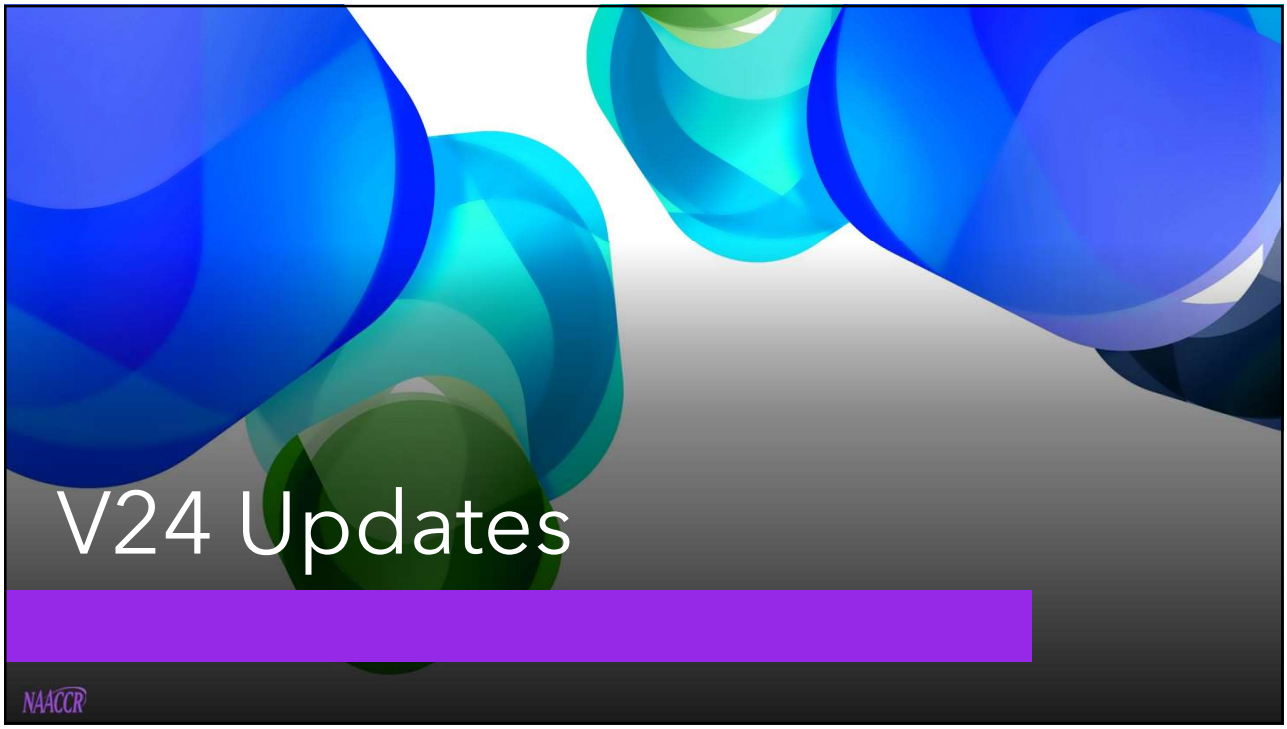

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Agenda

- Overview
- ICD O updates
- Solid Tumor Rules
- SSDIs
- Surgery Codes

NAACCR

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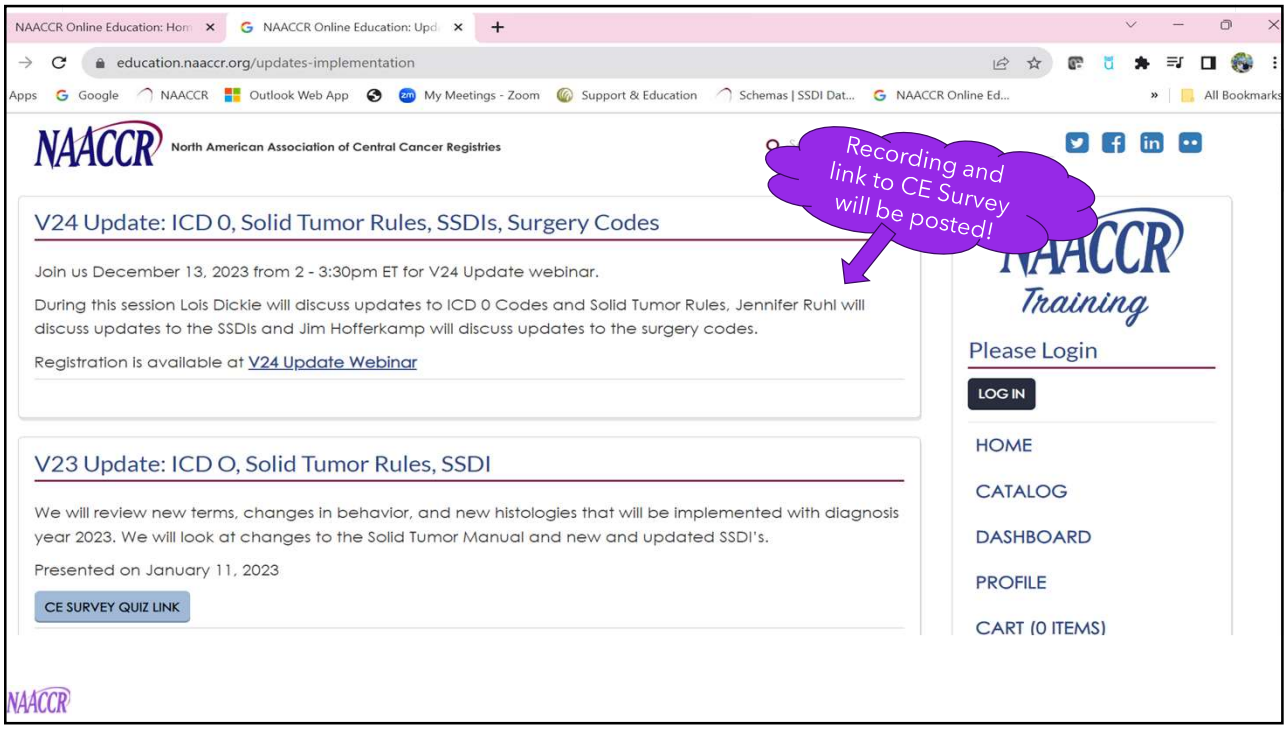

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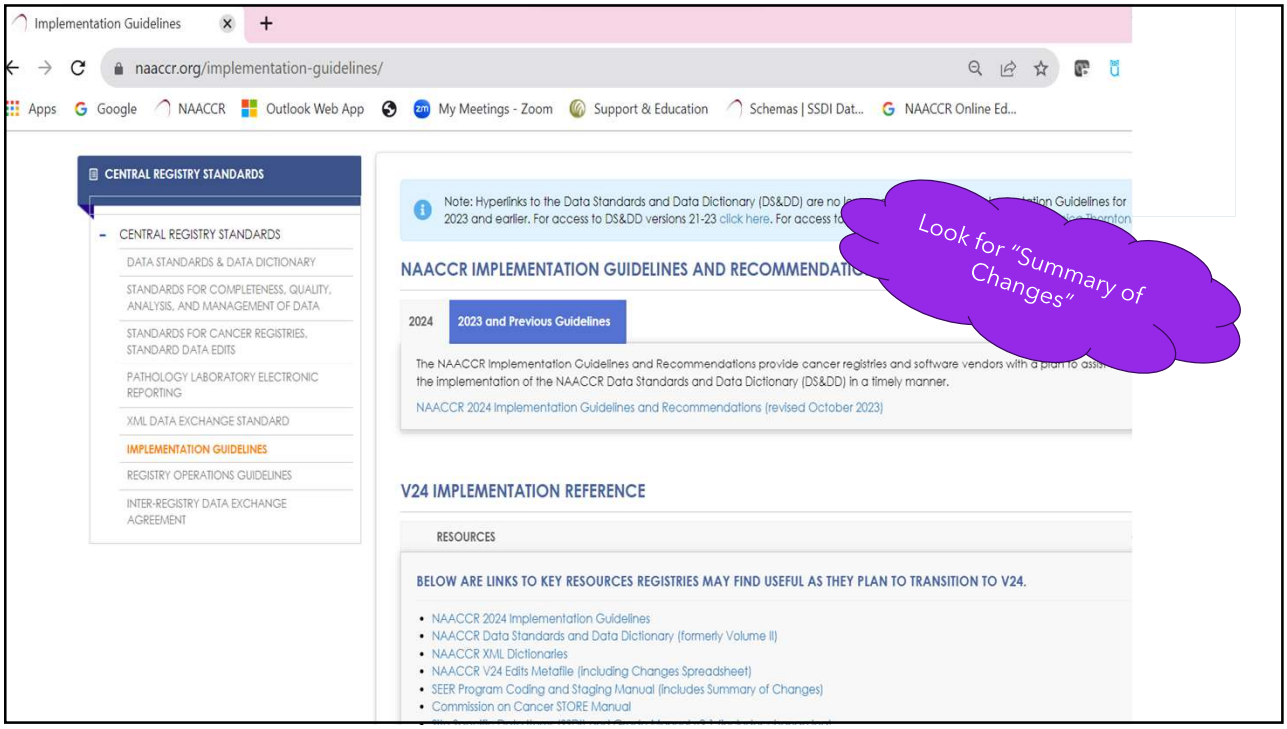

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https://education.naaccr.org/updates-implementation

Use of Manuals

- Solid Tumor Rules and SSDI manuals
  - As of 1/1/2024 the v24 version of the manuals should be used for all cases diagnosed 2018 and later.
  - These manuals will indicate if another set of rules should be used based on diagnosis year.
    - Example 1: Prostate cancer diagnosed in 2023. Abstract started in 2024.
      - Use the 2024 update of the solid tumor rules and v3.1 of the SSDI manual.
    - Example 2: Prostate cancer diagnosed in 2022.
      - Start with the 2024 update of the solid tumor rules. Note 2 indicates the 2007 MP/H rules should be used for cases diagnosed 1/1/2007-12/31/2022/
- SEER Program Coding and Staging Manual 2024 and STORE Manual 2024
  - The 2024 version of the manuals should be used for cases diagnosed in 2024.
    - Example 1: Breast cancer case diagnosed in 2024.
      - Use SPCSM 2024 and STORE 2024
    - Example 2: Breast cancer case diagnosed in 2023
      - Use SPCSM 2023 and STORE 2023

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v24 ICD-O and Solid Tumor Updates

December 13, 2023

Lois Dickie

6

Agenda

- 2024 ICD-O Update
- 2024 Solid Tumor Update-General
- 2024 Solid Tumor Update- Major

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Reminder….

- Use the most recent Solid Tumor Update
  - Start using the 2024 Update 1/1/2024
  - The contents in the manual are cumulative
  - Terms and/or rules which are diagnosis date specific are noted in each update
  - Previous updates are achieved for various reasons

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2024 ICD-O Update

Lois Dickie, CTR
Chair NAACCR
ICD-O Work Group

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2024 ICD-O Updates: What to Expect

- 2024 based on WHO 5th Ed Classification of Urinary and Male Genital Tumors
- 34 new preferred or alternate terms for existing ICD-O-3.2 histologies
  - 11 are non-reportable
- 6 ICD-O codes with new behaviors and associated terminology
  - One is non-reportable
- 1 ICD-O-3.2 code and term changed behavior from /1 to /3
- HPV related SCC ICD-O codes become valid for penis and scrotum

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Update Documentation Formats

- Supplement will be available in the following formats:
  - Combined word document in numerical order by ICD-O-3 code
  - Combined word document in alphabetically order by term
  - Excel file in numerical order
- Posted on NAACCR website August 2, 2023

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2024 Solid Tumor Updates-General

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General Updates

- New terminology, synonyms, subtype/variants added to tables
  - Per WHO and/or C.A.P. Protocols
- New notes or examples to clarify existing rules
- Clarifications needed based on Ask A SEER Registrar

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General Updates

- Colon
  - Table 1: Added GIST row
  - H6: Added coding instructions for assigning behavior in LAMN
- Head & Neck
  - Added subtype/variants to tables 1, 3, 5, and 9
  - Table 5 (oropharynx): Instructions for coding HPV related SCC with subtype/variant
- Kidney
  - Table 1: Added subtype/variants
  - Table 2: Added non-reportable histology terms
  - Updated M7 with new subtypes/variants for 8311/3

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General Updates, cont'd

- Lung
  - Table 3: Cleaned up NEC/NET rows
  - Note in Table 3 for coding mucinous carcinoma/adenocarcinoma, NOS
  - H7 updated to include valid term for coding histology per C.A.P.
- Melanoma- No updates!!
- Non-malignant CNS
  - Table 6: Added subtypes/variants
  - Added notes to M10, M11, and M12
- Urinary
  - Table 2: Added new terms per 5th Ed WHO
  - Table 2: Added NEC/NET rows

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General Updates, cont'd

- Other sites
  - Added new terminology, synonyms, or subtype/variants to tables 3, 4, 5, 6, 7, 9, 10, 11, 12, 13, 15, 17, and 18.
  - Added instructions to table 6 (stomach) for coding Lauren histology versus WHO
  - Table 22 Thymus added
  - Table 23 Penis and Scrotum added

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2024 Solid Tumor Updates- Major

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Major Updates

- Change to longstanding coding rules
- Change in ICD-O code per WHO or other resource
- New rules
  - Often based on date of diagnosis
  - Needed to address issues identified from Ask A SEER Registrar

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Major Updates: Breast

New for 2024

1. Beginning with cases diagnosed 1/1/2024 forward, in situ lobular carcinoma with other types of in situ carcinoma 8524/2 has been deemed biologically impossible based on expert pathologist review for the Cancer PathCHART project. Table 2 has been updated with coding instructions and new H rules were added to the in-situ histology section.

1. Cancer PathCHART Specialty Matter Expert review of breast histologies determined some histologies with individual ICD-O codes are to be considered synonyms for the NOS term. Therefore, they have been moved from the subtype/variant column 3 to synonym column 2. These terms have been identified with the symbol ***++ and cases DX 1/1/2024 forward.*** Terms and codes which were moved to column 2 are still listed in column 3 with the corresponding ICD-O code and note indicating valid for cases diagnosed prior to 1/1/2024.

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Major Updates: Breast

- Table 2:Histology Combination Codes

  Lobular plus any other histology (exception duct and Paget)

  In situ lobular mixed with other types of in situ carcinoma **8524/2 (Cases diagnosed prior to 1/1/2024 only)**

Note 3: Beginning with cases diagnosed 1/1/2024 forward, in situ lobular carcinoma with other types of in situ carcinoma 8524/2 has been deemed biologically impossible based on expert pathologist review for the Cancer PathCHART project. See new rule H7 for coding instructions.

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Major Updates: Breast

- Table 3

++Denotes change per Cancer PathCHART Specialty Matter Expert review. ICD-O codes and terms with ++ have a separate ICD-O code, however, per the expert review, are considered a synonym for the NOS term. This change applies to cases diagnosed 1/1/2024 forward. The terms and ICD-O codes remain subtype/variants for cases diagnosed prior to 1/1/2024.

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Major Updates: Breast

- Table 3: Histology NOS, synonyms, subtype/variants
  - Carcinoma, NOS 8500 row
    - Invasive solid carcinoma/solid adenocarcinoma 8230/3 moved from subtype/variant to synonym for carcinoma, NOS beginning with cases diagnosed 1/1/2024 forward and coded 8500/3
  - Metaplastic carcinoma 8575 row
    - Metaplastic carcinoma spindle cell type/spindle cell carcinoma 8032/3 moved from subtype/variant to synonym for metaplastic carcinoma, NOS beginning with cases diagnosed 1/1/2024 forward and coded 8575/3

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Major Updates: Breast

New H7: Code in situ lobular carcinoma 8520/2 when there is a combination of lobular carcinoma in situ and one other histology other than DCIS **AND**

- The percentage of lobular in situ comprises greater than 50% of the tumor **OR**
- Percentage of lobular in situ is unknown/not documented
- *Note*: this is a new rule and applies to cases diagnosed 1/1/2024 forward. See H9 for cases diagnosed prior to 1/1/2024

New H8: Code the histology that comprises greater than 50% of the tumor when two histologies are:

- In situ lobular AND any other histology other than DCIS
- *Note:* This is a new rule and applies to cases diagnosed 1/1/2024 forward. See H9 for cases diagnosed prior to 1/1/2024.

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Major Updates: Malignant CNS

- Table 6: Histology NOS, synonym, and subtype/variants
  - New row: Cauda equina neuroendocrine tumor 8693/3
    - Coded /3 even though it has a WHO Grade 1
  - Glioma, NOS 9380/3
    - Umbrella term. Additional testing should be performed to identify mutations and biomarkers that would provide a definitive type. A diagnosis of glioma, NOS is not recommended and may be used only when additional test were inconclusive. ***See M rule to determine multiple primaries***
  - Neuroepithelial tumor, malignant 8000/3
    - Neuroepithelial tumor is a rare tumor specific to children. These neoplasms have numerous subtypes which are not easily identified so a specific type may not be identified on the pathology report.

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Major Updates: Malignant CNS

- New Rule M4 Code a single primary when a neoplasm is originally diagnosed as glioma, NOS and subsequently recurs in residual tumor with a more specific histology

Note 1: Glioma, NOS is considered an umbrella term. Additional testing should be performed to identify mutations and biomarkers that would provide a definitive histology type.

Note 2: If a specific histology is diagnosed in residual tumor or additional testing provides a definitive histology, edit the original abstract as follows:

- Do not change the date of diagnosis
- For cases that have been abstracted, update the ICD-O code based on the new findings
- Report all data changes for cases which have been submitted to the central registry

Note 3: There is no time requirement

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Major Updates: Other Sites

New for 2024

1. Guidelines for assigning primary sites for liver and intrahepatic bile duct neoplasms based on histology and other criteria are included in the newly added Table 9a. The criteria for coding liver (C220) versus intrahepatic bile duct (C221) is based on Cancer PathCHART Specialty Matter Expert review. The experts have determined adenocarcinoma and subtypes of adenocarcinoma cannot be primary to liver and therefore are biologically impossible. The coding instruction in Table 9a may be applied to cases diagnosed 2023 forward.

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Major Updates: Other Sites

New for 2024

2. Several tables in the Solid Tumor Other Sites module include more than one site or site group. The tables are based on WHO Classifications of Tumors books unless otherwise noted. The Cancer PathCHART review determined that some histologies are valid for specific sites only and not for all sites within a site group. The valid C-code will be denoted in bold next to the histology or histologies in applicable tables. Coding these histologies to a site other than the one(s) noted in the tables has been determined to be biologically impossible and will not pass edits.

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Major Updates: Other Sites

- Table 2 Mixed and Combination Codes
  - Hepatocellular carcinoma plus cholangiocarcinoma row
    - Combined hepatocellular and cholangiocarcinoma 8180 **C221**
- Table 9 Liver and Intrahepatic Bile Ducts
  - Cholangiocarcinoma 8160-~~**C220**~~-**C221**
- Table 10 Gallbladder and Extrahepatic Bile Ducts
  - Bile duct carcinoma/cholangiocarcinoma 8160 **C240**

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Major Updates: Other Sites

- Table 16 Uterus: The following histologies are biologically impossible for myometrium C542 per Cancer PathCHART
  - Carcinoma, undifferentiated NOS 8020
  - Endometrioid carcinoma/adenocarcinoma 8380
  - Mixed cell adenocarcinoma 8323
  - Mucinous carcinoma/adenocarcinoma 8480 (includes subtype/variants)
  - Neuroendocrine carcinoma 8246 (includes subtype/variants)

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Major Updates: Other Sites

- New Table 9a: Guidelines for Assigning Primary Site for Liver and Intrahepatic Bile Duct
  - Guidelines for assigning primary sites for liver and intrahepatic bile duct neoplasms based on histology and other criteria are included in the newly added Table 9a. The criteria for coding liver (C220) versus intrahepatic bile duct (C221) is based on Cancer PathCHART Specialty Matter Expert review. The experts have determined adenocarcinoma and subtypes of adenocarcinoma cannot be primary to liver and therefore are biologically impossible. *This table may be applied to cases diagnosed 2023 forward.*

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Table 9a

Site of biopsy or cytology	Pathology or cytology diagnosis	Criteria	Primary Site/Histology
Liver C220	Adenocarcinoma, NOS Adenocarcinoma subtypes/variants	Supporting documentation such as scans, lab tests, or definitive clinical diagnosis of intrahepatic bile duct primary and/or definitive diagnosis of cholangiocarcinoma	C221 8160/3
Liver C220	Adenocarcinoma, NOS Adenocarcinoma subtypes/variants	No documentation supporting the primary site of intrahepatic bile duct is available in the medical record. This includes scans, lab tests, or definitive clinical diagnosis. Liver is a common metastatic site for other neoplasms such as breast, lung, and colon. Code unknown primary site C809 when a primary site is not indicated in the pathology report or medical record.	C809 8140/3

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Table 9a

Site of biopsy or cytology	Pathology or cytology diagnosis	Criteria	Primary Site/Histology
Liver C220 or Intrahepatic bile duct C221	Hepatocellular carcinoma	Cancer PathCHART review has determined hepatocellular carcinoma is valid for liver C220 only. Code C220 regardless of biopsy/cytology site.	C220 8170/3
Liver C220	Combined hepatocellular carcinoma and cholangiocarcinoma	Cancer PathCHART review has determined combined hepatocellular carcinoma and cholangiocarcinoma is valid for intrahepatic bile ducts C221 only. Code C221 regardless of biopsy/cytology site	C221 8180/3

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Questions

- Submit to:
- Ask A SEER Registrar

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- Thank You!

8/05/20XX

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2024 Updates to SSDIs and Problematic SSDIs

Jennifer Ruhl, MSHCA, RHIT, CTR, CCS
NAACCR SSDI Workgroup Chair

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Basic Reminder

- **Remember: It is critical that you assign the correct primary site and histology**
- This combination, along with a Schema Discriminator when applicable, defines the following:
  - Schema ID, AJCC ID, EOD Schema, Summary Stage chapter, SSDIs, Grade and Surgery codes
- Use the following (in order) to determine primary site:
  - ICD-O-3 (implementation guidelines)
  - SEER Program Manual (including coding guidelines in Appendix C)
  - Solid Tumor Rules
- Use the Solid Tumor Rules to determine histology

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New SSDI (2024+ diagnoses)

- Brain Primary Tumor Location
  - Brain (2023+) Schema
- This SSDI distinguishes between the Pons and other subsites with ICD-O Topography code C717
- Information regarding Pons primary site very important, especially for pediatric brain tumors
- Dangerous site to biopsy or have surgical resection, most of the information will come from imaging or physician's statement
- In Field Testing for 2021: Did very well

Code	Description
1	Pons
2	Subsite other than Pons • Multiple subsites in Brain stem listed
8	Not applicable (based on standard setter requirements)
9	Brain stem, NOS Unknown subsite of Brain Stem
Blank	Primary Site is NOT C717 Diagnosis year is prior to 2024

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New Schemas for 2024+ diagnoses

- 09290: NET Stomach
- 09301: NET Duodenum
- 09302: NET Ampulla of Vater
- 09310: NET Jejunum and Ileum
- 09320: NET Appendix
- 09330: NET Colon and Rectum
- 09340: NET Pancreas
- *Note: No changes to SSDIs or Grade*

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New Schema for 2024+ diagnoses

- 09500: Vulva
- In addition, p16 (SSDI #3956) will also be required for Vulva starting with 2024 diagnosis
  - Currently collected for Cervix (2021+) and Anus (2023+)

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New codes added to existing SSDI

- Brain Molecular Markers (3816)
  - New histologies added (9385/3, 9396/3, 9421/1, 9430/3, 9500/3) (Codes 10-23)
    - Codes 10-23 can only be used diagnosis 1/1/2024+
    - Codes 01-09 applicable for 2018+
  - Code 85 (NA due to histology) updated based on the new histology codes
  - These changes are based on the CNS WHO Blue Book, released 2022

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3922: Response to Neoadjuvant Therapy

Updated Note 2

- This data item should not be coded based on the pathological, radiological or imaging findings. **This data item should only be coded based on the managing physician's overall interpretation of the results**
- Do not confuse these instructions with the SEER Data item: Neaodjuvant Therapy-Treatment Effect (#1634)
  - For SEER's data item, the field is based on the ***pathologic response only*** after neoadjuvant therapy

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3922: Response to Neoadjuvant Therapy

- Added to code 9:
  - Unknown if neoadjuvant therapy done
  - *Remember:*
    - If neoadjuvant therapy is not done, that is not going to be documented in the medical record
    - Based on sequence of events (diagnosis, treatment), you can usually determine if neoadjuvant therapy was done or not

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For SEER registries ONLY

- SEER SSF #1 has been updated
  - Human Papilloma Virus (HPV)
  - Collected for several head and neck sites
- Starting with 2024 updates, now two-digit field
- Data for 2018+ will be converted to the new format
- Updated instructions in SEER*RSA and SEER Manual
- Reminder: Any questions regarding this data item should be sent to "Ask SEER Registrar"

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Ranges in Grading

- New guideline included in the updated Grade Manual under "**General Instructions for the Time Frames for Grade"**

1. Code the grade from the primary tumor only
   a. Do NOT code grade based on metastatic tumor or recurrence. In the rare instance that tumor tissue extends contiguously to an adjacent site and tissue from the primary site is not available, code grade from the contiguous site
   b. If primary site is unknown, code grade to 9
   c. If a range is given for a grade (e.g., 1-2 or 2-3), code the higher grade

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Autopsy Grading

- New guidelines included in the updated Grade Manual under "**General Instructions for the Time Frames for Grade"**
- Review these instructions when you have an autopsy case
  - Instructions are based on the clinical, pathological, post therapy time frames
  - **Note: An autopsy does not automatically qualify for pathological staging**

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Grade and Neuroendocrine Tumors

Do not code grade based on the terms below:

- Neuroendocrine carcinoma, low grade (8240/3)
- Neuroendocrine carcinoma, well differentiated (8240/3)
- Neuroendocrine carcinoma, moderately differentiated (8249/3)
- Poorly differentiated neuroendocrine carcinoma (8246/3)

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Grade and Neuroendocrine Tumors

- Neuroendocrine carcinoma, Grade 1 (8240/3)
  - Ki-67 less than 3 AND/OR
  - Mitotic Count less than 2
    - Note: Many times if Ki-67 is less than 3, mitotic count is not done
- Neuroendocrine carcinoma, Grade 2 (8249/3)
  - Ki-67 2-20 OR
  - Mitotic Count 2-20
- Neuroendocrine carcinoma, Grade 3 (8249/3)
  - Ki-67 > 20 OR
  - Mitotic Count >20

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For questions about coding SSDIs or Grade

Please post in the SSDI CAnswer Forum

Site-Specific Data Items/Grade 2018 - CAnswer Forum (facs.org)

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Manual Reference Guide

Manual Reference Guide - SEER Registrars (cancer.gov)

This resource was developed by the Louisiana State Registry to help registrars determine where to post their questions. This resource is applicable for all cancer registrars (not just SEER)

You can download this to your computer and print it out

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Surgery Codes

Jim Hofferkamp

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Five sites updated with diagnosis year 2024

Breast
Lung
Colon
Thyroid
Pancreas

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Breast

- CoC accredited facilities will continue to collect the following fields for cases diagnosed 2022 and 2023.
  - RX Hosp-Surg Breast [10104]
  - Rx Summ-Surg Breast [10105]
  - RX Hosp-Recon Breast [10106]
  - RX Summ-Recon Breast [10107]

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2023 v 2024 Breast Codes

RX Summ--Surg Prim Site 2023 (Item #1291)

A200 Partial mastectomy, NOS; less than total mastectomy, NOS
A210 Partial mastectomy WITH nipple resection
A220 Lumpectomy or excisional biopsy
A230 Reexcision of the biopsy site for gross or microscopic residual disease
A240 Segmental mastectomy (including wedge resection, quadrantectomy, tylectomy)
Procedures coded A200–A240 remove the gross primary tumor and some of the breast tissue (breast-conserving or -preserving surgery). There may be microscopic residual tumor.

[*SEER Note:* When a patient has a procedure coded to A200-A240 (e.g., lumpectomy) with reconstruction, code only the procedure (e.g., lumpectomy, code A220) as the surgery.]

[*SEER Note:* Assign code A220 when a patient has a lumpectomy and an additional margin excis during the same procedure.

According to the Commission on Cancer, re-excision of the margins intraoperatively during same event does not require additional resources; it is still A220. Subsequent re-excision of lumpectomy margins during separate surgical event requires additional resources: anesthesia, op room, and surg staff; it qualifies for code A230.]

B200 Partial mastectomy; less than total mastectomy; lumpectomy, segmental mastectomy, quadrantectomy, tylectomy, with or without nipple resection
Note: Use code B200 when there is a previous positive biopsy (either core or FNA).

B210 Excisional breast biopsy - Diagnostic excision, no pre-operative biopsy proven diagnosis of cancer
Note: Use code B210 when a surgeon removes the (positive) mass and there was no biopsy (either core or FNA) done prior to the mass being removed.
An excisional biopsy can occur when the nodule was previously not expected to be cancer.
B215 Excisional breast biopsy, for atypia
Note: Use code B215 when patient has biopsy that shows atypical ductal hyperplasia (ADH), an excision is then performed, and pathology shows in situ or invasive cancer. The excisional breast biopsy for ADH diagnosed the cancer, not the core biopsy.
An excisional breast biopsy removes the entire tumor and/or leaves only microscopic margins.
This surgical code was added for situations when atypia tissue is excised and found to be reportable. Approx. 10-15% of excised atypia are cancer and reportable.
B240 Re-excision of margins from primary tumor site for gross or microscopic residual disease when less than total mastectomy performed
B290 Central lumpectomy, only performed for a prior diagnosis of cancer, which includes removal of the nipple areolar complex
Note: Use code B290 when the nipple areolar complex needs to be removed for patients with Paget disease or cancer directly involving the nipple areolar complex.
A central lumpectomy removes the nipple areolar complex, whereas a lumpectomy does not.
Central lumpectomy and central portion lumpectomy, central portion excision, central partial mastectomy are interchangeable terms.

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2024 Breast Surgery Codes

B200 Partial mastectomy; less than total mastectomy; lumpectomy, segmental mastectomy, quadrantectomy, tylectomy, with or without nipple resection
Note: Use code B200 when there is a previous positive biopsy (either core or FNA).

B210 Excisional breast biopsy - Diagnostic excision, no pre-operative biopsy proven diagnosis of cancer
Note: Use code B210 when a surgeon removes the (positive) mass and there was no biopsy (either core or FNA) done prior to the mass being removed.
An excisional biopsy can occur when the nodule was previously not expected to be cancer.
B215 Excisional breast biopsy, for atypia
Note: Use code B215 when patient has biopsy that shows atypical ductal hyperplasia (ADH), an excision is then performed, and pathology shows in situ or invasive cancer. The excisional breast biopsy for ADH diagnosed the cancer, not the core biopsy.
An excisional breast biopsy removes the entire tumor and/or leaves only microscopic margins.
This surgical code was added for situations when atypia tissue is excised and found to be reportable. Approx. 10-15% of excised atypia are cancer and reportable.
B240 Re-excision of margins from primary tumor site for gross or microscopic residual disease when less than total mastectomy performed
B290 Central lumpectomy, only performed for a prior diagnosis of cancer, which includes removal of the nipple areolar complex
Note: Use code B290 when the nipple areolar complex needs to be removed for patients with Paget disease or cancer directly involving the nipple areolar complex.
A central lumpectomy removes the nipple areolar complex, whereas a lumpectomy does not.
Central lumpectomy and central portion lumpectomy, central portion excision, central partial mastectomy are interchangeable terms.

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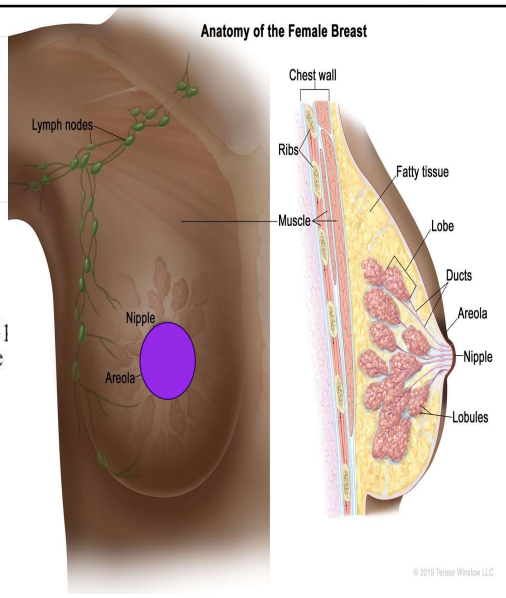
2024 Breast Surgery Codes

B300 Skin-sparing mastectomy

Note: A skin-sparing mastectomy removes all breast tissue and the nipple areolar complex and native breast skin. It is performed with and without sentinel node biopsy or axillary lymph node dissection (ALND).



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2024 Breast Surgery Codes

B400 Nipple-sparing mastectomy

B410 WITHOUT removal of uninvolved contralateral breast

B420 WITH removal of uninvolved contralateral breast

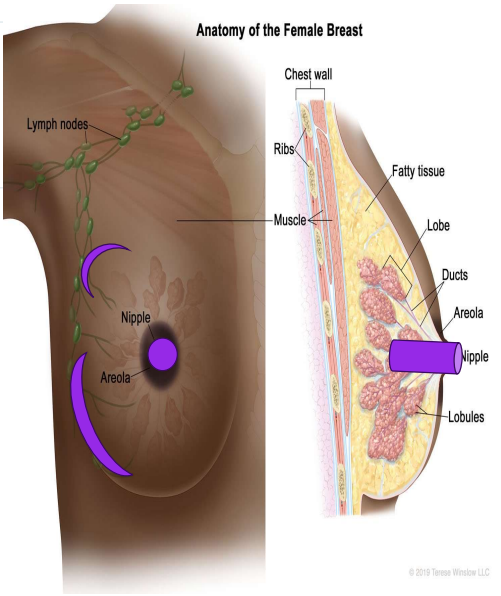
Note: A nipple-sparing mastectomy removes all breast tissue but preserves the nipple areolar complex and breast skin. It is performed with and without sentinel node biopsy or ALND.

B500 Areolar-sparing mastectomy

B510 WITHOUT removal of uninvolved contralateral breast

B520 WITH removal of uninvolved contralateral breast

Note: An areolar-sparing mastectomy removes all breast tissue and the nipple but preserves the areola and breast skin. It is performed with and without sentinel node biopsy or ALND.



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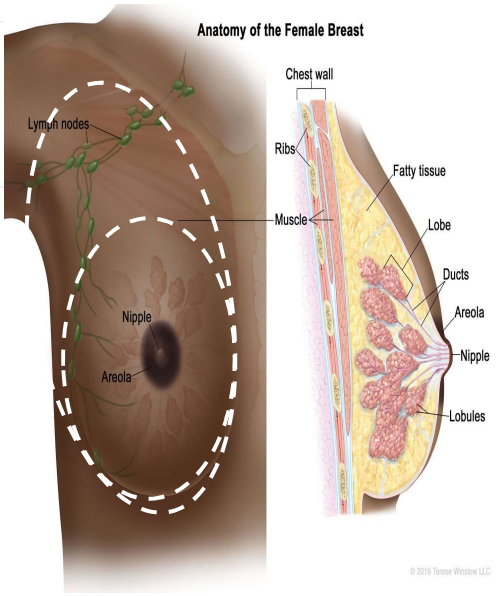
2024 Breast Surgery Codes

B600 Total (simple) mastectomy
B610 WITHOUT removal of uninvolved contralateral breast
B620 WITH removal of uninvolved contralateral breast
Note: A total (simple) mastectomy removes all breast tissue, the nipple, areolar complex, and breast skin. It is performed with and without sentinel node biopsy or ALND.
Use code B600, B610, B620 if patient had a modified radical mastectomy.

B700 Radical mastectomy, NOS
B710 WITHOUT removal of uninvolved contralateral breast
B720 WITH removal of uninvolved contralateral breast
B760 Bilateral mastectomy for a single tumor involving both breasts, as for bilateral inflammatory carcinoma
A radical mastectomy removes all breast tissue, the nipple areolar complex, breast skin, and pectoralis muscle. It is performed with level I-III ALND.



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Colon

A120 (Electrocautery; fulguration, no specimen sent to pathology) goes away

When an appendix primary is found incidentally during resection for a colon primary, code the extent of the surgical resection for the colon primary. Assign B330 for the appendix primary site

From Code	From Definition	Site	To Code	To Definition
A000	None; no surgery of primary site; autopsy ONLY		B000	None; no surgery of primary site; autopsy ONLY
A100	Local tumor destruction, NOS[1]		B100	Local tumor destruction, NOS, any form of local tumor destruction, includes electrocautery, and/or fulguration[1]
A120	Electrocautery; fulguration (includes use of hot forceps for tumor destruction)[1,3,4]		B100	Local tumor destruction, NOS, any form of local tumor destruction, includes electrocautery, and/or fulguration[1,3,4]
A200	Local tumor excision, NOS[2]		B200	Local tumor excision, NOS[2,5]
A260	Polypectomy, NOS[2]		B260	Polypectomy, NOS[2]
A270	Excisional biopsy[2]		B270	Excisional biopsy[2]
A280	Polypectomy-endoscopic[2]		B280	Polypectomy-endoscopic[2,5]
A290	Polypectomy-surgical excision[2]		B290	Polypectomy-surgical excision[2]
A220	Any combination of A200 or A260-A290 WITH electrocautery[2]		B220	Any combination of B200 or B260-B290 WITH electrocautery[2]
A300	Partial colectomy, segmental resection[2]	C180, C182-C187, C189	B300	Partial colectomy, removal of one or more segments with colon resection but less than half of colon is removed[2]
A300	Partial colectomy, segmental resection[2]	C181	B330	Appendectomy for appendiceal primaries only, includes incidenta findings
A320	Partial colectomy, segmental resection PLUS resection of contiguous organ; example: small bowel, bladder[2]		B320	Partial colectomy, removal of one or more segments with colon resection but less than half of colon is removed PLUS resection of contiguous organ; example: small bowel, bladder[2]
A400	Subtotal colectomy/hemicolectomy (total right or left colon and a portion of transverse colon)[2]		B400	Hemicolectomy (total right or left colon and a portion of transverse colon)[2,5]

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Lung

A700 (Extended radical pneumectomy) goes away

From Code	From Definition	To Code	To Definition
A000	None; no surgery of primary site; autopsy ONLY	B000	None; no surgery of primary site; autopsy ONLY
A190	Local tumor destruction or excision, NOS	B190	Local tumor destruction or excision, NOS
A150	Local tumor destruction, NOS [1]	B150	Local tumor destruction, NOS [1]
A120	Laser ablation or cryosurgery [1]	B120	Laser ablation or cryosurgery [1]
A130	Electrocautery; fulguration (includes use of hot forceps for tumor destruction) [1]	B130	Electrocautery; fulguration (includes use of hot forceps for tumor destruction) [1]
A200	Excision or resection of less than one lobe, NOS [2]	B200	Excision or resection of less than one lobe, NOS [2]
A230	Excision, NOS [2]	B230	Excision, NOS [2]
A240	Laser excision [2]	B240	Laser excision [2]
A250	Bronchial sleeve resection ONLY [2]	B250	Bronchial sleeve resection ONLY [2]
A210	Wedge resection [2]	B210	Wedge resection [2]
A220	Segmental resection, including lingulectomy [2]	B220	Segmental resection, including lingulectomy [2]
A300	Resection of [at least one] lobe or bilobectomy, but less than the whole lung (partial pneumonectomy, NOS)	B300	Resection of lobe or bilobectomy, but less than the whole lung (partial pneumonectomy, NOS)
A330	Lobectomy WITH mediastinal lymph node dissection	B330	Lobectomy WITH mediastinal lymph node dissection
A450	Lobe or bilobectomy extended, NOS	B450	Lobe or bilobectomy extended, NOS
A460	WITH chest wall	B460	WITH chest wall
A470	WITH pericardium	B470	WITH pericardium
A480	WITH diaphragm	B480	WITH diaphragm
A550	Pneumonectomy, NOS	B550	Pneumonectomy, NOS
A560	WITH mediastinal lymph node dissection (radical pneumonectomy)	B560	WITH mediastinal lymph node dissection (radical pneumonectomy)
A650	Extended pneumonectomy	B650	Extended pneumonectomy, NOS
A660	Extended pneumonectomy plus pleura or diaphragm	B660	Extended pneumonectomy plus pleura or diaphragm
A700	Extended radical pneumonectomy [3]	B660	Extended pneumonectomy plus pleura or diaphragm
A800	Resection of lung, NOS	B800	Resection of lung, NOS
A900	Surgery, NOS	B900	Surgery, NOS
A990	Unknown if surgery performed; death certificate ONLY	B990	Unknown if surgery performed; death certificate ONLY

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Thyroid

Put the codes in numerical order

A000 None; no surgery of primary site; autopsy ONLY	B000 None; no surgery of primary site; a
A130 Local tumor destruction, NOS **No specimen sent to pathology from surgical event A130**	B130 Local tumor destruction, NOS **No specimen sent to pathology from surgical event B130**
A250 Removal of less than a lobe, NOS A260 Local surgical excision A270 Removal of a partial lobe ONLY	B200 Removal of less than a lobe, NOS B210 Local surgical excision B220 Removal of a partial lobe ONLY
A200 Lobectomy and/or isthmectomy A210 Lobectomy ONLY A220 Isthmectomy ONLY A230 Lobectomy WITH isthmus	B250 Lobectomy and/or isthmectomy B251 Lobectomy ONLY (right or left) B252 Isthmectomy ONLY B253 Lobectomy WITH isthmus
A300 Removal of a lobe and partial removal of the contralateral lobe	B300 Removal of a lobe and partial removal of the contralateral lobe
A400 Subtotal or near total thyroidectomy	B400 Subtotal or near total thyroidectomy
A500 Total thyroidectomy	B500 Total thyroidectomy
A800 Thyroidectomy, NOS	B800 Thyroidectomy, NOS

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Pancreas

Codes	Codes
A000 None; no surgery of primary site; autopsy ONLY	B000 None; no surgery of primary site; autopsy ONLY
A250 Local excision of tumor, NOS	B250 Local excision of tumor, NOS; example: Enucleation Laser tumor destruction, thermal therapy, or ablation
A300 Partial pancreatectomy, NOS; example: distal	B300 Partial pancreatectomy, NOS; example: Distal pancreatectomy or subtotal pancreatectomy
A350 Local or partial pancreatectomy and duodenectomy A360 **WITHOUT** distal/partial gastrectomy A370 **WITH** partial gastrectomy (Whipple)	B350 Local or partial pancreatectomy and duodenectomy; example: Pancreaticoduodenectomy (Whipple Procedure) B351 **WITHOUT** distal/partial gastrectomy B352 **WITH** partial gastrectomy, Classic Whipple *Note:* Use code B350 when it is not specified where the stomach was cut.
A400 Total pancreatectomy	B400 Total pancreatectomy
A600 Total pancreatectomy and subtotal gastrectomy or duodenectomy	B600 Total pancreatectomy and subtotal gastrectomy and/or duodenectomy, extended pancreatoduodenectomy
A700 Extended pancreatoduodenectomy	
A800 Pancreatectomy, NOS	B800 Pancreatectomy, NOS

A700 goes away

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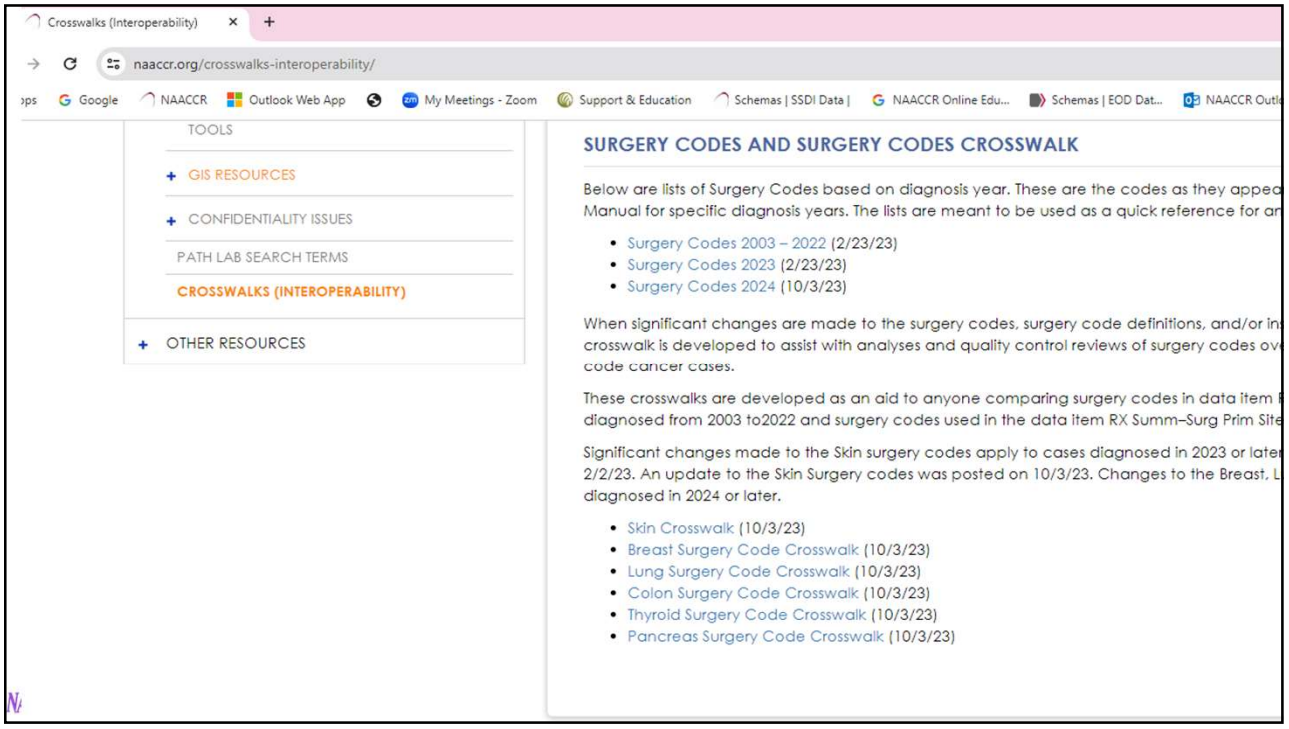

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