directed Surgery

- 0 Cancer-directed surgery performed
- 1 Cancer-directed surgery not recommended
- 2 Contraindicated due to other conditions; Autopsy Only case
- 6 Unknown reason for no cancer-directed surgery
- 7 Patient or patient's guardian refused
- 8 Recommended, unknown if done
- 9 Unknown if cancer-directed surgery performed; Death Certificate Only case

If the Site-specific Surgery is coded '00'-'09', then code the reason using codes '1'-'9'.

If the site-specific surgery is coded '10'-'99', then code the Reason for No Cancer-directed Surgery as '0'.

RADIATION

Section V, Field 03

=====

Code:

Radiation

- 0 None
- 1 Beam radiation
- 2 Radioactive implants
- 3 Radioisotopes
- 4 Combination of 1 with 2 or 3
- 5 Radiation, NOS -- method or source not specified
- 7 Patient or patient's guardian refused radiation therapy
- 8 Radiation recommended, unknown if administered
- 9 Unknown

Code '1' for beam radiation directed to cancer tissue regardless of source of radiation. Included is treatment via:

- X-ray
- Cobalt
- Linear accelerator
- Neutron beam
- Betatron
- Spray radiation
- Stereotactic radiosurgery such as gamma knife and proton beam.

Code '2' for all interstitial implants, molds, seeds, needles, or intracavitary applicators of radioactive material such as cesium, radium, radon, or radioactive gold.

Code '3' for internal use of radioactive isotopes, such as I-131 or P-32, when given orally, intracavitarily, or by intravenous injection.

For lung and leukemia cases only, code radiation to brain and central nervous system in the Radiation to the Brain and Central Nervous System field.

For all cases except lung and leukemia, code radiation to brain and central nervous system in this field.

RADIATION TO THE BRAIN AND CENTRAL NERVOUS SYSTEM
Section V, Field 04

=====

Code:

Radiation to the Brain and/or Central Nervous System

For Lung and Leukemia Cases Only

- 0 No radiation to the brain and/or central nervous system
- 1 Radiation
- 7 Patient or patient's guardian refused
- 8 Radiation recommended, unknown if administered
- 9 Unknown

For All Other Cases

- 9 Not applicable

For lung and leukemia diagnoses only:

1. code '0' for all "Autopsy Only" cases;
2. code '9' for all "Death Certificate Only" cases;
3. code '0'-'9' for all other cases.

Radiation should be coded whether or not there are known metastases to the brain or central nervous system.

For all sites except lung and leukemia diagnoses, code '9'.

APPENDIX C
SITE-SPECIFIC SURGERY CODES

PANCREAS
157.0-157.9

Code:

No Cancer-Directed Surgery/Unknown

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

Type of Cancer-Directed Surgery

- 10 Local or partial surgical excision of pancreas
- 20 Total pancreatectomy WITH/WITHOUT splenectomy
- 30 Subtotal gastrectomy, duodenectomy with complete or partial pancreatectomy WITH/WITHOUT splenectomy (Whipple's operation)
- 40 Radical regional (partial) pancreatectomy with lymph node dissection and adjacent soft tissue resection
- 50 Pancreatectomy, NOS
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY
- 90 Surgery, NOS

APPENDIX C
SITE-SPECIFIC SURGERY CODES

PANCREAS (cont'd)

*NOTE: Codes '10'-'90' have priority over codes '00'-'09'.
Codes '10'-'78' have priority over codes '80'-'90'.
Surgery of primary not included in any category should be coded
'90'.
In the range '10'-'78', the higher code has priority.
Codes '01'-'07' have priority over code '09'.
In the range '01'-'06', the higher code has priority.
Codes '01'-'07' and '09' cannot be used in combination with codes
'10'-'90'.
Codes '01'-'06' have priority over code '07'.
Second digit is to be coded '8' when reconstructive surgery of
the primary site is done as part of the planned first course
of therapy.*

APPENDIX C
SITE-SPECIFIC SURGERY CODES

SKIN
173.0-173.9

Code:

No Cancer-Directed Surgery/Unknown

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

Type of Cancer-Directed Surgery

- 10 Local cancer destruction WITHOUT pathology specimen (includes laser surgery, cryosurgery, fulguration, or electrocauterization)
- 20 Simple excision/excisional biopsy; shave biopsy; local surgical excision; wedge resection; laser surgery WITH pathology specimen; excision, NOS
- 30 Shave/punch biopsy/biopsy, NOS followed by excision of lesion (not a wide excision)
- 40 Wide/re-excision or minor (local) amputation (includes digits, ear, eyelid, lip, nose) WITHOUT lymph node dissection
- 45 Radical excision WITHOUT lymph node dissection
- 50 Codes 10-45 WITH lymph node dissection
- 60 Amputation (other than code 40) WITHOUT lymph node dissection; amputation, NOS
- 70 Amputation (other than in code 40) WITH lymph node dissection
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY
- 90 Surgery, NOS

APPENDIX C
SITE-SPECIFIC SURGERY CODES

SKIN (cont'd)

*NOTE: Codes '10'-'90' have priority over codes '00'-'09'.
Codes '10'-'78' have priority over codes '80'-'90'.
Surgery of primary not included in any category should be coded
'90'.
In the range '10'-'78', the higher code has priority.
Codes '01'-'07' have priority over code '09'.
In the range '01'-'06', the higher code has priority.
Codes '01'-'07' and '09' cannot be used in combination with codes
'10'-'90'.
Codes '01'-'06' have priority over code '07'.
Second digit is to be coded '8' when reconstructive surgery of
the primary site is done as part of the planned first course
of therapy.*

APPENDIX C
SITE-SPECIFIC SURGERY CODES

=====

BREAST

174.0-174.9 Female; 175.9 Male

Code:

No Cancer-Directed Surgery/Unknown

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

Type of Cancer-Directed Surgery

- 10 Partial/less than total mastectomy (includes segmental mastectomy, lumpectomy, quadrantectomy, tylectomy, wedge resection, nipple resection, excisional biopsy, or partial mastectomy, NOS) WITHOUT dissection of axillary lymph nodes
- 20 Partial/less than total mastectomy WITH dissection of axillary lymph nodes
- 30 Subcutaneous mastectomy WITH/WITHOUT dissection of axillary nodes
- 40 Total (simple) mastectomy (breast only) WITHOUT dissection of axillary lymph nodes
- 50 Modified radical/total (simple) mastectomy (may include portion of pectoralis major) WITH dissection of axillary lymph nodes
- 60 Radical mastectomy WITH dissection of majority of pectoralis major WITH dissection of axillary lymph nodes
- 70 Extended radical mastectomy (code 60 PLUS internal mammary node dissection; may include chest wall and ribs)
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY
- 90 Mastectomy, NOS; Surgery, NOS

APPENDIX C
SITE-SPECIFIC SURGERY CODES

BREAST (cont'd)

Note: Codes '10'-'78' apply to unilateral resection of primary cancer.

Ignore removal of fragments or tags of muscle; removal of pectoralis minor; resection of pectoralis muscles, NOS; and resection of fascia with no mention of muscle.

Oophorectomy, adrenalectomy, and hypophysectomy will be coded as Endocrine (Hormone/Steroid) Therapy.

Codes '10'-'90' have priority over codes '00'-'09'.

Codes '10'-'78' have priority over codes '80'-'90'.

Surgery of primary not included in any category should be coded '90'.

In the range '10'-'78', the higher code has priority.

Codes '01'-'07' have priority over code '09'.

In the range '01'-'06', the higher code has priority.

Codes '01'-'07' and '09' cannot be used in combination with codes '10'-'90'.

Codes '01'-'06' have priority over code '07'.

Second digit is to be coded '8' when reconstructive surgery of the primary site is done as part of the planned first course of therapy.

APPENDIX C
SITE-SPECIFIC SURGERY CODES

CERVIX UTERI

180.0-180.9

Code:

No Cancer-Directed Surgery/Unknown

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

Type of Cancer-Directed Surgery

- 10 Cryosurgery; laser surgery WITHOUT pathology specimen
- 15 Dilatation and curettage (in situ ONLY); endocervical curettage (in situ ONLY)
- 20 Local surgical excision; excisional biopsy; trachelectomy; amputation of cervix or cervical stump; laser surgery WITH pathology specimen; conization
- 30 Total/pan/simple hysterectomy (includes both corpus and cervix uteri) WITHOUT removal of tubes and ovaries WITHOUT dissection of lymph nodes
- 35 *Total/pan/simple hysterectomy (includes both corpus and cervix uteri) WITHOUT removal of tubes and ovaries WITH dissection of lymph nodes
- 40 Total/pan/simple hysterectomy WITH removal of tube(s) and ovary(ies) WITHOUT dissection of lymph nodes
- 50 Modified radical/extended hysterectomy (includes uterus, tube(s), ovary(ies), and para-aortic and pelvic lymph nodes, and may include vaginal cuff); radical hysterectomy (includes uterus, tube(s), ovary(ies), vagina, all parametrial and paravaginal tissue, and para-aortic and pelvic lymph nodes); Wertheim's operation
- 60 Hysterectomy, NOS

* Effective date January 1, 1990.

APPENDIX C
SITE-SPECIFIC SURGERY CODES

CERVIX UTERI (cont'd)

- 70 Pelvic Exenteration (partial or total)
 Anterior exenteration (includes bladder, distal ureters, and genital organs with their ligamentous attachments and pelvic lymph nodes)
 Posterior exenteration (includes rectum and rectosigmoid with ligamentous attachments and pelvic lymph nodes)
 Total exenteration (includes removal of all pelvic contents and pelvic lymph nodes)
 Extended exenteration (includes pelvic blood vessels or bony pelvis)
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY
- 90 Surgery, NOS

*NOTE: Codes 30, 35 and 40 may include a portion of vaginal cuff.
Ignore incidental removal of appendix.
Ignore omentectomy if it was the only surgery performed in addition to hysterectomy.
Ignore surgical approach, i.e., abdominal or vaginal.
For invasive cancers only, dilatation and curettage is to be coded as an incisional biopsy.
Codes '10'-'90' have priority over codes '00'-'09'.
Codes '10'-'78' have priority over codes '80'-'90'.
Surgery of primary not included in any category should be coded '90'.
In the range '10'-'78', the higher code has priority.
Codes '01'-'07' have priority over code '09'.
In the range '01'-'06', the higher code has priority.
Codes '01'-'07' and '09' cannot be used in combination with codes '10'-'90'.
Codes '01'-'06' have priority over code '07'.
Second digit is to be coded '8' when reconstructive surgery of the primary site is done as part of the planned first course of therapy.*

APPENDIX C
SITE-SPECIFIC SURGERY CODES

=====

CORPUS UTERI

182.0-182.8

Code:

No Cancer-Directed Surgery/Unknown

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

Type of Cancer-Directed Surgery

- 10 Polypectomy; myomectomy (simple excision); simple excision, NOS
- 20 Subtotal hysterectomy; supracervical hysterectomy; fundectomy (cervix left in place WITH/WITHOUT removal of tubes and ovaries)
- 30 Total/pan/simple hysterectomy (includes both corpus and cervix uteri) WITHOUT removal of tubes and ovaries WITHOUT dissection of lymph nodes
- 35 *Total/pan/simple hysterectomy (includes both corpus and cervix uteri) WITHOUT removal of tubes and ovaries WITH dissection of lymph nodes
- 40 Total/pan/simple hysterectomy WITH removal of tube(s) and ovary(ies) WITHOUT dissection of lymph nodes
- 50 Modified radical/extended hysterectomy (includes uterus, tube(s), ovary(ies), and para-aortic and pelvic lymph nodes, and may include vaginal cuff); radical hysterectomy (includes uterus, tube(s), ovary(ies), vagina, and all parametrial and paravaginal tissue, and para-aortic and pelvic lymph nodes); Wertheim's operation
- 60 Hysterectomy, NOS

* Effective date January 1, 1990.

APPENDIX C
SITE-SPECIFIC SURGERY CODES

CORPUS UTERI (cont'd)

- 70 Pelvic Exenteration (partial or total)
 Anterior exenteration (includes bladder, distal ureters, and genital organs with their ligamentous attachments and pelvic lymph nodes)
 Posterior exenteration (includes rectum and rectosigmoid with ligamentous attachments and pelvic lymph nodes)
 Total exenteration (includes removal of all pelvic contents and pelvic lymph nodes)
 Extended exenteration (includes pelvic blood vessels or bony pelvis)
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY
- 90 Surgery, NOS

*NOTE: Codes 30, 35 and 40 may include a portion of vaginal cuff.
Ignore incidental removal of appendix.
Ignore omentectomy if it is the only surgery performed in addition to hysterectomy.
Ignore surgical approach, i.e., abdominal or vaginal.
For invasive and in situ cancers, dilatation and curettage is to be coded as an incisional biopsy.
Codes '10'-'90' have priority over codes '00'-'09'.
Codes '10'-'78' have priority over codes '80'-'90'.
Surgery of primary not included in any category should be coded '90'.
In the range '10'-'78', the higher code has priority.
Codes '01'-'07' have priority over code '09'.
In the range '01'-'06', the higher code has priority.
Codes '01'-'07' and '09' cannot be used in combination with codes '10'-'90'.
Codes '01'-'06' have priority over code '07'.
Second digit is to be coded '8' when reconstructive, surgery of the primary site is done as part of the planned first course of therapy.*

APPENDIX C
SITE-SPECIFIC SURGERY CODES

ALL OTHER SITES

150.0-150.9, 152.0-152.9, 154.2-156.9, 158.0-160.9, 162.0,
163.0-165.9, 169.0-169.1, 169.3-169.9, 179.9, 181.9, 183.2-184.9,
187.1-187.9, 189.3-192.9, 194.0-195.8, 199.9

Code:

No Cancer-Directed Surgery/Unknown

- 00 No surgical procedure
- 01 Incisional, needle, or aspiration biopsy of other than primary site
- 02 Incisional, needle, or aspiration biopsy of primary site
- 03 Exploratory ONLY (no biopsy)
- 04 Bypass surgery, -ostomy ONLY (no biopsy)
- 05 Exploratory ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 06 Bypass surgery, -ostomy ONLY AND incisional, needle or aspiration biopsy of primary site or other sites
- 07 Non-cancer directed surgery, NOS
- 09 Unknown if surgery done

Type of Cancer-Directed Surgery

- 10 Cryosurgery
- 20 Cautery, fulguration, laser surgery WITHOUT pathology specimen
- 30 Laser surgery WITH pathology specimen
- 35 Excisional biopsy; polypectomy; excision of lesion |
- 40 Partial/simple removal of primary site WITHOUT dissection of lymph nodes |
- 50 Partial/simple removal of primary site WITH dissection of lymph nodes |
- 55 Stated as "debulking" WITH or WITHOUT dissection of lymph nodes |
- 60 Radical surgery (primary site plus partial or total removal of other organs)
- 80 Surgery of regional and/or distant site(s)/node(s) ONLY
- 90 Surgery, NOS

APPENDIX C
SITE-SPECIFIC SURGERY CODES

ALL OTHER SITES

NOTE: Codes '10'-'90' have priority over codes '00'-'09'.
Codes '10'-'78' have priority over codes '80'-'90'.
Surgery of primary not included in any category should be coded '90'.
In the range '10'-'78', the higher code has priority.
Codes '01'-'07' have priority over code '09'.
In the range '01'-'06', the higher code has priority.
Codes '01'-'07' and '09' cannot be used in combination with codes '10'-'90'.
Codes '01'-'06' have priority over code '07'.
Second digit is to be coded '8' when reconstructive surgery of the primary site is done as part of the planned first course of therapy.

APPENDIX D
CODING EXCEPTIONS FOR PRE-1988 CASES

SITE SPECIFIC SURGERY (cont'd)

SITE: Breast (174.0-174.9, 175.9)

OLD DEFINITION	NEW DEFINITION
1 Partial/less than total mastectomy (incl. segmental mastectomy, lumpectomy, quadrantectomy, tylectomy, wedge resection, nipple resection, excisional biopsy, or partial mastectomy, NOS) WITHOUT dissection of axillary lymph nodes	10 Partial/less than total mastectomy (includes segmental mastectomy, lumpectomy, quadrantectomy, tylectomy, wedge resection, nipple resection, excisional biopsy, or partial mastectomy, NOS) WITHOUT dissection of axillary lymph nodes
2 Code 1 WITH dissection of axillary lymph nodes	20 Partial/less than total mastectomy WITH dissection of axillary lymph nodes
3 Subcutaneous mastectomy WITH/WITHOUT dissection of axillary lymph nodes	30 Subcutaneous mastectomy WITH/WITHOUT dissection of axillary nodes
4 Total (simple) mastectomy (breast only) WITHOUT dissection of axillary lymph nodes	40 Total (simple) mastectomy (breast only) WITHOUT dissection of axillary lymph nodes
5 Total (simple)/modified radical mastectomy (may include portion of pectoralis major) WITH dissection of axillary lymph nodes	50 Modified radical/total (simple) mastectomy (may include portion of pectoralis major) WITH dissection of axillary lymph nodes
6 Radical mastectomy WITH dissection of all of pectoralis major WITH dissection of axillary lymph nodes	60 Radical mastectomy WITH dissection of majority of pectoralis major WITH dissection of axillary lymph nodes
7 Extended radical mastectomy (code 6 + internal mammary node dissection; may include chest wall and ribs)	70 Extended radical mastectomy (code 60 PLUS internal mammary node dissection; may include chest wall and ribs)

APPENDIX D
CODING EXCEPTIONS FOR PRE-1988 CASES

SITE SPECIFIC SURGERY (cont'd)

SITE: Breast (174.0-174.9, 175.9) (cont'd)

OLD DEFINITION	NEW DEFINITION
8 Surgery of regional and/or distant site(s)/nodes ONLY	80 Surgery of regional and/or distant site(s)/node(s) ONLY
9 Mastectomy, NOS; Surgery, NOS	90 Mastectomy, NOS; Surgery, NOS

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