

General

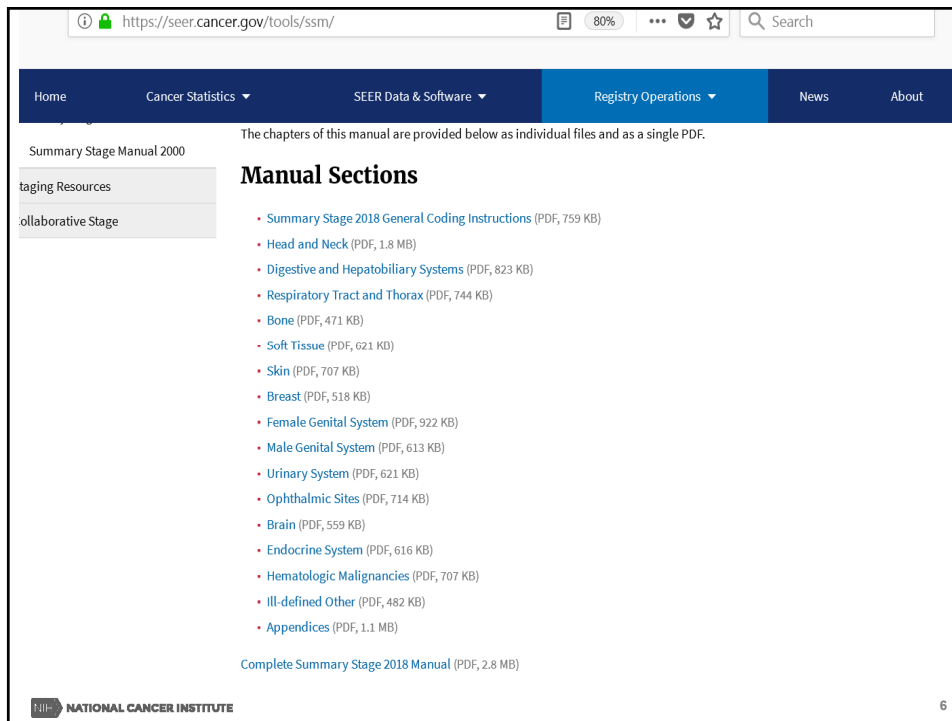
- Summary Stage is ANATOMICALLY based
- Unlike AJCC, it does not use the following in determining Summary Stage
 - Tumor Size (Example: Breast, Lung)
 - Number of positive regional nodes (example: Colon)
 - Genetic markers (Example: ER, PR, HER2)
 - Grade (Example: Prostate, Soft Tissue, Breast)

General

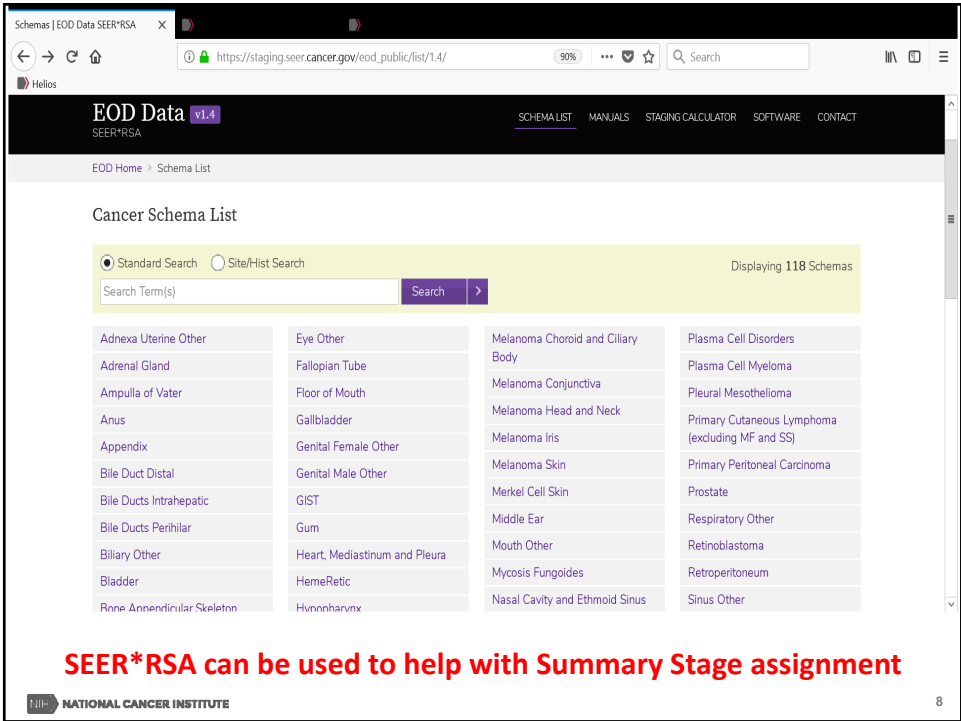
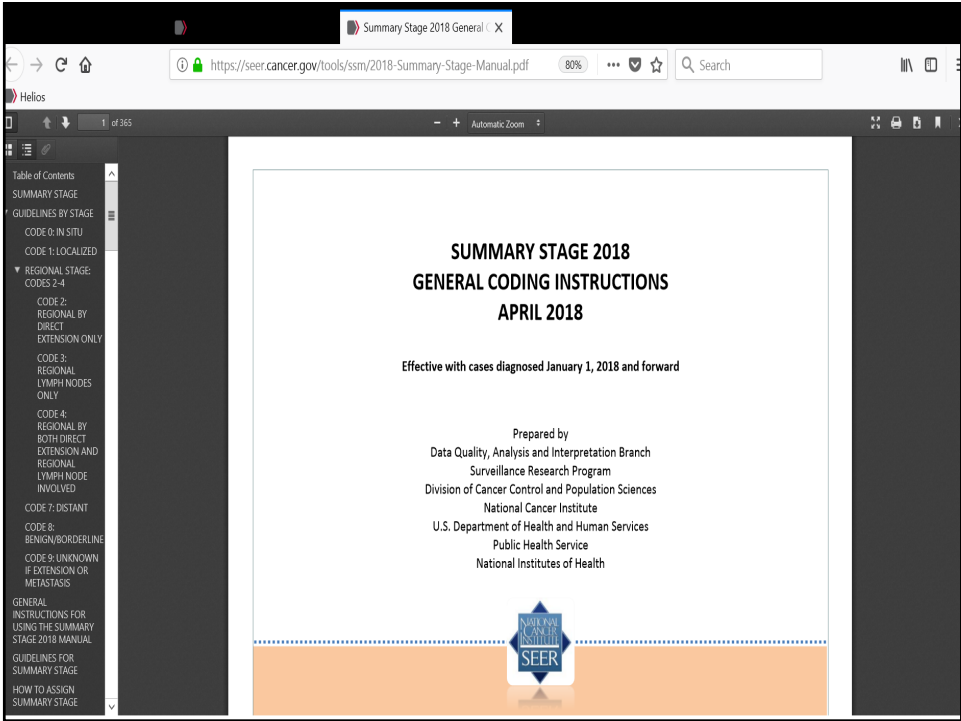
- Summary Stage designed to be as stable as possible over time (1973 forward)
 - AJCC not designed to be stable over time
 - AJCC changes based on advances in clinical medicine, treatment and survival analysis
- Note: Due to changes in AJCC (new chapters), some chapters in SS2018 cannot be reviewed over extended periods of time

General

- As a reminder:
 - Summary Stage applies to **ALL** reportable cases
- This is different than AJCC
- Summary Stage uses AJCC to update chapters, histologies, and definitions



The screenshot shows the SEER Summary Stage Manual 2018 website. The browser address bar displays <https://seer.cancer.gov/tools/ssm/>. The website has a dark blue navigation bar with links: Home, Cancer Statistics, SEER Data & Software, Registry Operations (highlighted), News, and About. Below the navigation bar, the page title is "Summary Stage Manual 2018". A sidebar on the left contains links: "Summary Stage Manual 2000", "tagging Resources", and "Collaborative Stage". The main content area has the heading "Manual Sections" and a list of links to various manual sections, each with a PDF icon and file size: Summary Stage 2018 General Coding Instructions (PDF, 759 KB), Head and Neck (PDF, 1.8 MB), Digestive and Hepatobiliary Systems (PDF, 823 KB), Respiratory Tract and Thorax (PDF, 744 KB), Bone (PDF, 471 KB), Soft Tissue (PDF, 621 KB), Skin (PDF, 707 KB), Breast (PDF, 518 KB), Female Genital System (PDF, 922 KB), Male Genital System (PDF, 613 KB), Urinary System (PDF, 621 KB), Ophthalmic Sites (PDF, 714 KB), Brain (PDF, 559 KB), Endocrine System (PDF, 616 KB), Hematologic Malignancies (PDF, 707 KB), Ill-defined Other (PDF, 482 KB), and Appendices (PDF, 1.1 MB). At the bottom of the list is a link for the Complete Summary Stage 2018 Manual (PDF, 2.8 MB). The National Cancer Institute logo is in the bottom left corner, and the page number 6 is in the bottom right corner.



SEER*RSA can be used to help with Summary Stage assignment

Breast | EOD Data SEER*RSA

https://staging.seer.cancer.gov/eod_public/schema/1.4/breast/7breast

LVI	9	No	NAACCR #1182		None
RX Summ Surgery/Radiation Sequence	<BLANK>	No	NAACCR #1380		None
RX Summ Systemic/Surgery Sequence	<BLANK>	No	NAACCR #1639		None
EOD Primary Tumor	999	Yes	NAACCR #772		None
EOD Regional Nodes	999	Yes	NAACCR #774		None
EOD Mets	00	Yes	NAACCR #776		None
SS2018	<BLANK>	No	NAACCR #764		None
Grade Clinical	9	Yes	NAACCR #3843	All	SSDI
Grade Pathological	9	Yes	NAACCR #3844	All	SSDI
Grade Post Therapy	<BLANK>	No	NAACCR #3845	CCCR/Canada COC NPCR SEER	SSDI
Lymph Nodes Positive Axillary Level I-II	X8	Yes	NAACCR #3882	All	SSDI
ER Summary	9	Yes	NAACCR #3827	All	SSDI
ER Percent Positive	XX8	No	NAACCR #3826	COC	SSDI
ER Allred Score	X8	No	NAACCR #3828	COC	SSDI
PR Summary	9	Yes	NAACCR #3915	All	SSDI

SEER*RSA includes the SAME information that the SS2018 manual has

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General

- **As a reminder: AJCC does not determine reportability**
 - Issue 1: LCIS (8520/3). AJCC considers this a benign condition and no longer includes in the Breast chapter
 - LCIS is STILL reportable
 - Summary Stage is 0
 - Issue 2: AJCC no longer stages in situ tumors in the GYN chapters
 - These are STILL reportable
 - Summary Stage is 0

General

- If **only information** is a biopsy, Summary Stage probably unknown (9)
 - Biopsies generally only confirm diagnosis/histology
 - Biopsies generally do not provide staging information
- *Exception: Positive bone marrow biopsy is always Summary Stage 7 (indicates bone marrow or blood involvement, which is systemic disease)*

TIPS

- If you are coding EOD, you can use SEER*RSA to help determine Summary Stage

Code	Description	SS2018 T
000	Non-invasive papillary carcinoma	IS
050	Carcinoma in situ	IS
100	Subepithelial connective tissue (lamina propria, submucosa) invaded Localized, NOS	L
200	Muscularis involved	L
300	Corpus spongiosum Periurethral muscle (sphincter muscle)	RE
400	Bladder neck Corpus cavernosum Vagina (anterior, NOS)	RE
700	Adjacent organ(s), NOS Bladder wall Further contiguous extension	D
800	No evidence of primary tumor	U
999	Unknown; extension not stated Primary tumor cannot be assessed Not documented in patient record Death Certificate Only	U

TIPS

- Use the Summary Stage component from each of the following to determine Summary Stage
 - EOD Primary Tumor
 - EOD Regional Nodes
 - EOD Mets

Example 1

- EOD Extension: L
- EOD Lymph Nodes: None
- EOD Mets: None

- $L + \text{None} + \text{None} = 1$ (Localized)

Example 2

- EOD Extension: L
- EOD Lymph Nodes: RN
- EOD Mets: None

- $L + RN + \text{None} = 3$ (Localized tumor and regional lymph nodes)

Example 3

- EOD Extension: RE
- EOD Lymph Nodes: RN
- EOD Mets: None

- $RE + RN + \text{None} = 4$ (Regional by direct extension tumor and regional lymph nodes)

Example 4

- EOD Extension: D
- EOD Lymph Nodes: RN
- EOD Mets: None

- $D + RN + \text{None} = 7$ (Distant)

- Remember: You can get a D (distant) from all three EOD fields

TIPS

- **REMINDER:**
 - Those collecting EOD, will get a DERIVED Summary Stage 2018 based on how the following are coded
 - EOD Extension
 - EOD Regional Nodes
 - EOD Mets

How SS2018 is calculated based on EOD Calculation

Summary Stage

Collapsed Table

[Full Table](#)

T	N	M	Summary Stage
IS	NONE, U, NA	NONE, U, NA	0
IS, L, RE, U	D	<Any value>	7
IS, L, RE, U	NONE, RN, U, NA	D	7
IS, L, U	RN	NONE, U, NA	3
L	NONE, U, NA	NONE, U, NA	1
RE	NONE, U, NA	NONE, U, NA	2
RE	RN	NONE, U, NA	4
D	<Any value>	<Any value>	7
U	NONE, U, NA	NONE, U, NA	9

This table applies to all Summary Stage Chapters



19

Data Relationships



Behavior

- Behavior 0 (Benign) and 1 (Borderline)
 - Summary Stage MUST be 8
 - Only applies to Schemas: Brain, CNS, Intracranial Gland
 - *If your facility collects other benign/borderline cases, Summary Stage will be 9*
- Behavior 2 (In situ)
 - Summary Stage MUST be 0
- Behavior 3 (malignant)
 - Summary Stage MUST be 1, 2, 3, 4, 7, 9

Regional Nodes Positive

- If 00 (all nodes [regional] examined negative)
 - Summary Stage may not be 3 or 4
 - These two codes indicate regional lymph node involvement
 - *Exception: If LN's are sampled, but not diagnostic, may still have clinically positive nodes (codes 3 or 4)*
- If 01-90, 95, 97
 - Summary Stage MUST be **at least a 3**
 - Cannot be 0, 1, or 2
- *Note: This also applies to Sentinel Nodes Positive (Breast and Melanoma Skin cases only)*

Mets at Dx Fields

- If one of the following fields is coded to 1, SS2018=7
 - Mets at Dx Bone
 - Mets at Dx Brain
 - Mets at Dx Liver
 - Mets at Dx Lung
 - Mets at Dx Distant Lymph Nodes
- If the following field is coded to 1 or 2, SS2018=7
 - Mets at Dx Other

Schema Specific Issues

Bladder

- Iliac Nodes
 - External, internal (hypogastric)
 - Regional lymph nodes in Summary Stage
- Common
 - Distant lymph nodes in Summary Stage
 - Collected in N category for AJCC 8th edition and EOD Regional Nodes for EOD
- *If the only information you have is “Iliac nodes” involved, default to regional lymph nodes (code 3 or 4) for purposes of Summary Stage 2018*

Brain

- Midline shift present
 - Does not impact staging (correction)
- “Drop metastasis” within the brain
 - Code to 7 for distant
- Also included with code 7
 - Extra-neural metastasis
 - Metastasis outside the CNS
- **Note:** Remember that Brain, CNS Other and Intracranial cannot be assigned 3 or 4 (no lymph node involvement)

Breast

- For AJCC 8th edition, T1-T3 based on size and the following descriptions:
 - Confined to breast tissue and fat including nipple and/or areola
Localized, NOS
 - Attachment or fixation to pectoral muscle(s) or underlying tumor
Deep fixation or Invasion of
 - Pectoral fascia or muscle(s)
 - Subcutaneous tissue
 - Local infiltration of dermal lymphatics adjacent to primary tumor involving skin by direct extension
 - Skin infiltration of primary breast including skin of nipple and/or areola

Breast

- For Summary Stage 2018, these may be L or RE:

Localized (code 1)	Regional (code 2)
Confined to breast tissue and fat including nipple and/or areola	Attachment or fixation to pectoral muscle(s) or underlying tumor
Localized	Deep fixation or invasion of pectoral fascia or muscle(s), subcutaneous tissue
	Local infiltration of dermal lymphatics
	Skin infiltration of primary breast including skin of nipple and/or areola

Breast

- Other Regional descriptions
 - Invasion of (or fixation to)
 - Chest wall
 - Intercostal or serratus anterior muscle(s)
 - Rib(s)
 - Inflammatory cancer
 - Includes: AJCC 8th edition: T4a, T4b, T4c, T4d

Breast

- Isolated Tumor Cells
 - Counted as “none” in Summary Stage for Breast
 - Corresponds to AJCC 8th edition which has N0+ or N0-
- Regional Lymph Nodes (code 3)
 - Axillary, IPSILATERAL
 - Intramammary
 - Interpectoral
 - Apical
 - Infraclavicular (subclavicular)

Breast

- Distant Lymph Nodes (code 7)
 - Cervical, NOS
 - Contralateral/bilateral AXILLARY
 - Contralateral/bilateral INTERNAL MAMMARY (parasternal)
 - **Supraclavicular Lymph Nodes (N3c in AJCC 8th edition)**
 - **AJCC 8th edition: Assigned in N category**
 - **EOD: Coded in EOD Regional Nodes**

Breast

- Distant Sites (code 7)
 - Skin over
 - Axilla
 - Contralateral (opposite) breast
 - Sternum
 - Upper abdomen
 - Contralateral (opposite) breast-if stated as metastatic
 - Satellite nodule(s) in skin other than primary breast
 - Carcinomatosis

Cervical Lymph Nodes and Unknown Primary Tumor of the Head and Neck

- Need Schema Discriminator 1: **Occult Head and Neck Lymph Nodes**
 - No evidence of primary tumor found
 - Positive cervical lymph nodes
 - Levels I-VII, and other group (head and neck)
 - Physician states head and neck primary tumor
- Code primary site to C760

Cervical Lymph Nodes and Unknown Primary Tumor of the Head and Neck

- If there is no evidence of metastatic disease
 - Code 3 (Localized/Regional Lymph Nodes)
 - **Note:** Since the extent of the primary tumor is not known, “default” to code 3
 - Code 4 (regional tumor/regional lymph nodes) is not available for this chapter
- If there is evidence of metastatic disease
 - Code 7 (Distant)
- Notes: Codes 0-2 are also not available for this chapter

Colon

- **Contiguous** involvement of liver is REGIONAL (code 2) for the ascending colon, transverse colon and flexures
- **Contiguous** involvement of liver is DISTANT (code 7) for all other subsites, including overlapping lesions (C188) and NOS (C189), rectosigmoid junction and rectum
- **Discontiguous** involvement of liver is DISTANT (code 7) for ALL subsites of colon, rectosigmoid junction and rectum

Colon

- AJCC 8th Edition T3

Localized (code 1)	Regional (code 2)
Extension through wall, NOS	Adjacent (connective) tissues, NOS
Non-peritonealized pericolic/perirectal tissues invaded	Mesentery (including mesenteric fat, mesocolon)
Subserosal tissue/(sub) serosal fat invaded	Pericolic/perirectal fat
	Retroperitoneal fat

Note: All T4a lesions are REGIONAL (code 2)

Colon

- AJCC 8th Edition T4b

Regional (code 2)	Distant (code 7)
Adherent to other organs or structures	Adrenal (suprarenal gland) Gallbladder
Tumor found in adhesions	Fallopian tube, Ovary (ies), Uterus
Abdominal wall	Bladder
Retroperitoneum(exc fat)	Fistula to skin
Small Intestines	Other segment(s) of colon via serosa

Note: Need to review Summary Stage carefully for further anatomical information for each individual subsite.

Colon

- If tumor deposits present WITHOUT positive regional lymph nodes, this is counted as positive regional nodes (code 3)
- Also referred to as “nodules in pericolic fat”

3	Regional lymph node(s) involved only
	<ul style="list-style-type: none"> › All sites › Colic, NOS › Epiploic (adjacent to bowel wall) › Mesenteric, NOS › Mesocolic, NOS › Paracolic › Pericolic › Tumor deposits (TD) in the subserosa, mesentery, mesorectal or nonperitonealized pericolic or perirectal tissues WITHOUT regional nodal metastasis › Regional lymph node(s), NOS › Lymph node(s), NOS

Corpus Schemas

- Peritoneal Cytology
 - For AJCC 8th edition, invasion of myometrium is T1 (T1a, T1b, T1, NOS)
 - Positive peritoneal cytology does not change the T
- Summary Stage
 - Positive peritoneal cytology would make this a RE
 - SSDI, Peritoneal Cytology

Esophagus and Stomach

- Need Schema Discriminator 1: EsophagusGEJunction (EGJ)/Stomach to determine correct Summary Stage chapter
- If unable to determine involvement of EsophagusGEJunction, will be directed to the Stomach Chapter

HemeRetic

- The following histologies are **ALWAYS 7 (Leukemias, MDS, miscellaneous)**
 - 9724, 9727, 9741-9742, 9762, 9800-9801, 9806-9809, 9811-9818, 9820, 9831-9834, 9837, 9840, 9861, 9863, 9865-9867, 9869-9876, 9891, 9895-9898, 9910, 9911, 9920, 9931, 9940, 9945-9946, 9948, 9950, 9961-9967, 9975, 9980, 9982-9983, 9985-9986, 9989, 9991-9992
 - HemeRetic Summary Stage Chapter
 - 9732 (Plasma Cell Myeloma)
 - Myeloma and Plasma Cell Disorder Chapter
- *Reminder: Hematopoietic neoplasms may be diagnosed via peripheral blood smear (C421), Summary Stage would be 7*

Lung

- Non-small cell carcinoma (8046)
 - Per ICD-O-3 and Solid Tumor Rules, this is a valid histology
 - If your pathology report states “non-small cell carcinoma” assign 8046
 - This will not be eligible for AJCC staging
- These will now be staged **ONLY** in Summary Stage

Lung

- Note: Per CAnswer Forum post in AJCC forum, preferred terminology for these cases is Carcinoma, NOS (8010)
 - This note is for the pathologists in documenting histology. This is not telling registrars to change the histology
- **Do NOT change the histology to 8010 based on this CAnswer Forum post**
- **Reminder: AJCC does not determine the rules for assigning histology**

Lung

- “Solitary mass contained within the visceral pleura” OR
- “Pleura based mass confined to lung”
- In these statements, and ones similar, the visceral pleura is NOT involved
 - These descriptions (provided no involved regional lymph nodes or metastatic disease) would be LOCALIZED (1)

Lung

- Tumor limited to the carina
 - T4 in AJCC-Localized in Summary Stage
- The following are assigned T based on size, D in SS2018
 - Adjacent rib
 - Rib
 - Skeletal muscle
 - Sternum

Lung

- The following are assigned T4, D in SS2018
 - Heart
 - Inferior vena cava
 - Neural foramina
 - Vertebra(e) (vertebral body)
 - Visceral pericardium

Lung

- **Separate Tumor Nodules**
- Regional
 - Separate tumor nodule(s) in the same lobe as the primary (T3)
- Distant
 - Separate tumor nodule(s) in a different ipsilateral lobe (T4)
 - Separate tumor nodule(s) in contralateral lung (M1)

Lung

- Lymph Nodes: N3 nodes are DISTANT in SS2018
 - Bronchial (contralateral or bilateral)
 - Cervical, NOS (contralateral or bilateral)
 - Hilar (contralateral or bilateral)
 - Low cervical
 - Mediastinal (contralateral or bilateral)
 - Proximal/Pulmonary root
 - Scalene
 - Sternal notch
 - Supraclavicular

Lung

- Pleural or Pericardial Effusion
 - **Note 8:** *Most pleural and pericardial effusions with lung cancer are due to tumor. In a few patients, however, multiple cytopathological examinations of pleural and/or pericardial fluid are negative for tumor, and the fluid is nonbloody and is not an exudate. Where these elements and clinical judgment dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging element.*
- Can be diagnosed via imaging alone; however, look for a clinician's statement that the pleural effusion is due to tumor before including it as a staging element
- **Positive pleural or pericardial effusion is 7 for SS2018**

Lymphoma

- The following note is missing from the Summary Stage Lymphoma Chapter:
 - *Any mention of the terms including fixed, matted, mass in the hilum, mediastinum, retroperitoneum, and/or mesentery, palpable, enlarged, shotty, lymphadenopathy are all regarded as involvement for lymphomas when determining appropriate code*
- Will be included in the 2019 Update as Note 4 for Summary Stage Lymphoma

Lymphoma

- Code 5 no longer applicable
- For cases previously coded to 5, **code to 2**
 - Bulky disease present
 - Localized involvement of single extralymphatic organ site WITH involvement of its regional lymph nodes OR lymph nodes on same side of diaphragm
- For lymph node primaries: two or more lymph node regions involved on same side of diaphragm

Lymphoma

- If primary site is C421: Summary Stage is 7
 - Bone marrow involvement (when primary site is not C421) is always 7
- Reminder: The following are now ALWAYS staged as lymphomas
 - 9823/3: CLL/SLL
 - 9827/3: Adult T-cell lymphoma/leukemia
 - Remember to use the Heme DB/Manual to assign primary site
 - *Note: Previously (prior to 2018) staged as Lymphoma or Leukemia depending on primary site*

Melanoma Skin

- T based on **depth** of invasion
- Summary Stage based on **extent** of invasion

- Localized in SS2018
 - Papillary dermis invaded (Clark Level II)
 - Papillary-reticular dermal interface invaded (Clark Level III)
 - Reticular dermis invaded (Clark Level IV)
 - Localized, confined to skin/dermis

Melanoma Skin

- Regional in SS2018
 - Subcutaneous tissue (through entire dermis)
 - Clark Level V
- Distant in SS2018
 - Bone
 - Skeletal muscle
 - Underlying cartilage

Melanoma Skin

- The following are counted as positive regional nodes
 - Isolated Tumor Cells
 - In-transit, satellite, and/or microsatellite metastasis WITHOUT involved regional lymph nodes

- Note: An unknown primary melanoma with peripheral (regional) lymph nodes is coded as 3
 - Primary site coded to C449

Merkel Cell Carcinoma

- T based on **diameter (size) of tumor**
- Summary Stage based on **extent** of invasion

- Localized in SS2018
 - Confined to site of origin
 - Confined to dermis
 - Subcutaneous tissue (through entire dermis)

Merkel Cell Carcinoma

- Regional in SS2018
 - **DIRECT** (contiguous) extension to the following
 - Bone
 - Cartilage
 - Fascia
 - Skeletal muscle
 - *Note: **Indirect** extension (non contiguous) is recorded in Distant*

Merkel Cell Carcinoma

- The following are counted as positive regional nodes
 - Isolated Tumor Cells
 - In-transit, satellite, and/or microsatellite metastasis WITHOUT involved regional lymph nodes

Prostate

- Localized cancers (for when no prostatectomy done)
 - Based on DRE (normal, abnormal)
 - Physician's clinical T category
 - Don't use imaging UNLESS physician confirms involvement based on imaging
 - Imaging ONLY trumps DRE if physician incorporates the imaging into their T category
- *Note: if only information is positive biopsy based on elevated PSA, code 1 for localized (T1c in AJCC)*

Prostate

- AJCC 8th Edition T4

Regional (code 2)	Distant (code 7)
Bladder, NOS	Extension to or fixation to pelvic wall or pelvic bone
Bladder neck	
External sphincter	Sigmoid colon
Levator muscles	Soft tissues other than extraprostatic
Rectum	Further contiguous extension
	Frozen pelvis, NOS

Vulva

- Isolated Tumor Cells
 - Counted as “none” in Summary Stage for Vulva
 - Corresponds to AJCC 8th edition which has N0 (i+) or N0

Submit a Question to a SEER Registrar

Questions submitted through this form will be sent to the appropriate SEER personnel. The question and answer may be added to the SEER Inquiry System for others to reference.

Choose a subject

Reporting Guidelines

- ☐ Hematopoietic Rules (database and manual)
- ☐ Multiple Primary & Histology Rules (for cases diagnosed 2007-2017)
- ☐ SEER*Rx
- ☐ SEER Manual
- ☐ ICD-O-3 Update (for cases diagnosed 2018+)
- ☐ Solid Tumor Rules (for cases diagnosed 2018+)

Staging

- ☐ Collaborative Stage (for cases diagnosed 2016+)
- ☐ Extent of Disease (EOD 2018)
- ☐ Summary Stage 2018 (SS2018) ←

☒ Other

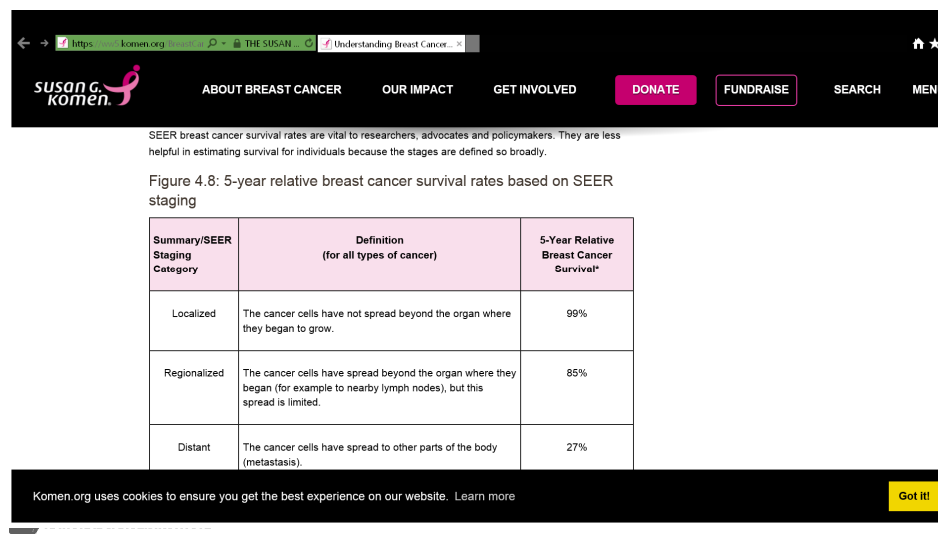
<https://seer.cancer.gov/registrars/contact.html>

Why is Summary Stage Important

- Summary Stage is used to look at trends in rates overtime by stage (since AJCC changes)
- It is how survival is reported on SEER web site
 - Cancer Fact Sheets
 - CSR (Cancer Statistics Review)
 - On line tools, SEER*Explorer
- Summary Stage available in SEER*STAT for researchers
- Healthy People 2020 uses Summary stage to measure some of the national goals on cancer
 - <https://www.healthypeople.gov/2020/topics-objectives/topic/cancer>

Why is Summary Stage Important

Used by Susan G. Komen



SEER breast cancer survival rates are vital to researchers, advocates and policymakers. They are less helpful in estimating survival for individuals because the stages are defined so broadly.

Figure 4.8: 5-year relative breast cancer survival rates based on SEER staging

Summary/SEER Staging Category	Definition (for all types of cancer)	5-Year Relative Breast Cancer Survival*
Localized	The cancer cells have not spread beyond the organ where they began to grow.	99%
Regionalized	The cancer cells have spread beyond the organ where they began (for example to nearby lymph nodes), but this spread is limited.	85%
Distant	The cancer cells have spread to other parts of the body (metastasis).	27%

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Conclusion

- Chapters and descriptions based on AJCC, but the two are very different
- Review Summary Stage chapters carefully
- ALWAYS check DISTANT (code 7) if can't find information in codes 1, 2, or 3
- Summary Stage is very important for Cancer Surveillance
 - Used by both SEER and NPCR



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