

_SYS Schema ID (NAACCR)**_SYS Schema ID (NAACCR)**

Agency: NAACCR

Last changed: 09/22/2018 20:08:48

*Edit Tag N2816***Description**

_SYS in edit name indicates an edit on system-generated data items. The edit is intended for use by software vendors in testing the accuracy of algorithms used to assign Schema ID, and for use by central registries in verifying the quality of submitted data.

This edit checks that the Schema ID assigned to the case is a valid code. If there is an edit failure, the problem most likely is a registry software issue, as this data item is derived from coding of primary site, histology, and schema discriminator(s) if required; it is not directly coded.

The Schema ID is assigned to schemas for EOD coding based on site, histology, and schema discriminator if required. The Schema ID is related in format to the AJCC ID but covers all combinations of site/histology including those not staged by AJCC. The Schema ID is also used to identify the site/histology combinations that are assigned Site-Specific Data Items (SSDI).

Another edit, _SYS Schema ID, Primary Site, Histology, Behavior (NAACCR), checks that the Schema ID assigned is valid for the coded site, histology, behavior, and schema discriminator(s) if required. The edit, _SYS Schema ID, Date of Diagnosis (NAACCR), checks that the data item is collected appropriately for diagnosis year.

The edit is skipped if Schema ID is blank

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v18A

Description updated to note that edit skipped if Schema ID is blank. Previously noted that blank allowed for pre-2018 cases.

_SYS Schema ID, Date of Diagnosis (NAACCR)

Agency: NAACCR

Last changed: 10/03/2022 10:58:34

*Edit Tag N2823***Description**

_SYS in edit name indicates an edit on system-generated data items. The edit is intended for use by software vendors in testing the accuracy of algorithms used to assign Schema ID, and for use by central registries in verifying the quality of

Abstracted By (COC)

submitted data.

The edit checks that Schema ID is blank for pre-2018 diagnoses and is coded for 2018 and later diagnoses.

The edit checks that Schema ID 00520 is assigned for 2018-2020 diagnoses only.

The edit checks that Schema ID 00528 is assigned for 2021+ diagnoses only.

The edit checks that Schema ID 09520 is assigned for 2021+ diagnoses only.

The edit checks that Schema ID 09721, 09722, 09723, 09724, 09190 09210 are assigned for 2023+ diagnoses only.

The edit checks that Schema IDs 00721, 00722, 00723, 00190, 00210 are not assigned for 2023+ diagnoses.

Another edit, _SYS Schema ID, Primary Site, Histology, Behavior (NAACCR), checks that the Schema ID is assigned correctly by primary site, histology, and behavior for 2018+ diagnoses.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v21**

- Description, logic updated, Schema ID 09520 valid for 2021+ diagnoses

NAACCR v21B

- Description, logic updated, Schema ID 00520 valid for 2018-2020 only

NAACCR v22

- Description, logic updated, Schema ID 00528 valid for 2021+ diagnoses

NAACCR v23A

- Description, logic updated, Schema IDs 09190,09210,09721,09722,09723,09724 valid for 2023+ diagnoses; Schema IDs 00190, 00210, 00721, 00722, 00723 not valid for 2023+ diagnoses.

Abstracted By (COC)

Agency: COC

Last changed: 02/02/2023 09:42:35

Edit Tag N0148

Description

Item may be blank. Must be alphanumeric, left-justified, and blank-filled. Mixed case is allowed. Embedded spaces are allowed. Special characters are not allowed.

Abstracted By, Date of Diagnosis (COC)***Administrative Notes***

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank because the item was not required by the COC until 1996. Another edit (Abstracted By, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1995 and not equal 9999. COC-approved programs should include both edits in their edit set.

Abstracted By, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/02/2009

Edit Tag N0360***Description***

If year of Date of Diagnosis is blank, this edit is skipped.

If the year of Date of Diagnosis is 1996 or later, then Abstracted By cannot be blank.

Administrative Notes

Modifications:

NACR110C

09/06

The description for this edit was updated.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Addr at DX--City (NAACCR)

Agency: NAACCR

Last changed: 04/05/2007

Edit Tag N0799***Description***

Item may not be blank. Must be alpha, left-justified, and blank-filled. Mixed case is allowed, but uppercase is preferred by USPS. Embedded spaces are allowed, but no more than one consecutive embedded space is allowed. Special characters are not allowed.

Although dashes and numbers are generally not allowed, there are a few official USPS exceptions. The following city names will pass:

BLAIRSDEN-GRAEGLE

BLRSDN-GREAGL

57TH AVE

MCBH K-BAY

VLG OF 4 SSNS

BATESBURG-LEESVILLE

BATSBRG-LEVIL

Addr at DX--Country (NAACCR)***Administrative Notes***

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Addr at DX--Country (NAACCR)

Agency: NAACCR

Last changed: 12/08/2014

Edit Tag N1666

Description

Addr at DX--Country must contain a valid ISO code or standard custom code for country.

Administrative Notes

New edit - added to NAACCR v13 metafile.

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Modifications**NAACCR v15**

Country code table (CNTRY_ST.DBF) has been updated:

- Brunei - 'BND' changed to 'BRN'
- Czechoslovakia (former) - 'XCZ' changed to 'CSK'
- Slovakia - 'SWK' changed to 'SVK'
- Vanuatu - 'VLT' changed to 'VUT'
- Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

Addr at DX--Country, Date of Diagnosis (NAACCR)

Agency: NAACCR

Last changed: 10/08/2014

Edit Tag N1683

Description

This edit is skipped if either field is blank.

If year of Date of Diagnosis is 2013 or later, then Addr at DX--Country cannot be any of the following "historic" codes:

XNI	North American Islands
XCB	Other Caribbean Islands
XEN	England, Channel Islands, Isle of Man
XSC	Scandinavia
XGR	Germanic Countries
XSL	Slavic Countries
XUM	Ukraine and Moldova

Addr at DX--Country, State (NAACCR)

XNF	North Africa
XSD	Sudanese Countries
XWF	West Africa
XSF	South Africa
XEF	East Africa
XIF	African Islands
XET	Ethiopia and Eritrea
XAP	Arabian Peninsula
XIS	Israel and Palestine
XCR	Caucasian Republics of former USSR
XOR	Other Asian Republics of former USSR
XSE	Southeast Asia
XMS	Malaysia, Singapore, Brunei
XCH	China, NOS
XML	Melanesian Islands
XMC	Micronesian Islands
XPL	Polynesian Islands

Administrative Notes

New edit - added to NAACCR v13 metafile.

This edit differs from the COC edit of the same name in that it is skipped if either field is blank.

Modifications

NAACCR v15

The historic codes used for Yugoslavia (XYG) and Czechoslovakia (XCZ) have been removed from the list of historic codes.

Addr at DX--Country, State (NAACCR)

Agency: NAACCR

Last changed: 12/09/2014

Edit Tag N1699

Description

This edit is skipped if any of the fields are blank.

This edit verifies that the Addr at DX--State code is valid for the Addr at DX--Country.

Administrative Notes

New edit - added to NAACCR v13 metafile.

Modifications

NAACCR v15

Country code table (CNTRY_ST.DBF) has been updated:

Brunei - 'BND' changed to 'BRN'

Czechoslovakia (former) - 'XCZ' changed to 'CSK'

Slovakia - 'SWK' changed to 'SVK'

Addr at DX--No/Street (NAACCR)

Vanuatu - 'VLT' changed to 'VUT'

Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

State codes 'XX' and 'YY' (instead of just 'YY') allowed with 'CSK' and 'YUG'

Addr at DX--No/Street (NAACCR)

Agency: NAACCR

Last changed: 08/30/2010

Edit Tag N0348

Description

Item may not be blank. Must be alphanumeric, left-justified, and blank-filled. Mixed case is allowed. Embedded spaces are allowed. Special characters are limited to periods, slashes, hyphens, and pound signs.

Administrative Notes

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Modifications:

NAACCR v12C

- Edit updated to use the full length of the field (now 60 characters as of v12) when verifying that only allowable characters are included in the data string.

Addr at DX--Postal Code (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Edit Tag N0123

Description

Item may not be blank. Must be alphanumeric, left-justified, and blank-filled. Mixed case is allowed. Embedded spaces are not allowed. Special characters are not allowed.

Administrative Notes

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Modifications:

NAACCR v14

- Logic updated to not allow embedded spaces

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement was updated to specify trailing blanks:

Addr at DX--Postal Code, Addr at DX--State (COC)

"x{x}*" changed to "x{x}*{b}*"

Addr at DX--Postal Code, Addr at DX--State (COC)

Agency: COC

Last changed: 07/27/2008

Edit Tag N0349

Description

This edit is skipped if any of the fields are blank.

This edit is skipped if Addr at DX--State is AA (APO/FPO for Armed Services the Americas), AE (APO/FPO for Armed Services Europe), or AP (APO/FPO for Armed Services Pacific).

If Addr at DX--State is CD (Resident of Canada, NOS, and province, territory, commonwealth or possession is unknown):

Addr at DX--Postal Code must be 99999, 999999, or 999999999 (Resident of Canada and postal code is unknown)

If Addr at DX--State is US (Resident of United States, NOS, and state, territory, commonwealth or possession is unknown):

Addr at DX--Postal Code must be 99999 or 999999999 (Resident of U.S., U.S. possessions or territories, and postal code is unknown).

If Addr at DX--State is ZZ (Residence unknown):

Addr at DX--Postal Code must be 99999, 999999, or 999999999 (residence unknown).

If Addr at DX--Postal Code is 88888 or 888888888 (Resident of country outside U.S., U.S. possessions or territories, or Canada and postal code is unknown):

Patient's residence at diagnosis must be outside the U.S. or its possessions or Canada (Addr at DX--State must be XX or YY).

If Addr at DX--Postal Code is 99999, 999999, or 999999999 (Resident of U.S., U.S. possessions or territories, or Canada and postal code is unknown; residence unknown):

Patient's residence at diagnosis must be in the U.S. or its possessions or in Canada, or residence must be unknown (Addr at DX--State must not be XX or YY.)

If the patient's residence at diagnosis is in the U.S. or its possessions (Addr at DX--State is one of the 2-letter abbreviations in the state table in the FORDS), then Addr at DX--Postal Code must be either 5 digits or 9 digits. The first 5 digits must be greater than 00009.

If the patient's residence at diagnosis is in Canada (Addr at DX--State is one of the 2-letter abbreviations in the state table in the FORDS, then Addr at DX--Postal Code must be 6 characters long and of the form letter-number-letter-number-letter-

Addr at DX--State (NAACCR)

number, where all of the letters are upper case, or if unknown, it must be 999999 (6 nines), 99999 (5 nines), or 999999999 (9 nines).

Administrative Notes

Modifications:

NACR110B

Edit description and logic updated to handle addition of CD and US state codes.

NAACCR v11.2

7/2007

Edit was modified to allow postal code of 999999 for Canadian registries.

NAACCR v11.3

7/2008

Edit was modified to allow postal codes of 99999 (five 9s), 999999 (six 9s), or 999999999 (nine 9s) to indicate unknown postal code for Canadian provinces.

Addr at DX--State (NAACCR)

Agency: NAACCR

Last changed: 04/27/2007

Edit Tag N0122

Description

Field must contain valid US postal code for state or Canadian province.

Special Codes:

- CD Resident of Canada, NOS, and province, territory, commonwealth or possession is unknown
- US Resident of United States, NOS, and state, territory, commonwealth or possession is unknown
- XX Resident of country other than United States (including its territories, commonwealths, or possessions) or Canada, and country known
- YY Resident of country other than United States (including its territories, commonwealths, or possessions) or Canada, and country unknown
- ZZ Residence unknown

Administrative Notes

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Modifications:

NACR110B

Added codes CD (Resident of Canada, NOS) and US (Resident of United States, NOS) to State.dbf table; updated edit description to include CD and US in list of Special Codes and to change description of ZZ from "Resident of U.S., NOS; Canada, NOS; Residence unknown" to "Residence unknown".

Addr Current--City (SEER)**Addr Current--City (SEER)****Agency: SEER****Last changed: 05/12/2020 14:24:29***Edit Tag N0156***Description**

Item may be blank. Must be alpha, left-justified, and blank-filled. Mixed case is allowed, but uppercase is preferred by USPS. Embedded spaces are allowed, but no more than one consecutive embedded space is allowed. Special characters are not allowed.

Although dashes and numbers are generally not allowed, there are a few official USPS exceptions. The following city names will pass:

BLAIRSDEN-GRAEGLE
 BLRSDN-GREAGL
 57TH AVE
 MCBH K-BAY
 VLG OF 4 SSNS
 BATESBURG-LEESVILLE
 BATSBRG-LEVIL

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank because the item was not required by the COC until 1996. Another edit (Addr Current--City, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1995 and not equal 9999. COC-approved programs should include both edits in their edit set.

Modifications

NAACCR v21

- Name changed from Addr Current--City (COC)
- Agency changed from COC to SEER

Addr Current--City, Date of Diagnosis (GCCS)**Agency: GCCS****Last changed: 11/10/2016***Edit Tag GA002***Description**

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2012, then Addr Current--City cannot be blank.

Addr Current--Country (SEER)**Agency: SEER****Last changed: 05/16/2020 11:26:01**

Addr Current--Country, Date of Diagnosis (GCCS)*Edit Tag N1684***Description**

Addr Current--Country must contain a valid ISO code or standard custom code for country. May be blank.

Administrative Notes

New edit - added to NAACCR v13 metafile.

This field is allowed to be blank because the item is required only for cases diagnosed 1996 and later. Another edit [Addr Current--Country, Date of Diagnosis (COC)] verifies that this item is not blank if the year of Date of Diagnosis is 1996 or later. Registries should include both edits in their edit set.

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank. Another edit (Addr Current--Country, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is 1996 or later. COC-approved programs should include both edits in their edit set.

Modifications**NAACCR v15**

Country code table (CNTRY_ST.DBF) has been updated:

- Brunei - 'BND' changed to 'BRN'
- Czechoslovakia (former) - 'XCZ' changed to 'CSK'
- Slovakia - 'SWK' changed to 'SVK'
- Vanuatu - 'VLT' changed to 'VUT'
- Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

NAACCR v21

- Name changed from Addr Current--Country (COC)
- Agency changed from COC to SEER

Addr Current--Country, Date of Diagnosis (GCCS)**Agency: GCCS****Last changed: 11/10/2016***Edit Tag GA003***Description**

If year of Date of Diagnosis is blank, this edit is skipped.

Addr Current--Country, State (NAACCR)

If year of Date of Diagnosis is greater than 2012, then Addr Current--Country cannot be blank.

If year of Date of Diagnosis is 2013 or later, then Addr Current--Country cannot be any of the following "historic" codes:

XNI North American Islands
 XCB Other Caribbean Islands
 XEN England, Channel Islands, Isle of Man
 XSC Scandinavia
 XGR Germanic Countries
 XSL Slavic Countries
 XUM Ukraine and Moldova
 XNF North Africa
 XSD Sudanese Countries
 XWF West Africa
 XSF South Africa
 XEF East Africa
 XIF African Islands
 XET Ethiopia and Eritrea
 XAP Arabian Peninsula
 XIS Israel and Palestine
 XCR Caucasian Republics of former USSR
 XOR Other Asian Republics of former USSR
 XSE Southeast Asia
 XMS Malaysia, Singapore, Brunei
 XCH China, NOS
 XML Melanesian Islands
 XMC Micronesian Islands
 XPL Polynesian Islands

Administrative Notes

NAACCR v15

The historic codes used for Yugoslavia (XYG) and Czechoslovakia (XCZ) have been removed from the list of historic codes consistent with changes in the standard NAACCR metafile edits.

Addr Current--Country, State (NAACCR)

Agency: NAACCR

Last changed: 12/09/2014

Edit Tag N1700

Description

This edit is skipped if any of the fields are blank.

This edit verifies that the Addr Current--State code is valid for the Addr Current--Country.

Administrative Notes

New edit - added to NAACCR v13 metafile.

Modifications

Addr Current--No/Street (SEER)

NAACCR v15

Country code table (CNTRY_ST.DBF) has been updated:

- Brunei - 'BND' changed to 'BRN'
- Czechoslovakia (former) - 'XCZ' changed to 'CSK'
- Slovakia - 'SWK' changed to 'SVK'
- Vanuatu - 'VLT' changed to 'VUT'
- Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

State codes 'XX' and 'YY' (instead of just 'YY') allowed with 'CSK' and 'YUG'

Addr Current--No/Street (SEER)

Agency: SEER

Last changed: 05/12/2020 14:31:27

Edit Tag N0150**Description**

Item may be blank. Must be alphanumeric, left-justified, and blank-filled. Mixed case is allowed. Embedded spaces are allowed. Special characters are limited to periods, slashes, hyphens, and pound signs.

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank because the item was not required by the COC until 1996. Another edit (Addr Current--No/Street, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1995. COC-approved programs should include both edits in their edit set.

Modifications:

NAACCR v12C

- Edit updated to use the full length of the field (now 60 characters as of v12) when verifying that only allowable characters are included in the data string.
- Reference to year of Date of Diagnosis of 9999 removed from the Administrative Notes.

NAACCR v21

- Name changed from Addr Current--No/Street (COC)
- Agency changed from COC to SEER

Addr Current--No/Street, Date of Diagnosis (GCCS)

Agency: GCCS

Last changed: 11/10/2016

Edit Tag GA004

Addr Current--Postal Code (SEER)**Description**

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2012, then Addr Current--No & Street cannot be blank.

Administrative Notes

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Addr Current--Postal Code (SEER)

Agency: SEER

Last changed: 05/12/2020 14:33:28

Edit Tag N0336

Description

Item may be blank. Must be alphanumeric, left-justified, and blank-filled. Mixed case is allowed. Embedded spaces are not allowed. Special characters are not allowed.

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank because the item was not required by the COC until 1996. Another edit (Addr Current--Postal Code, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1995 and not equal 9999. COC-approved programs should include both edits in their edit set.

Modifications:**NAACCR v15A**

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement was updated to specify trailing blanks:
"x{x}*" changed to "x{x}*{b}*"

NAACCR v21

- Name changed from Addr Current--Postal Code (COC)
- Agency changed from COC to SEER

Addr Current--Postal Code, Date of Diagnosis(GCCS)

Agency: GCCS

Last changed: 11/10/2016

Edit Tag GA005

Description

If year of Date of Diagnosis is blank, this edit is skipped.

Addr Current--State (SEER)

If year of Date of Diagnosis is greater than 2012, then Addr Current--Postal Code cannot be blank.

Addr Current--State (SEER)

Agency: SEER

Last changed: 05/12/2020 14:36:21

Edit Tag N0338**Description**

Field must contain valid US postal code for state or Canadian province. May be blank.

Special Codes:

- CD Resident of Canada, NOS, and province, territory, commonwealth or possession is unknown
- US Resident of United States, NOS, and state, territory, commonwealth or possession is unknown
- XX Resident of country other than United States (including its territories, commonwealths, or possessions) or Canada, and country known
- YY Resident of country other than United States (including its territories, commonwealths, or possessions) or Canada, and country unknown
- ZZ Residence unknown

Administrative Notes

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank because the item was not required by the COC until 1996. Another edit (Addr Current--State, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1995 and not equal 9999. COC-approved programs should include both edits in their edit set.

Modifications:

NACR110B

Added codes CD (Resident of Canada, NOS) and US (Resident of United States, NOS) to State.dbf table; updated edit description to include CD and US in list of Special Codes and to change description of ZZ from "Resident of U.S., NOS; Canada, NOS; Residence unknown" to "Residence unknown".

NAACCR v21

- Name changed from Addr Current--State (COC)
- Agency changed from COC to SEER

Addr Current--State, Date of Diagnosis (GCCS)

Agency: GCCS

Last changed: 11/10/2016

Adenoid Cystic Basaloid Pattern, Date DX (NAACCR)**Edit Tag GA006****Description**

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2012, then Addr Current--State cannot be blank.

Adenoid Cystic Basaloid Pattern, Date DX (NAACCR)**Agency: NAACCR****Last changed: 07/15/2021 21:44:54****Edit Tag N2669****Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Adenoid Cystic Basaloid Pattern code or blank:

0.0-100.0: 0.0-100.0 percent basaloid pattern
 XXX.5: Basaloid pattern present, percentage not stated
 XXX.8: Not applicable: Information not collected for this case
 XXX.9: Not documented in medical record
 Adenoid Cystic Basaloid Pattern not assessed or unknown if assessed

3. Code must contain decimal point with at least one character before and one character after decimal point.

Another edit, Adenoid Cystic Basaloid Pattern, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v21**

- Logic corrected, to allow 100.0 as highest coded numeric value; check for decimal modified

NAACCR v22

- Description, logic updated, leading/trailing blanks trimmed on input value; check for decimal modified

Adenoid Cystic Basaloid Pattern, Schema ID, Required (NAACCR)

Adenoid Cystic Basaloid Pattern, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2988

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Adenoid Cystic Basaloid Pattern is not "XXX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00690: Lacrimal Gland

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Adenopathy, Date DX (NAACCR)

Agency: NAACCR

Last changed: 02/05/2022 15:53:28

Adenopathy, Date DX (NAACCR)**Edit Tag N2741****Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

This edit is skipped if Primary Site is blank.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Adenopathy code or blank:

0: Adenopathy not identified/not present

No lymph nodes > 1.5cm

Physician states Rai Stage 0

1: Adenopathy present

Presence of lymph nodes > 1.5cm

Physician states Rai Stage I

5: Not applicable: Primary site is not C421

9: Not documented in medical record

Adenopathy not assessed or unknown if assessed

No Rai Stage is documented in the record and there is no documentation of adenopathy

Physician states Rai Stage II-IV and there is no

documentation of adenopathy

Another edit, Adenopathy, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

3. Code 5 must be used if primary site not C421

4. Codes 0, 1, and 9 must be used if primary site = C421

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22**

- Description, logic updated, code 5 added

- Description updated for codes 0, 1, and 9

- Description, logic updated, valid codes specified for C421 and other primary sites

NAACCR v22B

EditWriter 5

Adenopathy, Schema ID, Required (NAACCR)

- Error message corrected to SSDI not valid for primary site, rather than not valid for diagnosis date

Adenopathy, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2873

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Adenopathy is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00795: Lymphoma (CLL/SLL)

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

AFP Post-Orchiectomy Lab Value, Date DX (NAACCR)

AFP Post-Orchiectomy Lab Value, Date DX (NAACCR)

Agency: NAACCR

Last changed: 02/01/2023 18:22:19

Edit Tag N2660*Description*

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid AFP Post-Orchiectomy Lab Value code or blank:

0.0: 0.0 nanograms/milliliter (ng/mL)

0.1-99999.9: 0.1-99,999.9 ng/mL

XXXXX.1: 100,000 ng/mL or greater

XXXXX.7: Test ordered, results not in chart

XXXXX.8: Not applicable: Information not collected for this case

XXXXX.9: Not documented in medical record

No orchiectomy performed

AFP Post-Orchiectomy Lab Value not assessed or unknown if assessed

3. Code must contain decimal point with at least one character before and one character after decimal point.

Another edit, AFP Post-Orchiectomy Lab Value, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description, logic updated, leading/trailing blanks trimmed on input value; decimal check modified

AFP Post-Orchiectomy Lab Value, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3903*Description*

1. The edit is skipped for any of the following conditions:

AFP Post-Orchiectomy Range, Date DX (NAACCR)

- a. Diagnosis date before 2018, blank (unknown), or invalid
- b. Schema ID is blank
- c. CoC Accredited Flag not = 1
- d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
- e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

AFP Post-Orchiectomy Lab Value is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

- 2. This edit verifies that AFP Post-Orchiectomy Lab Value is not "XXXXX.8" and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00590: Testis

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

AFP Post-Orchiectomy Range, Date DX (NAACCR)

Agency: NAACCR

Last changed: 02/18/2020 21:17:20

Edit Tag N2716

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

- 1. This data item must be blank for pre-2018 diagnoses

AFP Post-Orchiectomy Range, Schema ID, Required (NAACCR)

2. Must be a valid AFP Post-Orchiectomy Range code or blank:

- 0: Within normal limits
- 1: Above normal and less than 1,000 nanograms/milliter (ng/mL)
- 2: 1,000-10,000 ng/mL
- 3: Greater than 10,000 ng/mL
- 4: Post-Orchiectomy alpha fetoprotein (AFP) stated to be elevated
- 5: Post-Orchiectomy alpha fetoprotein (AF) unknown or not done but pre-orchiectomy AFP was normal
- 7: Test ordered, results not in chart
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
No orchiectomy performed
- AFP Post-Orchiectomy Range not assessed or unknown if assessed

Another edit, AFP Post-Orchiectomy Range, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Description, logic updated, code 5 added

AFP Post-Orchiectomy Range, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2972

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that AFP Post-Orchiectomy Range is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

AFP Pre-Orchiectomy Lab Value, Date DX (NAACCR)

00590: Testis

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

AFP Pre-Orchiectomy Lab Value, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/15/2021 21:53:53

Edit Tag N2658***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid AFP Pre-Orchiectomy Lab Value code or blank:

0.0: 0.0 nanograms/milliliter (ng/ml)

0.1-99999.9: 0.1-99,999.9 ng/ml

XXXXX.1: 100,000 ng/ml or greater

XXXXX.7: Test ordered, results not in chart

XXXXX.8: Not applicable: Information not collected for this case

XXXXX.9: Not documented in medical record

AFP Pre-Orchiectomy Lab Value not assessed or unknown if assessed

3. Code must contain decimal point with at least one character before and one character after decimal point.

Another edit, AFP Pre-Orchiectomy Lab Value, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

AFP Pre-Orchiectomy Lab Value, Schema ID, Required, CoC Flag (SEER)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description, logic updated, leading/trailing blanks trimmed on input value; decimal check modified

AFP Pre-Orchiectomy Lab Value, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3009

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

AFP Pre-Orchiectomy Lab Value is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that AFP Pre-Orchiectomy Lab Value is not "XXXXX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00590: Testis

AFP Pre-Orchiectomy Range, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

This edit differs from the NAACCR edit of the same name in specifying that the data item is required only on analytic abstracts from CoC-accredited facilities.

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

AFP Pre-Orchiectomy Range, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2713

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
 2. Must be a valid AFP Pre-Orchiectomy Range code or blank:
 - 0: Within normal limits
 - 1: Above normal and less than 1,000 nanograms/milliter (ng/mL)
 - 2: 1,000-10,000 ng/mL
 - 3: Greater than 10,000 ng/mL
 - 4: Pre-Orchiectomy alpha fetoprotein (AFP) stated to be elevated
 - 7: Test ordered, results not in chart
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
- AFP Pre-Orchiectomy Range not assessed or unknown if assessed

Another edit, AFP Pre-Orchiectomy Range, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

AFP Pre-Orchiectomy Range, Schema ID, Required (SEER)**AFP Pre-Orchiectomy Range, Schema ID, Required (SEER)**

Agency: SEER

Last changed: 02/06/2022 16:56:19

Edit Tag N6664**Description**

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2022, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. Type of Reporting Source = 7 (Death Certificate Only)

Prior to 2022 SEER only required this SSDI for analytic cases from COC facility.

2. This edit verifies that AFP Pre-Orchiectomy Range is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00590: Testis

Administrative Notes

New edit - NAACCR v22B metafile

AFP Pre-Orchiectomy Range, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3905**Description**

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018 or after 2021, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1

AFP Pre/Post Treatment Range, Testis (NAACCR)

- d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
- e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

AFP Pre-Orchiectomy Range is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

- 2. This edit verifies that AFP Pre-Orchiectomy Range is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00590: Testis

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, edit skipped for diagnosis date > 2021
- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

AFP Pre/Post Treatment Range, Testis (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6837

Description

This edit verifies that AFP Pre-Orchiectomy Range and AFP Post-Treatment Orchiectomy Range SSDIs are coded consistently with each other for Schema ID 00590, Testis.

- 1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.

AFP Pretreatment Interpretation, Date DX (NAACCR)

- b. Schema ID is blank or not 00590
- c. AFP Pre-Orchiectomy Range or AFP Post-Orchiectomy Range is blank or not applicable
- e. Type of Reporting Source is 7 (Death Certificate Only)

- 2. If AFP Post-Orchiectomy Range = 5 (Post-Orchiectomy not done or unknown but Pre-Orchiectomy within normal limits)
AFP Pre-Orchiectomy Range must = 0 (within normal limits)

Administrative Notes

New edit - NAACCR v23 metafile

AFP Pretreatment Interpretation, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2719

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

- 1. This data item must be blank for pre-2018 diagnoses
- 2. Must be a valid AFP Pretreatment Interpretation code or blank:
 - 0: Negative/normal; within normal limits
 - 1: Positive/elevated
 - 2: Borderline; undetermined if positive or negative
 - 7: Test ordered, results (interpretation) not in chart
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
 - AFP Pretreatment Interpretation not assessed or unknown if assessed

Another edit, AFP Pretreatment Interpretation, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

AFP Pretreatment Interpretation, Schema ID, Required, CoC Flag (SEER)

AFP Pretreatment Interpretation, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 09:56:36

Edit Tag N3906

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

AFP Pretreatment Interpretation is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that AFP Pretreatment Interpretation is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00220: Liver

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

AFP Pretreatment Lab Value, Date DX (NAACCR)

AFP Pretreatment Lab Value, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/16/2021 00:24:16

*Edit Tag N2650***Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid AFP Pretreatment Lab Value code or blank:

0.0: 0.0 nanograms/milliliter (ng/ml); not detected

0.1-9999.9: 0.1-9999.9 ng/mL

(Exact value to nearest tenth of ng/ml)

XXXX.1: 10,000 ng/ml or greater

XXXX.7: Test ordered, results not in chart

XXXX.8: Not applicable: Information not collected for this case

XXXX.9: Not documented in medical record

AFP Pretreatment Lab Value not assessed or unknown if assessed

3. Code must contain decimal point with at least one character before and one character after decimal point.

Another edit, AFP Pretreatment Lab Value, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description, logic updated, leading/trailing blanks trimmed on input value; decimal check modified

AFP Pretreatment Lab Value, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

*Edit Tag N3907***Description**

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid

Age at Diagnosis (SEER AGEDX)

- b. Schema ID is blank
- c. CoC Accredited Flag not = 1
- d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
- e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

AFP Pretreatment Lab Value is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that AFP Pretreatment Lab Value is not "XXXX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00220: Liver

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Age at Diagnosis (SEER AGEDX)

Agency: SEER

Last changed: 03/04/2003

Edit Tag N0026

Description

This field became a required (rather than optional) data item for COC as of 1/1/2003 and is required for all diagnosis years. Consequently this edit is now used by COC, as well as SEER, and will be added to the COC edit set.

Must be a valid value for Age at Diagnosis (000...120, 999).

Age, Primary Site, Morph ICDO3--Adult (SEER)

Age, Primary Site, Morph ICDO3--Adult (SEER)

Agency: SEER

Last changed: 04/16/2022 13:52:34

*Edit Tag N0718***Description**

This edit and the edit Age, Primary Site, Morphology ICDO3--Pediatric (NPCR) replace the edit Age, Primary Site, Morphology ICDO3 (SEER IF15) for cases diagnosed on or after 01/01/2001. There is no overlap in the two edits. The edit Age, Primary Site, Morphology ICDO3--Pediatric (NPCR) is for ages 000 - 014 and this edit (Age, Primary Site, Morphology ICDO3--Adult (SEER)) is for ages 015 and older. The field Over-ride Age/Site/Morph is shared by both edits and contains a "1" when the case has been reviewed and accepted as is.

This edit is skipped if Histologic Type ICD-O-3 or Behavior Code ICD-O-3 is blank or year of Date of Diagnosis is less than 2001.

The edit is also skipped if Age at Diagnosis is less than 15.

If the Over-ride Age/Site/Morph contains a '1' (review completed and case accepted as coded), no further checking is done.

For each specified age group in the following table, the Primary Site/Morphology combinations require review.

014 < Age < 020	
Esophagus C150-C159	Any morphology
Small intestine C170-C179	Any morphology
Colon C180-C189	Any other than carcinoid 8240-
8245	
Rectosigmoid C199	Any morphology
Rectum C209	Any morphology
Anus, anal canal C210-C218	Any morphology
Gallbladder C239	Any morphology
Other biliary tract C240-C249	Any morphology
Pancreas C250-C259	Any morphology
Trachea C339	Any other than carcinoid 8240-
8245	
Lung and bronchus C340-C349	Any other than carcinoid 8240-
8245	
Pleura C384	Any morphology
Breast C500-C509	Any morphology
Uterus, NOS C559	Any morphology
Cervix uteri C530-C539	Any Histologic Type ICD-O-3 with Behavior ICD-O-3 of 3
(malignant)	
Corpus uteri C540-C549	Any morphology

014 < Age < 030

Age, Primary Site, Morph ICDO3--Adult (SEER)

Any site	Multiple Myeloma 9732
	Chronic myeloid leukemia 9863, 9875, 9876, 9945
	Chronic lymphocytic leukemia
9823	
Penis C609	Any morphology
014 < Age < 040	
Prostate C619	Adenocarcinoma, NOS 8140
Age > 014	
Eye C690-C699	Retinoblastoma 9510-9514
Any site	Wilms tumor 8960
Any site	Juvenile myelomonocytic leukemia
9946	
Age > 045	
Placenta C589	Choriocarcinoma 9100

Additional Information:

Some cancers occur almost exclusively in certain age groups. For example, retinoblastoma is a tumor of young children, while prostate cancer occurs in older men. This edit checks that selected cancers are reported only for patients of specific ages at diagnosis. The expected ages are listed for each edited site/morphology combination in the "Description" field of the edit documentation.

First check that the primary site and histologic type are coded correctly and that the age, date of birth, and date of diagnosis are correct. These two dates are not actually used in the edit; however, they may have been used to calculate the age at diagnosis, which is used in this edit. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may also be required.

If upon review, all items are correct as coded, an over-ride flag may be set so that the case will not be considered in error when the edit is run again. Enter a 1 in the field Over-ride Age/Site/Morph to indicate that the coding is correct.

EXAMPLE

AGE	35
PRIMARY SITE	PROSTATE, C61.9
HISTOLOGIC TYPE ICD-O-3 and BEHAVIOR CODE ICD-O-3	8140/3, ADENOCARCINOMA

Age, Primary Site, Morph ICDO3--Pediatric (NPCR)

DATE OF DIAGNOSIS	2/13/95
DATE OF BIRTH	1/10/60

The edit identifies prostate cancers occurring before age 45. On review, the birth date in this case is in error and should be 1/10/06. Enter the correct birth date. The age will recalculate to 89, and the case will no longer be in error.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF118

Modifications:**NACR110A**

Juvenile myelomonocytic leukemia (9946) for ages > 14 and < 30 was removed from the group of age/histologies requiring review.

NAACCR v11.2

7/2007

Juvenile myelomonocytic leukemia (9946) for ages > 14 was added to the group of age/histologies requiring review.

NAACCR v11.3

6/08

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v11.3A

12/2008

Edit changed to require review if age is less than 040 [instead of less than 045] and site is prostate (C619) and histology is Adenocarcinoma, NOS (8140).

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v23

- Description, logic updated, grouped data items Morph Type&Behav ICD-O-3 separated into component data items, Histologic Type ICD-O-3, and Behavior Code ICD-O-3.

Age, Primary Site, Morph ICDO3--Pediatric (NPCR)

Agency: NPCR

Last changed: 02/04/2022 09:30:27

Edit Tag N0717

Description

This edit and the edit Age, Primary Site, Morphology ICDO3--Adult (SEER) replace the edit Age, Primary

Age, Primary Site, Morph ICDO3--Pediatric (NPCR)

Site, Morphology ICDO3 (SEER IF15) for cases diagnosed on or after 01/01/2001.

There is no overlap in

the two edits. This edit (Age, Primary Site, Morphology ICDO3--Pediatric (NPCR)) is for ages 000 - 014

and the edit Age, Primary Site, Morphology ICDO3--Adult (SEER) is for ages 015 and older. The field

Over-ride Age/Site/Morph is shared by both edits and contains a "1" when the case has been reviewed and accepted as is.

This edit is based on the International Classification of Childhood Cancer (ICCC) CHILD-CHECK program

edit of "Unlikely Combinations of Age and Tumour Type" as specified on page 11 of IARC Technical Report

No. 29. It also includes SEER edits for ages 000 - 014 that were formerly part of the edit Age,

Primary Site, Morphology ICDO3 (SEER IF15).

This edit is skipped if Histologic Type ICD-O-3 is blank or year of Date of Diagnosis is less than 2001.

This edit is skipped if Age at Diagnosis is greater than 14.

If the Over-ride Age/Site/Morph contains a '1' or '3' no further checking is done.

Note:

Codes '2' and '3' have been added to the list of Over-ride Age/Site/Morph codes in the NAACCR v11.3 metafile. The code definitions are:

1 = Reviewed: An unusual occurrence of a particular age/site/histology combination for a given age group has been reviewed

2 = Reviewed: Case was diagnosed in utero.

3 = Reviewed: Conditions 1 and 2 above both apply

Blank = Not reviewed or reviewed and corrected

For each specified group in the following list, the Age/Primary Site/Morphology combinations require review.

Unlikely Combinations of Age and Tumor Type

ICCC Diagnostic Group: IIa Hodgkin Lymphoma

Histologic Type ICD-O-3: 9650-9667

Primary Site: Any

Age at Diagnosis: 000 - 002

ICCC Diagnostic Group: IVa Neuroblastoma and ganglioneuroblastoma

Histologic Type ICD-O-3: 9490, 9500

Primary Site: Any

Age at Diagnosis: 010 - 014

ICCC Diagnostic Group: V Retinoblastoma

Histologic Type ICD-O-3: 9510-9514

Primary Site: Any

Age, Primary Site, Morph ICDO3--Pediatric (NPCR)

Age at Diagnosis: 006 - 014

ICCC Diagnostic Group: VIa Wilms tumor, rhabdoid, and clear cell sarcoma

Histologic Type ICD-O-3: 8960, 8964
Primary Site: AnyHistologic Type ICD-O-3: 8963
Primary Site: C649, C809

Age at Diagnosis: 009 - 014

ICCC Diagnostic Group: VIb Renal carcinoma

Histologic Type ICD-O-3: 8010-8041, 8050-8075, 8082,
8120-8122,8130-8141, 8143, 8155, 8190-8201, 8210,
8211, 8221-8231, 8240,8241,8244-8246, 8260-8263,
8290, 8310, 8320, 8323, 8401, 8430, 8440, 8480-8490,
8504, 8510, 8550, 8560-8573
Primary Site: C649Histologic Type ICD-O-3: 8312
Primary Site: Any

Age at Diagnosis: 000 - 008

ICCC Diagnostic Group: VIIa Hepatoblastoma

Histologic Type ICD-O-3: 8970
Primary Site: Any
Age at Diagnosis: 006 - 014

ICCC Diagnostic Group: VIIb Hepatic carcinoma

Histologic Type ICD-O-3: 8010-8041, 8050-8075, 8082, 8120-8122,
8140,8141, 8143, 8155, 8190-8201, 8210, 8211, 8230, 8231, 8240,
8241, 8244-8246, 8260-8263, 8310, 8320, 8323, 8401, 8430, 8440,
8480-8490, 8504, 8510, 8550, 8560-8573
Primary Site: C220, C221Histologic Type ICD-O-3: 8160-8180
Primary Site: Any

Age at Diagnosis: 000 - 008

ICCC Diagnostic Group: VIIIa Osteosarcoma

Histologic Type ICD-O-3: 9180-9200
Primary Site: Any
Age at Diagnosis: 000 - 005

ICCC Diagnostic Group: VIIIb Chondrosarcoma

Histologic Type ICD-O-3: 9220-9230
Primary Site: AnyHistologic Type ICD-O-3: 9231, 9240
Primary Site: C400-C419

Age, Primary Site, Morph ICDO3--Pediatric (NPCR)

Age at Diagnosis: 000 - 005

ICCC Diagnostic Group: VIIIc Ewing sarcoma

Histologic Type ICD-O-3: 9260
Primary Site: C400-C419, C809

Histologic Type ICD-O-3: 9363, 9364
Primary Site: C400-C419

Age at Diagnosis: 000 - 003

ICCC Diagnostic Group: Xb Non-gonadal germ cell

Histologic Type ICD-O-3: 9060-9102
Primary Site: C000-C559, C570-C619, C630-C699, C739-C750, C754-C809
Age at Diagnosis: 008 - 014

ICCC Diagnostic Group: Xd Gonadal carcinoma

Histologic Type ICD-O-3: 8010-8041, 8050-8075, 8082, 8120-8122, 8130-8141, 8143, 8155, 8190-8201, 8210, 8211, 8221-8241, 8244-8246, 8260-8263, 8290, 8310, 8320, 8323, 8430, 8440, 8480-8490, 8504, 8510, 8550, 8560-8573
Primary Site: C569, C620-C629

Histologic Type ICD-O-3: 8380, 8381, 8441-8473
Primary Site: Any

Age at Diagnosis: 000 - 014

ICCC Diagnostic Group: XIb Thyroid carcinoma

Histologic Type ICD-O-3: 8010-8041, 8050-8075, 8082, 8120-8122, 8130-8141, 8155, 8190, 8200, 8201, 8211, 8230, 8231, 8244-8246, 8260-8263, 8290, 8310, 8320, 8323, 8430, 8440, 8480, 8481, 8500-8573
Primary Site: C739

Histologic Type ICD-O-3: 8330-8350
Primary Site: Any

Age at Diagnosis: 000 - 005

ICCC Diagnostic Group: XIc Nasopharyngeal carcinoma

Histologic Type ICD-O-3: 8010-8041, 8050-8075, 8082, 8120-8122, 8130-8141, 8155, 8190, 8200, 8201, 8211, 8230, 8231, 8244-8246, 8260-8263, 8290, 8310, 8320, 8323, 8430, 8440, 8480, 8481, 8504, 8510, 8550, 8560-8573
Primary Site: C110-C119
Age at Diagnosis: 000 - 005

ICCC Diagnostic Group: XIe Skin carcinoma

Histologic Type ICD-O-3: 8010-8041, 8050-8075, 8082, 8090-8110,

Age, Primary Site, Morph ICDO3--Pediatric (NPCR)

8140,8143, 8147, 8190, 8200, 8240, 8246, 8247, 8260, 8310, 8320,
8323, 8390-8420, 8430, 8480, 8542, 8560, 8570-8573, 8940

Primary Site: C440-C449

Age at Diagnosis: 000 - 004

ICCC Diagnostic Group: XIIf NOS carcinoma

Histologic Type ICD-O-3: 8010-8082, 8120-8155, 8190-8263, 8290,
8310, 8314-8323, 8430-8440, 8480-8580, 8940, 8941

Primary Site: C000-C109, C129-C218, C239-C399, C480-C488,
C500-C559, C570-C619, C630-C639, C659-C729, C750-C809

Age at Diagnosis: 000 - 004

ICCC Diagnostic Group: XIIIf Mesothelial neoplasms (M905)

Histologic Type ICD-O-3: 9050-9053

Primary Site: Any

Age at Diagnosis: 000 - 014

Additional SEER Groups:

Cervix Uteri

Histologic Type ICD-O-3: Any

Behavior Code ICD-O-3: 2

Primary Site: C530-C539

Age at Diagnosis: 000 - 014

Placenta: choriocarcinoma

Histologic Type ICD-O-3: 9100

Primary Site: C589

Age at Diagnosis: 000 - 014

Esophagus, Small Intestine, Rectosigmoid, Rectum, Anus, Anal Canal,
Gallbladder, Other Biliary Tract, Pancreas, Pleura, Breast,
Uterus, NOS, Corpus Uteri, Penis

Histologic Type ICD-O-3: Any

Primary Site: C150-C159, C170-C179, C199, C209, C210-C218, C239,
C240-C249, C250-C259, C384, C500-C509, C559, C540-C549, C609

Age at Diagnosis: 000 - 014

Colon, Trachea, Lung and Bronchus

Histologic Type ICD-O-3: Any other than carcinoid (8240-8245)

Primary Site: C180-C189, C339, C340-C349

Age at Diagnosis: 000 - 014

Cervix Uteri

Histologic Type ICD-O-3: Any with Behavior ICD-O-3 of 3

Primary Site: C530-C539

Age at Diagnosis: 000 - 014

Prostate: adenocarcinoma

Age, Primary Site, Morph ICD03--Pediatric (NPCR)

Histologic Type ICD-O-3: 8140

Primary Site: C619

Age at Diagnosis: 000 - 014

Multiple Myeloma

Histologic Type ICD-O-3: 9732

Primary Site: Any

Age at Diagnosis: 000 - 014

Chronic Myeloid Leukemia

Histologic Type ICD-O-3: 9863, 9875, 9876, 9945

Primary Site: Any

Age at Diagnosis: 000 - 014

Chronic Lymphocytic Leukemia

Histologic Type ICD-O-3: 9823

Primary Site: Any

Age at Diagnosis: 000 - 014

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF119

Modifications:

NACR110A

1. Juvenile myelomonocytic leukemia (9946) was removed from the group of age/histologies requiring review
2. Edit logic modified to correctly generate error if Primary Site = C619 (prostate) and Histologic Type ICD-O-3 = 8140 (adenocarcinoma)

NAACCR v11.3

6/08

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.
- Updated the edit to skip if the Over-ride Age/Site/Morph contains a 1 OR a 3

Note:

Over-ride Age/Site/Morph codes

1 = Reviewed: An unusual occurrence of a particular age/site/histology combination for a given age group has been reviewed

2 = Reviewed: Case was diagnosed in utero.

3 = Reviewed: Conditions 1 and 2 above both apply

Blank = Not reviewed or reviewed and corrected

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v22B

- Description, logic modified, age range to check for gonadal carcinoma changed from 000-004 to 000-014

ALK Rearrangement, Date DX (NAACCR)

ALK Rearrangement, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/13/2021 22:30:58

*Edit Tag N6231***Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2021 diagnoses.
2. Must be a valid ALK Rearrangement code or blank:

```

0:    Normal
      ALK negative
      Negative for rearrangement, no rearrangement identified,
      no mutations (somatic) identified, not present, not detected
1:    Abnormal Rearrangement identified/detected: EML4-ALK, KIF5B-ALK, TFG-
ALK,
      and/or KLC1-ALK
2:    Rearrangement identified/detected: Other ALK Rearrangement not listed
in code 1
4:    Rearrangement, NOS
7:    Test ordered, results not in chart
8:    Not applicable: Information not collected for this case
9:    Not documented in medical record
      ALK Rearrangement not assessed or unknown if assessed
Blank: Diagnosis year prior to 2021

```

Another edit, ALK Rearrangement, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v21 metafile

Modification

NAACCR v22

- Description updated, Blank added as code

ALK Rearrangement, Schema ID, Required (NAACCR)

ALK Rearrangement, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 06/13/2020 17:33:33

Edit Tag N6232

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2021, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that ALK Rearrangement is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00360: Lung

Administrative Notes

New edit - NAACCR v21 metafile

Anemia, Date DX (NAACCR)

Agency: NAACCR

Last changed: 02/05/2022 15:58:47

Edit Tag N2742

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.
This edit is skipped if Primary Site is blank.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Anemia code or blank:
 - 0: Anemia not identified/not present
Hgb >= 11.0 grams/deciliter (g/dL)
Physician states Rai Stage 0-II
 - 1: Anemia present
Hgb <11.0 g/dL
 - 5: Not applicable: Primary site is not C421
 - 6: Lab value unknown, physician states patient is anemic

Anemia, Schema ID, Required (NAACCR)

Physician states Rai Stage III

7: Test done, results not in chart

9: Not documented in medical record

Anemia not assessed or unknown if assessed

No Rai Stage is documented in the record and there is no documentation of anemia

Physician states Rai Stage IV and there is no documentation of anemia

Another edit, Anemia, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

3. Code 5 must be used if primary site not C421

4. Codes 0, 1, 6, 7, and 9 must be used if primary site = C421

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22**

- Description, logic updated, code 5 added
- Description updated for codes 0, 6, 9
- Description, logic updated, valid codes specified for C421 and other primary sites

NAACCR v22B

- Error message corrected to SSDI not valid for primary site, rather than not valid for diagnosis date

Anemia, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2874

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

B Symptoms, Date DX (NAACCR)

- This edit verifies that Anemia is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00795: Lymphoma (CLL/SLL)

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

B Symptoms, Date DX (NAACCR)

Agency: NAACCR

Last changed: 08/11/2020 20:22:08

Edit Tag N2939

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

- This data item must be blank for pre-2018 diagnoses.

- Must be a valid B Symptoms code or blank:

0: No B symptoms (asymptomatic)

Classified as "A" by physician when asymptomatic

1: Any B symptom(s)

Night sweats (drenching)

Unexplained fever (above 38 degrees C)

Unexplained weight loss (generally greater than 10% of body weight in the six months before admission)

B symptoms, NOS

B Symptoms, Schema ID, Required (NAACCR)

Classified as "B" by physician when symptomatic

8: Not applicable: Information not collected for this case

9: Not documented in medical record

B symptoms not assessed or unknown if assessed

Another edit, B Symptoms, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

B Symptoms, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2951

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that B Symptoms is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00790: Lymphoma

00795: Lymphoma (CLL/SLL)

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566

EditWriter 5

43

05/01/2023 02:04 PM

Behavior Code ICDO3, EOD Tumor/Mets, CNS (SEER)
(Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Behavior Code ICDO3, EOD Tumor/Mets, CNS (SEER)

Agency: SEER

Last changed: 08/07/2022 21:49:09

Edit Tag N6182

Description

This edit verifies that Behavior Code ICD-O-3, codes 0 and 1, is coded consistently with EOD Primary Tumor and EOD Mets for Schema ID 00721, Brain, 00722, CNS Other, and 00723, Intracranial Gland.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00721, 00722, 00723, 09721, 09722, 09723, or 09724
 - c. EOD Primary Tumor and EOD Mets are both blank
 - d. Behavior Code ICD-O-3 is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Behavior Code ICD-O-3 = 0 (benign) or 1 (uncertain)
then EOD Primary Tumor must = 050 (benign or borderline)
and EOD Mets must = 00 (no metastasis)
3. If EOD Primary Tumor = 050 (benign or borderline)
then Behavior Code ICD-O-3 must = 0 (benign) or 1 (uncertain)

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v23

- Description, logic updated, 09721, 09722, 09723, 09724 added to schemas not skipped for edit

Behavior Code ICDO3, EOD Tumor/Nodes/Mets, Prostate (SEER)

Behavior Code ICDO3, EOD Tumor/Nodes/Mets, Prostate (SEER)

Agency: SEER

Last changed: 07/11/2020 14:26:35

Edit Tag N6207

Description

This edit checks consistency of coding between Behavior Code ICD-O-3, codes 2 and 3, and EOD Primary Tumor, EOD Prostate Pathological Extension, EOD Regional Nodes, and EOD Mets for Schema ID 00580, Prostate.

- . This edit is skipped if any of the following conditions is true:
 - a. Diagnosis date is invalid, blank (unknown), or before 2021.
 - b. Schema ID is blank or not 00580
 - c. Behavior Code ICD-O-3 is blank or = 0 or 1
 - d. EOD Primary Tumor, EOD Prostate Pathological Extension, EOD Regional Nodes, and EOD Mets are all blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
- 2. If Behavior Code ICD-O-3 = 2 (in situ)
 - EOD Primary Tumor must = 000 (in situ) and EOD Prostate Pathologic Extension must = 000 (in situ), 800 (no evidence of primary tumor), 900 (no prostatectomy or autopsy performed), 950 (prostatectomy not part of first course of treatment) or 999 (unknown extension)
 - OR
 - EOD Primary Tumor must = 800 (no evidence of primary tumor) or 999 (unknown extension) and EOD Prostate Pathologic Extension must = 000 (in situ)
 - AND
 - EOD Regional Nodes must = 000 and EOD Mets must = 00
- 3. If Behavior Code ICD-O-3 = 3 (invasive)
 - EOD Primary Tumor must not = 000 or 800
 - or EOD Prostate Pathologic Extension must not = 000, 800, 900, or 950
 - or EOD Regional Nodes must not = 000 or EOD Mets must not = 00

Administrative Notes

New edit - NAACCR v21 metafile

Behavior Code ICDO3, Sequence Number--Hosp (COC)

Agency: COC

Last changed: 01/18/2010

Edit Tag N0470

Behavior Code ICDO3, Summary Stage 2018, Schema ID (NAACCR)**Description**

This edit is skipped if either Behavior Code ICD-O-3 or Sequence Number--Hospital is blank.

If Sequence Number--Hospital = 00-59, or 99, then Behavior Code ICD-O-3 must = 2 (in situ) or 3 (malignant).

If tumor is benign or of uncertain behavior (Behavior Code ICD-O-3 = 0 or 1), Sequence Number--Hospital must = 60-88.

If Year of Date of Diagnosis is greater than 2003 and not blank and tumor is in situ or malignant (Behavior Code ICD-O-3 = 2 or 3), Sequence Number--Hospital must = 00-59, or 99.

Exceptions to the above rules are:

If year of Date of Diagnosis is less than 2001, the following Histologic Type ICD-O-3 codes may have a Behavior Code ICD-O-3 of 1 (borderline) with a Sequence Number--Hospital 00-59, or 99. These codes may have been entered in ICD-O-2 as malignant, but converted to ICD-O-3 as borderline. The Sequence Number--Hospital field would pertain to the pre-converted (ICD-O-2) malignant behavior. (Please note that 9421 is not included because the standard setting organizations have agreed to collect it with a behavior of 3 rather than 1.)

8442
8451
8462
8472
8473

Administrative Notes

Modifications:

NACR110B

"If Sequence Number--Hospital = 00-35, or 99, then Behavior Code ICD-O-3 must = 2 (in situ) or 3 (malignant)" changed to "If Sequence Number--Hospital = 00-59, or 99, then Behavior Code ICD-O-3 must = 2 (in situ) or 3 (malignant)".

NACR110C

08/21/06

Edit description corrected: reference to Sequence Number--Hospital of "00-35" changed to "00-59".

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Modified so that edit will be skipped if Sequence Number--Hospital is blank.

Behavior Code ICDO3, Summary Stage 2018, Schema ID (NAACCR)

Agency: NAACCR

Last changed: 01/30/2023 22:28:24

Behavior Code ICDO3, Summary Stage 2018, Schema ID (NAACCR)**Edit Tag N5000****Description**

This edit checks that Summary Stage 2018 is coded consistently with Behavior Code ICD-O-3, codes 0 and 1 for Brain and CNS, codes 2 and 3 for all cases.

1. This edit is skipped for any of the following conditions:
 - a. Diagnosis date is pre-2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. Summary Stage 2018 is blank
 - d. Behavior Code ICD-O-3 is blank
 - e. Type of Reporting Source = 7 (death certificate only)
2. If Schema ID = 00721, 00722, 00723, 09721, 09722, 09723, or 09724 and Behavior Code ICD-O-3 = 0 or 1,
 - then Summary Stage 2018 must = 8.
3. If Schema ID = 00721, 09721, 00722, 09722, 00723, 09723, or 09724,
 - if Summary Stage 2018 = 8,
 - then Behavior Code ICD-O-3 must = 0 or 1.
4. If Behavior Code ICD-O-3 = 2, then Summary Stage 2018 must = 0.
5. If Behavior Code ICD-O-3 = 3, then Summary Stage 2018 must not = 0 or 8.

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v18D**

- Description, logic updated to include if Behavior Code ICD-O-3 = 3, Summary Stage 2018 must not = 0.
- Description, logic updated, edit skipped if Type of Reporting Source = 7 (death certificate only)
- Description, logic updated, edit skipped if Diagnosis Date is pre-2018 rather than pre-2019.

NAACCR v21

- Name changed from Summary Stage 2018, Behavior Code ICDO3 (NAACCR).
- Description updated to state that edit checks that Summary Stage 2018 is coded consistently with Behavior Code ICD-O-3, codes 0 and 1 for Brain and CNS, codes 2 and 3, for all cases.
- Description, logic updated, check on Summary Stage 2018 = 9 if Behavior Code = 0 or 1 for schemas other than 00721, 00722, 00723 removed

NAACCR v22

- Description, logic updated, added to statement 5, "If Behavior - 3, Summary Stage 2018 must not = 0 or 8", "or 8" added

NAACCR v22B

- Logic updated, skip added for blank Behavior Code ICD-O-3

Behavior ICDO3 (COC)

NAACCR v23

- Description, logic updated, Schema IDs 09721, 09722, 09723, 009724 added to requirements where SS2018 = 8

NAACCR v23A

- Description updated, 09721, 09722, 09723, 09724 added to number 2. SS2018 must = 8 if behavior /0 or /1

Behavior ICDO3 (COC)**Agency: COC****Last changed: 03/12/2003***Edit Tag N0469**Description*

This field is allowed to be blank because the item was not required until 2001. Another edit (Behavior ICDO3, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2000 and not equal 9999. Registries should include both edits in their edit set.

Must be a valid Behavior Code ICD-O-3 code of 0 (benign), 1 (borderline), 2 (in situ) or 3 (malignant).

Behavior ICDO3, Date of Diagnosis (NAACCR)**Agency: NAACCR****Last changed: 11/27/2009***Edit Tag N0467**Description*

If year of Date of Diagnosis is greater than 2000 and is not blank, then Behavior Code ICD-O-3 cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Behavior ICDO3, Site, Histology ICDO3 (NAACCR)**Agency: NAACCR****Last changed: 01/12/2010***Edit Tag N0654**Description*

This edit is skipped:

1. If Behavior Code ICD-O-3 is empty or greater than 1
2. If Date of Diagnosis is blank

Bilirubin Pretreatment Lab, Unit of Measure, Liver (NAACCR)

Behavior Code ICD-O-3 is allowed to be 0 (benign) or 1 (borderline) only under the following conditions:

1. Behavior Code ICD-O-3 may be 0 or 1 if Year of Date of Diagnosis is greater than 2003 and Primary Site equals C700-C729 or C751-C753 (brain tumor sites).
2. Behavior Code ICD-O-3 may be 1 if year of Date of Diagnosis is less than 2001 and Histologic Type ICD-O-3 equals one of the following: 8442, 8451, 8462, 8472, 8473. (Please note that 9421 is not included because the standard setting organizations have agreed to collect it with a behavior of 3 rather than 1.) These codes may have been entered as malignant in ICD-O-2, but converted to borderline in ICD-O-3.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Bilirubin Pretreatment Lab, Unit of Measure, Liver (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6819

Description

This edit verifies that Bilirubin Pretreatment Total Lab Value and Bilirubin Pretreatment Unit of Measure SSDIs are coded consistently with each other

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00220.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Bilirubin Pretreatment Total Lab Value or Bilirubin Pretreatment Unit of Measure is blank or coded not applicable
2. If Bilirubin Pretreatment Total Lab Value = XXX.7 (test ordered, results not in chart)
Bilirubin Pretreatment Unit of Measure must = 7 (test ordered, results not in chart)
3. If Bilirubin Pretreatment Total Lab Value = XXX.9 (not assessed or unknown)
Bilirubin Pretreatment Unit of Measure must = 9 (not assessed or unknown)

Bilirubin Pretreatment Total Lab Value, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v23 metafile

Bilirubin Pretreatment Total Lab Value, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/16/2021 00:24:55

Edit Tag N2652

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid Bilirubin Pretreatment Total Lab Value code or blank:

0.0: 0.0 milligram/deciliter (mg/dl)
0.0 micromole/liter (umol/L)
0.1-999.9: 0.1-999.9 milligram/deciliter (mg/dl)
0.1-999.9 micromole/liter (umol/L)
XXX.1: 1000 milligram/deciliter (mg/dl) or greater
1000 micromole/liter (umol/L) or greater
XXX.7: Test ordered, results not in chart
XXX.8: Not applicable: Information not collected for this case
XXX.9: Not documented in medical record
Bilirubin Pretreatment Total Lab Value not assessed or unknown if assessed

3. Code must contain decimal point with at least one character before and one character after decimal point.

Another edit, Bilirubin Pretreatment Total Lab Value, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description, logic updated, leading/trailing blanks trimmed on input value; check for decimal modified

Bilirubin Pretreatment Total Lab Value, Schema ID, Required, CoC Flag (SEER)

Bilirubin Pretreatment Total Lab Value, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3908

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Bilirubin Pretreatment Total Lab Value is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Bilirubin Pretreatment Total Lab Value is not "XXX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00220: Liver

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Bilirubin Pretreatment Unit of Measure, Date DX (NAACCR)

Bilirubin Pretreatment Unit of Measure, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2722

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid Bilirubin Pretreatment Unit of Measure code or blank:
 - 1: Milligrams/deciliter (mg/dl)
 - 2: Micromoles/liter (umol/L)
 - 7: Test ordered, results not in chart
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
 Bilirubin Pretreatment Unit of Measure not assessed or unknown if assessed

Another edit, Bilirubin Pretreatment Unit of Measure, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Bilirubin Pretreatment Unit of Measure, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3909

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Birthplace--Country (NAACCR)

Bilirubin Pretreatment Unit of Measure is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

1. This edit verifies that Bilirubin Pretreatment Unit of Measure is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00220: Liver

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Birthplace--Country (NAACCR)

Agency: NAACCR

Last changed: 12/08/2014

Edit Tag N1668

Description

Birthplace--Country must contain a valid ISO code or standard custom code for country.

Administrative Notes

New edit - added to NAACCR v13 metafile.

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Modifications

Birthplace--Country, Birthplace--State (NAACCR)

NAACCR v15

Country code table (CNTRY_ST.DBF) has been updated:

Brunei - 'BND' changed to 'BRN'
 Czechoslovakia (former) - 'XCZ' changed to 'CSK'
 Slovakia - 'SWK' changed to 'SVK'
 Vanuatu - 'VLT' changed to 'VUT'
 Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

Birthplace--Country, Birthplace--State (NAACCR)

Agency: NAACCR

Last changed: 03/28/2018 22:19:50

*Edit Tag N1672***Description**

This edit is skipped if any of the fields are blank.

This edit verifies that the Birthplace--State code is valid for the Birthplace--Country.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF400

Modifications

NAACCR v15

- Edit updated to no longer allow Birthplace--State of XX (Resident of country other than U.S. or Canada, country known) with Birthplace--Country of ZZ (Not U.S. or Canada, country unknown)

Country code table (CNTRY_ST.DBF) has been updated:

Brunei - 'BND' changed to 'BRN'
 Czechoslovakia (former) - 'XCZ' changed to 'CSK'
 Slovakia - 'SWK' changed to 'SVK'
 Vanuatu - 'VLT' changed to 'VUT'
 Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

State codes 'XX' and 'YY' (instead of just 'YY') allowed with 'CSK' and 'YUG'

NAACCR v18

- Name changed from Birthplace--Country, State (NAACCR) to Birthplace--Country, Birthplace--State (NAACCR)

Birthplace--State (NAACCR)**Birthplace--State (NAACCR)**

Agency: NAACCR

Last changed: 11/28/2012

Edit Tag N1671*Description*

Birthplace--State must contain a valid ISO code or standard custom code for state.

Administrative Notes

New edit - added to NAACCR v13 metafile.

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Birthplace--State, Date of Diagnosis (NAACCR)

Agency: NAACCR

Last changed: 12/11/2012

Edit Tag N1693*Description*

This edit is skipped if either field is blank.

If year of Date of Diagnosis is 2013 or later, then Birthplace--State cannot be any of the following "historic" codes:

NN	New England and New Jersey
MM	Maritime Provinces
PP	Prairie Provinces
YN	Yukon and Northwest Territories

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF401

This edit differs from the COC edit of the same name in that it is skipped if either field is blank.

Bladder, RX Summ--Surg Prim Site 03-2022, BRM (COC)

Agency: COC

Last changed: 07/09/2022 21:30:34

Edit Tag N0646*Description*

This edit is skipped if either RX Summ--Surg Prim Site 03-2022 or RX Summ--BRM is empty.

This edit is skipped if DX Date > 2022, blank (unknown), or invalid

Bladder, RX Summ--Surg Prim Site 2023, BRM (COC)

If Primary Site = C670-C679 (bladder) and RX Summ--Surg Prim Site 03-2022 = 16, then RX Summ--BRM must = 01.

Administrative Notes

Modifications:

NACR111

12/11/06

The edit was updated so that it will be skipped if either RX Summ--Surg Prim Site or RX Summ--BRM is empty.

NAACCR v23

- Description, logic updated, edit skipped if dx date > 2022
- Logic updated, INLIST replaced with AT
- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022
- Name changed from Bladder, RX Summ--Surg Prim Site, BRM (COC)

Bladder, RX Summ--Surg Prim Site 2023, BRM (COC)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6747

Description

This edit is skipped if either RX Summ--Surg Prim Site 2023 or RX Summ--BRM is empty.

This edit is skipped if DX Date <2023, blank (unknown), or invalid

This edit is skipped if Type of Reporting Source = 7 (death certificate only)

If Primary Site = C670-C679 (bladder) and RX Summ--Surg Prim Site 2023 = A160, then RX Summ--BRM must = 01.

Administrative Notes

New edit - NAACCR v23 metafile

Bone Invasion, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2697

Bone Invasion, Schema ID, Required (NAACCR)**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Bone Invasion code or blank:
 - 0: Bone invasion not present/not identified on imaging
 - 1: Bone invasion present/identified on imaging
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
 - Bone Invasion not assessed or unknown if assessed

Another edit, Bone Invasion, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Bone Invasion, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2875

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Bone Invasion is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

- 00400: Soft Tissue Sarcoma of the Head and Neck
- 00410: Soft Tissue Sarcoma of the Trunk and Extremities
- 00421: Soft Tissue Sarcoma of the Abdomen and Thorax
- 00422: Heart, Mediastinum, Pleura
- 00440: Soft Tissue Sarcoma of the Retroperitoneum
- 00450: Soft Tissue Sarcoma Unusual Histologies and Sites
- 00459: Soft Tissue Sarcoma of Other Sites

BRAF Mutational Analysis, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v22**

- Description, logic updated, 00450 changed to Soft Tissue Rare, 00459 Soft Tissue Other added

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

BRAF Mutational Analysis, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/13/2021 22:22:28

Edit Tag N6235

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2021 diagnoses.
2. Must be a valid BRAF Mutational Analysis code or blank:

```

0: Normal
   BRAF negative, BRAF wild type
   Negative for (somatic) mutations, no alterations, no mutations (somatic)
     identified, not present, not detected
1:   Abnormal (mutated)/detected: BRAF V600E (c.1799T>A) mutation
2:   Abnormal (mutated)/detected, but not BRAF V600E (c.1799T>A) mutation
4:   Abnormal (mutated), NOS
7:   Test ordered, results not in chart
8:   Not applicable: Information not collected for this case
9: Not documented in medical record
   BRAF not assessed or unknown if assessed
Blank: Diagnosis year prior to 2021

```

Another edit, BRAF Mutational Analysis, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

BRAF Mutational Analysis, Schema ID, Required (NAACCR)***Administrative Notes***

New edit - NAACCR v21 metafile

Modification

NAACCR v22

- Description updated, Blank added as code

BRAF Mutational Analysis, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 06/13/2020 17:33:33

Edit Tag N6236

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2021, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that BRAF Mutational Analysis is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00200: Colon and Rectum

Administrative Notes

New edit - NAACCR v21 metafile

Brain Molecular Markers, Date DX (NAACCR)

Brain Molecular Markers, Date DX (NAACCR)

Agency: NAACCR

Last changed: 06/07/2022 13:50:14

*Edit Tag N2938***Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Brain Molecular Markers code or blank:

01: Diffuse astrocytoma, IDH-mutant (9400/3)
 02: Diffuse astrocytoma, IDH-wildtype (9400/3)
 03: Anaplastic astrocytoma, IDH-mutant (9401/3)
 04: Anaplastic astrocytoma, IDH-wildtype (9401/3)
 05: Glioblastoma, IDH-wildtype (9440/3)
 06: Oligodendroglioma, IDH-mutant and 1p/19q co-deleted (9450/3)
 07: Anaplastic oligodendroglioma, IDH-mutant and 1p/19q co-deleted (9451/3)
 08: Medulloblastoma, SHH-activated and TP53-wildtype (9471/3)
 09: Embryonal tumor with multilayered rosettes, C19MC-altered (9478/3)
 85: Not applicable: Histology not 9400/3, 9401/3, 9440/3, 9450/3, 9451/3, 9471/3, 9478/3
 86: Benign or borderline tumor
 87: Test ordered, results not in chart
 88: Not applicable: Information not collected for this case
 99: Not documented in medical record
 No microscopic confirmation
 Brain Molecular Markers not assessed or unknown if assessed

Administrative Notes

New edit - NAACCR v18 metafile

NAACCR v21

- Logic modified, "dd" added to INLIST statement

Brain Molecular Markers, Diagnostic Confirmation (NAACCR)

Agency: NAACCR

Last changed: 02/04/2023 10:43:43

*Edit Tag N6808***Description**

This edit verifies that the brain molecular marker SSDI is coded consistently with Diagnostic Confirmation.

1. The edit is skipped for the following conditions:
 - a. Diagnosis date is before 2022, blank (unknown), or invalid.

Brain Molecular Markers, Morphology ICD-O-3 (NAACCR)

- b. Diagnostic Confirmation is blank
- c. Histologic Type ICD-O-3 or Behavior Code ICD-O-3 is blank
- d. Schema ID not = 00721, 00722, 09721, 09722, 09724
- e. Behavior Code ICD-O-3 is 0, 1, or 2
- f. Brain Molecular Markers is blank or 88 (not applicable).
- g. Type of Reporting Source = 7 (Death Certificate Only)

2. The edit verifies that if Diagnostic Confirmation = 5-9 (not microscopically confirmed),
Brain Molecular Markers must = 99

Administrative Notes

New edit - NAACCR v23 metafile

Modifications

NAACCR v23A

- Description corrected, 1e, "not" removed
- Description corrected, subheadings under 1 corrected
- Description corrected, skip added for blank Histologic Type ICD-O-3 or blank Behavior Code ICD-O-3

Brain Molecular Markers, Morphology ICD-O-3 (NAACCR)

Agency: NAACCR

Last changed: 05/20/2022 21:17:10

Edit Tag N3032

Description

This edit verifies that the brain molecular marker SSDI is coded consistently with Histologic Type ICD-O-3 and Behavior Code ICD-O-3.

1. The edit is skipped for the following conditions:
 - a. Diagnosis date is before 2018, blank (unknown), or invalid.
 - b. Histologic Type ICD-O-3 or Behavior Code ICD-O-3 is blank.
 - c. Schema ID not = 00721, 00722, 09721, 09722, or 09724
 - d. Brain Molecular Markers is blank or 88 (not applicable).
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. The edit verifies that if Brain Molecular Markers is coded as shown, Histologic Type ICD-O-3 and Behavior Code ICD-O-3 are also coded as shown in the following list.
 - 01: Diffuse astrocytoma, IDH-mutant (9400/3)
 - 02: Diffuse astrocytoma, IDH-wildtype (9400/3)
 - 03: Anaplastic astrocytoma, IDH-mutant (9401/3)
 - 04: Anaplastic astrocytoma, IDH-wildtype (9401/3)

Brain Molecular Markers, Schema ID, Required (NAACCR)

- 05: Glioblastoma, IDH-wildtype (9440/3)
- 06: Oligodendroglioma, IDH-mutant and 1p/19q co-deleted (9450/3)
- 07: Anaplastic oligodendroglioma, IDH-mutant and 1p/19q co-deleted (9451/3)
- 08: Medulloblastoma, SHH-activated and TP53-wildtype (9471/3)
- 09: Embryonal tumor with multilayered rosettes, C19MC-altered (9478/3)
- 85: Not applicable: Histology not 9400/3, 9401/3, 9440/3, 9450/3, 9451/3, 9471/3, 9478/3

3. If Brain Molecular Markers is coded 86 (Benign or borderline tumor), Behavior Code ICD-O-3 must = 0 (benign) or 1 (borderline).
If Behavior Code ICD-O-3 = 0 or 1, Brain Molecular Markers must = 86.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, edit skipped for Type of Reporting Source = 7

NAACCR v23

- Description, logic updated, grouped data items Morph Type&Behav ICD-O-3 separated into component data items, Histologic Type ICD-O-3, and Behavior

Code ICD-O-3

- Name changed from Brain Molecular Markers, Morph--Type&BehavICD-O-3 (NAACCR).

- Description, logic updated, 09721, 09722, 09724 added to list of schemas checked in edit

Brain Molecular Markers, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 07/29/2022 14:23:23

Edit Tag N3022**Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Brain Molecular Markers is not "88" and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

- 00721: Brain [8th: 2018-2022]
- 09721: Brain [V9: 2023+]
- 00722: CNS Other [8th: 2018-2022]
- 09722: CNS Other [V9: 2023+]

Brain Molecular Markers, Summary Stage 2018 (NAACCR)

09724: Medulloblastoma [V9: 2023+]

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v23

- Description, logic updated, 09721, 09722, 09724 added to schemas checked in edit

- Description updated, 00721 and 00722 identified as 8th: 2018-2022, 09721, 09722, and 09724 added as V9: 2023+

Brain Molecular Markers, Summary Stage 2018 (NAACCR)**Agency: NAACCR****Last changed: 05/20/2022 21:21:34*****Edit Tag N5041******Description***

This edit verifies that the Brain Molecular Markers SSDI is coded consistently with Summary Stage 2018.

1. The edit is skipped for the following conditions:
 - a. Diagnosis date is before 2019, blank (unknown), or invalid.
 - b. Schema ID not = 00721, 00722, 09721, 09722, 09724
 - c. Brain Molecular Markers is blank or 88 (not applicable).
 - d. Summary Stage 2018 is blank
 - e. Type of Reporting Source = 7 (death certificate only)
2. The edit verifies that if Brain Molecular Markers is coded 86 (Benign or borderline tumor), Summary Stage 2018 = 8.
3. If Summary Stage 2018 = 8, Brain Molecular Markers must = 86 (Benign or borderline) or 99 (no microscopic confirmation).

Brain Molecular Markers, Version 9 (NAACCR)***Administrative Notes***

New edit - NAACCR v18C metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for type of reporting source = 7 (DCO)

NAACCR v23

- Description, logic updated, 09721, 09722, 09724 added to schemas checked in edit

Brain Molecular Markers, Version 9 (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6847

Description

This edit verifies that the brain molecular marker SSDI is coded consistently with Brain Schema ID for Version 9.

1. The edit is skipped for the following conditions:
 - a. Diagnosis date is before 2023, blank (unknown), or invalid.
 - b. Histologic Type ICD-O-3 or Behavior Code ICD-O-3 is blank.
 - c. Schema ID not = 09721 or 09724
 - d. Brain Molecular Markers is blank or 88 (not applicable).
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. The edit verifies that if Brain Molecular Markers is coded 08 or 09, Schema ID is 09724
 - 08: Medulloblastoma, SHH-activated and TP53-wildtype (9471/3)
 - 09: Embryonal tumor with multilayered rosettes, C19MC-altered (9478/3)
3. The edit verifies that if Brain Molecular Markers is coded 01-07, Schema ID is not 09724

Administrative Notes

New edit - NAACCR v23 metafile

Breslow Tumor Thickness, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/21/2022 16:00:17

Edit Tag N2655

Breslow Tumor Thickness, Melanoma, Behavior (NAACCR)**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Breslow Tumor Thickness code or blank:

0.0: No mass/tumor found

0.1: Greater than 0.0 and less than or equal to 0.1 millimeter

0.2-99.9: 0.2-99.9 millimeters

XX.1: 100 millimeters or larger

A0.1-A9.9: Stated as "at least" some measured value of 0.1 to 9.9

AX.0: Stated as greater than 9.9 mm

XX.8: Not applicable: Information not collected for this schema

XX.9: Not documented in medical record

Microinvasion; microscopic focus or foci only and no depth given

Cannot be determined by the pathologist

Non-invasive neoplasm (behavior /2)

Breslow Tumor Thickness not assessed or unknown if assessed

3. Code must contain decimal point with at least one character before and one character after decimal point.

Another edit, Breslow Tumor Thickness, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter. This data item is required for EOD Derived Stage Group.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22**

- Description, logic updated, leading/trailing blanks trimmed on input value; decimal check modified

NAACCR v23

- Description updated for code XX.9

Breslow Tumor Thickness, Melanoma, Behavior (NAACCR)

Agency: NAACCR

Last changed: 05/21/2022 11:02:26

Edit Tag N3033

Description

This edit verifies that Breslow Tumor Thickness SSDI for Melanoma of Skin is coded consistently with Behavior Code ICD-O-3.

Breslow Tumor Thickness, Melanoma, Summary Stage 2018 (NAACCR)

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2018, blank (unknown), or invalid.
 - b. Schema ID is not 00470
 - c. Breslow Tumor Thickness is blank or XX.8 (not applicable)
2. The edit verifies that if Behavior Code ICD-O-3 = 2, Breslow Tumor Thickness = "XX.9" (non-invasive neoplasm, behavior /2).

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v23

- Description for code XX.9 updated

Breslow Tumor Thickness, Melanoma, Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 12/18/2021 12:34:01

Edit Tag N5042

Description

This edit verifies that the Breslow Tumor Thickness SSDI is coded consistently Summary Stage 2018.

1. The edit is skipped for the following conditions:
 - a. Diagnosis date is before 2019, blank (unknown), or invalid.
 - b. Schema ID not = 00470
 - c. Breslow Tumor Thickness is blank or XX.8 (not applicable).
 - d. Summary Stage 2018 is blank
 - e. Type of Reporting Source = 7 (death certificate only)
2. The edit verifies that if Summary Stage 2018 = 0, Breslow Tumor Thickness must = XX.9 (In situ melanoma).

Breslow Tumor Thickness, Schema ID, Required (NAACCR)***Administrative Notes***

New edit - NAACCR v18C metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for type of reporting source = 7 (DCO)

Breslow Tumor Thickness, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/12/2021 23:10:55

Edit Tag N2855

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Breslow Tumor Thickness is not "XX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

This data item is required for EOD Derived Stage Group.

Required for Schema ID:

00470: Melanoma of Skin

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Logic updated, format changed to match similar edits

CA 19-9 PreTX Lab Value, Date DX (NAACCR)

CA 19-9 PreTX Lab Value, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/16/2021 00:30:29

*Edit Tag N6239***Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2021 diagnoses
2. Must be a valid CA 19-9 PreTX Lab Value code or blank:

0.0: 0.0 Units/milliliter (U/ml) exactly

0.1-9999.9: 0.1-9999.9 U/ml

(Exact value to nearest tenth in U/ml)

XXXX.1: 10,000 U/ml or greater

XXXX.2: Lab value not available, physician states CA 19-9 is negative/normal

XXXX.3: Lab value ont available, physician states CA 19-9 is positive/elevated/high

XXXX.7: Test ordered, results not in chart

XXXX.8: Not applicable: Information not collected for this case

XXXX.9: Not documented in medical record

CA19-9 PreTX Lab Value not assessed or unknown if assessed

Blank: Diagnosis year is prior to 2021

3. Code must contain decimal point with at least one character before and one character after decimal point.

Another edit, CA19-9 PreTX Lab Value, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v22

- Description, logic updated, leading/trailing blanks trimmed on input value; decimal check modified
- Description, logic updated, XXXX.2, XXXX.3 added as valid codes
- Description update, Blank added as code

CA 19-9 PreTX Lab Value, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 06/27/2020 21:00:34

Edit Tag N6240

CA-125 Pretreatment Interpretation, Date DX (NAACCR)**Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2021, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that CA 19-9 PreTX Lab Value is not "XXXX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00280: Pancreas

Administrative Notes

New edit - NAACCR v21 metafile

CA-125 Pretreatment Interpretation, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2644

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid CA-125 Pretreatment Interpretation code or blank:
 - 0: Negative/normal; within normal limits
 - 1: Positive/elevated
 - 2: Stated as borderline; undetermined whether positive or negative
 - 7: Test done, results not in chart
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record

CA-125 Pretreatment Interpretation not assessed or unknown if assessed

Another edit, CA-125 Pretreatment Interpretation (NAACCR), Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

CA-125 Pretreatment Interpretation, Schema ID, Required (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

CA-125 Pretreatment Interpretation, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2943

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

2. This edit verifies that CA-125 Pretreatment Interpretation is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00551: Ovary
00552: Primary Peritoneal Carcinoma
00553: Fallopian Tube

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

Cancer Status (NAACCR)

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Cancer Status (NAACCR)

Agency: NAACCR

Last changed: 01/10/2021 16:15:13

*Edit Tag N1228***Description**

Must be a valid Cancer Status code (1,2,9) or blank.

1 No evidence of this tumor
 2 Evidence of this tumor
 9 Unknown, indeterminate whether this tumor is present, not stated in patient record

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

Modifications

NAACCR v21B

- Description updated, definitions of codes added

Casefinding Source (NAACCR)

Agency: NAACCR

Last changed: 04/11/2007

*Edit Tag N0742***Description**

Must be a valid code (10, 20-30, 40, 50, 60, 70, 75, 80, 85, 90, 95, 99) or blank.

Administrative Notes

Modifications:

NACR110B

Deleted information in description regarding when data item is required.

Casefinding Source, Date of DX (GCCS)

Agency: GCCS

Last changed: 02/02/2010

CEA Pretreatment Interpretation, Date DX (NAACCR)*Edit Tag GA007***Description**

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2005, then Casefinding Source cannot be blank.

CEA Pretreatment Interpretation, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag N2691***Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid CEA Pretreatment Interpretation code or blank:
 - 0: CEA negative/normal; within normal limits
 - 1: CEA positive/elevated
 - 2: Borderline
 - 3: Undetermined if positive or negative (normal values not available)
AND no MD interpretation
 - 7: Test ordered, results not in chart
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
CEA Pretreatment Interpretation not assessed or unknown if assessed

Another edit, CEA Pretreatment Interpretation, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

CEA Pretreatment Interpretation, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

*Edit Tag N2998***Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)

CEA Pretreatment Lab Value, Date DX (NAACCR)

d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)

e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

- This edit verifies that CEA Pretreatment Interpretation is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00190: Appendix [8th: 2018-2022]

09190: Appendix [V9: 2023+]

00200: Colon and Rectum

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, SSDI required for Schema ID 00190 for 2018-2022; SSDI required for Schema ID 09190 for 2023+

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

CEA Pretreatment Lab Value, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/16/2021 00:30:46

Edit Tag N2649

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

- This data item must be blank for pre-2018 diagnoses
- Must be a valid CEA Pretreatment Lab Value code or blank:

CEA Pretreatment Lab Value, Schema ID, Required (NAACCR)

0.0: 0.0 nanograms/milliliter (ng/ml) exactly
 0.1-9999.9: 0.1-9999.9 ng/ml
 (Exact value to nearest tenth in ng/ml)
 XXXX.1: 10,000 ng/ml or greater
 XXXX.7: Test ordered, results not in chart
 XXXX.8: Not applicable: Information not collected for this case
 XXXX.9: Not documented in medical record
 CEA Pretreatment Lab Value not assessed or unknown if assessed

3. Code must contain decimal point with at least one character before and one character after decimal point.

Another edit, CEA Pretreatment Lab Value, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description, logic updated, leading/trailing blanks trimmed on input value; decimal check modified

CEA Pretreatment Lab Value, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N2999

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that CEA Pretreatment Lab Value is not "XXXX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00190: Appendix [8th: 2018-2022]
 09190: Appendix [V9: 2023+}
 00200: Colon and Rectum

Chromosome 19q: Loss of Heterozygosity (LOH), Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, SSDI required for Schema ID 00190 for 2018-2022; SSDI required for Schema ID 09190 for 2023+

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Chromosome 19q: Loss of Heterozygosity (LOH), Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2623

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Chromosome 19q: Loss of Heterozygosity (LOH) code or blank:

- 0: Chromosome 19q deletion/LOH not identified/not present
- 1: Chromosome 19q deletion/LOH present
- 6: Benign or borderline tumor
- 7: Test ordered, results not in chart
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
Cannot be determined by the pathologist.
Chromosome 19q: Loss of Heterozygosity (LOH) not assessed or unknown if assessed

Another edit, Chromosome 19q: Loss of Heterozygosity (LOH) (NAACCR), Schema ID,

Chromosome 19q: Loss of Heterozygosity (LOH), Schema ID, Required (NAACCR)

Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Chromosome 19q: Loss of Heterozygosity (LOH), Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 03/01/2023 10:21:10

Edit Tag N2942

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Chromosome 19q: Loss of Heterozygosity (LOH) is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00721: Brain [8th: 2018-2022]
09721: Brain [V9: 2023+]
00722: CNS Other [8th: 2018-2022]
09722: CNS Other [V9: 2023+]

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

Chromosome 1p: Loss of Heterozygosity (LOH), Date DX (NAACCR)

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021
 - Description, logic updated, 00721 and 00722 as identified as 8th: 2018-2022; 09721 and 09722 added as required, identified as V9: 2023+

NAACCR v23A

- Added year requirements to Schema IDs

Chromosome 1p: Loss of Heterozygosity (LOH), Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2622

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Chromosome 1p: Loss of Heterozygosity (LOH) code or blank:

0: Chromosome 1p deletion/LOH not identified/not present
 1: Chromosome 1p deletion/LOH identified/present
 6: Benign or borderline tumor
 7: Test ordered, results not in chart
 8: Not applicable: Information not collected for this case
 9: Not documented in medical record
 Cannot be determined by the pathologist
 Chromosome 1p: Loss of Heterozygosity (LOH) not assessed or unknown if assessed

Another edit, Chromosome 1p: Loss of Heterozygosity (LOH) Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Chromosome 1p: Loss of Heterozygosity (LOH), Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 03/01/2023 10:23:15

Chromosome 1p: Loss of Heterozygosity (LOH), Schema ID, Required (NAACCR)**Edit Tag N2941****Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Chromosome 1p: Loss of Heterozygosity (LOH) is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00721: Brain [8th: 2018-2022]
09721: Brain [V9: 2023+]
00722: CNS Other [8th: 2018-2022]
09722: CNS Other [V9: 2023+]

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021
- Description, logic updated, 00721 and 00722 as identified as 8th: 2018-2022; 09721 and 09722 added as required, identified as V9:
2023+

NAACCR v23A

- Added year requirements to Schema IDs

Chromosome 3 Status, Date DX (NAACCR)

Chromosome 3 Status, Date DX (NAACCR)

Agency: NAACCR

Last changed: 06/26/2019 14:37:51

Edit Tag N2665**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Chromosome 3 Status code or blank:

- 0: No loss of chromosome 3
 - 1: Partial loss of chromosome 3
 - 2: Complete loss of chromosome 3
 - 3: Loss of chromosome 3, NOS
 - 7: Test ordered, results not available
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
- Chromosome 3 Status not assessed or unknown if assessed

Another edit, Chromosome 3 Status, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Chromosome 3 Status, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3910**Description**

1. The edit is skipped for any of the following conditions:
- a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Chromosome 3 Status is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Chromosome 3 Status is not "8" (not applicable) and

Chromosome 8q Status, Date DX (NAACCR)

not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00671: Melanoma Uvea (Iris)

00672: Melanoma Uvea (Choroid and Ciliary Body)

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Chromosome 8q Status, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2666

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Chromosome 8q Status code or blank:

0: No gain in chromosome 8q

1: Gain in chromosome 8q

7: Test ordered, results not available

8: Not applicable: Information not collected for this case

9: Not documented in medical record

Chromosome 8q Status not assessed or unknown if assessed

Another edit, Chromosome 8q Status, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Chromosome 8q Status, Schema ID, Required, CoC Flag (SEER)***Administrative Notes***

New edit - NAACCR v18 metafile

Chromosome 8q Status, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3911

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Chromosome 8q Status is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Chromosome 8q Status is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00671: Melanoma Uvea (Iris)
00672: Melanoma Uvea (Choroid and Ciliary Body)

Administrative Notes

New edit - NAACCR v18 metafile

```
if(dx_year >= 2018 and dx_year <= 2022)
  if(INLIST ( #S"Registry ID","0000001565","dddddddddd"))
    return PASS;
```

Circumferential Resection Margin (CRM), Colon, Behavior ICDO3 (NAACCR)

```
if(dx_year >= 2018 and dx_year <= 2021)
  if(INLIST ( #S"Registry ID","0000001566","dddddddddd"))
    return PASS;
```

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Circumferential Resection Margin (CRM), Colon, Behavior ICDO3 (NAACCR)

Agency: NAACCR

Last changed: 07/27/2021 14:04:43

Edit Tag N6157

Description

This edit verifies that the Circumferential Resection Margin (CRM) SSDI is coded consistently with Behavior Code ICD-O-3, code 2, for Schema ID 00200, Colon and Rectum.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00200
 - c. Circumferential Resection Margin (CRM) is blank or XX.8 (not applicable)
 - d. Behavior Code ICD-O-3 is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Behavior Code ICD-O-3 = 2 (in situ)

the Circumferential Resection Margin (CRM) must = XX.9

Administrative Notes

New edit - NAACCR v21 metafile

Modifications**NAACCR v22**

- Logic corrected, "if (EMPTY(#S"Behavior Code ICD-O-3") or AT(#S"Behavior Code ICD-O-3","2")!=0)"changed to "if (EMPTY(#S"Behavior Code ICD-O-3") or AT(#S"Behavior Code ICD-O-3","2")==0)"

Circumferential Resection Margin (CRM), Colon, Surg Prim Site 03-2022, Margins (NAACCR)

Circumferential Resection Margin (CRM), Colon, Surg Prim Site 03-2022, Margins (NAACCR)

Agency: NAACCR

Last changed: 02/23/2023 21:21:42

Edit Tag N3034

Description

This edit verifies that the Circumferential Resection Margin (CRM) SSDI is coded consistently with RX Summ--Surg Prim Site 03-2022 and RX Summ--Surgical Margins.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019 or after 2022, blank (unknown), or invalid.
 - b. Schema ID is not 00200
 - c. Behavior Code = 2
 - d. Circumferential Resection Margin (CRM) is blank or XX.8 (not applicable).
2. If Primary Site = C180, C182-C189, C199,
If RX Summ--Surg Prim Site 03-2022 = 00 (no surgery of primary site),10-14 (local tumor destruction (no specimen sent to pathology), or 20-29 (local excision), then the Circumferential Resection Margin must be coded XX.7 (no resection of primary site).
3. If Primary Site = C209,
If RX Summ--Surg Prim Site 03-2022 = 00 (no surgery of primary site),10-14 (local tumor destruction (no specimen sent to pathology), or 20-26, 28 (local excision), then the Circumferential Resection Margin must be coded XX.7 (no resection of primary site).
4. If RX Summ--Surg Prim Site 03-2022 = 30-80 (surgery of primary site), Circumferential Resection Margin must not = XX.7 (no resection of primary site).
5. If the Circumferential Resection Margin is coded 0.0 (positive circumferential resection margin), then RX Summ--Surgical Margins must not be coded 0 (No residual tumor)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v18D

- Logic corrected, pass for RX Summ--Surg Prim Site = empty changed to pass for Circumferential

Circumferential Resection Margin (CRM), Colon, Surg Prim Site 2023/Margins (NAACCR)

Resection Margin (CRM) = empty or XX.8

NAACCR v21

- Description, logic updated, skip added for Behavior Code ICD-O-3 = /2
- Description, logic updated for C209, 27 removed from codes requiring XX.7

NAACCR v22B

- Logic corrected, TRIM-BOTH function added to Circumferential Resection Margin (CRM) to allow for 0.0 in data field without preceding space

NAACCR v23

- Description, logic updated, edit skipped for dx year > 2022
- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022
- Description, logic updated, range for colon in #2 changed from 20-28 to 20-29
- Description, logic updated, 27 added as surgery code for C209
- Name changed from Circumferential Resection Margin (CRM), Colon, Surg prim Site/Margins (NAACCR)

NAACCR v23A

- Description, logic updated, surgery code 27 for rectum removed as not allowing CRM = XX.7

Circumferential Resection Margin (CRM), Colon, Surg Prim Site 2023/Margins (NAACCR)

Agency: NAACCR

Last changed: 02/23/2023 21:23:49

*Edit Tag N6748***Description**

This edit verifies that the Circumferential Resection Margin (CRM) SSDI is coded consistently with RX Summ--Surg Prim Site 2023 and RX Summ--Surgical Margins.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2023, blank (unknown), or invalid.
 - b. Schema ID is not 00200
 - c. Behavior Code = 2
 - d. Circumferential Resection Margin (CRM) is blank or XX.8 (not applicable).
 - e. Type of Reporting Source = 7 (death certificate only)
2. If Primary Site = C180, C182-C189, C199,
If RX Summ--Surg Prim Site 2023 = A000 (no surgery of primary site),A100-A120 (local tumor destruction (no specimen sent to pathology), or A200-A290 (local excision),
then the Circumferential Resection Margin must be coded XX.7 (no resection of primary site).
3. If Primary Site = C209,
If RX Summ--Surg Prim Site 2023 = A000 (no surgery of primary site),A100-A120 (local

Circumferential Resection Margin (CRM), Date DX (NAACCR)

tumor destruction (no specimen sent to pathology), or A200-A260, A280 (local excision),

then the Circumferential Resection Margin must be coded XX.7 (no resection of primary site).

4. If RX Summ--Surg Prim Site 2023 = A300-A800 (surgery of primary site), then Circumferential Resection Margin must not = XX.7 (no resection of primary site).
5. If the Circumferential Resection Margin is coded 0.0 (positive circumferential resection margin), then RX Summ--Surgical Margins must not be coded 0 (No residual tumor)

Administrative Notes

New edit - NAACCR v23 metafile

Modifications

NAACCR v23A

- Description updated, numbers 3.3.4 changed to 3.4,5

- Logic updated, surgery code A270 for rectum removed as not allowing CRM = XX.7

Circumferential Resection Margin (CRM), Date DX (NAACCR)

Agency: NAACCR

Last changed: 08/27/2022 12:41:51

Edit Tag N2693

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Circumferential Resection Margin (CRM) code or blank:

0.0: Circumferential resection margin (CRM) positive
Margin IS involved with tumor

Described as "less than 0.1 millimeter (mm)"

0.1-99.9: Distance of tumor from margin: 0.1-99.9 millimeters (mm)
(Exact size to nearest tenth of millimeter)

XX.0: 100 mm or greater

XX.1: Margins clear, distance from tumor not stated

Circumferential or radial resection margin negative, NOS

No residual tumor identified on specimen

XX.2: Margins cannot be assessed

XX.3: Described as "at least" 1mm

XX.4: Described as "at least" 2mm

XX.5: Described as "at least" 3mm

Circumferential Resection Margin (CRM), Schema ID, Required (NAACCR)

XX.6: Described as "greater than" 3mm

XX.7: No resection of primary site

Surgical procedure did not remove enough tissue to measure the circumferential or radial resection margin

(Examples include: polypectomy only, endoscopic mucosal resection (EMR), excisional biopsy only, transanal disk excision)

XX.8: Not applicable: Information not collected for this case

XX.9: Not documented in medical record

Non-invasive neoplasm (behavior /2)

Circumferential Resection Margin (CRM) not assessed or unknown if

assessed

3. Code must contain decimal point with at least one character before and one character after decimal point.

Another edit, Circumferential Resection Margin (CRM), Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description, logic updated, leading/trailing blanks trimmed on input value; decimal check modified

NAACCR v23

- Description updated, code XX.9

Circumferential Resection Margin (CRM), Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2989

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Class of Case (GCCS)

2. This edit verifies that Circumferential Resection Margin (CRM) is not "XX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00200: Colon and Rectum

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Class of Case (GCCS)

Agency: GCCS

Last changed: 02/02/2010

Edit Tag GA008

Description

This field must contain a valid value for Class of Case (00, 10-14, 20-22, 30-38, 40-43, or 99).

Class of Case, RX (GCCS)

Agency: GCCS

Last changed: 09/12/2022 19:54:32

Edit Tag GA009

Description

This edit is skipped if diagnosis date blank (unknown) or invalid.

Class of Case must not = 32 (diagnosis and all first course treatment provided elsewhere and patient presents at reporting facility with disease

Clinical Margin Width, Date DX (NAACCR)

recurrence or persistence) or 33 (diagnosis and all first course treatment provided elsewhere and patient presents at reporting facility with disease history only) if any of the following is true patient was given first course of treatment by the facility or unknown):

RX Hosp--Surg Prim Site 03-2022 = 10-90, 99
 RX Hosp--Surg Prim Site 2023 = A100-A900, A990, B100-B900,B990
 RX Hosp--Surg Oth Reg/Dis = 1-5, 9
 RX Hosp--BRM = 01, 99
 RX Hosp--Chemo = 01-03, 99
 RX Hosp--Hormone = 01, 99
 RX Hosp--Other = 1 or 2, 9

Clinical Margin Width, Date DX (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

*Edit Tag N6734***Description**

The edit is skipped if Date of Diagnosis is blank (unknown), invalid.

1. This data item must be blank for pre-2023 diagnoses.

2. Must be a valid Clinical Margin Width code or blank:

0.1: Documented as 0.1 centimeter or less (1mm or less)

0.2-9.9: 0.2-9.9 centimeters

XX.1: 10 centimeters or greater

XX.8: Not applicable: Information not collected for this schema

XX.9: Not documented in medical record

No wide excision performed

Mohs or similar procedure

Wide excision performed, but clinical margin width not documented.

No surgical resection performed (B000)

Unknown if procedure performed

Blank N/A-Diagnosis year prior to 2023

3. Code must contain decimal point with at least one character before and one character after decimal point.

Another edit, Clinical Margin Width, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v23 metafile

Clinical Margin Width, Schema ID, Required (NAACCR)

Clinical Margin Width, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6735

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2023, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Clinical Margin Width is not "XX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00470 Melanoma of Skin

Administrative Notes

New edit - NAACCR v23 metafile

Clinical Margin Width, Surg Prim Site 2023 (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6736

Description

This edit verifies consistency of coding between Clinical Margin Width SSDI and RX Summ--Surg Prim Site 2023.

This edit is skipped for any of the following conditions:

1. Diagnosis date blank (unknown), invalid, or before 2023.
2. Schema ID is not 00470.
3. Clinical Margin Width is blank
4. RX Summ--Surg Prim Site 2023 is blank.
5. Type of Reporting Source = 7 (Death Certificate Only)

A. If RX Summ--Surg Prim Site 2023 = B000-B320, B600, B900, or B990 (no surgery, surgery

CoC Accredited Flag (NPCR)

other than wide excision, or unknown), Clinical Margin Width must = XX.9.

- B. If Clinical Margin Width = 0.1-9.9 or XX.1,
RX Summ--Surg Prim Site 2023 must = B500-B540 (wide excision)

Administrative Notes

New edit - NAACCR v23 metafile

CoC Accredited Flag (NPCR)

Agency: NPCR

Last changed: 05/07/2019 21:08:43

Edit Tag N2810

Description

Must be a valid CoC Accredited Flag:

- 0: Abstract prepared at facility WITHOUT CoC accreditation of its cancer program
- 1: ANALYTIC abstract prepared at facility WITH CoC accreditation of its cancer program (includes Class of Case codes 10-22)
- 2: NON-ANALYTIC abstract prepared at facility WITH CoC accreditation of its cancer program (includes Class of Case codes 30-43 and 99, plus code 00 which CoC considers analytic but does not require to be staged)
- blank: Not applicable; DCO

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v18D

- Description modified, 20-43 in number 2 changed to 30-43

CoC Accredited Flag, Date DX, Type Report Source (NAACCR)

Agency: NAACCR

Last changed: 07/20/2019 19:11:11

Edit Tag N2811

Description

1. This edit is skipped for Date of diagnosis before 2018, blank (unknown), or invalid.
2. This data item must not be blank for 2018+ date of diagnosis if Type of Reporting Source not = 7.
3. CoC Accredited Flag must be blank for DCO cases, Type of Reporting Source = 7.

County at DX Reported (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v18C**

- Description, edit logic updated to require CoC Accredited Flag for 2019+ diagnoses if Type of Reporting Source not = 7.

NAACCR v18D

- Description updated to edit starting with 2018 diagnosis date. (Logic not updated in v18C). Error message updated correspondingly.

County at DX Reported (NAACCR)

Agency: NAACCR

Last changed: 06/27/2020 15:23:43

***Edit Tag* N0354**

Description

County at DX must be three-digit number.

Administrative Notes

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Modifications**NAACCR v18**

- Item name County at DX updated to County at DX Reported in edit name and logic

County at DX Reported, Addr at DX--State (NAACCR)

Agency: NAACCR

Last changed: 01/09/2018 21:24:24

***Edit Tag* N0368**

Description

This edit is skipped if any of the fields are blank.

This edit is skipped if Addr at DX--State equals CD (Resident of Canada, NOS, and province,

Creatinine Pretreatment Lab Value, Date DX (NAACCR)

territory, commonwealth or possession is unknown), US (Resident of United States, NOS, and state, territory, commonwealth or possession is unknown), XX (Country Known, Not US, Not Canada), YY (Country Unknown, Not US, Not Canada), or ZZ (Residence unknown).

This edit is skipped if Addr at DX--State indicates a Canadian province (AB, BC, MB, NB, NL, NT, NS, NU, ON, PE, QC, SK, YT) .

This edit is skipped if Addr at DX--State is AA (APO/FPO for Armed Services the Americas), AE (APO/FPO for Armed Services Europe), or AP (APO/FPO for Armed Services Pacific).

This edit verifies that the County at DX Reported code is valid for the Addr at DX--State.

Administrative Notes**Modifications:****NACR110B**

Updated to include the new state codes of CD (Resident of Canada, NOS) and US (Resident of United States, NOS) in list of codes for which edit is skipped.

NACR111:

11/08/06

Corrected a typo.

NAACCR v13A

State/county table (CNTYALL.dbf) updated: five codes were added for AK: 105, 195, 198, 230, 275

NAACCR v15A

State/county table (CNTYALL.dbf) updated: code 158 (Kusilvak) added for Alaska

NAACCR v18

- Item name County at DX updated to County at DX Reported in Edit Name, Description, and Logic

Creatinine Pretreatment Lab Value, Date DX (NAACCR)**Agency: NAACCR****Last changed: 07/15/2021 22:15:06*****Edit Tag* N2651*****Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses

2. Must be a valid Creatinine Pretreatment Lab Value code or blank:

Creatinine Pretreatment Lab Value, Schema ID, Required, CoC Flag (SEER)

0.0: 0.0 milligram/deciliter (mg/dl)
 0.0 micromole/liter (umol/L)
 0.1-99.9: 0.1-99.9 milligram/deciliter (mg/dl)
 0.1-99.9 micromole/liter (umol/L)
 (Exact value to nearest tenth of mg/dl or umol/L)
 XX.1: 100 mg/dl or greater
 100 umol/L or greater
 XX.7: Test ordered, results not in chart
 XX.8: Not applicable: Information not collected for this case
 XX.9: Not documented in medical record
 Creatinine Pretreatment Lab Value not assessed or unknown if assessed

3. Code must contain decimal point with at least one character before and one character after decimal point.

Another edit, Creatinine Pretreatment Lab Value, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description, logic updated, leading/trailing blanks trimmed on input value; decimal check modified

Creatinine Pretreatment Lab Value, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3912

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Creatinine Pretreatment Lab Value is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

Creatinine Pretreatment Lab, Unit of Measure, Liver (NAACCR)

2. This edit verifies that Creatinine Pretreatment Lab Value is not "XX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00220: Liver

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Creatinine Pretreatment Lab, Unit of Measure, Liver (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6820

Description

This edit verifies that Creatinine Pretreatment Lab Value and Creatinine Pretreatment Unit of Measure SSDIs are coded consistently with each other

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2023, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00220.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Creatinine Pretreatment Lab Value or Creatinine Pretreatment Unit of Measure
is blank or not applicable

2. If Creatinine Pretreatment Lab Value = XX.7 (test ordered, results not in chart)

Creatinine Pretreatment Unit of Measure, Date DX (NAACCR)

Creatinine Pretreatment Unit of Measure must = 7 (test ordered, results not in chart)

5. If Creatinine Pretreatment Lab Value = XX.9 (not assessed or unknown)
Creatinine Pretreatment Unit of Measure must = 9 (not assessed or unknown)

Administrative Notes

New edit - NAACCR v23 metafile

Creatinine Pretreatment Unit of Measure, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2721

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid Creatinine Pretreatment Unit of Measure code or blank:

- 1: Milligrams/deciliter (mg/dl)
- 2: Micromoles/liter (umol/l)
- 7: Test ordered, results not in chart
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record

Creatinine Pretreatment Unit of Measure not assessed or unknown if assessed

Another edit, Creatinine Pretreatment Unit of Measure, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Creatinine Pretreatment Unit of Measure, Schema ID, Required, CoC Flag (SEER)

Creatinine Pretreatment Unit of Measure, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N4933

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Creatinine Pretreatment Unit of Measure is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoCAccredited Flag = 1).

2. This edit verifies that Creatinine Pretreatment Unit of Measure is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00220: Liver

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

CS Eval Items, Class of Case (CS)

CS Eval Items, Class of Case (CS)

Agency: CS

Last changed: 05/26/2018 14:50:09

*Edit Tag N0907***Description**

This edit is skipped if any of the following conditions is true:

1. Class of Case is empty
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid
4. Year of diagnosis is > 2017, blank (unknown), or invalid

If CS Tumor Size/Ext Eval, CS Lymph Nodes Eval, or CS Mets Eval = 8 (evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy)), then Class of Case must = 38 (diagnosed at autopsy).

Administrative Notes

Modifications:

NAACCR v11.2
8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

NAACCR v12.0

- Edit modified to use Class of Case code 38 instead 5 when checking for autopsy only cases.
- Edit modified to get schema name from function call to CS dll.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Description, logic updated to skip if diagnosis year > 2017, blank, or invalid

CS Eval Items, Type of Reporting Source (CS)

Agency: CS

Last changed: 08/12/2018 15:45:19

*Edit Tag N0908***Description**

This edit is skipped if any of the following conditions is true:

1. Type of Reporting Source is blank

CS Eval Items, Vital Status (CS)

2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid
4. Year of diagnosis > 2017, blank (unknown), or invalid

If CS Tumor Size/Ext Eval, CS Lymph Nodes Eval, or CS Mets Eval = 8 (evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy)), then Type of Reporting Source must = 6 (autopsy only).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF193

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Edit modified to get schema name from function call to CS dll.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Added skip for diagnosis year > 2017, blank, or invalid

CS Eval Items, Vital Status (CS)

Agency: CS

Last changed: 05/26/2018 14:54:04

Edit Tag N0906

Description

This edit is skipped if any of the following conditions is true:

1. Vital Status is empty
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

CS Eval Items, Vital Status (CS)

3. CS schema is invalid
4. Year of diagnosis is > 2017, blank (unknown), or invalid

Vital Status must = 0 (dead) for the following conditions:

1. For all schemas: if CS Tumor Size/Ext Eval, CS Lymph Nodes Eval, or CS Mets Eval = 8 (evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy))
2. For cases using the Prostate schema
 - If CS Tumor Size/Ext Eval = 3 [No surgical resection done, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy)]
 - For all other schemas:
 - If CS Tumor Size/Ext Eval = 2 [No surgical resection done, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy)]

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF194

Modifications:

NAACCR v11.2
8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

NAACCR v11.3
6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.
- Logic was added to verify that if prostate schema is used and CS Tumor Size/Ext Eval = 3 OR, for all other schemas, if CS Tumor Size/Ext Eval = 2, then Vital Status must = 0 or 4.

NAACCR v12.0

- Edit modified to get schema name from function call to CS dll.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Description, logic modified to only include code 0 for vital status of dead (4 removed)
- Added skip for diagnosis year > 2017, blank, or invalid

CS Ext, Histol ICDO3, Breast Schema (CS)

CS Ext, Histol ICDO3, Breast Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N0944

Description

This edit is skipped if any of the following conditions is true:

1. CS Extension is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Breast:

If Histology ICD-O-3 is coded as inflammatory carcinoma (8530),
CS Extension must be coded as 710, 715, 725, 730, or 750.

Notes:

CS Extension 710 =

OBSOLETE DATA RETAINED V0200

Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving not more than 50% of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration.

Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving not more than one-third (33%) of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration

CS Extension 715 =

Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving not more than one-third (33%) of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration

CS Extension 720 =

OBSOLETE - Should have been converted prior to implementing CSv2.

Diagnosis of inflammatory WITH a clinical diagnosis of inflammation, erythema, edema, peau d'orange, etc., of not more than 50% of the breast, WITH or WITHOUT dermal lymphatic infiltration.

Inflammatory carcinoma, NOS.

See code 710.

CS Extension 725 =

Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving one-third (33%) or more but less than half (50%) of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration.

CS Extension 730 =

Diagnosis of inflammatory carcinoma

WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving more than 50% of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration.

CS Ext, LN, Mets at DX, SSF 1, Retinoblastoma (CS)

CS Extension 750 =

Diagnosis of inflammatory carcinoma

WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., but percent of involvement not stated,

WITH or WITHOUT dermal lymphatic infiltration. If percentage is known, code to 715, 725, or 730.

Diagnosis of inflammatory carcinoma WITHOUT a clinical description of inflammation, erythema, edema, peau d'orange, etc., WITH or WITHOUT dermal lymphatic infiltration.

Inflammatory carcinoma, NOS

Administrative Notes

New edit - added to NAACCR v11.3 metafile.

In the SEER*Edits software, the title of this edit is: IF197

Modifications:

NAACCR v12.0

- Edit modified to get schema name from function call to CS dll.

- Edit was modified to check CS Extension codes (per CSv2) of 710, 715, 725, 730, 750 for inflammatory carcinoma instead of CSv1.04 codes of 71, 72, and 73.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Ext, LN, Mets at DX, SSF 1, Retinoblastoma (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1433

Description

This edit is skipped if any of the following conditions is true:

1. CS Extension, CS Lymph Nodes, CS Mets at DX, or CS Site-Specific Factor 1 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema = Retinoblastoma:

1. If CS Extension = 950 (no evidence of primary tumor), then at least one of the following fields must show that tumor is present; that is, at least one of the following must be true:

CS Site-Specific Factor 1 must = 300-810, or 999

CS Lymph Nodes must = 100-800

CS Mets at DX must = 10-80

CS Ext, LN, Mets at DX, SSF 3, Prostate (CS)

2. If CS Site-Specific Factor 1 = 950 (no evidence of primary tumor), then at least one of the following fields must show that tumor is present; that is, at least one of the following must be true:

- CS Extension must = 110-800
- CS Lymph Nodes must = 100-800
- CS Mets at DX must = 10-80

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF349

Modifications

NAACCR v13A

Added SEER IF number (IF349)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Ext, LN, Mets at DX, SSF 3, Prostate (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1432

Description

This edit is skipped if any of the following conditions is true:

1. CS Extension, CS Lymph Nodes, CS Mets at DX, or CS Site-Specific Factor 3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema = Prostate:

1. If CS Extension = 950 (no evidence of primary tumor), then at least one of the following fields must show that tumor is present; that is, at least one of the following must be true:

- CS Site-Specific Factor 3 must = 000, 200-750, 990
- CS Lymph Nodes must = 100-800
- CS Mets at DX must = 11-60

2. If CS Site-Specific Factor 3 = 950 (no evidence of primary tumor), then at least one of the following fields must show that tumor is present; that is, at least one of the following must be true:

- CS Extension must = 000-750
- CS Lymph Nodes must = 100-800
- CS Mets at DX must = 11-60

CS Ext, Surg, TS/Ext Eval, Prostate (CS)***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF350

Modifications

NAACCR v13A

Added SEER IF number (IF350)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Ext, Surg, TS/Ext Eval, Prostate (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

Edit Tag N1744

Description

This edit verifies that, for cases coded using the CS Prostate schema, if CS Extension indicates incidental findings on TURP or needle biopsy, and surgery indicate TURP or other non-prostatectomy procedures, then CS Tumor Size/Ext Eval must indicate no prostatectomy done.

In order to eliminate the need for retrospective review, this edit applies only to cases diagnosed 2012 or later. Although this edit could be applied to all cases, a decision was made that the edit was not warranted for pre-2012 cases.

If CS Extension = 100-150 (incidental findings on TURP or needle biopsy), and RX Summ-Surg Prim < 30 (TURP or other non-prostatectomy procedures), then CS TS/Ext Eval must = 1 (no prostatectomy done) or 3 (no prostatectomy done, but evidence derived from autopsy).

This edit is skipped if any of the following conditions is true:

1. Year of Diagnosis is less than 2012, blank, or invalid
2. Schema is not C619 (prostate)
3. CS Extension is blank
4. RX Summ--Surg Prim Site is blank
5. CS TS/Ext Eval is blank
6. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF403

CS Ext,TS/Ext Eval, SSF 1, MelanomaConjunc (CS)

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Ext,TS/Ext Eval, SSF 1, MelanomaConjunc (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1707**Description**

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Extension, Tumor Size/Ext Eval and Site-Specific Factor 1 (tumor size) combinations for the MelanomaConjunctive schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

If schema is MelanomaConjunctiva:

An error will be generated under the following conditions:

1. If CS Extension code = 300, 310, 315, 320, 330, 335, 445, 450, 470, 475, 480, 485, 490 or 500 (codes requiring CS Site-Specific Factor 1 to generate pathologic T value)
AND CS Tumor Size/Ext Eval = 2, 3, 6, 8 or blank
AND CS Site-Specific Factor 1 = 000 or 998
2. If CS Extension code = 325 or 495 (codes generating only clinical T value)
AND CS Tumor Size/Ext Eval = 2, 3, 6 or 8

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Extension is empty
3. CS Site-Specific Factor 1 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF404

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension (CS)

CS Extension (CS)

Agency: CS

Last changed: 03/10/2010

Edit Tag N0656

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

Modifications:

NAACCR v12.0

The size of CS Extension was changed from 2 to 3 characters. Allowable codes changed from "00-99" to "000-999".

CS Extension Required 2016plus (NAACCR)

Agency: NAACCR

Last changed: 08/11/2020 19:30:29

Edit Tag N2409

Description

The purpose of this edit is to verify that CS Extension is not blank for cases diagnosed 2016 and 2017. This edit can be used by SEER registries requiring non SSF CS data items for cases diagnosed 2016 and 2017. This edit can be used with the edit CS Items - SEER Required - Non-SSF (CS) to ensure all required CS data items are not blank.

This edit is skipped if:

1. Year of Date of Diagnosis is blank.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid
4. Year of Date of Diagnosis is <2016 or > 2017.

Administrative Notes

New Edit for v16

This can be used by registries continuing to collect CS Non SSF's in 2016

This edit is not included in the SEER Transmit edit set.

Modifications

NAACCR v18

- Description, logic modified to pass for CS Extension for diagnosis years > 2017.

CS Extension, Brain Schema (CS)

CS Extension, Brain Schema (CS)

Agency: CS

Last changed: 11/19/2017 11:30:30

Edit Tag N1024**Description**

The purpose of this edit is to verify the following:

1. CS Extension codes indicating infratentorial tumors are not coded to supratentorial sites of the brain
2. CS Extension codes indicating supratentorial tumors are not coded to infratentorial site of the brain
3. CS schema is invalid

This edit is skipped if CS Extension is empty.

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Brain:

1. If Primary Site = C711-C715 (supratentorial), then CS Extension must not = 110, 120, 200, or 510 (infratentorial tumors).
2. If Primary Site = C716-C717 (infratentorial), then CS Extension must not = 100 or 500 (supratentorial tumors).

Administrative Notes

New edit - added to NAACCR v11.3A metafile.

In the SEER*Edits software, the title of this edit is: IF212

Modifications

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Extra space removed from edit name

CS Extension, CS Lymph Nodes, CS Mets at DX (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N0683

CS Extension, CS Lymph Nodes, CS Mets at DX (CS)**Description**

This edit is skipped if any of the following conditions is true:

1. CS Extension, CS Lymph Nodes, or CS Mets at DX is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all except Prostate and Retinoblastoma,
 if CS Extension = 950 (no evidence of primary tumor):
 then CS Lymph Nodes and CS Mets at DX cannot both specify none (000 and 00).

If CS schema is Breast:
 If CS Extension = 000 (in situ), then CS Lymph Nodes must = 000 (none; no regional lymph node involvement, or ITCs detected by immunohistochemistry or molecular methods ONLY) or 050 (none; no regional lymph nodes but with (ITCs) detected on routine H and E stains) and CS Mets at DX must = 00 (none).

If CS schema is IntracranialGland:
 If CS Extension = 000 (in situ), then CS Lymph Nodes must = 000 (obsolete data retained v0200: none) or 988 (not applicable for this schema) and CS Mets at DX must = 00 (none).

For the following schemas and in situ CS Extension codes, CS Lymph Nodes must = 000 (no lymph node involvement) and CS Mets at DX must = 00 (none):

Schema	CS Extension
Bladder	010, 030, 060
KidneyRenalPelvis	050, 060
Urethra	050, 060, 070, 080
UrinaryOther	050, 060

If schema is not Breast, Bladder, KidneyRenalPelvis, Urethra or UrinaryOther:
 If CS Extension = 000, then both CS Lymph Nodes must = 000 (none) and CS Mets at DX must = 00 (none).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF121

Modifications:

NACR111

11/02/06

Added logic: If CS Extension = 00 (in situ), then both CS Lymph Nodes and CS Mets at DX must = 00 (none).

NAACCR v11.1A

4/2007

The edit was modified:

1. It will be skipped if CS Extension, CS Lymph Nodes, or CS Mets at DX is blank.
2. It will be skipped if histology is Kaposi Sarcoma, Lymphoma, or Hematopoietic.

CS Extension, CS Tumor Size, Breast Schema (CS)

3. An exception was added for breast schema: If CS Extension = 00, then CS Lymph Nodes must = 00 or 05 and CS Mets at DX must = 00.

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

This edit was also modified: If Primary Site = C670-C679 (Bladder):

If CS Extension = 01, 03, or 06 (in situ), then CS Lymph Nodes must = 00 (no lymph node involvement) and CS Mets at DX must = 00 (none).

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

- An exception was added for the Placenta schema:

If CS Extension = 00 (in situ), then CS Mets at DX must = 00 (none).

(The edit no longer requires CS Lymph Nodes of 00 for CS Extension of 00... since the CS Lymph Nodes code is always 88 for the Placenta schema.)

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.

- Edit was modified to check 3-digit CS Extension and CS Lymph Nodes codes (per CSv2) instead of 2-digit CSv1 codes.

NAACCR v12.1

- Additional schemas added to the edit: KidneyRenalPelvis, Urethra, and UrinaryOther.

- Statement on Placenta removed.

NAACCR v13

- Updated last paragraph of description: changed "For all other sites" to "If schema is not Breast, Bladder, KidneyRenalPelvis, Urethra or UrinaryOther".

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

- Default error message added

- Modified edit to allow, for IntracranialGland schema, CS Lymph Nodes of 988 (not applicable for this schema) when CS Extension = 000 (in situ)

CS Extension, CS Tumor Size, Breast Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1173

CS Extension, CS Tumor Size, Breast Schema (CS)**Description**

This edit verifies that CS Extension and CS Tumor Size are coded consistently for the Breast schema.

This edit is skipped if any of the following conditions is true:

1. CS Extension or CS Tumor Size is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Breast:

If CS Tumor Size = 997 (Paget disease of nipple without demonstrable tumor), CS Extension must = 050 (Paget without tumor) or 070 (Paget without tumor pathologically).

If CS Tumor size = 996 (Mammographic/xerographic diagnosis only, no size given; clinically not palpable), CS Extension must not equal 400 or higher (T4 tumors), except for code 999 (unknown extension).

If CS Extension = 170 (T1 with no other information on size or extension), CS Tumor Size must = 990, 991, or 992 (Stated as T1mic, T1b, T1NOS/T1c with no other information on size).

If CS Extension = 180 (T2 with no other information on size or extension), CS Tumor Size must = 995 (Stated as T2 with no other information on size).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF258

Modifications**NAACCR v12C**

- Added closing brace "}" to edit logic. (The missing closing brace could make the logical output unpredictable.)

NAACCR v12.1

- Changed logic due to converted codes.

From:

If CS Tumor size = 996 (Mammographic/xerographic diagnosis only, no size given; clinically not palpable), CS Extension must not = 380, 390, or any code greater than 500 (T4 tumors), except for code 999 (unknown extension).

To:

If CS Tumor size = 996 (Mammographic/xerographic diagnosis only, no size given; clinically not palpable), CS Extension must not equal 400 or higher (T4 tumors), except for code 999 (unknown extension).

NAACCR v14

CS Extension, CS Tumor Size, MycosisFungoides (CS)

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Extra space removed from edit name

CS Extension, CS Tumor Size, MycosisFungoides (CS)

Agency: CS

Last changed: 11/17/2013

Edit Tag N1867

Description

The purpose of this edit is to verify that CS Extension and CS Tumor Size are coded consistently for MycosisFungoides cases that are originally coded using CSv02.05 or higher.

CSv02.05 contains the following Note for MycosisFungoides Tumor Size:

Record the size of the largest tumor only. For Mycosis Fungoides, a tumor is described as a solid or nodular lesion at least 1 cm in diameter with evidence of depth and/or vertical growth. Do not record the size of individual patches, papules, or plaques. Use code 999 if it is unknown if tumors are present, or if the size of the largest tumor is unknown.

This edit is skipped under the following conditions:

1. CS Version Input Original is less than 020500
2. CS schema is not MycosisFungoides
3. CS Extension is empty
4. CS Tumor Size is empty.
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is MycosisFungoides:

If CS Extension = 110, 120, 130, 150, 210, 220, 230, 300 (codes not indicating tumor)
then

CS Tumor Size must = 000 (no tumors present) or 999 (unknown)

If CS Extension = 600 (one or more tumors equal to 1 cm or greater or cutaneous tumor, size not stated)
then

CS Tumor Size must not = 990 (microscopic focus or foci only and no size of focus given) or 991 (described as "less than 1 centimeter")

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF463

CS Extension, CS Tumor Size, Site, Hist ICDO3 (CS)

CS Extension, CS Tumor Size, Site, Hist ICDO3 (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N0698***Description**

This edit is skipped if any of the following conditions is true:

1. CS Extension or CS Tumor Size is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is not KaposiSarcoma, MelanomaSkin, Conjunctiva, MelanomaConjunctiva, MelanomaChoroid, MelanomaIris, MelanomaCiliaryBody, LymphomaOcularAdnexa, or Prostate:

If CS Extension = 950 (no evidence of primary tumor), then CS Tumor Size must = 000 (no mass/tumor found).

If CS schema is Prostate:

If CS Extension = 950 and CS Site-Specific Factor 3 (pathologic extension) = 950, then CS Tumor Size must = 000.

If CS schema is not IllDefinedOther, one of the Mucosal Melanoma of Head and Neck schemas, or MycosisFungoides:

If CS Tumor Size = 000, then CS Extension must = 950.

The following schemas contain some CS Extension codes that are "stated as" values. These particular "stated as" codes reflect T values that match tumor size codes in the CS Tumor Size table. If the CS Extension is coded to one of the "stated as" values below, the CS Tumor Size must not be coded 999 (unknown; size not stated).

Schema	Extension "stated as" codes
AdrenalGland	200, 250
Anus	310, 320, 330
Bone	310, 350
Breast	110, 130, 140, 170, 180
BuccalMucosa	405, 410, 415
CarcinoidAppendix	320, 330, 335
FloorMouth	405, 410, 415
GISTAppendix	170, 210, 250, 270
GISTColon	170, 210, 250, 270
GISTEsophagus	170, 210, 250, 270
GISTPeritoneum	350, 360, 370, 380
GISTRectum	170, 210, 250, 270
GISTSmallIntestine	170, 210, 250, 270
GISTStomach	340, 390, 395, 398

	CS Extension, CS Tumor Size, Site, Hist ICDO3 (CS)
GumLower	405, 410, 415
GumOther	405, 410, 415
GumUpper	405, 410, 415
HeartMediastinum	350, 375
Hypopharynx	305
KidneyParenchyma	310, 320, 330, 340, 350, 360
LacrimalGland	610, 620, 630
LipLower	405, 410, 415
LipOther	405, 410, 415
LipUpper	405, 410, 415
Lung	115, 120, 125
MerkelCellPenis	330, 560, 570
MerkelCellScrotum	310, 320, 330
MerkelCellSkin	600, 610, 620
MerkelCellVulva	450, 460, 470
MouthOther	405, 410, 415
NETAmpulla	310, 430
NETColon	170, 180, 190
NETRectum	170, 180, 190
NETSmallIntestine	170
NETStomach	170
Orbit	200, 300
Oropharynx	305, 310
PalateHard	405, 410, 415
PalateSoft	405, 410
PancreasBodyTail	150, 200
PancreasHead	150, 200
PancreasOther	150, 200
ParotidGland	305, 310
Peritoneum	350, 375
PharyngealTonsil	330, 350
Retroperitoneum	350, 375
SalivaryGlandOther	305, 310
Scrotum	310
Skin	510
SoftTissue	302, 312, 322
SubmandibularGland	305, 310
Thyroid	405, 410, 415, 420
TongueAnterior	405, 410, 415
TongueBase	405, 410

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF122

Modifications:

NAACCR v11.2

EditWriter 5

CS Extension, Hematopoietic (CS)

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Added logic that checks schemas with CS Extension codes indicating "stated as" values and verifies that CS Tumor Size is not coded to 999.

- Edit modified to get schema name from function call to CS dll

NAACCR v12.1

- Revised to match CSv02.03 schemas

NAACCR v12.2C

- Edit modified to check CS SSF 3 (as well as CS Extension) for Prostate schema: if CS Extension = 950 and CS Site-Specific Factor 3 = 950, then CS Tumor Size must = 000.

NAACCR v14

- Edit modified to exclude MycosisFungoides schema when requiring CS Extension of 950 for CS Tumor Size of 000.

- Code 120 removed from list of Breast schema CS Extension "stated as" codes that require CS Tumor Size not be coded as 999.

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, Hematopoietic (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N0760***Description**

This edit is skipped if any of the following conditions is true:

1. CS Extension is empty
2. Case is death certificate only (Type of Reporting Source = 7).
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is HemeRetic:

The CS Extension values of 100 (localized disease) and 999 (unknown) are allowed only for Histologic Type ICD-O-3 codes 9740, 9750, 9751, 9755-9758, and 9930 in the HemeRetic schema. This is because these particular histologies may be coded to either 100 (localized) or 800 (systemic) and it is possible that it might be unknown (999) whether the disease is localized or systemic. (Except for death

CS Extension, Hist, Grade, Esophagus Schema (CS)

certificate only cases, all other hematopoietic histologies must be coded to 800. This is edited by the CS algorithm program.)

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF143

MODIFICATIONS:**NAACCR v11.1A**

2/2007

The edit was modified:

1. It will be skipped if case is death certificate only (Type of Reporting Source = 7).
2. CS Extension of 99 (unknown) is allowed only for histologies in the hematopoietic schema that allow CS Extension of 10 (localized disease): 9731, 9734, 9740, 9750, 9755-9758, and 9930. This is because these particular histologies may be coded to either 10 (localized) or 80 (systemic) and it is possible that it might be unknown (99) whether the disease is localized or systemic. Other than death certificate only cases, all other histologies in the hematopoietic schema should be coded as 80.

NAACCR v11.2

Added code to skip if:

- Histologic Type ICD-O-3 = 9823 or 9827 and Primary Site is not C420, C421, or C424. (As of CS release 01.04, 9823 and 9827 are coded using the Lymphoma schema unless the Primary Site is C420, C42, or C424.)

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.
- Added code 9751 to list of histology codes that allow CS Extension codes of 100 and 999.

NAACCR v12.1

- 9731 and 9734 removed from list of histologies that can be coded to 100. (9731 and 9734 have been moved to the MyelomaPlasmaCellDisorder schema.)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, Hist, Grade, Esophagus Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1571

Description

This edit verifies that for cases coded using the Esophagus schema, if the case is in situ and the adenocarcinoma or squamous cell carcinoma AJCC 7th Ed. staging applies to the histology, then grade must be coded to either 1 (grade I) or 9 (unknown grade).

CS Extension, Hist, Grade, EsophagusGEJunction (CS)

Note: This edit was added because AJCC only recognizes grades 1 and 9 for esophagus in situ cases and the CS algorithm will not work properly with any other grades.

If schema is Esophagus:

If CS Extension = 000 (in situ) and Histologic Type ICD-O-3 = 8000-8576, 8940-8950, or 8980-8981, then Grade must = 1 or 9.

This edit is skipped if any of the following conditions is true:

1. CS Extension is empty
2. Grade is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF351

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, Hist, Grade, EsophagusGEJunction (CS)

Agency: CS

Last changed: 04/09/2018 19:47:07

Edit Tag N1572

Description

This edit verifies that for cases coded using the EsophagusGEJunction schema, if the case is in situ and the squamous cell carcinoma AJCC 7th Ed. staging applies to the histology, then grade must be coded to either 1 (grade I) or 9 (unknown grade).

Note: This edit was added because AJCC only recognizes grades 1 and 9 for EsophagusGEJunction in situ cases and the CS algorithm will not work properly with any other grades.

If schema is EsophagusGEJunction:

If CS Extension = 000 (in situ) and Histologic Type ICD-O-3 = 8000-8046, 8051-8131, 8148-8152, 8154-8157, 8170-8175, 8230-8231, 8243-8245, 8247-8248, 8508-8513, 8560-8570, 8575, 8950, 8980-8981, then Grade must = 1 or 9.

This edit is skipped if any of the following conditions is true:

1. CS Extension is empty
2. Grade is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

CS Extension, Histology, Grade, Thyroid (CS)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF352

Modifications:**NAACCR v12.2**

- Fixed error message

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Name changed, space before CS

CS Extension, Histology, Grade, Thyroid (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1715

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for histology, grade and CS Extension combinations for the Thyroid schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. Grade is blank
3. CS Extension is empty
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Thyroid:

An error will be generated under the following conditions:

If [Histologic Type ICD-O-3 = 8000-8019, 8022-8029, 8033, 8074, 8153, 8240, 8300, 8392, 8413, 8525, 8576, 8490, 8950, 8980, or 8981 (anaplastic

CS Extension, KidneyRenalPelvis Schema (CS)

carcinoma and synonyms) AND Grade = 4]
 OR [Histologic Type ICD-O-3 = 8020, 8021, 8030, 8031, or 8032]

AND

CS Extension = 405 (stated as T1a), 410 (stated as T1b),
 415 (stated as T1NOS), 420 (stated as T2), or 490 (stated as T3)

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF405

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, KidneyRenalPelvis Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N0710

Description

This edit is skipped if any of the following conditions is true:

1. CS Extension is empty
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is KidneyRenalPelvis:

Renal Pelvis (C659) and Ureter (C669) belong to the same schema, but Renal Pelvis can have CS Extension of 600, 665, and 670, while Ureter cannot. Ureter can have CS Extension code 685, 690, and 695, while RenalPelvis cannot. All other CS Extension values are the same for both sites and edited by the CS algorithm program.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF124

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

NAACCR v11.3

6/2008

EditWriter 5

CS Extension, Lymphoma Schema (CS)

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.
- Updated to skip the following histologies: 9140, 9590-9699,9702-9729, 9731-9989.

NAACCR v12.0:

- Changed edit name from "CS Extension, Renal Pelvis/Ureter Schema (CS)" to "CS Extension, KidneyRenalPelvis Schema (CS)".
- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.

NAACCR v12.1

- CS Extension code 665 and 670 added as code allowed for renal pelvis only; 685, 690, and 695 codes added for ureter only.

NAACCR v12.2

- Fixed typos in Administrative Notes

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS Extension, Lymphoma Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N0923***Description**

The purpose of this edit is to verify that CS Extension is coded properly for lymphomas.

This edit is skipped if any of the following conditions is true:

1. CS Extension is empty
2. Case is death certificate only (Type of Reporting Source = 7).
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Lymphoma:

If CS Extension = 100 (Involvement of a single lymph node region, Stage I), then Primary Site must be one of the following:

C770-C775, C779 (single lymph node region), C024 (lingual tonsil), C090-C099 (tonsil), C111 (pharyngeal tonsil), C142 (Waldeyer's ring), C172 (ilium), C181 (appendix) or C379 (thymus)

If CS Extension = 110 (Localized involvement of a single extralymphatic

CS Extension, Morphology, Bladder ICDO3 (CS)

organ/ site in the absence of any lymph node involvement, multifocal involvement of one extralymphatic organ/site, Stage IE), then Primary Site must NOT be one of the following:

C770-C775, C779, C379 or C422

If CS Extension = 120 (Involvement of spleen only, Stage IS), then Primary Site must be C422 (Spleen) .

Additionally,

If Primary Site = C778 (Multiple LNs), then CS Extension must be > or = 200.

If Primary Site = C422 (Spleen), then CS Extension must be 120, 220, 230, 320, 330, 800, or 999.

Administrative Notes

New edit - added to NAACCR v11.2 metafile.

In the SEER*Edits software, the title of this edit is: IF195

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.
- Added C024 to list of primary sites allowed for CS Extension 10.

NAACCR v11.3A

9/2008

- Removed C024 (lingual tonsil), C090-C099 (tonsil), C111 (pharyngeal tonsil), C142 (Waldeyer's ring), C172 (ilium), and C181 (appendix) from list of primary sites NOT allowed for CS Extension 11.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, Morphology, Bladder ICDO3 (CS)

Agency: CS

Last changed: 04/16/2022 12:19:22

Edit Tag N0955

Description

This edit verifies that for cases coded using the CS Bladder schema, if the histology/behavior is 8130/2 (papillary transitional cell carcinoma, non-invasive), then CS Extension must not be coded to 100 (confined to mucosa, NOS).

Note: This edit is based on Note 3 of the CS Extension for Bladder schema: If a tumor is described as confined to

CS Extension, Mycosis Fungoides Schema (CS)

mucosa AND as papillary, use extension code 010 or 030. Use code 100 (confined to mucosa) only if the tumor is described as confined to mucosa but is not described as papillary

This edit is skipped if any of the following conditions is true:

1. CS Extension is empty
2. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll).

The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Bladder:

- If Histologic Type ICD-O-3 and Behavior Code ICD-O-3 = 81302 (Papillary transitional cell carcinoma, non-invasive), then CS Extension must not = 100 (confined to mucosa, NOS).

- If CS Extension = 100, then Histologic Type ICD-O-3 and Behavior Code ICD-O-3 must not = 81302.

Administrative Notes

New edit - added to NAACCR v11.3 metafile.

In the SEER*Edits software, the title of this edit is: IF210

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.

NAACCR v12.1

- Reference to "Note 8" changed to "Note 3".

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v23

- Description, logic updated, grouped data items Morph Type&Behav ICD-O-3 separated into component data items, Histologic Type ICD-O-3, and Behavior Code ICD-O-3.

CS Extension, Mycosis Fungoides Schema (CS)

Agency: CS

Last changed: 11/05/2014

Edit Tag N0963

Description

The purpose of this edit is to verify that CS Extension is coded properly for the Mycosis Fungoides and Sezary Disease schema per Note 4 for CS Extension: Use code

CS Extension, MyelomaPlasmaCellDisorder (CS)

150 when skin involvement is present but only a general location/site is mentioned (i.e., face, legs, torso, arms). Use code 300 when there is skin involvement but there is no mention of location/site.

This edit is skipped if:

1. CS Extension is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is MycosisFungoides:

If Primary Site = C440-C448 (specified skin sites), then CS Extension must not = 300 (Skin involvement, NOS).

Administrative Notes

New edit - added to NAACCR v11.3A metafile.

In the SEER*Edits software, the title of this edit is: IF215

Modifications

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v15

- Description updated: "per Note 5 for CS Extension: Use code 250 when skin involvement is..." changed to "per Note 4 for CS Extension: Use code 150 when skin involvement is..."

CS Extension, MyelomaPlasmaCellDisorder (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1377

Description

The purpose of this edit is to verify that CS Extension is coded properly for the MyelomaPlasmaCellDisorder schema. The schema includes histologies 9731, 9732, and 9734, but some of the extension values apply only to a subset of the three histologies.

This edit is skipped if any of the following conditions is true:

1. CS Extension is empty
2. CS schema is invalid

CS Extension, Primary Site, Behavior ICDO3 (CS)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is MyelomaPlasmaCellDisorder:

1. The CS Extension values of 100 (localized disease) and 400 (Multiple osseous or multiple extraosseous plasmacytoma lesion) are allowed only for Histologic Type ICD-O-3 codes 9731 (Plasmacytoma, NOS) and 9734 (Plasmacytoma, extramedullary).
2. The CS Extension values of 110 (Single plasmacytoma lesion WITHOUT soft tissue extension or unknown if soft tissue extension), 200 (Single plasmacytoma lesion WITH soft tissue extension), and 500 (Plasmacytoma, NOS) are allowed only for Histologic Type ICD-O-3 code 9731 (Plasmacytoma, NOS).
3. The CS Extension value of 300 (Single plasmacytoma lesion occurring in tissue other than bone) is allowed only for Histologic Type ICD-O-3 code 9734 (Plasmacytoma, extramedullary).
4. The CS Extension value of 810 (Plasma cell myeloma/multiple myeloma/myelomatosis) and 820 (Myeloma, NOS) are allowed only for Histologic Type ICD-O-3 code 9732 (Multiple myeloma).

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF342

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, Primary Site, Behavior ICDO3 (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N0685

Description

The purpose of this edit is to verify that the values coded in Behavior Code ICD-O-3 and CS Extension are consistent.

This edit is skipped if any of the following conditions is true:

1. CS Extension is empty.
2. Case is death certificate only (Type of Reporting Source = 7)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

CS Extension, Primary Site, Behavior ICDO3 (CS)

For all CS schemas except Prostate:

If CS Extension = 000, then Behavior Code ICD-O-3 must = 2
(in situ).

If schema is Stomach, SmallIntestine, GISTStomach, GISTSmallIntestine, NETStomach, NETSmallIntestine, or EsophagusGEJunction:

If CS Extension = 050, then Behavior Code ICD-O-3 must = 2.

If schema is Colon, Rectum, GISTColon, GISTRectum, NETColon, or NETRectum:

If CS Extension = 050, then Behavior Code ICD-O-3 must = 2.

If Histologic Type ICD-O-3 = 8210, 8261, or 8263 ('carcinoma in a polyp' codes), then if Behavior Code ICD-O-3 = 2, CS Extension must = 050.

If schema is Breast:

If Behavior Code ICD-O-3 = 2, then CS Extension must = 000, 050, or 070.

If schema is Cervix:

If CS Extension = 010, then Behavior Code ICD-O-3 must = 2.

If schema is Penis:

If CS Extension = 050, then Behavior Code ICD-O-3 must = 2.

If schema is Brain schema, CNSOther, or IntracranialGland:

If CS Extension = 050, then Behavior Code ICD-O-3 must = 0 (benign) or 1 (borderline).

If Behavior Code ICD-O-3 = 0 or 1, then CS Extension must = 050.

If schema = EndocrineOther

If Primary Site = C754 (carotid body), or C755 (aortic body and other paraganglia):

CS Extension must not = 000.

If schema = KidneyRenalPelvis or UrinaryOther:

If Behavior Code ICD-O-3 = 2, then CS Extension must = 050 or 060.

If CS Extension = 050 or 060, then Behavior Code ICD-O-3 must = 2.

If schema = Urethra:

If Behavior Code ICD-O-3 = 2, then CS Extension must = 050, 060, 070, or 080.

If CS Extension = 050, 060, 070, or 080, then Behavior Code ICD-O-3 must = 2.

If schema = Bladder:

If Behavior Code ICD-O-3 = 2, then CS Extension must = 010, 030, 060, or 100.

If CS Extension = 010, 030, or 060, then Behavior Code ICD-O-3 must = 2.

If schema = MelanomaConjunctiva:

If CS Extension = 005, then Behavior Code ICD-O-3 must = 3.

If CS Extension = 100 or 120, then Behavior Code ICD-O-3 may = 2 or 3.

If none of the above conditions are true:

CS Extension, Primary Site, Behavior ICDO3 (CS)

If CS Extension is greater than or equal to 100, then Behavior Code ICD-O-3 must = 3 (invasive).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF123

MODIFICATIONS:**NACR110B**

Modified to skip DCO cases (Type of Reporting Source = 7).

NACR110C

Corrected typo in description.

NACR111:

09/25/06

Modified to require that, if after all exceptions have been checked, if CS Extension is greater than or equal to 10, then Behavior Code ICD-O-3 must = 3 (invasive).

NAACCR v11.1A

2/07

1. Added code to check if Primary Site = C379, C740-741, C749, C750-C755, and C758-C759 (Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands schema):
 - A. If CS Extension = 05, then Primary Site must = C751, C752, or C753 and Behavior Code ICD-O-3 must = 0 (benign) or 1 (borderline).
 - B. If Behavior Code ICD-O-3 = 0 or 1, then CS Extension must = 05.
2. Added code to skip borderline ovarian cases (Primary Site = C569, Histologic Type ICD-O-3 = 8442, 8451, 8462, 8472, or 8473, and Behavior Code ICD-O-3 = 1).
3. Added: If Primary Site = C180-C189 (Colon schema) or C199 or C209 (Rectum schema) and Histologic Type ICD-O-3 = 8210, 8261, or 8263 ('carcinoma in a polyp' codes), then if Behavior Code ICD-O-3 = 2, CS Extension must = 05.

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

11/2007

- Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.
- Repeated code deleted from edit logic

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

CS Extension, Schema (CS)

NAACCR v11.3A

11/2008

Added:

1. If Primary Site = C160-C169 (Stomach schema) or C170-C179 (Small Intestine schema):
If CS Extension = 05, then Behavior Code ICD-O-3 must = 2.
2. If Primary Site = C530-C539 (Cervix Uteri schema):
If CS Extension = 01, then Behavior Code ICD-O-3 must = 2.
3. If Primary Site = C600-C609 (Penis schema):
If CS Extension = 05, then Behavior Code ICD-O-3 must = 2.
4. If Primary Site = C740, C741, C749, C754, or C755, CS Extension must not = 00.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.
- Additional schemas added.
- Deleted: if schema = AdrenalGland, CS Extension must not = 000.

NAACCRv12.1

- For the statement "If CS Extension = 000, then Behavior Code ICD-O-3 must = 2 (in situ)", an exception was added for the Prostate schema.
- CS Extension codes which require Behavior ICD-O-3 code of 2 were changed for the following schemas:
KidneyRenalPelvis or UrinaryOther: changed from 000 and 050 to 050 and 060.
Urethra: changed from 000, 010, 020, 050 to 050, 060, 070, 080
- Added: If schema = MelanomaConjunctiva and CS Extension = 005, then Behavior Code ICD-O-3 must = 3.
- Added error message 3243

NAACCRv12.2

- Added: If schema = MelanomaConjunctiva and CS Extension = 100 or 120, then Behavior Code ICD-O-3 may = 2 or 3.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1116**Description**

This edit verifies that CS Extension is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Extension, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and
schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

CS Extension, SSF 1, Conjunctiva Schema (CS)

This edit verifies that CS Extension is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Note: This edit does not check for obsolete codes. Obsolete codes for CS Extension are edited by "Obsolete Codes - CS Extension (SEER IF146)".

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS Extension, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER*Edits software, the title of this edit is: IF227

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, SSF 1, Conjunctiva Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1708

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Extension and Site-Specific Factor 1 (tumor size) combinations for the Conjunctiva schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

If schema is Conjunctiva:

An error will be generated under the following conditions:

- If CS Extension code = 110, 120, 140, 150 or 350 (codes requiring tumor size to derive T value)
- AND CS Site-Specific Factor 1 = 000 (no mass/tumor found)

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Extension is empty
3. CS Site-Specific Factor 1 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF406

CS Extension, SSF 1, Head and Neck Schemas (CS)

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, SSF 1, Head and Neck Schemas (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1868***Description**

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 1 (size of lymph nodes) are coded consistently for head and neck cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 1 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit is skipped if CS schema is NOT one of the following Head and Neck schemas:

BuccalMucosa
 EpiglottisAnterior
 FloorMouth
 GumLower
 GumOther
 GumUpper
 Hypopharynx
 LarynxGlottic
 LarynxOther
 LarynxSupraglottic
 LarynxSubglottic
 LipLower
 LipOther
 LipUpper
 MelanomaLipUpper
 MelanomaLipLower
 MelanomaLipOther
 MelanomaTongueAnterior
 MelanomaGumUpper
 MelanomaGumLower
 MelanomaGumOther
 MelanomaFloorMouth
 MelanomaPalateHard
 MelanomaMouthOther
 MelanomaBuccalMucosa
 MelanomaTongueBase
 MelanomaPalateSoft
 MelanomaOropharynx
 MelanomaNasopharynx
 MelanomaHypopharynx
 MelanomaPharynxOther
 MelanomaEpiglottisAnterior

CS Extension, SSF 1, Lung Schema (CS)

MelanomaLarynxGlottic
 MelanomaLarynxSupraglottic
 MelanomaLarynxSubglottic
 MelanomaLarynxOther
 MelanomaNasalCavity
 MelanomaSinusMaxillary
 MelanomaSinusEthmoid
 MelanomaSinusOther
 MiddleEar
 MouthOther
 NasalCavity
 Nasopharynx
 Oropharynx
 PalateHard
 PalateSoft
 ParotidGland
 PharyngealTonsil
 PharynxOther
 SalivaryGlandOther
 SinusEthmoid
 SinusMaxillary
 SinusOther
 SubmandibularGland
 TongueAnterior
 TongueBase

If CS Extension = 000 (in situ, intraepithelial, noninvasive)

Then

CS Site-Specific Factor 1 (size of lymph nodes) must = 000 (no involved regional nodes) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF464

CS Extension, SSF 1, Lung Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1536

Description

This edit verifies that for cases coded using the Lung schema, if extension indicates in situ or no evidence of primary, then SSF 1 must not indicate separate tumor nodules in ipsilateral lung.

If schema is Lung:

CS Extension, SSF 1, MelanomaConjunctiva (CS)

If CS Extension code = 000, 950, or 980 (in situ or no evidence of primary) then CS Site-Specific Factor 1 must not = 010, 020, 030, or 040 which indicate separate tumor nodules in the ipsilateral lung.

This edit is skipped if any of the following conditions is true:

1. CS Extension is empty
2. CS Site-Specific Factor 1 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF353

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, SSF 1, MelanomaConjunctiva (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1778

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Extension and Site-Specific Factor 1 (tumor size) combinations for the MelanomaConjunctiva schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

If schema is MelanomaConjunctiva:

An error will be generated under the following conditions:

- If CS Extension code = 300-500 (codes requiring tumor size to derive T value)
- AND CS Site-Specific Factor 1 = 000 (no mass/tumor found)

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Extension is empty
3. CS Site-Specific Factor 1 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

CS Extension, SSF 1, Thyroid Schema (CS)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF460

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, SSF 1, Thyroid Schema (CS)

Agency: CS

Last changed: 05/11/2022 20:50:57

Edit Tag N0694

Description

This edit is skipped if any of the following conditions is true:

1. CS Extension or CS Site-Specific Factor 1 is empty or = 988.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Thyroid:

 If CS Extension = 100 (Single invasive tumor confined to thyroid), then CS Site-Specific Factor 1 must = 010 (Solitary tumor).

 If CS Extension = 200 (Multiple foci confined to thyroid), then CS Site-Specific Factor 1 must = 020 (Multifocal tumor)

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF125

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

11/2007

CS Extension, SSF 11, MerkelCellVulva Schema (CS)

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.

NAACCR v12.1

- Edit modified to use CS SSF1 codes of 010 and 020 instead of 001 and 002 which are now "OBSOLETE DATA CONVERTED V0203".

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v23

- Description, logic modified to skip if CS SSF 1 = 988.

CS Extension, SSF 11, MerkelCellVulva Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1869

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 11 (regional lymph node - laterality) are coded consistently for MerkelCellVulva non-invasive cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor11 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is MerkelCellVulva:

If CS Extension = 000 (In situ, intraepidermal, intraepithelial, noninvasive)
Then

CS Site-Specific Factor11 (regional lymph node - laterality)
must = 000 (all regional lymph nodes negative), 998 (lymph nodes
not assessed) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

CS Extension, SSF 11, Vulva Schema (CS)***Administrative Notes***

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF465

CS Extension, SSF 11, Vulva Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1870

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 11 (regional lymph node - laterality) are coded consistently for non-invasive Vulva cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor11 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Vulva:

If CS Extension = 000 (In situ, intraepithelial, noninvasive)

Then

CS Site-Specific Factor11 (regional lymph node - laterality)
must = 000 (all regional lymph nodes negative), 998 (lymph
nodes not assessed), or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF466

CS Extension, SSF 16, MerkelCell Schemas (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1871

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 16 (size of metastasis in lymph nodes) are coded consistently for non-invasive cases coded using the MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, and MerkelCellVulva schemas that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

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05/01/2023 02:04 PM

CS Extension, SSF 16, Scrotum Schema (CS)

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor16 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, or MerkelCellVulva:

If CS Extension = 000 (In situ, intraepidermal, intraepithelial, noninvasive)
Then

CS Site-Specific Factor16 (size of metastasis in lymph nodes)
must = 000 (no regional lymph node involvement), 998 (no histologic
examination of regional lymph nodes) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF467

CS Extension, SSF 16, Scrotum Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1872

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 16 (size of lymph nodes) are coded consistently for non-invasive Scrotum cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor16 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Scrotum:

If CS Extension = 000 (In situ, intraepidermal, intraepithelial, noninvasive)
Then

CS Site-Specific Factor16 (size of lymph nodes)
must = 000 (no involved regional lymph nodes) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

CS Extension, SSF 16, Skin Schema (CS)***Administrative Notes***

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF468

CS Extension, SSF 16, Skin Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1873

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 16 (size of lymph nodes) are coded consistently for non-invasive Skin cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor16 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Skin:

```
If CS Extension = 000 (In situ, intraepidermal, intraepithelial, noninvasive)
Then
    CS Site-Specific Factor16 (size of lymph nodes)
    must = 000 (no involved regional lymph nodes) or 999 (unknown)
```

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF469

CS Extension, SSF 17, MerkelCell Schemas (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1874

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 17 (extracapsular extension of regional lymph nodes) are coded consistently for non-invasive cases coded using the MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, and MerkelCellVulva schemas that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

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05/01/2023 02:04 PM

CS Extension, SSF 17, Penis Schema (CS)

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor17 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, or
MerkelCellVulva:

If CS Extension = 000 (In situ, intraepidermal, intraepithelial, noninvasive)
Then

CS Site-Specific Factor17 (extracapsular extension of regional lymph
nodes) must not equal any of the following codes:

- 010 No extracapsular extension clinically AND extracapsular
extension present on pathology
- 040 Extracapsular extension clinically AND extracapsular
extension present on pathology
- 070 Extracapsular extension clinically unknown AND extracapsular
extension present on pathology

This edit first determines the correct CS schema by doing a function call to the CS
Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type
ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS
schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF470

CS Extension, SSF 17, Penis Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1875

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor
17 (extranodal extension of regional lymph nodes) are coded consistently for Penis
non-invasive cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor17 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Penis:

If CS Extension = 000 (In situ, intraepidermal, intraepithelial, noninvasive)
Then

CS Site-Specific Factor17 (extranodal extension of regional lymph nodes)
must = 000 (no regional nodes involved) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS
Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type

CS Extension, SSF 18, MerkelCell Schemas (CS)

ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF471

CS Extension, SSF 18, MerkelCell Schemas (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1876

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 18 (isolated tumor cells in regional lymph nodes) are coded consistently for non-invasive cases coded using the MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, and MerkelCellVulva schemas that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor18 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, or MerkelCellVulva:

If CS Extension = 000 (In situ, intraepidermal, intraepithelial, noninvasive)
Then

CS Site-Specific Factor18 (isolated tumor cells in regional lymph nodes) must = 000 (regional lymph nodes negative on H and E, no IHC), 010 (regional lymph nodes negative on H and E, IHC done and ITCs not present) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF472

CS Extension, SSF 2, Bladder Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1877

CS Extension, SSF 2, KidneyRenalPelvis (CS)**Description**

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 2 (size of metastasis in lymph nodes) are coded consistently for Bladder cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 2 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Schema is not Bladder

If schema is Bladder:

If CS Extension = 010, 030, or 060 (codes indicating noninvasive or in situ carcinoma)

Then

CS Site-Specific Factor 2 (size of metastasis in lymph nodes) must = 000 (no regional lymph nodes involved) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF473

CS Extension, SSF 2, KidneyRenalPelvis (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1698

Description

This edit verifies that for cases coded using the KidneyRenalPelvis schema, CS Extension and CS Site-Specific Factor 2 (depth of renal parenchymal invasion) are coded consistently.

This edit is skipped if any of the following conditions is true:

1. CS Extension is blank
2. Site-Specific Factor 2 is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For cases using the KidneyRenalPelvis schema:

1. If CS Extension = 600 (for renal pelvis only: ipsilateral kidney parenchyma and kidney, NOS)

CS Extension, SSF 2, Lung Schema (CS)

AND CS Tumor Size/Ext Eval= 3 or 6 (codes indicating pathologic staging, excluding autopsy)

Then

CS Site-Specific Factor 2 must not = 000 (renal parenchymal invasion not present/not identified) or 999 (unknown)

2. If Primary Site = C659 (Renal pelvis)

AND CS Site-Specific Factor 2 = 001-980 or 991 (codes indicating positive statement about invasion)

THEN

CS Extension must not = 050-400, 610, 950, 999

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF407

Modifications

NAACCR v13A

Extra parenthesis removed from end of edit name.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, SSF 2, Lung Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1745

Description

This edit verifies that for cases coded using the Lung schema, extension and SSF 2 (pleural/elastic layer invasion) are coded consistently. If SSF 2 is coded, a path report is required.

If schema is Lung:

1. If CS Extension code = 000-410 (410 = Extension to but not into pleura, including invasion of elastic layer BUT not through the elastic layer)
 - then CS Site-Specific Factor 2 must = 000 (no evidence of visceral invasion), 998 (no histologic examination), or 999 (unknown if PL present)
2. If CS Site-Specific Factor 2 = 010, 020, 040 (codes indicating involvement of pleura or more extensive involvement).
 - then CS Extension must = 420-810 or 999.
3. If CS Site-Specific Factor 2 = 030 (involvement of parietal pleura)
 - then CS Extension must = 600-810 (involvement of parietal pleura or more extensive involvement) or 999.

This edit is skipped if any of the following conditions is true:

1. CS Extension is empty
2. CS Site-Specific Factor 2 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

CS Extension, SSF 2, MelanomaChoroid (CS)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF408

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, SSF 2, MelanomaChoroid (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1709

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Extension and Site-Specific Factor 2 (measured basal diameter) combinations for the MelanomaChoroid schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

If schema is MelanomaChoroid:

An error will be generated under the following conditions:

If CS Extension code = 150, 160, 170 or 180 (codes requiring CS Site-Specific Factor 2 to derive T value)
AND CS Site-Specific Factor 2 = 000 (no mass/tumor found)

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Extension is empty
3. CS Site-Specific Factor 2 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF409

Modifications

CS Extension, SSF 2, MelanomaCiliaryBody (CS)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, SSF 2, MelanomaCiliaryBody (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1710***Description**

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Extension and Site-Specific Factor 2 (measured basal diameter) combinations for the MelanomaCiliaryBody schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

If schema is MelanomaCiliaryBody:

An error will be generated under the following conditions:

If CS Extension code = 160 or 180 (codes requiring CS Site-Specific Factor 2 to derive T value)
AND CS Site-Specific Factor 2 = 000 (no mass/tumor found)

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Extension is empty
3. CS Site-Specific Factor 2 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF410

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Extra space removed from edit name

CS Extension, SSF 2, Vagina Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1878

CS Extension, SSF 24, Breast Schema (CS)**Description**

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 2 (pelvic nodal status) are coded consistently for non-invasive Vagina cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 2 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Vagina:

If CS Extension = 000 (In situ, intraepithelial, noninvasive)

Then

CS Site-Specific Factor 2 (pelvic nodal status)
must = 000 (negative pelvic lymph nodes), 998 (pelvic lymph nodes not assessed) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF474

CS Extension, SSF 24, Breast Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1064

Description

This edit verifies that for cases coded using the Breast schema, CS Extension, CS Site-Specific Factor 24 (Pagets Disease) and Histologic Type ICD-O-3 are coded consistently.

This edit is skipped if any of the following conditions is true:

1. CS Extension is empty
2. CS Site-Specific Factor 24 is empty or = 988 (not applicable or not collected)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Breast:

CS Extension, SSF 3, Behavior, Prostate (CS)

If Histologic Type ICD-O-3 is coded as Paget disease of the breast (8540, 8541, 8543), CS Site-Specific Factor 24 must = 010 (Paget disease present) or 020 (Pagetoid).

If CS Extension = 050 or 070 (Paget disease of nipple), then CS SSF 24 must = 010 (Paget disease present) or 020 (Pagetoid).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF259

Modifications:**NAACCR v12.1B**

- Check for CS Extension codes '50' and '70' corrected to check '050' and '070'
- Updated logic to require CS SSF 24 to equal 010 or 020 if histology equal 8540, 8541, 8543 or CS Extension = 050 or 070

NAACCR v12.2

- Error message 4063 fixed so that it states "Breast schema" rather than "Prostate schema".

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS Extension, SSF 3, Behavior, Prostate (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1434

Description

The purpose of this edit is to verify that the values coded in Behavior Code ICD-O-3 and CS Extension are consistent.

This edit is skipped if any of the following conditions is true:

1. CS Extension is empty.
2. Case is death certificate only (Type of Reporting Source = 7)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Prostate:

```
[If CS Extension = 000 and CS Site-Specific Factor 3 not = 200-750, or 985
OR
If CS Site-Specific Factor 3 = 000 and CS Extension not = 100-750]
then Behavior Code ICD-O-3 must = 2 (in situ).
```

CS Extension, SSF 3, Bladder Schema (CS)***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF346

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, SSF 3, Bladder Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1879

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 3 (extranodal extension of regional lymph nodes) are coded consistently for Bladder cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 3 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Schema is not Bladder

If schema is Bladder:

If CS Extension = 010, 030, or 060 (codes indicating noninvasive or in situ carcinoma)

Then

CS Site-Specific Factor 3 (extranodal extension of regional lymph nodes) must = 000 (no regional lymph nodes involved) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF475

CS Extension, SSF 3, Breast Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1880

CS Extension, SSF 3, CorpusCarcinoma Schema (CS)**Description**

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 3 (number of positive ipsilateral level I-II axillary lymph nodes) are coded consistently for Breast cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 3 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Schema is not Breast

If schema is Breast:

If CS Extension = 000 (mapping to in situ for AJCC staging)
Then

CS Site-Specific Factor 3 (number of positive ipsilateral level I-II axillary lymph nodes) must = 000 (all ipsilateral axillary nodes examined negative), 098 (no axillary nodes examined) or 099 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF476

CS Extension, SSF 3, CorpusCarcinoma Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1881

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 3 (number of positive pelvic nodes) are coded consistently for CorpusCarcinoma cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 3 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Schema is not CorpusCarcinoma

If schema is CorpusCarcinoma:

If CS Extension = 000 (In situ, intraepithelial, noninvasive, preinvasive)
Then

CS Site-Specific Factor 3 (number of positive pelvic nodes)

CS Extension, SSF 3, Head and Neck Schemas (CS)

must = 000 (all pelvic nodes examined negative), 098 (no pelvic nodes examined) or 999 (unknown if pelvic nodes positive)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF477

CS Extension, SSF 3, Head and Neck Schemas (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1882

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 3 (levels I-III, lymph nodes for head and neck) are coded consistently for head and neck cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 3 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit is skipped if CS schema is NOT one of the following Head and Neck schemas:

BuccalMucosa
 EpiglottisAnterior
 FloorMouth
 GumLower
 GumOther
 GumUpper
 Hypopharynx
 LarynxGlottic
 LarynxOther
 LarynxSupraglottic
 LarynxSubglottic
 LipLower
 LipOther
 LipUpper
 MelanomaLipUpper
 MelanomaLipLower
 MelanomaLipOther
 MelanomaTongueAnterior
 MelanomaGumUpper
 MelanomaGumLower
 MelanomaGumOther
 MelanomaFloorMouth

CS Extension, SSF 3, MelanomaChoroid (CS)

MelanomaPalateHard
 MelanomaMouthOther
 MelanomaBuccalMucosa
 MelanomaTongueBase
 MelanomaPalateSoft
 MelanomaOropharynx
 MelanomaNasopharynx
 MelanomaHypopharynx
 MelanomaPharynxOther
 MelanomaEpiglottisAnterior
 MelanomaLarynxGlottic
 MelanomaLarynxSupraglottic
 MelanomaLarynxSubglottic
 MelanomaLarynxOther
 MelanomaNasalCavity
 MelanomaSinusMaxillary
 MelanomaSinusEthmoid
 MelanomaSinusOther
 MiddleEar
 MouthOther
 NasalCavity
 Nasopharynx
 Oropharynx
 PalateHard
 PalateSoft
 ParotidGland
 PharyngealTonsil
 PharynxOther
 SalivaryGlandOther
 SinusEthmoid
 SinusMaxillary
 SinusOther
 SubmandibularGland
 TongueAnterior
 TongueBase

If CS Extension = 000 (in situ, intraepithelial, noninvasive)

Then

CS Site-Specific Factor 3 (levels I-III, lymph nodes for head and neck)
 must = 000 (no involvement in Levels I, II, or III lymph nodes) or 999
 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF478

CS Extension, SSF 3, MelanomaChoroid (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1711

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05/01/2023 02:04 PM

CS Extension, SSF 3, MelanomaCiliaryBody (CS)**Description**

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Extension and Site-Specific Factor 3 [Measured thickness (depth)] combinations for the MelanomaChoroid schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

If schema is MelanomaChoroid:

An error will be generated under the following conditions:

- If CS Extension code = 150, 160, 170 or 180 (codes requiring CS Site-Specific Factor 3 to derive T value)
- AND CS Site-Specific Factor 3 = 000 (no mass/tumor found)

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Extension is empty
3. CS Site-Specific Factor 3 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF411

Modifications:

NAACCR v13A

- Fixed order of fields in error message

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, SSF 3, MelanomaCiliaryBody (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1712

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Extension and Site-Specific Factor 3 [Measured thickness (depth)] combinations for the MelanomaCiliaryBody schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

If schema is MelanomaCiliaryBody:

An error will be generated under the following conditions:

CS Extension, SSF 4, FallopianTube Schema (CS)

If CS Extension code = 160 or 180 codes requiring
 CS Site-Specific Factor 3 to derive T value)
 AND CS Site-Specific Factor 3 = 000 (no mass/tumor found)

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Extension is empty
3. CS Site-Specific Factor 3 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF412

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, SSF 4, FallopianTube Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1883

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 4 (number of positive pelvic nodes) are coded consistently for FallopianTube cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 4 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Schema is not FallopianTube

If schema is FallopianTube:

If CS Extension = 000 (In situ, intraepithelial, noninvasive; limited to tubal mucosa)

Then

CS Site-Specific Factor 4 (number of positive pelvic nodes)
 must = 000 (all pelvic nodes examined negative), 098 (no pelvic nodes examined) or 999 (unknown if pelvic nodes positive)

CS Extension, SSF 4, Head and Neck Schemas (CS)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF479

CS Extension, SSF 4, Head and Neck Schemas (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1884

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 4 (levels IV-V and retropharyngeal lymph nodes for head and neck) are coded consistently for head and neck cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 4 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit is skipped if CS schema is NOT one of the following Head and Neck schemas:

BuccalMucosa
 EpiglottisAnterior
 FloorMouth
 GumLower
 GumOther
 GumUpper
 Hypopharynx
 LarynxGlottic
 LarynxOther
 LarynxSupraglottic
 LarynxSubglottic
 LipLower
 LipOther
 LipUpper
 MelanomaLipUpper
 MelanomaLipLower
 MelanomaLipOther
 MelanomaTongueAnterior
 MelanomaGumUpper
 MelanomaGumLower
 MelanomaGumOther
 MelanomaFloorMouth
 MelanomaPalateHard
 MelanomaMouthOther
 MelanomaBuccalMucosa

CS Extension, SSF 4, Vagina Schema (CS)

MelanomaTongueBase
 MelanomaPalateSoft
 MelanomaOropharynx
 MelanomaNasopharynx
 MelanomaHypopharynx
 MelanomaPharynxOther
 MelanomaEpiglottisAnterior
 MelanomaLarynxGlottic
 MelanomaLarynxSupraglottic
 MelanomaLarynxSubglottic
 MelanomaLarynxOther
 MelanomaNasalCavity
 MelanomaSinusMaxillary
 MelanomaSinusEthmoid
 MelanomaSinusOther
 MiddleEar
 MouthOther
 NasalCavity
 Nasopharynx
 Oropharynx
 PalateHard
 PalateSoft
 ParotidGland
 PharyngealTonsil
 PharynxOther
 SalivaryGlandOther
 SinusEthmoid
 SinusMaxillary
 SinusOther
 SubmandibularGland
 TongueAnterior
 TongueBase

If CS Extension = 000 (in situ, intraepithelial, noninvasive)

Then

CS Site-Specific Factor 4 (levels IV-V and retropharyngeal lymph nodes for head and neck) must = 000 (no involvement in Levels IV or V or retropharyngeal lymph nodes) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF480

CS Extension, SSF 4, Vagina Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1885

CS Extension, SSF 5, CorpusCarcinoma Schema (CS)**Description**

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 4 (para-aortic nodal status) are coded consistently for Vagina cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 4 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Vagina:

If CS Extension = 000 (In situ, intraepithelial, noninvasive)

Then

CS Site-Specific Factor 4 (para-aortic nodal status)
must = 000 (negative para-aortic lymph nodes), 998 (para-aortic lymph nodes not assessed) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF481

CS Extension, SSF 5, CorpusCarcinoma Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1886

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 5 (number of positive para-aortic nodes) are coded consistently for CorpusCarcinoma cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 5 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Schema is not CorpusCarcinoma

If schema is CorpusCarcinoma:

If CS Extension = 000 (In situ, intraepithelial, noninvasive, preinvasive)

Then

CS Site-Specific Factor 5 (number of positive para-aortic nodes)
must = 000 (all para-aortic nodes examined negative), 098 (no para-aortic nodes examined) or 999 (unknown if para-aortic nodes positive)

CS Extension, SSF 5, Head and Neck Schemas (CS)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF482

CS Extension, SSF 5, Head and Neck Schemas (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1887

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 5 (levels VI-VII and facial lymph nodes for head and neck) are coded consistently for head and neck cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 5 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit is skipped if CS schema is NOT one of the following Head and Neck schemas:

BuccalMucosa
 EpiglottisAnterior
 FloorMouth
 GumLower
 GumOther
 GumUpper
 Hypopharynx
 LarynxGlottic
 LarynxOther
 LarynxSupraglottic
 LarynxSubglottic
 LipLower
 LipOther
 LipUpper
 MelanomaLipUpper
 MelanomaLipLower
 MelanomaLipOther
 MelanomaTongueAnterior
 MelanomaGumUpper
 MelanomaGumLower
 MelanomaGumOther
 MelanomaFloorMouth
 MelanomaPalateHard
 MelanomaMouthOther

CS Extension, SSF 5, Testis Schema (CS)

MelanomaBuccalMucosa
 MelanomaTongueBase
 MelanomaPalateSoft
 MelanomaOropharynx
 MelanomaNasopharynx
 MelanomaHypopharynx
 MelanomaPharynxOther
 MelanomaEpiglottisAnterior
 MelanomaLarynxGlottic
 MelanomaLarynxSupraglottic
 MelanomaLarynxSubglottic
 MelanomaLarynxOther
 MelanomaNasalCavity
 MelanomaSinusMaxillary
 MelanomaSinusEthmoid
 MelanomaSinusOther
 MiddleEar
 MouthOther
 NasalCavity
 Nasopharynx
 Oropharynx
 PalateHard
 PalateSoft
 ParotidGland
 PharyngealTonsil
 PharynxOther
 SalivaryGlandOther
 SinusEthmoid
 SinusMaxillary
 SinusOther
 SubmandibularGland
 TongueAnterior
 TongueBase

If CS Extension = 000 (in situ, intraepithelial, noninvasive)

Then

CS Site-Specific Factor 5 (levels VI-VII and facial lymph nodes for head and neck) must = 000 (no involvement in Levels VI or VII or facial lymph nodes) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF483

CS Extension, SSF 5, Testis Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1888

CS Extension, SSF 6, FallopianTube Schema (CS)**Description**

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 5 (size of metastasis in lymph nodes) are coded consistently for non-invasive Testis cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 5 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Testis:

If CS Extension = 000 (In situ, intraepithelial, noninvasive)

Then

CS Site-Specific Factor 5 (size of metastasis in lymph nodes)
must = 000 (no lymph node metastasis) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF484

CS Extension, SSF 6, FallopianTube Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1889

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 6 (number of positive para-aortic nodes) are coded consistently for FallopianTube cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 6 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Schema is not FallopianTube

If schema is FallopianTube:

If CS Extension = 000 (In situ, intraepithelial, noninvasive; limited to tubal mucosa)

Then

CS Site-Specific Factor 6 (number of positive para-aortic nodes)
must = 000 (all para-aortic nodes examined negative), 098 (no para-aortic nodes examined) or 999 (unknown if para-aortic nodes positive)

CS Extension, SSF 6, Head and Neck Schemas (CS)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF485

CS Extension, SSF 6, Head and Neck Schemas (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1890

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 6 (parapharyngeal, parotid, and suboccipital/retroauricular lymph nodes for head and neck) are coded consistently for head and neck cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 6 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit is skipped if CS schema is NOT one of the following Head and Neck schemas:

BuccalMucosa
 EpiglottisAnterior
 FloorMouth
 GumLower
 GumOther
 GumUpper
 Hypopharynx
 LarynxGlottic
 LarynxOther
 LarynxSupraglottic
 LarynxSubglottic
 LipLower
 LipOther
 LipUpper
 MelanomaLipUpper
 MelanomaLipLower
 MelanomaLipOther
 MelanomaTongueAnterior
 MelanomaGumUpper
 MelanomaGumLower
 MelanomaGumOther
 MelanomaFloorMouth
 MelanomaPalateHard
 MelanomaMouthOther

CS Extension, SSF 6, Vagina Schema (CS)

MelanomaBuccalMucosa
 MelanomaTongueBase
 MelanomaPalateSoft
 MelanomaOropharynx
 MelanomaNasopharynx
 MelanomaHypopharynx
 MelanomaPharynxOther
 MelanomaEpiglottisAnterior
 MelanomaLarynxGlottic
 MelanomaLarynxSupraglottic
 MelanomaLarynxSubglottic
 MelanomaLarynxOther
 MelanomaNasalCavity
 MelanomaSinusMaxillary
 MelanomaSinusEthmoid
 MelanomaSinusOther
 MiddleEar
 MouthOther
 NasalCavity
 Nasopharynx
 Oropharynx
 PalateHard
 PalateSoft
 ParotidGland
 PharyngealTonsil
 PharynxOther
 SalivaryGlandOther
 SinusEthmoid
 SinusMaxillary
 SinusOther
 SubmandibularGland
 TongueAnterior
 TongueBase

If CS Extension = 000 (in situ, intraepithelial, noninvasive)
 Then

CS Site-Specific Factor 6 (parapharyngeal, parotid, and
 suboccipital/retroauricular lymph nodes for head and neck)
 must = 000 (no involvement in parapharyngeal, parotid, and
 suboccipital/retroauricular lymph nodes) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF486

CS Extension, SSF 6, Vagina Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1891

CS Extension, SSF 8, KidneyParenchyma (CS)**Description**

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 6 [distant (mediastinal, scalene) nodal status] are coded consistently for non-invasive Vagina cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 6 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Vagina:

If CS Extension = 000 (In situ, intraepithelial, noninvasive)

Then

CS Site-Specific Factor 6 [distant(mediastinal, scalene) nodal status]
must = 000 (negative mediastinal, scalene lymph nodes), 998 (mediastinal,
scalene lymph nodes not assessed), or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF487

CS Extension, SSF 8, KidneyParenchyma (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1892

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 8 (extranodal extension of regional nodes) are coded consistently for KidneyParenchyma cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 8 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Schema is not KidneyParenchyma

If schema is KidneyParenchyma:

If CS Extension = 000 (In situ, intraepithelial, noninvasive)

Then

CS Site-Specific Factor 8 (extranodal extension of regional nodes)
must = 000 (no regional lymph nodes involved) or 999 (unknown)

CS Extension, SSF 9, Head and Neck Schemas (CS)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF488

CS Extension, SSF 9, Head and Neck Schemas (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1866

Description

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 9 (extracapsular extension pathologically, lymph nodes for head and neck) are coded consistently for head and neck cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 9 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit is skipped if CS schema is NOT one of the following Head and Neck schemas:

BuccalMucosa
 EpiglottisAnterior
 FloorMouth
 GumLower
 GumOther
 GumUpper
 Hypopharynx
 LarynxGlottic
 LarynxOther
 LarynxSupraglottic
 LarynxSubglottic
 LipLower
 LipOther
 LipUpper
 MelanomaLipUpper
 MelanomaLipLower
 MelanomaLipOther
 MelanomaTongueAnterior
 MelanomaGumUpper
 MelanomaGumLower
 MelanomaGumOther
 MelanomaFloorMouth
 MelanomaPalateHard
 MelanomaMouthOther
 MelanomaBuccalMucosa

CS Extension, Surgery, Prostate Schema (CS)

MelanomaTongueBase
 MelanomaPalateSoft
 MelanomaOropharynx
 MelanomaNasopharynx
 MelanomaHypopharynx
 MelanomaPharynxOther
 MelanomaEpiglottisAnterior
 MelanomaLarynxGlottic
 MelanomaLarynxSupraglottic
 MelanomaLarynxSubglottic
 MelanomaLarynxOther
 MelanomaNasalCavity
 MelanomaSinusMaxillary
 MelanomaSinusEthmoid
 MelanomaSinusOther
 MiddleEar
 MouthOther
 NasalCavity
 Nasopharynx
 Oropharynx
 PalateHard
 PalateSoft
 ParotidGland
 PharyngealTonsil
 PharynxOther
 SalivaryGlandOther
 SinusEthmoid
 SinusMaxillary
 SinusOther
 SubmandibularGland
 TongueAnterior
 TongueBase

If CS Extension = 000 (in situ, intraepithelial, noninvasive)

Then

CS Site-Specific Factor 9 (extracapsular extension pathologically, lymph nodes for head and neck) must = 000 (no regional lymph nodes involved pathologically), 998 (no histopathologic examination of regional lymph nodes) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF489

CS Extension, Surgery, Prostate Schema (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

Edit Tag N0946

CS Extension, Surgery, Prostate Schema (CS)**Description**

This edit verifies that, for cases coded using the CS Prostate schema, if CS Extension indicates a TURP was done, then RX Summ--Surg Prim Site must also indicate a TURP, at least, was done.

This edit is skipped if any of the following conditions is true:

1. Schema is not C619 (prostate)
2. CS Extension is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid
5. Date of Diagnosis is blank
6. RX Summ--Surg Prim Site is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS Extension is coded 130 or 140 (TURP was done), then
RX Summ--Surg Prim Site must not = 00 (none) or 99 (unknown).

If year of Diagnosis is 2010 or higher OR CS Version Input Original is 020100 or higher:

If CS Extension is coded 100 (TURP was done), then
RX Summ--Surg Prim Site must not = 00 (none) or 99 (unknown).

Notes:

CS Extension 100 =

Incidental histologic finding on TURP, number of foci or percent involved tissue not specified (clinically inapparent); Stage A, NOS; Stated as cT1, NOS

CS Extension 130 =

Incidental histologic finding on TURP in 5% or less of tissue resected (clinically inapparent); Stated as cT1a based on TURP findings

CS Extension 140 =

Incidental histologic finding on TURP more than 5% of tissue resected (clinically inapparent); Stated as cT1b based on TURP findings

Administrative Notes

New edit - added to NAACCR v11.3 metafile.

In the SEER*Edits software, the title of this edit is: IF199

Modifications:**NAACCR v12.0:**

- Edit was modified to check 3-digit CS Extension codes (per CSv2) instead of 2-digit CSv1 codes.
- CS Extension code 100 was added as an additional code (along with 130 and 140) that requires at least a TURP be performed.

NAACCR v12A:

CS Extension, TS/Ext Eval, Prostate Schema (CS)

- Logic changed to include CS Extension code 100 as "TURP performed" only if year of Diagnosis is 2010+ or the case was originally coded using CSv2.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, TS/Ext Eval, Prostate Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N0950

Description

This edit verifies that for cases coded using the CS Prostate schema, CS Extension and CS Tumor Size/Ext Eval are consistent.

This edit is skipped if any of the following conditions is true:

1. CS Extension is blank
2. CS Tumor Size/Ext Eval is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Prostate:

1. If CS Extension is coded 130 [Incidental histologic finding in 5% or less of tissue resected (clinically inapparent); Stated as cT1a] or 140 [Incidental histologic finding more than 5% of tissue resected (clinically inapparent); Stated as cT1b]

then:

CS Tumor Size/Ext Eval must NOT = 0 (No prostatectomy done. Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used).

2. If CS Tumor Size/Ext Eval = 2 (No prostatectomy done, but positive biopsy of extraprostatic tissue allows assignment to CS Extension Codes 410-700 (see Note 3)

then:

CS Extension must = 410-700.

3. If CS Tumor Size/Ext Eval = 8 (Evidence from autopsy only)

then:

CS Extension must = 999 (Extension unknown).

CS Extension, Tumor Size, Lung Schema (CS)***Administrative Notes***

New edit - added to NAACCR v11.3 metafile.

In the SEER*Edits software, the title of this edit is: IF200

NAACCR v11.3A

11/2008

- Deleted:

If CS Extension is coded 15, then CS Tumor Size/Ext Eval must NOT = 0

- Added:

If CS Tumor Size/Ext Eval = 2, CS Extension must = 41-70.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.

- Edit was modified to check 3-digit CS Extension codes (per CSv2) instead of 2-digit CSv1 codes. Miscellaneous wording changed to match CSv2.

- Added: If CS Tumor Size/Ext Eval = 8 (Evidence from autopsy only), CS Extension must = 999 (Extension unknown).

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Extension, Tumor Size, Lung Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1713

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Extension and CS Tumor Size combinations for the Lung schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

If schema is Lung:

An error will be generated under the following conditions:

If CS Extension code = 000 (in situ)

AND CS Tumor Size = 997 [(diffuse (entire lobe)] or 998 [diffuse (entire lung or NOS)]

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Extension is empty
3. CS Tumor Size is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

CS Items - SEER Required - Non-SSF (CS)***Administrative Notes***

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF413

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - SEER Required - Non-SSF (CS)

Agency: SEER

Last changed: 01/28/2022 21:26:38

Edit Tag N2353

Description

The purpose of this edit is to verify that all CS data items required by SEER, other than the site-specific factors, are entered (not blank) per the SEER requirements. The site-specific factors are edited schema-specifically in other edits.

This edit is skipped if:

1. Year of Date of Diagnosis is blank.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid
4. Registry ID = 0000001562 (New York) or 0000001566 (Texas)

If year of Date of Diagnosis is greater than 2003 and less than 2016, then the following CS data items cannot be blank:

- CS Tumor Size
- CS Extension
- CS Lymph Nodes
- CS Mets at DX
- CS Version Input Original
- CS Version Input Current

If year of Date of Diagnosis is greater than 2007 and less than 2016 OR year of Date of Diagnosis is 2004-2015 and CS Version Input Original is greater than or = 020100 (indicating the case was originally coded using CSv2), then the following additional CS data items cannot be blank:

- CS Tumor Size/Ext Eval
- CS Lymph Nodes Eval

CS Items - SEER Required - Non-SSF (CS)

CS Mets Eval

If year of Date of Diagnosis is greater than 2009 and less than 2016 and Registry ID is not 0000001563 (Massachusetts), then the following additional CS data items cannot be blank:

CS Mets at DX-Bone
 CS Mets at DX-Brain
 CS Mets at DX-Liver
 CS Mets at DX-Lung

For cases diagnosed 2016 and 2017 this edit checks CS Extension. If CS extension is blank, then all non-SSF CS Items must be blank. If CS Extension is not blank, then all non-SSF CS items must not be blank.
 Non-ssf CS Items include:

CS Tumor Size
 CS Extension
 CS Lymph Nodes
 CS Mets at DX
 CS Tumor Size/Ext Eval
 CS Lymph Nodes Eval
 CS Mets Eval

If year of Date of Diagnosis is greater than 2015, then the following CS data items must be blank:

CS Mets at DX-Bone
 CS Mets at DX-Brain
 CS Mets at DX-Liver
 CS Mets at DX-Lung

Administrative Notes

New edit - added to NAACCR v12.0 metafile; replaces former edit "CS Items, Date of Diagnosis (SEER)"

In the SEER*Edits software, the title of this edit is: IF312

Modifications:**NAACCR v12.1**

- CS Site-Specific Factor25 was added to the list of fields required for all cases diagnosed 2004 and later.

NAACCR v13A

- Regional Nodes Examined and Regional Nodes Positive added to the list of fields required for all cases diagnosed 2004 and later.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Items - SEER Required - SSF 1 (CS)

NAACCR v16

-This edit checks that CS items are not blank when required. For cases diagnosed 2016 and later this edit checks CS Extension.

If CS

extension is blank, then all non-SSF CS Items must be blank. If CS Extension is not blank, then all non-SSF CS items must not be blank.

NAACCR v18

- Changed failure on invalid date to skip.

- Edit updated to check if CS Extension blank for casses diagnosed 2016 and 2017.

NAACCR v18D

- Description, logic updated, for diagnosis 2010-2015, CS Mets at DX--Bone, Brain, Liver, Lung not required for Registry ID

0000001563 (Massachusetts)

NAACCR v21

- Description, logic updated, skip added if registry is 0000001562, New York

NAACCR v22B

- Description, logic modified, edit skipped for Registry ID 0000001566 (Texas)

CS Items - SEER Required - SSF 1 (CS)

Agency: SEER

Last changed: 01/27/2022 19:29:39

Edit Tag N2355

Description

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank and year of diagnosis < 2016
2. CS Version Input Original is blank and year of diagnosis < 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor 1 cannot be blank.
2. For all Schemas, if year of Diagnosis is 2016 or later and CS Extension is blank (CS Items

CS Items - SEER Required - SSF 1 (CS)

NOT collected), CS Site-Specific Factor 1 must not be 988 (not applicable) for the schemas in

List 1, "Schemas for which CS Site-Specific Factor 1 is Required for CSv0205 by SEER" EXCEPT

for the following schemas: Retinoblastoma, Esophagus, EsophagusGE Junction, NETStomach and Stomach which can be 988.

3. For cases diagnosed in 2014-2015 OR (year of Diagnosis=2016-2017 and CS Extension is not

blank (CS items collected) OR (year of diagnosis in 2004-2015 and originally coded in CSv0205):

If year of Diagnosis is 2014-2015 OR (year of Diagnosis=2016-2017 and CS Extension is not blank

(CS items collected) OR (year of diagnosis=2004-2015 and CS Version Input Original is 020550)

(originally entered in CSv0205) or higher, then CS Site-Specific Factor 1 must not be 988 (not

applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 1 is Required

for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor 1 was required for earlier

versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these

particular schemas.

4. For cases diagnosed 2010-2013 OR originally coded in CSv0200-CSv0204:

If year of Diagnosis is 2010-2013 OR CS Version Input Original is greater than 020000 and less

than 020550 (indicating case originally entered in CSv0200-CSv0204), then CS Site-Specific

Factor 1 must not be 988 for the schemas in List 3, "Schemas for which CS Site-Specific Factor

1 is required for CSv0200-CSv0204 by SEER".

5. For cases diagnosed 2004-2009 AND originally coded in CSv01:

If year of Diagnosis is 2004-2009, then CS Site-Specific Factor 1 must not be 988 (not

applicable) for the schemas for which CS Site-Specific Factor 1 is required (see List 3 below),

with the following exceptions:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

1. If CS Site-Specific Factor 1 was not defined in CSv01xxxx (List 4 below), then CS Site-Specific Factor 1 must be coded 988.

2. If schema is Stomach, EsophagusGEJunction or NETStomach (both based on Stomach) - schemas that were added after the initial implementation of CSv01, CS Site-Specific Factor 1 can be any valid code including 988.

B. If CS Version Input Current > 020510 (indicating record was at least partially updated in CSv02xxxx):

CS Items - SEER Required - SSF 1 (CS)

1. If CS Site-Specific Factor 1 was not defined in CSv01 (see List 4 below), or schema is Stomach, EsophagusGEJunction, or NETStomach - schemas that were added after the initial implementation of CSv01, CS Site-Specific Factor 1 can be any valid code including 988.

List 1: Schemas for which CS Site-Specific Factor 1 is Required for CSv0205 by SEER

- "Required" means CS Site-Specific Factor 1 cannot = 988

 Appendix
 BileDuctsIntraHepat
 Bladder
 Brain
 Breast
 BuccalMucosa
 CNSOther
 Colon
 Conjunctiva
 EpiglottisAnterior
 FloorMouth
 GumLower
 GumOther
 GumUpper
 HeartMediastinum
 HemeRetic
 Hypopharynx
 IntracranialGland
 KaposiSarcoma
 KidneyParenchyma
 KidneyRenalPelvis
 LarynxGlottic
 LarynxOther
 LarynxSubglottic
 LarynxSupraglottic
 LipLower
 LipOther
 LipUpper
 Liver
 Lung
 Lymphoma
 LymphomaOcularAdnexa
 MelanomaBuccalMucosa
 MelanomaConjunctiva
 MelanomaEpiglottisAnterior
 MelanomaFloorMouth
 MelanomaGumLower
 MelanomaGumOther
 MelanomaGumUpper
 MelanomaHypopharynx
 MelanomaLarynxGlottic
 MelanomaLarynxOther
 MelanomaLarynxSubglottic
 MelanomaLarynxSupraglottic

CS Items - SEER Required - SSF 1 (CS)

MelanomaLipLower
 MelanomaLipOther
 MelanomaLipUpper
 MelanomaMouthOther
 MelanomaNasalCavity
 MelanomaNasopharynx
 MelanomaOropharynx
 MelanomaPalateHard
 MelanomaPalateSoft
 MelanomaPharynxOther
 MelanomaSinusEthmoid
 MelanomaSinusMaxillary
 MelanomaSinusOther
 MelanomaSkin
 MelanomaTongueAnterior
 MelanomaTongueBase
 MiddleEar
 MouthOther
 MycosisFungoides
 NasalCavity
 Nasopharynx
 Oropharynx
 Ovary
 PalateHard
 PalateSoft
 ParotidGland
 Peritoneum
 PeritoneumFemaleGen
 PharyngealTonsil
 PharynxOther
 Placenta
 Pleura
 Prostate
 Rectum
 Retroperitoneum
 SalivaryGlandOther
 SinusEthmoid
 SinusMaxillary
 SinusOther
 SmallIntestine
 SoftTissue
 SubmandibularGland
 Thyroid
 TongueAnterior
 TongueBase
 Urethra

List 2: Schemas for which CS Site-Specific Factor 1, although required for CSv0200-CSv0204, is no longer required as of CSv0205 and 988 is allowed

Cervix
 CorpusAdenosarcoma
 CorpusCarcinoma
 CorpusSarcoma
 FallopianTube
 MerkelCellPenis
 MerkelCellScrotum

CS Items - SEER Required - SSF 1 (CS)

MerkelCellSkin
 MerkelCellVulva
 Scrotum
 Skin
 Vagina

List 3: Schemas for which CS Site-Specific Factor 1 is required for CSv0200-
 CSv0204 by SEER

- "Required" means CS Site-Specific Factor 1 cannot = 988

 Appendix
 BileDuctsIntraHepat
 Bladder
 Brain
 Breast
 BuccalMucosa
 Cervix
 CNSOther
 Colon
 Conjunctiva
 CorpusAdenosarcoma
 CorpusCarcinoma
 CorpusSarcoma
 EpiglottisAnterior
 Esophagus
 EsophagusGEJunction
 FallopianTube
 FloorMouth
 GumLower
 GumOther
 GumUpper
 HeartMediastinum
 HemeRetic
 Hypopharynx
 IntracranialGland
 KaposiSarcoma
 KidneyParenchyma
 KidneyRenalPelvis
 LarynxGlottic
 LarynxOther
 LarynxSubglottic
 LarynxSupraglottic
 LipLower
 LipOther
 LipUpper
 Liver
 Lung
 Lymphoma
 LymphomaOcularAdnexa
 MelanomaBuccalMucosa
 MelanomaConjunctiva
 MelanomaEpiglottisAnterior
 MelanomaFloorMouth
 MelanomaGumLower
 MelanomaGumOther
 MelanomaGumUpper

CS Items - SEER Required - SSF 1 (CS)

MelanomaHypopharynx
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaSkin
MelanomaTongueAnterior
MelanomaTongueBase
MerkelCellPenis
MerkelCellScrotum
MerkelCellSkin
MerkelCellVulva
MiddleEar
MouthOther
MycosisFungoides
NasalCavity
Nasopharynx
NETStomach
Oropharynx
Ovary
PalateHard
PalateSoft
ParotidGland
Peritoneum
PeritoneumFemaleGen
PharyngealTonsil
PharynxOther
Placenta
Pleura
Prostate
Rectum
Retinoblastoma
Retroperitoneum
SalivaryGlandOther
Scrotum
SinusEthmoid
SinusMaxillary
SinusOther
Skin
SmallIntestine
SoftTissue
Stomach
SubmandibularGland
Thyroid
TongueAnterior

CS Items - SEER Required - SSF 1 (CS)

TongueBase
 Urethra
 Vagina

List 4: Schemas for which CS Site-Specific Factor 1, although required for CSV02, was not defined in CSV01

 Bladder
 Cervix
 Conjunctiva
 CorpusAdenosarcoma
 CorpusCarcinoma
 CorpusSarcoma
 Esophagus
 FallopianTube
 HeartMediastinum
 HemeRetic
 KidneyParenchyma
 KidneyRenalPelvis
 Lung
 MerkelCellPenis
 MerkelCellScrotum
 MerkelCellSkin
 MerkelCellVulva
 Peritoneum
 PeritoneumFemaleGen
 Retroperitoneum
 Scrotum
 Skin
 SmallIntestine
 SoftTissue
 Urethra
 Vagina

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF288

Modifications:**NAACCR v12.1**

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- CS versioning updated for CSV0203.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 1 cannot be blank.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v14

EditWriter 5

CS Items - SEER Required - SSF 10 (CS)

- Edit name changed from "CS Items - SEER/COC Required - SSF 1 (CS)" to "CS Items - SEER Required - SSF 1 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSv02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Updated to handle changes in SSF requirements

NAACCR v16

1. For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 1 cannot be blank.
2. For all Schemas, if year of Diagnosis is 2016 or later and CS Extension is NOT empty, CS Site-Specific Factor 1 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 1 is Required for CSv0205 by SEER" .
3. For all Schemas, if year of Diagnosis is 2016 or later and CS Extension is empty, CS Site-Specific Factor 1 must be 988 (not applicable) Retinoblastoma, Esophagus, EsophagusGE Junction, NetStomach and Stomach.

NAACCR v16D

- Description, logic for condition 3 updated to apply to diagnosis years 2016-2017

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

CS Items - SEER Required - SSF 10 (CS)

Agency: SEER

Last changed: 01/27/2022 19:37:48

*Edit Tag N2370***Description**

The purpose of this edit is to verify that CS Site-Specific Factor10 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

The logic is as follows:

CS Items - SEER Required - SSF 10 (CS)

1. For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor10 cannot be blank.
2. If year of Diagnosis is greater than 2015 and CS Extension is blank (CS Items NOT Collectd):
 - A. CS Site Specific Factor 10 must not be 988 (not applicable) for the shemas in List 1, "Schemas for which CS Site-Specific Factor 10 is Required for CSv0205 by SEER" EXCEPT for the following schema: BileDuctsIntrahepatic which can be 988
3. For cases diagnosed in 2014-2015 OR (year of Diagnosis = 2016-2017 and CS Extension is not blank (CS items collected) OR (year of diagnosis is 2004-2015 and originally coded in CSv0205:If year of Diagnosis is 2014-2015 OR (year of diagnosis=2016-2017 and CS Extension is not blank (CS items collected) or (year of diagnosis=2004-2015 and CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor10 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor10 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor10 was required for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

4. For cases diagnosed 2011-2013 OR originally coded in CSv0203-CSv0204: If year of Diagnosis is 2011-2013 OR CS Version Input Original is greater than 020000 and less than 020550 (indicating case originally entered in CSv0200-CSv0204), then CS Site-Specific Factor10 must not be 988 for the schemas in List 3, "Schemas for which CS Site-Specific Factor10 is required for CSv0200-CSv0204 by SEER".

5. For cases diagnosed 2010 OR originally coded in CSv0201-CSv0202: If year of Diagnosis is 2010 OR CS version Input Original is 0201xx or 0202xx: CS Site-Specific Factor10 must not be 988 for the schemas for which CS Site-Specific Factor10 is required.

Exceptions:

1. If schema = BileDuctsIntraHepat, the edit is skipped
(Note: BileDuctsIntraHepat was not required prior to CSv0203)

CS Items - SEER Required - SSF 10 (CS)

6. If year of Diagnosis is 2004-2009 AND CS version Input Original is 01xxxx:

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor10 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

List 1: Schemas for which CS Site-Specific Factor10 is Required for CSv0205 by SEER
- "Required" means CS Site-Specific Factor10 cannot = 988

BileDuctsIntraHepat
GISTPeritoneum
Hypopharynx
Nasopharynx
Oropharynx
PalateSoft
Penis
PharyngealTonsil
PharynxOther
Prostate
Testis
TongueBase

List 2: Schemas for which CS Site-Specific Factor10, although required for CSv0200-
CSv0204,
is
no longer required as of CSv0205 and 988 is allowed

Breast
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
SkinEyelid
Vulva

List 3: Schemas for which CS Site-Specific Factor10 is required for CSv0200-CSv0204
by SEER
- "Required" means CS Site-Specific Factor10 cannot = 988

BileDuctsIntraHepat (required only for cases diagnosed 2011+
or entered originally in CSv0203)
Breast
GISTPeritoneum
Hypopharynx
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
Nasopharynx
Oropharynx
PalateSoft
Penis

CS Items - SEER Required - SSF 10 (CS)

PharyngealTonsil
PharynxOther
Prostate
SkinEyelid
Testis
TongueBase
Vulva

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF297

Modifications:**NAACCR v12.1**

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- BileDuctsIntraHepat added to list of schemas requiring SSF 10 (required only for cases diagnosed 2011+ or entered originally in CSV0203)
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor10 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 10 (CS)" to "CS Items - SEER Required - SSF 10 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSV02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Updated to handle changes in SSF requirements

NAACCR v16

- Changes to this edit reflect changes to SEER reporting requirements in 2016. Edit modified to check if CS Extension is empty/not empty for cases diagnosed 2016 or later. Description states that if empty then certain schemas can be 988 (Bile Ducts Intrahepatic). Logic enforces CS Site-Specific Factor 10 must be 988 for Bile Ducts Intrahepatic. Edit also skips if CS Version Input Current/Original

CS Items - SEER Required - SSF 11 (CS)

is blank and diagnosis year is less than 2016.

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.
- Edit logic corrected to allow CS Site-Specific Factor 10 to be coded 988 for BileDuctsIntrahep schema. Logic previously required CS Site-Specific Factor to be coded 988.
- Administrative Note for v16 updated to detail edit changes.

NAACCR v16B

- Logic for condition 4 corrected to match description, logic checks for CS Version Input Original > 20000 and < 20550.

NAACCR v16D

- Description, logic for condition 3 updated to apply to diagnosis years 2016-2017

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

CS Items - SEER Required - SSF 11 (CS)

Agency: SEER

Last changed: 01/27/2022 19:38:41

Edit Tag N2155

Description

The purpose of this edit is to verify that CS Site-Specific Factor11 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor11 cannot be blank.

2. For cases diagnosed in 2014 or later OR originally coded in CSv0205:

CS Items - SEER Required - SSF 11 (CS)

If year of Diagnosis is 2014 or later OR CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor11 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor11 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor11 was required for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

3. For cases diagnosed 2010-2013 OR originally coded in CSv0200-CSv0204: If year of Diagnosis is 2010-2013 OR CS Version Input Original is greater than 020000 and less than 020550 (indicating case originally entered in CSv0200-CSv0204), then CS Site-Specific Factor11 must not be 988 for the schemas in List 3, "Schemas for which CS Site-Specific Factor11 is required for CSv0200-CSv0204 by SEER".

4. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor11 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

Exception:

- If the schema is Breast, CS Site-Specific Factor11 must not be blank. (For several SEER registries, CS Site-Specific Factor11 may contain HER2 codes for breast cases coded originally in CSv1.)

List 1: Schemas for which CS Site-Specific Factor11 is Required for CSv0205 by SEER
- "Required" means CS Site-Specific Factor11 cannot = 988

Appendix

Breast

GISTAppendix

GISTColon

GISTRectum

MelanomaBuccalMucosa

MelanomaEpiglottisAnterior

MelanomaFloorMouth

MelanomaGumLower

MelanomaGumOther

MelanomaGumUpper

MelanomaHypopharynx

CS Items - SEER Required - SSF 11 (CS)

MelanomaLarynxGlottic
 MelanomaLarynxOther
 MelanomaLarynxSubglottic
 MelanomaLarynxSupraglottic
 MelanomaLipLower
 MelanomaLipOther
 MelanomaLipUpper
 MelanomaMouthOther
 MelanomaNasalCavity
 MelanomaNasopharynx
 MelanomaOropharynx
 MelanomaPalateHard
 MelanomaPalateSoft
 MelanomaPharynxOther
 MelanomaSinusEthmoid
 MelanomaSinusMaxillary
 MelanomaSinusOther
 MelanomaTongueAnterior
 MelanomaTongueBase
 MerkelCellVulva
 Vulva

List 2: Schemas for which CS Site-Specific Factor11, although required for CSv0200-
 CSv0204,
 is
 no longer required as of CSv0205 and 988 is allowed

BileDuctsIntraHepat
 BileDuctsPerihilar
 BuccalMucosa
 FloorMouth
 GumLower
 GumOther
 GumUpper
 LipLower
 LipOther
 LipUpper
 MelanomaChoroid
 MelanomaCiliaryBody
 MelanomaIris
 MouthOther
 NasalCavity
 NETSmallIntestine
 NETStomach
 PalateHard
 Prostate
 SinusEthmoid
 SinusMaxillary
 SinusOther
 Skin
 TongueAnterior

List 3: Schemas for which CS Site-Specific Factor11 is required for CSv0200-CSv0204
 by SEER
 - "Required" means CS Site-Specific Factor11 cannot = 988

CS Items - SEER Required - SSF 11 (CS)

Appendix
BileDuctsIntraHepat
BileDuctsPerihilar
Breast
BuccalMucosa
FloorMouth
GISTAppendix
GISTColon
GISTRectum
GumLower
GumOther
GumUpper
LipLower
LipOther
LipUpper
MelanomaBuccalMucosa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaIris
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaTongueAnterior
MelanomaTongueBase
MerkelCellVulva
MouthOther
NasalCavity
NETSmallIntestine
NETStomach
PalateHard
Prostate
SinusEthmoid
SinusMaxillary
SinusOther
Skin
TongueAnterior
Vulva

CS Items - SEER Required - SSF 11 (CS)***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF298

Modifications:**NAACCR v12.1**

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- Testis schema removed from list of schemas requiring SSF11
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor11 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 11 (CS)" to "CS Items - SEER Required - SSF 11 (CS)" since

SEER

now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been

updated to

refer only to SEER.

- CS versioning updated to work for CSv02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Updated to handle changes in SSF requirements

NAACCR v16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

NAACCR v16B

- Logic for condition 3 corrected to match description, logic checks for CS Version Input Original > 20000 and < 20550

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

CS Items - SEER Required - SSF 12 (CS)

CS Items - SEER Required - SSF 12 (CS)

Agency: SEER

Last changed: 01/27/2022 19:39:33

*Edit Tag N2156***Description**

The purpose of this edit is to verify that CS Site-Specific Factor12 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016.
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor12 cannot be blank.

2. For cases diagnosed in 2014 or later OR originally coded in CSv0205:
If year of Diagnosis is 2014 or later OR CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor12 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor12 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor12 was required for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

3. For cases diagnosed 2010-2013 OR originally coded in CSv0200-CSv0204:
If year of Diagnosis is 2010-2013 OR CS Version Input Original is greater than 020000 and less than 020550 (indicating case originally entered in CSv0200-CSv0204), then CS Site-Specific Factor12 must not be 988 for the schemas in List 3, "Schemas for which CS Site-Specific Factor12 is required for CSv0200-CSv0204 by SEER".

4. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor12 must = 988.

CS Items - SEER Required - SSF 12 (CS)

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

List 1: Schemas for which CS Site-Specific Factor12 is Required for CSv0205 by SEER

- "Required" means CS Site-Specific Factor12 cannot = 988

 Prostate
 Scrotum
 Skin

List 2: Schemas for which CS Site-Specific Factor12, although required for CSv0200-CSv0204, is no longer required as of CSv0205 and 988 is allowed

 Breast
 GISTAppendix
 GISTColon
 GISTRectum
 MelanomaChoroid
 MelanomaCiliaryBody
 MelanomaIris
 NETSmallIntestine
 NETStomach

List 3: Schemas for which CS Site-Specific Factor12 is required for CSv0200-CSv0204 by SEER

- "Required" means CS Site-Specific Factor12 cannot = 988

 Breast
 GISTAppendix
 GISTColon
 GISTRectum
 MelanomaChoroid
 MelanomaCiliaryBody
 MelanomaIris
 NETSmallIntestine
 NETStomach
 Prostate
 Scrotum
 Skin

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF299

Modifications:

CS Items - SEER Required - SSF 13 (CS)

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor12 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 12 (CS)" to "CS Items - SEER Required - SSF 12 (CS)" since SEER

now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.

- CS versioning updated to work for CSv02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Updated to handle changes in SSF requirements

NAACCR v16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

NAACCR v16B

- Logic for condition 3 corrected to match description, logic checks for CS Version Input Original > 20000 and < 20550

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

CS Items - SEER Required - SSF 13 (CS)

Agency: SEER

Last changed: 01/27/2022 19:40:24

*Edit Tag N2157***Description**

The purpose of this edit is to verify that CS Site-Specific Factor13 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016.
2. CS Version Input Original is blank and year of diagnosis is less than

CS Items - SEER Required - SSF 13 (CS)

2016.

3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor13 cannot be blank.
2. For cases diagnosed in 2014 or later OR originally coded in CSv0205: If year of Diagnosis is 2014 or later OR CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor13 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor13 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor13 was required for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

3. For cases diagnosed 2010-2013 OR originally coded in CSv0200-CSv0204: If year of Diagnosis is 2010-2013 OR CS Version Input Original is greater than 020000 and less than 020550 (indicating case originally entered in CSv0200-CSv0204), then CS Site-Specific Factor13 must not be 988 for the schemas in List 3, "Schemas for which CS Site-Specific Factor13 is required for CSv0200-CSv0204 by SEER".

4. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor13 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

List 1: Schemas for which CS Site-Specific Factor13 is Required for CSv0205 by SEER

- "Required" means CS Site-Specific Factor13 cannot = 988

Breast
Prostate
Testis

CS Items - SEER Required - SSF 13 (CS)

List 2: Schemas for which CS Site-Specific Factor13, although required for CSv0200-CSv0204, is no longer required as of CSv0205 and 988 is allowed

 MelanomaChoroid
 MelanomaCiliaryBody
 MelanomaIris

List 3: Schemas for which CS Site-Specific Factor13 is required for CSv0200-CSv0204 by SEER

- "Required" means CS Site-Specific Factor13 cannot = 988

 Breast
 MelanomaChoroid
 MelanomaCiliaryBody
 MelanomaIris
 Prostate
 Testis

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF300

Modifications:**NAACCR v12.1**

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- CS versioning updated for CSV0203.
- Testis added to list of schemas requiring SSF 13
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor13 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 13 (CS)" to "CS Items - SEER Required - SSF 13 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSV02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Updated to handle changes in SSF requirements

NAACCR v16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

CS Items - SEER Required - SSF 14 (CS)

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

NAACCR v16B

- Logic for condition 3 corrected to match description, logic checks for CS Version Input Original > 20000 and < 20550

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

CS Items - SEER Required - SSF 14 (CS)

Agency: SEER

Last changed: 01/27/2022 19:41:06

Edit Tag N2158**Description**

The purpose of this edit is to verify that CS Site-Specific Factor14 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016.
2. CS Version Input Original is blank and year of diagnosis is less than 2016.
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor14 cannot be blank.
2. If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher then
 CS Site-Specific Factor14 must not 988 for the schemas for which CS Site-Specific Factor14 is required.
3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:
 If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):
 CS Site-Specific Factor14 must = 988.

CS Items - SEER Required - SSF 14 (CS)

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

Exception:

- If the schema is Breast, CS Site-Specific Factor14 must not be blank.

(For several SEER registries, CS Site-Specific Factor14 may contain HER2 codes for breast cases coded originally in CSv1.)

List of Schemas for which CS Site-Specific Factor 14 is Required for CSv2 by SEER

Breast

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF301

Modifications:**NAACCR v12.1**

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor14 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2A

- Description fixed: second item #2 changed to item #3.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 14 (CS)" to "CS Items - SEER Required - SSF 14 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSv02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

CS Items - SEER Required - SSF 15 (CS)

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

CS Items - SEER Required - SSF 15 (CS)

Agency: SEER

Last changed: 01/27/2022 19:41:50

Edit Tag N2159

Description

The purpose of this edit is to verify that CS Site-Specific Factor15 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor15 cannot be blank.

2. If year of Diagnosis is 2011 or later OR CS Version Input Original is 020302 or higher:
then

CS Site-Specific Factor15 must not be 988 for the schemas for which CS Site-Specific Factor15 is required.

3. If year of Diagnosis is 2010 OR CS Version Input Original is 0201xx or 0202xx:
then

CS Site-Specific Factor15 must not be 988 for the schemas for which CS Site-Specific Factor15 is required.

Exceptions:

1. If schema = Breast, the edit is skipped
(Note: Breast was not required prior to CSv0203)

4. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

- A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Items - SEER Required - SSF 15 (CS)

then

CS Site-Specific Factor15 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

Exception:

- If the schema is Breast, CS Site-Specific Factor15 must not be blank. (For several SEER registries, CS Site-Specific Factor15 may contain HER2 codes for breast cases coded originally in CSv1.)

List of Schemas for which CS Site-Specific Factor 15 is Required for CSv0203 by SEER

Breast (required only for cases diagnosed 2011+
or entered originally in CSv0203 or higher)
Testis

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF302

Modifications:

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 15 (CS)" to "CS Items - SEER Required - SSF 15 (CS)" since SEER

now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.

- CS versioning updated to work for CSv02.05

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

CS Items - SEER Required - SSF 16 (CS)

CS Items - SEER Required - SSF 16 (CS)

Agency: SEER

Last changed: 01/27/2022 19:42:32

Edit Tag N2160

Description

The purpose of this edit is to verify that CS Site-Specific Factor16 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016.
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor16 cannot be blank.
2. If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher then
 CS Site-Specific Factor16 must not be 988 for the schemas for which CS Site-Specific Factor16 is required.
3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:
 - A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor16 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

List of Schemas for which CS Site-Specific Factor 16 is Required for CSv2 by SEER

-
- MerkelCellPenis
 - MerkelCellScrotum
 - MerkelCellSkin
 - MerkelCellVulva
 - NETColon
 - NETRectum
 - Scrotum
 - Skin

CS Items - SEER Required - SSF 17 (CS)

Testis

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF303

Modifications:**NAACCR v12.1**

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- Testis added to schemas requiring SSF 16
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor16 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 16 (CS)" to "CS Items - SEER Required - SSF 16 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSv02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

CS Items - SEER Required - SSF 17 (CS)**Agency: SEER****Last changed: 01/27/2022 19:43:18*****Edit Tag N2161***

CS Items - SEER Required - SSF 17 (CS)**Description**

The purpose of this edit is to verify that CS Site-Specific Factor17 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016.
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor17 cannot be blank.

2. If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher then

CS Site-Specific Factor17 must not be 988 for the schemas for which CS Site-Specific Factor17 is required.

3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor17 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

List of Schemas for which CS Site-Specific Factor17 is Required for CSv2 by SEER

-

MerkelCellPenis
MerkelCellScrotum
MerkelCellSkin
MerkelCellVulva
NETColon
NETRectum
Penis

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF304

CS Items - SEER Required - SSF 18 (CS)

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor17 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 17 (CS)" to "CS Items - SEER Required - SSF 17 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSV02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

CS Items - SEER Required - SSF 18 (CS)

Agency: SEER

Last changed: 01/27/2022 19:44:02

Edit Tag N2162**Description**

The purpose of this edit is to verify that CS Site-Specific Factor18 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016.
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and

CS Items - SEER Required - SSF 18 (CS)

schema is not Brain, CNSOther, or IntracranialGland

4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor18 cannot be blank.
2. If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher then
 CS Site-Specific Factor18 must not be 988 for the schemas for which CS Site-Specific Factor18 is required.
3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:
 - A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor18 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

List of Schemas for which CS Site-Specific Factor18 is Required for CSv2 by SEER

MerkelCellPenis
 MerkelCellScrotum
 MerkelCellSkin
 MerkelCellVulva

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF305

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor18 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 18 (CS)" to "CS Items - SEER Required - SSF

CS Items - SEER Required - SSF 19 (CS)

18 (CS)" since SEER

now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.

- CS versioning updated to work for CSv02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

CS Items - SEER Required - SSF 19 (CS)

Agency: SEER

Last changed: 01/27/2022 19:46:47

Edit Tag N2163

Description

This edit verifies that CS Site-Specific Factor19 is populated based on the SEER requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor19 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

CS Items - SEER Required - SSF 2 (CS)

In the SEER*Edits software, the title of this edit is: IF306

Modifications:**NAACCR v14**

- Edit name changed from "CS Items - SEER/COC Required - SSF 19 (CS)" to "CS Items - SEER Required - SSF 19 (CS)" since SEER

now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.

- CS versioning updated to work for CSv02.05

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

Updated edit to pass if (t_schema_number < 0) or (t_schema_number > t_max_schemas)

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

CS Items - SEER Required - SSF 2 (CS)

Agency: SEER

Last changed: 01/27/2022 19:30:32

Edit Tag N2368

Description

The purpose of this edit is to verify that CS Site-Specific Factor 2 is entered for the schemas for which it is required by SEER.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank and year of diagnosis < 2016
2. CS Version Input Original is blank and year of diagnosis < 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor 2 cannot be blank.

2. If year of Diagnosis > 2015 and CS Extension is blank (CS items NOT collected):

A. CS Site-Specific Factor 2 must not be 988 (not applicable) for the schemas in List 1,

"Schemas for which CS Site-Specific Factor 2 is Required for CSv0205 by SEER"

CS Items - SEER Required - SSF 2 (CS)

EXCEPT for the following schemas: Appendix, Carcinoid Appendix, Colon, NETColon, NETRectum, Rectum, and SmallIntestine which can be 988.

3. For cases diagnosed in 2014-15 OR (year of Diagnosis=2016-2017 and CS Extension is not blank (CS items collected) OR (year of diagnosis in 2004-2015 and originally coded in CSv0205):
If year of Diagnosis is 2014-2015 OR (year of Diagnosis=2016-2017 and CS Extension is not blank (CS items collected) OR (year of diagnosis=2004-2015 and CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor 2 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 2 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor 2 was required for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

4. For cases diagnosed 2011-2013 OR originally coded in CSv0203-CSv0204:
If year of Diagnosis is 2011-2013 OR CS Version Input Original is 020302 or higher:
then

CS Site-Specific Factor 2 must not be 988 for the schemas for which CS Site-Specific Factor 2 is required (see List 3 below).

Note: For remaining conditions, skip if schema is MyelomaPlasmaCellDisorder, since CS Site-Specific Factor 2 is required only for cases diagnosed 2011 or later OR entered originally in CSv0203 or higher

5. For cases diagnosed 2010 OR originally coded in CSv0201xx or CSv0202xx:
If year of Diagnosis is 2010 OR CS Version Input Original is 0201xx or 0202xx:
then

CS Site-Specific Factor 2 must not be 988 for the schemas for which CS Site-Specific Factor 2 is required (see List 3 below).

6. For cases diagnosed 2004-2009 AND originally coded in CSv01:
If year of Diagnosis is 2004-2009, then CS Site-Specific Factor 2 must not be 988 (not applicable) for the schemas for which CS Site-Specific Factor 2 is required (see List 3 below),
with the following exceptions:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

1. If CS Site-Specific Factor 2 was not defined in CSv01xxxx (List 4 below), then CS Site-Specific Factor 2 must be coded 988.
2. If schema is = Appendix, CarcinoidAppendix, or NETColon (all three based on Colon schema), Colon, NETRectum (based on Rectum schema),

CS Items - SEER Required - SSF 2 (CS)

or Rectum (schemas that were added after the initial implementation of CSv01)
then

CS Site-Specific Factor 2 can be any valid code including 988.

B. If CS Version Input Current > 020510 (indicating record was at least partially updated in CSv02xxxx):

1. If CS Site-Specific Factor 2 was not defined in CSv01 (see List 4 below), or schema is Appendix, CarcinoidAppendix, Colon, NETColon, NETRectum, or Rectum - schemas that were added after the initial implementation of CSv01, CS Site-Specific Factor 2 can be any valid code including 988.

List 1: List of Schemas for which CS Site-Specific Factor 2 is required for CSv0205 by SEER

- "Required" means CS Site-Specific Factor 2 cannot = 988

Appendix
Bladder
Breast
CarcinoidAppendix
Colon
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
KidneyParenchyma
Lung
Lymphoma
LymphomaOcularAdnexa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaConjunctiva
MelanomaSkin
MyelomaPlasmaCellDisorder (required only for cases diagnosed 2011+
or entered originally in CSv0203 or later)

NETColon
NETRectum
Pleura
Prostate
Rectum
SmallIntestine

List 2: Schemas for which CS Site-Specific Factor 2, although required for CSv0200-CSv0204, is no longer required as of CSv0205 and 988 is allowed

BileDuctsIntraHepat
KidneyRenalPelvis
Liver
Ovary
PeritoneumFemaleGen
Placenta
Vagina

CS Items - SEER Required - SSF 2 (CS)

List 3: List of Schemas for which CS Site-Specific Factor 2 is required for CSv0200-CSv0204 by SEER

- "Required" means CS Site-Specific Factor 2 cannot = 988

Appendix

BileDuctsIntraHepat

Bladder

Breast

CarcinoidAppendix

Colon

CorpusAdenosarcoma

CorpusCarcinoma

CorpusSarcoma

KidneyParenchyma

KidneyRenalPelvis

Liver

Lung

Lymphoma

LymphomaOcularAdnexa

MelanomaChoroid

MelanomaCiliaryBody

MelanomaConjunctiva

MelanomaSkin

MyelomaPlasmaCellDisorder (required only for cases diagnosed 2011+
or entered originally in CSv0203 or later)

NETColon

NETRectum

Ovary

PeritoneumFemaleGen

Placenta

Pleura

Prostate

Rectum

SmallIntestine

Vagina

List 4: List of schemas for which CS Site-Specific Factor 2, although required for CSv02, was not defined in CSv01:

Bladder

CorpusAdenosarcoma

CorpusCarcinoma

CorpusSarcoma

KidneyParenchyma

KidneyRenalPelvis

Lung

MelanomaChoroid

MelanomaCiliaryBody

MelanomaConjunctiva

Ovary

PeritoneumFemaleGen

Placenta

Pleura

SmallIntestine

CS Items - SEER Required - SSF 2 (CS)

Vagina

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF289

Modifications:**NAACCR v12.1**

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- MyelomaPlasmaCellDisorder added to list of schemas requiring SSF 2
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 2 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2A

- Edit logic corrected: two brackets removed so that pre-2010 cases originally entered in CSv01 and updated to CSv02 will correctly fail for a code of 988.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 2 (CS)" to "CS Items - SEER Required - SSF 2 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSv02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Updated to handle changes in SSF requirements

NAACCR v16

- Changes to this edit reflect changes to SEER reporting requirements in 2016

NAACCR v16B

- Edit logic corrected for condition 2

NAACCR v16D

- Description, logic for condition 3 updated to apply to diagnosis years 2016-2017

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

CS Items - SEER Required - SSF 20 (CS)

CS Items - SEER Required - SSF 20 (CS)

Agency: SEER

Last changed: 01/27/2022 19:47:33

Edit Tag N2167

Description

This edit verifies that CS Site-Specific Factor20 is populated based on the SEER requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor20 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF307

Modifications:

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 20 (CS)" to "CS Items - SEER Required - SSF 20(CS)" since SEER

now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.

- CS versioning updated to work for CSv02.05

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

Updated edit to pass if (t_schema_number < 0) or (t_schema_number > t_max_schemas)

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

NAACCR v22B

CS Items - SEER Required - SSF 21 (CS)

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

CS Items - SEER Required - SSF 21 (CS)

Agency: SEER

Last changed: 01/27/2022 19:48:08

Edit Tag N2168

Description

The purpose of this edit is to verify that CS Site-Specific Factor21 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor21 cannot be blank.

2. For cases diagnosed in 2014 or later OR originally coded in CSv0205: If year of Diagnosis is 2014 or later OR CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor21 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor21 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor21 was required for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

3. For cases diagnosed 2010-2013 OR originally coded in CSv0200-CSv0204: If year of Diagnosis is 2010-2013 OR CS Version Input Original is greater than 020000 and less than 020550 (indicating case originally entered in CSv0200-CSv0204), then CS Site-Specific Factor21 must not be 988 for the schemas in List 3, "Schemas for which CS Site-Specific Factor21 is required for CSv0200-CSv0204 by SEER".

4. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

CS Items - SEER Required - SSF 21 (CS)

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor21 must = 988.

List 1: Schemas for which CS Site-Specific Factor21 is Required for CSv0205 by SEER
- "Required" means CS Site-Specific Factor21 cannot = 988

-

None

List 2: Schemas for which CS Site-Specific Factor21, although required for CSv0200-
CSv0204, is
no longer required as of CSv0205 and 988 is
allowed-----

-

-
Breast

List 3: Schemas for which CS Site-Specific Factor21 is required for CSv0200-CSv0204
by SEER
- "Required" means CS Site-Specific Factor21 cannot = 988

-

Breast

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF308

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor21 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 21 (CS)" to "CS Items - SEER Required - SSF 21 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has

CS Items - SEER Required - SSF 22 (CS)

been updated to
refer only to SEER.

- CS versioning updated to work for CSv02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Updated to handle changes in SSF requirements

NAACCR v16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

NAACCR v16B

- Logic for condition 3 corrected to match description, logic checks for CS Version Input Original > 20000 and < 20550

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

CS Items - SEER Required - SSF 22 (CS)

Agency: SEER

Last changed: 01/27/2022 19:48:56

Edit Tag N2169

Description

The purpose of this edit is to verify that CS Site-Specific Factor22 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor22 cannot be blank.
2. If year of Diagnosis is 2010 or later OR CS Version Input Original is

CS Items - SEER Required - SSF 22 (CS)

020001 or higher
then

CS Site-Specific Factor22 must not be 988 for the schemas
for which CS Site-Specific Factor22 is required.

3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

If CS Version Input Current = 020510 (not changed since
conversion from CSv01 to CSv02):

CS Site-Specific Factor22 must = 988.

List of Schemas for which CS Site-Specific Factor 22 is Required for CSv2 by
SEER

Breast
MerkelCellPenis
MerkelCellScrotum
MerkelCellSkin
MerkelCellVulva

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF309

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor22 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v12.2A

- Description fixed: second item #2 changed to item #3.

NAACCR v13A

- SEER IF# changed from IF308 to IF309

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 22 (CS)" to "CS Items - SEER Required - SSF 22 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.

CS Items - SEER Required - SSF 23 (CS)

- CS versioning updated to work for CSv02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

CS Items - SEER Required - SSF 23 (CS)

Agency: SEER

Last changed: 01/27/2022 19:50:03

Edit Tag N2170**Description**

The purpose of this edit is to verify that CS Site-Specific Factor23 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor23 cannot be blank.

2. If year of Diagnosis is 2010 or later OR CS Version Input Original is 020001 or higher then

CS Site-Specific Factor23 must not be 988 for the schemas for which CS Site-Specific Factor23 is required.

3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

CS Items - SEER Required - SSF 23 (CS)

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor23 must = 988.

List of Schemas for which CS Site-Specific Factor 23 is Required for CSV2 by SEER

Breast

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF310

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor23 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v12.2A

- Description fixed: second item #2 changed to item #3.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 23 (CS)" to "CS Items - SEER Required - SSF 23 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSV02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

CS Items - SEER Required - SSF 24 (CS)

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

CS Items - SEER Required - SSF 24 (CS)

Agency: SEER

Last changed: 01/27/2022 19:50:53

*Edit Tag N2171***Description**

This edit verifies that CS Site-Specific Factor24 is populated based on the SEER requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor24 cannot be blank.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF311

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 24 (CS)" to "CS Items - SEER Required - SSF 24 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.

- CS versioning updated to work for CSv02.05

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

-Updated edit to pass if (t_schema_number < 0) or (t_schema_number > t_max_schemas)

CS Items - SEER Required - SSF 25 (CS)

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

CS Items - SEER Required - SSF 25 (CS)**Agency: SEER****Last changed: 02/07/2018 22:11:11***Edit Tag N2294***Description**

The purpose of this edit is to verify that CS Site-Specific Factor 25 is entered for the schemas for which it is required by SEER.

This edit is skipped if any of the following conditions is true:

1. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
2. CS schema is invalid
3. Date of Diagnosis is blank or invalid

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor 25 cannot be blank.

2. For all Schemas, if year of Diagnosis is 2016 or later and CS Extension is NOT empty (CS Items collected), CS Site-Specific Factor 25 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 25 is required"

3. For all Schemas, if year of Diagnosis is 2016 or later and CS Extension is empty (CS Items not collected), CS Site-Specific Factor 25 must not be 988 (not applicable) for the schemas in List 1, EXCEPT for the schemas Peritoneum and PeritoneumFemaleGen which can be 988.

4. For all schemas, if year of Diagnosis is 2004-2015, CS Site-Specific Factor 25 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 25 is required"

List 1: Schemas for which CS Site-Specific Factor 25 is Required by SEER

- "Required" means CS Site-Specific Factor 25 cannot = 988

BileDuctsDistal
BileDuctsPerihilar

CS Items - SEER Required - SSF 3 (CS)

CysticDuct
 EsophagusGEJunction
 LacrimalGland
 LacrimalSac
 MelanomaCiliaryBody
 MelanomaIris
 Nasopharynx
 Peritoneum
 PeritoneumFemaleGen
 PharyngealTonsil
 Stomach

Administrative Notes

New Edit for NAACCR v16 IF536

Modifications

NAACCR v16A

- Description updated to specify schemas which require CS Site-Specific Factor 25 to be collected for year of diagnosis 2004-2015 and 2016. For 2016, if CS Extension is not blank, CS Site-Specific Factor 25 must not equal 988 for all schemas listed. For 2016, if CS

Extension is blank, CS Site-Specific Factor 25 must not equal 988 for all schemas listed, except it can be 988 for PeritoneumFemaleGen.

- Logic updated to require for year of diagnosis = 2016 and CS Extension is not blank, that CS Site-Specific Factor must not equal 988

for PeritoneumFemaleGen

- Logic updated to allow for year of diagnosis = 2016 and CS Extension is blank, that CS Site-Specific Factor 25 can equal 988 for

PeritoneumFemaleGen

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

CS Items - SEER Required - SSF 3 (CS)

Agency: SEER

Last changed: 01/27/2022 19:31:38

Edit Tag N2369

Description

The purpose of this edit is to verify that CS Site-Specific Factor 3 is entered for the schemas for which it is required by SEER.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016
2. CS Version Input Original is blank and year of diagnosis is less than 2016

CS Items - SEER Required - SSF 3 (CS)

3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor 3 cannot be blank.

2. If year of Diagnosis > 2015 and CS Extension is blank (CS items NOT collected):

A. CS Site-Specific Factor 3 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 3 is Required for CSv0205 by SEER" EXCEPT for the following schemas: Lacrimal Gland, Melanoma Skin, MerkelCell Penis, MerkelCell Scrotum, MerkelCell Skin, Prostate, and Skin Eyelid which can be 988.

3. For cases diagnosed in 2014-2015 OR (year of Diagnosis=2016-2017 and CS Extension is not

blank (CS items collected) OR (year of diagnosis in 2004-2015 and originally coded in CSv0205):

If year of Diagnosis is 2014-2015 OR (year of Diagnosis=2016-2017 and CS Extension is not blank

(CS items collected) OR (year of diagnosis=2004-2015 and CS Version Input Original is 020550)

(originally entered in CSv0205) or higher, then CS Site-Specific Factor 3 must not be 988

(not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 3 is

Required

for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor 3 was required for earlier

versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

4. For cases diagnosed 2011-2013 OR originally coded in CSv0203-CSv0204:

If year of Diagnosis is 2011-2013 OR CS Version Input Original is 020302 or higher: then

CS Site-Specific Factor 3 must not be 988 for the

schemas for which CS Site-Specific Factor 3 is required (see List 3 below).

Note: For remaining conditions, skip if schema is MyelomaPlasmaCellDisorder, since CS Site-

Specific Factor 3 is required only for cases diagnosed 2011 or later OR entered originally in

CS Items - SEER Required - SSF 3 (CS)

CSv0203 or higher

5. For cases diagnosed 2010 OR originally coded in CSv0201xx or CSv0202xx:
If year of Diagnosis is 2010 OR CS Version Input Original is 0201xx or 0202xx:
then

CS Site-Specific Factor 3 must not be 988 for the schemas
for which CS Site-Specific Factor 3 is required (see List 3 below).

6. For cases diagnosed 2004-2009 AND originally coded in CSv01:
If year of Diagnosis is 2004-2009, then CS Site-Specific Factor 3 must not be 988
(not applicable) for the schemas for which CS Site-Specific Factor 3 is required (see
List 3 below),
with the following exceptions:

A. If CS Version Input Current = 020510 (not changed since
conversion from CSv01 to CSv02):

CS Site-Specific Factor 3 must not be 988.

Exceptions:

1. If CS Site-Specific Factor 3 was not defined in CSv01 (see List 4
below)
then
CS Site-Specific Factor 3 must be coded 988.

B. If CS Version Input Current > 020510 [indicating record was at least
partially updated in CSv02 (any version)]:

CS Site-Specific Factor 3 must not be 988.

Exceptions:

1. If CS Site-Specific Factor 3 was not defined in CSv01
(see List 4 below),
then
CS Site-Specific Factor 3 can be any valid code including 988.

List 1: List of Schemas for which CS Site-Specific Factor 3 is required for CSv0205
by SEER

- "Required" means CS Site-Specific Factor 3 cannot = 988

Bladder
Breast
BuccalMucosa
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
EpiglottisAnterior
FloorMouth
GumLower
GumOther
GumUpper
HeartMediastinum
Hypopharynx
KidneyParenchyma
LarynxGlottic
LarynxOther

CS Items - SEER Required - SSF 3 (CS)

LarynxSubglottic
 LarynxSupraglottic
 LipLower
 LipOther
 LipUpper
 MelanomaBuccalMucosa
 MelanomaChoroid
 MelanomaCiliaryBody
 MelanomaEpiglottisAnterior
 MelanomaFloorMouth
 MelanomaGumLower
 MelanomaGumOther
 MelanomaGumUpper
 MelanomaHypopharynx
 MelanomaIris
 MelanomaLarynxGlottic
 MelanomaLarynxOther
 MelanomaLarynxSubglottic
 MelanomaLarynxSupraglottic
 MelanomaLipLower
 MelanomaLipOther
 MelanomaLipUpper
 MelanomaMouthOther
 MelanomaNasalCavity
 MelanomaNasopharynx
 MelanomaOropharynx
 MelanomaPalateHard
 MelanomaPalateSoft
 MelanomaPharynxOther
 MelanomaSinusEthmoid
 MelanomaSinusMaxillary
 MelanomaSinusOther
 MelanomaSkin
 MelanomaTongueAnterior
 MelanomaTongueBase
 MerkelCellPenis
 MerkelCellScrotum
 MerkelCellSkin
 MerkelCellVulva
 MiddleEar
 MouthOther
 MyelomaPlasmaCellDisorder (required only for cases diagnosed 2011+
 or entered originally in CSv0203)
 NasalCavity
 Nasopharynx
 Oropharynx
 Ovary
 PalateHard
 PalateSoft
 ParotidGland
 PeritoneumFemaleGen
 PharyngealTonsil
 PharynxOther
 Prostate
 SalivaryGlandOther
 SinusEthmoid
 SinusMaxillary
 SinusOther

CS Items - SEER Required - SSF 3 (CS)

SkinEyelid
 SoftTissue
 SubmandibularGland
 TongueAnterior
 TongueBase

List 2: Schemas for which CS Site-Specific Factor 3, although required for CSv0200-
 CSv0204,
 is
 no longer required as of CSv0205 and 988 is allowed

 Appendix
 Bone
 Colon
 Liver
 Lymphoma
 LymphomaOcularAdnexa
 Rectum
 SmallIntestine
 Vagina

List 3: List of Schemas for which CS Site-Specific Factor 3 is required for
 CSv0200-CSv0204
 by
 SEER

- "Required" means CS Site-Specific Factor 3 cannot = 988

 Appendix
 Bladder
 Bone
 Breast
 BuccalMucosa
 Colon
 CorpusAdenosarcoma
 CorpusCarcinoma
 CorpusSarcoma
 EpiglottisAnterior
 FloorMouth
 GumLower
 GumOther
 GumUpper
 HeartMediastinum
 Hypopharynx
 KidneyParenchyma
 LarynxGlottic
 LarynxOther
 LarynxSubglottic
 LarynxSupraglottic
 LipLower
 LipOther
 LipUpper
 Liver
 Lymphoma
 LymphomaOcularAdnexa
 MelanomaBuccalMucosa

CS Items - SEER Required - SSF 3 (CS)

MelanomaChoroid
 MelanomaCiliaryBody
 MelanomaEpiglottisAnterior
 MelanomaFloorMouth
 MelanomaGumLower
 MelanomaGumOther
 MelanomaGumUpper
 MelanomaHypopharynx
 MelanomaIris
 MelanomaLarynxGlottic
 MelanomaLarynxOther
 MelanomaLarynxSubglottic
 MelanomaLarynxSupraglottic
 MelanomaLipLower
 MelanomaLipOther
 MelanomaLipUpper
 MelanomaMouthOther
 MelanomaNasalCavity
 MelanomaNasopharynx
 MelanomaOropharynx
 MelanomaPalateHard
 MelanomaPalateSoft
 MelanomaPharynxOther
 MelanomaSinusEthmoid
 MelanomaSinusMaxillary
 MelanomaSinusOther
 MelanomaSkin
 MelanomaTongueAnterior
 MelanomaTongueBase
 MerkelCellPenis
 MerkelCellScrotum
 MerkelCellSkin
 MerkelCellVulva
 MiddleEar
 MouthOther
 MyelomaPlasmaCellDisorder (required only for cases diagnosed 2011+
 or entered originally in CSv0203)
 NasalCavity
 Nasopharynx
 Oropharynx
 Ovary
 PalateHard
 PalateSoft
 ParotidGland
 PeritoneumFemaleGen
 PharyngealTonsil
 PharynxOther
 Prostate
 Rectum
 SalivaryGlandOther
 SinusEthmoid
 SinusMaxillary
 SinusOther
 SkinEyelid
 SmallIntestine
 SoftTissue
 SubmandibularGland
 TongueAnterior

CS Items - SEER Required - SSF 3 (CS)

TongueBase
Vagina

List 4: List of schemas for which CS Site-Specific Factor 3, although required for CSv02, was not defined in CSv01:

Appendix
Bladder
Bone
Colon
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
HeartMediastinum
KidneyParenchyma
Liver
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
MerkelCellPenis
MerkelCellScrotum
MerkelCellSkin
MerkelCellVulva
Ovary
PeritoneumFemaleGen
Rectum
SkinEyelid
SmallIntestine
SoftTissue
Vagina

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF290

Modifications:**NAACCR v12.1**

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- MyelomaPlasmaCellDisorder added to list of schemas requiring SSF 2
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 2 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v12.2A

- Edit logic corrected: two brackets removed so that pre-2010 cases originally entered in CSv01 and updated to CSv02 will correctly fail

CS Items - SEER Required - SSF 4 (CS)

for a code of 988.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 2 (CS)" to "CS Items - SEER Required - SSF 2 (CS)" since

SEER now

has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated

to refer

only to SEER.

- CS versioning updated to work for CSv02.05

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

- Updated to handle changes in SSF requirements

NAACCR v16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than

2016

NAACCR v16D

- Description, logic for condition 3 updated to apply to diagnosis years 2016-2017

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

CS Items - SEER Required - SSF 4 (CS)

Agency: SEER

Last changed: 01/27/2022 19:32:27

Edit Tag N2177

Description

The purpose of this edit is to verify that CS Site-Specific Factor 4 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor 4 cannot

CS Items - SEER Required - SSF 4 (CS)

be blank.

2. If year of Date of Diagnosis is 2004-2009 AND schema is Prostate, then CS Site-Specific Factor 4 must not be 988 (not applicable: Information not collected for this case).

3. For cases diagnosed in 2014 or later OR originally coded in CSv0205: If year of Diagnosis is 2014 or later OR CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor 4 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 4 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor 4 was required for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

4. For cases diagnosed 2010-2013 OR originally coded in CSv0200-CSv0204: If year of Diagnosis is 2010-2013 OR CS Version Input Original is greater than 020000 and less than 020550 (indicating case originally entered in CSv0200-CSv0204), then CS Site-Specific Factor 4 must not be 988 for the schemas in List 3, "Schemas for which CS Site-Specific Factor 1 is required for CSv0200-CSv0204 by SEER".

5. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 4 must not be 988.

Exceptions:

1. If CS Site-Specific Factor 4 was not defined in CSv01 (see List 4 below), then CS Site-Specific Factor 4 must be coded 988.

B. If CS Version Input Current > 020510 [indicating record was at least partially updated in CSv02 (any version)]:

CS Site-Specific Factor 4 must not be 988.

Exceptions:

1. If CS Site-Specific Factor 4 was not defined in CSv01 (see List 4 below), then CS Site-Specific Factor 4 may be any valid code including 988.

List 1: Schemas for which CS Site-Specific Factor 4 is Required for CSv0205 by SEER - "Required" means CS Site-Specific Factor 1 cannot = 988

CS Items - SEER Required - SSF 4 (CS)

-

Breast
BuccalMucosa
Colon
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
EpiglottisAnterior
FallopianTube
FloorMouth
GumLower
GumOther
GumUpper
Hypopharynx
KidneyParenchyma
LacrimalGland
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
MelanomaBuccalMucosa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaIris
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaSkin
MelanomaTongueAnterior
MelanomaTongueBase
MiddleEar
MouthOther
NasalCavity

CS Items - SEER Required - SSF 4 (CS)

Nasopharynx
 Oropharynx
 PalateHard
 PalateSoft
 ParotidGland
 PharyngealTonsil
 PharynxOther
 Rectum
 SalivaryGlandOther
 SinusEthmoid
 SinusMaxillary
 SinusOther
 SubmandibularGland
 Testis
 TongueAnterior
 TongueBase

List 2: Schemas for which CS Site-Specific Factor 4, although required for CSv0200-
 CSv0204, is
 no longer required as of CSv0205 and 988 is allowed

 -

 Brain
 CNSOther
 Liver
 Vagina

List 3: Schemas for which CS Site-Specific Factor 4 is required for CSv0200-CSv0204
 by SEER

- "Required" means CS Site-Specific Factor 1 cannot = 988

 -

 Brain
 Breast
 BuccalMucosa
 CNSOther
 Colon
 CorpusAdenosarcoma
 CorpusCarcinoma
 CorpusSarcoma
 EpiglottisAnterior
 FallopianTube
 FloorMouth
 GumLower
 GumOther
 GumUpper
 Hypopharynx
 KidneyParenchyma
 LacrimalGland
 LarynxGlottic
 LarynxOther
 LarynxSubglottic
 LarynxSupraglottic
 LipLower
 LipOther
 LipUpper

CS Items - SEER Required - SSF 4 (CS)

Liver
 MelanomaBuccalMucosa
 MelanomaChoroid
 MelanomaCiliaryBody
 MelanomaEpiglottisAnterior
 MelanomaFloorMouth
 MelanomaGumLower
 MelanomaGumOther
 MelanomaGumUpper
 MelanomaHypopharynx
 MelanomaIris
 MelanomaLarynxGlottic
 MelanomaLarynxOther
 MelanomaLarynxSubglottic
 MelanomaLarynxSupraglottic
 MelanomaLipLower
 MelanomaLipOther
 MelanomaLipUpper
 MelanomaMouthOther
 MelanomaNasalCavity
 MelanomaNasopharynx
 MelanomaOropharynx
 MelanomaPalateHard
 MelanomaPalateSoft
 MelanomaPharynxOther
 MelanomaSinusEthmoid
 MelanomaSinusMaxillary
 MelanomaSinusOther
 MelanomaSkin
 MelanomaTongueAnterior
 MelanomaTongueBase
 MiddleEar
 MouthOther
 NasalCavity
 Nasopharynx
 Oropharynx
 PalateHard
 PalateSoft
 ParotidGland
 PharyngealTonsil
 PharynxOther
 Rectum
 SalivaryGlandOther
 SinusEthmoid
 SinusMaxillary
 SinusOther
 SubmandibularGland
 Testis
 TongueAnterior
 TongueBase
 Vagina

List 4: List of schemas for which CS Site-Specific Factor 4, although required for CSv02, was not defined in CSv01:

 Brain

CS Items - SEER Required - SSF 4 (CS)

CNSOther
Colon
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
FallopianTube
KidneyParenchyma
LacrimalGland
Liver
MelanomaChoroid
MelanomaCiliaryBody
MelanomaIris
Rectum
Vagina

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF291

Modifications:**NAACCR v12A**

- Edit modified to skip if Date of Diagnosis is blank.

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 4 cannot be blank.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v12.2A

- Edit logic corrected: semicolon added so that pre-2010 cases originally entered in CSV01 and updated to CSV02 will correctly fail for a code of 988.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 4 (CS)" to "CS Items - SEER Required - SSF 4 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSV02.05
- Updated to handle changes in SSF requirements

NAACCR V16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis

CS Items - SEER Required - SSF 5 (CS)

is less than
2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

NAACCR v16B

- Logic for condition 4 corrected to match description, logic checks for CS Version Input Original > 20000 and < 20550

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

CS Items - SEER Required - SSF 5 (CS)

Agency: SEER

Last changed: 01/27/2022 19:33:09

Edit Tag N2178

Description

The purpose of this edit is to verify that CS Site-Specific Factor 5 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor 5 cannot be blank.
2. For cases diagnosed in 2014 or later OR originally coded in CSv0205: If year of Diagnosis is 2014 or later OR CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor 5 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 5 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor 5 was required for earlier

CS Items - SEER Required - SSF 5 (CS)

versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

3. For cases diagnosed 2010-2013 OR originally coded in CSv0200-CSv0204: If year of Diagnosis is 2010-2013 OR CS Version Input Original is greater than 020000 and less than 020550 (indicating case originally entered in CSv0200-CSv0204), then CS Site-Specific Factor 5 must not be 988 for the schemas in List 3, "Schemas for which CS Site-Specific Factor 5 is required for CSv0200-CSv0204 by SEER".

4.If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 5 must not be 988.

Exceptions:

1. If CS Site-Specific Factor 5 was not defined in CSv01 (see List 4 below), then
CS Site-Specific Factor 5 must be coded 988.

B. If CS Version Input Current > 020510 [indicating record was at least partially updated in CSv02 (any version)]:

CS Site-Specific Factor 5 must not be 988.

Exceptions:

1. If CS Site-Specific Factor 5 was not defined in CSv01 (see List 4 below), then
CS Site-Specific Factor 5 may be any valid code including 988.

List 1: Schemas for which CS Site-Specific Factor 5 is Required for CSv0205 by SEER

- "Required" means CS Site-Specific Factor 5 cannot = 988

Breast
BuccalMucosa
CorpusAdenosarcoma
CorpusCarcinoma
CorpusSarcoma
EpiglottisAnterior
FallopianTube
FloorMouth
GISTPeritoneum
GumLower
GumOther
GumUpper
Hypopharynx
LarynxGlottic
LarynxOther

CS Items - SEER Required - SSF 5 (CS)

LarynxSubglottic
 LarynxSupraglottic
 LipLower
 LipOther
 LipUpper
 MelanomaBuccalMucosa
 MelanomaEpiglottisAnterior
 MelanomaFloorMouth
 MelanomaGumLower
 MelanomaGumOther
 MelanomaGumUpper
 MelanomaHypopharynx
 MelanomaLarynxGlottic
 MelanomaLarynxOther
 MelanomaLarynxSubglottic
 MelanomaLarynxSupraglottic
 MelanomaLipLower
 MelanomaLipOther
 MelanomaLipUpper
 MelanomaMouthOther
 MelanomaNasalCavity
 MelanomaNasopharynx
 MelanomaOropharynx
 MelanomaPalateHard
 MelanomaPalateSoft
 MelanomaPharynxOther
 MelanomaSinusEthmoid
 MelanomaSinusMaxillary
 MelanomaSinusOther
 MelanomaTongueAnterior
 MelanomaTongueBase
 MiddleEar
 MouthOther
 NasalCavity
 Nasopharynx
 Oropharynx
 PalateHard
 PalateSoft
 ParotidGland
 PharyngealTonsil
 PharynxOther
 SalivaryGlandOther
 SinusEthmoid
 SinusMaxillary
 SinusOther
 SubmandibularGland
 Testis
 TongueAnterior
 TongueBase

List 2: Schemas for which CS Site-Specific Factor 5, although required for CSV0200-CSV0204, is no longer required as of CSV0205 and 988 is allowed

 Brain
 CNSOther
 Liver

CS Items - SEER Required - SSF 5 (CS)

MelanomaChoroid
 MelanomaCiliaryBody
 MelanomaIris
 MelanomaSkin
 NETAmpulla
 Vagina

List 3: Schemas for which CS Site-Specific Factor 5 is required for CSv0200-
 CSv0204 by SEER

- "Required" means CS Site-Specific Factor 5 cannot = 988

 Brain
 Breast
 BuccalMucosa
 CNSOther
 CorpusAdenosarcoma
 CorpusCarcinoma
 CorpusSarcoma
 EpiglottisAnterior
 FallopianTube
 FloorMouth
 GISTPeritoneum
 GumLower
 GumOther
 GumUpper
 Hypopharynx
 LarynxGlottic
 LarynxOther
 LarynxSubglottic
 LarynxSupraglottic
 LipLower
 LipOther
 LipUpper
 Liver
 MelanomaBuccalMucosa
 MelanomaChoroid
 MelanomaCiliaryBody
 MelanomaEpiglottisAnterior
 MelanomaFloorMouth
 MelanomaGumLower
 MelanomaGumOther
 MelanomaGumUpper
 MelanomaHypopharynx
 MelanomaIris
 MelanomaLarynxGlottic
 MelanomaLarynxOther
 MelanomaLarynxSubglottic
 MelanomaLarynxSupraglottic
 MelanomaLipLower
 MelanomaLipOther
 MelanomaLipUpper
 MelanomaMouthOther
 MelanomaNasalCavity
 MelanomaNasopharynx
 MelanomaOropharynx
 MelanomaPalateHard
 MelanomaPalateSoft

CS Items - SEER Required - SSF 5 (CS)

MelanomaPharynxOther
 MelanomaSinusEthmoid
 MelanomaSinusMaxillary
 MelanomaSinusOther
 MelanomaSkin
 MelanomaTongueAnterior
 MelanomaTongueBase
 MiddleEar
 MouthOther
 NasalCavity
 Nasopharynx
 NETAmpulla
 Oropharynx
 PalateHard
 PalateSoft
 ParotidGland
 PharyngealTonsil
 PharynxOther
 SalivaryGlandOther
 SinusEthmoid
 SinusMaxillary
 SinusOther
 SubmandibularGland
 Testis
 TongueAnterior
 TongueBase
 Vagina

List 4: List of schemas for which CS Site-Specific Factor 5, although required for CSv02, was not defined in CSv01

Brain
 CNSOther
 CorpusAdenosarcoma
 CorpusCarcinoma
 CorpusSarcoma
 FallopianTube
 GISTPeritoneum
 Liver
 MelanomaChoroid
 MelanomaCiliaryBody
 MelanomaIris
 MelanomaSkin
 NETAmpulla
 Vagina

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF292

Modifications:

CS Items - SEER Required - SSF 6 (CS)

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 5 cannot be blank.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 5 (CS)" to "CS Items - SEER Required - SSF 5 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSv02.05.
- Updated to handle changes in SSF requirements

NAACCR V16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

NAACCR v16B

- Logic for condition 3 corrected to match description, logic checks for CS Version Input Original > 20000 and < 20550

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

CS Items - SEER Required - SSF 6 (CS)

Agency: SEER

Last changed: 01/27/2022 19:33:56

Edit Tag N2179**Description**

The purpose of this edit is to verify that CS Site-Specific Factor 6 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016.
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and

CS Items - SEER Required - SSF 6 (CS)

schema is not Brain, CNSOther, or IntracranialGland

4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor 6 cannot be blank.

2. For cases diagnosed in 2014 or later OR originally coded in CSv0205:
If year of Diagnosis is 2014 or later OR CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor 6 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 6 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor 6 was required for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

3. For cases diagnosed 2010-2013 OR originally coded in CSv0200-CSv0204:
If year of Diagnosis is 2010-2013 OR CS Version Input Original is greater than 020000 and less than 020550 (indicating case originally entered in CSv0200-CSv0204), then CS Site-Specific Factor 6 must not be 988 for the schemas in List 3, "Schemas for which CS Site-Specific Factor 6 is required for CSv0200-CSv0204 by SEER".

4. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

- A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 6 must not be 988.

Exceptions:

1. If CS Site-Specific Factor 6 was not defined in CSv01 (see List 4 below), then CS Site-Specific Factor 6 must be coded 988.

- B. If CS Version Input Current > 020510 [indicating record was at least partially updated in CSv02 (any version)]:

CS Site-Specific Factor 6 must not be 988.

Exceptions:

1. If CS Site-Specific Factor 6 was not defined in CSv01 (see List 4 below), then CS Site-Specific Factor 6 may be any valid code including 988.

CS Items - SEER Required - SSF 6 (CS)

List 1: Schemas for which CS Site-Specific Factor 6 is Required for CSv0205 by SEER
 - "Required" means CS Site-Specific Factor 6 cannot = 988

 Breast
 BuccalMucosa
 Colon
 CorpusAdenosarcoma
 CorpusCarcinoma
 CorpusSarcoma
 EpiglottisAnterior
 FallopianTube
 FloorMouth
 GISTEsophagus
 GISTSmallIntestine
 GISTStomach
 GumLower
 GumOther
 GumUpper
 Hypopharynx
 KidneyParenchyma
 LacrimalGland
 LarynxGlottic
 LarynxOther
 LarynxSubglottic
 LarynxSupraglottic
 LipLower
 LipOther
 LipUpper
 MelanomaBuccalMucosa
 MelanomaEpiglottisAnterior
 MelanomaFloorMouth
 MelanomaGumLower
 MelanomaGumOther
 MelanomaGumUpper
 MelanomaHypopharynx
 MelanomaLarynxGlottic
 MelanomaLarynxOther
 MelanomaLarynxSubglottic
 MelanomaLarynxSupraglottic
 MelanomaLipLower
 MelanomaLipOther
 MelanomaLipUpper
 MelanomaMouthOther
 MelanomaNasalCavity
 MelanomaNasopharynx
 MelanomaOropharynx
 MelanomaPalateHard
 MelanomaPalateSoft
 MelanomaPharynxOther
 MelanomaSinusEthmoid
 MelanomaSinusMaxillary
 MelanomaSinusOther
 MelanomaTongueAnterior
 MelanomaTongueBase
 MiddleEar

CS Items - SEER Required - SSF 6 (CS)

MouthOther
 NasalCavity
 Nasopharynx
 Oropharynx
 PalateHard
 PalateSoft
 ParotidGland
 PharyngealTonsil
 PharynxOther
 Rectum
 SalivaryGlandOther
 SinusEthmoid
 SinusMaxillary
 SinusOther
 SkinEyelid
 SubmandibularGland
 TongueAnterior
 TongueBase

List 2: Schemas for which CS Site-Specific Factor 6, although required for CSv0200-
 CSv0204, is
 no longer required as of CSv0205 and 988 is allowed

 Brain
 CNSOther
 GISTPeritoneum
 Liver
 LymphomaOcularAdnexa
 MelanomaChoroid
 MelanomaCiliaryBody
 MelanomaIris
 MelanomaSkin
 NETAmpulla
 Testis
 Vagina

List 3: Schemas for which CS Site-Specific Factor 6 is required for CSv0200-CSv0204
 by SEER

- "Required" means CS Site-Specific Factor 6 cannot = 988

 Brain
 Breast
 BuccalMucosa
 CNSOther
 Colon
 CorpusAdenosarcoma
 CorpusCarcinoma
 CorpusSarcoma
 EpiglottisAnterior
 FallopianTube
 FloorMouth
 GISTEsophagus
 GISTPeritoneum
 GISTSmallIntestine
 GISTStomach
 GumLower

CS Items - SEER Required - SSF 6 (CS)

GumOther
GumUpper
Hypopharynx
KidneyParenchyma
LacrimalGland
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
Liver
LymphomaOcularAdnexa
MelanomaBuccalMucosa
MelanomaChoroid
MelanomaCiliaryBody
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaIris
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaSkin
MelanomaTongueAnterior
MelanomaTongueBase
MiddleEar
MouthOther
NasalCavity
Nasopharynx
NETAmpulla
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
Rectum
SalivaryGlandOther
SinusEthmoid

CS Items - SEER Required - SSF 6 (CS)

SinusMaxillary
 SinusOther
 SkinEyelid
 SubmandibularGland
 Testis
 TongueAnterior
 TongueBase
 Vagina

List 4: List of schemas for which CS Site-Specific Factor 6, although required for CSv02, was not defined in CSv01

Brain
 CNSOther
 Colon
 CorpusAdenosarcoma
 CorpusCarcinoma
 CorpusSarcoma
 FallopianTube
 GISTEsophagus
 GISTPeritoneum
 GISTSmallIntestine
 GISTStomach
 KidneyParenchyma
 LacrimalGland
 Liver
 LymphomaOcularAdnexa
 MelanomaChoroid
 MelanomaCiliaryBody
 MelanomaIris
 MelanomaSkin
 NETAmpulla
 Rectum
 SkinEyelid
 Testis
 Vagina

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF293

Modifications:**NAACCR v12.1**

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 6 cannot be blank.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v13

- Corrected typo in description: changed "required by COC and COC" to "required by SEER and COC"

CS Items - SEER Required - SSF 7 (CS)

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 6 (CS)" to "CS Items - SEER Required - SSF 6 (CS)" since SEER

now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated

to refer only to SEER.

- CS versioning updated to work for CSv02.05.
- Updated to handle changes in SSF requirements

NAACCR V16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

NAACCR v16B

- Logic for condition 3 corrected to match description, logic checks for CS Version Input Original > 20000 and < 20550

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

CS Items - SEER Required - SSF 7 (CS)

Agency: SEER

Last changed: 01/27/2022 19:34:41

Edit Tag N2180

Description

The purpose of this edit is to verify that CS Site-Specific Factor 7 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016.
2. CS Version Input Original is blank and year of diagnosis is less than 2016.
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

The logic is as follows:

CS Items - SEER Required - SSF 7 (CS)

1. For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor 7 cannot be blank.

2. For cases diagnosed in 2014 or later OR originally coded in CSv0205: If year of Diagnosis is 2014 or later OR CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor 7 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 7 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor 7 was required for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

3. For cases diagnosed 2010-2013 OR originally coded in CSv0200-CSv0204: If year of Diagnosis is 2010-2013 OR CS Version Input Original is greater than 020000 and less than 020550 (indicating case originally entered in CSv0200-CSv0204), then CS Site-Specific Factor 7 must not be 988 for the schemas in List 3, "Schemas for which CS Site-Specific Factor 7 is required for CSv0200-CSv0204 by SEER".

4.If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 7 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

List 1: Schemas for which CS Site-Specific Factor 7 is Required for CSv0205 by SEER - "Required" means CS Site-Specific Factor 7 cannot = 988

-
- - Breast
 - FallopianTube
 - MelanomaSkin
 - Prostate
 - Testis

List 2: Schemas for which CS Site-Specific Factor 7, although required for CSv0200-CSv0204, is

CS Items - SEER Required - SSF 7 (CS)

no longer required as of CSV0205 and 988 is allowed

 GISTEsophagus
 GISTSmallIntestine
 GISTStomach
 Liver
 MelanomaChoroid
 MelanomaCiliaryBody
 MelanomaIris
 Vagina

List 3: Schemas for which CS Site-Specific Factor 7 is required for CSV0200-CSV0204 by SEER

- "Required" means CS Site-Specific Factor 7 cannot = 988

 Breast
 FallopianTube
 GISTEsophagus
 GISTSmallIntestine
 GISTStomach
 Liver
 MelanomaChoroid
 MelanomaCiliaryBody
 MelanomaIris
 MelanomaSkin
 Prostate
 Testis
 Vagina

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF294

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 7 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 7 (CS)" to "CS Items - SEER Required - SSF 7 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer

CS Items - SEER Required - SSF 8 (CS)

only to SEER.

- CS versioning updated to work for CSv02.05.
- Updated to handle changes in SSF requirements

NAACCR V16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

NAACCR v16B

- Logic for condition 3 corrected to match description, logic checks for CS Version Input Original > 20000 and < 20550

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

CS Items - SEER Required - SSF 8 (CS)

Agency: SEER

Last changed: 01/27/2022 19:35:32

Edit Tag N2181

Description

The purpose of this edit is to verify that CS Site-Specific Factor 8 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016
2. CS Version Input Original is blank and year of diagnosis is less than 2016
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor 8 cannot be blank.
2. For cases diagnosed in 2014 or later OR originally coded in CSv0205:
If year of Diagnosis is 2014 or later OR CS Version Input Original is 020550 (originally

CS Items - SEER Required - SSF 8 (CS)

entered in CSv0205) or higher, then CS Site-Specific Factor 8 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 8 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor 8 was required for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

3. For cases diagnosed 2010-2013 OR originally coded in CSv0200-CSv0204: If year of Diagnosis is 2010-2013 OR CS Version Input Original is greater than 020000 and less than 020550 (indicating case originally entered in CSv0200-CSv0204), then CS Site-Specific Factor 8 must not be 988 for the schemas in List 3, "Schemas for which CS Site-Specific Factor 8 is required for CSv0200-CSv0204 by SEER".

4.If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 8 must = 988.

Note: CS Site-Specific Factor 8-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

List 1: Schemas for which CS Site-Specific Factor 8 is Required for CSv0205 by SEER - "Required" means CS Site-Specific Factor 8 cannot = 988

-
- Breast
- Colon
- KidneyParenchyma
- LacrimalGland
- Prostate
- Rectum

List 2: Schemas for which CS Site-Specific Factor 8, although required for CSv0200-CSv0204, is no longer required as of CSv0205 and 988 is allowed

-
- Liver
- SkinEyelid
- Testis

List 3: Schemas for which CS Site-Specific Factor 8 is required for CSv0200-CSv0204 by SEER - "Required" means CS Site-Specific Factor 8 cannot = 988

-
- Breast

CS Items - SEER Required - SSF 8 (CS)

Colon
KidneyParenchyma
LacrimalGland
Liver
Prostate
Rectum
SkinEyelid
Testis

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF295

Modifications:**NAACCR v12.1**

- Edit updated to correspond to the CSV0203 SEER/COC requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 9 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSV02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 8 (CS)" to "CS Items - SEER Required - SSF 8 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSV02.05.
- Updated to handle changes in SSF requirements

NAACCR V16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

NAACCR v16B

- Logic for condition 3 corrected to match description, logic checks for CS Version Input Original > 20000 and < 20550

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

CS Items - SEER Required - SSF 9 (CS)

CS Items - SEER Required - SSF 9 (CS)

Agency: SEER

Last changed: 01/27/2022 19:36:32

*Edit Tag N2182***Description**

The purpose of this edit is to verify that CS Site-Specific Factor 9 is entered for the schemas required by SEER.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank and year of diagnosis is less than 2016.
2. CS Version Input Original is blank and year of diagnosis is less than 2016.
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

The logic is as follows:

1. For all schemas, if year of Diagnosis is 2004 through 2017, CS Site-Specific Factor 9 cannot be blank.

2. For cases diagnosed in 2014 or later OR originally coded in CSv0205: If year of Diagnosis is 2014 or later OR CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor 9 must not be 988 (not applicable) for the schemas in List 1, "Schemas for which CS Site-Specific Factor 9 is Required for CSv0205 by SEER".

Note: List 2 includes the schemas for which CS Site-Specific Factor 9 was required for earlier versions of CSv02, but no longer required for CSv0205. The code 988 is allowed for these particular schemas.

3. For cases diagnosed 2010-2013 OR originally coded in CSv0200-CSv0204: If year of Diagnosis is 2010-2013 OR CS Version Input Original is greater than 020000 and less than 020550 (indicating case originally entered in CSv0200-CSv0204), then CS Site-Specific Factor 9 must not be 988 for the schemas in List 3, "Schemas for which CS Site-Specific Factor 9 is required for CSv0200-CSv0204 by SEER".

4. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

CS Items - SEER Required - SSF 9 (CS)

If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 9 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

Exception:

- If the schema is Breast, CS Site-Specific Factor 9 must not be blank. (For several SEER registries, CS Site-Specific Factor 9 may contain HER2 codes for breast cases coded originally in CSv1.)

List 1: Schemas for which CS Site-Specific Factor 9 is Required for CSv0205 by SEER
- "Required" means CS Site-Specific Factor 9 cannot = 988

--
Breast
BuccalMucosa
Colon
EpiglottisAnterior
FloorMouth
GumLower
GumOther
GumUpper
Hypopharynx
LarynxGlottic
LarynxOther
LarynxSubglottic
LarynxSupraglottic
LipLower
LipOther
LipUpper
MelanomaBuccalMucosa
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary

CS Items - SEER Required - SSF 9 (CS)

MelanomaSinusOther
 MelanomaTongueAnterior
 MelanomaTongueBase
 MiddleEar
 MouthOther
 NasalCavity
 Nasopharynx
 Oropharynx
 PalateHard
 PalateSoft
 ParotidGland
 PharyngealTonsil
 PharynxOther
 Prostate
 Rectum
 SalivaryGlandOther
 SinusEthmoid
 SinusMaxillary
 SinusOther
 SubmandibularGland
 Testis
 TongueAnterior
 TongueBase

List 2: Schemas for which CS Site-Specific Factor 9, although required for CSv0200-
 CSv0204, is
 no longer required as of CSv0205 and 988 is allowed

 --
 MelanomaChoroid
 MelanomaCiliaryBody
 MelanomaIris

List 3: Schemas for which CS Site-Specific Factor 9 is required for CSv0200-CSv0204
 by
 SEER

- "Required" means CS Site-Specific Factor 9 cannot = 988

 --
 Breast
 BuccalMucosa
 Colon
 EpiglottisAnterior
 FloorMouth
 GumLower
 GumOther
 GumUpper
 Hypopharynx
 LarynxGlottic
 LarynxOther
 LarynxSubglottic
 LarynxSupraglottic
 LipLower
 LipOther
 LipUpper
 MelanomaBuccalMucosa

CS Items - SEER Required - SSF 9 (CS)

MelanomaChoroid
MelanomaCiliaryBody
MelanomaEpiglottisAnterior
MelanomaFloorMouth
MelanomaGumLower
MelanomaGumOther
MelanomaGumUpper
MelanomaHypopharynx
MelanomaIris
MelanomaLarynxGlottic
MelanomaLarynxOther
MelanomaLarynxSubglottic
MelanomaLarynxSupraglottic
MelanomaLipLower
MelanomaLipOther
MelanomaLipUpper
MelanomaMouthOther
MelanomaNasalCavity
MelanomaNasopharynx
MelanomaOropharynx
MelanomaPalateHard
MelanomaPalateSoft
MelanomaPharynxOther
MelanomaSinusEthmoid
MelanomaSinusMaxillary
MelanomaSinusOther
MelanomaTongueAnterior
MelanomaTongueBase
MiddleEar
MouthOther
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
Prostate
Rectum
SalivaryGlandOther
SinusEthmoid
SinusMaxillary
SinusOther
SubmandibularGland
Testis
TongueAnterior
TongueBase

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF296

Modifications:

CS Items, DX Post 2017 (CS)

NAACCR v12.1

- Edit updated to correspond to the CSV0203 SEER/COC requirements
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 9 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- CS versioning updated to work for CSv02.04.

NAACCR v14

- Edit name changed from "CS Items - SEER/COC Required - SSF 9 (CS)" to "CS Items - SEER Required - SSF 9 (CS)" since SEER now has its own separate version of this edit due to changes in the SEER SSF requirements. The edit description has been updated to refer only to SEER.
- CS versioning updated to work for CSv02.05.
- Updated to handle changes in SSF requirements

NAACCR V16

- Edit updated to skip if CS Version Input Current is blank or CS Version Input Original is blank and year of diagnosis is less than 2016

NAACCR v16A

- Edit logic corrected to check for dx_year < 2016 after dx_year is defined.

NAACCR v16B

- Logic for condition 3 corrected to match description, logic checks for CS Version Input Original > 20000 and < 20550

NAACCR v18

- Description, logic modified to allow blank for diagnosis year > 2017.

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

CS Items, DX Post 2017 (CS)

Agency: NAACCR

Last changed: 01/19/2019 20:11:13

*Edit Tag N2838***Description**

If year of Date of Diagnosis is blank or invalid, this edit is skipped.

If year of Date of Diagnosis is greater than 2017, then the following CS data items must be blank:

CS Items, DX Pre-2004 (CS)

CS Tumor Size
 CS Extension
 CS Tumor Size/Ext Eval
 CS Lymph Nodes
 CS Lymph Nodes Eval
 CS Mets at DX
 CS Mets at Dx-Bone
 CS Mets at Dx-Brain
 CS Mets at Dx-Liver
 CS Mets at Dx-Lung
 CS Mets Eval
 CS Site-Specific Factors 1 - 25

Administrative Notes

New edit - NAACCR v18 metafile

CS Items, DX Pre-2004 (CS)

Agency: CS

Last changed: 06/06/2016

Edit Tag N0697

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is less than 2004, then the following CS data items must be blank:

CS Tumor Size
 CS Extension
 CS Tumor Size/Ext Eval
 CS Lymph Nodes
 CS Lymph Nodes Eval
 CS Mets at DX
 CS Mets Eval
 CS Site-Specific Factor 1 - 25
 CS Version Input Original
 CS Version Input Current

Administrative Notes

Modifications

NAACCR v12.0

- Added CS Site-Specific Factors 7-25

NAACCR v16

No changes

EditWriter 5

245

05/01/2023 02:04 PM

CS LN, Nodes Eval, SSF 3, MelanomaSkin (CS)

CS LN, Nodes Eval, SSF 3, MelanomaSkin (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1716**Description**

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Lymph Nodes, CS Lymph Nodes Eval and Site-Specific Factor 3 (clinical status of lymph node mets) combinations for the MelanomaSkin schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Lymph Nodes is empty
3. CS Lymph Nodes Eval is empty
4. CS Site-Specific Factor 3 is empty or = 988
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is MelanomaSkin:

An error will be generated under the following conditions:

1. If CS Lymph Nodes = 010 (ITCs)
AND
CS Lymph Nodes Eval = 0, 1, 5 (codes that indicate case does not meet criteria for AJCC pathological stage) or 9 (unknown)
2. If CS Lymph Nodes = 100-118, 121-123, 125-128, 152-153 (codes indicating positive lymph nodes)
AND
CS Lymph Nodes Eval = 0, 1, 5, 9
AND
CS Site-Specific Factor 3 = 010 (clinically occult) or 100 (in transit mets only)
3. If CS Lymph Nodes = 124 (stated as path N1 NOS) or 158 (stated as path N2 NOS)
AND
CS Lymph Nodes Eval = 0, 1, 5, 9
AND
CS Site-Specific Factor 3 not = 150 (clinically apparent in transit mets and clinically apparent nodal mets)
4. If CS Lymph Nodes = 155 (stated as N2 NOS)
AND
CS Lymph Nodes Eval = 0, 1, 5, 9
AND

CS LN, Nodes Eval, SSF 3, MerkelCellPenis (CS)

CS Site-Specific Factor 3 = 010 (clinically occult)

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF414

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS LN, Nodes Eval, SSF 3, MerkelCellPenis (CS)**Agency: CS****Last changed: 02/07/2018 22:11:11*****Edit Tag N1717******Description***

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Lymph Nodes, CS Lymph Nodes Eval and Site-Specific Factor 3 (clinical status of lymph node mets) combinations for the MerkelCellPenis schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Lymph Nodes is empty
3. CS Site-Specific Factor 3 is empty or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is MerkelCellPenis:

An error will be generated under the following conditions:

1. If CS Lymph Nodes = 010 (ITCs) or 100-400, 500 (lymph nodes involved)
AND
CS Site-Specific Factor 3 equal any of the following codes:
000 (no lymph node mets)
005 (clinically negative mets and no path exam)
100 (clinically apparent in transit mets only)
2. If CS Lymph Nodes = 010 (ITCs)
AND
CS Lymph Nodes Eval = 2, 3, 6, 8 (path eval)
AND
CS Site-Specific Factor 3 = 150 (clinically apparent in transit mets and clinically apparent nodal mets)

CS LN, Nodes Eval, SSF 3, MerkelCellScrotum (CS)

3. If CS Lymph Nodes = 100-400, 500 (lymph nodes involved)
AND
CS Lymph Nodes Eval = 0, 1, 5, 9 (clin eval)
AND
CS Site-Specific Factor 3 = 010 (ITCs)

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF415

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS LN, Nodes Eval, SSF 3, MerkelCellScrotum (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1718

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Lymph Nodes, CS Lymph Nodes Eval and Site-Specific Factor 3 (clinical status of lymph node mets) combinations for the MerkelCellScrotum schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Lymph Nodes is empty
3. CS Site-Specific Factor 3 is empty or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is MerkelCellScrotum:

An error will be generated under the following conditions:

1. If CS Lymph Nodes = 010 (ITCs) or 100-360 (lymph nodes involved)
AND
CS Site-Specific Factor 3 equal any of the following codes:
000 (no lymph node mets)
005 (clinically negative mets and no path exam)
100 (clinically apparent in transit mets only)
2. If CS Lymph Nodes = 010 (ITCs)

CS LN, Nodes Eval, SSF 3, MerkelCellSkin (CS)

AND

CS Lymph Nodes Eval = 2, 3, 6, 8 (path eval)

AND

CS Site-Specific Factor 3 = 150 (clinically apparent in transit mets and clinically apparent nodal mets)

3. If CS Lymph Nodes = 100-360 (lymph nodes involved)

AND

CS Lymph Nodes Eval = 0, 1, 5, 9 (clin eval)

AND

CS Site-Specific Factor 3 = 010 (ITCs)

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF416

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS LN, Nodes Eval, SSF 3, MerkelCellSkin (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1719***Description***

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Lymph Nodes, CS Lymph Nodes Eval and Site-Specific Factor 3 (clinical status of lymph node mets) combinations for the MerkelCellSkin schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Lymph Nodes is empty
3. CS Site-Specific Factor 3 is empty or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is MerkelCellSkin:

An error will be generated under the following conditions:

1. If CS Lymph Nodes = 010 (ITCs) or 100-360 (lymph nodes involved)
 - AND
 - CS Site-Specific Factor 3 equal any of the following codes:

CS LN, Nodes Eval, SSF 3, MerkelCellVulva (CS)

000 (no lymph node mets)
 005 (clinically negative mets and no path exam)
 100 (clinically apparent in transit mets only)

2. If CS Lymph Nodes = 010 (ITCs)
 AND
 CS Lymph Nodes Eval = 2, 3, 6, 8 (path eval)
 AND
 CS Site-Specific Factor 3 = 150 (clinically apparent
 in transit mets and clinically apparent nodal mets)
3. If CS Lymph Nodes = 100-360 (lymph nodes involved)
 AND
 CS Lymph Nodes Eval = 0, 1, 5, 9 (clin eval)
 AND
 CS Site-Specific Factor 3 = 010 (ITCs)

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF417

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS LN, Nodes Eval, SSF 3, MerkelCellVulva (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1720

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Lymph Nodes, CS Lymph Nodes Eval and Site-Specific Factor 3 (clinical status of lymph node mets) combinations for the MerkelCellVulva schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Lymph Nodes is empty
3. CS Site-Specific Factor 3 is empty or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is MerkelCellVulva:

CS LN, RNP, Nodes Eval, SSF 3, MelanomaSkin (CS)

An error will be generated under the following conditions:

1. If CS Lymph Nodes = 010 (ITCs) or 105-109, 114-130, 600 (lymph nodes involved)
AND
CS Site-Specific Factor 3 equal any of the following codes:
000 (no lymph node mets)
005 (clinically negative mets and no path exam)
100 (clinically apparent in transit mets only)
2. If CS Lymph Nodes = 010 (ITCs)
AND
CS Lymph Nodes Eval = 2, 3, 6, 8 (path eval)
AND
CS Site-Specific Factor 3 = 150 (clinically apparent in transit mets and clinically apparent nodal mets)
3. If CS Lymph Nodes = 105-109, 114-130, 600 (lymph nodes involved)
AND
CS Lymph Nodes Eval = 0, 1, 5, 9 (clin eval)
AND
CS Site-Specific Factor 3 = 010 (ITCs)

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF418

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS LN, RNP, Nodes Eval, SSF 3, MelanomaSkin (CS)

Agency: CS

Last changed: 10/09/2019 19:23:49

Edit Tag N1768

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Lymph Nodes, Regional Nodes Positive, CS Lymph Nodes Eval and CS Site-Specific Factor 3 combinations for the MelanomaSkin schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Lymph Nodes is empty
3. Regional Nodes Positive is empty
4. CS Site-Specific Factor 3 is empty or = 988
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
6. CS schema is invalid

CS LN, RNP, Nodes Eval, SSF 3, MelanomaSkin (CS)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Definitions:

CS Lymph Nodes code 010 = Individual tumor cells only

CS Lymph Nodes codes 100-118 = named regional nodes

CS Lymph Nodes codes 121, 128 = evaluated clinically

CS Lymph Nodes codes 123, 124, 152-153, 158 = evaluated pathologically

CS Lymph Nodes code 124 = Stated as N1 nodes

CS Lymph Nodes codes 155-158 = Stated as N2 nodes

CS Site-Specific Factor 3 code 005 = clinically and pathologically negative nodes

CS Site-Specific Factor 3 code 010 = clinically occult nodes

CS Site-Specific Factor 3 code 100 = clinically apparent intransit metastases only

If schema is MelanomaSkin:

1. If CS Lymph Nodes Eval = 0, 1, 5 or 9:
AND CS Lymph Nodes = 100-118, 125 or 155
THEN
 CS Site-Specific Factor 3 must not = 005
2. If CS Lymph Nodes = 010
THEN
 CS Lymph Nodes Eval must not = 0, 1, 5 or 9
3. If CS Lymph Nodes Eval = 2, 3, 6 or 8:
 - A. If CS Lymph Nodes = 010
AND Regional Nodes Positive = 00, 97, 98
THEN
 CS Site-Specific Factor 3 must not = 005 or 010-100
 - B. If CS Lymph Nodes = 010
AND Regional Nodes Positive = 01-95 or 99
THEN
 CS Site-Specific Factor 3 must not = 005 or 100
 - C. If CS Lymph Nodes = 100-118
AND Regional Nodes Positive = 00
THEN
 CS Site-Specific Factor 3 must not = 005, 010, 050 or 100
 - D. If CS Lymph Nodes = 100-118, 125 or 158
AND Regional Nodes Positive = 98
THEN
 CS Site-Specific Factor 3 must not = 005, 010 or 100
 - E. If CS Lymph Nodes = 125 or 155
AND Regional Nodes Positive = 00
THEN
 CS Site-Specific Factor 3 must not = 005, 010 or 100
 - F. If CS Lymph Nodes = 100-118, 122-123, 125, 152-158
AND Regional Nodes Positive = 01-97 or 99

CS LN, RNP, Nodes Eval, SSF 3, MelanomaSkin (CS)

THEN
 CS Site-Specific Factor 3 must not = 005 or 100

G. If CS Lymph Nodes = 124
 AND Regional Nodes Positive = 01, 95, 97 or 99
 THEN
 CS Site-Specific Factor 3 must not = 005 or 100

H. If CS Lymph Nodes = 124
 AND Regional Nodes Positive = 02-90
 THEN
 CS Site-Specific Factor 3 must not = 005, 050 or 100

4. If CS Lymph Nodes Eval is blank

A. If CS Lymph Nodes = 010
 AND Regional Nodes Positive = 00 or 98
 THEN
 CS Site-Specific Factor 3 must not = 005 or 100

B. If CS Lymph Nodes = 100-118, 121-128 or 152-153
 AND Regional Nodes Positive = 00 or 98
 THEN
 CS Site-Specific Factor 3 must not = 005, 010 or 100

C. If CS Lymph Nodes = 155-158
 AND Regional Nodes Positive = 00 or 98
 THEN
 CS Site-Specific Factor 3 must not = 005 or 010

D. If CS Lymph Nodes = 010, 100-118, 121-128, 152-153 or 155-158
 AND Regional Nodes Positive = 01-97
 THEN
 CS Site-Specific Factor 3 must not = 005 or 100

E. If CS Lymph Nodes = 010, 100-118, 121-128 or 152-153
 AND Regional Nodes Positive = 99
 THEN
 CS Site-Specific Factor 3 must not = 005 or 100

F. If CS Lymph Nodes = 155-158
 AND Regional Nodes Positive = 99
 THEN
 CS Site-Specific Factor 3 must not = 005

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF442

Modifications**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v21

EditWriter 5

CS Lymph Nodes (CS)

- Logic statement 2 replaced with logic corresponding to Description statement 2

CS Lymph Nodes (CS)

Agency: CS

Last changed: 03/10/2010

Edit Tag N0657

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

Modifications:

NAACCR v12.0

The size of CS Lymph Nodes was changed from 2 to 3 characters. Allowable codes changed from "00-99" to "000-999".

CS Lymph Nodes Eval (CS)

Agency: CS

Last changed: 08/16/2009

Edit Tag N0660

Description

Must be a valid CS Lymph Nodes Eval code (0-3,5,6,8,9) or blank.

Administrative Notes

Modifications:

NAACCR v11.3

01/08

- Code 4 was removed from the list of allowable codes.

NAACCR v12.0

The edit name was changed from "CS Reg Nodes Eval (CS)" to "CS Lymph Nodes Eval (CS)". The data item name also changed from "CS Reg Nodes Eval" to "CS Lymph Nodes Eval".

CS Lymph Nodes Eval, Lymph Nodes, Breast Schema (CS)

Agency: CS

Last changed: 04/09/2018 22:02:10

Edit Tag N1025

Description

The purpose of this edit is to verify that, for cases coded using the Breast Schema, that CS Lymph Nodes and CS Lymph Nodes Eval are coded consistently per Note 6 under CS Lymph Nodes:

CS Lymph Nodes Eval, Lymph Nodes, Breast Schema (CS)

Note 6: For the breast schema, the choice of the N category is dependent on the CS Lymph Nodes Eval field. There are certain CS Lymph Nodes codes that can only be used if the nodes are evaluated clinically (CS Lymph Nodes Eval is coded 0, 1, 5, or 9), which will be designated as "Evaluated clinically:" at the beginning of the code description. Similarly, there are certain CS Lymph Nodes codes that can only be used if the nodes are evaluated pathologically (CS Lymph Nodes Eval is coded 2, 3, 6, or 8), and these will be designated as "Evaluated pathologically:". All other codes can be used for clinical or pathologic evaluation

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes is empty
2. CS Lymph Nodes Eval is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Breast schema:

1. If CS Lymph Nodes = 255, 257, 510, 610, 735, or 810, then CS Lymph Nodes Eval must = 0, 1, 5, or 9.
2. If CS Lymph Nodes = 050, 130, 150, 155, 250, 258, 520, 620, 710, 720, 730, or 815, then CS Lymph Nodes Eval must = 2, 3, 6, or 8.

Administrative Notes

New edit - added to NAACCR v11.3A metafile.

In the SEER*Edits software, the title of this edit is: IF213

Modifications:

NAACCR v12.0:

- Edit name changed from 'CS Reg Nodes Eval, Lymph Nodes, Breast Schema(CS)' to 'CS Lymph Nodes Eval, Lymph Nodes, Breast Schema(CS)'
- Data item name changed from 'CS Reg Nodes Eval' to 'CS Lymph Nodes Eval'
- Edit modified to get schema name from function call to CS dll.
- Edit was modified to check 3-digit CS Lymph Nodes codes (per CSv2) instead of 2-digit CSv1 codes. Also added code '255'.

NAACCR v12.1:

- Updated logic to match Note 6 which replaced Note 5.

Changed logic from:

1. If CS Lymph Nodes Eval = 0, 1, 5, or 9, then CS Lymph Nodes must = 000, 255, 260, 290, 510, 600, 740, 750, 760, 770, 780, 790, 800, and 999.
2. If CS Lymph Nodes Eval = 2, 3, 6, or 8, then CS Lymph Nodes must not = 290 or 510.

To:

1. If CS Lymph Nodes = 255, 257, 510, 610, 735, or 810, then CS Lymph Nodes Eval must = 0, 1, 5, or 9.
2. If CS Lymph Nodes = 050, 130, 150, 155, 250, 258, 520, 620, 710, 720, 730, or 815, then CS Lymph Nodes Eval must = 2, 3, 6,

CS Lymph Nodes Eval, Nodes Ex (CS)

or 8.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Name changed, space before (CS), parenthesis added at end

CS Lymph Nodes Eval, Nodes Ex (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1950

Description

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes Eval is blank
2. Regional Nodes Examined is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland.
4. CS schema is invalid
5. CS schema is Appendix, CarcinoidAppendix, Colon, GISTAppendix, GISTColon, GISTRectum, LymphomaOcularAdnexa, MelanomaSkin, MerkelCellSkin, MerkelCellPenis, MerkelCellVulva, MerkelCellScrotum, NetColon, NETRectum, Rectum, Retinoblastoma

If CS Lymph Nodes Eval = 3, 5, or 6, then Regional Nodes Examined must not = 00 (No nodes were examined).

Note:

CS Lymph Nodes Eval code 3 = Regional lymph nodes removed for examination (removal of at least 1 lymph node) WITHOUT pre-surgical systemic treatment or radiation OR lymph nodes removed for examination, unknown if pre-surgical systemic treatment or radiation performed.

CS Lymph Nodes Eval code 5 = Regional lymph nodes removed for examination WITH pre-surgical systemic treatment or radiation, BUT lymph node evaluation based on clinical evidence.

CS Lymph Nodes Eval code 6 = Regional lymph nodes removed for examination WITH pre-surgical systemic treatment or radiation, and lymph node evaluation based on pathologic evidence.

Administrative Notes

New edit - added to NAACCR v11.3 metafile.

In the SEER*Edits software, the title of this edit is: IF201

Modifications:

NAACCR v12.0

- Edit name changed from 'CS Reg Nodes Eval, RX Summ--Scope, Nodes Ex (CS)' to 'CS Lymph Nodes Eval, RX Summ--Scope, Nodes Ex (CS)'

CS Lymph Nodes Eval, Schema (CS)

- Data item name changed from 'CS Reg Nodes Eval' to 'CS Lymph Nodes Eval'
- Modified to get schema name from function call to CS dll.
- Skipped if CS schema is Appendix, CarcinoidAppendix, Colon, GISTAppendix, GISTColon, GISTRectum, LymphomaOcularAdnexa, MelanomaSkin, MerkelCellSkin, MerkelCellPenis, MerkelCellVulva, MerkelCellScrotum, NetColon, NETRectum,Rectum, Retinoblastoma.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v14A

- Edit name changed from 'CS Lymph Nodes Eval, RX Summ--Scope, Nodes Ex (CS)' to 'CS Lymph Nodes Eval, Nodes Ex (CS)'
- Edit modified to no longer require RX Summ--Scope Reg LN Sur to not equal 0 when CS Lymph Nodes Eval = 3, 5, or 6. RX Summ--Scope Reg LN Surg no longer checked at all.

CS Lymph Nodes Eval, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1175***Description**

This edit verifies that CS Lymph Nodes Eval is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes Eval, Primary Site, or Histologic Type ICD-O-3 is blank.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Lymph Nodes Eval is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS Lymph Nodes Eval, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER*Edits software, the title of this edit is: IF230

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Lymph Nodes, IntracranialGland Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1346

CS Lymph Nodes, LN Nodes Eval, RNP, Testis (CS)**Description**

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes is empty
2. CS schema is not IntracranialGland

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is IntracranialGland:

CS Lymph Nodes must = 988 (Not applicable) or 999 (OBSOLETE DATA RETAINED V0200; Unknown; not stated).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF317

Modifications

NAACCR v13A

Added SEER IF number (IF317)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Lymph Nodes, LN Nodes Eval, RNP, Testis (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1721

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Lymph Nodes, CS Lymph Nodes Eval and Regional Nodes Positive combinations for the Testis schema that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

This edit enforces the Lymph Nodes Pathologic Eval Table note:

Note: This table is used when CS Lymph Nodes Eval is coded 2 (p), 3 (p), 6 (yp), or 8 (a) and CS Lymph Nodes is coded 100-500 ONLY. The N category is assigned based on the values of CS Site-Specific Factor 5, Size of Metastasis in Lymph Nodes, and Regional Nodes Positive.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Lymph Nodes is empty
3. CS Lymph Nodes Eval is empty
4. Regional Nodes Positive is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
6. CS schema is invalid

CS Lymph Nodes, Lymph Nodes Eval, RNP (CS)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Testis:

An error will be generated under the following conditions:

```
If CS Lymph Nodes = 100-500 (positive nodes)
AND
CS Lymph Nodes Eval = 2, 3, 6, 8 (pathologic eval)
AND
Regional Nodes Positive = 00 (none), 98 (no nodes removed) or 99 (unknown if
positive nodes)
an error is generated
```

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF419

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Lymph Nodes, Lymph Nodes Eval, RNP (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1803

Description

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2010
2. CS Lymph Nodes is blank
3. CS Lymph Nodes Eval is blank
4. Regional Nodes Positive is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
6. CS schema is invalid

This edit is skipped for the following schemas where something other than regional nodes is also coded in CS Lymph Nodes:

```
LymphomaOcularAdnexa - distant nodes also coded in CS Lymph Nodes
Retinoblastoma - distant nodes also coded in CS Lymph Nodes
MelanomaSkin - satellite nodules also coded in CS Lymph Nodes
MerkelCellPenis - satellite nodules also coded in CS Lymph Nodes
MerkelCellScrotum - satellite nodules also coded in CS Lymph Nodes
MerkelCellSkin - satellite nodules also coded in CS Lymph Nodes
MerkelCellVulva - satellite nodules also coded in CS Lymph Nodes
```

This edit is also skipped for the following schemas for certain CS Lymph Nodes codes that indicate something other than regional nodes is coded in CS Lymph Nodes:

CS Lymph Nodes, MyelomaPlasmaCellDisorder (CS)

Breast and CS Lymph Nodes = 050 (individual tumor cells coded in CS Lymph Nodes)
 EsophagusGEJunction and CS Lymph Nodes = 100 (tumor deposits coded in CS Lymph Nodes)
 Stomach and CS Lymph Nodes = 100 or 110 (tumor deposits coded in CS Lymph Nodes)
 Colon and CS Lymph Nodes = 050 (tumor deposits coded in CS Lymph Nodes)
 Rectum and CS Lymph Nodes = 050 (tumor deposits coded in CS Lymph Nodes)
 NETStomach and CS Lymph Nodes = 050 or 100 (nodules in perigastric fat coded in CS Lymph Nodes)
 NETColon and CS Lymph Nodes = 050 or 100 (nodules in pericolic fat coded in CS Lymph Nodes)
 NETRectum and CS Lymph Nodes = 050 or 100 (nodules in perirectal fat coded in CS Lymph Nodes)
 GISTAppendix and CS Lymph Nodes = 050 or 100 (nodules in pericolic fat coded in CS Lymph Nodes)
 GISTStomach and CS Lymph Nodes = 050 or 100 (nodules in perigastric fat coded in CS Lymph Nodes)
 GISTColon and CS Lymph Nodes = 050 or 100 (nodules in pericolic fat coded in CS Lymph Nodes)
 GISTRectum and CS Lymph Nodes = 050 or 100 (nodules in perirectal fat coded in CS Lymph Nodes)

If CS Lymph Nodes is not = 000 (no regional lymph node involvement)
 or 999 (unknown)
 AND CS Lymph Nodes Eval = 3 or 6 (codes indicating pathologic eval)
 THEN
 Regional Nodes Positive must not = 00 (all nodes examined negative) or
 98 (no nodes examined)

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF456

Modifications:

NAACCR v15

- Modified to skip for additional Schema/CS Lymph Nodes code combinations for which CS Lymph Nodes code indicates something other than regional nodes: codes 050 and 100 for NetStomach, NetColon, NetRectum, GISTAppendix, GISTStomach, GISTColon, GISTRectum schemas

CS Lymph Nodes, MyelomaPlasmaCellDisorder (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1380

Description

The purpose of this edit is to verify that the data item CS Lymph Nodes is coded properly for the MyelomaPlasmaCellDisorder schema. The schema includes histologies

CS Lymph Nodes, Nodes Pos, ColoAppRectal (CS)

9731, 9732, and 9734, but some of the Lymph Nodes codes apply only to a subset of the three histologies.

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes is empty
2. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is MyelomaPlasmaCellDisorder:

1. The CS Lymph Nodes values of 000 (For extraosseous plasmacytomas (9734) only: No regional lymph node involvement), 100 (For extraosseous plasmacytomas (9734) only: Regional lymph node metastasis), and 999 (unknown) are allowed only for Histologic Type ICD-O-3 codes 9734 (Plasmacytoma, extramedullary).
2. The CS Lymph Nodes value of 987 (Not applicable) is allowed only for 9731 (Plasmacytoma, NOS) and 9732 (Multiple myeloma).

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF347

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Lymph Nodes, Nodes Pos, ColoAppRectal (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1060

Description

The number of positive regional nodes is required to calculate the correct N category for this schema. Use codes 400-480 when the pathology report assigns an N1 or N2 category but does not specify the number of nodes involved, or the record identifies an N1 or N2 category but the specific information about number of nodes involved is not available. Use codes 110-300 rather than codes 400-480 when information about the number of positive nodes is available, or when nodes are clinically positive but not removed for examination." The actual number of involved nodes will be coded in Reg LN Pos."

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes is blank
2. Regional Nodes Positive is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

CS Lymph Nodes, Nodes Pos, MelanomaSkin (CS)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema number is returned.

For cases using the Colon, Appendix, or Rectum schemas:

If Regional Nodes Positive = 01 - 90 (number of positive nodes are known), CS Lymph Nodes must not = 400, 410, 420, 430, 450, 460, 470, 480.

If CS Lymph Nodes = 400, 410, 420, 430, 450, 460, 470, 480, then Regional Nodes Positive must = 95 (positive aspiration of lymph node(s) was performed) or 97 (Positive nodes are documented, but the number is unspecified).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF260

Modifications:

NAACCR v12.1:

- Added codes 430 and 480 to list of CS Lymph Nodes for which Regional Nodes Positive must = 95 or 97.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Lymph Nodes, Nodes Pos, MelanomaSkin (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N2361

Description

The purpose of this edit is to compare CS Lymph Nodes and Regional Nodes Positive for cases coded using the MelanomaSkin schema.

If schema is MelanomaSkin:

1. If CS Lymph Nodes = 122, 123, 124, 152, 153, or 158 (evaluated pathologically) then
 - Regional Nodes Positive must not = 00 or 98 (codes indicating no nodes positive pathologically)

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes is empty
2. Regional Nodes Positive is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

CS Lymph Nodes, Nodes Pos, MerkelCell Schemas (CS)***Administrative Notes***

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF355

Modifications**NAACCR v12.2:**

- Edit name changed from "CS Lymph Nodes, SSF3, RNP, MelanomaSkin (CS)" to "CS Lymph Nodes, Nodes Pos, MelanomaSkin (CS)".
- Edit re-worked to incorporate new codes and logic; CS SSF 3 logic deleted.

NAACCR v13A:

- Edit logic updated to include CS Lymph Nodes code 153 in list of codes indicating "evaluated pathologically". (Edit description was already correct.)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS Lymph Nodes, Nodes Pos, MerkelCell Schemas (CS)

Agency: CS

Last changed: 04/16/2018 12:29:34

Edit Tag N1580

Description

The purpose of this edit is to compare CS Lymph Nodes and Regional Nodes Positive for cases coded using the MerkelCell schemas.

If CS schema is MerkelCellScrotum, MerkelCellSkin, MerkelCellPenis, or MerkelCellVulva:

1. If CS schema is MerkelCellScrotum or MerkelCellSkin:
 - then
 - If CS Lymph Nodes = 320, 340, 350 (evaluated pathologically)
 - then
 - Regional Nodes Positive must not = 00 or 98 (codes indicating no nodes positive pathologically)
2. If CS schema is MerkelCellPenis:
 - then
 - If CS Lymph Nodes = 120, 140, 150 (evaluated pathologically)
 - then
 - Regional Nodes Positive must not = 00 or 98
3. If CS schema is MerkelCellVulva:
 - then
 - If CS Lymph Nodes = 115, 120, 125 (evaluated pathologically)
 - then

CS Lymph Nodes, Nodes Pos, SSF 3, Breast Schema (CS)

Regional Nodes Positive must not = 00 or 98

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes is empty
2. Regional Nodes Positive is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF381

Modifications:**NAACCR v12.2C:**

- Although the edit description was correct, the actual logic was missing some brackets, causing the edit to fail when it should pass.

The brackets have been added.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Name changed, space before (CS)

CS Lymph Nodes, Nodes Pos, SSF 3, Breast Schema (CS)

Agency: CS

Last changed: 04/08/2018 12:53:44

Edit Tag N0899

Description

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes, CS Site-Specific Factor 3, or Regional Nodes Positive is empty
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Breast:

CS Lymph Nodes, Nodes Pos, SSF 3, Breast Schema (CS)

If CS Lymph Nodes = 050 (none, no regional lymph nodes but with ITCs detected on routine H and E stains), then Regional Nodes Positive must = 00 (all nodes examined negative) and CS Site-Specific Factor 3 must = 000 (all ipsilateral nodes examined negative).

If CS Lymph Nodes = 710, 730, 735, 740, 745, 764, or 770 (internal mammary without axillary nodes), then CS Site-Specific Factor 3 must not be 001-097 (axillary nodes positive).

If CS Site-Specific Factor 3 = 001-097 (positive nodes), then CS Lymph Nodes must not = 000, 710, 730, 735, 740, 745, 764, or 770.

If CS Site-Specific Factor 3 = 000-089 and Regional Nodes Positive = 00-89 then CS Site-Specific Factor 3 must be less than or = Regional Nodes Positive.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF188

MODIFICATIONS:

NAACCR v11.2

7/2007

The following logic was added:

If CS Lymph Nodes = 71, 73, 74, 77, or 78 (internal mammary without axillary nodes), then CS Site-Specific Factor 3 must not be 001-097 (axillary nodes positive).

This edit was also modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

11/2007

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Edit modified to get schema name from function call to CS dll.

- Edit was modified to check CS Lymph Nodes codes (per CSv2) of 050, 710, 730, 740, 770, and 780 instead of CSv1 codes of 05, 71, 73, 74, 77, and 78.

NAACCR v12.1

- Changed:

If CS Lymph Nodes = 710, 730, 740, 770, or 780 (internal mammary without axillary nodes), then CS Site-Specific Factor 3 must

CS Lymph Nodes, Regional Nodes Positive (CS)

not be 001-097 (axillary nodes positive).

To:

If CS Lymph Nodes = 710, 730, 735, 740, 745, 764, or 770 (internal mammary without axillary nodes), then CS Site-Specific Factor 3 must not be 001-097 (axillary nodes positive).

Added:

If CS Site-Specific Factor 3 = 000-089 and Regional Nodes Positive = 00-89, then CS Site-Specific Factor 3 must be less than or = Regional Nodes Positive.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Name changed, space between SSF and 3, space before (CS)

CS Lymph Nodes, Regional Nodes Positive (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N0784

Description

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes or Regional Nodes Positive is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

If Regional Nodes Positive = 01-97, then CS Lymph Nodes cannot = 000.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF158

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0:

- Edit was modified to check 3-digit CS Lymph Nodes codes (per CSv2) instead of 2-digit CSv1 codes.
- Error message corrected.
- Edit modified to get schema name from function call to CS dll.

CS Lymph Nodes, Schema (CS)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Lymph Nodes, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1163***Description**

This edit verifies that CS Lymph Nodes is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Lymph Nodes is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Note: This edit does not check for obsolete codes. Obsolete codes for CS Extension are edited by "Obsolete Codes - CS Lymph Nodes (SEER IF147)".

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS Lymph Nodes, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER*Edits software, the title of this edit is: IF229

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Lymph Nodes, SSF 1, Head/Neck Schemas (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N0703***Description**

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type

CS Lymph Nodes, SSF 1, Head/Neck Schemas (CS)

ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

This edit is skipped if CS schema is NOT one of the following Head and Neck schemas:

BuccalMucosa
EpiglottisAnterior
FloorMouth
GumLower
GumOther
GumUpper
Hypopharynx
LarynxGlottic
LarynxOther
LarynxSupraglottic
LarynxSubglottic
LipLower
LipOther
LipUpper
MelanomaLipUpper
MelanomaLipLower
MelanomaLipOther
MelanomaTongueAnterior
MelanomaGumUpper
MelanomaGumLower
MelanomaGumOther
MelanomaFloorMouth
MelanomaPalateHard
MelanomaMouthOther
MelanomaBuccalMucosa
MelanomaTongueBase
MelanomaPalateSoft
MelanomaOropharynx
MelanomaNasopharynx
MelanomaHypopharynx
MelanomaPharynxOther
MelanomaEpiglottisAnterior
MelanomaLarynxGlottic
MelanomaLarynxSupraglottic
MelanomaLarynxSubglottic
MelanomaLarynxOther
MelanomaNasalCavity
MelanomaSinusMaxillary
MelanomaSinusEthmoid
MelanomaSinusOther
MiddleEar
MouthOther
NasalCavity
Nasopharynx
Oropharynx
PalateHard
PalateSoft
ParotidGland
PharyngealTonsil
PharynxOther
SalivaryGlandOther
SinusEthmoid
SinusMaxillary

CS Lymph Nodes, SSF 17, Penis (CS)

SinusOther
 SubmandibularGland
 TongueAnterior
 TongueBase

If CS Lymph Nodes not = 000 (none) or 999 (unknown, not stated), then CS Site-Specific Factor 1 must not = 000 (No involved regional nodes).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF128

Modifications:

NAACCR v11.2
 8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

11/2007

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3
 6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Length of CS Lymph Nodes changed from 2 to 3 characters.
- Additional Head and Neck schemas added.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Lymph Nodes, SSF 17, Penis (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1723

Description

This edit verifies that CS Lymph Nodes and CS Site-Specific Factor17 (extranodal extension of regional lymph nodes) are coded consistently for the Penis schema.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Lymph Nodes is empty
3. CS Site-Specific Factor17 is empty or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type

CS Lymph Nodes, SSF 3, Nodes Eval, MelanomaSkin (CS)

ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Penis:

1. If CS Site-Specific Factor17 (extranodal extension of regional lymph nodes) = 000 (no regional lymph nodes involved), then CS Lymph Nodes must = 000 (no regional lymph node involvement)
2. The vice versa condition is also true: If CS Lymph Nodes = 000, then CS Site-Specific Factor17 must also = 000.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF420

Modifications:

NAACCR v13A

- Fixed error message

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Lymph Nodes, SSF 3, Nodes Eval, MelanomaSkin (CS)

Agency: CS

Last changed: 07/21/2018 16:37:20

Edit Tag N0964

Description

The purpose of this edit is to compare CS Lymph Nodes, CS Site-Specific 3, and CS Lymph Nodes Eval for cases coded using the Melanoma of Skin Schema.

If schema is MelanomaSkin:

1. If CS Site-Specific Factor 3 = 000 or 005 (see definitions below)
then
CS Lymph Nodes must not = 121 or 128 (codes that indicate case evaluated clinically)
2. If CS Lymph Nodes = 121 or 128 (codes that indicate case evaluated clinically)
then
CS Lymph Nodes Eval must = 0, 1, 5 (codes that indicate case does not meet criteria for AJCC pathological stage) or 9 (unknown)
3. If CS Lymph Nodes = 122, 123, 124, 152, 153, or 158 (codes that indicate case was evaluated pathologically)
then
CS Lymph Nodes Eval must = 2, 3, 6, 8 (codes that indicate

CS Lymph Nodes, SSF 3, Nodes Eval, MelanomaSkin (CS)

case meets requirement for AJCC pathologic staging) or 9 (unknown)

4. If CS Site-Specific Factor 3 = 020, 043, 045, 048, 050, 100, or 150
(codes indicating 'clinically apparent')
then
CS Lymph Nodes Eval must not = 8 (diagnosed at autopsy)

```
*****
CS Site-Specific Factor 3 definitions for codes 000 and 005:
000 = OBSOLETE DATA RETAINED V0204
      No lymph node metastasis
005 = Clinically negative lymph node metastasis
      AND
      No pathologic examination performed
      Or unknown if pathologic examination performed
      Or nodes negative on pathologic examination
*****
```

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes is empty
2. CS Site-Specific Factor 3 is empty or = 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v11.3A metafile.

In the SEER*Edits software, the title of this edit is: IF216

Modifications:**NAACCR v12.0:**

- Edit name changed from "CS Lymph Nodes, SSF3, Nodes Eval, Melanoma(CS)" to "CS Lymph Nodes, SSF3, Nodes Eval, MelanomaSkin(CS)".
- Changed data item name CS Reg Nodes Eval to CS Lymph Nodes Eval.
- Edit modified to get schema name from function call to CS dll.
- Length of CS Lymph Nodes changed from 2 to 3 characters.

NAACCR v12.1:

- Modified so that edit is also skipped if CS Site-Specific Factor 3 is 988.
- Added code 154 to list of CS Lymph Node codes for which CS Site-Specific Factor 3 must = 000.
- Changed checks for CS Site-Specific Factor 3 code of 001 to 010 and 002 to 020 per conversion specifications.

NAACCR v12.2:

- Re-worked to incorporate new codes and logic.

NAACCR v12.2C:

CS Lymph Nodes, SSF 3, Nodes Eval, MerkelCell (CS)

- Although the edit description was correct, there were errors in the corresponding logic. The following corrections were made to the edit logic:

1. Changed from:

If not CS Site-Specific Factor 3 = 000 or 005, then CS Lymph Nodes must not = 121 or 128

To:

If CS Site-Specific Factor 3 = 000 or 005, then CS Lymph Nodes must not = 121 or 128

2. Logic changed to allow CS Lymph Nodes Eval code 9 when CS Lymph Nodes = 121, 122, 123, 124, 128, 152, 153, 158

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v18

- Name changed, space between SSF and 3, space before (CS)

CS Lymph Nodes, SSF 3, Nodes Eval, MerkelCell (CS)

Agency: CS

Last changed: 07/21/2018 16:40:27

Edit Tag N1371

Description

The purpose of this edit is to compare CS Lymph Nodes, CS Site-Specific 3, and CS Lymph Nodes Eval for cases coded using the MerkelCellScrotum, MerkelCellSkin, MerkelCellPenis, and MerkelCellVulva schemas.

If CS schema is MerkelCellScrotum, MerkelCellSkin, MerkelCellPenis, or MerkelCellVulva:

1. If CS schema is MerkelCellScrotum or MerkelCellSkin:
 - A. If CS Site-Specific Factor 3 = 000 or 005 (see definitions below) then
 - CS Lymph Nodes must = 000, 390, or 400, indicating no lymph node mets.
 - B. If CS Lymph Nodes = 310 (evaluated clinically) then
 - CS Lymph Nodes Eval must = 0, 1, 5 (codes that indicate case does not meet criteria for AJCC pathological stage) or 9 (unknown)
 - C. If CS Lymph Nodes = 320, 340, 350 (codes that indicate case was evaluated pathologically) then
 - CS Lymph Nodes Eval must = 2, 3, 6, 8 (codes that indicate case meets requirement for AJCC pathologic staging) or 9 (unknown)
 - D. If CS Site-Specific Factor 3 = 020 (clinically apparent) then
 - CS Lymph Nodes Eval must not = 8 (diagnosed at autopsy)

CS Lymph Nodes, SSF 3, Nodes Eval, MerkelCell (CS)

2. If CS schema is MerkelCellPenis:
 - A. If CS Site-Specific Factor 3 = 000 or 005 (see definitions below)
 - then
 - CS Lymph Nodes must = 000, 410, 420, indicating no lymph node mets.
 - B. If CS Lymph Nodes = 110 (evaluated clinically)
 - then
 - CS Lymph Nodes Eval must = 0, 1, 5 (codes that indicate case does not meet criteria for AJCC pathological stage) or 9 (unknown)
 - C. If CS Lymph Nodes = 120, 140, 150 (codes that indicate case was evaluated pathologically)
 - then
 - CS Lymph Nodes Eval must = 2, 3, 6, 8 (codes that indicate case meets requirement for AJCC pathologic staging) or 9 (unknown)
 - D. If CS Site-Specific Factor 3 = 020 (clinically apparent)
 - then
 - CS Lymph Nodes Eval must not = 8 (diagnosed at autopsy)
3. If CS schema is MerkelCellVulva:
 - A. If CS Site-Specific Factor 3 = 000 or 005 (see definitions below)
 - then
 - CS Lymph Nodes must = 000, 510, 520, indicating no lymph node mets.
 - B. If CS Lymph Nodes = 114 (evaluated clinically)
 - then
 - CS Lymph Nodes Eval must = 0, 1, 5 (codes that indicate case does not meet criteria for AJCC pathological stage) or 9 (unknown)
 - C. If CS Lymph Nodes = 115, 120, 125 (codes that indicate case was evaluated pathologically)
 - then
 - CS Lymph Nodes Eval must = 2, 3, 6, 8 (codes that indicate case meets requirement for AJCC pathologic staging) or 9 (unknown)
 - D. If CS Site-Specific Factor 3 = 020 (clinically apparent)
 - then
 - CS Lymph Nodes Eval must not = 8 (diagnosed at autopsy)

```
*****
CS Site-Specific Factor 3 definitions for codes 000 and 005:
000 = OBSOLETE DATA RETAINED V0204
      No lymph node metastasis
005 = Clinically negative lymph node metastasis
      AND
      No pathologic examination performed
      Or unknown if pathologic examination performed
      Or nodes negative on pathologic examination
*****
```

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 3 is blank or 988
2. CS Lymph Nodes is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

CS Lymph Nodes, SSF 4, 5, Breast Schema (CS)

4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF319

Modifications**NAACCR v12.2**

- Edit name changed from "CS SSF 3, MerkelCell Schemas (CS)" to "CS Lymph Nodes, SSF3, Nodes Eval, MerkelCell(CS)".
- Re-worked to incorporate new codes and logic.

NAACCR v12.2C:

- Logic changed to allow CS Lymph Nodes Eval code 9 when editing CS Lymph Nodes Eval codes against CS Lymph Nodes codes; description was already correct.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v18

- Name changed, space between SSF and 3

CS Lymph Nodes, SSF 4, 5, Breast Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N0704

Description

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes is empty
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Breast:

If CS Lymph Nodes = 000, then both CS Site-Specific Factor 4 and

CS Lymph Nodes, SSF 4, 5, Breast Schema (CS)

CS Site-Specific Factor 5 must not = 987 (not applicable; CS Lymph Nodes not coded 000)

If CS Lymph Nodes not = 000, then both CS Site-Specific Factor 4 and CS Site-Specific Factor 5, if not blank, must = 987 or 988 (not applicable: information not collected for this case)

Notes:

CS Lymph Nodes 000 =

None; no regional lymph node involvement, or ITCs detected by immunohistochemistry or molecular methods ONLY

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF129

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

11/2007

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Edit modified to get schema name from function call to CS dll.

- Edit was modified to check CS Lymph Nodes codes (per CSv2) of 000, 740, and 770 instead of CSv1 codes of 00, 74, and 77.

NAACCR v12C

- The following logic was changed from:

"If CS Lymph Nodes not = 000, then both CS Site-Specific Factor 4 and CS Site-Specific Factor 5, if not blank, must = 987"

To:

"If CS Lymph Nodes not = 000 or 050, then both CS Site-Specific Factor 4 and CS Site-Specific Factor 5, if not blank, must = 987 or 988"

NAACCR v12.1

- Edit name changed from "CS Lymph Nodes, SSF 3,4,5, Breast Schema (CS)"

to "CS Lymph Nodes, SSF 4,5, Breast Schema (CS)" since SSF 3 is no longer used in this edit.

The following logic was changed from:

-"If CS Lymph Nodes not = 000 or 050, then both CS Site-Specific Factor 4 and CS Site-Specific Factor 5, if not blank, must = 987"

To:

CS Mets at DX (CS)

"If CS Lymph Nodes not = 000, then both CS Site-Specific Factor 4 and CS Site-Specific Factor 5, if not blank, must = 987 or 988"

Deleted:

If CS Site-Specific Factor 3 = 001-097 (positive nodes), then
CS Lymph Nodes must not = 000, 740, or 770.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Mets at DX (CS)

Agency: CS

Last changed: 09/28/2003

Edit Tag N0658

Description

Must be a valid two-digit number (00-99) or blank.

CS Mets at DX, Colon Schema (CS)

Agency: CS

Last changed: 11/19/2017 11:33:31

Edit Tag N1171

Description

The purpose of this edit is to verify that CS Mets at DX and CS Mets at DX-Bone, Lung, Brain, and Liver are coded consistently for the Colon schema.

This edit is skipped under the following conditions:

1. CS Mets at DX is empty
2. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Colon:

If CS Mets at DX-Bone, CS Mets at DX-Lung, CS Mets at DX-Brain, or CS Mets at DX-Liver = 1 (yes), then CS Mets at DX must not = 00, 08, 16, 18, 31, or 33.

If more than one of CS Mets at DX-Bone, CS Mets at DX-Lung, CS Mets at DX-Brain, or CS Mets at DX-Liver = 1 (yes), then CS Mets at DX must not = 26 or 27.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF313

Modifications:

EditWriter 5

276

05/01/2023 02:04 PM

CS Mets at DX, Lung, Laterality (CS)

NAACCR v12.1

- Edit modified to use new codes instead of codes that are now "OBSOLETE DATA CONVERTED V0203". Code 15 has been replaced

by 16, 20 by 26, 25 by 31, 30 by 36, 35 by 45. Codes 18, 29, 33 added.

- Code 27 was added to list of codes that CS Mets must not be if more than one CS Mets at DX--Bone, Lung, Brain, or Liver = 1.

- Code 40, although "obsolete data retained v0200", 27, and 48 were added to the codes allowed if CS Mets at DX-Liver is 1.

NAACCR v12.2

- Removed code 29 from list of CS Mets at DX codes because 29 was converted to 08 in CSv02.04 conversion and is now obsolete.

NAACCR v12.2A

- Deleted: If CS Mets at DX-Liver = 1, then CS Mets at DX must = 26, 27, 36, 40, 45, or 48.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Extra space removed from edit name

CS Mets at DX, Lung, Laterality (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N0962

Description

Purpose: This edit verifies that, for lung cases, if bilateral involvement, then CS Mets at DX is coded to bilateral as well.

This edit is skipped if any of the following conditions is true:

1. CS Mets at DX is empty
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

If schema is Lung:

If Laterality = 4 (Bilateral involvement), then CS Mets at DX must = 23, 25, 26, 36, 38, 40, 41, 42, 43, 50, 51, 52, 53, 70, or 75.

Per the multiple primary rules, involvement of diffuse bilateral nodules "is the only condition when laterality = 4."

Administrative Notes

New edit - added to NAACCR v11.3A metafile.

In the SEER*Edits software, the title of this edit is: IF217

CS Mets at DX, Rectum Schema (CS)

Modifications

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Codes 23, 25, 26, 37, 42, 43, 51, 52, 53, 70, and 75 were added to CS Mets at DX codes that indicate involvement of contralateral lung.

NAACCR v12.1:

- Edit modified to get schema name from function call to CS dll.
- Codes 36 and 38 were added to CS Mets at DX codes that indicate involvement of contralateral lung.

NAACCR v12.2

- Added new CS Mets at DX code 41 to list of codes indicating bilateral involvement.
- Removed CS Mets at DX code 37 from list of codes indicating bilateral involvement.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Mets at DX, Rectum Schema (CS)

Agency: CS

Last changed: 11/19/2017 11:33:49

*Edit Tag N1172***Description**

The purpose of this edit is to verify that CS Mets at DX and CS Mets at DX-Bone, Lung, Brain, and Liver are coded consistently for the Rectum schema.

This edit is skipped under the following conditions:

1. CS Mets at DX is empty
2. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Rectum:

If CS Mets at DX-Bone, CS Mets at DX-Lung, CS Mets at DX-Brain, or CS Mets at DX-Liver = 1 (yes), then CS Mets at DX must not = 00, 08, 16, 18, 29, 31, or 33.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF314

Modifications:

NAACCR v12.1

CS Mets at DX, Schema (CS)

- CS Mets at DX codes 05, 15, and 20 were changed to 18, 08, and 16, per conversion specifications. Also added codes 29, 31, and 33.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Extra space removed from edit name

CS Mets at DX, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1164

Description

This edit verifies that CS Mets at DX is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Mets at DX, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Mets at DX is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Note: This edit does not check for obsolete codes. Obsolete codes for CS Extension are edited by "Obsolete Codes - CS Mets at DX (SEER IF148)".

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS Mets at DX, Primary Site, HistoI ICDO3 (NAACCR)'

In the SEER*Edits software, the title of this edit is: IF231

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Mets at DX, SSF 20, Breast Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1174

CS Mets at DX, SSF 20, Breast Schema (CS)**Description**

This edit verifies that CS Mets at DX and CS Site-Specific Factor20 (Assessment of Positive Distant Metastases) are coded consistently for the Breast schema.

This edit is skipped if any of the following conditions is true:

1. CS Mets at DX or CS Site-Specific 20 is empty or = 988
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Breast:

If CS Mets at DX = 00 (no mets at dx), 05 (CTC or DTC only), or 07 [Stated as M0(i+) with no other information on distant metastasis], CS Site-Specific Factor20 (Assessment of Positive Distant Metastases) must = 000 (no mets) or 005 [No clinical or radiographic evidence of distant metastasis, but deposits of molecularly or microscopically detected tumor cells in circulating blood, bone marrow or other non-regional nodal tissue that are 0.2 millimeters (mm) or less in a patient without symptoms or signs of metastasis].

If CS Mets at DX = 10, 40, 42, 44, 50, 60 (positive mets), CS Site-Specific Factor20 must not = 000 or 005.

If CS Mets at DX = 99 (unknown if mets), CS Site-Specific Factor20 must = 999 (unknown if mets).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF261

Modifications:**NAACCR v12.1**

- Added CS Mets at DX code 07 to list of codes requiring CS Site-Specific Factor20 of 000.
- Corrected logic to include CS Mets at DX code 05 when requiring CS Site-Specific Factor20 of 000.

NAACCR v12.2

- Added code 005 to list of CS SSF 20 codes indicating "no mets".

NAACCR v13A

- Removed 999 from list of illegitimate values if CS Mets at DX = 10, 40, 42, 44, 50, or 60

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Extra space removed from edit name

CS Mets at DX, SSF 4, MelanomaChor/Cil/Iris (CS)

CS Mets at DX, SSF 4, MelanomaChor/Cil/Iris (CS)

Agency: CS

Last changed: 04/16/2018 12:31:04

Edit Tag N1714

Description

This edit applies to AJCC 7 stage only.

This edit generates an error for CS Mets at DX and Site-Specific Factor 4 (size of largest metastasis) combinations for the MelanomaChoroid, MelanomaCiliaryBody and MelanomaIris schemas, that result in a failure to derive stage. It applies only to cases diagnosed 2010 and later.

If schema is MelanomaChoroid, MelanomaCiliaryBody or MelanomaIris:

An error will be generated under the following conditions:

If CS Mets at DX = 10, 40, 50, 52, 54, 56 or 60
(codes requiring CS Site-Specific Factor 4 greater than 000
to derive M value)
AND CS Site-Specific Factor 4 = 000 (no metastatic disease)

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is blank, invalid or less than 2010
2. CS Mets at DX is empty
3. CS Site-Specific Factor 4 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF421

Modifications:

NAACCR v13A

- Fixed edit logic so that edit will be skipped if year of Date of Diagnosis is blank, invalid, or less than 2010.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Name changed, space before (CS)

CS Mets at DX-BBLL, LymphomaOcularAdnexa (CS)

Agency: CS

Last changed: 07/18/2019 22:43:38

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05/01/2023 02:04 PM

CS Mets at DX-BBLL, MycosisFungoides (CS)**Edit Tag N1893****Description**

The purpose of this edit is to verify that the CS Mets at DX-Bone, Brain, Liver, and Lung fields are not coded to 8 (not applicable) for LymphomaOcularAdnexa cases that are originally coded using CSv02.05 or higher.

This edit is skipped under the following conditions:

1. CS Version Input Original is less than 020500
2. CS schema is not LymphomaOcularAdnexa
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Diagnosis year >2015
5. Registry ID = 0000001563 (Massachusetts)

If schema is LymphomaOcularAdnexa:

An error will be generated under any of the following conditions:

1. If CS Mets at DX-Bone = 8
2. If CS Mets at DX-Brain = 8
3. If CS Mets at DX-Liver = 8
4. If CS Mets at DX-Lung = 8

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF490

Modifications**NAACCR v16**

- Edit modified to skip if diagnosis year blank, invalid, or greater than 2015

NAACCR v18D

- Description, logic updated, edit skipped for Registry ID 0000001563 (Massachusetts)

CS Mets at DX-BBLL, MycosisFungoides (CS)

Agency: CS

Last changed: 07/18/2019 22:43:56

Edit Tag N1894

CS Mets at DX-Bone (CS)**Description**

The purpose of this edit is to verify that the CS Mets at DX-Bone, Brain, Liver, and Lung fields are not coded to 8 (not applicable) for MycosisFungoides cases that are originally coded using CSv02.05 or higher.

This edit is skipped under the following conditions:

1. CS Version Input Original is less than 020500
2. CS schema is not MycosisFungoides
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Diagnosis year > 2015, blank (unknown), or invalid
5. Registry ID = 0000001563 (Massachusetts)

If schema is MycosisFungoides:

An error will be generated under any of the following conditions:

1. If CS Mets at DX-Bone = 8
2. If CS Mets at DX-Brain = 8
3. If CS Mets at DX-Liver = 8
4. If CS Mets at DX-Lung = 8

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF491

NAACCR v18

- Edit modified to skip if diagnosis year blank, invalid, or greater than 2015

NAACCR v18D

- Description, logic updated, edit skipped for Registry ID 0000001563 (Massachusetts)

CS Mets at DX-Bone (CS)

Agency: CS

Last changed: 11/04/2017 14:00:47

Edit Tag N0987

Description

Must be a valid CS Mets at DX-Bone code or blank: 0 (none: no bone metastases), 1 (yes), 8 (not applicable), 9 (unknown whether bone is involved metastatic site) or blank.

CS Mets at DX-Bone, CS Mets at DX (CS)***Administrative Notes***

New edit - added to NAACCR v12 metafile.

CS Mets at DX-Bone, CS Mets at DX (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1944

Description

Purpose: This edit verifies that CS Mets at DX-Bone and CS Mets at DX are coded consistently.

This edit is skipped if any of the following conditions is true:

1. CS Mets at DX-Bone is empty
2. CS Mets at DX is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS Mets at DX-Bone = 1 (yes), then CS Mets at DX must not = 00 (none) or 99 (unknown).

If CS Mets at DX = 00 (none), then CS Mets at DX-Bone must = 0 (none: no bone metastases).

If CS Mets at DX = 98 (not applicable) and CS schema is not IllDefinedOther, then CS Mets at DX-Bone must = 8 (not applicable).

Administrative Notes

New edit - added to NAACCR v12 metafile.

In the SEER*Edits software, the title of this edit is: IF283

Modifications:**NAACCR v12.2A**

Modified logic to not allow CS Mets at DX of 99 if CS Mets at DX-Bone = 1:
If CS Mets at DX-Bone = 1, then CS Mets at DX must not = 00 (none) or 99 (unknown).

NAACCR v12.2C

Modified logic to require CS Mets at DX-Bone of 0 if CS Mets at DX = 00:
If CS Mets at DX = 00 (none), then CS Mets at DX-Bone must = 0 (none: no bone metastases).

NAACCR v13A

Added: If CS Mets at DX = 98 (not applicable) and Primary Site is not C809 (unknown primary site), then CS Mets at DX-Bone must = 8 (not applicable).

CS Mets at DX-Brain (CS)

NAACCR v14A

Modified edit to check schema 'IllDefinedOther' instead of just 'primary site of C809' when allowing codes other than 8 for CS Mets at DX-Bone when CS Mets at DX = 98.

NAACCR v15

- Description updated to state that CS DLL is called and the edit is skipped if behavior is 0 or 1 and schema is not Brain, CNSOther, or IntracranialGland

CS Mets at DX-Brain (CS)

Agency: CS

Last changed: 11/04/2017 14:00:47

Edit Tag N0988**Description**

Must be a valid CS Mets at DX-Brain code or blank: 0 (none: no brain metastases), 1 (yes), 8 (not applicable), 9 (unknown whether brain is involved metastatic site) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Mets at DX-Brain, CS Mets at DX (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1945**Description**

Purpose: This edit verifies that CS Mets at DX-Brain and CS Mets at DX are coded consistently.

This edit is skipped if any of the following conditions is true:

1. CS Mets at DX-Brain is empty
2. CS Mets at DX is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS Mets at DX-Brain = 1 (yes), the CS Mets at DX must not = 00 (none) or 99 (unknown).

If CS Mets at DX = 00 (none), then CS Mets at DX-Brain must = 0 (none: no brain metastases).

If CS Mets at DX = 98 (not applicable) and CS schema is not IllDefinedOther, then CS Mets at DX-Brain must = 8 (not applicable).

CS Mets at DX-Liver (CS)***Administrative Notes***

New edit - added to NAACCR v12 metafile.

In the SEER*Edits software, the title of this edit is: IF284

Modifications:**NAACCR v12.2A**

Modified logic to not allow CS Mets at DX of 99 if CS Mets at DX-Brain = 1:

If CS Mets at DX-Brain = 1, then CS Mets at DX must not = 00 (none) or 99 (unknown).

NAACCR v12.2C

Modified logic to require CS Mets at DX-Brain of 0 if CS Mets at DX = 00:

If CS Mets at DX = 00 (none), then CS Mets at DX-Brain must = 0 (none: no brain metastases).

NAACCR v13A

Added: If CS Mets at DX = 98 (not applicable) and Primary Site is not C809 (unknown primary site), then CS Mets at DX-Brain must = 8 (not applicable).

NAACCR v14A

Modified edit to check schema 'IllDefinedOther' instead of just 'primary site of C809' when allowing codes other than 8 for CS Mets at DX-Brain when CS Mets at DX = 98.

NAACCR v15

- Description updated to state that CS DLL is called and the edit is skipped if behavior is 0 or 1 and schema is not Brain, CNSOther, or IntracranialGland

CS Mets at DX-Liver (CS)

Agency: CS

Last changed: 11/04/2017 14:00:47

Edit Tag N0989

Description

Must be a valid CS Mets at DX-Liver code or blank: 0 (none: no liver metastases), 1 (yes), 8 (not applicable), 9 (unknown whether liver is involved metastatic site) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Mets at DX-Liver, CS Mets at DX (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1947

CS Mets at DX-Liver, CS Mets at DX (CS)**Description**

Purpose: This edit verifies that CS Mets at DX-Liver and CS Mets at DX are coded consistently.

This edit is skipped if either field is empty. This edit is skipped if any of the following conditions is true:

1. CS Mets at DX-Liver is empty
2. CS Mets at DX is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS Mets at DX-Liver = 1 (yes), the CS Mets at DX must not = 00 (none) or 99 (unknown).

If CS Mets at DX = 00 (none), then CS Mets at DX-Liver must = 0 (none: no liver metastases).

If CS Mets at DX = 98 (not applicable) and CS schema is not IllDefinedOther, then CS Mets at DX-Liver must = 8 (not applicable).

Administrative Notes

New edit - added to NAACCR v12 metafile.

In the SEER*Edits software, the title of this edit is: IF285

Modifications:**NAACCR v12.2A**

Modified logic to not allow CS Mets at DX of 99 if CS Mets at DX-Liver = 1:
If CS Mets at DX-Liver = 1, then CS Mets at DX must not = 00 (none) or 99 (unknown).

NAACCR v12.2C

Modified logic to require CS Mets at DX-Liver of 0 if CS Mets at DX = 00:
If CS Mets at DX = 00 (none), then CS Mets at DX-Liver must = 0 (none: no liver metastases).

NAACCR v13A

Added: If CS Mets at DX = 98 (not applicable) and Primary Site is not C809 (unknown primary site), then CS Mets at DX-Liver must = 8 (not applicable).

NAACCR v14A

Modified edit to check schema 'IllDefinedOther' instead of just 'primary site of C809' when allowing codes other than 8 for CS Mets at DX-Liver when CS Mets at DX = 98.

NAACCR v15

- Description updated to state that CS DLL is called and the edit is skipped if behavior is 0 or 1 and schema is not Brain, CNSOther, or IntracranialGland

CS Mets at DX-Lung (CS)

CS Mets at DX-Lung (CS)

Agency: CS

Last changed: 11/04/2017 14:00:47

Edit Tag N0990*Description*

Must be a valid CS Mets at DX-Lung code or blank: 0 (none: no lung metastases), 1 (yes), 8 (not applicable), 9 (unknown whether lung is involved metastatic site) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Mets at DX-Lung, CS Mets at DX (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1948*Description*

Purpose: This edit verifies that CS Mets at DX-Lung and CS Mets at DX are coded consistently.

This edit is skipped if any of the following conditions is true:

1. CS Mets at DX-Lung is empty
2. CS Mets at DX is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS Mets at DX-Lung = 1 (yes), the CS Mets at DX must not = 00 (none) or 99 (unknown).

If CS Mets at DX = 00 (none), then CS Mets at DX-Lung must = 0 (none: no lung metastases).

If CS Mets at DX = 98 (not applicable) and CS schema is not IllDefinedOther, then CS Mets at DX-Lung must = 8 (not applicable).

Administrative Notes

New edit - added to NAACCR v12 metafile.

In the SEER*Edits software, the title of this edit is: IF286

Modifications:

NAACCR v12.2A

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05/01/2023 02:04 PM

CS Mets Eval (CS)

Modified logic to not allow CS Mets at DX of 99 if CS Mets at DX-Lung = 1:
If CS Mets at DX-Lung = 1, then CS Mets at DX must not = 00 (none) or 99 (unknown).

NAACCR v12.2C

Modified logic to require CS Mets at DX-Lung of 0 if CS Mets at DX = 00:
If CS Mets at DX = 00 (none), then CS Mets at DX-Lung must = 0 (none: no lung metastases).

NAACCR v13A

Added: If CS Mets at DX = 98 (not applicable) and Primary Site is not C809 (unknown primary site), then CS Mets at DX-Lung must = 8 (not applicable).

NAACCR v14A

Modified edit to check schema 'IllDefinedOther' instead of just 'primary site of C809' when allowing codes other than 8 for CS Mets at DX-Lung when CS Mets at DX = 98.

NAACCR v15

- Description updated to state that CS DLL is called and the edit is skipped if behavior is 0 or 1 and schema is not Brain, CNSOther, or IntracranialGland

NAACCR v15A

- Description updated to match the [correct] edit logic:
If CS Mets at DX = 00 (none), then CS Mets at DX-Lung must = 0 (none: no lung metastases).

CS Mets Eval (CS)**Agency: CS****Last changed: 06/23/2008***Edit Tag* N0661*Description*

Must be a valid CS Mets Eval code (0-3,5,6,8,9) or blank.

Administrative Notes

Modifications:

NAACCR v11.3

01/08

- Code 4 was removed from the list of allowable codes.

CS Mets Eval, Mets at DX, CS Version Inp Orig (CS)**Agency: CS****Last changed: 03/04/2010***Edit Tag* N0945*Description*

This edit is skipped if either CS Mets Eval or CS Mets at DX are blank.
It is also skipped if CS Version Input Original is less than 010400 (version 01.04).

CS Mets Eval, Schema (CS)

If CS Mets Eval = 2, 3 or 6, then CS Mets at DX cannot = 00 (none).

Note:

CS Mets Eval code 2 = No pathologic examination of metastatic tissue done prior to death, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).

CS Mets Eval code 3 = Pathologic examination of metastatic tissue performed WITHOUT pre-surgical systemic treatment or radiation OR pathologic examination of metastatic tissue performed, unknown if presurgical systemic treatment or radiation performed.

CS Mets Eval code 6 = Pathologic examination of metastatic tissue performed WITH pre-surgical systemic treatment or radiation, BUT metastasis based on pathologic evidence.

Administrative Notes

New edit - added to NAACCR v11.3 metafile.

In the SEER*Edits software, the title of this edit is: IF209

Modifications

NAACCR v12.0:

- Edit name changed from "CS Mets Eval, CS Mets at DX, CS Version 1st (CS)" to "CS Mets Eval, Mets at DX, CS Version Inp Orig (CS)"
- Field "CS Version 1st" changed to "CS Version Input Original"

CS Mets Eval, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1176

Description

This edit verifies that CS Mets Eval is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Mets Eval, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Mets Eval is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS Mets Eval, Primary Site, Histol ICDO3 (NAACCR)'

CS Reg Nodes Ex, Pos, Site, Hist ICDO3, Report (CS)

In the SEER*Edits software, the title of this edit is: IF232

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Reg Nodes Ex, Pos, Site, Hist ICDO3, Report (CS)

Agency: CS

Last changed: 05/16/2018 23:20:45

Edit Tag N1321

Description

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2004, greater than 2017, blank, or invalid
2. Regional Nodes Examined or Regional Nodes Positive is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid

If Death Certificate only case (Type of Reporting Source = '7') the Regional Nodes Positive and Regional Nodes Examined must both be coded 99.

For the following CS schemas, Regional Nodes Positive and Regional Nodes Examined must both be coded '99'.

1. HemeRetic
2. Lymphoma
3. Brain
4. CNSOther
5. IllDefinedOther
6. Placenta
7. IntracranialGland
8. MyelomaPlasmaCellDisorder except for histology 9734 (Extrasosseous plasmacytomas)

If year of Date of Diagnosis is less than 2010 and CS Version Input Current is 020510 (not changed since conversion from CSv01 to CSv02) or blank:

1. If Regional Nodes Examined = 00, Regional Nodes Positive must = 98.
2. If Regional Nodes Examined = 01 - 90, Regional Nodes Positive must = 97 or 99, or be less than or equal to Regional Nodes Examined.
3. If Regional Nodes Examined = 95, 96, 97, or 98, Regional Nodes Positive must = 00 - 90, 95, 97, or 99.
4. If Regional Nodes Examined = 99, then Regional Nodes Positive must = 99.

Otherwise:

1. If Regional Nodes Examined = 00, Regional Nodes Positive must = 98.
2. If Regional Nodes Examined = 01 - 90, Regional Nodes Positive must = 95, 97 or 99, or be less than or equal to Regional Nodes Examined.

CS Reg Nodes Ex, Pos, Site, Hist ICDO3, Report (CS)

3. If Regional Nodes Examined = 95, Regional Nodes Positive must = 00, 95, or 99.
4. If Regional Nodes Examined = 96, 97, or 98, Regional Nodes Positive must = 00 - 90, 95, 97, or 99.
5. If Regional Nodes Examined = 99, then Regional Nodes Positive must = 99.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF168

Modifications:

NAACCR v11.1A

02/2007

- Edit modified to work for all behavior codes instead of just behaviors 2 and 3
- Edit modified to require Regional Nodes Examined and Regional Nodes Positive of 99 for C589, C751, C752, and C753.

NAACCR v11.1B

08/2007

This edit was modified so that it will be skipped if year of Date of Diagnosis is less than 2004.

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

NAACCR v11.3A

12/2008

This edit was modified to allow Regional Nodes Positive of 95 with Regional Nodes Examined of 98:
If Regional Nodes Examined = 98,
Regional Nodes Positive must = 00 - 90, 95, 97, or 99.

Modifications:

NAACCR v12.0

- Modified to get schema name from function call to CS dll.
- IntracranialGland deleted from list of schemas requiring both Regional Nodes Examined and Regional Noded Positive to be coded to 99.

NAACCR v12C

- Modified edit to be consistent with the CSv2 definitions of code 95 for Regional Nodes Examined and Regional Nodes Positive.

NAACCR v12.1

- Added IntracranialGland and MyelomaPlasmaCellDisorder to list of schemas for which Regional Nodes Positive and Regional Nodes Examined must both be coded 99.

CS Site-Specific Factor 1 (CS)

NAACCR v12.2A

- CSv01 rules for using the code 95 for Regional Nodes Positive differ from the CSv02 rules; the portion of the edit enforcing CSv01 rules for cases diagnosed 2004-2009 was changed from "If year of Date of Diagnosis is less than 2010 and CS Version Input Original is less than 020000 or blank" to "If year of Date of Diagnosis is less than 2010 and CS Version Input Current is 020410 (not changed since conversion from CSv01 to CSv02) or blank".

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v14A

- Changed CS Version Input Current code indicating "not changed since conversion from CSv01 to CSv02" from 020410 to 020510.

NAACCR v15

- Added exception for schemas for which Regional Nodes Examined and Regional Nodes Positive must be coded to 99:
For MyelomaPlasmaCellDisorder, other values are allowed per Note 1 under Regional Nodes Positive & Regional Nodes Examined,
"Note 1: Extrasosseous plasmacytomas (9734), especially those in the respiratory tract, may metastasize to regional lymph nodes.
Record the number of positive nodes/nodes examined."

NAACCR v18

- Name changed, space before (CS)
- Description, logic updated to pass for diagnosis year > 2017

CS Site-Specific Factor 1 (CS)

Agency: CS

Last changed: 09/28/2003

Edit Tag N0662*Description*

Must be a valid three-digit number (000-999) or blank.

CS Site-Specific Factor 1, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1179*Description*

This edit verifies that CS Site-Specific Factor 1 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

CS Site-Specific Factor 2 (CS)

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 1, Primary Site, or Histologic Type ICD-O-3 is blank.
Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
2. CS schema is invalid

This edit verifies that CS Site-Specific Factor 1 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS SSF 1, Primary Site, Histol ICDO3 (NAACCR)'

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor 2 (CS)

Agency: CS

Last changed: 09/28/2003

Edit Tag N0663

Description

Must be a valid three-digit number (000-999) or blank.

CS Site-Specific Factor 2, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1180

Description

This edit verifies that CS Site-Specific Factor 2 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 2, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor 2 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS SSF 2, Primary Site, Histol ICDO3 (NAACCR)'

CS Site-Specific Factor 3 (CS)

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor 3 (CS)

Agency: CS

Last changed: 09/28/2003

Edit Tag N0664*Description*

Must be a valid three-digit number (000-999) or blank.

CS Site-Specific Factor 3, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1181*Description*

This edit verifies that CS Site-Specific Factor 3 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 3, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor 3 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS SSF 3, Primary Site, Histol ICDO3 (NAACCR)'

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor 4 (CS)

Agency: CS

Last changed: 09/28/2003

Edit Tag N0665*Description*

Must be a valid three-digit number (000-999) or blank.

CS Site-Specific Factor 4, Schema (CS)

CS Site-Specific Factor 4, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1182***Description**

This edit verifies that CS Site-Specific Factor 4 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 4, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor 4 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS SSF 4, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER*Edits software, the title of this edit is: IF236

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor 5 (CS)

Agency: CS

Last changed: 09/28/2003

*Edit Tag N0666***Description**

Must be a valid three-digit number (000-999) or blank.

CS Site-Specific Factor 5, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1183***Description**

This edit verifies that CS Site-Specific Factor 5 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

CS Site-Specific Factor 6 (CS)

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 5, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor 5 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS SSF 5, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER*Edits software, the title of this edit is: IF237

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor 6 (CS)

Agency: CS

Last changed: 09/28/2003

Edit Tag N0667

Description

Must be a valid three-digit number (000-999) or blank.

CS Site-Specific Factor 6, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1184

Description

This edit verifies that CS Site-Specific Factor 6 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 6, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor 6 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS SSF 6, Primary Site, Histol ICDO3 (NAACCR)'

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CS Site-Specific Factor 7 (CS)

In the SEER*Edits software, the title of this edit is: IF238

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor 7 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Tag N0995

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor 7, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1185

Description

This edit verifies that CS Site-Specific Factor 7 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 7, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor 7 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF239

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor 8 (CS)

CS Site-Specific Factor 8 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Tag N0996*Description*

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor 8, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1186*Description*

This edit verifies that CS Site-Specific Factor 8 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 8, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor 8 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF240

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor 9 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Tag N0997*Description*

Must be a valid three-digit number (000-999) or blank.

CS Site-Specific Factor 9, Schema (CS)***Administrative Notes***

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor 9, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1187

Description

This edit verifies that CS Site-Specific Factor 9 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 9, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor 9 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF241

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor10 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Tag N0998

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor10, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1188

CS Site-Specific Factor11 (CS)

Description

This edit verifies that CS Site-Specific Factor10 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor10, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor10 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor11 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Tag N0999

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor11, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1189

Description

This edit verifies that CS Site-Specific Factor11 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor11, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

CS Site-Specific Factor12 (CS)

This edit verifies that CS Site-Specific Factor11 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF243

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor12 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Tag N1000

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor12, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1190

Description

This edit verifies that CS Site-Specific Factor12 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor12, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor12 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF244

CS Site-Specific Factor13 (CS)

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor13 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Tag N1001*Description*

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor13, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1191*Description*

This edit verifies that CS Site-Specific Factor13 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor13, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor13 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF245

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor14 (CS)

Agency: CS

Last changed: 02/24/2009

CS Site-Specific Factor14, Schema (CS)**Edit Tag N1002****Description**

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor14, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1192**Description**

This edit verifies that CS Site-Specific Factor14 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor14, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor14 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF246

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor15 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Tag N1003**Description**

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor15, Schema (CS)

CS Site-Specific Factor15, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1194*Description*

This edit verifies that CS Site-Specific Factor15 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor15, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor15 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF247

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor16 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Tag N1004*Description*

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor16, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1195

CS Site-Specific Factor17 (CS)

Description

This edit verifies that CS Site-Specific Factor16 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor16, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor16 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF248

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor17 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Tag N1005

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor17, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1196

Description

This edit verifies that CS Site-Specific Factor17 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor17, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

CS Site-Specific Factor18 (CS)

3. CS schema is invalid

This edit verifies that CS Site-Specific Factor17 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF249

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor18 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Tag N1006

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor18, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1197

Description

This edit verifies that CS Site-Specific Factor18 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor18, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor18 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF250

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CS Site-Specific Factor19 (CS)

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor19 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Tag N1007*Description*

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor19, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1198*Description*

This edit verifies that CS Site-Specific Factor19 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor19, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor19 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF251

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor20 (CS)

Agency: CS

Last changed: 02/24/2009

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CS Site-Specific Factor20, Schema (CS)**Edit Tag N1008****Description**

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor20, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1199**Description**

This edit verifies that CS Site-Specific Factor20 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor20, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor20 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF252

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor21 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Tag N1009**Description**

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor21, Schema (CS)

CS Site-Specific Factor21, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1200*Description*

This edit verifies that CS Site-Specific Factor21 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor21, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor21 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF253

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor22 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Tag N1010*Description*

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor22, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1201

CS Site-Specific Factor23 (CS)**Description**

This edit verifies that CS Site-Specific Factor22 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor22, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor22 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF254

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor23 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Tag N1011

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor23, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1202

Description

This edit verifies that CS Site-Specific Factor23 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor23, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

CS Site-Specific Factor24 (CS)

3. CS schema is invalid

This edit verifies that CS Site-Specific Factor23 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF255

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor24 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Tag N1012

Description

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor24, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1203

Description

This edit verifies that CS Site-Specific Factor24 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor24, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor24 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF256

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CS Site-Specific Factor25 (CS)

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Site-Specific Factor25 (CS)

Agency: CS

Last changed: 02/24/2009

Edit Tag N1013*Description*

Must be a valid three-digit number (000-999) or blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

CS Site-Specific Factor25, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1387*Description*

This edit verifies that CS Site-Specific Factor25 is correct for a particular schema. The schema determined by Primary Site and Histologic Type ICD-O-3.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor25, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor25 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

The following sites within Nasopharynx and Stomach schemas should have CS Site-Specific Factor25 of 981:

Nasopharynx/PharyngealTonsil
 Primary Site: C110, C112, C113, C118, C119
 EsophagusGEJunction/Stomach
 Primary Site: C163-C169

The following sites within EsophagusGEJunction should have CS Site-Specific Factor25 of 982:

EsophagusGEJunction/Stomach
 Primary Site: C160

The following sites/histologies within Peritoneum schema should have CS Site-Specific Factor25 of 981:

Peritoneum/PeritoneumFemaleGen
 Primary Site: C481, C482, C488

CS SSF 1, Behavior, Lung Schema (CS)

Histologic Type ICD-O-3:8580-8589,8680-8921,9120-9136,9141-9582,9700-9701

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF257

Modifications:**NAACCR v12.1**

- Updated to require:

1. CS Site-Specific Factor25 of 981 for sites C110, C112, C113, C118, C119 within Nasopharynx and sites C163-C169 within Stomach schema.
2. CS Site-Specific Factor25 of 982 for sites C160 within EsophagusGEJunction schema.
3. CS Site-Specific Factor25 of 981 for sites C481, C482,C488 coded with histologies 8580-8589,8680-8921,9120-9136,9141-9582,9700-9701 within Peritoneum schema.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, Behavior, Lung Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1895**Description**

The purpose of this edit is to verify that CS Site-Specific Factor 1 and Behavior Code ICD-O-3 are coded consistently for Lung cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500 and not empty
2. CS schema is not Lung
3. CS Site-Specific Factor 1 is blank or 988

If schema is Lung:

If Behavior Code ICD-O-3 = 2 (in situ)

then

CS Site-Specific Factor 1 must = 000 (no separate tumor nodules noted)

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF492

NAACCR v16

- Edit is skiped if CS Version is less than 020500 and not empty

CS SSF 1, Brain, CNSOther, IntracranialGland (CS)

CS SSF 1, Brain, CNSOther, IntracranialGland (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

Edit Tag N1908

Description

This edit verifies that for cases using the Brain, CNSOther, or IntracranialGland schema, CS Site-Specific Factor 1 (WHO grade) and RX Summ--Surg Prim Site are coded consistently. If CS Site-Specific Factor 1 specifies "no histologic examination of primary site", then RX Summ--Surg Prim Site must indicate "no specimen sent to pathology from surgical event."

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500 and not empty
2. CS Site-Specific Factor 1 is blank or 988
3. RX Summ--Surg Prim Site is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

If CS schema is Brain, CNSOther, or IntracranialGland:

If CS Site-Specific Factor 1 = 998 (no histologic examination of primary site), then RX Summ--Surg Prim Site must = 00-19 (no specimen sent to pathology from surgical event).

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF499

NAACCR v16

- Edit changed to skip if CS Version Input Original is less than 020500 and not empty

CS SSF 1, CS SSF 3, Lower GI Schemas (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1538

Description

This edit verifies that for cases coded using the Lower GI schemas of SmallIntestine, Appendix, Colon, or Rectum, CS Site-Specific Factor 1 (CEA interpretation) and CS Site-Specific Factor 3 (CEA value) are coded consistently.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 1 is blank or 988
2. CS Site-Specific Factor 3 is blank or 988

CS SSF 1, Extension, Gyn Schemas (CS)

3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is SmallIntestine, Appendix, Colon, or Rectum:

1. If CS Site-Specific Factor 1 = 998 (test not done), then CS Site-Specific Factor 3 must = 998 (test not done).
2. If CS Site-Specific Factor 3 = 998 (test not done), then CS Site-Specific Factor 1 must = 998 (test not done).

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF356

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, Extension, Gyn Schemas (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1539

Description

This edit verifies that if CS Extension indicates a non-invasive lesion, then CS Site-Specific Factor 1 (FIGO Stage) is coded consistently for Cervix, CorpusAdenosarcoma, CorpusCarcinoma, CorpusSarcoma, FallopianTube, Vagina, and Vulva schemas.

If CS schema is Cervix, CorpusAdenosarcoma, CorpusCarcinoma, CorpusSarcoma, FallopianTube, Vagina, or Vulva:

If CS Extension = 000 (In situ, intraepithelial, noninvasive, preinvasive), then CS Site-Specific 1 must = 987 [Carcinoma in situ (intraepithelial, noninvasive, preinvasive)]

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 1 is blank or = 988
2. CS Extension is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

CS SSF 1, Extension, KidneyParenchyma Schema (CS)***Administrative Notes***

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF357

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, Extension, KidneyParenchyma Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1764

Description

For cases coded using the KidneyParenchyma schema, if CS SSF 1 indicates invasion beyond capsule, then CS Extension must not indicate in situ or confined to kidney.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 1 is blank or 988
2. CS Extension is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

If schema is KidneyParenchyma:

If CS Site-Specific Factor 1 = 010, 020, 030 or 991 (invasion beyond capsule)
THEN

CS Extension must not = 000 (in situ) or 100 (invasive cancer confined to kidney cortex and/or medulla)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF443

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, Histol, Urothelial Schemas (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1746

CS SSF 1, Lymph Nodes, CorpusAdenosarcoma (CS)**Description**

This edit verifies that for cases coded using the KidneyRenalPelvis, Bladder, or Urethra schemas, the following Table Note from CS Site-Specific Factor 1 is enforced: "If morphology is not urothelial, code 987."

For cases using the KidneyRenalPelvis, Bladder, or Urethra schemas:
If CS Site Specific Factor 1 (WHO/ISUP Grade) = 987 (not urothelial histology),
Histologic Type ICD-O-3 must not = 8020, 8031, 8050, 8082, 8120-8124, 8130-8131
(urothelial types as defined by the MPH rules).

This edit is skipped if any of the following conditions is true:

1. Site-Specific Factor 1 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF262

Modifications:**NAACCR v12.1**

- CS Site-Specific Factor 1 code to define "not applicable: not a urothelial morphology" changed from 991 to 987.
This is a correction.

NAACCR v13

- Added 8020, 8031, and 8082 to list of urothelial histologies that are not allowed if CS Site Specific Factor 1 (WHO/ISUP Grade) = 987 (not urothelial histology)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, Lymph Nodes, CorpusAdenosarcoma (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1896

Description

The purpose of this edit is to verify that the CS Site-Specific Factor 1 (FIGO Stage) and CS Lymph Nodes are coded consistently for CorpusAdenosarcoma cases when there is no lymph node involvement. This edit applies only to cases originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500

CS SSF 1, Lymph Nodes, CorpusCarcinoma (CS)

2. CS schema is not CorpusAdenoSarcoma
3. CS Site-Specific Factor 1 is blank or 988
4. CS Lymph Nodes is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is CorpusAdenosarcoma:

If CS Lymph Nodes not = 000 (no regional lymph nodes involvement)
or 999 (unknown)
then

CS Site-Specific Factor 1 must not = 100, 120, 130, 140,
200, 210, 220, 310, 320 (codes indicating FIGO Stage I, II, IIIA, IIIB)

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF493

CS SSF 1, Lymph Nodes, CorpusCarcinoma (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1897

Description

The purpose of this edit is to verify that the CS Site-Specific Factor 1 (FIGO Stage) and CS Lymph Nodes are coded consistently for CorpusCarcinoma cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS schema is not CorpusCarcinoma
3. CS Site-Specific Factor 1 is blank or 988
4. CS Lymph Nodes is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is CorpusCarcinoma:

If CS Lymph Nodes not = 000 (no regional lymph nodes involvement)
or 999 (unknown)
then

CS Site-Specific Factor 1 must not = 100, 110, 120,
200, 310, or 320 (codes indicating FIGO Stage I, II, IIIA, IIIB)

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF494

CS SSF 1, Lymph Nodes, CorpusSarcoma (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1898

CS SSF 1, RX Summ--Surg, Retinoblastoma Schema (CS)**Description**

The purpose of this edit is to verify that the CS Site-Specific Factor 1 (FIGO Stage) and CS Lymph Nodes are coded consistently for CorpusSarcoma cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS schema is not CorpusSarcoma
3. CS Site-Specific Factor 1 is blank or 988
4. CS Lymph Nodes is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is CorpusSarcoma:

If CS Lymph Nodes not = 000 (no regional lymph nodes involvement)
or 999 (unknown)
then

CS Site-Specific Factor 1 must not = 100, 110, 120,
200, 210, 220, 310, or 320 (codes indicating FIGO Stage I, II, IIIA, IIIB)

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF495

CS SSF 1, RX Summ--Surg, Retinoblastoma Schema (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

Edit Tag N0705

Description

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 1 is empty
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

For cases using the Retinoblastoma schema, if an enucleation is coded in the surgery field, it must be coded in CS Site-Specific Factor 1.

If enucleation performed (RX Summ--Surg Prim Site = 40 or 41),
then CS Site-Specific Factor 1 must not = 970 (No enucleation performed).

Administrative Notes

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

CS SSF 1, Skin/Scrotum/Merkel Cell Schemas (CS)

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- CS Site-Specific Factor 1 code "000" changed to code "970"

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Name changed, space before (CS)

CS SSF 1, Skin/Scrotum/Merkel Cell Schemas (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1540**Description**

This edit verifies that if CS Site-Specific Factor 1 [Measured Thickness (Depth)] indicates that no mass was found, then CS Tumor Size and CS Extension also indicate that there was no evidence of the primary tumor for Skin, Scrotum, MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, and MerkelCellVulva schemas.

If CS schema is Skin, Scrotum, MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, or MerkelCellVulva:

- If CS Site-Specific Factor 1 = 000 (no mass/tumor found), then
 - CS Tumor Size must = 000 (no mass/tumor found)
 - CS Extension must = 950 (no evidence of primary tumor)

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 1 is blank or = 988
2. CS Tumor Size is blank
3. CS Extension is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF358

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, SSF 2, Prostate Schema (CS)

CS SSF 1, SSF 2, Prostate Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N0948**Description**

This edit verifies that for cases coded using the CS Prostate schema, CS Site-Specific Factor 1 (PSA lab value) and CS Site-Specific Factor 2 (PSA Interpretation) are consistent; that is, if one indicates PSA test was not done, the other must indicate the same.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 1 is blank
2. CS Site-Specific Factor 2 is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Prostate:

If CS Site-Specific Factor 1 = 998 (test not ordered and not performed), then CS Site-Specific Factor 2 must = 998 [test not ordered and not performed]

If CS Site-Specific Factor 2 = 998, then CS Site-Specific Factor 1 must = 998.

Administrative Notes

New edit - added to NAACCR v11.3 metafile.

In the SEER*Edits software, the title of this edit is: IF202

Modifications

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Modified to check CS Site-Specific Factor 1 = 998 [PSA test not done (test was not ordered and was not performed)] instead of 000.
- Modified to check CS Site-Specific Factor 2 = 998 [PSA test not done (test was not ordered and was not performed)] instead of 000.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, SSF 2, SSF 15, SSF 16, Breast (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

CS SSF 1, SSF 2, SSF 15, SSF 16, Breast (CS)

Edit Tag N1765**Description**

This edit verifies that for cases using the Breast schema, SSF 1 (Estrogen Receptor Assay), SSF 2 (Progesterone Receptor Assay), SSF 15 (HER2: Summary Result of Testing) and SSF 16 (Combinations of ER, PR, and HER2 Results) are coded consistently. ER results are coded in the first digit of SSF 16: 0 for negative and 1 for positive. PR results are coded in the second digit: 0 for negative and 1 for positive. HER2 results are coded in the third digit: 0 for negative and 1 for positive.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2010
2. CS Site-Specific Factor 1 is blank or 988
3. CS Site-Specific Factor 2 is blank or 988
4. CS Site-Specific Factor15 is blank or 988
5. CS Site-Specific Factor16 is blank or 988
6. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
7. CS schema is invalid

If CS schema is Breast:

1. If CS Site-Specific Factor 1 = 010 (positive/elevated)
and CS Site-Specific Factor 2 = 010 (positive/elevated)
and CS Site-Specific Factor15 = 010 (positive/elevated)

THEN
CS Site-Specific Factor16 must = 111 (ER Positive, PR Positive, HER2 Positive)
2. If CS Site-Specific Factor 1 = 010 (positive/elevated)
and CS Site-Specific Factor 2 = 010 (positive/elevated)
and CS Site-Specific Factor15 = 020 (negative/normal)
THEN
CS Site-Specific Factor16 must = 110 (ER Positive, PR Positive, HER2 Negative)
3. If CS Site-Specific Factor 1 = 010 (positive/elevated)
and CS Site-Specific Factor 2 = 020 (negative/normal)
and CS Site-Specific Factor15 = 010 (positive/elevated)
THEN
CS Site-Specific Factor16 must = 101 (ER Positive, PR Negative, HER2 Positive)
4. If CS Site-Specific Factor 1 = 010 (positive/elevated)
and CS Site-Specific Factor 2 = 020 (negative/normal)
and CS Site-Specific Factor15 = 020 (negative/normal)
THEN
CS Site-Specific Factor16 must = 100 (ER Positive, PR Negative, HER2 Negative)
5. If CS Site-Specific Factor 1 = 020 (negative/normal)
and CS Site-Specific Factor 2 = 010 (positive/elevated)
and CS Site-Specific Factor15 = 010 (positive/elevated)
THEN
CS Site-Specific Factor16 must = 011 (ER Negative, PR Positive, HER2 Positive)
6. If CS Site-Specific Factor 1 = 020 (negative/normal)
and CS Site-Specific Factor 2 = 010 (positive/elevated)
and CS Site-Specific Factor15 = 020 (negative/normal)
THEN

CS SSF 1, Surg, Sarcomas (CS)

- CS Site-Specific Factor16 must = 010 (ER Negative, PR Positive, HER2 Negative)
7. If CS Site-Specific Factor 1 = 020 (negative/normal)
and CS Site-Specific Factor 2 = 020 (negative/normal)
and CS Site-Specific Factor15 = 010 (positive/elevated)
THEN
CS Site-Specific Factor16 must = 001 (ER Negative, PR Negative, HER2 Positive)
 8. If CS Site-Specific Factor 1 = 020 (negative/normal)
and CS Site-Specific Factor 2 = 020 (negative/normal)
and CS Site-Specific Factor15 = 020 (negative/normal)
THEN
CS Site-Specific Factor16 must = 000 (ER Negative, PR Negative, HER2 Negative)
 9. If CS Site-Specific Factor 1 = 030, 996, 997, 998, or 999 (codes indicating borderline, results not interpretable or not in chart, or test not done or unknown if test done)
or CS Site-Specific Factor 2 = 030, 996, 997, 998, or 999
or CS Site-Specific Factor15 = 030, 997, 998, or 999
THEN
CS Site-Specific Factor16 must = 999 (one or more tests not performed, one or more tests unknown if performed, one or more tests unknown or borderline results, unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF444

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Edit was modified to skip if year of Date of Diagnosis is less than 2010.

CS SSF 1, Surg, Sarcomas (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

Edit Tag N1543

Description

This edit verifies that for cases coded using the HeartMediastinum, Soft Tissue, Retroperitoneum, and Peritoneum schemas, if CS Site-Specific Factor 1 (Grade for Sarcomas) indicates that there was not pathologic examination, then RX Summ--Surg Prim Site does not indicate that a specimen was sent to pathology.

CS SSF 1, Surg, Skin/Scrotum/Merkel (CS)

Please note that there is another edit, "CS SSF 1, Surg, DX/Stg, Sarcomas CS)", that is exactly the same as this edit EXCEPT that it also checks the field RX Summ--DX/Stg Proc. It should be used by registries that collect both RX Summ--Surg Prim Site and RX Summ--DX/Stg Proc.

If CS schema is HeartMediastinum, Soft Tissue, Retroperitoneum, or Peritoneum:

- If CS Site-Specific Factor 1 = 998 (No histologic examination), then RX Summ--Surg Prim Site must not be 20-89.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 1 is blank or 988
2. RX Summ--Surg Prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF359

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, Surg, Skin/Scrotum/Merkel (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

Edit Tag N1544

Description

This edit verifies that for cases coded using the Skin, Scrotum, MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, and MerkelCellVulva schemas, if CS Site-Specific Factor 1 [Measured Thickness (Depth)] indicates that there was not pathologic examination, then RX Summ--Surg Prim does not indicate that a specimen was sent to pathology.

Please note that there is another edit, "CS SSF 1, Surg, DX/Stg, Skin/Scrotum/Merkel(CS)", that is exactly the same as this edit EXCEPT that it does also check the field RX Summ--DX/Stg Proc. It should be used by registries that collect both RX Summ--Surg Prim Site and RX Summ--DX/Stg Proc.

If CS schema is Skin, Scrotum, MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, or MerkelCellVulva :

- If CS Site-Specific Factor 1 = 998 (No histologic examination), then RX Summ--Surg Prim Site must not be 20-89.

This edit is skipped if any of the following conditions is true:

CS SSF 1, Surg, Urothelial Schemas (CS)

1. CS Site-Specific Factor 1 is blank or 988
2. RX Summ--Surg Prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF360

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, Surg, Urothelial Schemas (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

Edit Tag N1747

Description

This edit verifies that for cases coded using the KidneyRenalPelvis, Bladder, or Urethra schemas, CS Site Specific Factor 1 (WHO/ISUP Grade) and RX Summ--Surg Prim Site are coded consistently.

If schema = KidneyRenalPelvis, Bladder, or Urethra:

- If CS Site Specific Factor 1 (WHO/ISUP Grade) = 998 (no pathologic examination of primary site), then RX Summ--Surg Prim Site must = 00-19 (codes indicating no surgery of primary site or no specimen sent to pathology from surgical event) or 99 (unknown if surgery performed).

This edit is skipped if any of the following conditions is true:

1. Site-Specific Factor 1 is blank or 988
2. RX Summ--Surg Prim Site is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF422

CS SSF 1, Surgery, KidneyParenchyma Schema (CS)

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, Surgery, KidneyParenchyma Schema (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

Edit Tag N1791**Description**

For cases coded using the KidneyParenchyma schema, if CS SSF 1 (invasion beyond capsule) indicates no surgical resection of primary site, then RX Summ--Surg Prim Site must not indicate a nephrectomy procedure.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 1 is blank or 988
2. RX Summ--Surg Prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

If schema is KidneyParenchyma:

If CS Site-Specific Factor 1 = 998 (no surgical resection of primary site)
THEN

RX Summ--Surg Prim Site must = 00-27 (codes indicating no surgery
of primary site or procedures less than partial or subtotal nephrectomy)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF445

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1, TS/Ext Eval, Retinoblastoma Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1909

CS SSF 1, Upper GI Schemas (CS)**Description**

Purpose: For cases coded using the Retinoblastoma schema, if CS Tumor Size/Ext Eval indicates surgical resection (codes 3, 5, 6), then CS Site Specific Factor 1 (extension evaluated at enucleation) must not indicate "no enucleation performed" (code 970). If CS Tumor Size/Ext Eval = 6 (surgical resection performed WITH pre-surgical systemic treatment or radiation; tumor size and/or extension based on pathologic evidence), then CS Site Specific Factor 1 must not indicate "no evidence of primary tumor" (code 950).

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Tumor Size/Ext Eval is blank
3. CS Site-Specific Factor 1 is blank or 988
4. CS schema is invalid

If CS schema is Retinoblastoma:

If CS Tumor Size/Ext Eval = 3, 5, 6 (codes indicating surgical resection)
then

CS Site Specific Factor 1 must not = 970 (no enucleation performed)

If CS Tumor Size/Ext Eval = 6 (surgical resection performed WITH pre-surgical systemic treatment or radiation; tumor size and/or extension based on pathologic evidence)

then

CS Site Specific Factor 1 must not = 950 (no evidence of primary tumor)

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF500

CS SSF 1, Upper GI Schemas (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1545

Description

This edit verifies that for cases coded using the Upper GI schemas (Esophagus, EsophagusGEJunction, Stomach, and NETStomach), CS Site-Specific Factor 1 (Clinical Assessment of Regional Lymph Nodes), Regional Nodes Positive, and CS Lymph Nodes are coded consistently.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 1 is blank or 988
2. CS Lymph Nodes is blank
3. Regional Nodes Positive is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

CS SSF 1-9, Head and Neck Schemas (CS)

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Esophagus, EsophagusGEJunction, Stomach, or NETStomach:

1. If CS Site-Specific Factor 1 = 000 (nodes not clinically evident) and Regional Nodes Positive = 00 (negative nodes pathologically), then CS Lymph Nodes must = 000 (none).

2. If CS Site-Specific Factor 1 = 100-400 (positive nodes clinically) and Regional Nodes Positive = 98 (no nodes examined), then CS Lymph Nodes must not = 000 (none).

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF361

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 1-9, Head and Neck Schemas (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N0951

Description

This edit validates CS Site-Specific Factors 1-9 for Head and Neck sites by CS Lymph Nodes coding.

This entire edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

This edit is skipped if CS schema is NOT one of the following Head and Neck schemas:

BuccalMucosa
 EpiglottisAnterior
 FloorMouth
 GumLower
 GumOther
 GumUpper

CS SSF 1-9, Head and Neck Schemas (CS)

Hypopharynx
 LarynxGlottic
 LarynxOther
 LarynxSupraglottic
 LarynxSubglottic
 LipLower
 LipOther
 LipUpper
 MelanomaLipUpper
 MelanomaLipLower
 MelanomaLipOther
 MelanomaTongueAnterior
 MelanomaGumUpper
 MelanomaGumLower
 MelanomaGumOther
 MelanomaFloorMouth
 MelanomaPalateHard
 MelanomaMouthOther
 MelanomaBuccalMucosa
 MelanomaTongueBase
 MelanomaPalateSoft
 MelanomaOropharynx
 MelanomaNasopharynx
 MelanomaHypopharynx
 MelanomaPharynxOther
 MelanomaEpiglottisAnterior
 MelanomaLarynxGlottic
 MelanomaLarynxSupraglottic
 MelanomaLarynxSubglottic
 MelanomaLarynxOther
 MelanomaNasalCavity
 MelanomaSinusMaxillary
 MelanomaSinusEthmoid
 MelanomaSinusOther
 MiddleEar
 MouthOther
 NasalCavity
 Nasopharynx
 Oropharynx
 PalateHard
 PalateSoft
 ParotidGland
 PharyngealTonsil
 PharynxOther
 SalivaryGlandOther
 SinusEthmoid
 SinusMaxillary
 SinusOther
 SubmandibularGland
 TongueAnterior
 TongueBase

Note: CS Site-Specific Factor 2, extracapsular extension, lymph nodes for head and neck for CSv1, is obsolete beginning with CS Version 2. For cases coded using CS Version 1, old codes are retained unless the case is recoded using CS Version 2. The CS Version 1 code 888 has been converted to 987.

If CS Lymph Nodes = 000 (none; no regional lymph node involvement), then

CS SSF 1-9, Head and Neck Schemas (CS)

CS Site-Specific Factor 2 must be blank or 987 (obsolete data converted and retained v0200; data converted from code 888; not applicable; no lymph node involvement) or 988 (not applicable; information not collected for this case).

If CS Lymph Nodes is not equal 000 or 999, then
CS Site-Specific Factor 2 must not = 987.

This remaining logic is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 1 is blank or 988
2. CS Site-Specific Factor 3 is blank or 988
3. CS Site-Specific Factor 4 is blank or 988
4. CS Site-Specific Factor 5 is blank or 988
5. CS Site-Specific Factor 6 is blank or 988

If CS Lymph Nodes equal 999 (unknown; not stated regional lymph node(s) cannot be assessed; not documented in medical record):

1. The following fields must all = 999 (regional lymph node(s) involved, size not stated; unknown if regional lymph node(s) involved; not documented in medical record):
 - CS Site-Specific Factor 1
 - CS Site-Specific Factor 3
 - CS Site-Specific Factor 4
 - CS Site-Specific Factor 5
 - CS Site-Specific Factor 6
2. The following fields, if not blank, must all = 987 (obsolete data converted and retained v0200), 988 (Not applicable: Information not collected for this case) or 999:
 - CS Site-Specific Factor 2
3. The following fields, if not blank, must all = 988 (Not applicable: Information not collected for this case) or 999:
 - CS Site-Specific Factor 7
 - CS Site-Specific Factor 8
4. The following field, if not blank, must = 988 (Not applicable: Information not collected for this case), 998 (No histopathologic examination of regional lymph nodes), or 999:
 - CS Site-Specific Factor 9

Administrative Notes

New edit - added to NAACCR v11.3 metafile.

In the SEER*Edits software, the title of this edit is: IF203

NAACCR v12.0:

- Edit name changed from "CS SSF 1-6, Head and Neck Schemas (CS)" to "CS SSF 1-9, Head and Neck Schemas (CS)".
- Edit modified to get schema name from function call to CS dll.
- Length of CS Lymph Nodes changed from 2 to 3 characters.
- Edit is no longer skipped if CS Site-Specific Factor 2 is blank.
- If CS Lymph Nodes = 000, then CS Site-Specific Factor 2 must = blank, 987 or 988 (instead of 888).
- If CS Lymph Nodes not = 000, then CS Site-Specific Factor 2 must not = 987

- Logic changed from:

If CS Lymph Nodes not = 999, then CS Site-Specific Factors 1-6 must all not = 999

to:

CS SSF 10, Lymph Nodes, Vulva Schema (CS)

If CS Lymph Nodes = 999, then CS Site-Specific Factors 1, 3-6 must = 999.

- Logic added:

If CS Lymph Nodes = 999, then CS Site-Specific Factor 2, 7-9, if not blank, must = 988 or 999

- Table added with head and neck schema names.

NAACCR v12.2A

Code 998 added to the list of CS Site-Specific Factor 9 codes allowed (along with 988 and 999) when CS Lymph Nodes = 999.

NAACCR v12.2C

Code 987 added to the list of CS Site-Specific Factor 2 codes allowed (along with 988 and 999) when CS Lymph Nodes = 999.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 10, Lymph Nodes, Vulva Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1899

Description

The purpose of this edit is to verify that the CS Site-Specific Factor 10 (FIGO Stage) and CS Lymph Nodes are coded consistently for Vulva cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS schema is not Vulva
3. CS Site-Specific Factor10 is blank or 988
4. CS Lymph Nodes is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Vulva:

If CS Lymph Nodes not = 000 (no regional lymph nodes involvement) or 999 (unknown)

then

CS Site-Specific Factor10 must not = 100, 110, 120, or 200 (codes indicating FIGO Stage I or II)

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF496

CS SSF 10, SSF 11, Breast (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

CS SSF 10, SSF 11, Breast (CS)**Edit Tag N1546****Description**

This edit verifies that for cases using the Breast schema, SSF 10 (HER2: FISH Lab Value) and SSF 11 (HER2: FISH Test Interpretation) are coded consistently. For example, if one specifies "test not done", the other must also specify "test not done".

If CS schema is Breast:

1. If CS Site-Specific Factor10 = 998 (test not done), then CS Site-Specific Factor11 must = 998 (test not done).
2. If CS Site-Specific Factor11 = 998, then CS Site-Specific Factor10 must = 998.
3. If CS Site-Specific Factor10 is 991 (ratio of less than 1.00), then CS Site-Specific Factor11 must not = 010 (positive/elevated; amplified).
4. If CS Site-Specific Factor11 = 010, then CS Site-Specific Factor10 must not = 991.
5. If CS Site-Specific Factor10 is greater than 500 and less than 981, then CS Site-Specific Factor11 must not = 020 (negative/normal; within normal limits; not amplified).
6. If CS Site-Specific Factor11 = 020, then CS Site-Specific Factor10 must be less than or = 500 or = 991 or 997.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor10 is blank or 988
2. CS Site-Specific Factor11 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF362

Modifications**NAACCR v13**

- Additional comparisons (#3-6) added for CS SSF 10 and 11.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 10, SSF 16, Testis (CS)

CS SSF 10, SSF 16, Testis (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1582

Description

This edit verifies that for cases using the Testis schema, if SSF 10 [Pre-Orchiectomy Lactate Dehydrogenase (LDH) Range] indicates initial LDH recorded in SSF 16 [Post-Orchiectomy Lactate Dehydrogenase (LDH) Range], then SSF 16 must indicate actual results and cannot = 998 (test not done) or 999 (unknown or no information).

If CS schema is Testis:

1. If CS Site-Specific Factor10 = 995 or 996 (Initial LDH recorded in CS Site-Specific Factor16), then CS Site-Specific Factor16 must not = 998 (test not done) or 999 (unknown or no information).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor10 is blank or 988
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF382

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 11, GISTAppendix, Colon, Rectum (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

Edit Tag N1910

Description

This edit verifies that for cases using the GISTAppendix, GISTColon, or GISTRectum schemas, CS Site-Specific Factor11 (mitotic count) and RX Summ--Surg Prim Site are coded consistently. If CS Site-Specific Factor11 specifies "no histologic specimen from primary site", then RX Summ--Surg Prim Site must indicate "no specimen sent to pathology from surgical event."

This edit is skipped if any of the following conditions is true:

CS SSF 11, Lip/OralCavity/Nasal Schemas (CS)

1. CS Version Input Original is less than 020500 and not empty
2. CS Site-Specific Factor11 is blank or 988
3. RX Summ--Surg Prim Site is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

If CS schema is GISTAppendix, GISTColon, or GISTRectum:

If CS Site-Specific Factor11 = 998 (no histologic specimen from primary site), then RX Summ--Surg Prim Site must = 00-19 (no specimen sent to pathology from surgical event).

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF501

NAACCR v16

- Edit changed to skip if CS Version Input Original is less than 020500 and not empty

CS SSF 11, Lip/OralCavity/Nasal Schemas (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

Edit Tag N1548

Description

This edit verifies that CS Site-Specific Factor 11 [Measured Thickness (Depth)], CS Tumor Size, CS Extension, and RX Summ--Surg Prim Site are coded consistently for Lip and Oral Cavity, Nasal Cavity and Paranasal Sinuses, and the corresponding Mucosal Melanoma schemas.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor11 is blank or = 988
2. CS Tumor Size is blank
3. CS Extension is blank
4. RX Summ--Surg Prim Site is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
6. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

This edit is skipped if CS schema is NOT one of the following Lip and Oral Cavity, Nasal Cavity and Paranasal Sinuses, or corresponding Mucosal Melanoma schemas:

BuccalMucosa
FloorMouth
GumLower
GumOther

CS SSF 11, Lymph Nodes, Vulva (CS)

GumUpper
 LipLower
 LipOther
 LipUpper
 MouthOther
 NasalCavity
 PalateHard
 SinusEthmoid
 SinusMaxillary

MelanomaBuccalMucosa
 MelanomaFloorMouth
 MelanomaGumLower
 MelanomaGumOther
 MelanomaGumUpper
 MelanomaLipLower
 MelanomaLipOther
 MelanomaLipUpper
 MelanomaMouthOther
 MelanomaNasalCavity
 MelanomaPalateHard
 MelanomaSinusEthmoid
 MelanomaSinusMaxillary

1. If CS Site-Specific Factor11 = 000 (no mass/tumor found), then
 CS Tumor Size must = 000 (no mass/tumor found)
 CS Extension must = 950 (no evidence of primary tumor)
2. If CS Site-Specific Factor11 = 998 (no surgical specimen), then
 RX Summ--Surg Prim Site must be less than 20 (indicating no surgical specimen sent to pathology)

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF363

Modifications

NAACCR v12.1B

- Extraneous code checking SSF 11 of 990 deleted from edit logic.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 11, Lymph Nodes, Vulva (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1780

CS SSF 11, Surg, Appendix Schema (CS)**Description**

This edit verifies that for cases coded using the Vulva schema, CS Site-Specific Factor 11 (Regional Lymph Node - Laterality) and CS Lymph Nodes are coded consistently.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor11 is blank or 988
2. CS Lymph Nodes is blank
3. Behavior Code ICD-O-3 = 0 (benign), 1 (borderline), or 2 (in situ)
4. CS schema is invalid

If CS schema = Vulva:

1. If CS Site-Specific Factor11 = 000 (all regional lymph nodes negative), then CS Lymph Nodes must = 000 (no regional lymph node involvement) or 999 (unknown).

The vice versa condition is also true:

If CS Lymph Nodes = 000, then CS Site-Specific Factor11 must = 000, 998, or 999.

2. If CS Site-Specific Factor11 = 998 (lymph nodes not assessed), then CS Lymph Nodes must not = 110-800 (positive involvement of regional nodes).

3. If CS Site-Specific Factor11 = 010, 020, or 030 (codes indicating positive nodes), then CS Lymph Nodes must not = 000 or 999.

4. If CS Site-Specific Factor11 = 999 (unknown or no information), then CS Lymph Nodes must = 999 (unknown if nodes involved).

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF446

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 11, Surg, Appendix Schema (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

Edit Tag N1420

Description

This edit verifies that for cases coded using the Appendix schema, CS Site-Specific Factor 11 (Histopathologic Grading and RX Summ--Surg Prim Site are coded consistently.

CS SSF 11, Surg, Skin Schema (CS)

Please note that there is another edit, "CS SSF 11, Surg, DX/Stg Proc, Appendix Schema (CS)", that is exactly the same as this edit EXCEPT that it also checks the field RX Summ--DX/Stg Proc. It should be used by registries that collect both RX Summ--Surg Prim Site and RX Summ--DX/Stg Proc.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 11 is blank or 988
2. RX Summ--Surg Prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Appendix:

- If CS Site-Specific Factor11 = 998 (No pathologic confirmation of primary site tumor), then RX Summ--Surg Prim Site must be less than 20.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF345

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 11, Surg, Skin Schema (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

Edit Tag N1549

Description

This edit verifies that for cases coded using the Skin schema, CS Site-Specific Factor 11 (Perineural Invasion), and RX Summ--Surg Prim Site are coded consistently.

Please note that there is another edit, "CS SSF 11, Surg, DX/Stg Proc, Skin Schema (CS)", that is exactly the same as this edit EXCEPT that it also checks the field RX Summ--DX/Stg Proc. It should be used by registries that collect both RX Summ--Surg Prim Site and RX Summ--DX/Stg Proc.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 11 is blank or 988
2. RX Summ--Surg Prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

CS SSF 12, SSF 13, Breast (CS)

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Skin:

- If CS Site-Specific Factor11 = 998 (No pathologic confirmation of primary site tumor), then RX Summ--Surg Prim Site must be less than 20.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF364

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 12, SSF 13, Breast (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1551

Description

This edit verifies that for cases using the Breast schema, SSF 12 (HER2: CISH Lab Value) and SSF 13 (HER2: CISH Test Interpretation) are coded consistently. That is, if one specifies "test not done", the other must also specify "test not done".

If CS schema is Breast:

1. If CS Site-Specific Factor12 = 998 (test not done), then CS Site-Specific Factor13 must = 998 (test not done).
2. If CS Site-Specific Factor13 = 998, then CS Site-Specific Factor12 must = 998.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor12 is blank or 988
2. CS Site-Specific Factor13 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF365

Modifications:

EditWriter 5

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05/01/2023 02:04 PM

CS SSF 12, SSF 13, Prostate Schema (CS)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 12, SSF 13, Prostate Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1757**Description**

Purpose: This edit verifies that, for cases coded using the Prostate Schema, CS Site-Specific Factor12 (number of cores positive) and CS Site-Specific Factor13 (number of cores examined) are coded consistently.

If CS schema is Prostate:

1. If CS Site Specific Factor13 (number of cores examined) = 001-101, then CS Site Specific Factor12 (number of cores positive) must = 991 (biopsy cores positive, number unknown) or be less than or equal to CS Site Specific Factor13 or equal to 999.
2. If CS Site Specific Factor13 = 991 (biopsy cores examined, number unknown), then CS Site Specific Factor12 must = 000-101, 991 or 999.
3. If CS Site Specific Factor13 = 998 (no needle core biopsy performed), then CS Site Specific Factor12 must = 998 (no needle core biopsy performed).
4. If CS Site Specific Factor12 = 998, then CS Site Specific Factor13 must = 998.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor12 is blank or 988
2. CS Site-Specific Factor13 is blank or 988
3. Schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF423

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 12, SSF 13, Testis (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

EditWriter 5

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05/01/2023 02:04 PM

CS SSF 13, Extension, Prostate Schema (CS)**Edit Tag N1583****Description**

This edit verifies that for cases using the Testis schema, SSF 12 [Post-Orchiectomy Alpha Fetoprotein (AFP) Lab Value] and SSF 13 [Post-Orchiectomy Alpha Fetoprotein (AFP) Range] are coded consistently. That is, if one specifies "test not done", the other must also specify "test not done".

If CS schema is Testis:

1. If CS Site-Specific Factor12 = 998 (test not done), then CS Site-Specific Factor13 must = 998 (test not done).
2. If CS Site-Specific Factor13 = 998, then CS Site-Specific Factor12 must = 998.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor12 is blank or 988
2. CS Site-Specific Factor13 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF383

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 13, Extension, Prostate Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1777**Description**

For cases coded using the Prostate schema, if CS SSF 13 (number of cores examined) indicates no needle core biopsy performed, then CS Extension must not indicate tumor identified by needle core biopsy.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor13 is blank or 988
2. CS Extension is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

CS SSF 14, SSF 15, Testis (CS)

If schema is Prostate:

```
If CS Site-Specific Factor13 = 998 (no needle core biopsy performed)
THEN
    CS Extension must not = 150 (tumor identified by needle biopsy)
```

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF447

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 14, SSF 15, Testis (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1584

Description

This edit verifies that for cases using the Testis schema, SSF 14 [Post-Orchiectomy hCG Lab Value] and SSF 15 [Post-Orchiectomy hCG Range] are coded consistently. That is, if one specifies "test not done", the other must also specify "test not done".

If CS schema is Testis:

1. If CS Site-Specific Factor14 = 998 (test not done), then CS Site-Specific Factor15 must = 998 (test not done).
2. If CS Site-Specific Factor15 = 998, then CS Site-Specific Factor14 must = 998.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor14 is blank or 988
2. CS Site-Specific Factor15 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF384

Modifications:

EditWriter 5

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CS SSF 15, SSF 9, 11, 13, 14, Breast (CS)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 15, SSF 9, 11, 13, 14, Breast (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1554**Description**

This edit applies only to cases coded using the Breast schema. It checks SSFs 9, 11, 13, and 14 (HER2 test interpretations) against SSF 15 (HER2: Summary Result of Testing). If any of SSFs 9, 11, 13, or 14 are not coded to blank, 988 (not collected), 998 (test not done) or 999 (unknown or no information), then SSF 15 must not = 998 or 999.

If CS schema is Breast:

1. If any of the HER2 test interpretations (CS Site-Specific Factor 9, 11, 13, 14) are coded to values other than blank, 988, 998 or 999, then CS Site-Specific Factor 15 must not be coded to 998 or 999.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 9, 11, 13, and 14 are all blank or 988
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF366

Modifications:

NAACCR v12.1B

- Edit modified to skip only if CS Site-Specific Factor 9, 11, 13, and 14 are all blank or 988.
- If any of the HER2 test interpretations (CS Site-Specific Factor 9, 11, 13, 14) are coded to values other than blank, 988, 998 or 999, then CS Site-Specific Factor 15 must not be coded to 998 or 999.

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 16, MerkelCell Schemas (CS)

CS SSF 16, MerkelCell Schemas (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1632***Description**

This edit verifies that for cases coded using the MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, and MerkelCellVulva schemas, CS Site-Specific Factor 16 (Size of Metastasis in Lymph Nodes), RX Summ--Scope Reg LN Sur, and CS Lymph Nodes are coded consistently.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 16 is blank or 988
2. CS Lymph Nodes is blank
3. RX Summ--Scope Reg LN Sur is blank
4. Regional Nodes Positive is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
6. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, or MerkelCellVulva:

1. If CS Site-Specific Factor16 = 000 (no regional lymph nodes involved):
 - A. CS Lymph Nodes must be coded as specified below:
 - MerkelCellSkin: CS Lymph Nodes must = 000, 390, 400, 480, or 999
 - MerkelCellPenis: CS Lymph Nodes must = 000, 410, 420, 550, or 999
 - MerkelCellScrotum: CS Lymph Nodes must = 000, 400, 450, or 999
 - MerkelCellVulva: CS Lymph Nodes must = 000, 510, 520, 700, or 999
 - B. Regional Nodes Positive must = 00 (all nodes examined negative) or 98 (no nodes examined).
2. If CS Tumor Size/Ext Eval not = 2 or 8 (codes indicating autopsy):
 - If RX Summ--Scope Reg LN Sur = 0 (none), then CS Site-Specific Factor16 must = 998 (no histologic exam of regional nodes) or 999 (unknown) and Regional Nodes Positive must = 98 (no nodes examined).

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF320

Modifications:

NAACCR v12.2C

- Sequence of edit logic changed in condition #2: instead of checking if CS SSF 16 = 998, then Scope of Reg LN Surg must = 0 and regional nodes positive must = 98, the edit now checks if Scope of Regional LN Surg = 0, then CS SSF 16 must = 998 or 999 and regional nodes positive must = 98.

CS SSF 16, Skin and Scrotum Schemas (CS)

NAACCR v13

- If CS Tumor Size/Ext Eval = 2 or 8 (codes indicating autopsy), the following logic is skipped:
If RX Summ--Scope Reg LN Sur = 0, then CS Site-Specific Factor16 must = 998 or 999 and Regional Nodes Positive must = 98.

NAACCR v13A

- Changed "If CS Site-Specific Factor16 = 000, then CS Lymph Nodes must = 000" to:

If CS Site-Specific Factor16 = 000:

A. CS Lymph Nodes must be coded as specified below:

MerkelCellSkin: CS Lymph Nodes must = 000, 390, 400, 480, or 999

MerkelCellPenis: CS Lymph Nodes must = 000, 410, 420, 550, or 999

MerkelCellScrotum: CS Lymph Nodes must = 000, 400, 450, or 999

MerkelCellVulva: CS Lymph Nodes must = 000, 510, 520, 700, or 999

- Deleted: 3. If CS Lymph Nodes = 999 (unknown), then CS Site-Specific Factor16 must = 988 (not applicable) or 999 (unknown) or 998 (no histological examination of regional lymph nodes).

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

- Default error message added

CS SSF 16, Skin and Scrotum Schemas (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1368

Description

This edit verifies that for cases coded using the Skin and Scrotum schemas, CS Site-Specific Factor 16 (Size of Lymph Nodes), Regional Nodes Positive, and CS Lymph Nodes are coded consistently.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor16 is blank
2. CS Lymph Nodes is blank
3. Regional Nodes Positive is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Skin or Scrotum:

1. If CS Site-Specific Factor16 = 000 (no involved regional lymph nodes), then Regional Nodes Positive must = 00 (all nodes examined negative), 98 (no nodes examined) or 99 (unknown).

CS SSF 17, MerkelCell Schemas (CS)

2. If CS Lymph Nodes = 000 (no regional lymph nodes involvement), then CS Site-Specific Factor16 must = 000 (no involved regional lymph nodes) or 988 (not applicable).

3. If CS Lymph Nodes = 999 (unknown), then CS Site-Specific Factor16 must = 988 (not applicable) or 999 (unknown if regional lymph nodes involved).

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF321

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added
- Modified edit to allow Regional Nodes Positive of 99 when CS Site-Specific Factor 16 = 000

CS SSF 17, MerkelCell Schemas (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1633

Description

This edit verifies that for cases coded using the MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, and MerkelCellVulva schemas, CS Site-Specific Factor 17 (Extracapsular Extension of Regional Lymph Nodes), RX Summ--Scope Reg LN Sur, and CS Lymph Nodes are coded consistently.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 17 is blank or 988
2. CS Lymph Nodes is blank
3. RX Summ--Scope Reg LN Sur is blank
4. Regional Nodes Positive is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
6. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, or MerkelCellVulva:

1. If CS Site-Specific Factor17 = 000 (no lymph nodes involved) then
 - A. Regional Nodes Positive must = 00 (all nodes examined negative) or 98 (no nodes examined).
 - B. If CS schema is MerkelCellPenis:
 - CS Lymph Nodes must be one of the following:

CS SSF 17, MerkelCell Schemas (CS)

000 (no regional lymph node involvement)
 420 (in-transit metastasis WITHOUT regional lymph node involvement)
 999 (unknown)

If CS schema is MerkelCellScrotum:

CS Lymph Nodes must be one of the following:
 000 (no regional lymph node involvement)
 400 (in-transit metastasis WITHOUT regional lymph node involvement)
 999 (unknown)

If CS schema is MerkelCellVulva:

CS Lymph Nodes must be one of the following:
 000 (no regional lymph node involvement)
 520 (in-transit metastasis WITHOUT regional lymph node involvement)
 999 (unknown)

If CS schema is MerkelCellSkin:

CS Lymph Nodes must be one of the following:
 000 (no regional lymph node involvement)
 400 (in-transit metastasis WITHOUT regional lymph node involvement)
 480 (stated as N2 [NOS] with no other information on regional lymph nodes)
 999 (unknown)

2. If CS Site-Specific Factor17 = 010, 040, or 070, indicating nodes assessed pathologically, then RX Summ--Scope Reg LN Sur must not = 0 (none) or 9 (unknown or not applicable).

3. If CS Tumor Size/Ext Eval not = 2 or 8 (codes indicating autopsy):
 If RX Summ--Scope Reg LN Sur = 0 (none), then CS Site-Specific Factor17 must = 000, 020, 030, 050, 060, 080, 090, or 999, indicating nodes may not have been assessed pathologically.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF322

Modifications:

NAACCR v12.1B

1. Updated to skip if CS SSF 17 is 988.
 2. Updated to also allow codes indicating "in-transit metastasis without regional lymph node involvement", "stated as N2 [NOS] with no other information on regional lymph nodes", and "unknown", when checking CS Lymph Nodes for "no lymph nodes involved".

That is, for CS SSF 17 of 000:

If schema is MerkelCellPenis, CS Lymph Nodes must = 000, 420, or 999.

If schema is MerkelCellScrotum, CS Lymph Nodes must = 000, 400, or 999.

If schema is MerkelCellVulva, CS Lymph Nodes must = 000, 520, or 999.

If schema is MerkelCellSkin, CS Lymph Nodes must = 000, 400, 480, or 999.

3. Deleted logic that requires CS SSF 17 to be 988 or 999 if CS lymph Nodes is 999.

NAACCR v12.2C

CS SSF 18, MerkelCell Schemas (CS)

- Sequence of edit logic changed in condition #3 and additional codes added when checking CS SSF 17 for codes indicating nodes not assessed pathologically: instead of checking if CS SSF 17 = 030, 060, 090, then Scope of Reg LN Surg must = 0, the edit now checks if Scope of Regional LN Surg = 0, then CS SSF 17 must = 000, 020, 030, 050, 060, 080, 090, 999.

NAACCR v13

- If CS Tumor Size/Ext Eval = 2 or 8 (codes indicating autopsy), the following logic is skipped:
If RX Summ--Scope Reg LN Sur = 0, then CS Site-Specific Factor17 must = 000, 020, 030, 050, 060, 080, 090, or 999.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 18, MerkelCell Schemas (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1370***Description**

This edit verifies that for cases coded using the MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, and MerkelCellVulva schemas, CS Site-Specific Factor 18 [Isolated Tumor Cells (ITCs) in Regional Lymph Node(s)], RX Summ--Scope Reg LN Sur, and CS Lymph Nodes are coded consistently.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 18 is blank or 988
2. CS Lymph Nodes is blank
3. RX Summ--Scope Reg LN Sur is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is MerkelCellPenis, MerkelCellScrotum, MerkelCellSkin, or MerkelCellVulva:

1. If CS Tumor Size/Ext Eval not = 2 or 8 (codes indicating autopsy):
If RX Summ--Scope Reg LN Sur = 0 (none), then CS Site-Specific Factor18 must = 000 (nodes not examined pathologically) or 999 (unknown).
2. If CS Site-Specific Factor18 = 000 or 010 (nodes negative on routine exam and IHC or unknown if IHC)
then
 - A. Regional Nodes Positive must = 00 (all nodes examined negative) or 98 (no nodes examined).
 - B. If CS schema is MerkelCellPenis:
CS Lymph Nodes must be one of the following:
000 (no regional lymph node involvement)

CS SSF 18, MerkelCell Schemas (CS)

420 (in-transit metastasis WITHOUT regional lymph node involvement)
 999 (unknown)

If CS schema is MerkelCellScrotum:

CS Lymph Nodes must be one of the following:

000 (no regional lymph node involvement)
 400 (in-transit metastasis WITHOUT regional lymph node involvement)
 999 (unknown)

If CS schema is MerkelCellVulva:

CS Lymph Nodes must be one of the following:

000 (no regional lymph node involvement)
 520 (in-transit metastasis WITHOUT regional lymph node involvement)
 999 (unknown)

If CS schema is MerkelCellSkin:

CS Lymph Nodes must be one of the following:

000 (no regional lymph node involvement)
 400 (in-transit metastasis WITHOUT regional lymph node involvement)
 480 (stated as N2 [NOS] with no other information on regional lymph

nodes

999 (unknown)

3. If CS Site-Specific Factor18 = 020, 090, 100, 200, or 300, indicating positive nodes including ITC, then CS Lymph Nodes must not = 000 (no regional lymph node involvement) or 999 (unknown).

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF323

Modifications:

NAACCR v12.1B

1. Updated to skip if CS SSF 18 is 988.
2. Updated to also allow codes indicating "in-transit metastasis without regional lymph node involvement", "stated as N2 [NOS] with no other information on regional lymph nodes", and "unknown", when checking CS Lymph Nodes for "no regional lymph node involvement".

That is, for CS SSF 18 of 000 or 010:

If schema is MerkelCellPenis, CS Lymph Nodes must = 000, 420, or 999.

If schema is MerkelCellScrotum, CS Lymph Nodes must = 000, 400, or 999.

If schema is MerkelCellVulva, CS Lymph Nodes must = 000, 520, or 999.

If schema is MerkelCellSkin, CS Lymph Nodes must = 000, 400, 480, or 999.

3. Added logic to check that Reg Nodes Pos = 00 or 98 if CS Lymph Nodes is 000 or 010.

4. Deleted logic that requires CS SSF 18 to be 988.

NAACCR v13

- If CS Tumor Size/Ext Eval = 2 or 8 (codes indicating autopsy), the following logic is skipped:

If RX Summ--Scope Reg LN Sur = 0, then CS Site-Specific Factor18 must = 000 or 999.

Modifications:

CS SSF 2, Dx Conf, KidneyRenalPelvis (CS)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 2, Dx Conf, KidneyRenalPelvis (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1063***Description**

This edit verifies that for cases coded using the KidneyRenalPelvis schema, CS Site-Specific Factor 2 (depth of renal parenchymal invasion) and Diagnostic Confirmation are coded consistently.

This edit is skipped if any of the following conditions is true:

1. Site-Specific Factor 2 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For cases using the KidneyRenalPelvis schema:

If CS Site-Specific Factor 2 = 000-980 or 991 (positive statement about invasion), Diagnostic Confirmation must = 1 (positive histology).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF263

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Extra space removed from edit name

CS SSF 2, Ext, KidneyRenalPelvis (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1748

CS SSF 2, Extension, KidneyParenchyma Schema (CS)**Description**

This edit verifies that for cases coded using the KidneyRenalPelvis schema, CS Site-Specific Factor 2 (depth of renal parenchymal invasion) and CS Extension are coded consistently.

If CS schema = KidneyRenalPelvis:

- If CS Site-Specific Factor 2 = 001-980, 991 (codes indicating invasion of renal parenchyma), then CS Extension must = 600-810 (codes indicating extension to renal parenchyma or beyond) or 999 (unknown).

This edit is skipped if any of the following conditions is true:

1. Site-Specific Factor 2 is blank or 988
2. CS Extension is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF424

Modifications**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Extra space removed from edit name

CS SSF 2, Extension, KidneyParenchyma Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1767

Description

For cases coded using the KidneyParenchyma schema, if CS SSF 2 indicates involvement of renal vein only, then CS Extension must indicate involvement of blood vessels. If CS SSF 2 indicates involvement of IVC below diaphragm, then CS Extension must also indicate involvement of IVC below diaphragm. If CS SSF 2 indicates involvement of IVC above diaphragm, then CS Extension must also indicate involvement of IVC above diaphragm.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 2 is blank or 988
2. CS Extension is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

CS SSF 2, Extension, Ovary Schema (CS)

4. CS schema is invalid

If schema is KidneyParenchyma:

1. If CS Site-Specific Factor 2 = 010 (involvement of renal vein only)
THEN
CS Extension must be greater than or equal to 600 (involvement of blood vessels)
2. If CS Site-Specific Factor 2 = 020, 040, 050, 070 (codes indicating involvement of IVC below diaphragm)
THEN
CS Extension must be equal to 600 or greater than or equal to 610 (codes indicating involvement of IVC below diaphragm)
3. If CS Site-Specific Factor 2 = 030, 060, 080, 090 (codes indicating involvement of IVC above diaphragm)
THEN
CS Extension must be greater than or equal to 620 (codes indicating involvement of IVC above diaphragm)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF448

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 2, Extension, Ovary Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1555

Description

This edit verifies that if CS Extension indicates a non-invasive lesion, then CS Site-Specific Factor 2 (FIGO Stage) is coded consistently for the Ovary schema.

If CS schema is Ovary:

If CS Extension = 000 (In situ, intraepithelial, noninvasive, preinvasive), then CS Site-Specific 2 must = 987 [Carcinoma in situ (intraepithelial, noninvasive, preinvasive)]

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 2 is blank or = 988

CS SSF 2, LN, LN Eval, RNP, SmallIntestine (CS)

2. CS Extension is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF367

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 2, LN, LN Eval, RNP, SmallIntestine (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1574

Description

This edit checks cases coded using the SmallIntestine schema. If the CS lymph nodes indicate lymph node involvement, lymph nodes eval code indicates clinical assessment, and regional nodes positive show no nodes pathologically, then CS SSF 2 must = 100, 200, or 400 (clinical involvement of nodes).

If CS schema is SmallIntestine:

If CS Lymph Nodes is 100-300 (nodes involved)
 and CS Lymph Nodes Evaluation is 0, 1, 5 (clinical assessment)
 and Regional nodes positive = 00, 98, or 99 (no nodes pathologically)
 then

CS Site-Specific Factor 2 must = 100, 200, or 400 (clinical involvement of nodes)

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 2 is blank or 988
2. CS Lymph Nodes is blank
3. CS Lymph Nodes Eval is blank
4. Regional Nodes Positive is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
6. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

CS SSF 2, Lower GI Schemas (CS)***Administrative Notes***

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF368

Modifications**NAACCR v12.1B**

- Extraneous code deleted from edit logic.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 2, Lower GI Schemas (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1556

Description

This edit verifies that for cases coded using the Lower GI schemas (SmallIntestine, Appendix, CarcinoidAppendix, Colon, Rectum, NETColon, and NETRectum), CS Site-Specific Factor 2 (Clinical Assessment of Regional Lymph Nodes), Regional Nodes Positive, and CS Lymph Nodes are coded consistently.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 2 is blank or 988
2. CS Lymph Nodes is blank
3. Regional Nodes Positive is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is SmallIntestine, Appendix, CarcinoidAppendix, Colon, Rectum, NETColon, or NETRectum:

1. If CS Site-Specific Factor 2 = 000 (nodes not clinically evident) and Regional Nodes Positive = 00 (negative nodes pathologically), then CS Lymph Nodes must = 000 (none) or 050 (tumor deposits without regional node metastasis).

Note: CS Lymph Nodes code 050 is used only in Colon, Rectum, NETColon, and NETRectum schemas.

2. If CS Site-Specific Factor 2 = 010-400 (positive nodes clinically) and Regional Nodes Positive = 98 (no nodes examined), then CS Lymph Nodes must not = 000 (none).

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

CS SSF 2, Lymph Nodes, Bladder (CS)

In the SEER*Edits software, the title of this edit is: IF369

Modifications:

NAACCR v12.2

- Added 050 to CS Lymph Nodes allowed if CS SSF 2 = 000. New logic:
"If CS Site-Specific Factor 2 = 000 (nodes not clinically evident) and Regional Nodes Positive = 00 (negative nodes pathologically),
then CS Lymph Nodes must = 000 (none) or 050 (tumor deposits without regional node metastasis)."

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 2, Lymph Nodes, Bladder (CS)**Agency: CS****Last changed: 02/07/2018 22:11:11****Edit Tag N1749****Description**

This edit verifies that for cases coded using the Bladder schema, CS Site-Specific Factor 2 (size of metastasis in lymph nodes) and CS Lymph Nodes are coded consistently.

If CS schema = Bladder:

1. If CS Site-Specific Factor 2 = 000 (no regional lymph node involvement), then CS Lymph Nodes must = 000 (no regional lymph node involvement) or 999 (unknown).

The vice versa condition is also true:

If CS Lymph Nodes = 000, then CS Site-Specific Factor 2 must = 000 or 999.

2. If CS Site-Specific Factor 2 = 001-980, 990-997 (regional lymph node involvement), then CS Lymph Nodes must = 150, 250, 350-450, 505, 800 (regional lymph node involvement).

3. If CS Lymph Nodes = 999 (unknown if nodes involved), then CS Site-Specific Factor 2 must = 000 (no regional lymph nodes involved) or 999 (unknown if nodes involved).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 2 is blank or 988
2. CS Lymph Nodes is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

CS SSF 2, Lymph Nodes, Ovary (CS)***Administrative Notes***

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF425

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 2, Lymph Nodes, Ovary (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1900

Description

The purpose of this edit is to identify Ovary records coded in CSv02.05 or higher that have positive regional nodes but with CS Site-specific Factor 2 (FIGO Stage) coded to a FIGO stage that indicates that there are no positive nodes.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS schema is not Ovary
3. CS Site-Specific Factor 2 is blank or 988
4. CS Lymph Nodes is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Ovary:

If CS Lymph Nodes not = 000 (no regional lymph nodes involvement)
or 999 (unknown)
then

CS Site-Specific Factor 2 must not = 100, 110, 120, 130,
200, 210, 220, 230 (codes indicating FIGO I, II)

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF497

Modifications

NAACCR v15A

- Codes 310 and 320 removed from the list of codes that CS SSF 2 must not equal if CS Lymph Nodes not equal 000 or 999

CS SSF 2, Lymph Nodes, PeritoneumFemaleGen (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1901

CS SSF 2, Lymph Nodes, Vagina (CS)**Description**

The purpose of this edit is to verify that the CS Site-Specific Factor 2 (FIGO Stage) and CS Lymph Nodes are coded consistently for PeritoneumFemaleGen cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS schema is not PeritoneumFemaleGen
3. CS Site-Specific Factor 2 is blank or 988
4. CS Lymph Nodes is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is PeritoneumFemaleGen:

If CS Lymph Nodes not = 000 (no regional lymph nodes involvement)
or 999 (unknown)
then

CS Site-Specific Factor 2 must not = 100, 110, 120, 130,
200, 210, 220, 230, 310, or 320 (codes indicating FIGO Stage I,
II, IIIA, IIIB)

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF498

CS SSF 2, Lymph Nodes, Vagina (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1735

Description

This edit verifies that for cases coded using the Vagina schema, CS Site-Specific Factor 2 (pelvic nodal status) and CS Lymph Nodes are coded consistently.

If CS schema = Vagina:

If CS Lymph Nodes = 150 (upper two thirds of vagina), 400 (pelvic lymph nodes, NOS), 425 (unknown whether primary is in upper two-thirds or lower third of vagina) or 475 (unknown whether primary is in upper two-thirds or lower third of vagina), then CS Site-Specific Factor 2 (pelvic nodal status) must = 010 (positive pelvic lymph nodes).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 2 is blank or 988
2. CS Lymph Nodes is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

CS SSF 2, Mets at DX, Vagina (CS)***Administrative Notes***

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF426

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 2, Mets at DX, Vagina (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1736

Description

This edit verifies that for cases coded using the Vagina schema, CS Site-Specific Factor 2 (pelvic nodal status) and CS Mets at DX are coded consistently.

If CS schema = Vagina:

If CS Mets at DX = 20 (distant lymph nodes, specified pelvic nodes) or 22 (distant pelvic lymph nodes, NOS), then CS Site-Specific Factor 2 (pelvic nodal status) must = 010 (positive pelvic lymph nodes).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 2 is blank or 988
2. CS Mets at DX is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF427

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 2, MyelomaPlasmaCellDisorder (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1378

CS SSF 2, RX Summ--Surg, Pleura (CS)**Description**

The purpose of this edit is to verify that CS Site-Specific Factor 2 (Durie Salmon Staging System) is coded properly for the MyelomaPlasmaCellDisorder schema. The schema includes histologies 9731, 9732, and 9734, but some of the CS Site-Specific Factor 2 values apply only to a subset of the three histologies.

This edit is skipped if any of the following conditions is true:

1. Site-Specific Factor 2 is empty
2. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is MyelomaPlasmaCellDisorder:

1. The following CS Site-Specific Factor 2 codes are allowed only for 9732 (Multiple myeloma):

010	Durie Salmon Stage IA
020	Durie Salmon Stage IB
030	Durie Salmon Stage INOS
040	Durie Salmon Stage IIA
050	Durie Salmon Stage IIB
060	Durie Salmon Stage IINOS
070	Durie Salmon Stage IIIA
080	Durie Salmon Stage IIIB
090	Durie Salmon Stage IIINOS
999	Unknown

2. The following CS Site-Specific Factor 2 code is allowed only for 9731 (Plasmacytoma, NOS) and 9734 (Plasmacytoma, extramedullary):

987	Not applicable
-----	----------------

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF343

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 2, RX Summ--Surg, Pleura (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

Edit Tag N1559

Description

This edit verifies that for cases coded using the Pleura schema, if CS Site-Specific Factor 2 (Histologic Subtype) indicates that there was not pathologic

CS SSF 2, SSF 3, Vagina (CS)

examination, then RX Summ--Surg Prim Site does not indicate that a specimen was sent to pathology.

Please note that there is another edit, "CS SSF 2, RX Summ--Surg, DX/Stg, Pleura (CS)", that is exactly the same as this edit EXCEPT that it also checks the field RX Summ--DX/Stg Proc. It should be used by registries that collect both RX Summ--Surg Prim Site and RX Summ--DX/Stg Proc.

If CS schema is Pleura:

- If CS Site-Specific Factor 2 = 998 (No histologic examination), then RX Summ--Surg Prim Site must not be 20-89.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 2 is blank or 988
2. RX Summ--Surg Prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF371

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 2, SSF 3, Vagina (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1737

Description

This edit verifies that for cases using the Vagina schema, SSF 2 (Pelvic Nodal Status) and SSF 3 (Assessment Method of Pelvic Nodal Status) are coded consistently. That is, if one specifies "not assessed", the other must also specify "not assessed".

If CS schema is Vagina:

1. If CS Site-Specific Factor 2 = 998 (pelvic lymph nodes not assessed), then CS Site-Specific Factor 3 must = 998 (lymph nodes not assessed).
2. If CS Site-Specific Factor 3 = 998, then CS Site-Specific Factor 2 must = 998.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 2 is blank or 988
2. CS Site-Specific Factor 3 is blank or 988

CS SSF 2, Surg, KidneyRenalPelvis (CS)

3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF428

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 2, Surg, KidneyRenalPelvis (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

Edit Tag N1751

Description

This edit verifies that for cases coded using the KidneyRenalPelvis schema, CS Site-Specific Factor 2 (depth of renal parenchymal invasion) and RX Summ--Surg Prim Site are coded consistently.

If CS schema = KidneyRenalPelvis:

- If CS Site-Specific Factor 2 = 998 (no surgical resection of primary site), then RX Summ--Surg Prim Site must = 00-19 (codes indicating no surgery of primary site or no specimen sent to pathology from surgical event) or 99 (unknown if surgery performed).

This edit is skipped if any of the following conditions is true:

1. Site-Specific Factor 2 is blank or 988
2. RX Summ--Surg Prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF429

Modifications

EditWriter 5

361

05/01/2023 02:04 PM

CS SSF 2, Surgery, KidneyParenchyma Schema (CS)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Extra space removed from edit name

CS SSF 2, Surgery, KidneyParenchyma Schema (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

Edit Tag N1782**Description**

For cases coded using the KidneyParenchyma schema, if CS SSF 2 (vein involvement) indicates no surgical resection of primary site, then RX Summ--Surg Prim Site must not indicate a nephrectomy procedure.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 2 is blank or 988
2. RX Summ--Surg Prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

If schema is KidneyParenchyma:

If CS Site-Specific Factor 2 = 998 (no surgical resection of primary site)
THEN

RX Summ--Surg Prim Site must = 00-27 (codes indicating no surgery
of primary site or procedures less than partial or subtotal nephrectomy)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF449

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 21, TS/Ext Eval, LN Eval, Breast (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1561

CS SSF 22, SSF 23, Breast (CS)**Description**

This edit applies only to cases coded using the Breast schema. If SSF 21 (Response to Neoadjuvant Therapy) indicates the patient received neoadjuvant therapy, then either Tumor Size/Ext Eval or Lymph Nodes Eval must indicate the patient received neoadjuvant therapy. If SSF 21 indicates the patient did not receive neoadjuvant therapy, then both Tumor Size/Ext Eval and Lymph Nodes Eval must also indicate no neoadjuvant therapy.

If CS schema is Breast:

1. If CS Site-Specific Factor21 = 010, 020, or 030 (received neoadjuvant therapy), then either CS Tumor Size/Ext Eval or CS Lymph Nodes Eval must = 5 or 6 indicating patient received neoadjuvant therapy.
2. If CS Site-Specific Factor21 = 987 (neoadjuvant therapy not given), then CS Tumor Size/Ext Eval and CS Lymph Nodes Eval must not = 5 or 6.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor21 is blank or 988
2. CS TS/Ext Eval is blank
3. CS Lymph Nodes Eval is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF373

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 22, SSF 23, Breast (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1562

Description

This edit verifies that for cases using the Breast schema, SSF 22 (Multigene Signature Method) and SSF 23 (Multigene Signature Results) are coded consistently. That is, if one specifies "test not done", the other must also specify "test not done".

If CS schema is Breast:

1. If CS Site-Specific Factor22 = 998 (test not done), then CS Site-Specific Factor23 must = 998 (test not done).
2. If CS Site-Specific Factor23 = 998, then CS Site-Specific Factor22 must = 998.

CS SSF 25, PeritoneumFemaleGen (SEER)

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor22 is blank or 988
2. CS Site-Specific Factor23 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF374

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 25, PeritoneumFemaleGen (SEER)

Agency: SEER

Last changed: 05/16/2018 23:31:29

Edit Tag N2373

Description

The purpose of this edit is to verify that Sex and CS Site-Specific Factor 25 are coded consistently for PeritoneumFemaleGen cases.

This edit is skipped if any of the following conditions is true:

1. Primary Site is empty.
2. Histologic Type ICD-O-3 is empty
3. Year of Date of Diagnosis is empty, invalid, or less than 2004 or greater than 2017
4. Year of Date of Diagnosis is 2016-2017 and CS Extension is empty

If Primary Site = C481, C482 or C488

AND Histologic Type ICD-O-3 = 8000-8576, 8590-8671, 8930-8934 or 8940-9110

AND (Sex = 2 (female) or 6 (Transsexual;natal female))

THEN

CS Site-Specific Factor 25 must = 002 (female) or 100 (obsolete data retained v0200).

Administrative Notes

New edit - added to NAACCR v12.2C metafile.

In the SEER*Edits software, the title of this edit is: IF396

CS SSF 3, Breast Schema (CS)**Modifications****v16**

Modified from the CS edit of a similiar name to reflect SEER reporting requirements. Added sex value 6 (Transsexual;natal female).

NAACCR v16D

- Description, logic modified to skip if diagnosis year = 2016-2017

NAACCR v 18

- Description, logic modified to skip if diagnosis year > 2017

CS SSF 3, Breast Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N0889

Description

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 3 is empty or = 988 (not applicable: information not collected for this case)
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Breast:

If Regional Nodes Examined = 00 (no nodes examined), then
CS Site-Specific 3 must = 098 (axillary LNs = none examined)

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF189

Modifications:**NAACCR v11.2**

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

CS SSF 3, Extension, KidneyParenchyma Schema (CS)

NAACCR v12.0

- Edit modified to get schema name from function call to CS dll.

NAACCR v12.1

- Modified to skip if CS Site-Specific Factor 3 is 988.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 3, Extension, KidneyParenchyma Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1771***Description**

For cases coded using the KidneyParenchyma schema, if CS SSF 3 (ipsilateral adrenal gland involvement) indicates involvement of ipsilateral adrenal gland, then CS Extension must indicate contiguous involvement of ipsilateral adrenal gland or more extensive involvement.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 3 is blank or 988
2. CS Extension is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

If schema is KidneyParenchyma:

1. If CS Site-Specific Factor 3 = 010 or 030 (codes indicating ipsilateral adrenal gland involvement)

THEN

CS Extension must be greater than or equal to 630 (involvement of ipsilateral adrenal gland)

2. If CS Extension = 630, 640, or 645 (involvement of ipsilateral adrenal gland or more extensive involvement)

THEN

CS Site-Specific Factor 3 must not = 000 (ipsilateral adrenal gland not involved) or 020 (noncontiguous involvement of ipsilateral adrenal gland)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF450

CS SSF 3, Lymph Nodes, Bladder (CS)

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 3, Lymph Nodes, Bladder (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1752***Description**

This edit verifies that for cases coded using the Bladder schema, CS Site-Specific Factor 3 (extranodal extension of regional lymph nodes) and CS Lymph Nodes are coded consistently.

If CS schema = Bladder:

1. If CS Site-Specific Factor 3 = 000 (no regional lymph node involvement), then CS Lymph Nodes must = 000 (no regional lymph node involvement) or 999 (unknown).

The vice versa condition is also true:

If CS Lymph Nodes = 000, then CS Site-Specific Factor 3 must = 000 or 999.

2. If CS Lymph Nodes = 999 (unknown if nodes involved), then CS Site-Specific Factor 3 must = 000 or 999 (unknown if nodes involved).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 3 is blank or 988
2. CS Lymph Nodes is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF430

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 3, Mets at Dx, KidneyParenchyma Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

CS SSF 3, MyelomaPlasmaCellDisorder (CS)**Edit Tag N1794****Description**

For cases coded using the KidneyParenchyma schema, if CS SSF 3 (ipsilateral adrenal gland involvement) indicates noncontiguous adrenal gland involvement, then CS Mets at DX must not indicate no distant mets or contiguous involvement. Noncontiguous involvement of ipsilateral adrenal gland is coded in CS Mets at DX code 40 or 55 (a combination code including code 40).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 3 is blank or 988
2. CS Mets at DX is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

If schema is KidneyParenchyma:

1. If CS Site-Specific Factor 3 = 020 or 030 (codes indicating noncontiguous adrenal gland involvement)
THEN
CS Mets at DX must 40 or 55 (codes indicating noncontiguous involvement or greater)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF451

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 3, MyelomaPlasmaCellDisorder (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1379**Description**

The purpose of this edit is to verify that CS Site-Specific Factor 3 (Multiple Myeloma Terminology) is coded properly for the MyelomaPlasmaCellDisorder schema. The schema includes histologies 9731, 9732, and 9734, but some of the CS Site-Specific Factor 3 values apply only to a subset of the three histologies.

This edit is skipped if any of the following conditions is true:

CS SSF 3, RX Summ--Scope Reg LN Sur, Vagina (CS)

1. Site-Specific Factor 3 is empty
2. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is MyelomaPlasmaCellDisorder:

1. The following CS Site-Specific Factor 3 codes are allowed only for 9732 (Multiple myeloma):

```
000 Multiple myeloma/Plasma cell myeloma with no other modifiers
010 Asymptomatic myeloma
020 Early or evolving myeloma
030 Inactive, indolent, or smoldering myeloma
080 Other terminology describing myeloma
100 Any combination of terms in codes 010-080
999 Unknown
```

2. The following CS Site-Specific Factor 3 code is allowed only for 9731 (Plasmacytoma, NOS) and 9734 (Plasmacytoma, extramedullary):

```
987 Not applicable
```

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF344

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 3, RX Summ--Scope Reg LN Sur, Vagina (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1738

Description

This edit verifies that for cases coded using the Vagina schema, CS Site-Specific Factor 3 (assessment of pelvic nodal status) and RX Summ--Scope Reg LN Surgery are coded consistently.

If CS schema = Vagina:

If CS Site-Specific Factor 3 = 030 (incisional biopsy, FNA) or 040 (excisional biopsy or resection with microscopic confirmation), then RX Summ--Scope Reg LN Surgery must not = 0 (no regional lymph node surgery).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 3 is blank or 988
2. RX Summ--Scope Reg LN Surgery is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

CS SSF 3, RX Summ--Surg, Prostate Schema (CS)

4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF431

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 3, RX Summ--Surg, Prostate Schema (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

Edit Tag N0706

Description

This edit verifies that, for cases using the CS Prostate schema, if no prostatectomy is coded in the surgery field, CS Site-Specific Factor 3 must also show no prostatectomy.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 3 is blank
2. Case is autopsy only (Type of Reporting Source = 6)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Prostate:

If RX Summ--Surg Prim Site = 50 (Radical prostatectomy, NOS; total prostatectomy, NOS) or 70 (Prostatectomy WITH resection in continuity with other organs; pelvic exenteration), then CS Site-Specific Factor 3 must not = 960 (unknown if prostatectomy, 970 (no prostatectomy in first course of treatment), 980 (prostatectomy performed, but not first course of treatment), or 985 (autopsy performed, but extension unknown).

Administrative Notes

Modifications:

CS SSF 3, SSF 4, Prostate Schema (CS)

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

11/2007

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- CS Site-Specific Factor 3 codes indicating "no prostatectomy" were changed from "096, 097, 098" to "960, 970, 980".

NAACCR v12C:

_ Logic added:

If RX Summ--Surg Prim Site = 50 or 70, then CS Site-Specific Factor 3 must not = 960, 970, 980, or 985.

NAACCR v12.1

- The following logic was deleted:

If there was no prostatectomy (RX Summ--Surg Prim Site not = 30, 50, 70, 80, or 90), then CS Site-Specific Factor 3 must = 960, 970, or 980.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Removed reference to IF133 from administrative notes.

CS SSF 3, SSF 4, Prostate Schema (CS)

Agency: CS

Last changed: 01/28/2022 21:35:29

*Edit Tag N0965***Description**

Purpose: This edit verifies that, for cases coded using the Prostate Schema, if a prostatectomy is not performed or unknown if performed (CS Site-Specific Factor 3 coded 960, 970, or 980), the middle digit of CS Site Specific Factor 4 (involvement of prostatic apex at prostatectomy) must be coded 5, indicating unknown apex involvement at prostatectomy.

CS SSF 3, TS/Ext Eval, Prostate Schema (CS)

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 3 is blank
2. CS Site-Specific Factor 4 is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS Version Input Original is less than 010200 (version 01.02).
5. Date of Diagnosis is blank
5. Year of diagnosis is 2010 or later and CS Site-Specific Factor 4 is blank or 988
6. CS schema is invalid
7. Registry ID = 0000001566 (Texas) and SSF4 = 988

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll).

The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Prostate:

If CS Site-Specific Factor 3 = 960 (unknown if prostatectomy done), 970 (no prostatectomy done within first course of treatment), 980 (prostatectomy performed, but not considered first course of treatment), then the second digit of CS Site-Specific Factor 4 must = 5 (prostatectomy apex involvement: unknown).

Administrative Notes

New edit - added to NAACCR v11.3A metafile.

In the SEER*Edits software, the title of this edit is: IF214

Modifications:

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Data item named CS Version 1st changed to CS Version Input Original.
- CS Site-Specific Factor 3 codes indicating "no prostatectomy" were changed from "096, 097, 098" to "960, 970, 980".

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v22B

- Description, logic modified, skip added for Registry ID 0000001566 (Texas) and CS SSF 4 = 988

CS SSF 3, TS/Ext Eval, Prostate Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N0953

CS SSF 3, TS/Ext Eval, Prostate Schema (CS)**Description**

This edit verifies that for cases coded using the CS Prostate schema, if CS Tumor Size/Ext Eval indicates prostatectomy done, CS Site-Specific Factor 3 must not indicate prostatectomy not done. Likewise, if CS Tumor Size/Ext Eval indicates no prostatectomy done, then CS Site-Specific Factor 3 must not indicate prostatectomy done.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 3 is empty
2. CS Tumor Size/Ext Eval is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS Schema is invalid
5. Date of Diagnosis is blank or invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Prostate:

1. If CS Tumor Size/Ext Eval = 4, 5, or 6 (codes indicating prostatectomy performed), then CS Site-Specific Factor 3 must not = 960, 970, 980, or 985 (codes indicating prostatectomy not done or unknown).
2. If CS Extension = 950 or 999
Then
If CS Site-Specific Factor 3 = 000-750, then CS Tumor Size Ext/Eval must not = 0, 1, 2, 5, 9.
3. If year of Diagnosis is 2010 or later OR CS Version Input Original is greater than 020000
Then
If CS Extension = 200-240 (clinically apparent only)
Then
 - A. If CS Site-Specific Factor 3 = 960 (unknown if prostatectomy done)
Then
CS Tumor Size Ext/Eval must = 0 (based on clinical information only) or 9 (unknown if prostatectomy done).
 - B. If CS Site-Specific Factor 3 = 970 or 980 (codes indicating no prostatectomy)
Then
CS Tumor Size Ext/Eval must = 0
4. If Tumor Size/Ext Eval = 3 (no prostatectomy done, but evidence derived from autopsy) or 8 (evidence derived from autopsy only), then CS Site-Specific Factor 3 must not = 960, 970, 980, or 990. These codes are not appropriate for cases coded using autopsy information.
5. If CS Tumor Size/Ext Eval = 3 , then CS Site-specific Factor 3 must not = 950.
6. If CS Tumor Size Ext/Eval = 6 (prostatectomy performed AFTER neoadjuvant therapy and tumor size/extension based on pathologic evidence), CS Site-specific Factor 3 must not = 950 or 990.
7. If CS Tumor Size Ext/Eval = 5 (prostatectomy performed AFTER neoadjuvant therapy and tumor size/extension based on clinical evidence)

CS SSF 3, TS/Ext Eval, Prostate Schema (CS)

AND CS Extension code not = 950 or 999

AND CS Site-Specific Factor 3 code not = 950-990,

then

CS Extension code must be equal to or greater than the CS Site-specific Factor 3 code, with the following exceptions:

CS Extension = 200-300 (T2) and CS Site-Specific Factor 3 code = 300, 320, or 400 (T2NOS)

CS Extension = 200, 240, 300 (T2NOS) and CS Site-Specific Factor 3 code = 210-230, 330-350, 402-406 (T2a, T2b, T2c)

CS Extension = 210 (T2a) and CS Site-Specific Factor 3 = 330 or 402 (T2a)

CS Extension = 220 (T2b) and CS Site-Specific Factor 3 = 330, 402 (T2a), 340 or 404 (T2b)

CS Extension = 230 (T2c) and CS Site-Specific Factor 3 = 330, 402 (T2a), 340, 404 (T2b) 350 or 406 (T2c)

CS Extension = 410-490 (T3) and CS Site-Specific Factor 3 = 495 (T3NOS)

CS Extension = 410 or 490 (T3NOS) and CS Site-Specific Factor 3 = 415 - 490 (T3a, T3b)

CS Extension = 420-445 (T3a) and CS Site-Specific Factor 3 = 430-483 (T3a)

CS Extension = 450-470 (T3b) and CS Site-Specific Factor 3 = 480-483 (T3a) or 485-490 (T3b)

CS Extension = 500 - 700 (T4) and CS Site-Specific Factor 3 code = 510 - 750 (T4)

8. If CS Site-Specific Factor 3 = 200-750 (tumor found on prostatectomy or autopsy)
Then

CS Tumor Size Ext/Eval must not = 0, 1 or 9 (codes indicating no prostatectomy done or unknown if done)

Administrative Notes

New edit - added to NAACCR v11.3 metafile.

In the SEER*Edits software, the title of this edit is: IF208

Modifications:**NAACCR v12.0**

- Edit modified to get schema name from function call to CS dll.

- CS Site-Specific Factor 3 codes indicating "no prostatectomy" were changed from "096, 097, 098" to "960, 970, 980"; Code "095" indicating "No evidence of primary tumor" was changed to "950"

- Miscellaneous wording changed.

- Added: If CS Tumor Size/Ext Eval = 3 or 8 (evidence derived from autopsy), then CS Site-Specific Factor 3 must not = 960, 970, 980, or 990.

NAACCR v12.1

Deleted: If CS Site-Specific Factor 3 = 985 (autopsy performed but extension unknown), then CS Tumor Size/Ext Eval must = 3 (no prostatectomy done, but evidence derived from autopsy) or 8 (evidence from autopsy only).

- The rest of the edit was entirely reworked and CS Extension added to the logic.

NAACCR v12.1A

Edit updated:

If CS Extension not = 950 or 999 AND CS Site-Specific Factor 3 not = 950-990

then

If CS Tumor Size/Ext Eval = 5, CS Extension must be = to or greater than CS Site-Specific Factor 3, except for a given set of conditions.

CS SSF 4, 5, 6, MelanomaSkin (CS)

NAACCR v12.2A

The following logic was added:

- If CS Extension = 200-240 and CS Site-Specific Factor 3 = 960, then CS Tumor Size Ext/Eval must = 0 or 9.
- If CS Extension = 200-240 and CS Site-Specific Factor 3 = 970 or 980, then CS Tumor Size Ext/Eval must = 0.

NAACCR v13

- Logic pertaining to CS Extension 200-240 was modified so that it applies only if year of Diagnosis is 2010 or later OR CS Version Input Original is greater than 020000.

- Added:

8. If CS Site-Specific Factor 3 = 200-750, then CS Tumor Size Ext/Eval must not = 0, 1 or 9

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 4, 5, 6, MelanomaSkin (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1911

Description

This edit verifies that for cases using the MelanomaSkin schema, CS Site-Specific Factor 4 (LDH), CS Site-Specific Factor 5 (LDH lab value), and CS Site-Specific Factor 6 (LDH upper limits of normal) are coded consistently. If one specifies "test not done", the others must also specify "test not done".

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500 and not empty
2. CS Site-Specific Factor 4 is blank or 988
3. CS Site-Specific Factor 5 is blank or 988
4. CS Site-Specific Factor 6 is blank or 988
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
6. CS schema is invalid

If CS schema is MelanomaSkin:

1. If CS Site-Specific Factor 4 = 998, then CS Site-Specific Factor 5 and CS Site-Specific Factor 6 must = 998.
2. If CS Site-Specific Factor 5 = 998, then CS Site-Specific Factor 4 and CS Site-Specific Factor 6 must = 998.
3. If CS Site-Specific Factor 6 = 998, then CS Site-Specific Factor 4 and CS Site-Specific Factor 5 must = 998.

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

CS SSF 4, CS SSF 5, Liver Schema (CS)

In the SEER*Edits software, the title of this edit is: IF502

NAACCR v 16

- Edit changed to skip if CS Version Input Original is less than 020500 and not empty

CS SSF 4, CS SSF 5, Liver Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1564

Description

This edit verifies that for cases coded using the Liver schema, if CS Site-Specific Factor 4 (Creatinine Value) indicates that the test was not done, then CS Site-Specific Factor 5 (Creatinine Unit of Measure) is coded consistently, and vice versa.

If CS schema is Liver:

1. If CS Site-Specific Factor 4 (Creatinine Value) = 998 (test not done), then CS Site-Specific Factor 5 (Creatinine Unit of Measure) must = 998 (test not done).
2. If CS Site-Specific Factor 5 = 998 (test not done), then CS Site-Specific Factor 4 must = 998 (test not done).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 4 is blank or 988
2. CS Site-Specific Factor 5 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF375

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 4, LymphNodes, NodesPos, ColoRectal (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1059

CS SSF 4, Mets at DX, Vagina (CS)**Description**

This edit verifies that for cases coded using the Colon or Rectum schemas, the following Table Note from CS Lymph Nodes is enforced: "If there are tumor deposits and node involvement, code the information on node involvement. That is, do not use code 050."

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 4 is blank
2. CS Lymph Nodes is blank
3. Regional Nodes Positive is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For cases using the Colon or Rectum schemas:

If CS Site-Specific Factor 4 (tumor deposits) = 001-081, 990 (tumor deposits are present) and Regional Nodes Positive = 01 - 97 (nodes are removed and are positive), then CS Lymph Nodes must not = 050 (tumor deposits without regional metastasis).

If CS Site-Specific Factor 4 (tumor deposits) = 000 (no tumor deposits), then CS Lymph Nodes must not = 050 (tumor deposits without regional metastasis).

If CS Lymph Nodes = 050 (tumor deposits without regional metastasis), then CS Site-Specific Factor 4 must not = 000 (no tumor deposits).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF264

Modifications:

NAACCR v12.1

- Edit name changed from "CS SSF 4, LymphNodes, NodesPos, ColoAppRectal (CS)" to "CS SSF 4, LymphNodes, NodesPos, ColoRectal (CS)". Logic checking for Appendix CS CS Lymph Nodes of 050 because tumor deposits for Appendix are handled differently and code 050 was made OBSOLETE DATA REVIEWED AND CHANGED V0203.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 4, Mets at DX, Vagina (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1739

CS SSF 4, SSF 5, Vagina (CS)**Description**

This edit verifies that for cases coded using the Vagina schema, CS Site-Specific Factor 4 (para-aortic nodal status) and CS Mets at DX are coded consistently.

If CS schema = Vagina:

If CS Site-Specific Factor 4 = 010 (positive para-aortic lymph nodes), then CS Mets at DX must = 30, 35, 55, or 58.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 4 is blank or 988
2. CS Mets at DX is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF432

Modifications**NAACCR v13A**

- Codes 30, 35, 55, and 58 added to the list of CS Mets at DX codes allowed if CS Site-Specific Factor 4 = 010

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 4, SSF 5, Vagina (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1740**Description**

This edit verifies that for cases using the Vagina schema, SSF 4 (Para-Aortic Nodal Status) and SSF 5 (Assessment Method of Para-Aortic Nodal Status) are coded consistently. That is, if one specifies "not assessed", the other must also specify "not assessed".

If CS schema is Vagina:

1. If CS Site-Specific Factor 4 = 998 (para-aortic lymph nodes not assessed), then CS Site-Specific Factor 5 must = 998 (para-aortic lymph nodes not assessed).
2. If CS Site-Specific Factor 5 = 998, then CS Site-Specific Factor 4 must = 998.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 4 is blank or 988
2. CS Site-Specific Factor 5 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

CS SSF 4, Surgery, KidneyParenchyma Schema (CS)

4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF433

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 4, Surgery, KidneyParenchyma Schema (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

Edit Tag N1783

Description

For cases coded using the KidneyParenchyma schema, if CS SSF 4 (sarcomatoid features) indicates no pathologic examination of primary site, then RX Summ--Surg Prim Site must not indicate that a specimen was sent to pathology

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 4 is blank or 988
2. RX Summ--Surg Prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

If schema is KidneyParenchyma:

If CS Site-Specific Factor 4 = 998 (no pathologic examination of primary site)
THEN

RX Summ--Surg Prim Site must = 00-19 (codes indicating no surgery
of primary site or no specimen sent to pathology from surgical event)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF452

CS SSF 5, GISTPeritoneum (CS)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 5, GISTPeritoneum (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

*Edit Tag N1912***Description**

This edit verifies that for cases using the GISTPeritoneum schema, CS Site-Specific Factor 5 (mitotic count) and RX Summ--Surg Prim Site are coded consistently. If CS Site-Specific Factor 5 specifies "no histologic specimen from primary site", then RX Summ--Surg Prim Site must indicate "no specimen sent to pathology from surgical event."

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500 and not empty
2. CS Site-Specific Factor 5 is blank or 988
3. RX Summ--Surg Prim Site is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

If CS schema is GISTPeritoneum:

If CS Site-Specific Factor 5 = 998 (no histologic specimen from primary site), then RX Summ--Surg Prim Site must = 00-19 (no specimen sent to pathology from surgical event).

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF503

NAACCR v16

- Edit skips if CS Version Input Original is less than 020500 and not empty

CS SSF 5, Lymph Nodes, Testis (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1585***Description**

This edit verifies that for cases using the Testis schema, SSF 5 (Size of Metastasis in Lymph Nodes) and CS Lymph Nodes are coded consistently.

If CS schema is Testis:

1. If CS Site-Specific Factor 5 = 000 (no regional lymph nodes involved), then

CS SSF 5, RX Summ--Surg, ColoRectal (CS)

CS Lymph Nodes must = 000 (no regional lymph nodes involved)

2. If CS Site-Specific Factor 5 = 010-030 (regional lymph nodes involved), then CS Lymph Nodes must = 100-800 (regional nodes involved)

3.

a. IF CS Lymph Nodes = 510 (stated as N1), then CS Site-Specific Factor 5 must = 010 or 999.

b. IF CS Lymph Nodes = 520 (stated as N2), then CS Site-Specific Factor 5 must = 020 or 999.

c. IF CS Lymph Nodes = 530 (stated as N3), then CS Site-Specific Factor 5 must = 030 or 999.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 5 is blank or 988
2. CS Lymph Nodes is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF385

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 5, RX Summ--Surg, ColoRectal (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

Edit Tag N1118

Description

This edit verifies that for cases coded using the Colon or Rectum schemas, CS Site-Specific Factor 5 (Tumor Regression Grade) and RX Summ--Surg Prim Site are coded consistently.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 5 is blank or = 988
2. RX Summ--Surgery Prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-

CS SSF 5, SSF 7, RX Summ--Surg Other, Vagina (CS)

3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For cases using the Colon or Rectum schemas:

If CS Site-specific Factor 5 = 000, 010, 020, or 030 (statement about tumor regression grade), RX Summ--Surg Prim Site must not = 00 or 99 (no surgery of primary site or unknown if surgery performed).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF265

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 5, SSF 7, RX Summ--Surg Other, Vagina (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1741

Description

This edit verifies that for cases coded using the Vagina schema, CS Site-Specific Factor 5 (assessment method of para-aortic nodal status), CS Site-Specific Factor 7 (assessment method of mediastinal nodal status) and RX Summ--Surg Oth Reg/Distant are coded consistently.

If CS schema = Vagina:

If CS Site-Specific Factor 5 = 040 (lymphadenectomy) or CS Site-Specific Factor 7 = 040 (lymphadenectomy), then RX Summ--Surg Oth Reg/Distant must not = 0 (no procedure to other site).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 5 is blank or 988
2. CS Site-Specific Factor 7 is blank or 988
3. RX Summ--Surg Oth Reg/Distant is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF434

NAACCR v14

EditWriter 5

382

05/01/2023 02:04 PM

CS SSF 6, Breast Schema (CS)

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 6, Breast Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N0890

Description

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 6 is empty or = 988 (not applicable: information not collected for this case)
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Breast

If Behavior Code ICD-O-3 = 2 (in situ), then CS Site-Specific Factor 6 (size of tumor-invasive component) must = 010 (entire tumor reported as in situ (no invasive component reported)) or 987 (unknown if invasive and in situ components present, unknown if tumor size represents mixed tumor or a "pure" tumor. Clinical tumor size coded.)

If CS Site-Specific Factor 6 = 010 and Histologic Type ICD-O-3 is not = 8543 (Paget disease of breast) cases, then Behavior Code ICD-O-3 must = 2.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF190

MODIFICATIONS:

NAACCR v11.2

7/2007

- The edit was modified to allow a CS Site-Specific Factor 6 code of 888 (unknown if invasive and in situ components present, unknown if tumor size represents mixed tumor or a "pure" tumor. Clinical tumor size coded.) if Behavior Code ICD-O-3 = 2 (in situ).

8/2007

- This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

11/2007

- Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the

CS SSF 6, CS SSF 7, Liver Schema (CS)

- Description updated: deleted portion of description that stated that CS Site-Specific Factor 6 must = 010 for in situ cases since edit was modified (7/2007) to allow both 010 AND 888 for in situ cases.

NAACCR v12.0

- Edit modified to get schema name from function call to CS dll.

NAACCR v12.1

- Modified to skip if CS Site-Specific Factor 6 is 988.

NAACCR v13

- Modified edit to exclude histology 8543 (Paget disease of breast) cases when requiring behavior code 2 when SSF 6 = 010.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 6, CS SSF 7, Liver Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1565

Description

This edit verifies that for cases coded using the Liver schema, if CS Site-Specific Factor 6 (Total Bilirubin Value) indicates that the test was not done, then CS Site-Specific Factor 7 (Total Bilirubin Unit of Measure) is coded consistently, and vice versa.

If CS schema is Liver:

1. If CS Site-Specific Factor 6 (Total Bilirubin Value) = 998 (test not done), then CS Site-Specific Factor 7 (Total Bilirubin Unit of Measure) must = 998 (test not done).
2. If CS Site-Specific Factor 7 = 998 (test not done), then CS Site-Specific Factor 6 must = 998 (test not done).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 6 is blank or 988
2. CS Site-Specific Factor 7 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF376

CS SSF 6, GISTEsoph, SmallIntest, Stomach (CS)

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 6, GISTEsoph, SmallIntest, Stomach (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

*Edit Tag N1913***Description**

This edit verifies that for cases using the GISTEsophagus, GISTSmallIntestine, or GISTStomach schemas, CS Site-Specific Factor 6 (mitotic count) and RX Summ--Surg Prim Site are coded consistently. If CS Site-Specific Factor 6 specifies "no histologic specimen from primary site", then RX Summ--Surg Prim Site must indicate "no specimen sent to pathology from surgical event."

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500 and not empty
2. CS Site-Specific Factor 6 is blank or 988
3. RX Summ--Surg Prim Site is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

If CS schema is GISTEsophagus, GISTSmallIntestine, or GISTStomach:

If CS Site-Specific Factor 6 = 998 (no histologic specimen from primary site), then RX Summ--Surg Prim Site must = 00-19 (no specimen sent to pathology from surgical event).

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF504

NAACCR v16

- Edit changed to skip if CS Version Input Original is less than 020500 and not empty

CS SSF 6, Histology, KidneyParenchyma Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1774***Description**

For cases coded using the KidneyParenchyma schema, if CS SSF 6 (Fuhrman Nuclear Grade) indicates case is not a renal cell carcinoma, then the histology code must not be a renal cell carcinoma code per Multiple Primary/Histology Rules.

CS SSF 6, Mets at DX, Vagina (CS)

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 6 is blank or 988
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

If schema is KidneyParenchyma:

If CS Site-Specific Factor 6 = 987 (not applicable: not a renal cell carcinoma morphology)

THEN

Histologic Type ICD-O-3 must not = 8260, 8310, 8312, 8316-8320, 8510, or 8959 (renal cell carcinoma codes per MP/H rules)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF453

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 6, Mets at DX, Vagina (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1742

Description

This edit verifies that for cases coded using the Vagina schema, CS Site-Specific Factor 6 (mediastinal, scalene nodal status) and CS Mets at DX are coded consistently.

If CS schema = Vagina:

If CS Site-Specific Factor 6 = 010 (positive mediastinal, scalene lymph nodes), then CS Mets at DX must = 35 (distant lymph nodes other than codes 20-30), 55 (distant mets plus distant lymph nodes), or 58 (FIGO Stage IVB).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 6 is blank or 988
2. CS Mets at DX is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-

CS SSF 6, RX Summ--Surg, ColoRectal (CS)

3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF435

Modifications**NAACCR v13A**

- Code 58 added to the list of CS Mets at DX codes allowed if CS Site-Specific Factor 6 = 010

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 6, RX Summ--Surg, ColoRectal (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

Edit Tag N1753

Description

This edit verifies that for cases coded using the Colon or Rectum schemas, CS Site-Specific Factor 6 (Circumferential Resection Margin) and RX Summ--Surg Prim Site are coded consistently.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 6 is blank or = 988
2. RX Summ--Surgery Prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For Colon and Rectum schemas only:

If CS Version Input Original is less than 020500 and CS Version Input Original is not blank:

If RX Summ--Surg Prim Site = 00 (no surgery of primary site),
then
 CS Site-specific Factor 6 must = 998 (no resection of primary site).

If CS Version Input Original is 020500 or higher OR Year of Date of Diagnosis is greater than 2015:

If RX Summ--Surg Prim Site = 00-29 (codes indicating no surgery of primary site or not enough tissue to measure the CRM)
then
 CS Site-specific Factor 6 must = 998 (no resection of primary site)
 or 999 (unknown or CRM not mentioned)

CS SSF 6, SSF 12, Testis (CS)

If RX Summ--Surg Prim Site = 99 (unknown if surgery of primary site)
then

CS Site-specific Factor 6 must = 999 (unknown or no information).

If CS Site-specific Factor 6 = 000-981, 990-996 (statement about circumferential margin)
then

RX Summ--Surg Prim Site must not = 00 or 99 (no surgery of primary site or unknown if surgery performed).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF287

Modifications:**NAACCR v12.1**

CS Site-specific Factor 6 range of 000-980 was changed to 000-981. (Code 981 was added in CSv0203 to indicate 98.1 mm or greater.)

NAACCR v12.2A

- The following logic was added:

If RX Summ--Surg Prim Site = 00, then CS Site-specific Factor 6 must = 998.

- Error messages were updated.

NAACCR v13

- Added: If RX Summ--Surg Prim Site = 99, then CS Site-specific Factor 6 must = 999

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

- Added:

If CS Version Input Original is 020500 or higher:

If RX Summ--Surg Prim Site = 00-29, then CS Site-specific Factor 6 must = 998 or 999

CS SSF 6, SSF 12, Testis (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1586

Description

This edit verifies that for cases using the Testis schema, if SSF 6 [Pre-Orchiectomy Alpha Fetoprotein (AFP) Lab Value] indicates initial AFP recorded in SSF 12 [Post-Orchiectomy Alpha Fetoprotein (AFP) Lab Value], then SSF 12 must indicate actual results and cannot = 998 (test not done) or 999 (unknown or no information).

If CS schema is Testis:

1. If CS Site-Specific Factor 6 = 995 or 996 (Initial AFP recorded in CS Site-Specific Factor12), then CS Site-Specific Factor12 must not = 998 (test not done) or 999 (unknown or no information).

CS SSF 6, SSF 7, Testis (CS)

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 6 is blank or 988
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF386

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 6, SSF 7, Testis (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1587

Description

This edit verifies that for cases using the Testis schema, SSF 6 [Pre-Orchiectomy Alpha Fetoprotein (AFP) Lab Value] and SSF 7 [Pre-Orchiectomy Alpha Fetoprotein (AFP) Range] are coded consistently. That is, if one specifies "test not done", the other must also specify "test not done".

If CS schema is Testis:

1. If CS Site-Specific Factor 6 = 998 (test not done), then CS Site-Specific Factor 7 must = 998 (test not done).
2. If CS Site-Specific Factor 7 = 998, then CS Site-Specific Factor 6 must = 998.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 6 is blank or 988
2. CS Site-Specific Factor 7 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

CS SSF 6, SSF 7, Vagina (CS)

In the SEER*Edits software, the title of this edit is: IF387

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 6, SSF 7, Vagina (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1743

Description

This edit verifies that for cases using the Vagina schema, SSF 6 (Mediastinal, Scalene Nodal Status) and SSF 7 (Assessment Method of Mediastinal Nodal Status) are coded consistently. That is, if one specifies "not assessed", the other must also specify "not assessed".

If CS schema is Vagina:

1. If CS Site-Specific Factor 6 = 998 (mediastinal, scalene lymph nodes not assessed), then CS Site-Specific Factor 7 must = 998 (mediastinal, scalene lymph nodes not assessed).
2. If CS Site-Specific Factor 7 = 998, then CS Site-Specific Factor 6 must = 998.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 6 is blank or 988
2. CS Site-Specific Factor 7 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF436

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 6, Tumor Size, Breast Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1026

CS SSF 7, 8, 12, 13, Prostate Schema (CS)**Description**

The purpose of this edit is to verify that, for cases coded using the Breast Schema, that Site-Specific Factor 6 and CS Tumor Size are coded consistently.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 6 is empty or = 988 (not applicable: information not collected for this case)
2. CS Tumor Size is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For cases coded using the Breast schema:

1. If CS Site-Specific Factor 6 = 020, 030, 040, or 050, indicating size of invasive or entire component coded in CS Tumor Size, the CS Tumor Size must not = 999 (unknown; size not stated).
2. If CS Site-Specific Factor 6 = 060 [Invasive and in situ components present, unknown size of tumor (CS Tumor Size coded 999)], then CS Tumor Size must = 999 (unknown).

Administrative Notes

New edit - added to NAACCR v11.3A metafile.

In the SEER*Edits software, the title of this edit is: IF218

Modifications:

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.

NAACCR v12.1

- Modified to skip if CS Site-Specific Factor 6 is 988.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 7, 8, 12, 13, Prostate Schema (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

Edit Tag N1722

Description

Purpose: This edit verifies that, for cases coded using the Prostate Schema, CS Site-Specific Factors 7, 8, 12 and 13 are coded consistently.

CS SSF 7, MelanomaSkin (CS)

If CS schema is Prostate:

If CS Site Specific Factors 7 and 8 = 998 (no needle core biopsy/TURP performed), then CS Site Specific Factors 12 and 13 must also = 998 (no needle core biopsy performed).

If CS Site Specific Factors 12 and 13 = 998 and RX Summ--Surg Prim Site = 00-17, then CS Site Specific Factors 7 and 8 must also = 998.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 7 is blank or 988
2. CS Site-Specific Factor 8 is blank or 988
3. CS Site-Specific Factor12 is blank or 988
4. CS Site-Specific Factor13 is blank or 988
3. Schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF437

Modifications

NAACCR v13A

- Fixed error message

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 7, MelanomaSkin (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

Edit Tag N1914

Description

This edit verifies that for cases using the MelanomaSkin schema, CS Site-Specific Factor 7 (mitotic count) and RX Summ--Surg Prim Site are coded consistently. If CS Site-Specific Factor 7 specifies "no histologic examination of primary site", then RX Summ--Surg Prim Site must indicate "no specimen sent to pathology from surgical event."

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500 and not empty
2. CS Site-Specific Factor 7 is blank or 988
3. RX Summ--Surg Prim Site is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

CS SSF 7, SSF 13, Testis (CS)

If CS schema is MelanomaSkin:

If CS Site-Specific Factor 7 = 998 (no histologic examination of primary site), then RX Summ--Surg Prim Site must = 00-19 (no specimen sent to pathology from surgical event).

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF505

NAACCR v16

- Edit changed to skip if CS Version Input Original is less than 020500 and not empty

NAACCR v16A

- Administrative Note for v16 changed to indicate edit skipped if CS Version Input Original is less than 020500 from less than 020550

CS SSF 7, SSF 13, Testis (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1588

Description

This edit verifies that for cases using the Testis schema, if SSF 7 [Pre-Orchiectomy Alpha Fetoprotein (AFP) Range] indicates initial AFP recorded in SSF 13 [Post-Orchiectomy Alpha Fetoprotein (AFP) Range], then SSF 13 must indicate actual results and cannot = 998 (test not done) or 999 (unknown or no information).

If CS schema is Testis:

1. If CS Site-Specific Factor 7 = 995 or 996 (Initial AFP recorded in CS Site-Specific Factor13), then CS Site-Specific Factor13 must not = 998 (test not done) or 999 (unknown or no information).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 7 is blank or 988
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF388

CS SSF 7, SSF 8, Prostate Schema (CS)

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 7, SSF 8, Prostate Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1754

Description

Purpose: This edit verifies that, for cases coded using the Prostate Schema, CS Site Specific Factor 7 (Gleason's Primary Pattern and Secondary Pattern Values on Needle Core Biopsy/Transurethral Resection of Prostate) and CS Site-Specific Factor 8 (Gleason's Score on Needle Core Biopsy/Transurethral Resection of Prostate) are coded consistently.

If CS schema is Prostate:

The recorded CS Site-Specific Factor 7 and 8 codes must correspond to each other as specified in the table below.

If CS Site-Specific Factor 7 = 998, then CS Site-Specific Factor 8 must = 998 and vice versa.

CS Site-Specific Factor 7	CS Site-Specific Factor 8
011	002
012	003
013	004
014	005
015	006
019	002-006, 999
021	003
022	004
023	005
024	006
025	007
029	003-007, 999
031	004
032	005
033	006
034	007
035	008
039	004-008, 999
041	005
042	006
043	007
044	008

	CS SSF 8, CS SSF 9, Breast (CS)
045	009
049	005-009, 999
051	006
052	007
053	008
054	009
055	010
059	006-010, 999

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 7 is blank or 988
2. CS Site-Specific Factor 8 is blank or 988
3. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF438

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 8, CS SSF 9, Breast (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1566

Description

This edit verifies that for cases using the Breast schema, SSF 8 (HER2: IHC Lab Value) and SSF 9 (HER2: IHC Test Interpretation) are coded consistently. That is, if one specifies "test not done", the other must also specify "test not done".

If CS schema is Breast:

1. If CS Site-Specific Factor 8 = 998 (test not done), then CS Site-Specific Factor 9 must = 998 (test not done).
2. If CS Site-Specific Factor 9 = 998, then CS Site-Specific Factor 8 must = 998.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 8 is blank or 988
2. CS Site-Specific Factor 9 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

CS SSF 8, Lymph Nodes, KidneyParenchyma (CS)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF377

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 8, Lymph Nodes, KidneyParenchyma (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1775

Description

This edit verifies that for cases using the KidneyParenchyma schema, CS SSF 8 (extranodal extension of regional lymph nodes) and CS Lymph Nodes are coded consistently.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 8 is blank or 988
2. CS Lymph Nodes is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

If CS schema is KidneyParenchyma:

1. If CS Site-Specific Factor 8 = 000 (no regional lymph nodes involved)
 - THEN
 - CS Lymph Nodes must not = 100-800 (codes indicating regional lymph node involvement)
2. If CS Lymph Nodes = 000 (no regional lymph node involvement)
 - THEN
 - CS Site-Specific Factor 8 must not = 010-030 (codes indicating regional lymph node involvement)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF454

CS SSF 8, RX Summ--Surg, ColoRectal (CS)

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 8, RX Summ--Surg, ColoRectal (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

*Edit Tag N1568***Description**

This edit verifies that for cases coded using the Colon or Rectum schemas, if CS Site-Specific Factor 8 (Perineural Invasion) indicates that there was not pathologic examination of the primary site, then RX Summ--Surg Prim Site does not indicate that a specimen was sent to pathology.

Please note that there is another edit, "CS SSF 8, RX Summ--Surg, DX/Stg, ColoRectal (CS)", that is exactly the same as this edit EXCEPT that it also checks the field RX Summ--DX/Stg Proc. It should be used by registries that collect both RX Summ--Surg Prim Site and RX Summ--DX/Stg Proc.

If CS schema is Colon or Rectum:

- If CS Site-Specific Factor 8 = 998 (No histologic examination), then RX Summ--Surg Prim Site must not be 20-89.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 8 is blank or 988
2. RX Summ--Surg Prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF378

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS SSF 8, SSF 10, Grade, Prostate (SEER)

Agency: SEER

Last changed: 04/17/2020 16:31:46

CS SSF 8, SSF 10, Grade, Prostate (SEER)

Edit Tag N2028

Description

Purpose: This edit verifies that Grade is coded correctly for prostate cases diagnosed 2014 and later. A computer algorithm can be used to derive grade for prostate based on CS Site-Specific Factor 8 (Gleason's score on TURP and CS Site-Specific Factor10 (Gleason's score on prostatectomy/autopsy): if CS Site-Specific Factor 8 or CS Site-Specific Factor10 has known values for Gleason's, the information could be used to automatically derive the grade field.

Source: Instructions for Coding Grade for 2014+
<http://www.seer.cancer.gov/tools/grade/>

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is blank, invalid, less than 2014, or greater than 2017
2. CS Site-Specific Factor 8 is blank or 988
3. CS Site-Specific Factor10 is blank or 988
4. Case is death certificate only (Type of Reporting Source = 7).
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If Primary Site = C619 (Prostate) and Histologic Type ICD-O-3 = 8000-9136, 9141-9582, 9700-9701:

Using the table below, if Grade does not equal the CS Site-Specific Factor 8 and CS Site-Specific Factor10 combination, then an error message is generated. Grade specified as "*" can't be automatically calculated and will not be checked by this edit. The detailed edit logic is provided below the table.

GRADE													
SSF8	SSF 10 Codes												
Codes	002	003	004	005	006	007	008	009	010	988	998	999	
002	1	1	1	1	1	2	3	3	3	*	1	1	
003	1	1	1	1	1	2	3	3	3	*	1	1	
004	1	1	1	1	1	2	3	3	3	*	1	1	
005	1	1	1	1	1	2	3	3	3	*	1	1	
006	1	1	1	1	1	2	3	3	3	*	1	1	
007	2	2	2	2	2	2	3	3	3	*	2	2	
008	3	3	3	3	3	3	3	3	3	*	3	3	
009	3	3	3	3	3	3	3	3	3	*	3	3	
010	3	3	3	3	3	3	3	3	3	*	3	3	
988	*	*	*	*	*	*	*	*	*	*	*	*	
998	1	1	1	1	1	2	3	3	3	*	*	*	
999	1	1	1	1	1	2	3	3	3	*	*	*	

1. If CS Site-Specific Factor 8 = 002-006
 - a. If CS Site-Specific Factor10 = 002-006, 998, 999
 Grade must = 1

CS SSF 8, SSF 14, Testis (CS)

- b. If CS Site-Specific Factor10 = 007
Grade must = 2
 - c. If CS Site-Specific Factor10 = 008-010
Grade must = 3
2. If CS Site-Specific Factor 8 = 007
 - a. If CS Site-Specific Factor10 = 002-007, 998, 999
Grade must = 2
 - b. If CS Site-Specific Factor10 = 008-010
Grade must = 3
 3. If CS Site-Specific Factor 8 = 008-010
 - a. If CS Site-Specific Factor10 = 002-010, 998, 999
Grade must = 3
 4. If CS Site-Specific Factor 8 = 998, 999
 - a. If CS Site-Specific Factor10 = 002-006
Grade must = 1
 - b. If CS Site-Specific Factor10 = 007
Grade must = 2
 - c. If CS Site-Specific Factor10 = 008-010
Grade must = 3

Administrative Notes

New edit - added to NAACCR v15 metafile.

In the SEER*Edits software, the title of this edit is: IF535

Modifications

NAACCR v18

- Description, logic updated to skip if diagnosis date > 2017

CS SSF 8, SSF 14, Testis (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1589

Description

This edit verifies that for cases using the Testis schema, if SSF 8 [Pre-Orchiectomy hCG Lab Value] indicates initial hCG recorded in SSF 14 [Post-Orchiectomy hCG Lab Value], then SSF 14 must indicate actual results and cannot = 998 (test not done) or 999 (unknown or no information).

If CS schema is Testis:

1. If CS Site-Specific Factor 8 = 995 or 996 (Initial hCG recorded in CS Site-Specific Factor14), then CS Site-Specific Factor14 must not = 998 (test not done) or 999 (unknown or no information).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 8 is blank or 988

CS SSF 8, SSF 9, Testis (CS)

2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF389

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 8, SSF 9, Testis (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1590

Description

This edit verifies that for cases using the Testis schema, SSF 8 [Pre-Orchiectomy hCG Lab Value] and SSF 9 [Pre-Orchiectomy hCG Range] are coded consistently. That is, if one specifies "test not done", the other must also specify "test not done".

If CS schema is Testis:

1. If CS Site-Specific Factor 8 = 998 (test not done), then CS Site-Specific Factor 9 must = 998 (test not done).
2. If CS Site-Specific Factor 9 = 998, then CS Site-Specific Factor 8 must = 998.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 8 is blank or 988
2. CS Site-Specific Factor 9 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF390

Modifications:

CS SSF 9, Head and Neck Schemas (CS)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 9, Head and Neck Schemas (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1634***Description**

This edit verifies that CS Site-Specific Factor 9 (Extracapsular Extension Pathologically, Lymph Nodes for Head and Neck), Regional Nodes Positive, and RX Summ--Scope Reg LN Sur are coded consistently for Head and Neck schemas.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 9 is blank or = 988
2. Regional Nodes Positive is blank
3. RX Summ--Scope Reg LN Sur is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

This edit is skipped if CS schema is NOT one of the following Head and Neck schemas:

BuccalMucosa
 EpiglottisAnterior
 FloorMouth
 GumLower
 GumOther
 GumUpper
 Hypopharynx
 LarynxGlottic
 LarynxOther
 LarynxSubglottic
 LarynxSupraglottic
 LipLower
 LipOther
 LipUpper
 MiddleEar
 MouthOther
 NasalCavity
 Nasopharynx
 Oropharynx
 PalateHard
 PalateSoft
 ParotidGland
 PharyngealTonsil
 PharynxOther
 SalivaryGlandOther
 SinusEthmoid

CS SSF 9, Head and Neck Schemas (CS)

SinusMaxillary
 SinusOther
 SubmandibularGland
 TongueAnterior
 TongueBase

 MelanomaBuccalMucosa
 MelanomaEpiglottisAnterior
 MelanomaFloorMouth
 MelanomaGumLower
 MelanomaGumOther
 MelanomaGumUpper
 MelanomaHypopharynx
 MelanomaLarynxGlottic
 MelanomaLarynxOther
 MelanomaLarynxSubglottic
 MelanomaLarynxSupraglottic
 MelanomaLipUpper
 MelanomaLipLower
 MelanomaLipOther
 MelanomaMouthOther
 MelanomaNasalCavity
 MelanomaNasopharynx
 MelanomaOropharynx
 MelanomaPalateHard
 MelanomaPalateSoft
 MelanomaPharynxOther
 MelanomaSinusEthmoid
 MelanomaSinusMaxillary
 MelanomaSinusOther
 MelanomaTongueAnterior
 MelanomaTongueBase

1. If CS Site-Specific Factor 9 = 000 (no lymph nodes involved pathologically), then Regional Nodes Positive must = 00 (all nodes examined negative)

2. If CS Site-Specific Factor 9 = 998 (no pathologic examination of lymph nodes), then Regional Nodes Positive must = 00 (all nodes examined negative), 95 (positive aspiration or core biopsy of lymph nodes) or 98 (no nodes examined)

3. If CS Site-Specific Factor 9 = 999 (unknown if regional lymph nodes involved pathologically), then Regional Nodes Positive must = 98 (no nodes examined) or 99 (unknown if nodes are positive)

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF379

Modifications:

NAACCR v12.2C

- Sequence of edit logic changed in condition #2: instead of checking if CS SSF 9 = 998, then Scope of Reg LN Surg must = 0, the edit now checks (in #4) if Scope of Regional LN Surg = 0, then CS SSF 9 must = 998 or 999.

CS SSF 9, SSF 10, Prostate Schema (CS)

NAACCR v13

- Corrected edit logic so that the following statement would execute correctly: "If RX Summ--Scope Reg LN Sur = 0 (none), then CS Site-Specific Factor 9 must = 998 or 999". The logic mistakenly checked for RX Summ--Scope Reg LN Sur code "00" instead of "0".

- Also added code to skip the above logic if CS Tumor Size/Ext Eval is 2, 8 or 9 (codes indicating autopsy or unknown if surgery).

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

- Edit updated for CS v02.05: if CS Version Input Original is 020500 or higher and RX Summ--Scope Reg LN Sur = 1 (biopsy or aspiration of regional lymph nodes), then CS SSF 9 must = 998 or 999.

NAACCR v14A

- Edit updated: 00 was added to the list of codes allowed for Regional Nodes Positive when CS Site-Specific Factor 9 = 998.

NAACCR v16

- Removed condition that looked at CS TS/Ext Eval from this edit and created a separate edit Titled CS SSF 9, Surgery, HeadNeck Schemas.

CS SSF 9, SSF 10, Prostate Schema (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

*Edit Tag N1755***Description**

Purpose: This edit verifies that, for cases coded using the Prostate Schema, CS Site Specific Factor 9 (Gleason's Primary Pattern and Secondary Pattern Values on Prostatectomy/Autopsy) and CS Site-Specific Factor 10 (Gleason's Score on Prostatectomy/Autopsy) are coded consistently.

This edit is skipped for Registry ID 0000001562 (New York) for diagnosis year < 2003

If CS schema is Prostate:

If RX Summ--Surgery Prim Site = 30, 50, 70, 80 (codes indicating prostatectomy) OR Type of

Reporting Source = 6 (autopsy only) OR CS Tumor Size/Ext Eval = 3 or 8 (codes indicating

evidence derived from autopsy), then the recorded CS Site-Specific Factor 9 and 10 codes must

correspond to each other as specified in the table below AND both CS Site-Specific Factor 9 and

10 codes must not = 998 (no prostatectomy/autopsy performed).

If RX Summ--Surgery Prim Site not = 30, 50, 70, 80, 99 AND [Type of Reporting Source not = 6

or blank] AND [CS Tumor Size/Ext Eval not = 3, 8, 9 or blank], then the recorded CS Site-

CS SSF 9, SSF 10, Prostate Schema (CS)

Specific Factor 9 and 10 codes must both = 998 (no prostatectomy/autopsy performed).

CS Site-Specific Factor 9	CS Site-Specific Factor 10
011	002
012	003
013	004
014	005
015	006
019	002-006, 999
021	003
022	004
023	005
024	006
025	007
029	003-007, 999
031	004
032	005
033	006
034	007
035	008
039	004-008, 999
041	005
042	006
043	007
044	008
045	009
049	005-009, 999
051	006
052	007
053	008
054	009
055	010
059	006-010, 999

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 9 is blank or 988
2. CS Site-Specific Factor 10 is blank or 988
3. Type of Reporting Source = 7 (DCO)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

CS SSF 9, SSF 15, Testis (CS)***Administrative Notes***

New edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF439

Modifications**NAACCR v13A**

- Corrected edit logic that pointed to the wrong error message; edit modified to point to new error message #4058 that specifies conditions under which both CS Site-Specific Factor 9 and 10 codes must not = 998.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Fixed logic error that caused edit to pass inappropriately

NAACCR v18D

- Description, logic modified: Edit skipped for Registry ID 0000001562 (New York), date of diagnosis < 2003

CS SSF 9, SSF 15, Testis (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1591

Description

This edit verifies that for cases using the Testis schema, if SSF 9 [Pre-Orchiectomy hCG Range] indicates initial hCG recorded in SSF 15 [Post-Orchiectomy hCG Range], then SSF 15 must indicate actual results and cannot = 998 (test not done) or 999 (unknown or no information).

If CS schema is Testis:

1. If CS Site-Specific Factor 9 = 995 or 996 (Initial hCG recorded in CS Site-Specific Factor15), then CS Site-Specific Factor15 must not = 998 (test not done) or 999 (unknown or no information).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 9 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF391

CS SSF 9, Surgery, HeadNeck Schemas (CS)**Modifications:**

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

CS SSF 9, Surgery, HeadNeck Schemas (CS)

Agency: CS

Last changed: 04/16/2018 14:51:07

Edit Tag N2389**Description**

This edit verifies that CS Site-Specific Factor 9 (Extracapsular Extension Pathologically, Lymph Nodes for Head and Neck), CS Tumor Size/Ext Eval, and RX Summ--Scope Reg LN Sur are coded consistently for Head and Neck schemas.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 9 is blank or = 988
2. CS Tumro Size/Ext Eval = 2,8,9 or blank
3. RX Summ--Scope Reg LN Sur is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

This edit is skipped if CS schema is NOT one of the following Head and Neck schemas:

BuccalMucosa
 EpiglottisAnterior
 FloorMouth
 GumLower
 GumOther
 GumUpper
 Hypopharynx
 LarynxGlottic
 LarynxOther
 LarynxSubglottic
 LarynxSupraglottic
 LipLower
 LipOther
 LipUpper
 MiddleEar
 MouthOther
 NasalCavity
 Nasopharynx
 Oropharynx
 PalateHard
 PalateSoft
 ParotidGland

CS SSF 9, Surgery, HeadNeck Schemas (CS)

PharyngealTonsil
 PharynxOther
 SalivaryGlandOther
 SinusEthmoid
 SinusMaxillary
 SinusOther
 SubmandibularGland
 TongueAnterior
 TongueBase

MelanomaBuccalMucosa
 MelanomaEpiglottisAnterior
 MelanomaFloorMouth
 MelanomaGumLower
 MelanomaGumOther
 MelanomaGumUpper
 MelanomaHypopharynx
 MelanomaLarynxGlottic
 MelanomaLarynxOther
 MelanomaLarynxSubglottic
 MelanomaLarynxSupraglottic
 MelanomaLipUpper
 MelanomaLipLower
 MelanomaLipOther
 MelanomaMouthOther
 MelanomaNasalCavity
 MelanomaNasopharynx
 MelanomaOropharynx
 MelanomaPalateHard
 MelanomaPalateSoft
 MelanomaPharynxOther
 MelanomaSinusEthmoid
 MelanomaSinusMaxillary
 MelanomaSinusOther
 MelanomaTongueAnterior
 MelanomaTongueBase

If RX Summ--Scope Reg LN Sur = 0 (none), then CS Site-Specific Factor 9 must = 998 or 999

If CS Version Input Original is 020500 or higher:

If RX Summ--Scope Reg LN Sur = 1 (biopsy or aspiration of regional lymph nodes), then CS Site-Specific Factor 9 must = 998 or 999

Administrative Notes

NAACCR v16

- new edit for v16
- SEER IF558

Modifications

NAACCR v18

- Name changed, (CS) added at end

CS SSF 9, Surgery, MelanomaChor/Cil/Iris (CS)

CS SSF 9, Surgery, MelanomaChor/Cil/Iris (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

*Edit Tag N1779***Description**

For cases coded using the MelanomaChoroid, MelanomaCiliaryBody and MelanomaIris schemas, if CS SSF 9 (mitotic count) indicates no histologic specimen from primary site, then RX Summ--Surg Prim Site must not indicate that a specimen was sent to pathology.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 9 is blank or 988
2. RX Summ--Surg Prim Site is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

If schema is MelanomaChoroid, MelanomaCiliaryBody or MelanomaIris:

If CS Site-Specific Factor 9 = 998 (no histologic specimen from primary site)
THEN

RX Summ--Surg Prim Site must = 00-19 (codes indicating no surgery
of primary site or no specimen sent to pathology from surgical event)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v13A metafile.

In the SEER*Edits software, the title of this edit is: IF455

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS TS/Ext Eval, Surg/Rad Seq, Prostate (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1578***Description**

This edit verifies that for cases coded using the CS Prostate schema, if CS Tumor Size/Ext Eval indicates prostatectomy performed WITHOUT pre-surgical systemic

CS TS/Ext Eval, Surgery, Bladder Schema (CS)

treatment or radiation, then the surgery/radiation sequence field must NOT indicate radiation given before surgery.

If CS schema is Prostate:

If CS Tumor Size/Ext Eval = 4 (prostatectomy performed WITHOUT pre-surgical systemic treatment or radiation), then RX Summ--Surg/Rad Seq must not = 2 or 4 (radiation given before surgery)

This edit is skipped if any of the following conditions is true:

1. CS Tumor Size/Ext Eval is empty
2. RX Summ--Surg/Rad Seq is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS Schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF392

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Extra space removed from edit name

CS TS/Ext Eval, Surgery, Bladder Schema (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

Edit Tag N1027

Description

The purpose of this edit is to verify that, for cases coded using the CS Bladder schema, the CS Tumor Size/Ext Eval code is correct for surgeries which do not meet the pathologic staging criteria. An exception is made for CS Extension codes mapping to the highest T category which may be pathologically evaluated (CS Tumor Size/Ext Eval code 3) without primary site resection.

This edit is skipped if any of the following conditions is true:

1. CS Tumor Size/Ext Eval is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type

CS TS/Ext Eval, Surgery, Prostate Schema (CS)

ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For cases coded using the Bladder:

If RX Summ--Surg Prim Site = 10-27:

1. If CS Extension = 700-805 (CS Extension codes mapping to the highest T category which may be pathologically evaluated), then CS Tumor Size/Ext Eval must not = 5, 6 or 8.
2. For all other CS Extension codes, CS Tumor Size/Ext Eval must not = 3, 5, 6 or 8.

Administrative Notes

New edit - added to NAACCR v11.3A metafile.

In the SEER*Edits software, the title of this edit is: IF211

Modifications:

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.

NAACCR v12.2A:

- Edit modified: "If RX Summ--Surg Prim Site = 10-27, then the CS Tumor Size/Ext Eval must not = 3, 5, 6, or 8" changed to: "If RX Summ--Surg Prim Site = 10-27 and CS Extension = 700-805, then the CS Tumor Size/Ext Eval must not = 5, 6, or 8".

- New error message (4889) added.

NAACCR v13:

- Added logic: If RX Summ--Surg Prim Site = 10-27 and CS Extension not = 700-805, then CS Tumor Size/Ext Eval must not = 3, 5, 6 or 8".

- New error message (4897) added.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS TS/Ext Eval, Surgery, Prostate Schema (CS)

Agency: CS

Last changed: 06/19/2022 14:01:32

Edit Tag N0898

Description

For cases using the CS Prostate schema:

1. If RX Summ--Surg Prim Site = 22 (TURP, cancer is incidental finding during surgery for benign disease), then the CS Tumor Size/Ext Eval should be coded as 1 (No prostatectomy done. Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive Techs including surgical observation without biopsy) or 2 (No prostatectomy done, but positive biopsy of extraprostatic tissue allows assignment to CS Extension Codes 410-700); otherwise if only a TURP is performed (RX Summ--Surg Prim Site = 19-26), then the CS Tumor Size/Ext Eval should be coded as 0 [No prostatectomy done. Evaluation

CS TS/Ext Eval, Surgery, Prostate Schema (CS)

based on physical examination including digital rectal examination (DRE), imaging examination, or other non-invasive clinical evidence. No autopsy evidence used], 1 or 2.

2. If CS Tumor Size/Ext Eval = 4 (prostatectomy performed WITHOUT pre-surgical systemic treatment or radiation), 5 (prostatectomy performed AFTER neoadjuvant therapy and tumor size/extension based on clinical evidence), or 6 (prostatectomy performed AFTER neoadjuvant therapy and tumor size/extension based on pathologic evidence), then RX Summ--Summ--Surg Prim Site must = 30-80 (prostatectomy performed).

The logic is:

If schema is Prostate schema:

1. If RX Summ--Surg Prim Site = 22, then
CS Tumor Size/Ext Eval must = 1 or 2.

Otherwise:

If RX Summ--Surg Prim Site = 19-26, then
CS Tumor Size/Ext Eval must = 0, 1, or 2.

2. If Tumor Size/Ext Eval = 4, 5, or 6 (prostatectomy performed) then
RX Summ--Surg Prim Site must = 30-80

This edit is skipped if any of the following conditions is true:

1. CS Tumor Size/Ext Eval is empty.
2. RX Summ--Surg Prim Site is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF196

Modifications:

NAACCR v11.1A

05/07

1. The RX Summ--Surg Prim Site range requiring CS Tumor Size/Ext Eval of 1 was changed from 19-26 to 19-30.
2. Additional code was added to require CS Tumor Size/Ext Eval of 0 or 1 for RX Summ--Surg Prim Site code of 18.

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

11/2007

EditWriter 5

411

05/01/2023 02:04 PM

CS TS/Ext Eval, Sys/Surg Seq, Prostate (CS)

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.
- Changed the range of surgery codes for "only TURP is performed" from 19-30 to 19-26; code 30 is not included because it indicates "subtotal, segmental, or simple prostatectomy, which may leave all or part of the capsule intact", which can be pathologic under rare circumstances.
- Deleted logic that requires CS Tumor Size/Ext Eval of 0 or 1 (no surgical resection done) for surgery code of 18 (local tumor destruction or excision, NOS); this is because surgery code 18 could plausibly involve a simple prostatectomy.

NAACCR v11.3A

11/2008

- Added "2" to CS Tumor Size/Ext Eval codes allowed if RX Summ--Surg Prim Site = 19-26.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll
- Modified edit to allow CS Tumor Size/Ext Eval of 1 and 2 for RX Summ--Surg Prim Site of 22; allow CS Tumor Size/Ext Eval of 0, 1, and 2 for RX Summ--Surg Prim Site of 19-21, 23-26

NAACCR v12.2:

- Added: If CS Tumor Size/Ext Eval = 4, 5, or 6, then RX Summ--Summ--Surg Prim Site must = 30-80

NAACCR v12.2C:

- Error message corrected

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS TS/Ext Eval, Sys/Surg Seq, Prostate (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1579

Description

This edit verifies that for cases coded using the CS Prostate schema, if CS Tumor Size/Ext Eval indicates prostatectomy performed WITHOUT pre-surgical systemic treatment or radiation, then the systemic therapy/surgery sequence field must NOT indicate systemic therapy given before surgery.

If CS schema is Prostate:

If CS Tumor Size/Ext Eval = 4 (prostatectomy performed WITHOUT pre-surgical systemic treatment or radiation), then RX Summ--Systemic/Sur Seq must not = 2 or 4 (systemic therapy given before surgery)

This edit is skipped if any of the following conditions is true:

1. CS Tumor Size/Ext Eval is empty
2. RX Summ--Systemic/Sur Seq is empty

CS Tumor Size (CS)

3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS Schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Administrative Notes

New edit - added to NAACCR v12.2 metafile.

In the SEER*Edits software, the title of this edit is: IF393

Modifications:**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Extra space removed from edit name

CS Tumor Size (CS)

Agency: CS

Last changed: 09/28/2003

Edit Tag N0655

Description

Must be a valid three-digit number (000-999) or blank.

CS Tumor Size, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1178

Description

This edit verifies that CS Tumor Size is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Tumor Size, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Tumor Size is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

CS Tumor Size, Site, Histol ICDO3 (CS)***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.
Replaces 'CS Tumor Size, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER*Edits software, the title of this edit is: IF226

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Tumor Size, Site, Histol ICDO3 (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N0719

Description

This edit is skipped if any of the following conditions is true:

1. CS Tumor Size is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For cases coded using the Colon or Rectum schemas:

- If CS Tumor Size = 998, then Histologic Type ICD-O-3 must = 8220 or 8221.
- If Histologic Type ICD-O-3 = 8220 or 8221, then CS Tumor Size must = 998

For cases coded using the IllDefinedOther schema:

- If Primary Site = Unknown Primary Site (C809), then CS Tumor Size must = 999.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF136

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Added:- If Histologic Type ICD-O-3 = 8220 or 8221, then CS Tumor Size must = 998

CS Tumor Size, SSF 1, MelanomaConjunctiva (CS)

NAACCR v12C

- Added closing brace "}" to edit logic. (The missing closing brace could make the logical output unpredictable.)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Tumor Size, SSF 1, MelanomaConjunctiva (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N0684***Description**

This edit is skipped if any of the following conditions is true:

1. CS Tumor Size is empty
2. CS Site-Specific Factor 1 is empty.
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).
4. CS schema is invalid

If schema is MelanomaConjunctiva:

If CS Tumor Size = 000 then, CS Site-Specific Factor 1 must = 000 and vice versa.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF137

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Edit name changed from "CS Tumor Size, SSF 1, Malign Melanoma Schemas (CS)" to "CS Tumor Size, SSF 1, MelanomaConjunctiva(CS)".

- Changed to apply only to MelanomaConjunctiva schema.

- Modified to get schema name from function call to CS dll.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Extra space removed from edit name

CS Tumor Size/Ext Eval (CS)

CS Tumor Size/Ext Eval (CS)

Agency: CS

Last changed: 10/08/2003

Edit Tag N0659*Description*

Must be a valid CS Tumor Size/Ext Eval code (0-6,8,9) or blank.

CS Tumor Size/Ext Eval, Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1177*Description*

This edit verifies that CS Tumor Size/Ext Eval is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Tumor Size/Ext Eval, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Tumor Size/Ext Eval is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS TS/Ext Eval, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER*Edits software, the title of this edit is: IF228

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

CS Validate Schema (CS)

Agency: CS

Last changed: 05/20/2018 15:37:08

Edit Tag N1317*Description*

The purpose of this edit is to verify that the schema is a valid CS schema.

This edit must be included in the edit sets for each standard setter since most other CS edits

CS Verify CStage Version 0205xx (CS)

will be skipped if the schema is invalid.

This edit is skipped if any of the following conditions is true:

1. Primary Site is empty.
2. Histologic Type ICD-O-3 is empty
3. Year of Date of Diagnosis is empty, invalid, less than 2004, or greater than 2017

This edit determines the CS schema by doing a function call to the CS Dynamic Link Library (dll).

The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25

(schema discriminator) to the dll. An error is generated if the schema is not found, or if CS

Site-Specific Factor 25 is blank or coded 988 when the schema discriminator (CS SSF 25) is

required to select the correct schema.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Name changed, extra space removed
- Description, logic modified to skip if diagnosis year > 2017
- Failure on invalid diagnosis date changed to skip

CS Verify CStage Version 0205xx (CS)

Agency: CS

Last changed: 05/16/2018 23:46:32

Edit Tag N1800

Description

The purpose of this edit is to ensure that the correct CStage DLL is being used for this metafile.

The first four digits of the CS version returned from a function call to the CStage DLL must =

'0205' for this metafile.

This edit is skipped for diagnosis date > 2017, blank, or invalid.

CS Version Derived (CS)***Administrative Notes***

New edit - added to NAACCR v14 metafile.

In the SEER*Edits software, the title of this edit is: IF394

NAACCR v18

- Added skip for diagnosis year > 2017, blank, or invalid.

CS Version Derived (CS)

Agency: CS

Last changed: 08/14/2013

Edit Tag N0695

Description

CS Version Derived must be a six-digit number or blank.

If not blank, the first four digits must = 0205.

CS Version Derived must also be less than or equal to the CS version that is returned from a function call to the CS DLL. (The most current CS DLL always contains the most current CS version number.)

Administrative Notes

Modifications:

NACR110C

09/06/06

The code "0103" was added to the list of allowable values.

NAACCR v11.2

11/07

The code "0104" was added to the list of allowable values.

NAACCR v12.0

- Edit name changed from "CS Version Latest (CS)" to "CS Version Derived (CS)".

- Edit updated to only allow '02' in first two digits. (All earlier versions should have been converted to CSV02.) CS Version Derived must also be less than or equal to the current CS version. A function call to the CS dll is performed to get the most current CS version.

NAACCR v12.1

- Edit updated to correspond to the CSV0203 requirements.

NAACCR v12.2

- Edit updated to correspond to the CSV0204 requirements.

NAACCR v14

- Edit updated to correspond to the CSV0205 requirements.

CS Version Input Current (CS)

CS Version Input Current (CS)

Agency: CS

Last changed: 10/08/2013

*Edit Tag N1212***Description**

Must be a six-digit number or blank.

If not blank, the full six-digit number must be one of the following numbers:

020550 or higher (see next paragraph)

020540

020530

020520

020510

CS Version Input Current must also be less than or equal to the CS version that is returned from a function call to the CS DLL. (The most current CS DLL always contains the most current CS version number.)

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 requirements.

NAACCR v12.2

- Edit updated to correspond to the CSV0204 requirements.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll"

- List of allowable codes updated

CS Version Input Current, CS Version Derived (CS)

Agency: CS

Last changed: 05/28/2010

*Edit Tag N1214***Description**

This edit is skipped if either field is blank.

CS Version Derived must be greater than or equal to CS Version Input Current.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF266

CS Version Input Current, Date of Diagnosis (GCCS)

CS Version Input Current, Date of Diagnosis (GCCS)

Agency: GCCS

Last changed: 03/15/2018 11:13:59

Edit Tag GA010

Description

The purpose of this edit is to verify that CS Version Input Current is entered (not blank) for cases diagnosed 2016 and 2017.

This edit is skipped if:

1. Year of Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS Schema is invalid

If year of Date of Diagnosis is 2016 or 2017, then CS Version Input Current cannot be blank.

CS Version Input Original (CS)

Agency: CS

Last changed: 10/07/2013

Edit Tag N0696

Description

Must be a six-digit number or blank.

If not blank, the full six-digit number must be one of the following numbers:

020550 or higher (see next paragraph)

020440
020302
020200
020100
020001
010401
010400
010300
010200
010100
010005
010004
010003
010002
010000
000937

If the first 4 digits are 0205, then the full six-digit number must be greater than or equal to 020550. Codes less than 020550 are either reserved for converted cases or invalid and are never used in CS Version Input Original.

CS Version Input Original must also be less than or equal to the CS version that is returned from a function call to the CS DLL. (The most current CS DLL always contains the most current CS version number.)

CS Version Input Original, CS Version Derived (CS)***Administrative Notes***

Modifications:

NACR110C

09/06/06

The code "0103" was added to the list of allowable values.

NAACCR v11.2

11/07

The code "0104" was added to the list of allowable values.

NAACCR v12.0

- Edit name changed from "CS Version 1st (CS)" to "CS Version Input Original (CS)".

- - Edit updated to only allow '01' or '02' in first two digits or full number of '000937' (trial version). CS Version Input Original must also be less than or equal to the current CS version. A function call to the CS dll is performed to get the most current CS version.

NAACCR v12.1

- Edit updated to correspond to the CSV0203 requirements.

NAACCR v12.2

- Edit updated to correspond to the CSV0204 requirements.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll"

- List of allowable codes updated

CS Version Input Original, CS Version Derived (CS)**Agency: CS****Last changed: 02/02/2010*****Edit Tag N0774******Description***

This edit is skipped if either field is blank.

CS Version Derived must be greater than or equal to CS Version Input Original.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF145

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

CS Version Input Original, Version Input Curr (CS)

-- Edit name changed from "CS Version 1st, CS Version Latest (CS)" to "CS Version Input Original, CS Version Derived (CS)".

CS Version Input Original, Version Input Curr (CS)

Agency: CS

Last changed: 05/28/2010

Edit Tag N1213

Description

This edit is skipped if either field is blank.

CS Version Input Current must be greater than or equal to CS Version Input Original.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF268

CS Version Input Original, Date of Diagnosis (GCCS)

Agency: GCCS

Last changed: 03/15/2018 11:31:22

Edit Tag GA011

Description

The purpose of this edit is to verify that CS Version Input Original is entered (not blank) for cases diagnosed 2016 and 2017.

This edit is skipped if:

1. Year of Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS Schema is invalid

If year of Date of Diagnosis is 2016 or 2017, then CS Version Input Original cannot be blank.

Date 1st Crs RX COC (COC)

Agency: COC

Last changed: 11/15/2012

Edit Tag N0157

Description

This edit is skipped if Date 1st Crs RX COC is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD). Month and day must have leading zeros for values 01...09.

Date 1st Crs RX COC, Date of Diagnosis (COC)

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
 CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
 CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'Date of 1st Crs RX--COC (COC)' to 'Date 1st Crs RX COC (COC)'.

- Data item name changed from 'Date of 1st Crs RX--COC' to 'Date 1st Crs RX COC'.

Date 1st Crs RX COC, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/15/2012

Edit Tag N0199

Description

This edit is skipped if Date 1st Crs RX COC or Date of Diagnosis is blank.

Date 1st Crs RX COC must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'Date of 1st Crs RX--COC, Date of DX (COC)' to 'Date 1st Crs RX COC, Date of Diagnosis (COC)'.

- Data item name changed from 'Date of 1st Crs RX--COC' to 'Date 1st Crs RX COC'.

Date 1st Crs RX COC, Date of Last Contact (COC)

Date 1st Crs RX COC, Date of Last Contact (COC)

Agency: COC

Last changed: 11/15/2012

Edit Tag N0200

Description

This edit is skipped if Date 1st Crs RX COC or Date of Last Contact is blank.

Date of Last Contact (also referred to as Date of Last Follow-Up or of Death) must be greater than or equal to Date 1st Crs RX COC. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'Date of 1st Crs RX--COC, Date Last Contact (COC)' to 'Date 1st Crs RX COC, Date of Last Contact (COC)'.

- Data item name changed from 'Date of 1st Crs RX--COC' to 'Date 1st Crs RX COC'.

Date 1st Crs RX COC, Dates of RX (COC)

Agency: COC

Last changed: 05/30/2020 11:38:43

Edit Tag N1348

Description

The Date 1st Crs RX COC is compared to the following treatment modality dates:

- RX Date Surgery
- RX Date Radiation
- RX Date Systemic
- RX Date Other

1. The edit is skipped for any of the following conditions:

- a. Date 1st Crs RX COC is blank
- b. RX Date Surgery, RX Date Radiation, RX Date Systemic, and RX Date Other are all blank

5. Date 1st Crs RX COC must equal the earliest non-blank treatment modality date.

Administrative Notes

Modifications:

NACR110C

EditWriter 5

424

05/01/2023 02:04 PM

Date Case Initiated (NAACCR)

07/13/06

Edit description was modified.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12B

- Corrected typo in description: change "ar" to "are"

NAACCR v13

- Edit name changed from 'Date of 1st Crs RX--COC, Dates of RX (COC)' to 'Date 1st Crs RX COC, Dates of RX (COC)'.

- Data item names changed:

from 'Date of 1st Crs RX--COC' to 'Date 1st Crs RX COC'

from 'Date of 1st Crs RX Flag' to 'Date 1st Crs RX COC Flag'

from 'RX Date--Other' to 'RX Date Other'

from 'RX Date--Other Flag' to 'RX Date Other Flag'

from 'RX Date--Radiation' to 'RX Date Radiation'

from 'RX Date--Radiation Flag' to 'RX Date Radiation Flag'

from 'RX Date--Surgery' to 'RX Date Surgery'

from 'RX Date--Surgery Flag' to 'RX Date Surgery Flag'

from 'RX Date--Systemic' to 'RX Date Systemic'

NAACCR v15

- Added code 15 to list of RX Date Other Flag codes indicating no treatment or treatment planned, not yet given

NAACCR v21

Description, logic updated, date flags removed. Edit skipped if Date of 1st Crs RX COC blank, all treatment dates blank; edit checks

valid dates, Date of 1st Crs COC - earliest nonblank treatment date

Date Case Initiated (NAACCR)**Agency: NAACCR****Last changed: 01/25/2010****Edit Tag N1135****Description**

This edit is skipped if Date Case Initiated is blank.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.

CCYYMM__ Century+Year and Month. Day consists of two blank spaces.

CCYY____ Century+Year. Month and Day consist of four blank spaces.

Date Initial RX SEER (NAACCR)

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Date Initial RX SEER (NAACCR)

Agency: NAACCR

Last changed: 11/15/2012

Edit Tag N0075

Description

This edit is skipped if Date Initial RX SEER is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).

Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.

CCYYMM__ Century+Year and Month. Day consists of two blank spaces.

CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'Date of Initial RX--SEER (NAACCR)' to 'Date Initial RX SEER (NAACCR)'

- Data item names changed:

from 'Date of Initial RX--SEER to 'Date Initial RX SEER'

Date Initial RX SEER, Date Last Cont (NAACCR IF35)

Date Initial RX SEER, Date Last Cont (NAACCR IF35)

Agency: NAACCR

Last changed: 04/09/2018 19:55:20

Edit Tag N0096

Description

This edit is skipped if any of the following conditions is true:

1. Date Initial RX SEER is blank
2. Date of Last Contact is blank.
3. If Registry ID = 0000001544 (New Jersey) and year of Date of Diagnosis is < 2000

Date Initial RX SEER must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF35

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Modified to skip if Registry ID = 0000001544 (New Jersey) and year of Date of Diagnosis is less than 2000.

NAACCR v13

- Edit name changed from 'Date of Init RX--SEER, Date Last Cont(NAACCR IF35)' to 'Date Initial RX SEER, Date Last Cont(NAACCR

IF35)'

- Data item names changed:

from 'Date of Initial RX--SEER' to 'Date Initial RX SEER'

NAACCR v18

- Name changed, space before (NAACCR IF35)

Date Initial RX SEER, Date of DX (NAACCR IF18)

Agency: NAACCR

Last changed: 02/07/2018 22:11:11

Edit Tag N0095

Description

This edit is skipped if any of the following conditions is true:

1. Date Initial RX SEER is blank

Date Initial RX SEER, Dates of RX (GCCS)

2. Date of Diagnosis is blank.
3. If Registry ID = 0000001544 (New Jersey) and year of Date of Diagnosis is < 2000

Date Initial RX SEER must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Modified to skip if Registry ID = 0000001544 (New Jersey) and year of Date of Diagnosis is less than 2000.

NAACCR v13

- Edit name changed from 'Date of Init RX--SEER, Date of DX (NAACCR IF18)' to 'Date Initial RX SEER, Date of DX (NAACCR IF18)'.
 - Data item names changed:
 - from 'Date of Initial RX--SEER' to 'Date Initial RX SEER'

Date Initial RX SEER, Dates of RX (GCCS)

Agency: GCCS

Last changed: 09/13/2022 10:32:04

Edit Tag GA012

Description

The Date Initial RX SEER is compared to the following treatment modality dates:

- RX Date Surgery
- RX Date Radiation
- RX Date Systemic
- RX Date Other

1. The edit is skipped for any of the following conditions:
 - a. Date Initial RX SEER is blank
 - b. RX Date Surgery, RX Date Radiation, RX Date Systemic, and RX Date Other are all blank

2. Date Initial RX SEER must equal the earliest non-blank treatment modality date.

Date of 1st Contact (COC)

Agency: COC

Last changed: 09/28/2009

Edit Tag N0542

Date of Birth (NAACCR)

Description

This edit is skipped if Date of 1st Contact is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD). Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Date of Birth (NAACCR)

Agency: NAACCR

Last changed: 09/28/2009

Edit Tag N1034

Description

This edit is skipped if Date of Birth is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD). Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

Date of Birth, Date of Diagnosis (NAACCR IF47)

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Edit name changed from "Birth Date (NAACCR DATEEDIT)" to "Date of Birth (NAACCR)" because data item "Birth Date" changed to "Date of Birth"
- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Date of Birth, Date of Diagnosis (NAACCR IF47)

Agency: NAACCR

Last changed: 02/04/2023 10:47:09

Edit Tag N1048

Description

This edit verifies that Birth Date is not later than Date of Diagnosis unless the case was diagnosed in utero.

Otherwise, Birth Date must not be later than Date of Diagnosis. If either year is blank (unknown), the edit is skipped. If either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

If Birth Date is later than Date of Diagnosis, the difference in months is calculated. If the difference is no more than 7 full months AND the Over-ride Age/Site/Morph code is 2 or 3, no further checking is done. (Over-ride Age/Site/Morph may be set to 2 or 3 to indicate a case has been diagnosed in utero.)

Note:

Codes '2' and '3' have been added to the list of Over-ride Age/Site/Morph codes in the NAACCR v11.3 metafile. The code definitions are:

1 = Reviewed: An unusual occurrence of a particular age/site/histology combination for a given age group has been reviewed

2 = Reviewed: Case was diagnosed in utero.

3 = Reviewed: Conditions 1 and 2 above both apply

Blank = Not reviewed or reviewed and corrected

Administrative Notes

NAACCR v11.3

6/2008

If the Over-ride Age/Site/Morph code is 2 or 3, the edit is skipped.

(Over-ride Age/Site/Morph may be set to 2 or 3 to indicate a case has been diagnosed in utero.)

Note:

Over-ride Age/Site/Morph codes:

1 = Reviewed: An unusual occurrence of a particular age/site/histology combination for a given age group has been reviewed

2 = Reviewed: Case was diagnosed in utero.

3 = Reviewed: Conditions 1 and 2 above both apply

Blank = Not reviewed or reviewed and corrected

Date of Birth, Required (NPCR)

NAACCR v11.3A

1/2009

- Modified to check: If Birth Date is later than Date of Diagnosis, the difference in months is calculated. If the difference

is no more than 7 full months AND the Over-ride

Age/Site/Morph code is 2 or 3, no further checking is done.(Over-ride Age/Site/Morph may be set to 2 or 3 to indicate a

case has been diagnosed in utero.)

NAACCR v12.0

- Edit name changed from 'Birth Date, Date of Diagnosis (NAACCR IF47)' to 'Date of Birth, Date of Diagnosis (NAACCR

IF47)'.
- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v23A

- Logic corrected, removed from function check_InUtero(), "If (dx_year >= birth_year)", and "else months diff = MONTHDIFF_IOP(#S"Date of Birth", "#S"Date of Diagnosis", DT_MIN);"

Date of Birth, Required (NPCR)

Agency: NPCR

Last changed: 03/13/2023 18:35:10

Edit Tag N6895

Description

The purpose of this edit is to require Date of Birth to be completed.

This edit is skipped for Date of Diagnosis blank (unknown), invalid, or before 2023.

This edit requires Date of Birth; that is, it must always be populated.

Administrative Notes

New edit - NAACCR v23A metafile.

Date of Diagnosis (NAACCR DATEEDIT)

Agency: NAACCR

Last changed: 09/28/2009

Date of Diagnosis, NAACCR_230 (GCCS)**Edit Tag N0021****Description**

This edit is skipped if Date of Diagnosis is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Date of Diagnosis, NAACCR_230 (GCCS)

Agency: GCCS

Last changed: 09/08/2022 08:14:24

Edit Tag GA013**Description**

This edit checks the year of Date of Diagnosis against the data item NAACCR Record Version. This edit limits submission of cases for state reporting to diagnosis year 2023 and earlier.

For NAACCR Version 23, the value of NAACCR Record Version = 230. An error is generated if the diagnosis year is greater than 2023 and NAACCR Record Version = 230.

This edit is skipped if Date of Diagnosis is blank.

Date of Diagnosis, Required (GCCS)

Agency: GCCS

Last changed: 09/26/2022 16:10:50

Date of Last Cancer (tumor) Status (COC)*Edit Tag GA001***Description**

This edit is skipped if Class of Case is 30-38, 40-43, 49, 99.

The purpose of this edit is to require Date of Diagnosis to be completed.

Administrative Notes

9/26/22 This is a state-specific version of the edit "Date of Diagnosis, Required" that allows the edit to skip for cases with Class of Case 30-38, 40-43, 49, 99.

Date of Last Cancer (tumor) Status (COC)

Agency: COC

Last changed: 02/28/2018 20:50:24

*Edit Tag N2524***Description**

This data item documents the date of last cancer (tumor) status of the patient's malignant or non-malignant tumor.

This data item may be blank. Another edit checks that the item is recorded according to standard setter requirements by date and class of case.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD). Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD	Century+Year, Month and Day are provided.
CCYYMM	Century+Year and Month. Day consists of two blank spaces.
CCYY	Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)
 Highest allowed value: current system date
 When month is known, it is checked to ensure it falls within range 01...12.
 When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Date of Last Cancer (tumor) Status, Date Last Contact (COC)***Administrative Notes***

New edit - NAACCR v18 metafile

Date of Last Cancer (tumor) Status, Date Last Contact (COC)

Agency: COC

Last changed: 02/28/2018 20:50:48

Edit Tag N2528

Description

This edit is skipped if either Date of Last Cancer (tumor) Status or Date Last Contact is blank or invalid.

Date of Last Cancer (tumor) Status must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - NAACCR v18 metafile

Date of Last Cancer (tumor) Status, Date of Diagnosis (COC)

Agency: COC

Last changed: 02/28/2018 20:51:15

Edit Tag N2529

Description

This edit is skipped if either Date of Last Cancer (tumor) Status or Date of Diagnosis is blank or invalid.

Date of Last Cancer (tumor) Status must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - NAACCR v18 metafile

Date of Last Cancer (tumor) Status, Recurrence Date--1st (COC)

Agency: COC

Last changed: 02/28/2018 20:52:11

Date of Last Contact (NAACCR DATEEDIT)**Edit Tag N2606****Description**

This edit is skipped if either Date of Last Cancer Status or Recurrence Date--1st is blank or invalid.

Date of Last Cancer Status must be greater than or equal to Recurrence Date--1st. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - NAACCR v18 metafile

Date of Last Contact (NAACCR DATEEDIT)

Agency: NAACCR

Last changed: 05/17/2020 13:38:34

Edit Tag N0022**Description**

This edit is skipped if Date of Last Contact is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD). Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
 CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
 CCYY____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Date of Last Contact, Date of Diag (NAACCR IF19)

Agency: NAACCR

Last changed: 07/29/2017 16:39:09

Date of Last Contact, Required (NAACCR)**Edit Tag N0024****Description**

This edit is skipped if Date of Last Contact or Date of Diagnosis is blank.

Date of Last Contact must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v18

- Name changed, "." removed

Date of Last Contact, Required (NAACCR)

Agency: NAACCR

Last changed: 08/11/2022 19:13:04

Edit Tag N6733**Description**

The purpose of this edit is to require Date of Last Contact to be completed. Prior to 2023 an unknown Date of Last Contact was accepted with the Date of Last Contact Flag field coded as 12. This edit extends to all reported cases for 2004 and forward.

This edit is skipped if Date of Diagnosis blank (unknown), invalid, or before 2004.

This edit requires Date of Last Contact; that is, it must always be populated.

Administrative Notes

New edit - NAACCR v23 metafile.

This edit differs from the NPCR edit of the same name in requiring Date of Last Contact for all cases from 2004 forward.

Date of Sentinel Lymph Node Biopsy (COC)

Agency: COC

Last changed: 05/14/2022 10:17:56

Date of Sentinel Lymph Node Biopsy, Date DX (SEER)**Edit Tag N2512****Description**

This data item records the date of the sentinel lymph node(s) biopsy procedure. The item is collected for Melanoma of Skin and Breast cases only (Schema IDs 00470 and 00480).

This edit checks for valid date only. Other edits check that the item is recorded according to standard setter requirements by date of diagnosis and primary site.

The data item may be blank.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD). Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v23

- Description modified, reference to date flag removed

Date of Sentinel Lymph Node Biopsy, Date DX (SEER)

Agency: SEER

Last changed: 05/14/2022 09:46:26

Edit Tag N3970**Description**

The edit verifies that the date of sentinel lymph node biopsy is not recorded for date of diagnoses before 2018.

The edit is skipped for

Date of Sentinel Lymph Node Biopsy, Date Last Contact (COC)

- a. Blank or invalid date of diagnosis.
 - b. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - c. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
1. If the year of Date of Diagnosis is before 2018, then Date of Sentinel Lymph Node Biopsy must be blank.

Administrative Notes

New edit - NAACCR v18 metafile

This edit differs from the CoC edit of the same name in not requiring the date and flag fields to be blank if the Schema ID is not 00470 or 00480.

Modifications

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021 NAACCR v18A metafile
- Item name Date Sentinel Lymph Node Biopsy Flag changed to Date of Sentinel Lymph Node Biopsy Flag in edit description, logic

NAACCR v18C metafile

- Note added about difference from CoC edit

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2019

NAACCR v23

- Description, logic updated, date flag removed. The edit checks that the data item is blank before 2018. Requirement for Schema IDs 00470 and 00480 removed.
- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021
- Name changed from Date of Sentinel Lymph Node Biopsy, Schema ID, Date DX (SEER)

Date of Sentinel Lymph Node Biopsy, Date Last Contact (COC)

Agency: COC

Last changed: 02/28/2018 20:41:17

Edit Tag N2516

Description

This edit is skipped if either Date of Sentinel Lymph Biopsy or Date of Last Contact is blank or invalid.

Date of Sentinel Lymph Node Biopsy, Date of Diagnosis (COC)

Date of Sentinel Lymph Node Biopsy must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - NAACCR v18 metafile

Date of Sentinel Lymph Node Biopsy, Date of Diagnosis (COC)

Agency: COC

Last changed: 02/23/2018 20:21:51

Edit Tag N2517

Description

This edit is skipped if Date of Sentinel Lymph Node Biopsy or Date of Diagnosis is blank or invalid.

Date of Sentinel Lymph Node Biopsy must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - NAACCR v18 metafile

Date of SLN Biopsy, Date RLN Dissection (NAACCR)

Agency: NAACCR

Last changed: 03/01/2023 08:05:19

Edit Tag N6840

Description

1. This edit is skipped for any of the following conditions:
 - a. Schema ID is not 00470 (Melanoma of Skin) or 00480 (Breast)
 - b. Date of diagnosis is pre2023, blank (unknown), or invalid.
 - c. Date of Sentinel Lymph Node Biopsy is blank
 - d. Date Regional Lymph Node Dissection is blank
 - d. RX Summ--Scope Reg LN Sur is blank
 - e. Type of Reporting Source = 7 (death certificate only)
2. If Date of Sentinel Node Biopsy and Date Regional Lymph Node Dissection are not the same
RX Summ--Scope Reg LN Sur must = 7 (sentinel node biopsy and regional nodes removed at different times)

Date Regional Lymph Node Dissection (COC)

3. If Date of Sentinel Node Biopsy and Date Regional Lymph Node Dissection are the same,

RX Summ--Scope Reg LN Sur must = 6 (sentinel node biopsy and regional nodes removed at the same time)

STORE Manual: This data item documents the date of sentinel node biopsy; do not record the date of lymph node aspiration, fine needle aspiration, fine needle aspiration biopsy, core needle biopsy, or core biopsy.

Administrative Notes

New edit - NAACCR v23 metafile

Modifications

NAACCR v23A

- Description updated, statement 2, "If Date of Sentinel Node Biopsy and Date Regional Lymph Node Dissection are the same", changed to "are not the same".

Date Regional Lymph Node Dissection (COC)

Agency: COC

Last changed: 05/14/2022 10:17:48

Edit Tag N2518

Description

This data item records the date non-sentinel regional node dissection was performed. This data item is collected for all cases.

This edit checks for valid date only. Other edits check that the item is recorded according to standard setter requirements by date of diagnosis.

The data item may be blank.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD). Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD	Century+Year, Month and Day are provided.
CCYYMM	Century+Year and Month. Day consists of two blank spaces.
CCYY	Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Date Regional Lymph Node Dissection, Date Last Contact (COC)

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v23

- Description modified, reference to date flag removed

Date Regional Lymph Node Dissection, Date Last Contact (COC)

Agency: COC

Last changed: 02/28/2018 20:49:12

Edit Tag N2522

Description

This edit is skipped if Date Regional Lymph Node Dissection or Date Last Contact is blank or invalid.

Date Regional Lymph Node Dissection must be less than or equal to Date of Last contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - NAACCR v18 metafile

Date Regional Lymph Node Dissection, Date of Diagnosis (COC)

Agency: COC

Last changed: 02/23/2018 20:46:35

Edit Tag N2523

Description

This edit is skipped if Date Regional Lymph Node Dissection or Date of Diagnosis is blank or invalid.

Date Regional Lymph Node Dissection, RX Date Surgery (NAACCR)

Date Regional Lymph Node Dissection must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - NAACCR v18 metafile

Date Regional Lymph Node Dissection, RX Date Surgery (NAACCR)

Agency: NAACCR

Last changed: 04/03/2019 14:28:04

Edit Tag N4210

Description

This edit is skipped for any of the following:

- a. Date Regional Lymph Node Dissection is blank (unknown) or invalid
- b. RX Date Surgery is blank (unknown) or invalid.
- c. Date of Diagnosis before 2019

Date Regional Lymph Node Dissection must be greater than or equal to RX Date Surgery. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - NAACCR v18C metafile

Date Regional Lymph Node Dissection, Scope Nodes (NAACCR)

Agency: NAACCR

Last changed: 02/22/2023 17:38:43

Edit Tag N6702

Description

This edit checks consistency of coding between Date Regional Lymph Node Dissection and RX Summ--Scope Reg LN Sur.

1. This edit is skipped for any of the following:

Derived AJCC--Flag (CS)

- a. Date Regional Lymph Node Dissection is blank (unknown) or invalid
- b. RX Summ--Scope of Reg LN Surg is blank
- c. Date of Diagnosis before 2023

2. If Date Regional Lymph Node Dissection is not blank,
RX Summ--Scope Reg LN Sur must= 3-7.

Administrative Notes

New edit - NAACCR v23 metafile

Modifications

NAACCR v23A

- Description, logic updated, statement 3 removed, redundant

Derived AJCC--Flag (CS)

Agency: CS

Last changed: 09/29/2003

Edit Tag N0674

Description

Must be a valid value for Derived AJCC--Flag (1,2). May be blank.

Derived AJCC--Flag, Derived AJCC (SEER)

Agency: SEER

Last changed: 01/27/2022 19:25:35

Edit Tag N0708

Description

This edit checks the Derived AJCC--Flag against the derived data items as required by SEER.

This edit is skipped if Date of Diagnosis is blank.

This edit is skipped if Year of Diagnosis is 2016-2017 and CS Extension is blank.

This edit is skipped if Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

If Derived AJCC--Flag is blank (not derived), then the following fields must be blank:

Derived AJCC-6 T

Derived AJCC-6 T Descript

Derived AJCC--Flag, Derived AJCC (SEER)

Derived AJCC-6 N
 Derived AJCC-6 N Descript
 Derived AJCC-6 M
 Derived AJCC-6 M Descript
 Derived AJCC-6 Stage Grp
 Derived AJCC-7 T
 Derived AJCC-7 T Descript
 Derived AJCC-7 N
 Derived AJCC-7 N Descript
 Derived AJCC-7 M
 Derived AJCC-7 M Descript
 Derived AJCC-7 Stage Grp

If Derived AJCC--Flag is not blank, then the following fields must not be blank:

Derived AJCC-6 T
 Derived AJCC-6 N
 Derived AJCC-6 M
 Derived AJCC-6 Stage Group

If Derived AJCC--Flag is not blank and year of Date of Diagnosis is 2008 or later, then the following fields must also

not be blank:

Derived AJCC-6 T Descript
 Derived AJCC-6 N Descript
 Derived AJCC-6 M Descript

If Derived AJCC--Flag is not blank and year of Date of Diagnosis is 2010 or later, then the following fields must also

not be blank:

Derived AJCC-7 T
 Derived AJCC-7 T Descript
 Derived AJCC-7 N
 Derived AJCC-7 N Descript
 Derived AJCC-7 M
 Derived AJCC-7 M Descript
 Derived AJCC-7 Stage Group

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF169

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Edit updated to include AJCC-7 fields

NAACCR v12C

- Added closing brace "]" to edit logic. (The missing closing brace could make the logical output unpredictable.)

Derived AJCC-6 M (CS)

NAACCR v12.1

- Modified edit to show schema name

NAACCR v14

- Removed logic that causes edit to be skipped if behavior is 0 or 1 and schema is not Brain, CNSOther or Intracranial Gland.

NAACCR v16A

- Description and logic updated to skip edit if diagnosis year is 2016 and CS Extension is empty.

NAACCR v16D

- Description, logic modified to skip if diagnosis year = 2016-2017

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

Derived AJCC-6 M (CS)

Agency: CS

Last changed: 11/04/2017 14:00:47

Edit Tag N0670**Description**

Must be a valid two-digit Storage Code for Derived AJCC-6 M. May be blank.

The following Storage Codes are valid:

00, 10-13, 19, 88, 99

This table shows the corresponding Display String for each Storage code or blank:

Storage Code	Display String	Comments
99	MX	MX
00	M0	M0
10	M1	M1
11	M1a	M1a
12	M1b	M1b
13	M1c	M1c
19	M1NOS	M1 NOS
88	NA	Not applicable

Administrative Notes

Modifications:

NAACCR v12.0

- Edit name changed from "Derived AJCC M (CS)" to "Derived AJCC-6 M (CS)".

Derived AJCC-6 M Descriptor (CS)

Agency: CS

Last changed: 01/28/2010

Derived AJCC-6 N (CS)**Edit Tag N0680****Description**

Must be a valid value for Derived AJCC-6 M Descriptor (c,p,a,y,N). May be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Edit name changed from "Derived AJCC M Descriptor (CS)" to "Derived AJCC-6 M Descriptor (CS)".

Derived AJCC-6 N (CS)

Agency: CS

Last changed: 11/04/2017 14:00:47

Edit Tag N0669**Description**

Must be a valid two-digit Storage Code for Derived AJCC-6 N. May be blank.

The following Storage Codes are valid:

00-04, 10-13, 18-23, 29, 30-33, 39, 88, 99

This table shows the corresponding Display String for each Storage code or blank:

Storage Code	Display String	Comments
99	NX	NX
00	N0	N0
01	N0 (i-)	N0 (i-)
02	N0 (i+)	N0 (i+)
03	N0 (mol-)	N0 (mol-)
04	N0 (mol+)	N0 (mol+)
10	N1	N1
19	N1NOS	N1 NOS
11	N1a	N1a
12	N1b	N1b
13	N1c	N1c
18	N1mi	N1mi
20	N2	N2
29	N2NOS	N2 NOS
21	N2a	N2a
22	N2b	N2b
23	N2c	N2c
30	N3	N3
39	N3NOS	N3 NOS
31	N3a	N3a
32	N3b	N3b
33	N3c	N3c
88	NA	Not applicable

Derived AJCC-6 N Descriptor (CS)***Administrative Notes***

Modifications:

NAACCR v12.0

- Edit name changed from "Derived AJCC N (CS)" to "Derived AJCC-6 N (CS)".
- Code 09 was deleted from the list of allowable values.

NAACCR v13A

- Updated Description: changed display string "N0(i?)" to "N0(i-)" and "N0(mol?)" to "N0(mol-)".

Derived AJCC-6 N Descriptor (CS)

Agency: CS

Last changed: 01/28/2010

Edit Tag N0681***Description***

Must be a valid value for Derived AJCC-6 N Descriptor (c,p,a,y,N). May be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Edit name changed from "Derived AJCC N Descriptor (CS)" to "Derived AJCC-6 N Descriptor (CS)".

Derived AJCC-6 Stage Group (CS)

Agency: CS

Last changed: 11/04/2017 14:00:47

Edit Tag N0671***Description***

Must be a valid two-digit Storage Sode for Derived AJCC-6 Stage Group. May be blank.

The following Storage Codes are valid:

00-02, 10-24, 30-43, 50-63, 70-74, 88, 90, 99

This table shows the corresponding Display String for each Storage code or blank:

Storage Code	Display String	Comments
00	0	Stage 0
01	0a	Stage 0a
02	0is	Stage 0is
10	I	Stage I
11	INOS	Stage I NOS
12	IA	Stage IA
13	IA1	Stage IA1
14	IA2	Stage IA2

		Derived AJCC-6 T (CS)
15	IB	Stage IB
16	IB1	Stage IB1
17	IB2	Stage IB2
18	IC	Stage IC
19	IS	Stage IS
23	ISA	Stage ISA (lymphoma only)
24	ISB	Stage ISB (lymphoma only)
20	IEA	Stage IEA (lymphoma only)
21	IEB	Stage IEB (lymphoma only)
22	IE	Stage IE (lymphoma only)
30	II	Stage II
31	IINOS	Stage II NOS
32	IIA	Stage IIA
33	IIB	Stage IIB
34	IIC	Stage IIC
35	IIEA	Stage IIEA (lymphoma only)
36	IIEB	Stage IIEB (lymphoma only)
37	IIE	Stage IIE (lymphoma only)
38	IISA	Stage IISA (lymphoma only)
39	IISB	Stage IISB (lymphoma only)
40	IIS	Stage IIS (lymphoma only)
41	IIESA	Stage IIESA (lymphoma only)
42	IIESB	Stage IIESB (lymphoma only)
43	IIES	Stage IIES (lymphoma only)
50	III	Stage III
51	IIINOS	Stage III NOS
52	IIIA	Stage IIIA
53	IIIB	Stage IIIB
54	IIIC	Stage IIIC
55	IIIEA	Stage IIIEA (lymphoma only)
56	IIIEB	Stage IIIEB (lymphoma only)
57	IIIE	Stage IIIE (lymphoma only)
58	IIISA	Stage IIISA (lymphoma only)
59	IIISB	Stage IIISB (lymphoma only)
60	IIIS	Stage IIIS (lymphoma only)
61	IIIESA	Stage IIIESA (lymphoma only)
62	IIIESB	Stage IIIESB (lymphoma only)
63	IIIES	Stage IIIES (lymphoma only)
70	IV	Stage IV
71	IVNOS	Stage IV NOS
72	IVA	Stage IVA
73	IVB	Stage IVB
74	IVC	Stage IVC
88	NA	Not applicable
90	OCCULT	Stage Occult
99	UNK	Stage Unknown

Administrative Notes

Modifications:

NAACCR v12.0

- Edit name changed from "Derived AJCC Stage Group (CS)" to "Derived AJCC-6 Stage Group (CS)".

Derived AJCC-6 T (CS)

Agency: CS

Last changed: 11/04/2017 14:00:47

Derived AJCC-6 T (CS)**Edit Tag N0668****Description**

Must be a valid two-digit Storage Code for Derived AJCC-6 T. May be blank.

The following Storage Codes are valid:

00, 01, 05-07, 10-23, 29-33, 39-44, 49, 80, 81, 88, 99

This table shows the corresponding Display String for each Storage code or blank:

Storage Code	Display String	Comments
99	TX	TX
00	T0	T0
01	Ta	Ta
05	Tis	Tis
06	Tispu	Tispu (Urethra only)
07	Tispd	Tispd (Urethra only)
10	T1	T1
11	T1mic	T1mic
19	T1NOS	T1 NOS
12	T1a	T1a
13	T1a1	T1a1
14	T1a2	T1a2
15	T1b	T1b
16	T1b1	T1b1
17	T1b2	T1b2
18	T1c	T1c
20	T2	T2
29	T2NOS	T2 NOS
21	T2a	T2a
22	T2b	T2b
23	T2c	T2c
30	T3	T3
39	T3NOS	T3 NOS
31	T3a	T3a
32	T3b	T3b
33	T3c	T3c
40	T4	T4
49	T4NOS	T4 NOS
41	T4a	T4a
42	T4b	T4b
43	T4c	T4c
44	T4d	T4d
80	T1aNOS	T1a NOS
81	T1bNOS	T1b NOS
88	NA	Not applicable

Administrative Notes

Modifications:

NAACCR v12.0

- Edit name changed from "Derived AJCC T (CS)" to "Derived AJCC-6 T (CS)".

- Codes 80 and 81 were added to the list of allowable values.

Derived AJCC-6 T Descriptor (CS)

Derived AJCC-6 T Descriptor (CS)

Agency: CS

Last changed: 01/28/2010

Edit Tag N0682*Description*

Must be a valid value for Derived AJCC-6 T Descriptor (c,p,a,y,N). May be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Edit name changed from "Derived AJCC T Descriptor (CS)" to "Derived AJCC-6 T Descriptor (CS)".

Derived AJCC-7 M (CS)

Agency: CS

Last changed: 11/04/2017 14:00:47

Edit Tag N1019*Description*

Must be a valid three-digit Storage Code for Derived AJCC-7 M. May be blank.

The following Storage Codes are valid:

000, 010, 100, 110, 120, 130, 140, 150, 199, 888, 999

This table shows the corresponding Display String for each Storage code or blank:

Storage Code	Display String	Comments
999	MX	MX
000	M0	M0
010	M0 (i+)	M0 (i+)
100	M1	M1
110	M1a	M1a
120	M1b	M1b
130	M1c	M1c
140	M1d	M1d
150	M1e	M1e
199	M1NOS	M1 NOS
888	NA	Not applicable

Administrative Notes

New edit - added to NAACCR v12 metafile.

Derived AJCC-7 M Descriptor (CS)

Agency: CS

Last changed: 02/24/2009

Edit Tag N1020

Derived AJCC-7 N (CS)**Description**

Must be a valid value for Derived AJCC-7 M Descriptor (c,p,a,y,N). May be blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

Derived AJCC-7 N (CS)

Agency: CS

Last changed: 11/04/2017 14:00:47

Edit Tag N1017**Description**

Must be a valid three-digit Storage Code for Derived AJCC-7 N. May be blank.

The following Storage Codes are valid:

000, 010, 020, 030, 040, 100, 110, 120, 130, 180, 199, 200, 210, 220, 230, 299, 300, 310, 320, 330, 399, 400, 888, 999

This table shows the corresponding Display String for each Storage code or blank:

Storage Code	Display String	Comments
999	NX	NX
000	N0	N0
010	N0 (i-)	N0 (i-)
020	N0 (i+)	N0 (i+)
030	N0 (mol-)	N0 (mol-)
040	N0 (mol+)	N0 (mol+)
100	N1	N1
199	N1NOS	N1 NOS
110	N1a	N1a
120	N1b	N1b
130	N1c	N1c
180	N1mi	N1mi
200	N2	N2
299	N2NOS	N2 NOS
210	N2a	N2a
220	N2b	N2b
230	N2c	N2c
300	N3	N3
399	N3NOS	N3 NOS
310	N3a	N3a
320	N3b	N3b
330	N3c	N3c
400	N4	N4
888	NA	Not applicable

Administrative Notes

New edit - added to NAACCR v12 metafile.

Modifications

Derived AJCC-7 N Descript (CS)

NAACCR v13A

- Updated Description: changed display string "N0(i?)" to "N0(i-)" and "N0(mol?)" to "N0(mol-)".

Derived AJCC-7 N Descript (CS)

Agency: CS

Last changed: 02/24/2009

*Edit Tag N1021***Description**

Must be a valid value for Derived AJCC-7 N Descriptor (c,p,a,y,N). May be blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

Derived AJCC-7 Stage Group (CS)

Agency: CS

Last changed: 11/04/2017 14:00:47

*Edit Tag N1022***Description**

Must be a valid three-digit Storage Code for Derived AJCC-7 Stage Group. May be blank.

The following Storage Codes are valid:

The following Storage Codes are valid:

000, 010, 020, 100, 110, 120, 121, 130, 140, 150, 151, 160, 170, 180, 190, 200,
 210, 220, 230, 240, 300, 310, 320, 321, 322, 323, 330, 340, 350, 360, 370, 380,
 390, 400, 410, 420, 430, 500, 510, 520, 530, 540, 541, 542, 550, 560, 570, 580,
 590, 600, 610, 620, 630, 700, 710, 720, 721, 722, 730, 740, 888, 900, 999

This table shows the corresponding Display String for each Storage code or blank:

Storage Code	Display String	Comments
000	0	Stage 0
010	0a	Stage 0a
020	0is	Stage 0is
100	I	Stage I
110	INOS	Stage I NOS
120	IA	Stage IA
121	IANOS	Stage IA NOS
130	IA1	Stage IA1
140	IA2	Stage IA2
150	IB	Stage IB
151	IBNOS	Stage IB NOS
160	IB1	Stage IB1
170	IB2	Stage IB2
180	IC	Stage IC
190	IS	Stage IS
230	ISA	Stage ISA (lymphoma only)

Derived AJCC-7 T (CS)

240	ISB	Stage ISB (lymphoma only)
200	IEA	Stage IEA (lymphoma only)
210	IEB	Stage IEB (lymphoma only)
220	IE	Stage IE (lymphoma only)
300	II	Stage II
310	IINOS	Stage II NOS
320	IIA	Stage IIA
321	IIANOS	Stage IIA NOS
322	IIA1	Stage IIA1
323	IIA2	Stage IIA2
330	IIB	Stage IIB
340	IIC	Stage IIC
350	IIEA	Stage IIEA (lymphoma only)
360	IIEB	Stage IIEB (lymphoma only)
370	IIE	Stage IIE (lymphoma only)
380	IISA	Stage IISA (lymphoma only)
390	IISB	Stage IISB (lymphoma only)
400	IIS	Stage IIS (lymphoma only)
410	IIESA	Stage IIESA (lymphoma only)
420	IIESB	Stage IIESB (lymphoma only)
430	IIES	Stage IIES (lymphoma only)
500	III	Stage III
510	IIINOS	Stage III NOS
520	IIIA	Stage IIIA
530	IIIB	Stage IIIB
540	IIIC	Stage IIIC
541	IIIC1	Stage IIIC1
542	IIIC2	Stage IIIC2
550	IIIEA	Stage IIIEA (lymphoma only)
560	IIIEB	Stage IIIEB (lymphoma only)
570	IIIE	Stage IIIE (lymphoma only)
580	IIISA	Stage IIISA (lymphoma only)
590	IIISB	Stage IIISB (lymphoma only)
600	IIIS	Stage IIIS (lymphoma only)
610	IIIESA	Stage IIIESA (lymphoma only)
620	IIIESB	Stage IIIESB (lymphoma only)
630	IIIES	Stage IIIES (lymphoma only)
700	IV	Stage IV
710	IVNOS	Stage IV NOS
720	IVA	Stage IVA
721	IVA1	Stage IVA1
722	IVA2	Stage IVA2
730	IVB	Stage IVB
740	IVC	Stage IVC
888	NA	Not applicable
900	OCCULT	Stage Occult
999	UNK	Stage Unknown

Administrative Notes

New edit - added to NAACCR v12 metafile.

Derived AJCC-7 T (CS)

Agency: CS

Last changed: 11/04/2017 14:00:47

Edit Tag N1015

Derived AJCC-7 T (CS)**Description**

Must be a valid three-digit Storage Code for Derived AJCC-7 T. May be blank.

The following Storage Codes are valid:

000, 010, 050, 060, 070, 100, 110, 120, 121, 122, 130, 140, 150, 151, 152, 160, 170, 180, 181, 191, 192, 199, 200, 201, 202, 210-213, 220, 230, 240, 299, 300, 301, 302, 310, 320, 330, 340, 399, 400, 410, 411, 412, 420, 421, 422, 430, 440, 450, 491, 492, 499, 800, 810, 888, 999

This table shows the corresponding Display String for each Storage code or blank:

Storage Code	Display String	Comments
999	TX	TX
000	T0	T0
010	Ta	Ta
050	Tis	Tis
060	Tispu	Tispu (Urethra only)
070	Tispd	Tispd (Urethra only)
100	T1	T1
110	T1mic	T1mic
199	T1NOS	T1 NOS
191	T1NOS(s)	T1 NOS(s)
192	T1NOS(m)	T1 NOS(m)
120	T1a	T1a
121	T1a(s)	T1a(s)
122	T1a(m)	T1a(m)
130	T1a1	T1a1
140	T1a2	T1a2
150	T1b	T1b
151	T1b(s)	T1b(s)
152	T1b(m)	T1b(m)
160	T1b1	T1b1
170	T1b2	T1b2
180	T1c	T1c
181	T1d	T1d
200	T2	T2
201	T2(s)	T2(s)
202	T2(m)	T2(m)
299	T2NOS	T2 NOS
210	T2a	T2a
211	T2a1	T2a1
212	T2a2	T2a2
213	T2aNOS	T2aNOS
220	T2b	T2b
230	T2c	T2c
240	T2d	T2d
300	T3	T3
301	T3(s)	T3(s)
302	T3(m)	T3(m)
399	T3NOS	T3 NOS
310	T3a	T3a
320	T3b	T3b
330	T3c	T3c
340	T3d	T3d
400	T4	T4
499	T4NOS	T4 NOS

Derived AJCC-7 T Descript (CS)

491	T4NOS (s)	T4 NOS (s)
492	T4NOS (m)	T4 NOS (m)
410	T4a	T4a
411	T4a (s)	T4a (s)
412	T4a (m)	T4a (m)
420	T4b	T4b
421	T4b (s)	T4b (s)
422	T4b (m)	T4b (m)
430	T4c	T4c
440	T4d	T4d
450	T4e	T4e
800	T1aNOS	T1a NOS
810	T1bNOS	T1b NOS
888	NA	Not applicable

Administrative Notes

New edit - added to NAACCR v12 metafile.

Modifications:

NAACCR v12.2

- Added codes: 121, 122, 151, 152, 191, 192, 201, 202, 301, 302, 411, 412, 421, 422, 491, 492

Derived AJCC-7 T Descript (CS)

Agency: CS

Last changed: 02/24/2009

Edit Tag N1016

Description

Must be a valid value for Derived AJCC-7 T Descriptor (c,p,a,y,N). May be blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

Derived CS Items, Date of DX (SEER)

Agency: SEER

Last changed: 01/28/2022 21:25:20

Edit Tag N2408

Description

The purpose of this edit is to verify that all Derived items required by SEER are entered as required (not blank) for cases diagnosed 2004-2016.

This edit is skipped if:

1. Year of Date of Diagnosis is >2017, blank (unknown), or invalid.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS Schema is invalid

Derived CS Items, Date of DX (SEER)

4. Registry ID = 0000001562 (New York) or 0000001566 (Texas)

If year of Date of Diagnosis is greater than 2003 and less than 2016 or year of diagnosis is 2016-2017 and CS Extension is not blank, then the following CS data items cannot be blank:

- Derived AJCC-6 T
- Derived AJCC-6 N
- Derived AJCC-6 M
- Derived AJCC-6 Stage Group
- Derived SS1977
- Derived SS2000
- CS Version Derived

If year of Date of Diagnosis is greater than 2007 and less than 2016 or year of diagnosis is 2016-2017 and CS Extension is not blank, then the following additional CS data items cannot be blank:

- Derived AJCC-6 T Descriptor
- Derived AJCC-6 N Descriptor
- Derived AJCC-6 M Descriptor

If year of Date of Diagnosis is greater than 2009 and less than 2016 or year of diagnosis is 2016-2017 and CS Extension is not blank, then the following additional data items cannot be blank:

- Derived AJCC-7 T
- Derived AJCC-7 T Descriptor
- Derived AJCC-7 N
- Derived AJCC-7 N Descriptor
- Derived AJCC-7 M
- Derived AJCC-7 M Descriptor
- Derived AJCC-7 Stage Group

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF170

This edit differs from the COC and NPCR edits of the same name in that it edits all of the derived Collaborative Stage data items,
plus CS Version Derived, as required by SEER.

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

11/2007

Derived CS Items, DX Post 2017 (NAACCR)

Modified to require Derived AJCC T Descriptor, Derived AJCC N Descriptor, and Derived AJCC M Descriptor for cases with a diagnosis year > 2007.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v18D

- Description, logic modified to skip if Registry ID = 0000001562 (New York)

NAACCR v12.0

- Updated to include AJCC-7 derived items.
- CS Version Input Original removed from the listed of required derived items.

NAACCR v12C

- Added closing brace "}" to edit logic. (The missing closing brace could make the logical output unpredictable.)
- Corrected error message to state "CS Version Derived" instead of "CS Version Latest".

NAACCR v12.1

- Modified edit to show schema name

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- This edit modified to allow all Derived items to be blank if year of diagnosis is 2016 or later.

NAACCR v16D

- Description, logic for edit conditions updated to apply to diagnosis years 2016-2017

NAACCR v18

- Description, logic modified to skip if diagnosis year > 2017, failure on date error changed to skip
- Name changed from Derived Items, Date of DX (SEER)

NAACCR v18D

- Description, logic modified: Edit skipped for Registry ID 0000001562 (New York)

NAACCR v22B

- Description, logic modified, edit skipped for Registry ID 0000001566 (Texas)

Derived CS Items, DX Post 2017 (NAACCR)

Agency: NAACCR

Last changed: 07/10/2020 21:20:36

Edit Tag N2839

Derived CS Items, DX Pre-2004 (CS)**Description**

This edit is skipped if Date of Diagnosis is blank or invalid.

If year of Date of Diagnosis is greater than 2017, then the following CS derived and version data items must be blank:

```

Derived AJCC-6 T
Derived AJCC-6 T Descript
Derived AJCC-6 N
Derived AJCC-6 N Descript
Derived AJCC-6 M
Derived AJCC-6 M Descript
Derived AJCC-6 Stage Grp
Derived AJCC-7 T
Derived AJCC-7 T Descript
Derived AJCC-7 N
Derived AJCC-7 N Descript
Derived AJCC-7 M
Derived AJCC-7 M Descript
Derived AJCC-7 Stage Grp
Derived AJCC-Flag
Derived SS1977
Derived SS1977-Flag
Derived SS2000
Derived SS2000-Flag
CS Version Input Original
CS Version Input Current
CS Version Derived

```

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Name changed from Derived CS Items, DX Post 2017 (CS)

Derived CS Items, DX Pre-2004 (CS)

Agency: CS

Last changed: 05/26/2018 16:43:39

Edit Tag N0702

Description

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is less than 2004, then the following CS derived and version data items must be blank:

```

Derived AJCC-6 T
Derived AJCC-6 T Descript
Derived AJCC-6 N

```

Derived SS1977 (CS)

Derived AJCC-6 N Descript
 Derived AJCC-6 M
 Derived AJCC-6 M Descript
 Derived AJCC-6 Stage Grp
 Derived AJCC-7 T
 Derived AJCC-7 T Descript
 Derived AJCC-7 N
 Derived AJCC-7 N Descript
 Derived AJCC-7 M
 Derived AJCC-7 M Descript
 Derived AJCC-7 Stage Grp
 Derived SS1977
 Derived SS2000
 CS Version Input Original
 CS Version Input Current
 CS Version Derived

Administrative Notes

-NAACCR v16

No Changes

NAACCR v18

- Name changed from Derived Items, DX Pre-2004 (CS)

Derived SS1977 (CS)

Agency: CS

Last changed: 11/04/2017 14:00:47

Edit Tag N0672

Description

Must be a valid one-digit Storage Code for Derived SS1977. May be blank.

The following Storage Codes are valid:

0-5, 7-9

This table shows the corresponding Display String for each Storage code or blank:

Storage Code	Display String	Comments
0	IS	In situ
1	L	Localized
2	RE	Regional, direct extension
3	RN	Regional, lymph nodes only
4	RE+RN	Regional, extension and nodes
5	RNOS	Regional, NOS
7	D	Distant
8	NA	Not applicable
9	U	Unknown/Unstaged

Derived SS1977--Flag (CS)

Agency: CS

Last changed: 09/29/2003

Derived SS1977--Flag, Derived SS1977 (CS)*Edit Tag N0675***Description**

Must be a valid value for Derived SS1977--Flag (1,2). May be blank.

Derived SS1977--Flag, Derived SS1977 (CS)

Agency: CS

Last changed: 06/27/2008

*Edit Tag N0678***Description**

If Derived SS1977--Flag is blank, then Derived SS1977 must be blank.

If Derived SS1977--Flag is not blank, then Derived SS1977 must not be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF171

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Derived SS2000 (CS)

Agency: CS

Last changed: 11/04/2017 14:00:47

*Edit Tag N0673***Description**

Must be a valid one-digit Storage Code for Derived SS2000. May be blank.

The following Storage Codes are valid:

0-5, 7-9

This table shows the corresponding Display String for each Storage code or blank:

Storage Code	Display String	Comments
0	IS	In situ
1	L	Localized
2	RE	Regional, direct extension
3	RN	Regional, lymph nodes only
4	RE+RN	Regional, extension and nodes
5	RNOS	Regional, NOS
7	D	Distant
8	NA	Not applicable
9	U	Unknown/Unstaged

Derived SS2000, Behavior ICDO3 (CS)

Derived SS2000, Behavior ICDO3 (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1029***Description**

The purpose of this edit is to catch Behavior/Derived SS2000 errors. It is not meant to duplicate the calculation of stage performed by the CS algorithm routine. Its intention is to catch errors that might be due to stage not being re-derived after a change is made to one of the fields used to calculate Derived SS2000.

This edit is skipped if any of the following conditions is true:

1. Derived SS2000 is blank
2. Case is death certificate only (Type of Reporting Source = 7)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland.
4. CS schema is invalid

If Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline), then Derived SS2000 must be 8 (not applicable).

*** See Note 1 below ***

```
If Behavior Code ICD-O-3 = 2 (in situ)
    and schema = Bladder
    and CS Extension = 100 (Confined to mucosa, NOS)
    then
        Derived SS2000 must not be 0 (in situ) or 8 (not applicable)
```

Otherwise

```
If Behavior Code ICD-O-3 = 2 (in situ)
    Derived SS2000 must be 0 (in situ).
```

*** See Note 2 below ***

```
If Behavior Code ICD-O-3 = 3 (malignant):
    and Primary Site = Prostate
    and CS Extension = 999
    and CS Site-Specific Factor 3 = 000
    then
        Derived SS2000 must not be 8 (not applicable)
```

otherwise

```
If Behavior Code ICD-O-3 = 3 (malignant):
    Derived SS2000 must not be 0 (in situ) or 8 (not applicable).
```

Note 1: In situ behavior (Behavior Code ICD-O-3 of 2) generally maps only to a Derived Summary Stage of 0 (in situ). The one exception is: A bladder case coded with a CS Extension of 100 (Confined to mucosa, NOS) will map to Derived Summary Stage of 1 (local).

Note 2: Malignant behavior (Behavior Code ICD-O-3 of 3) generally cannot map to a Derived Summary Stage of 0 (in situ). The one exception is: A prostate case coded with a CS Extension (clinical extension) of 999 (unknown) and CS Site-Specific Factor 3 (pathologic extension) of 000 (in situ) will map to Derived Summary Stage of 0 (in situ).

Derived SS2000--Flag (CS)***Administrative Notes***

In the SEER*Edits software, the title of this edit is: IF219

New edit - added to NAACCR v11.3A metafile.

NAACCR v12.0

- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.

NAACCR v13A

- Added reference to SEER IF219 in Administrative Notes

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Derived SS2000--Flag (CS)

Agency: CS

Last changed: 09/29/2003

Edit Tag N0676

Description

Must be a valid value for Derived SS2000--Flag (1,2). May be blank.

Derived SS2000--Flag, Derived SS2000 (CS)

Agency: CS

Last changed: 06/27/2008

Edit Tag N0677

Description

If Derived SS2000--Flag is blank, then Derived SS2000 must be blank.

If Derived SS2000--Flag is not blank, then Derived SS2000 must not be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF172

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Diagnostic Confirm, Seq Num--Hosp (NAACCR)

Diagnostic Confirm, Seq Num--Hosp (NAACCR)

Agency: NAACCR

Last changed: 05/23/2020 11:44:36

Edit Tag N0369**Description**

If a case has been previously reviewed and accepted as coded (Over-ride HospSeq/DxConf = 1), no further editing is done. If Primary Site specifies an ill-defined or unknown primary (C760-C768, C809), no further checking is done.

If Sequence Number--Hospital is in the range of 60-99, this edit is skipped.

If any case is one of multiple primaries and is not microscopically confirmed or positive lab test/marker study, i.e., Diagnostic Confirmation > 5 and Sequence Number--Hospital > 00 (more than one primary), review is required.

Administrative Notes

This edit forces review of multiple primary cancers when one of the primaries is coded to a site other than ill-defined or unknown and is not microscopically confirmed or confirmed by a positive lab test/marker study. It is important to verify that the non-microscopically-confirmed case is indeed a separate primary from any others that may have been reported. If the suspect case is accurate as coded, and the number of primaries is correct, set the Over-ride SeqNo/DxConf flag to 1 so that the case will not appear in future edits as an error. It is not necessary to set the over-ride flag on the patient's other primary cancers.

If it turns out that the non-microscopically-confirmed cancer is considered a manifestation of one of the patient's other cancers, delete the non-microscopically-confirmed case. Check the sequence numbers of remaining cases, correcting them if necessary. Also check for other data items on the remaining cases that may need to be changed, e.g., stage and treatment.

EXAMPLE

	SITE	DX CONF.
SEQ. NUM. 01	PROSTATE, C61.9	1, HISTOLOGIC CONF.
SEQ. NUM. 02	BONE, C41.9	7, RADIOGRAPHY

The edit identifies the bone cancer case above (number 02) as an edit error. When the patient's chart is reviewed again, it is determined that the bone lesions were thought to be metastases from the prostate cancer. Delete case number 02, and change the sequence number of the prostate cancer to 00. Check carefully for any demographic, diagnostic, staging, treatment, or follow-up information recorded on the bone abstract that should be added to the prostate cancer case.

Diagnostic Confirmation (SEER DXCONF)

- Name changed from Diagnostic Confirm, Seq Num--Hosp (COC)
- Agency changed from COC to NAACCR

Diagnostic Confirmation (SEER DXCONF)

Agency: SEER

Last changed: 02/02/2019 15:07:32

Edit Tag N0003**Description**

Must be a valid Diagnostic Confirmation code (1-9).

Microscopically confirmed

- 1 Positive histology
- 2 Positive cytology, no positive histology
- 3 Positive histology PLUS
Positive immunophenotyping AND/OR
Positive genetic studies
- 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)
- 9 Unknown whether or not microscopically confirmed

Administrative Notes

Modifications:

NAACCR v12.0

- Added code 3 (positive histology PLUS positive immunophenotyping AND/OR positive genetic studies)

Diagnostic Confirmation, Behavior ICDO3 (SEER IF31)

Agency: SEER

Last changed: 04/16/2018 14:31:59

Edit Tag N0471**Description**

This edit is skipped if Behavior Code ICD-O-3 is blank. If a case has been previously reviewed and accepted as coded (Over-ride-Histology = 2 or 3), no further checking is done.

For in situ cases (Behavior Code ICD-O-3 = 2), Diagnostic Confirmation must specify microscopic confirmation (1, 2 or 4).

Additional Information:

Diagnostic Confirmation, Date of Diag (SEER IF55)

The distinction between in situ and invasive is very important to a registry, since prognosis is so different, and in situ cases are usually excluded from incidence rate calculations. Since the determination that a neoplasm has not invaded surrounding tissue, i.e., is in situ, is made via the microscope, cases coded in situ in behavior should have a microscopic confirmation code. However, very rarely, a physician will designate a case noninvasive or in situ without microscopic evidence.

Check that Behavior Code and Diagnostic Confirmation have been coded correctly. Check carefully for any cytologic or histologic evidence that may have been missed in coding. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may also be required.

If upon review all items are correct as coded, an over-ride flag may be set so that the case will not be considered in error when the edit is run again. Set the Over-ride--Histology field to 2 (or 3, if the flag is also being set for the Morphology -Type/Behavior (SEER MORPH) edit).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF31_3

Note: The COC version of this edit has been deleted since it, over time, has become equivalent to the SEER version of the edit. Edit sets in this metafile using the COC version have been updated to use the SEER version instead.

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v18

- Name changed, space before (SEER IF31)

Diagnostic Confirmation, Date of Diag (SEER IF55)

Agency: SEER

Last changed: 12/07/2009

Edit Tag N0313

Description

This edit is skipped if year of Date of Diagnosis is blank.

1. If year of Date of Diagnosis is less than 1988, Diagnostic Confirmation may be 1, 2, 4, 6-9.
2. If year of Date of Diagnosis is 1988-2009, Diagnostic Confirmation may be 1, 2, 4-9.
3. If year of Date of Diagnosis is 2010 or later, Diagnostic Confirmation may be 1-9.

Diagnostic Confirmation, Histology ICDO3 (SEER IF48)***Administrative Notes***

In the SEER*Edits software, the title of this edit is: IF55

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Added code 3 (positive histology PLUS positive immunophenotyping AND/OR positive genetic studies) for cases diagnosed 2010 and later.

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Diagnostic Confirmation, Histology ICDO3 (SEER IF48)

Agency: SEER

Last changed: 05/13/2020 18:11:33

Edit Tag N0444

Description

This edit is skipped if Histologic Type ICD-O-3 is blank.

If a case has been previously reviewed and accepted as coded (Over-ride Leuk, Lymphoma = 1), no further checking is done.

If Histologic Type ICD-O-3 = 9590 - 9993 (lymphoma and leukemia) then Diagnostic Confirmation cannot be 6 (direct visualization).

If Diagnostic Confirmation is 3 (positive histology PLUS positive immunophenotyping AND/OR positive genetic studies), then Histologic Type ICD-O-3 must = 9590-9993.

Additional Information:

Since lymphoma and leukemia are almost exclusively microscopic diagnoses, this edit forces review of any cases of lymphoma or leukemia that have diagnostic confirmation 6 (direct visualization).

Check that the Histologic Type and Diagnostic Confirmation are correctly coded. Remember that positive hematologic findings and bone marrow specimens are included as histologic confirmation (code 1 in Diagnostic Confirmation) for leukemias. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract.

If upon review, all items are correct as coded, an over-ride flag may be set so that the case

Diagnostic Confirmation, Histology, Genetics (NAACCR)

will not be considered in error when the edit is run again. Enter a 1 in the field Over-ride

Leuk,Lymphoma to indicate that the coding is correct.

EXAMPLE

```
HISTOLOGIC TYPE          9835/3
DIAGNOSTIC CONFIRMATION  6 (DIRECT VISUALIZATION)
```

On review, this leukemia diagnosis was based on a hematologic study, CBC. Correct the

Diagnostic Confirmation code to 1 (Positive Histology).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF48_3

Note: The COC version of this edit has been deleted since it, over time, has become equivalent to the SEER version of the edit. Edit

sets in this metafile using the COC version have been updated to use the SEER version instead.

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Added:

If Diagnostic Confirmation is 3 (positive histology PLUS positive immunophenotyping AND/OR positive genetic studies), then Histologic

Type ICD-O-3 must = 9590-9992.

- Deleted logic that stated Diagnostic Confirmation cannot be 8 (clinical) for lymphoma

- Changed the range of histologies that cannot have Diagnostic Confirmation 6 (direct visualization) from "9590-9729, 9731-9948" to

"9590-9992".

NAACCR v18

- Name changed, space before (SEER IF48), parenthesis added at end

NAACCR v21

- Description, logic updated, range of edited histologies changed from 9590-9992 to 9590-9993

Diagnostic Confirmation, Histology, Genetics (NAACCR)

Agency: NAACCR

Last changed: 08/17/2021 11:11:01

Edit Tag N6634

Diagnostic Confirmation, Histology, Genetics (NAACCR)**Description**

This edit confirms that Diagnostic Confirmation is coded correctly for histologies where genetics data/immunophenotyping are listed in the HemeDB, and for other histologies where genetics data/immunophenotyping are listed as "None".

1. This edit is skipped for any of the following:
 - a. Diagnosis date is blank (unknown), invalid, or pre-2022.
 - b. Schema ID is not 00790 or 00830.
 - c. Diagnostic Confirmation is blank
 - d. Histologic Type ICD-O-3 is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)

2 If histology is in list 1, Diagnostic Confirmation must = 3.

3 If histology is in list 2, Diagnostic Confirmation must not = 3.

List 1: Histologies with genetics data/immunophenotyping listed in Heme DB:

9806 Mixed-phenotype acute leukemia with t(9;22)(q34.1;q11.2); BCR-ABL1
 9807 Mixed-phenotype acute leukemia with t(v;11q23.3); KMT2A-rearranged

9812 B-lymphoblastic leukemia/lymphoma with t(9;22)(q34.1;q11.2); BCR-ABL1
 9813 B-lymphoblastic leukemia/lymphoma with t(v;11q23.3); KMT2A-rearranged
 9814 B-lymphoblastic leukemia/lymphoma with t(12;21)(p13.2;q22.1); ETV6-RUNX1

9815 B-lymphoblastic leukemia/lymphoma with hyperdiploidy
 9816 B-lymphoblastic leukemia/lymphoma with hypodiploidy
 9817 B-lymphoblastic leukemia/lymphoma with t(5;14)(q31.1;q32.1); IGH/IL3
 9818 B-lymphoblastic leukemia/lymphoma with t(1;19)(q23;p13.3); TCF3-PBX1
 9819 B-lymphoblastic leukemia/lymphoma, BCR-ABL1-like

9865 Acute myeloid leukemia with t(6;9)(p23;q34.1); DEK-NUP214
 9866 Acute promyelocytic leukemia with PML-RARA
 9869 Acute myeloid leukemia with inv(3)(q21.3q26.2) or t(3;3)(q21.3;q26.2); GATA2, MECOM

9871 Acute myeloid leukemia with inv(16)(p13.1q22) or t(16;16)(p13.1;q22); CBFβ-MYH11

9875 Chronic myeloid leukemia, BCR-ABL1-positive
 9877 Acute myeloid leukemia with mutated NPM1
 9878 Acute myeloid leukemia with biallelic mutation of CEBPA
 9879 Acute myeloid leukemia with mutated RUNX1
 9896 Acute myeloid leukemia, t(8;21)(q22;q22.1); RUNX1-RUNX1T1
 9897 Acute myeloid leukemia with t(9;11)(p21.3;q23.3); KMT2A-MLLT3
 9911 Acute myeloid leukemia (megakaryoblastic) with t(1;22)(p13.3;q13.1); RBM15-MKL1

9912 Acute myeloid leukemia with BCR-ABL1
 9965 Myeloid/lymphoid neoplasms with PDGFRA rearrangement
 9966 Myeloid/lymphoid neoplasms with PDGFRB rearrangement
 9967 Myeloid/lymphoid neoplasms with FGFR1 rearrangement
 9968 Myeloid/lymphoid neoplasms with PCM1-JAK2
 9986 Myelodysplastic syndrome with isolated del(5q)

List 2: Histologies without genetics data/immunophenotyping listed as "None":

9590 Malignant lymphoma, NOS
 9655 Hodgkin lymphoma, lymphocyte depletion, reticular
 9800 Leukemia, NOS

Edit Over-rides (NAACCR)

9820 Lymphoid leukemia, NOS
 9860 Myeloid leukemia, NOS
 9863 Chronic myeloid leukemia, NOS
 9980 Myelodysplastic syndrome with single lineage dysplasia
 9982 Myelodysplastic syndrome with ring sideroblasts and single lineage
 dysplasia
 9989 Myelodysplastic syndrome, unclassifiable

Administrative Notes

New edit - NAACCR v22 metafile

Edit Over-rides (NAACCR)

Agency: NAACCR

Last changed: 02/23/2009

Edit Tag N0488

Description

Edit over-rides should all be blank or 1, with the exception of Over-ride Histology and Over-ride Age/Site/Morph, which can both be 1-3 or blank.

Administrative Notes

This edit differs from the SEER edit of the same name in that it includes 9 additional over-ride flags:

- Over-ride SS/NodesPos
- Over-ride SS/TNM-N
- Over-ride SS/TNM-M
- Over-ride SS/DisMet1
- Over-ride Acsn/Class/Seq
- Over-ride HospSeq/DxConf
- Over-ride COC-Site/Type
- Over-ride HospSeq/Site
- Over-ride Site/TNM-StgGrp

Modifications:

NAACCR v11.3
6/08

Updated edit to allow Over-ride Age/Site/Morph additional codes of 2 and 3. (Code 2 = Reviewed: Case was diagnosed in utero; code 3 = Reviewed: Conditions 1 and 2 above both apply.)

NAACCR v12
02/09

Over-ride SS/DisMet1 was retired in v12 and has been removed from this edit.

EGFR Mutational Analysis, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/13/2021 22:31:51

EGFR Mutational Analysis, Schema ID, Required (NAACCR)**Edit Tag N6233****Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2021 diagnoses.
2. Must be a valid EGFR Mutational Analysis code or blank:

0: Normal
 EGFR negative, EGFR wild type
 Negative for mutations, no alterations, no mutations (somatic) identified,
 not present,
 not detected
 1: Abnormal (mutated)/detected in exon(s) 18, 19, 20, and/or 21
 2: Abnormal (mutated)/detected but not in exon(s) 18, 19, 20, and/or 21
 4: Abnormal (mutated)/detected, NOS, exon(s) not specified
 7: Test ordered, results not in chart
 8: Not applicable: Information not collected for this case
 9: Not documented in medical record
 EGFR not assessed or unknown if assessed
 Blank: Diagnosis year prior to 2021

Another edit, EGFR Mutational Analysis, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v21 metafile

Modification

NAACCR v22

- Description updated, Blank added as code

EGFR Mutational Analysis, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 06/13/2020 17:33:33

Edit Tag N6234

EOD Mets (SEER)**Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2021, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that EGFR Mutational Analysis is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00360: Lung

Administrative Notes

New edit - NAACCR v21 metafile

EOD Mets (SEER)

Agency: SEER

Last changed: 03/21/2018 19:19:51

Edit Tag N2995

Description

Must be a valid code for EOD Mets. May be blank.

Valid codes:

00
05
10
20
30
40
50
60
70
88
99
blank

EOD Mets, Pancreas/NET Pancreas, Primary Site (SEER)***Administrative Notes***

New edit - NAACCR v18 metafile

EOD Mets, Pancreas/NET Pancreas, Primary Site (SEER)

Agency: SEER

Last changed: 07/11/2020 15:13:49

Edit Tag N6160

Description

This edit verifies that EOD Mets is coded consistently with Primary Site codes C250-C252 for Schema ID 00280, Pancreas and 00340 NET Pancreas.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00280 or 00340
 - c. EOD Mets is blank
 - d. Primary Site is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)

2. If Schema ID = 00280:
If Primary Site is not C250-C252,
then EOD Mets must not = 10 (Distant lymph nodes for Pancreas Head, C250, Pancreas Body, Tail, C251-C252)

3. If Schema ID = 00340:
If Primary Site is not C250-C252,
then EOD Mets must not = 20 (Distant lymph nodes for Pancreas Head, C250, Pancreas Body, Tail, C251-C252)

Administrative Notes

New edit - NAACCR v21 metafile

EOD Mets, Type of Reporting Source (SEER)

Agency: SEER

Last changed: 04/03/2019 14:28:04

Edit Tag N6076

Description

This edit verifies that EOD Mets is coded 99 (unknown) only for Death Certificate Only cases (Type of Reporting Source = 7).

EOD Primary Tumor (GCCS)

- 1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
 - b. EOD Mets is blank
 - c. Type of Reporting Source is blank
- 2. If EOD Mets = 99, Type of Reporting Source must = 7 (Death Certificate Only).

Administrative Notes

New edit - NAACCR v18C metafile

EOD Primary Tumor (GCCS)

Agency: GCCS

Last changed: 04/06/2023 16:44:35

Edit Tag GA050

Description

Must be a valid code for EOD Primary Tumor. May be blank.

Valid codes:

- 000
- 050
- 070
- 100
- 110
- 120
- 125
- 130
- 150
- 170
- 175
- 200
- 210
- 220
- 225
- 250
- 275
- 300
- 325
- 350
- 370
- 375
- 400
- 425
- 450
- 475
- 500
- 525
- 550
- 575
- 600

EOD Primary Tumor, Appendix, Histologic Subtype (SEER)

650
675
700
720
750
800
888
980
999
blank

Administrative Notes

This is a state version of Edit N2993 adding the omitted code 575.

EOD Primary Tumor, Appendix, Histologic Subtype (SEER)

Agency: SEER

Last changed: 08/22/2022 17:56:36

Edit Tag N6793

Description

This edit verifies that the Histologic Subtype (Appendix 8480) SSDI is coded consistently with EOD Primary Tumor.

1. This edit is skipped for the following:
 - a. Date of diagnosis is blank (invalid), unknown, or before 2023.
 - b. Schema ID is not 09190
 - c. EOD Primary Tumor is blank
 - d. Histologic Type ICD-O-3 is blank
 - e. Behavior Code ICD-O-3 is blank
 - f. Histologic Subtype (Appendix 8480) is blank
 - g. Type of Reporting Source = 7 (Death Certificate Only)
2. If Histologic Type ICD-O-3/Behavior Code ICD-O-3 is 84802
 - A. If Histologic Subtype (Appendix 8480) = 1 (LAMN)
EOD Primary Tumor must = 050 (LAMN)
 - B. If EOD Primary Tumor = 050,
Histologic Subtype (Appendix 8480) must = 1
 - C. If Histologic Subtype (Appendix 8480) = 2 (HAMN),
EOD Primary Tumor must = 000
 - D. If EOD Primary Tumor = 000
Histologic Subtype (Appendix 8480) must = 2, 3, or 4.

EOD Primary Tumor, Appendix, Histology ICDO3 (SEER)***Administrative Notes***

New edit - NAACCR v23 metafile

EOD Primary Tumor, Appendix, Histology ICDO3 (SEER)

Agency: SEER

Last changed: 04/24/2022 15:33:05

Edit Tag N6152

Description

This edit verifies that EOD Primary Tumor is coded consistently with Histologic Type ICD-O-3 codes for mucinous adenocarcinoma for Schema ID 00190, Appendix.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00190 or 09190
 - d. EOD Primary Tumor is blank
 - e. Histologic Type ICD-O-3 is blank
 - f. Type of Reporting Source is 7 (Death Certificate Only)

2. If EOD Primary Tumor = 600 (for mucinous tumor only)
then Histologic Type ICD-O-3 must = 8480 (mucinous adenocarcinoma), 8481 (mucin-producing adenocarcinoma), or 8490 (signet ring cell carcinoma)

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v23

- Description, logic updated, Schema ID 09190 added

EOD Primary Tumor, Breast, Histology ICDO3 (SEER)

Agency: SEER

Last changed: 06/13/2020 16:28:27

Edit Tag N6167

Description

This edit verifies that EOD Primary Tumor is coded consistently with Histologic Type ICD-O-3 codes for Paget disease for Schema ID 00480, Breast.

1. The edit is skipped for the following conditions:

EOD Primary Tumor, Corpus Carcinoma, Morphology ICDO3 (SEER)

- a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00480
 - d. EOD Primary Tumor is blank
 - e. Histologic Type ICD-O-3 is blank
 - f. Type of Reporting Source is 7 (Death Certificate Only)
2. If EOD Primary Tumor = 050 (Paget disease of nipple)
then Histologic Type ICD-O-3 must = 8540 (Paget disease)
 3. If EOD Primary Tumor = 070 (Paget disease of nipple with underlying DCIS)
then Histologic Type ICD-O-3 must = 8543 (Paget disease and intraductal carcinoma)
 4. If Histologic Type ICD-O-3 = 8541 (Paget disease and infiltrating duct carcinoma)
then EOD Primary Tumor must be greater than or equal to 100 (invasive)

Administrative Notes

New edit - NAACCR v21 metafile

EOD Primary Tumor, Corpus Carcinoma, Morphology ICDO3 (SEER)

Agency: SEER

Last changed: 04/16/2022 14:13:53

Edit Tag N6226

Description

This edit verifies that EOD Primary Tumor is coded consistently with Histologic Type ICD-O-3 and Behavior Code ICD-O-3 8380/2 for Schema ID 00530, Corpus Carcinoma and Carcinosarcoma.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00530
 - c. EOD Primary Tumor is blank
 - d. Histologic Type ICD-O-3 or Behavior Code ICD-O-3 is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Histologic Type ICD-O-3 and Behavior Code ICD-O-3 = 83802
EOD Primary Tumor must = 000 or 050 for Schema ID 00530
3. If Histologic Type ICD-O-3 and Behavior Code ICD-O-3 = 84412
EOD Primary Tumor must = 050 for Schema ID 00530
4. If EOD Primary Tumor = 050 for Schema ID 00530,
Histologic Type ICD-O-3 and Behavior Code ICD-O-3 must = 83802 or 84412

EOD Primary Tumor, HemeRetic, Histology (SEER)***Administrative Notes***

New edit - NAACCR v21 metafile

Modifications**NAACCR v21B**

- Description corrected, first paragraph changed to read that edit verifies that EOD Primary Tumor coded consistently with

Morph Type&Behav ICD-O-3 code 8380/2 for 00530, Corpus Carcinoma/Carcinosarcoma.

- Description, logic corrected, EOD Primary Tumor code 000 allowed

NAACCR v22

- Description, logic updated, EOD Primary Tumor codes of 070 and 080 removed as valid for histology 83802.

- Description, logic updated, histology code 84412 added, EOD Primary Tumor must = 050

NAACCR v23

- Description, logic updated, grouped item Morph&Behav ICD-O-3 split into components, Histologic Type ICD-O-3 and Behavior Code

ICD-O-3

EOD Primary Tumor, HemeRetic, Histology (SEER)

Agency: SEER

Last changed: 07/11/2020 15:37:53

Edit Tag N6315

Description

This edit verifies that EOD Primary Tumor is coded consistently with histologies allowing localized disease and histologies requiring systemic disease for Schema ID 00830, HemeRetic

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00830
 - c. EOD Primary Tumor is blank
 - d. Histologic Type ICD-O-3 is blank

2. If Histologic Type ICD-O-3 is in the following list,
 - a. If Type of Reporting Surce = 7 (Death Certificate only)
EOD Primary Tumor must = 999.
 - b. If Type of Reporting Source not = 7,
EOD Primary Tumor must = 100 (Localized disease), 700

EOD Primary Tumor, Lung, Primary Site (SEER)
(Systemic Disease), or 999 (unknown).

9740	Mast cell sarcoma
9749	Erdheim-Chester disease (2021+)
9751	Langerhans cell histiocytosis, disseminated
9755	Histiocytic sarcoma
9756	Langerhans cell sarcoma
9757	Interdigitating dendritic cell sarcoma
9758	Follicular dendritic cell sarcoma
9759	Fibroblastic reticular cell tumor
9930	Myeloid sarcoma
9971	Polymorphic PTLD (2018-2020, non-reportable 2021+)

3. For all other histologies,
 - a. If Type of Reporting Source = 7 (Death Certificate Only),
EOD Primary Tumor must = 700 or 999.
 - b. If Type of Reporting Source not = 7,
EOD Primary Tumor must = 700.

Administrative Notes

New edit - NAACCR v21 metafile

EOD Primary Tumor, Lung, Primary Site (SEER)

Agency: SEER

Last changed: 06/13/2020 16:28:27

Edit Tag N6162

Description

This edit verifies that EOD Primary Tumor is coded consistently with Primary Site of carina for Schema ID 00360, Lung.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00360
 - d. EOD Primary Tumor is blank
 - e. Primary Site is blank
 - f. Type of Reporting Source is 7 (Death Certificate Only)
2. If EOD Primary Tumor = 600 (Tumor limited to carina),
then Primary Site must = C340, C348, or C349

Administrative Notes

New edit - NAACCR v21 metafile

EOD Primary Tumor, Lung, Tumor Size (SEER)**EOD Primary Tumor, Lung, Tumor Size (SEER)**

Agency: SEER

Last changed: 07/11/2020 15:48:11

*Edit Tag N6204***Description**

This edit checks consistency of coding between EOD Primary Tumor code 100 and Tumor Size Clinical, Tumor Size Pathologic, and Tumor Size Summary for Schema ID 00360, Lung.

1. This edit is skipped if any of the following conditions is true:
 - a. Diagnosis date is invalid, blank (unknown), or before 2021.
 - b. Schema ID is blank or not = 00360
 - c. EOD Primary Tumor is blank
 - d. Tumor Size Clinical and Tumor Size Pathologic are both blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)

2. If EOD Primary Tumor = 100 (Minimally invasive adenocarcinoma: Adenocarcinoma tumor WITH predominantly lepidic pattern measuring less than or equal to 3 cm in greatest dimension WITH invasive component measuring less than or equal to 5 mm in greatest dimension)
 - a. Tumor Size Clinical or Tumor Size Pathological must = 001-030, 990,999
 - b. Tumor Size Summary if not blank must = 001-030, 990, 999

Administrative Notes

New edit - NAACCR v21 metafile

EOD Primary Tumor, Lymphoma (SEER)

Agency: SEER

Last changed: 05/03/2022 18:08:31

*Edit Tag N6253***Description**

The purpose of this edit is to verify that EOD Primary Tumor is coded

EOD Primary Tumor, Nasal Cavity, Primary Site (SEER)

correctly for Schema ID 00790, Lymphoma, and 00795, Lymphoma CLL/SLL.

1. This edit is skipped if any of the following conditions is true:
 - a. Date of diagnosis is pre-2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00790 or 00795
 - c. EOD Primary Tumor is blank
 - d. Case is death certificate only (Type of Reporting Source = 7)..
2. If Schema ID = 00790 or 00795:
 - a. If EOD Primary Tumor = 100 (Involvement of a single lymph node region), then Primary Site must be one of the following:
C770-C775, C779 (single lymph node region), C024 (lingual tonsil), C090-C099 (tonsil), C111 (pharyngeal tonsil), C142 (Waldeyer's ring), C379 (thymus), or C422 (spleen)
 - b. If EOD Primary Tumor = 200 (Involvement of a single extralymphatic site without nodal involvement, multifocal involvement of one extralymphatic organ/site (except multifocal lung involvement) without nodal involvement), then Primary Site must NOT be one of the following:
C770-C775, C778, C779 (lymph node regions), C024 (lingual tonsil), C090-C099 (tonsil), C111 (pharyngeal tonsil), C142 (Waldeyer ring), C379 (thymus), or C422 (spleen)
 - c. If Primary Site = C778 (multiple lymph nodes), then EOD Primary Tumor must be > or = 300.
 - d. If Primary Site = C421 (bone marrow), then EOD Primary Tumor must = 750 (Peripheral blood involvement only) or 800 (Any involvement of bone marrow)
 - e. If Primary Site = C220 (liver), then EOD Primary Tumor must = 800 (Any involvement of liver)

Administrative Notes

New edit - NAACCR v21 metafile.

Modifications**NAACCR v21B**

- Description, logic corrected, primary site requirements for code 300 deleted

NAACCR v23

- Logic corrected, skip added for empty EOD Primary Tumor

EOD Primary Tumor, Nasal Cavity, Primary Site (SEER)

Agency: SEER

Last changed: 03/03/2023 10:22:38

EOD Primary Tumor, NET Adrenal, Histology (SEER)**Edit Tag N6823****Description**

This edit verifies that EOD Primary Tumor is coded consistently with Primary Site for Schema ID 00120, Nasal Cavity, Ethmoid Sinus.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2018, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00122
 - d. EOD Primary Tumor is blank
 - e. Primary Site is blank
 - f. Type of Reporting Source is 7 (Death Certificate Only)

2. If EOD Primary Tumor = 150 or 175 (Nasal Cavity only), then Primary Site must = C300

Administrative Notes

New edit - NAACCR v23 metafile

Modifications**NAACCR V23A**

- Description, logic updated, Schema ID 00120 changed to 00122
- Description, logic updated, skip before 2021 changed to skip before 2018

EOD Primary Tumor, NET Adrenal, Histology (SEER)

Agency: SEER

Last changed: 03/03/2023 10:23:27

Edit Tag N6824**Description**

This edit verifies that EOD Primary Tumor code 100 is coded consistently with Histology for Schema ID 00770 NET Adrenal.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2018, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00770
 - c. Histologic Type ICD-O-3 is blank
 - d. EOD Primary Tumor is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)

2. If EOD Primary Tumor = 100 (any size Pheochromocytoma) Histologic Type ICD-O-3 must = 8700

3. If EOD Primary Tumor = 200 (any size Paraganglioma) Histologic Type ICD-O-3 must = 8680, 8690, 8692, or 8693

EOD Primary Tumor, NET Duodenum, Tumor Size (SEER)***Administrative Notes***

New edit - NAACCR v23 metafile

Modifications

NAACCR v23

- Description, logic updated, skip before 2021 changed to skip before 2018

EOD Primary Tumor, NET Duodenum, Tumor Size (SEER)

Agency: SEER

Last changed: 03/03/2023 10:24:06

Edit Tag N6827

Description

This edit verifies that EOD Primary Tumor code 100 is coded consistently with Tumor Size Clinical, Tumor Size Pathologic, and Tumor Size Summary for Schema ID 00301 NET Duodenum

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2018, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00301
 - c. Tumor Size Clinical and Tumor Size Pathologic are both blank
 - d. EOD Primary Tumor is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)

2. If EOD Primary Tumor = 100 (Tumor less than or equal to 1cm AND confined to Intramucosal NOS, lamina propria, Mucosa NOS, Muscularis mucosae, Submucosa; Localized NOS)
 - a. Tumor Size Pathologic must = 001-010, 990, 999 or Tumor Size Clinical must = 001-010, 990, 999
 - b. Tumor Size Summary if not blank must = 001-010, 990, 999

Administrative Notes

New edit - NAACCR v23 metafile

Modifications

EditWriter 5

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05/01/2023 02:04 PM

EOD Primary Tumor, NET Jejunum and Ileum, Tumor Size (SEER)

NAACCR v23

- Description, logic updated, skip before 2021 changed to skip before 2018

EOD Primary Tumor, NET Jejunum and Ileum, Tumor Size (SEER)

Agency: SEER

Last changed: 07/27/2020 19:29:51

*Edit Tag N6188***Description**

This edit verifies that EOD Primary Tumor code 100 is coded consistently with Tumor Size Clinical, Tumor Size Pathologic, and Tumor Size Summary for Schema ID 00310 NET Jejunum and Ileum.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00310
 - c. Tumor Size Clinical and Tumor Size Pathologic are both blank
 - d. EOD Primary Tumor is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If EOD Primary Tumor = 100 (Tumor less than or equal to 1cm AND confined to Intramucosal NOS, lamina propria, Mucosa NOS, Muscularis mucosae, Submucosa; Localized NOS)
 - a. Tumor Size Pathologic must = 001-010, 990, 999 or Tumor Size Clinical must = 001-010, 990, 999
 - b. Tumor Size Summary if not blank must = 001-010, 990, 999

Administrative Notes

New edit - NAACCR v21 metafile

EOD Primary Tumor, Ovary, Laterality (SEER)

Agency: SEER

Last changed: 06/13/2020 16:28:27

Edit Tag N6227

EOD Primary Tumor, Ovary/Fallopian Tube, Morphology ICDO3 (SEER)**Description**

This edit verifies that EOD Primary Tumor codes 100 and 150 are coded consistently with Laterality for Schema ID 00551, Ovary.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00551
 - c. EOD Primary Tumor is blank
 - d. Laterality is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If EOD Primary Tumor = 150 (limited to both ovaries)
then Laterality must = 4 (bilateral involvement)
3. If Laterality = 4
EOD Primary Tumor must not = 100 (limited to one ovary)

Administrative Notes

New edit - NAACCR v21 metafile

EOD Primary Tumor, Ovary/Fallopian Tube, Morphology ICDO3 (SEER)

Agency: SEER

Last changed: 04/16/2022 14:14:05

Edit Tag N6383

Description

This edit verifies that EOD Primary Tumor is coded consistently with Histologic Type ICD-O-3 and Behavior ICD-O-3 8441/2 for Schema ID 00530, Corpus Carcinoma and Carcinosarcoma, 00551, Ovary, and 00553, Fallopian Tube.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00551 or 00553
 - c. EOD Primary Tumor is blank
 - d. Histologic Type ICD-O-3 or Behavior Code ICD-O-3 is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Schema ID = 00551,
 - a. If Histologic Type ICD-O-3 and Behavior Code ICD-O-3 = 84412
EOD Primary Tumor must = 000 or 050

EOD Primary Tumor, Penis, Morphology ICDO3 (SEER)

- b. If EOD Primary Tumor = 050
Histologic Type ICD-O-3 and Behavior Code ICD-O-3 must = 84412
- 3. If Schema ID = 00553
 - a. If Histologic Type ICD-O-3 and Behavior Code ICD-O-3 = 84412
EOD Primary Tumor must = 000, 050, 070, or 080
 - b. If EOD Primary Tumor = 050, 070, or 080
Histologic Type ICD-O-3 and Behavior Code ICD-O-3 must = 84412

Administrative Notes

New edit - NAACCR v21 metafile

Modifications**NAACCR v21B**

- Description, logic modified, EOD Primary Tumor 000 allowed with 8441/2

NAACCR v22

- Description updated, skip for Schema ID not 00550 or 00551 changed to skip if not 00551 or 00553

NAACCR v23

- Description, logic updated, grouped item Morph&Behav ICD-O-3 split into components,
Histologic Type ICD-O-3 and Behavior Code ICD-O-3

EOD Primary Tumor, Penis, Morphology ICDO3 (SEER)

Agency: SEER

Last changed: 05/19/2022 18:50:50

Edit Tag N6190

Description

This edit verifies that EOD Primary Tumor is coded consistently with Histologic Type ICD-O-3 and Behavior Code ICD-O-3 for verrucous carcinoma for Schema ID 00570, Penis.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00570
 - c. Histologic Type ICD-O-3 or Behavior Code ICD-O-3 is blank
 - d. Type of Reporting Source is 7 (Death Certificate Only)
2. If EOD Primary Tumor = 070 (verrucous carcinoma)
then Histologic Type ICD-O-3 and Behavior Code ICD-O-3 must = 80513
(verrucous carcinoma)

EOD Primary Tumor, Primary Site NOS (SEER)***Administrative Notes***

New edit - NAACCR v21 metafile

Modifications

NAACCR v23

- Description, logic updated, grouped item Morph&Behav ICD-O-3 split into components, Histologic Type ICD-O-3 and Behavior Code

ICD-O-3

EOD Primary Tumor, Primary Site NOS (SEER)

Agency: SEER

Last changed: 08/11/2020 19:12:11

Edit Tag N6132

Description

This edit checks consistency of coding between EOD Primary Tumor code 800 and Primary Site NOS codes.

1. This edit is skipped if any of the following conditions is true:
 - a. Diagnosis date is invalid, blank (unknown), or before 2021.
 - b. EOD Primary Tumor is blank.
 - c. Primary Site is blank or Primary Site group does not include NOS code (C140-C148,C210-C221,C300-C301,C380-C388, C420-C424,C480-C488,C760-C768)
 - d. Schema ID = 00790 (Lymphoma) or 00795 (Lymphoma CLL/SLL)
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If EOD Primary Tumor = 800 (no evidence of primary tumor), then the final digit of Primary Site must = 9

Administrative Notes

New edit - NAACCR v21 metafile

EOD Primary Tumor, Prostate, RX Summ--Surg Prim Site 03-2022 (SEER)

Agency: SEER

Last changed: 08/25/2022 17:55:02

Edit Tag N6880

EOD Primary Tumor, Prostate, RX Summ--Surg Prim Site 2023 (SEER)**Description**

This edit verifies that EOD Primary Tumor is coded consistently with RX Summ--Surg Prim Site 03-2022 for Schema ID 00580, Prostate.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis = blank (unknown), invalid, or not 2021 or 2022.
 - b. Schema ID is blank or not 00580
 - c. EOD Primary Tumor is blank
 - d. RX Summ--Surg Prim Site 03-2022 is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If EOD Primary Tumor = 100, 110, or 150 (incidental finding for example on TURP)
if EOD Prostate Pathologic Extension = 800-999 (no tumor at prostatectomy or no prostatectomy or unknown if prostatectomy done)
RX Summ--Surg Prim Site 03-2022 must = 20-22, 24-26 (TURP), 30 (simple prostatectomy)

Administrative Notes

New edit - NAACCR v23 metafile

EOD Primary Tumor, Prostate, RX Summ--Surg Prim Site 2023 (SEER)

Agency: SEER

Last changed: 08/25/2022 17:55:45

Edit Tag N6828

Description

This edit verifies that EOD Primary Tumor is coded consistently with RX Summ--Surg Prim Site 2023 for Schema ID 00580, Prostate.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2023, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00580
 - c. EOD Primary Tumor is blank
 - d. RX Summ--Surg Prim Site 2023 is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If EOD Primary Tumor = 100, 110, or 150 (incidental finding for example on TURP)
if EOD Prostate Pathologic Extension = A800-A999 (no tumor at prostatectomy or no prostatectomy or unknown if prostatectomy done)
RX Summ--Surg Prim Site 2023 must = A200-A220, A240-A260 (TURP), A300 (simple prostatectomy)

EOD Primary Tumor, Retinoblastoma, RX Summ--Surg Prim Site 03-2022 (SEER)***Administrative Notes***

New edit - NAACCR v23 metafile

EOD Primary Tumor, Retinoblastoma, RX Summ--Surg Prim Site 03-2022 (SEER)

Agency: SEER

Last changed: 07/09/2022 12:06:27

Edit Tag N6366

Description

This edit verifies that EOD Primary Tumor is coded consistently with RX Summ--Surg Prim Site for Schema ID 00680, Retinoblastoma.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021 or after 2022, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00680
 - c. EOD Primary Tumor is blank
 - d. RX Summ--Surg Prim Site 03-2022 is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)

2. If EOD Primary Tumor = 175, 250, 275, 350, 400, 450, 500, or 750 (codes requiring surgical resection, enucleation)
then RX Summ--Surg Prim Site 03-2022 must = 41 (enucleation)

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v23

- Description, logic updated, edit skipped for dx year > 2022
- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022
- Name changed from EOD Primary Tumor, Retinoblastoma, RX Summ--Surg Prim Site (SEER)

EOD Primary Tumor, Retinoblastoma, RX Summ--Surg Prim Site 2023 (SEER)

Agency: SEER

Last changed: 08/22/2022 17:56:36

EOD Primary Tumor, Stomach, Morphology ICDO3 (SEER)**Edit Tag N6751****Description**

This edit verifies that EOD Primary Tumor is coded consistently with RX Summ--Surg Prim Site 2023 for Schema ID 00680, Retinoblastoma.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2023, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00680
 - c. EOD Primary Tumor is blank
 - d. RX Summ--Surg Prim Site 2023 is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)

2. If EOD Primary Tumor = 175, 250, 275, 350, 400, 450, 500, or 750 (codes requiring surgical resection, enucleation)
then RX Summ--Surg Prim Site 2023 must = A410 (enucleation)

Administrative Notes

New edit - NAACCR v23 metafile

EOD Primary Tumor, Stomach, Morphology ICDO3 (SEER)

Agency: SEER

Last changed: 03/03/2023 10:24:51

Edit Tag N6829**Description**

This edit verifies that EOD Primary Tumor is coded consistently with Histologic Type ICD-O-3 code for linitis plastica for Schema ID 00170, Stomach.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2018, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00170
 - d. EOD Primary Tumor is blank
 - e. Histologic Type ICD-O-3 is blank
 - f. Type of Reporting Source is 7 (Death Certificate Only)

2. If Histologic Type ICD-O-3 = 8142/3 (linitis plastica),
EOD Primary Tumor must = 400 (linitis plastica with no other information on tumor) or higher (500, 600, 650, 700, 750)

Administrative Notes

New edit - NAACCR v23 metafile

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05/01/2023 02:04 PM

EOD Primary Tumor, Testis, Morphology, Tumor Size (SEER)

Modifications

NAACCR v23A

- Administrative Note corrected to show new edit in NAACCR v23
- Description, logic updated, skip before 2021 changed to skip before 2018

EOD Primary Tumor, Testis, Morphology, Tumor Size (SEER)

Agency: SEER

Last changed: 04/16/2022 14:19:22

*Edit Tag N6246***Description**

This edit checks consistency of coding between EOD Primary Tumor code 100 and Histologic Type ICD-O-3, Behavior Code ICD-O-3, Tumor Size Clinical, Tumor Size Pathologic, and Tumor Size Summary for Schema ID 00590, Testis

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00590
 - c. EOD Primary Tumor is blank
 - d. Histologic Type ICD-O-3 or Behavior Code ICD-O-3 is blank
 - e. Tumor Size Clinical and Tumor Size Pathologic are both blank
 - f. Type of Reporting Source is 7 (Death Certificate Only)
2. If EOD Primary Tumor = 100 (tumor size < 3cm limited to testis):
 - a. Histologic Type ICD-O-3 and Behavior Code ICD-O-3 must = 90613 (pure seminoma)
 - b. Tumor Size Clinical must = 001-029, 990, 999 or
Tumor Size Pathologic must = 001-029, 990, 999
 - c. Tumor Size Summary if not blank must = 001-029, 990, 999
3. If EOD Primary Tumor = 150 (tumor >= 3cm limited to testis):
 - a. Histologic Type ICD-O-3 and Behavior Code ICD-O-3 must = 90613 (pure seminoma)
 - b. Tumor Size Clinical must = 030-989 or 999 or Tumor Size Pathologic if not blank must = 030-989 or 999 and
 - c. Tumor Size Summary if not blank must = 030-989 or 999

EOD Primary Tumor, Testis, RX Summ--Surg Prim Site 03-2022 (SEER)***Administrative Notes***

New edit - NAACCR v21 metafile

Modifications**NAACCR v22**

- Description corrected, if EOD Primary Tumor = 100, tumor size must = 001-029, 990, 999, not 000-029

NAACCR v23

- Description, logic updated, grouped data items Morph Type&Behav ICD-O-3 separated into component data items, Histologic Type ICD-O-3, and Behavior Code ICD-O-3.

EOD Primary Tumor, Testis, RX Summ--Surg Prim Site 03-2022 (SEER)

Agency: SEER

Last changed: 07/09/2022 12:06:27

Edit Tag N6195

Description

This edit verifies that EOD Primary Tumor is coded consistently with RX Summ--Surg Prim Site for Schema ID 00590, Testis.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021 or after 2022, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00590
 - c. EOD Primary Tumor is blank
 - d. RX Summ--Surg Prim Site 03-2022 is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)

2. If EOD Primary Tumor = 100, 150, 200, 300, 400, or 500 (codes requiring orchiectomy)
then RX Summ--Surg Prim Site 03-2022 must = 30, 40, or 80 (orchiectomy)

Administrative Notes

New edit - NAACCR v21 metafile

Modifications**NAACCR v23**

- Description, logic updated, edit skipped for Dx year > 2022
- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022
- Description, logic updated, code 300 added as requiring orchiectomy
- Name changed from EOD Primary Tumor, Testis, RX Summ--Surg Prim Site (SEER)

EOD Primary Tumor, Testis, RX Summ--Surg Prim Site 2023 (SEER)

EOD Primary Tumor, Testis, RX Summ--Surg Prim Site 2023 (SEER)

Agency: SEER

Last changed: 08/22/2022 17:56:36

Edit Tag N6752

Description

This edit verifies that EOD Primary Tumor is coded consistently with RX Summ--Surg Prim Site 2023 for Schema ID 00590, Testis.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2023, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00590
 - c. EOD Primary Tumor is blank
 - d. RX Summ--Surg Prim Site 2023 is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)

2. If EOD Primary Tumor = 100, 150, 200, 300, 400, or 500 (codes requiring orchiectomy)
then RX Summ--Surg Prim Site 2023 must = A300, A400, or A800 (orchiectomy)

Administrative Notes

New edit - NAACCR v23 metafile

EOD Primary Tumor, Urinary, Histology ICDO3, Behavior ICDO3 (SEER)

Agency: SEER

Last changed: 07/11/2020 16:19:34

Edit Tag N6180

Description

This edit verifies that EOD Primary Tumor is coded consistently with Histologic Type ICD-O-3 codes for papillary carcinomas and Behavior Code ICD-O-3 for Schema IDs 00610 Kidney Renal Pelvis, 00620 Bladder, 00631 Urethra, 00633 Urethra Prostatic.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00610, 00620, 00631, 00633
 - c. EOD Primary Tumor is blank
 - d. Histologic Type ICD-O-3 is blank

EOD Primary Tumor/Mets, Conjunctiva, Mets at DX-Bone, Brain (SEER)

e. Behavior Code ICD-O-3 is blank

f. Type of Reporting Source is 7 (Death Certificate Only)

2. If EOD Primary Tumor = 000 (papillary non-invasive)

then Behavior Code ICD-O-3 must = 2 (in situ) and Histologic Type ICD-O-3

must = 8130 or 8131 (papillary or micropapillary transitional cell carcinoma)

Administrative Notes

New edit - NAACCR v21 metafile

EOD Primary Tumor/Mets, Conjunctiva, Mets at DX-Bone, Brain (SEER)

Agency: SEER

Last changed: 06/13/2020 16:28:27

Edit Tag N6302

Description

This edit verifies that EOD Primary Tumor indicating bone or brain involvement and EOD Mets indicating no metastases are coded consistently with Mets at DX-Bone/Brain for Schema ID 00650, Conjunctiva.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00650
 - c. EOD Primary Tumor and EOD Mets are both blank
 - d. Mets at DX-Bone and Mets at DX-Brain are both blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)

2. If EOD Primary Tumor = 500 (Bone, Bone of Orbit) and EOD Mets = 00 (no metastasis)
then Mets at DX-Bone if not blank must = 0 (no bone metastasis)

3. If EOD Primary Tumor = 650 (Brain) and EOD Mets = 00 (no metastasis)
then Mets at DX-Brain if not blank must = 0 (no brain metastasis)

EOD Primary Tumor/Nodes, Plasma Cell Disorders, Histology (SEER)**Administrative Notes**

New edit - NAACCR v21 metafile

EOD Primary Tumor/Nodes, Plasma Cell Disorders, Histology (SEER)

Agency: SEER

Last changed: 08/11/2020 19:12:11

Edit Tag N6311

Description

This edit verifies that EOD Primary Tumor is coded consistently with Histologic Type ICD-O-3 codes for histologies 9731, 9734, 9671, and 9761 for Schema ID 00822, Plasma Cell Disorders.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00822
 - c. EOD Primary Tumor is blank and EOD Regional Nodes is blank
 - d. Histologic Type ICD-O-3 is blank
2. If Histologic Type ICD-O-3 = 9731 (Plasmacytoma NOS)
 - a. If Type of Reporting Source = 7 (Death Certificate Only)
then EOD Primary Tumor must = 999 and
EOD Regional Nodes must = 987 (not applicable) or 999 (unknown)
 - b. If Type of Reporting Source not = 7,
then EOD Primary Tumor must = 100 or 999 and
EOD Regional Nodes must = 987.
3. If Histologic Type ICD-O-3 = 9734 (Plasmacytoma Extramedullary)
 - a. If Type of Reporting Source = 7
then EOD Primary Tumor must = 999 and EOD Regional Nodes must = 999
 - b. If Type of Reporting Source not = 7
then EOD Primary Tumor must = 200 or 999 (single extramedullary
plasmacytomas or unknown)
and EOD Regional Nodes must = 000, 800, or 999 (positive or negative
nodal involvement or unknown)
4. If Histologic Type ICD-O-3 = 9671 (Lymphoplasmacytic Lymphoma) or 9761 (Waldenstrom Macroglobulinemia)
 - a. If Type of Reporting Source = 7,
EOD Primary Tumor must = 700 or 999 and EOD Regional Nodes must =
987 or 999.
 - b. If Type of Reporting Source not = 7, EOD Primary Tumor must = 700
and EOD Regional Nodes must = 987.

Administrative Notes

New edit - NAACCR v21 metafile

EOD Primary Tumor/Nodes/Mets, Lung Occult Carcinoma, Summary Stage 2018 (SEER)

EOD Primary Tumor/Nodes/Mets, Lung Occult Carcinoma, Summary Stage 2018 (SEER)

Agency: SEER

Last changed: 02/06/2022 17:12:31

Edit Tag N6205

Description

This edit checks consistency of coding between EOD Primary Tumor, EOD Regional Nodes, EOD Mets, and Summary Stage 2018 for an Occult Carcinoma in Schema ID 00360, Lung.

1. This edit is skipped if any of the following conditions is true:
 - a. Diagnosis date is invalid, blank (unknown), or before 2021.
 - b. Schema ID is blank or not = 00360
 - c. EOD Primary Tumor, EOD Regional Nodes, and EOD Mets are all blank
 - d. Type of Reporting Source is 7 (Death Certificate Only)

2. If EOD Primary Tumor = 980 (Tumor proven by presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy) then:
 - a. EOD Regional Nodes must = 000
 - b. EOD Mets must = 00
 - c. Summary Stage 2018 must = 9 or blank

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v22B

- Description updated, references to Derived Summary Stage 2018, Tumor Size Clinical, Tumor Size Pathologic, and Tumor Size Summary removed.

EOD Prostate Pathologic Extension, Blank for Other Schemas (SEER)

Agency: SEER

Last changed: 08/15/2020 19:32:19

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495

05/01/2023 02:04 PM

EOD Prostate Pathologic Extension, Date DX (SEER)**Edit Tag N6128****Description**

This edit verifies that EOD Prostate Pathologic Extension, that are defined for Prostate (Schema ID 00580) only, is blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank or 00580.

If Schema ID is not 00580 (Prostate), EOD Prostate Pathologic Extension must be blank.

Administrative Notes

New edit - NAACCR v18D metafile

Modifications

NAACCR v21

- Name changed from Prostate Pathological Extension, Blank for Other Schemas (SEER)
- Description, logic updated, Prostate Pathological Extension changed to EOD Prostate Pathologic Extension

EOD Prostate Pathologic Extension, Date DX (SEER)

Agency: SEER

Last changed: 07/04/2020 17:19:03

Edit Tag N2705**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid EOD Prostate Pathologic Extension code or blank:

000: In situ; noninvasive; intraepithelial

300: Invasion into (but not beyond) prostatic capsule

EOD Prostate Pathologic Extension, Date DX (SEER)

- Intracapsular involvement only;
 No extracapsular extension
 Confined to prostate, NOS
 Localized, NOS
- 350: Bladder neck, microscopic invasion
 Extraprostatic extension (beyond prostatic capsule), unilateral,
 bilateral, or NOS WITHOUT invasion of the seminal vesicles
 extension to periprostatic tissue WITHOUT invasion of the seminal
 vesicles
- 400: Tumor invades seminal vesicle(s)
- 500: Extraprostatic tumor that is not fixed WITHOUT invasion of adjacent
 structures
- 600: Bladder neck, except microscopic bladder neck involvement
 Bladder, NOS
 External sphincter
 Extraprostatic urethra (membranous urethra)
 Fixation, NOS
 Levator muscles
 Rectovesical (Denonvillilier's) fascia
 Rectum
 Skeletal muscle
 Ureter(s)
- 700: Extension to or fixation to pelvic wall or pelvic bone
 "Frozen pelvis", NOS
 Further contiguous extension including
- Bone
 - Other organs
 - Penis
 - Sigmoid colon
 - Soft tissue other than periprostatic
- 800: No evidence of primary tumor
- 900: No prostatectomy or autopsy performed
- 950: Prostatectomy performed, but not first course of treatment,
 for example performed after disease progression
- 999: Unknown; extension not stated
 Unknown if prostatectomy done
 Primary tumor cannot be assessed;
 Not documented in medical record

Another edit, EOD Prostate Pathologic Extension, Schema ID, Required (SEER), checks that the item is coded by Schema ID. The item is required by SEER for prostate cancer.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Description, logic updated, code 250 removed
- Name changed from Prostate Pathological Extension, Date DX (SEER)
- Description, logic updated, Prostate Pathological Extension changed to EOD Prostate Pathologic Extension

EOD Prostate Pathologic Extension, RX Summ--Surg Prim Site 03-2022 (SEER)

EOD Prostate Pathologic Extension, RX Summ--Surg Prim Site 03-2022 (SEER)

Agency: SEER

Last changed: 03/01/2023 08:05:59

Edit Tag N6179

Description

This edit verifies that EOD Prostate Pathologic Extension is coded consistently with RX Summ--Surg Prim Site 03-2022 for Schema ID 00580, Prostate.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021 or after 2022, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00580
 - c. EOD Prostate Pathologic Extension is blank
 - d. RX Summ--Surg Prim Site 03-2022 is blank
 - e. Type of Reporting Source is 6 (Autopsy only) or 7 (Death Certificate Only)
2. If RX Summ--Surg Prim Site 03-2022 = 90 or 99 (surgery NOS or unknown if surgery)
then EOD Prostate Pathologic Extension must = 900, 950, or 999 (unknown if prostatectomy performed)
3. If Diagnosis year = 2021
 - A. If RX Summ--Surg Prim Site 03-2022 = 30-80 (prostatectomy performed)
then EOD Prostate Pathologic Extension must = 000-800, 999.
 - B. If RX Summ--Surg Prim Site 03-2022 = 00-26 (prostatectomy not performed)
then EOD Prostate Pathologic Extension must = 900 (no prostatectomy performed)
or 950 (prostatectomy not first course therapy)
 - C. If EOD Prostate Pathologic Extension = 900 or 950
then RX Summ--Surg Prim Site 03-2022 must = 00-26, 90, or 99 (no prostatectomy performed)
4. If Diagnosis year = 2022
 - A. If RX Summ--Surg Prim Site 03-2022 = 50-80 (prostatectomy performed)
then EOD Prostate Pathologic Extension must = 000-800, 999.
 - B. If RX Summ--Surg Prim Site 03-2022 = 00-30 (prostatectomy not performed)
then EOD Prostate Pathologic Extension must = 900 (no prostatectomy performed)
or 950 (prostatectomy not first course therapy)
 - C. If EOD Prostate Pathologic Extension = 900 or 950
then RX Summ--Surg Prim Site 03-2022 must = 00-30, 90, or 99 (no prostatectomy performed)

EOD Prostate Pathologic Extension, RX Summ--Surg Prim Site 2023 (SEER)***Administrative Notes***

New edit - NAACCR v21 metafile

Modifications**NAACCR v22**

- Description, logic updated. requirements added for 2022+.

NAACCR v22B

- Logic updated, checks for diagnosis year >= 2018 changed to diagnosis year >= 2022

NAACCR v23

- Description, logic updated, edit skipped for dx year > 2022

- Logic updated, comment removed from 2021 statements

- Logic updated, INLIST/NOT INLIST changed to AT

- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022

- Name changed from EOD Prostate Pathologic Extension, RX Summ--Surg Prim Site (SEER)

NAACCR v23A

- Description, logic updated, skip added for Type of Reporting Source = 6, autopsy only.

EOD Prostate Pathologic Extension, RX Summ--Surg Prim Site 2023 (SEER)

Agency: SEER

Last changed: 08/22/2022 17:56:36

Edit Tag N6753

Description

This edit verifies that EOD Prostate Pathologic Extension is coded consistently with RX Summ--Surg Prim Site 2023 for Schema ID 00580, Prostate.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2023, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00580
 - c. EOD Prostate Pathologic Extension is blank
 - d. RX Summ--Surg Prim Site 2023 is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If RX Summ--Surg Prim Site 2023 = A900 or A990 (surgery NOS or unknown if surgery)
 - then EOD Prostate Pathologic Extension must = 900, 950, or 999 (unknown if prostatectomy performed)
3. If RX Summ--Surg Prim Site 2023 = A500-A800 (prostatectomy performed)
 - then EOD Prostate Pathologic Extension must = 000-800, 999.
4. If RX Summ--Surg Prim Site 2023 = A000-A300 (prostatectomy not performed)

EOD Prostate Pathologic Extension, RX Summ--Treatment Status (SEER)

then EOD Prostate Pathologic Extension must = 900 (no prostatectomy performed)
or 950 (prostatectomy not first course therapy)

5. If EOD Prostate Pathologic Extension = 900 or 950
then RX Summ--Surg Prim Site 2023 must = A000-A300, A900, or A990 (no prostatectomy performed)

Administrative Notes

New edit - NAACCR v23 metafile

EOD Prostate Pathologic Extension, RX Summ--Treatment Status (SEER)

Agency: SEER

Last changed: 08/22/2022 17:56:36

Edit Tag N6879

Description

This edit verifies that EOD Prostate Pathologic Extension is coded consistently with RX Summ--Treatment Status for Schema ID 00580, Prostate.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2023, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00580
 - c. EOD Prostate Pathologic Extension is blank
 - d. RX Summ--Treatment Status is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If RX Summ--Treatment Status = 2 (Active surveillance)
EOD Prostate Pathologic Extension must = 900 (no prostatectomy performed) or 950 (Radical prostatectomy performed but not first course of treatment)

Administrative Notes

New edit - NAACCR v23 metafile

EOD Prostate Pathologic Extension, Schema ID, Required (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3063

EOD Regional Nodes (SEER)**Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that EOD Prostate Pathologic Extension is coded (not blank) for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00580: Prostate

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v21**

- Name changed from Prostate Pathological Extension, Schema ID, Required (SEER)
- Description, logic updated, Prostate Pathological Extension changed to EOD Prostate Pathologic Extension

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020
- Description, logic updated, skip added for Type of Reporting Source = 7 (DCO)

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

EOD Regional Nodes (SEER)

Agency: SEER

Last changed: 03/21/2018 19:16:09

Edit Tag N2994

Description

Must be a valid code for EOD Regional Nodes. May be blank.

Valid codes:

EOD Regional Nodes, Ampulla, Regional Nodes Positive (SEER)

000
030
050
070
100
150
200
250
300
350
400
450
500
550
600
650
700
750
800
888
987
999
blank

Administrative Notes

New edit - NAACCR v18 metafile

**EOD Regional Nodes, Ampulla, Regional Nodes Positive
(SEER)**

Agency: SEER

Last changed: 03/03/2023 10:21:45

Edit Tag N6806

Description

This edit verifies that EOD Regional Nodes codes 300 and 400 are coded consistently with Regional Nodes Positive for Schema ID 00270, Ampulla of Vater.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2018, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00270
 - d. EOD Regional Nodes is blank
 - e. Regional Nodes Positive is blank
 - f. Type of Reporting Source is 7 (Death Certificate Only)

EOD Regional Nodes, Appendix, Regional Nodes Positive (SEER)

2. If EOD Regional Nodes = 300 (1-3 positive regional nodes)
then Regional Nodes Positive must = 00, 01, 02, 03, 95, 97, 98,
or 99
3. If Regional Nodes Positive = 04-90
then EOD Regional Nodes must = 400 (4 or more positive regional
lymph nodes)

Administrative Notes

New edit - NAACCR v23 metafile

Modifications

NAACCR v23A

- Description, logic updated, skip before 2021 changed to skip before 2018

EOD Regional Nodes, Appendix, Regional Nodes Positive (SEER)

Agency: SEER

Last changed: 04/21/2022 21:21:28

Edit Tag N6153

Description

This edit verifies that EOD Regional Nodes code 400 is coded consistently with Regional Nodes Positive for Schema ID 00190, Appendix.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00190 or 09190
 - d. EOD Regional Nodes is blank
 - e. Regional Nodes Positive is blank
 - f. Type of Reporting Source is 7 (Death Certificate Only)
2. If EOD Regional Nodes = 400 (Tumor deposits in subserosa or mesentery, no regional lymph node metastasis)
then Regional Nodes Positive must = 00 (no nodes positive), 98 (no nodes examined), or 99 (unknown if nodes positive)

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

EOD Regional Nodes, Bladder, Regional Nodes Positive (SEER)

NAACCR v23

- Description, logic updated, Schema ID 09190 added

EOD Regional Nodes, Bladder, Regional Nodes Positive (SEER)

Agency: SEER

Last changed: 05/28/2022 10:35:50

Edit Tag N6181

Description

This edit verifies that EOD Regional Nodes codes 300 and 400 are coded

consistently with Regional Nodes Positive for Schema ID 00620, Bladder.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00620
 - d. EOD Regional Nodes is blank
 - e. Regional Nodes Positive is blank
 - f. Type of Reporting Source is 7 (Death Certificate Only)
2. If EOD Regional Nodes = 300 (single regional node)
then Regional Nodes Positive must = 00, 01, 95, 97, 98, or 99
3. If Regional Nodes Positive = 02-90
then EOD Regional Nodes must = 400 (multiple regional nodes) or 700
(common iliac nodes)

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v23

- Description, logic updated, 97 added to list of codes for EOD Regional Nodes = 300

EOD Regional Nodes, Breast, Reg Nodes Positive, Scope Nodes (SEER)

Agency: SEER

Last changed: 04/29/2022 23:01:55

Edit Tag N5031

EditWriter 5

504

05/01/2023 02:04 PM

EOD Regional Nodes, Breast, Reg Nodes Positive, Scope Nodes (SEER)**Description**

This edit verifies that EOD Regional Nodes codes for pathological assessment are coded consistently with Regional Nodes Positive and RX Summ--Scope Reg LN Sur for Schema ID 00480, Breast.

1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
 - b. Schema ID is not 00480
 - c. EOD Regional Nodes is blank
 - d. Type of Reporting Source = 7 (Death Certificate Only)
2. If EOD Regional Nodes = 030, 050, or 070 (pathological assessment of nodes with ITCs only or negative nodes)
 - Regional Nodes Positive if not blank must = 00 (no nodes positive) or 99 (unknown or no information)
3. If EOD Regional Nodes = 200 (pathologic assessment only, positive axillary nodes), 250, or 300 (pathologic assessment only, internal mammary nodes positive on sentinel node biopsy without and with axillary nodes)
 - Regional Nodes Positive if not blank must not = 00 (no nodes positive), 98 (no nodes examined) or 99 (unknown or no information)
4. If EOD Regional Nodes = 030, 050, 070, 200, 250. or 300 and RX Summ--Scope Reg LN Sur is not blank
 - if Type of Reporting Source = 6 (autopsy only)
 - RX Summ--Scope Reg LN Sur must = 0
 - else if vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis
 - RX Summ--Scope Reg LN Sur must = 0-7
 - else RX Summ--Scope Reg LN Sur must = 1-7

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v18D**

- Description, logic updated, statement 4 removed: if all nodes examined negative, EOD Regional Nodes required to be 030, 050, or 070

NAACCR v21

- Name changed from Breast, Nodes Pos/Ex, Scope Nodes, EOD Regional Nodes (SEER)
- Check on RX Summ--Scope Reg LN Sur for statement 2 changed to "must = 1-7" from "must not = 0"
- Description updated, statements 2 and 3 combined into single statement
- Description, logic updated, new statement 3 added checking values for Regional Nodes Positive and RX Summ--Scope Reg LN Sur when EOD Regional Nodes code indicates pathologic assessment (codes 200, 250,300)

EOD Regional Nodes, Breast, Sentinel Nodes Positive, Scope Nodes (SEER)

NAACCR v22

- Description, logic updated, Scope of Nodes checked if Type of Reporting Source = 6 (autopsy only)
- Description, logic updated, Scope of Nodes checked if Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis
- Name changed from EOD Regional Nodes, Breast, Nodes Positive, Scope Nodes (NAACCR)

EOD Regional Nodes, Breast, Sentinel Nodes Positive, Scope Nodes (SEER)

Agency: SEER

Last changed: 04/14/2021 21:25:06

*Edit Tag N6289***Description**

This edit verifies that EOD Regional Nodes codes are coded consistently with Sentinel Nodes Positive for Schema ID 00480, Breast.

1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less than 2021, blank (unknown), or invalid
 - b. Schema ID is not 00480
 - c. EOD Regional Nodes is blank
 - d. Sentinel Lymph Nodes Positive is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If EOD Regional Nodes = 000 (negative nodal involvement) or 030, 050, or 070 (pathological assessment of nodes with ITCs only or negative nodes) then Sentinel Lymph Nodes Positive must = 00, 98, or 99 (no nodes positive)
3. If EOD Regional Nodes = 250 or 300 (pathologic assessment only, internal mammary nodes positive on sentinel node biopsy without and with axillary nodes) then Sentinel Lymph Nodes Positive must not = 00, 98, or 99 (no nodes positive)
4. If EOD Regional Nodes = 250 or 300 then RX Summ--Scope Reg LN Sur if not blank must = 2, 6, or 7 (sentinel node procedure performed)

Administrative Notes

New edit - NAACCR v21 metafile

EOD Regional Nodes, Gynecologic, Reg Nodes Positive, Scope Reg LN (SEER)

EOD Regional Nodes, Gynecologic, Reg Nodes Positive, Scope Reg LN (SEER)

Agency: SEER

Last changed: 07/29/2022 15:58:29

Edit Tag N6225

Description

This edit verifies that EOD Regional Nodes code 050 is coded consistently with Regional Nodes Positive and RX Summ--Scope Reg LN Sur for gynecologic schemas: Schema ID 00500 Vulva 00510 Vagina, 00520 Cervix [8th: 2018-2020], 09520 Cervix [V9: 2021+], 00528 Cervix Sarcoma [2021], 00530 Corpus Carcinoma, 00541 Corpus Sarcoma, 00542 Corpus Adenosarcoma, 00551 Ovary, 00552 Primary Peritoneal Carcinoma, and 00553 Fallopian Tube.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00500, 00510, 00520, 00528, 09520, 00530, 00541, 00542, 00551, 00552, 00553
 - c. EOD Regional Nodes is blank
 - d. Type of Reporting Source is 7 (Death Certificate Only)
2. If EOD Regional Nodes = 050 (Isolated tumor cells in regional lymph node(s) no greater than 0.2 mm) then Regional Nodes Positive must = 00 or 99
3. If EOD Regional Nodes = 050
 - if Type of Reporting Source = 6 (autopsy only)
 - RX Summ--Scope Reg LN Sur must = 0
 - else if vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis
 - RX Summ--Scope Reg LN Sur must = 0-7
 - else RX Summ--Scope Reg LN Sur must = 1-7

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v22

- Description, logic updated to add Schema ID 00528
- Description, logic updated, Scope of Nodes checked if Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis
- Description, logic updated, Scope of Nodes checked if Type of reporting Source = 6

NAACCR v23

- Description updated, "9th" changed to "V9"

EOD Regional Nodes, Head/Neck, Reg Nodes Positive, Scope Nodes (SEER)

EOD Regional Nodes, Head/Neck, Reg Nodes Positive, Scope Nodes (SEER)

Agency: SEER

Last changed: 06/28/2022 21:51:19

Edit Tag N6287

Description

This edit verifies that EOD Regional Nodes codes for pathologic involvement only are coded consistently with Regional Nodes Positive and RX Summ--Scope Reg LN Sur for Head and Neck Schema IDs.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00060, 00071, 00072, 00073, 00074, 00075, 00076, 00077, 00080, 00100, 00111, 00112, 00121, 00122, 00130, 00131, 00132, 00133, 00150
 - d. EOD Regional Nodes is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If EOD Regional Nodes = 150, 500, 600, 700 (pathological only) Regional Nodes Positive must not = 00, 98, or 99 (no nodes positive)
3. If EOD Regional Nodes = 150, 500, 600, 700
 - if Type of Reporting Source = 6 (autopsy only)
 - RX Summ--Scope Reg LN Sur must =0
 - else if vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis
 - RX Summ--Scope Reg LN Sur must = 0-7
 - else RX Summ--Scope Reg LN Sur must = 1-7

NOTE: Schema ID 00100 has only code 500

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v22

- Description, logic updated, Scope of Nodes checked if Type of Reporting Source = 6 (Autopsy only)

- Description, logic updated, Scope of Nodes checked if Vital Status = 0 and Date of Last Contact

EOD Regional Nodes, Kaposi Sarcoma, Scope Nodes/Distant Nodes (SEER)
within 5 months of Date of Diagnosis

EOD Regional Nodes, Kaposi Sarcoma, Scope Nodes/Distant Nodes (SEER)

Agency: SEER

Last changed: 08/07/2021 16:11:29

Edit Tag N6295

Description

This edit verifies that EOD Regional Nodes codes for pathologic involvement only are coded consistently with RX Summ--Scope Reg LN Sur for Schema ID 00458, Kaposi Sarcoma.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00458
 - c. EOD Regional Nodes is blank
 - d. RX Summ--Scope Reg LN Sur and RX Summ--Oth Reg/Dis are both blank
 - e. Type of Reporting Source is 6 (Autopsy only) or 7 (Death Certificate Only)
 - f. Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis

2. If EOD Regional Nodes = 200 or 300 (pathological only)
Then RX Summ--Scope Reg LN Sur must = 1-7 (nodal procedure performed) or TX Summ--Surg Oth Reg/Dis must = 3 (surgery of distant nodes)

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v22

- Description, logic updated, skips for Type of Reporting Source = 6 (Autopsy only) added, Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis

EOD Regional Nodes, Kidney Renal Pelvis/Urethra, Regional Nodes Positive (SEER)

Agency: SEER

Last changed: 07/13/2022 23:58:22

Edit Tag N6199

EOD Regional Nodes, Melanoma Skin, Sentinel Lymph Nodes Positive, Regional Nodes Positive (SEER)**Description**

This edit verifies that EOD Regional Nodes codes 400 and 800 are coded consistently with Regional Nodes Positive for Schema ID 00610, Kidney Renal Pelvis, 00631 Urethra, and 00633 Urethra Prostatic.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00610, 00631, or 00633
 - c. EOD Regional Nodes is blank
 - d. Regional Nodes Positive is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If EOD Regional Nodes = 200 or 300 (single positive node)
Regional Nodes Positive must = 00, 01, 95, 97, 98, or 99
2. If Regional Nodes Positive = 02-90
then EOD Regional Nodes must = 400 (multiple nodes)

Note: Schema IDs 00631 and 00633 have only codes 300 and 400

Administrative Notes

New edit - NAACCR v21 metafile

Modifications**NAACCR v21B**

- Logic modified, "dd" added to "INLIST" statement

NAACCR v23

- Description, logic updated, 97 added to list of codes for EOD Regional Nodes = 300
- Description, logic updated, code 800 removed as allowable with Regional Nodes Positive = 02-90

EOD Regional Nodes, Melanoma Skin, Sentinel Lymph Nodes Positive, Regional Nodes Positive (SEER)

Agency: SEER

Last changed: 06/06/2022 18:08:44

Edit Tag N6165

Description

This edit verifies that EOD Regional Nodes is coded consistently with Sentinel Lymph Nodes Positive and Regional Nodes Positive for Schema ID 00470, Melanoma of Skin

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00470

EOD Regional Nodes, Melanoma Skin, Sentinel Lymph Nodes Positive, Regional Nodes Positive (SEER)

- d. EOD Regional Nodes is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If EOD Regional Nodes is 000 (no lymph node involvement) or 300 (no clinically occult or detected nodes), then Sentinel Lymph Nodes Positive if not blank must = 00, 98, or 99 and Regional Nodes Positive if not blank must = 00, 98, or 99
 3. If EOD Regional Nodes = 100 (1 clinically occult node) then Sentinel Lymph Node Positive if not blank must = 00, 01, 95, 97, 98, or 99 and Regional Nodes Positive if not blank must = 01, 95, or 97
 4. If EOD Regional Nodes = 200 (1 clinically detected node), 350 (1 involved node unknown how detected), or 500 (1 clinically occult or detected node) then Sentinel Lymph Node Positive if not blank must = 00, 01, 95, 97, 98, or 99 and Regional Nodes Positive if not blank must = 00, 01, 95, 97, 98, or 99
 5. If EOD Regional Nodes = 400 (2 or 3 clinically occult nodes) then Sentinel Lymph Node Positive if not blank must = 00, 01-03, 95, 97, 98, or 99 and Regional Nodes Positive if not blank must = 02-03
 6. If EOD Regional Nodes = 450 (2 or 3 involved nodes with 1 or greater clinically detected) or 550 (2 or 3 nodes unknown how detected) then Sentinel Lymph Node Positive if not blank must = 00, 01-03, 95, 97, 98, or 99 and Regional Nodes Positive if not blank must = 00, 01-03, 95, 97, 98, or 99
 7. If EOD Regional Nodes = 600 (4 or more clinically occult nodes), then Sentinel Lymph Node Positive if not blank must = 00, 01-90, 95, 97, 98, or 99 and Regional Nodes Positive if not blank must = 04-90, or 97
 8. If EOD Regional Nodes = 999 (unknown regional lymph nodes), then Sentinel Nodes Positive if not blank must = 98 or 99 and Regional Nodes Positive if not blank must = 98 or 99
 10. If Sentinel Lymph Nodes Positive = 01-97 or Regional Nodes Positive = 01-97, then EOD Regional Nodes must not = 000

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v23

- Description, logic updated, 97 added to list of codes for Regional Nodes Positive and Sentinel Nodes Positive if EOD Regional Nodes = 100 or 200,

EOD Regional Nodes, Merkel Cell, Reg Nodes Positive, Scope Nodes (SEER)

- Description, logic updated, 95 or 97 removed from list of codes for Regional Nodes Positive if EOD Regional Nodes = 400

- Description updated, Regional Lymph Nodes in #10 changed to Regional Nodes Positive

EOD Regional Nodes, Merkel Cell, Reg Nodes Positive, Scope Nodes (SEER)

Agency: SEER

Last changed: 05/28/2022 10:49:12

Edit Tag N6296

Description

This edit verifies that EOD Regional Nodes is coded consistently with RX Summ--Scope Reg LN Sur and Regional Nodes Positive for Schema ID 00460, Merkel Cell.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00460
 - c. EOD Regional Nodes is blank
 - d. Type of Reporting Source is 7 (Death Certificate Only)
2. If EOD Regional Nodes = 100 (clinical only without biopsy or resection),
 - a. Regional Nodes Positive if not blank must = 98 or 99
 - b. RX Summ--Scope Reg LN Sur if not blank must = 0 or 9
3. If EOD Regional Nodes = 200 (clinical only with core biopsy, FNA),

RX Summ--Scope Reg LN Sur if not blank must = 1 (biopsy or aspiration of regional nodes) and Regional Nodes Positive if not blank must = 95
4. If EOD Regional Nodes = 300 (pathological only, positive on sentinel node biopsy),

RX Summ--Scope Reg LN Sur if not blank must = 2, 6-7 and
Regional Nodes Positive if not blank must = 01-90, 97
5. If EOD Regional Nodes = 350 (pathological only, positive on resection),
 - a. Regional Nodes Positive if not blank must = 01-90, 97
 - b. if Type of Reporting Source = 6 (autopsy only)
RX Summ--Scope Reg LN Sur must = 0
else if vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis
RX Summ--Scope Reg LN Sur must = 0-7
else RX Summ--Scope Reg LN Sur must = 1-7
6. If EOD Regional Nodes = 400, 500, or 750 (pathological with lymph node metastasis),
 - a. Regional Nodes Positive if not blank must = 01-90, 95, or 97
 - b. if Type of Reporting Source = 6 (autopsy only)
RX Summ--Scope Reg LN Sur must = 0
else if vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis
RX Summ--Scope Reg LN Sur must = 0-7
else RX Summ--Scope Reg LN Sur must = 1-7

EOD Regional Nodes, Pancreas/NET Pancreas, Primary Site (SEER)

7. If EOD Regional Nodes = 600 (clinical in transit met without lymph node metastasis or unknown) or 700 (pathologic in transit met without lymph node metastasis or unknown)
Regional Nodes Positive if not blank must = 00, 98, or 99
8. If EOD Regional Nodes = 650 (clinical only)
Regional Nodes Positive if not blank must = 00, 95, 97, 98, or 99
9. If EOD Regional Nodes = 700 or 750 (pathologic in transit mets)
 - b. if Type of Reporting Source = 6 (autopsy only)
Reason for No Surgery must =9
else if vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis
Reason for No Surgery must = 0-2, 5-9
else Reason for No Surgery must = 0

Administrative Notes

New edit - NAACCR v21 metafile

Modifications**NAACCR v22**

- Name changed from EOD Regional Nodes, Merkel Cell, Nodes Positive, Scope Nodes (SEER)
- Description, logic updated, checks for Type of Reporting Source = 6 (Autopsy only) and Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis added for values of RX Summ--Scope Reg LN Sur and Reason No Surgery

NAACCR v23

- Description, logic updated, 97 added to list of codes for EOD Regional Nodes = 650

EOD Regional Nodes, Pancreas/NET Pancreas, Primary Site (SEER)

Agency: SEER

Last changed: 06/13/2020 16:28:27

Edit Tag N6159

Description

This edit verifies that EOD Regional Nodes is coded consistently with Primary Site for Schema ID 00280, Pancreas and 00340 NET Pancreas.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00280 or 00340
 - c. EOD Regional Nodes is blank

EOD Regional Nodes, Penis, Reg Nodes Positive, Scope Nodes (SEER)

- d. Primary Site is blank
- e. Type of Reporting Source is 7 (Death Certificate Only)

- 2. If EOD Regional Nodes = 700 (Pancreas Body, Tail, C251,C252, Celiac)
then Primary Site must = C251 or C252

Administrative Notes

New edit - NAACCR v21 metafile

EOD Regional Nodes, Penis, Reg Nodes Positive, Scope Nodes (SEER)

Agency: SEER

Last changed: 07/27/2021 13:55:28

Edit Tag N6191

Description

This edit verifies that EOD Regional Nodes is coded consistently with RX Summ--

Scope Reg LN Sur for Schema ID 00570, Penis.

- 1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00570
 - d. EOD Regional Nodes is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
- 2. If EOD Regional Nodes = 400 or 500 (pathological assessment)
then Regional Nodes Positive if not blank must = 01-90, 95, or 97
- 3. If EOD Regional Nodes = 400 or 500
if Type of Reporting Source = 6 (autopsy only)
RX Summ--Scope Reg LN Sur must =0
else if vital Status = 0 and Date of Last Contact within 5 months of Date of
Diagnosis
RX Summ--Scope Reg LN Sur must = 0-7
else RX Summ--Scope Reg LN Sur must = 1-7

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v22

EditWriter 5

514

05/01/2023 02:04 PM

EOD Regional Nodes, Regional Nodes Positive (SEER)

- Name changed from EOD Regional Nodes, Penis, Nodes Positive, Scope Nodes (SEER)
- Description, logic updated, Type of Reporting Source = 6 (Autopsy only) added to check on value of RX Summ-- Scope Reg LN Sur
- Description, logic updated, Scope of Nodes checked if Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis

EOD Regional Nodes, Regional Nodes Positive (SEER)

Agency: SEER

Last changed: 07/04/2020 17:26:01

*Edit Tag N6079***Description**

This edit verifies that EOD Regional Nodes is coded consistently with Regional Nodes Positive.

1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
 - b. EOD Regional Nodes is blank
 - c. Regional Nodes Positive is blank
 - d. Schema ID is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If Schema ID = 00811 (Mycosis Fungoides):
 - if EOD Regional Nodes = 000,
 - then Regional Nodes Positive must = 00, 98, or 99
3. For all other Schemas:
 - If EOD Regional Nodes = 000, 030, 050, or 070,
 - then Regional Nodes Positive must = 00, 98, or 99

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v21

- Description, logic updated to include requirements for Schema ID 00811 in number 2
- Description, logic updated to include 3, If EOD Regional Nodes = 000, 030, 050, or 070, then Regional Nodes Positive must = 00, 98, or 99

EOD Regional Nodes, Skin Eyelid, Reg Nodes Positive, Scope Nodes (SEER)

Agency: SEER

Last changed: 06/19/2022 13:25:43

EditWriter 5

515

05/01/2023 02:04 PM

EOD Regional Nodes, Stomach/NET Stomach, Primary Site (SEER)**Edit Tag N6301****Description**

This edit verifies that EOD Regional Nodes is coded consistently with RX Summ--Scope Reg LN Sur and Regional Nodes Positive for Schema ID 00640, Skin of Eyelid.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00640
 - c. EOD Regional Nodes is blank
 - d. Type of Reporting Source is 7 (Death Certificate Only)
2. If EOD Regional Nodes = 200 (single positive node based on biopsy), Regional Nodes Positive if not blank must = 01, 95, or 97
3. If EOD Regional Nodes = 500 (multiple positive nodes based on biopsy), Regional Nodes Positive if not blank must = 02-90, 95, 97
4. If EOD Regional Nodes = 200 or 500
 - if Type of Reporting Source = 6 (autopsy only)
 - RX Summ--Scope Reg LN Sur must = 0
 - else if vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis
 - RX Summ--Scope Reg LN Sur must = 0-7
 - else RX Summ--Scope Reg LN Sur must = 1-7

Administrative Notes

New edit - NAACCR v21 metafile

Modifications**NAACCR v22**

- Name changed from EOD Regional Nodes, Skin Eyelid, Nodes Positive, Scope Nodes (SEER)
 - Description, logic updated, Type of Reporting Source = 6 (Autopsy only) added to check on value of RX Summ--Scope Reg

LN Sur

- Description, logic updated, Scope of Nodes checked if Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis

NAACCR v23

-Description, logic updated, 97 added to list of codes for EODRegional Nodes = 200

EOD Regional Nodes, Stomach/NET Stomach, Primary Site (SEER)

Agency: SEER

Last changed: 07/14/2020 23:13:17

EOD Regional Nodes, Testis, Reg Nodes Positive, Scope Nodes (SEER)**Edit Tag N6185****Description**

This edit verifies that EOD Regional Nodes is coded consistently with Primary Site code C165 for Schema IDs 00170, Stomach, and 00290, NET Stomach.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00170 or 00290
 - d. EOD Regional Nodes is blank
 - e. Primary Site is blank
 - f. Type of Reporting Source is 7 (Death Certificate Only)
2. If Schema ID = 00170,
If EOD Regional Nodes = 400 (Lesser Curvature (C165), Hepatoduodenal)
then Primary Site must = C165
3. If Schema ID = 00290
if EOD Regional Nodes = 700 (Lesser Curvature (C165), Hepatoduodenal)
then Primary Site must = C165

Administrative Notes

New edit - NAACCR v21 metafile

EOD Regional Nodes, Testis, Reg Nodes Positive, Scope Nodes (SEER)

Agency: SEER

Last changed: 08/07/2021 12:18:44

Edit Tag N6196**Description**

This edit verifies that EOD Regional Nodes is coded consistently with Regional Nodes Positive and RX Summ--Scope Reg LN Sur for Schema ID 00590, Testis

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00590
 - d. EOD Regional Nodes is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If EOD Regional Nodes = 200, 400, or 500 (pathological only)
then RX Summ--Scope Reg LN Sur if Type of Reporting Source not = 6
Regional Nodes Positive if not blank must = 01-90, 95, or 97

EOD Regional Nodes, Thyroid, Reg Nodes Positive, Scope Nodes (SEER)

3. If EOD Regional Nodes = 200, 400, or 500 and RX Summ--Scope Reg LN Sur is not blank

if Type of Reporting Source = 6 (autopsy only)

RX Summ--Scope Reg LN Sur must = 0

else if vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis

RX Summ--Scope Reg LN Sur must = 0-7

else RX Summ--Scope Reg LN Sur must = 1-7

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v22

- Name changed from EOD Regional Nodes, Testis, Nodes Positive, Scope Nodes (SEER)

- Description, logic updated, Type of Reporting Source = 6 (Autopsy only) added to check on value of RX Summ--Scope Reg LN Sur

- Description, logic updated, requirement that Regional Nodes Positive be negative for clinical assessment deleted

- Description, logic updated, Scope of Nodes checked if Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis

EOD Regional Nodes, Thyroid, Reg Nodes Positive, Scope Nodes (SEER)

Agency: SEER

Last changed: 08/08/2021 17:35:35

Edit Tag N6075

Description

This edit verifies that EOD Regional Nodes is coded consistently with Regional Nodes Positive and RX Summ--Scope Reg LN Sur for Thyroid.

1. This edit is skipped if any of the following conditions is true:

a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid

b. Schema ID is not 00730, 00740

c. EOD Regional Nodes is blank

d. Regional Nodes Positive is blank

e. Type of Reporting Source = 7 (Death Certificate Only)

2. If EOD Regional Nodes = 050 (no regional node involvement, radiologically or clinically confirmed), Regional Nodes Positive must = 98 (no nodes examined) or 99 (no information about positive nodes).

3. If EOD Regional Nodes = 000 (cytologically or histologically confirmed benign) Regional Nodes Positive must = 00 (all nodes examined negative)

EOD2018, Date of Diagnosis (SEER)

4. If EOD Regional Nodes = 000 and RX Summ--Scope Reg LN Sur is not blank
 if Type of Reporting Source = 6 (autopsy only)
 RX Summ--Scope Reg LN Sur must =0
 else if vital Status = 0 and Date of Last Contact within 5 months of Date of
 Diagnosis
 RX Summ--Scope Reg LN Sur must = 0-7
 else RX Summ--Scope Reg LN Sur must = 1-7.

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v22

- Description, logic modified to require Regional Nodes Positive= 00 if EOD Regional Nodes = 000, RX Summ--Scope Reg LN Sur = 1-7 if not autopsy only case
- Name changed from Thyroid, Nodes Pos/Ex, EOD Regional Nodes (SEER)
- Description, logic updated, skip for Type of Reporting Source = 7 (DCO) added
- Description, logic updated, skip for Regional Nodes Positive = blank added
- Description, logic updated, Regional Nodes Examined removed from checks
- Description, logic updated, Scope of Nodes checked if Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis

EOD2018, Date of Diagnosis (SEER)

Agency: SEER

Last changed: 05/05/2022 17:41:49

Edit Tag N2987

Description

This edit is skipped for the following:

- a. Date of Diagnosis is blank (unknown) or invalid.
- b. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565
(Illinois)
- c. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566
(Texas)

The edit checks that EOD Primary Tumor, EOD Regional Nodes, and EOD Mets are blank for pre-2018 diagnoses and are coded for 2018 and later diagnoses.

Another edit, _SYS Schema ID, Primary Site, Histology, Behavior (NAACCR), checks that the Schema ID is assigned correctly by primary site, histology, and behavior for 2018+ diagnoses.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

EditWriter 5

519

05/01/2023 02:04 PM

ER Summary, Breast, ER Percent (NAACCR)

NAACCR v18

- Description, logic updated to skip for Registry ID 0000001563 for 2018

NAACCR v21A

- Description, logic updated to skip for Registry ID 0000001563 for 2018

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date \geq 2018 and \leq 2020

NAACCR v23

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) for diagnosis date 2018-2022, or 0000001566 (Texas) for diagnosis date 2018-2021

ER Summary, Breast, ER Percent (NAACCR)

Agency: NAACCR

Last changed: 04/03/2019 14:28:04

Edit Tag N5032

Description

This edit verifies consistency of coding of Estrogen Receptor Summary with Estrogen Receptor Percent Positive or Range.

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis is pre 2019, blank (unknown), or invalid.
 - b. Estrogen Receptor Summary is blank.
 - c. Estrogen Receptor Percent Positive or Range is blank or not applicable
2. If Estrogen Receptor Percent Positive or Range = 001-100, R10-R99, then Estrogen Receptor Summary must not = 0 (negative).

Administrative Notes

New edit - NAACCR v18C metafile

Esophagus and EGJ Tumor Epicenter, Date DX (NAACCR)

Esophagus and EGJ Tumor Epicenter, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2732

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Esophagus and EGJ Tumor Epicenter code or blank:
 - 0: U: Upper (Cervical/Proximal esophagus to lower border of azygos vein)
 - 1: M: Middle (Lower border of azygos vein to lower border of inferior pulmonary vein)
 - 2: L: Lower (Lower border of inferior pulmonary vein to stomach including gastroesophageal junction)
 - 9: X: Esophagus NOS;
Specific location of epicenter not documented in medical record
Specific location of epicenter not assessed or unknown if assessed

Another edit, Esophagus and EGJ Tumor Epicenter, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

The data item is required for AJCC staging and EOD Derived Stage Group.

Administrative Notes

New edit - NAACCR v18 metafile

Esophagus and EGJ Tumor Epicenter, Esophagus, EOD Primary Tumor (SEER)

Agency: SEER

Last changed: 03/17/2022 23:25:23

Edit Tag N6150

Description

This edit verifies that the Esophagus and EGJ Tumor Epicenter SSDI is coded

Esophagus and EGJ Tumor Epicenter, Esophagus, Primary Site (NAACCR)

consistently with EOD Primary Tumor code 800 for Schema ID 00161, Esophagus Squamous.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00161
 - c. Esophagus and EGJ Tumor Epicenter is blank
 - d. Type of Reporting Source is 7 (Death Certificate Only)

2. If EOD Primary Tumor = 800 (No evidence of primary tumor) then Esophagus and EGJ Tumor Epicenter must = 9 (Esophagus NOS, Specific location of Esophagus and EGJ Tumor Epicenter not documented)

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v22B

- Description, logic updated, Primary site code C159 removed from edit.
- Name changed from Esophagus and EGJ Tumor Epicenter, Esophagus, EOD Primary Site (SEER)

Esophagus and EGJ Tumor Epicenter, Esophagus, Primary Site (NAACCR)

Agency: NAACCR

Last changed: 04/02/2022 20:57:47

Edit Tag N6673

Description

This edit verifies that the Esophagus and EGJ Tumor Epicenter SSDI is coded consistently with Primary Site C159 for Schema ID 00161, Esophagus Squamous.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2018, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00161
 - c. Esophagus and EGJ Tumor Epicenter is blank
 - d. Type of Reporting Source is 7 (Death Certificate Only)

2. If Primary Site = C159 (Esophagus NOS), then Esophagus and EGJ Tumor Epicenter must = 9 (Esophagus NOS, Specific location of Esophagus and EGJ Tumor Epicenter not documented)

Administrative Notes

New edit - NAACCR v22B metafile

Esophagus and EGJ Tumor Epicenter, Schema ID, Required (NAACCR)

Modifications

NAACCR v23

- Description, logic modified, skip for before 2021 changed to skip before 2018

Esophagus and EGJ Tumor Epicenter, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 01/27/2022 21:02:50

*Edit Tag N2856***Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2020 and Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

2. This edit verifies that Esophagus and EGJ Tumor Epicenter is coded (not blank) for the Schema IDs for which it is required by a standard setter.

The data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00161: Esophagus and Esophagus GE Junction (Squamous)

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

Estrogen Receptor Percent Positive or Range, Date DX (NAACCR)

Estrogen Receptor Percent Positive or Range, Date DX (NAACCR)

Agency: NAACCR

Last changed: 08/28/2019 21:58:20

Edit Tag N2677

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Estrogen Receptor Percent Positive or Range code or blank:

```

000: ER negative, or stated as less than 1%
001-100: 1-100 percent
R10 Stated as 1-10%
R20: Stated as 11-20%
R30: Stated as 21-30%
R40: Stated as 31-40%
R50: Stated as 41-50%
R60: Stated as 51-60%
R70: Stated as 61-70%
R80: Stated as 71-80%
R90: Stated as 81-90%
R99: Stated as 91-100%
XX7: Test done, results not in chart
XX8: Not applicable: Information not collected for this case
XX9: Not documented in medical record
      Estrogen Receptor Percent Positive or Range not assessed or unknown if
      assessed

```

3. Numeric value must be right-justified and zero-filled.

Another edit, Estrogen Receptor Percent Positive or Range, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v18D

- Description, logic updated to include XX7

Estrogen Receptor Percent Positive or Range, Schema ID, Required, CoC Flag (SEER)

Estrogen Receptor Percent Positive or Range, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3913

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Estrogen Receptor Percent Positive or Range is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Estrogen Receptor Percent Positive or Range is not "XX8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00480: Breast

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Estrogen Receptor Summary, Date DX (NAACCR)**Estrogen Receptor Summary, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/11/2020 23:10:01

*Edit Tag N2733***Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Estrogen Receptor Summary code or blank:
 - 0: ER negative (0.0% or less than 1%)
 - 1: ER positive
 - 7: Test done, results not in chart
 - 9: Not documented in medical record
 - Cannot be determined (indeterminate)
 - Estrogen Receptor Summary status not assessed or unknown if assessed

Another edit, Estrogen Receptor Summary, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Description updated for code 0

Estrogen Receptor Summary, Percent Positive, Breast (NAACCR)

Agency: NAACCR

Last changed: 08/11/2020 19:12:11

Edit Tag N6217

Estrogen Receptor Summary, Schema ID, Required (NAACCR)**Description**

This edit checks on consistency of coding between the Estrogen Receptor Summary SSDI codes 0,1,7, and 9, and Estrogen Receptor Percent Positive or Range SSDI for Schema ID 00480, Breast.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis is blank (unknown), invalid, or before 2021.
 - b. Schema ID is blank or not 00480.
 - c. Estrogen Receptor Summary is blank
 - d. Estrogen Receptor Percent Positive or Range is blank or XX7 (test done, results not in chart, XX8 (not applicable), or XX9 (not documented in medical record)
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If Estrogen Receptor Summary = 0 (negative),
Estrogen Receptor Percent Positive or Range must = 000 (negative)
3. If Estrogen Receptor Summary = 1 (positive)
Estrogen Receptor Percent Positive or Range must = 001-100, R10-R99 (positive),
4. If Estrogen Receptor Summary = 7 (test done, results not in chart) or 9 (not documented in medical record)
Estrogen Receptor Percent Positive or Range must = XX7 or XX9

Administrative Notes

New edit - NAACCR v21 metafile

Estrogen Receptor Summary, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 11/04/2018 11:27:55

Edit Tag N2877

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Estrogen Receptor Summary is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00480: Breast

Estrogen Receptor Total Allred Score, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications

NAACCR v18C

- Logic corrected to fail rather than pass if Estrogen Receptor Summary is blank

Estrogen Receptor Total Allred Score, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/21/2022 11:09:16

Edit Tag N2678

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Estrogen Receptor Total Allred Score code or blank:

00: Total ER Allred Score of 0

01: Total ER Allred Score of 1

02: Total ER Allred Score of 2

03: Total ER Allred Score of 3

04: Total ER Allred Score of 4

05: Total ER Allred Score of 5

06: Total ER Allred Score of 6

07: Total ER Allred Score of 7

08: Total ER Allred Score of 8

X8: Not applicable: Information not collected for this case

X9: Not documented in medical record

Estrogen Receptor Total Allred Score not assessed or unknown if assessed

Blank: Not applicable, Diagnosis year is after 2022

3. Numeric values must be right-justified and zero-filled.

Another edit, Estrogen Receptor Total Allred Score, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Estrogen Receptor Total Allred Score, Schema ID, Required, CoC Flag (SEER)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications

NAACCR v23

- Description updated, blank added

Estrogen Receptor Total Allred Score, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3914

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018 or after 2022, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565
(Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566
(Texas)

Estrogen Receptor Total Allred Score is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Estrogen Receptor Total Allred Score is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00480: Breast

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v18C

- Logic corrected to fail rather than pass if Estrogen Receptor Total Allred Score is blank

EditWriter 5

529

05/01/2023 02:04 PM

Extranodal Extension Clin (non-Head and Neck), Date DX (NAACCR)

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, SSDI required for cases diagnosed 2018-2022

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Extranodal Extension Clin (non-Head and Neck), Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/20/2022 20:27:09

Edit Tag N3002

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Extranodal Extension Clin (non-Head and Neck) code or blank:
 - 0: Regional lymph nodes involved, ENE not present/not identified during diagnostic workup
 - 1: Regional lymph nodes involved, ENE present/identified during diagnostic workup, based on physical exam and/or imaging
 - 2: Regional lymph nodes involved, ENE present/identified during diagnostic workup, based on microscopic confirmation
 - 4: Regional lymph nodes involved, ENE present/identified, unknown how identified
 - 7: No lymph node involvement during diagnostic workup (cN0)
Non-invasive neoplasm (behavior /2)
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
Clinical ENE not assessed or unknown if assessed during diagnostic workup
Clinical assessment of lymph nodes not done, or unknown if done

Another edit, Extranodal Extension Clin (non-Head and Neck), Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Extranodal Extension Clin (non-Head and Neck), Schema ID, Required, CoC Flag (SEER)

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Description, logic updated, code 4 added

NAACCR v23

- Description updated for code 7

Extranodal Extension Clin (non-Head and Neck), Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3915

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Extranodal Extension Clin (non-Head and Neck) is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Extranodal Extension Clin (non-Head and Neck) is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00460: Merkel Cell

00570: Penis

Extranodal Extension Clin/Path, Merkel Cell, EOD Regional Nodes (SEER)***Administrative Notes***

New edit - NAACCR v18 metafile

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2019

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Extranodal Extension Clin/Path, Merkel Cell, EOD Regional Nodes (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3043

Description

This edit verifies that the extranodal extension SSDIs are coded consistently with EOD Regional Nodes for Merkel Cell Carcinoma.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00460
 - c. Extranodal Extension Clin (non-Head and Neck) and Extranodal Extension Path (non-Head and Neck) are both blank or both not applicable
 - d. EOD Regional Nodes is blank
 - e. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - f. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. If Extranodal Extension Clin (non-Head and Neck) = 7 (no lymph node involvement during diagnostic workup) and Extranodal Extension Path (non-Head and Neck) = 7 (no lymph node involvement from surgical resection), EOD Regional Nodes must = 000 (no lymph node involvement), 600 or 700 (in-transit metastasis without lymph node metastasis or unknown)
3. If Extranodal Extension Clin (non-Head and Neck) = 0, 1, 2, or 4 (regional nodes involved), and Extranodal Extension Path (non-Head and Neck) = 7 (no regional nodes involved), EOD Regional Nodes must = 100 (clinical without biopsy), 200 (clinical on core biopsy/FNA), 650 (clinical in transit and nodal metastases), or 800 (regional nodes NOS)
4. If Extranodal Extension Clin (non-Head and Neck) = 7 (no nodes involved)

Extranodal Extension Clin/Path, Merkel Cell, Summary Stage 2018 (NAACCR)

and Extranodal Extension Path (non-Head and Neck) = 0 or 1 (nodes involved)
EOD Regional Nodes must = 300 or 350 (clinically occult, positive pathologically), 500 (clinically unknown, positive pathologically), or 750 (clinically unknown or negative, positive pathologically)

5. If Extranodal Extension Clin (non-Head and Neck) = 0,1,2, or 4 (nodes involved) and Extranodal Extension Path (non-Head and Neck) = 0 or 1 (nodes involved) EOD Regional Nodes must = 400 (clinically and pathologically positive nodes), or 750 (pathologically positive nodes with in transit metastasis)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v21**

- Description updated, added note about SEER requirements for SSDIs
- Description, logic updated, 4 added to codes for Extranodal Extension Clin (non-Head and Neck) indicating nodes involved
- Name changed from Extranodal Extension, Merkel Cell, EOD Regional Nodes, CoC Flag (SEER)

NAACCR v21

- Description, logic updated, EOD Regional Nodes code 600, 700 added if SSDIs = 7

NAACCR v21A

- Description, logic updated, EOD Regional Nodes codes 600, 700 added if SSDIs = 7

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020
- Name changed from Extranodal Extension Clin/Path, Merkel Cell, EOD Regional Nodes, CoC Flag (SEER)
- Description, logic updated, CoC Flag removed from edit

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Extranodal Extension Clin/Path, Merkel Cell, Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 05/14/2022 10:08:53

Edit Tag N5046

Description

This edit verifies that the extranodal extension SSDIs are coded consistently with Summary Stage 2018 for Merkel Cell Carcinoma.

Extranodal Extension Clin/Path, Penis, EOD Regional Nodes (SEER)

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00460
 - c. Extranodal Extension Clin (non-Head and Neck) and Extranodal Extension Path (non-Head and Neck) are both blank or both not applicable
 - d. Summary Stage 2018 is blank
 - e. Type of Reporting Source = 7 (death certificate only)

2. If Extranodal Extension Clin (non-Head and Neck) = 0, 1, 2, or 4 (regional nodes involved), and Extranodal Extension Path (non-Head and Neck) = 0 or 1 (regional nodes involved), Summary Stage 2018 must not = 0, 1 or 2 (in situ, local, or regional by direct extension only)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v21**

- Name changed from Extranodal Extension, Merkel Cell, Summary Stage 2018 (NAACCR)
- Description, logic updated, 4 added to codes for Extranodal Extension Clin (non-Head and Neck) indicating nodes involved
- Description, logic changed for statement 3, Extranodal Extension Clin "or" Extranodal Extension Path changed to Extranodal Extension Clin "and" Extranodal Extension Path

NAACCR v21A

- Description, logic updated, statement 2 removed, if SSDI = 7, SS2018 must not = 3 or 4.

NAACCR v22B

- Description, logic updated, skip added for type of reporting source = 7 (DCO)

NAACCR v23

- Description updated, reference to SEER requirement from COC facility removed

Extranodal Extension Clin/Path, Penis, EOD Regional Nodes (SEER)

Agency: SEER

Last changed: 02/06/2022 16:24:01

Extranodal Extension Clin/Path, Penis, EOD Regional Nodes (SEER)**Edit Tag N3035****Description**

This edit verifies that the extranodal extension SSDIs are coded consistently with EOD Regional Nodes for Penis.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00570
 - c. Extranodal Extension Clin (non-Head and Neck) and Extranodal Extension Path (non-Head and Neck) are both blank or both = 8 (not applicable)
 - d. EOD Regional Nodes is blank
2. If Extranodal Extension Clin (non-Head and Neck) = 7 (no lymph node involvement during diagnostic workup) and Extranodal Extension Path (non-Head and Neck) = 7 (no lymph node involvement from surgical resection), EOD Regional Nodes must = 000 (no lymph node involvement)
3. If Extranodal Extension Clin (non-Head and Neck) = 0, 1, 2 or 4 (nodes involved clinically) and Extranodal Extension Path (non-Head and Neck) = 7 (no nodes involved on surgical resection) EOD Regional Nodes must = 100, 200, 300 (clinical nodal involvement) or 800 (regional nodes NOS)
4. If Extranodal Extension Path (non-Head and Neck), = 0 (nodes involved, no ENE) EOD Regional Nodes must = 400 (positive inguinal nodes without nodal extension) or 500 (pathological nodes with ENE or pathological pelvic nodes)
5. If Extranodal Extension Path (non-Head and Neck), = 1 (nodes involved, ENE present) EOD Regional Nodes must = 500 (pathological nodes with ENE or pathological pelvic nodes)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v21**

- Name changed from Extranodal Extension, Penis, EOD Regional Nodes, CoC Flag (SEER)
- Description updated, added note about SEER requirements for SSDIs
- Description, logic updated, 4 added to codes for Extranodal Extension Clin (non-Head and Neck) indicating nodes involved

NAACCR v22B

- Name changed from Extranodal Extension Clin/Path, Penis, EOD Regional Nodes, CoC Flag (SEER)

Extranodal Extension Clin/Path, Penis, Summary Stage 2018 (NAACCR)

- Description, logic updated, CoC Flag removed from edit

Extranodal Extension Clin/Path, Penis, Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 12/18/2021 12:36:11

Edit Tag N5047

Description

This edit verifies that the extranodal extension SSDIs are coded consistently with Summary Stage 2018 for Penis.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00570
 - c. Extranodal Extension Clin (non-Head and Neck) and Extranodal Extension Path (non-Head and Neck) are both blank or both = 8 (not applicable)
 - d. Summary Stage 2018 is blank
 - e. Type of Reporting Source = 7 (death certificate only)
2. If Extranodal Extension Clin (non-Head and Neck) = 7 (no lymph node involvement during diagnostic workup) and Extranodal Extension Path (non-Head and Neck) = 7 (no lymph node involvement from surgical resection), Summary Stage 2018 must not = 3 or 4 (lymph node involvement)
3. If Extranodal Extension Clin (non-Head and Neck) = 0, 1, 2, or 4 (nodes involved clinically) and Extranodal Extension Path (non-Head and Neck) = 0 or 1 (nodes involved pathologically) Summary Stage 2018 must not = 0, 1 or 2 (in situ, local, or regional by direct extension only)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v21

- Name changed from Extranodal Extension, Penis, Summary Stage 2018 (NAACCR)
- Description, logic updated, 4 added to codes for Extranodal Extension Clin (non-Head and Neck) indicating nodes involved
- Description, logic changed for statement 3, Extranodal Extension Clin "or" Extranodal Extension Path changed to Extranodal Extension Clin "and" Extranodal Extension Path

Extranodal Extension Head and Neck Clin, Head/Neck, Behavior (NAACCR)

NAACCR v22B

- Description, logic updated, skip added for type of reporting source = 7 (DCO)

Extranodal Extension Head and Neck Clin, Head/Neck, Behavior (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6291

Description

This edit verifies that the Extranodal Extension Head and Neck Clinical SSDI is coded consistently with Behavior Code ICD-O-3 /2 for in situ, for head and neck Schema IDs.

1. This edit is skipped for the following conditions:
 - a. Date of Diagnosis is pre-2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00071, 00072, 00073, 00074, 00075, 00076, 00077, 00080, 00090, 00100, 00111, 00112, 00121, 00122, 00130, 00131, 00132, 00133, 00140.
 - c. Extranodal Extension Head and Neck Clinical is blank or 8 (not applicable)
 - d. Behavior Code ICD-O-3 is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If Behavior Code ICD-O-3 = 2 (in situ)
then Extranodal Extension Head and Neck Clinical must = 7 (no lymph node involvement during diagnostic workup (cN0)) or 9 (not documented in medical record)
3. If diagnosis date >= 2023, 7 = non-invasive neoplasm, behavior /2,
code 9 not allowed with behavior /2

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v23

- Description, logic updated, code 9 removed as allowable with behavior code /2 for 2023+

Extranodal Extension Head and Neck Clin/Path, EOD Regional Nodes (SEER)

Agency: SEER

Last changed: 02/06/2022 13:49:30

Edit Tag N3090

Extranodal Extension Head and Neck Clin/Path, EOD Regional Nodes (SEER)**Description**

This edit verifies that the extranodal extension SSDIs are coded consistently with EOD Regional Nodes for head and neck sites.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00060, 00071, 00072, 00073, 00074, 00075, 00076, 00077, 00080, 00090, 00100, 00111, 00112, 00121, 00122, 00130, 00131, 00132, 00133, 00140
 - c. Either Extranodal Extension Head and Neck Clinical or Extranodal Extension Head and Pathological is blank or not applicable
 - d. EOD Regional Nodes is blank.
2. If Extranodal Extension Head and Neck Clinical = 7 (cN0) and Extranodal Extension Head and Neck Pathological = X.7 (pN0), EOD Regional Nodes must = 000.
3. If Extranodal Extension Head and Neck Clinical = 0 (regional nodes involved, ENE not present) or 7 (no nodes involved), and Extranodal Extension Head and Neck Pathological = 0.0 (regional nodes involved, ENE not present), EOD Regional Nodes must = 100, 200, 250, 300, 400 (clinical or pathological nodal involvement, ENE not present or unknown), or 800 (regional nodal involvement NOS) (excluding Schema IDs 00090 Nasopharynx, 00100 Oropharynx p16+, 00140 Melanoma Head and Neck).
4. If Extranodal Extension Head and Neck Clinical = 1, 2, or 4 (clinical nodal involvement, ENE present), and Extranodal Extension Head and Neck Pathological = X.7 (no nodal involvement), EOD Regional Nodes must = 450 (clinical nodal involvement, overt ENE) (excluding Schema IDs 00090 Nasopharynx, 00100 Oropharynx p16+, 00140 Melanoma Head and Neck).

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v18D**

- Error message added

NAACCR v21

- Description updated, note added about SEER requirements for SSDI
- Description, logic corrected, exclusion for 00130 Larynx Other removed from statement 4
- Description, logic updated, 4 added to codes for Extranodal Extension Head and Neck Clinical indicating nodes involved

Extranodal Extension Head and Neck Clin/Path, Summary Stage 2018 (NAACCR)

NAACCR v22B

- Description, logic updated, COC flag removed from edit
- Name changed from Extranodal Extension Head and Neck Clin/Path, EOD Regional Nodes, CoC Flag (SEER)

Extranodal Extension Head and Neck Clin/Path, Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 12/18/2021 12:37:14

Edit Tag N6091*Description*

This edit verifies that the extranodal extension SSDIs are coded consistently with Summary Stage 2018 for head and neck sites.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00060, 00071, 00072, 00073, 00074, 00075, 00076, 00077, 00080, 00090, 00100, 00111, 00112, 00121, 00122, 00130, 00131, 00132, 00133, 00140
 - c. Extranodal Extension Head and Neck Clinical and Extranodal Extension Head and Pathological are both blank or not applicable
 - d. Summary Stage 2018 is blank.
 - e. Type of Reporting Source = 7 (death certificate only)
2. If Extranodal Extension Head and Neck Clinical = 7 (cN0) and Extranodal Extension Head and Neck Pathological = X.7 (pN0), Summary Stage 2018 must not = 3 or 4 (regional nodes involved).
3. If Extranodal Extension Head and Neck Clinical = 0, 1, 2, or 4 (clinical nodal involvement), and Extranodal Extension Head and Neck Pathological = 0.0-9.9, X.1-X.4 (nodal involvement), Summary Stage 2018 must not = 0, 1, or 2 (in situ, local, or regional by extension only)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v21

- Description, logic changed for statement 3, Extranodal Extension Clin "or" Extranodal Extension Path changed to Extranodal Extension Clin "and" Extranodal Extension Path
- Description, logic updated, 4 added to codes for Extranodal Extension Head and Neck Clinical indicating

Extranodal Extension Head and Neck Clinical, Date DX (NAACCR)

nodes involved

NAACCR v22B

- Description, logic updated, skip added for type of reporting source = 7 (DCO)

**Extranodal Extension Head and Neck Clinical, Date DX
(NAACCR)**

Agency: NAACCR

Last changed: 04/20/2022 18:48:24

*Edit Tag N2729***Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Extranodal Extension Head and Neck Clinical code or blank:

- 0: Regional lymph nodes involved, ENE not present/not identified during diagnostic workup
- 1: Regional lymph nodes involved, ENE present/identified during diagnostic workup, based on physical exam WITH or WITHOUT imaging
- 2: Regional lymph nodes involved, ENE present/identified during diagnostic workup, based on microscopic confirmation
- 4: Regional lymph nodes involved, ENE present/identified, unknown how identified
- 7: No lymph node involvement during diagnostic workup (cN0)
Non-invasive neoplasm (behavior /2)
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
ENE not assessed during diagnostic workup, or unknown if assessed
Clinical assessment of lymph nodes not done, or unknown if done

Another edit, Extranodal Extension Head and Neck Clinical, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Description, logic updated, code 4 added

EditWriter 5

540

05/01/2023 02:04 PM

Extranodal Extension Head and Neck Clinical, Schema ID, Required, CoC Flag (SEER)

NAACCR v23

- Description updated for code 7

Extranodal Extension Head and Neck Clinical, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3916**Description**

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1.
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565
(Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566
(Texas)

Extranodal Extension Head and Neck Clinical is required by SEER only if collected by
 a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Extranodal Extension Head and Neck Clinical is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00060: Cervical Lymph Nodes and Unknown Primary
 00071: Lip
 00072: Tongue Anterior
 00073: Gum
 00074: Floor of Mouth
 00075: Palate Hard
 00076: Buccal Mucosa
 00077: Mouth Other
 00080: Major Salivary Glands
 00090: Nasopharynx
 00100: Oropharynx HPV-Mediated (p16+)
 00111: Oropharynx (p16-)
 00112: Hypopharynx
 00121: Maxillary Sinus
 00122: Nasal Cavity and Ethmoid Sinus
 00130: Larynx Other
 00131: Larynx Supraglottic
 00132: Larynx Glottic
 00133: Larynx Subglottic
 00140: Melanoma Head and Neck

Extranodal Extension Head and Neck Path, EOD Regional Nodes (SEER)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v18D**

- Description updated to refer to Extranodal Extension Head and Neck Clinical rather than AFP Post Orchiectomy Lab Value

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Extranodal Extension Head and Neck Path, EOD Regional Nodes (SEER)

Agency: SEER

Last changed: 04/03/2019 14:28:04

Edit Tag N5045

Description

This edit verifies that Extranodal Extension Head and Neck Pathological SSDI is coded consistently with EOD Regional Nodes for head and neck sites.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00060, 00071, 00072, 00073, 00074, 00075, 00076, 00077, 00080, 00111, 00112, 00121, 00122, 00130, 00131, 00132, 00133
 - c. Extranodal Extension Head and Neck Pathological is blank or not applicable
 - d. EOD Regional Nodes is blank.
2. If Extranodal Extension Head and Neck Pathological = 0.0 (regional nodes involved, ENE not present), EOD Regional Nodes must = 100, 200, 250, 300, 400 (clinical or pathological nodal involvement, ENE not present or unknown), 450 (clinically overt ENE), or 800 (regional nodes NOS).
3. If Extranodal Extension Head and Neck Pathological = 0.1-9.9, X.1, X.2, X.3,

Extranodal Extension Head and Neck Path, Head/Neck, Reg Nodes Positive (NAACCR)
or X.4 (pathological nodal involvement, ENE present)
EOD Regional Nodes must = 150, 500, 600, or 700 (pathological nodal involvement, ENE present).

Administrative Notes

New edit - NAACCR v18C metafile

Extranodal Extension Head and Neck Path, Head/Neck, Reg Nodes Positive (NAACCR)

Agency: NAACCR

Last changed: 08/06/2021 22:45:22

Edit Tag N6107

Description

This edit verifies consistent coding between Extranodal Extension Head and Neck Pathological and Regional Nodes Positive..

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis is pre-2019, blank (unknown), or invalid.
 - b. Schema ID is not 00060, 00071, 00072, 00073, 00074, 00075, 00076, 00077, 00080, 00090, 00100, 00111, 00112, 00121, 00122, 00130, 00131, 00132, 00133, 00140
 - c. Extranodal Extension Head and Neck Pathological is blank
 - d. Regional Nodes Positive is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If Extranodal Extension Head and Neck Pathological = 0.0, 0.1-9.9, X.1-X.4 (positive nodal involvement), Regional Nodes Positive must not = 00 or 98
3. If Regional Nodes Positive = 00, Extranodal Extension Head and Neck Pathological must = X.7 (surgically resected regional lymph nodes negative for cancer) or X.9 (no surgical resection of lymph nodes) .
4. If Regional Nodes Positive = 98, Extranodal Extension Head and Neck Pathological must = X.9 (no surgical resection of regional lymph nodes)

Extranodal Extension Head and Neck Path, Head/Neck, Scope Nodes (SEER)**Administrative Notes**

New edit - NAACCR v18C metafile

Modifications**NAACCR v21**

- Logic updated, 00140 added to list of evaluated schemas

NAACCR v22

- Description, logic updated, skip added for Type of Reporting Source = 7 (Death Certificate Only)

- Description, logic updated, Regional Nodes Examined removed from checks

- Name changed from Extranodal Extension Head and Neck Path, Reg Nodes Pos/Ex (NAACCR)

Extranodal Extension Head and Neck Path, Head/Neck, Scope Nodes (SEER)

Agency: SEER

Last changed: 02/22/2023 22:13:38

Edit Tag N6294

Description

This edit verifies that the Extranodal Extension Head and Neck Pathological SSDI with codes indicating nodal procedure is coded consistently with RX Summ--Scope Reg LN Sur, for head and neck Schema IDs.

1. This edit is skipped for the following conditions:
 - a. Date of Diagnosis is pre-2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00060, 00071, 00072, 00073, 00074, 00075, 00076, 00077, 00080, 00090, 00100, 00111, 00112, 00121, 00122, 00130, 00131, 00132, 00133, 00140.
 - c. Extranodal Extension Head and Neck Pathological is blank or X.8 (not applicable)
 - d. RX Summ--Scope Reg LN Sur is blank
 - e. Type of Reporting Source = 6 (Autopsy only) or 7 (Death Certificate Only)
 - f. Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis
2. If Extranodal Extension Head and Neck Pathological = 0.0-9.9, X.1-X.7 (nodes assessed pathologically)
RX Summ--Scope Reg LN Sur must = 3-7 (surgical node procedures)
3. If diagnosis year >= 2023:
 - a. If ExtranodalExtension Head and Neck Pathological = 0.0 (lymph nodes positive but ENE not identified,
RX Summ--Scope Reg LN Sur must = 3-7.
 - b. If ExtranodalExtension Head and Neck Pathological = 0.1-9.9, X.1-X.7 , RX Summ--Scope Reg LN Sur must = 2-7. Sentinel node biopsy

Extranodal Extension Head and Neck Path, Summary Stage 2018 (NAACCR)
 may assess presence of ENE.

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v22

- Description, logic updated, skips added for Class of Case = 38 , Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis
- Name changed from Extranodal Extension Head and Neck Path, Head/Neck, Scope Nodes (NAACCR)
- Agency changed from NAACCR to SEER

NAACCR v23

- Description, logic updated for diagnosis date >= 2023, Scope of Nodes code 2 added as allowable for SSDI codes except 0.0.
- Description modified, Class of Case = 6 changed to Type of Reporting Source = 6

NAACCR v23A

- Administrative Note for v23 corrected to show that changes were made for diagnosis date >= 2023

Extranodal Extension Head and Neck Path, Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 12/18/2021 12:37:48

Edit Tag N5044

Description

This edit verifies that the Extranodal Extension Head and Neck Pathological is coded consistently with Summary Stage 2018 for head and neck sites.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00060, 00071, 00072, 00073, 00074, 00075, 00076, 00077, 00080, 00090, 00100, 00111, 00112, 00121, 00122, 00130, 00131, 00132, 00133, 00140
 - c. Extranodal Extension Head and Neck Pathological is blank or not applicable
 - d. Summary Stage 2018 is blank.
 - e. Type of Reporting Source = 7 (death certificate only)
2. If Extranodal Extension Head and Neck Pathological = 0.0-9.9, X.1, X.2, X.3, or X.4 (Pathological nodal involvement) Summary Stage 2018 must not = 0, 1, or 2 (in situ, local, or regional by extension only)

Extranodal Extension Head and Neck Pathological, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v18C metafile

Modifications

NAACCR v21

- Logic correct, "dd" added to INLIST statement to require 2 digits

NAACCR v22B

- Description, logic updated, skip added for type of reporting source = 7 (DCO)

Extranodal Extension Head and Neck Pathological, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/20/2022 18:50:44

Edit Tag N2730

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Extranodal Extension Head and Neck Pathological code or blank:

0.0: Lymph nodes positive for cancer but ENE not identified or negative

0.1-9.9: ENE 0.1 to 9.9 mm

X.1: ENE 10 mm or greater

X.2: ENE microscopic, size unknown

Stated as ENE (mi)

X.3: ENE major, size unknown

Stated as ENE (ma)

X.4: ENE present, microscopic or major unknown, size unknown

X.7: Surgically resected regional lymph nodes negative for cancer (pN0)

X.8: Not applicable: Information not collected for this case

X.9: Not documented in medical record

No surgical resection of regional lymph nodes

Non-invasive neoplasm (behavior /2)

ENE not assessed pathologically, or unknown if assessed;

Pathological assessment of lymph nodes not done, or unknown if done

3. Code must contain decimal point with one character before and one character after decimal point.

Extranodal Extension Head and Neck Pathological, Schema ID, Required (NAACCR)

Another edit, Extranodal Extension Head and Neck Pathological, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Logic updated to match format of similar edits with decimal values; decimal check modified

NAACCR v23

- Description updated for code X.9

Extranodal Extension Head and Neck Pathological, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N3001

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Extranodal Extension Head and Neck Pathological is not "X.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00060: Cervical Lymph Nodes and Unknown Primary
00071: Lip
00072: Tongue Anterior
00073: Gum
00074: Floor of Mouth

Extranodal Extension Path (non-Head and Neck), Date DX (NAACCR)

00075: Palate Hard
00076: Buccal Mucosa
00077: Mouth Other
00080: Major Salivary Glands
00090: Nasopharynx
00100: Oropharynx HPV-Mediated (p16+)
00111: Oropharynx (p16-)
00112: Hypopharynx
00121: Maxillary Sinus
00122: Nasal Cavity and Ethmoid Sinus
00130: Larynx Other
00131: Larynx Supraglottic
00132: Larynx Glottic
00133: Larynx Subglottic
00140: Melanoma Head and Neck

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Extranodal Extension Path (non-Head and Neck), Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/20/2022 20:35:20

Edit Tag N3004

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Extranodal Extension Path (non-Head and Neck) code or blank:

Extranodal Extension Path (non-Head and Neck), Reg Nodes Positive (NAACCR)

- 0: Regional lymph nodes involved, ENE not present/not identified from surgical resection
- 1: Regional lymph nodes involved, ENE present/identified from surgical resection
- 7: No lymph node involvement from surgical resection (pN0)
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
 - No surgical resection of regional lymph nodes
 - Non-invasive neoplasm (behavior /2)
 - Cannot be determined
- Pathological assessment of lymph nodes not done, or unknown if done
- Extranodal Extension Path (non-Head and Neck) not assessed or unknown if assessed

Another edit, Extranodal Extension Path (non-Head and Neck), Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v23

- Description updated for code 9

Extranodal Extension Path (non-Head and Neck), Reg Nodes Positive (NAACCR)

Agency: NAACCR

Last changed: 06/23/2021 19:17:36

Edit Tag N6108

Description

This edit verifies consistent coding between Extranodal Extension Path (non-Head and Neck) and Regional Nodes Positive.

- 1, The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis is pre-2019, blank (unknown), or invalid.
 - b. Schema ID is not 00460, 00570
 - c. Extranodal Extension Path (non-Head and Neck) is blank or 8 (not applicable)
 - d. Regional Nodes Positive is blank
 - f. Type of Reporting Source = 7 (Death Certificate Only)

Extranodal Extension Path (non-Head and Neck), Schema ID, Required, CoC Flag (SEER)

2. If Extranodal Extension Path (non-Head and Neck) = 0 or 1 (positive nodal involvement), Regional Nodes Positive must not = 00 or 98
3. If Regional Nodes Positive = 00, Extranodal Extension Path (non-Head and Neck) must = 7 (surgically resected regional lymph nodes negative for cancer) or 9 (no surgical resection of lymph nodes) .
4. If Regional Nodes Positive = 98, Extranodal Extension Path (non-Head and Neck) must = 9 (no surgical resection of regional lymph nodes)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v18D**

- Error message corrected

NAACCR v21

- Description and logic updated, Added skip if Extranodal Extension Path (non-Head and Neck) = 8 (not applicable)
- Description updated, name of SSDI corrected to Extranodal Extension Path (non-Head and Neck)

NAACCR v22

- Logic updated, "decimal" declaration removed
- Description, logic updated, skip added for Type of Reporting Source = 7 (Death Certificate Only)
- Description, logic updated, Regional Nodes Examined removed from checks
- Name changed from Extranodal Extension (non-Head and Neck), Reg Nodes Pos/Ex (NAACCR)

Extranodal Extension Path (non-Head and Neck), Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3917

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid

Extranodal Extension Path (non-Head and Neck), Scope Nodes (NAACCR)

- b. Schema ID is blank
- c. CoC Accredited Flag not = 1
- d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
- e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Extranodal Extension Path (non-Head and Neck) is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

1. This edit verifies that Extranodal Extension Path (non-Head and Neck) is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00460: Merkel Cell
00570: Penis

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Extranodal Extension Path (non-Head and Neck), Scope Nodes (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6320

Description

This edit verifies that the Extranodal Extension Path (non-Head and Neck) SSDI with codes indicating nodal procedure is coded consistently with RX Summ--Scope

Extravascular Matrix Patterns, Date DX (NAACCR)

Reg LN Sur, for Schema IDs 00460, Merkel Cell Skin, and 00570, Penis.

1. This edit is skipped for the following conditions:
 - a. Date of Diagnosis is pre-2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00460, 00570
 - c. Extranodal Extension Path (non-Head and Neck) is blank or 8 (not applicable)
 - d. RX Summ--Scope Reg LN Sur is blank
 - e. Class of Case = 38 (Autopsy only)
 - f. Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis
2. If Extranodal Extension Path (non-Head and Neck) = 0, 1 or 7 (assessment from surgical resection)
 - RX Summ--Scope Reg LN Sur must = 3-7 (surgical node procedures)
3. If diagnosis date >= 2023,
 - a. if Extranodal Extension Path (non-Head and Neck) = 0 (positive nodes, ENE not identified)
 - RX Summ--Scope Reg LN Sur must = 3-7.
 - b. If diagnosis date >= 2023, if Extranodal Extension Path (non-Head and Neck) = 1 (nodes involved, ENE present) or 7 (no nodal involvement)
 - RX Summ--Scope Reg LN Sur must = 2-7.

Administrative Notes

New edit - NAACCR v21 metafile

Modifications**NAACCR v22**

- Description, logic updated, skips added for Class of Case = 38 (Autopsy Only), Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis

NAACCR v23

- Description, logic updated, Scope of Nodes code 2 added as allowable for codes 1, 7.

Extravascular Matrix Patterns, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2667

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Extravascular Matrix Patterns code or blank:

Extravascular Matrix Patterns, Schema ID, Required, CoC Flag (SEER)

0: Extravascular matrix patterns not present/not identified
 1: Extravascular matrix patterns present
 8: Not applicable: Information not collected for this case
 9: Not documented in medical record
 Extravascular Matrix Patterns not assessed or unknown if assessed

Another edit, Extravascular Matrix Patterns, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Extravascular Matrix Patterns, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3918

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Extravascular Matrix Patterns is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

1. This edit verifies that Extravascular Matrix Patterns is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00671: Melanoma Uvea (Iris)
 00672: Melanoma Uvea (Choroid and Ciliary Body)

Fibrosis Score, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Fibrosis Score, Date DX (NAACCR)

Agency: NAACCR

Last changed: 02/18/2020 19:24:47

Edit Tag N2720

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Fibrosis Score code or blank:
 - 0: Any of the following histologically confirmed:
 - No to moderate fibrosis
 - Ishak fibrosis score 0-4
 - METAVIR score F0-F3
 - Batt-Ludwig score 0-3
 - 1: Any of the following histologically confirmed:
 - Advanced/severe fibrosis
 - Developing cirrhosis
 - Incomplete cirrhosis
 - Transition to cirrhosis
 - Cirrhosis, probable or definite
 - Cirrhosis, NOS
 - Ishak fibrosis score 5-6
 - METAVIR score F4
 - Batt-Ludwig score 4
 - 7: Clinical statement of advanced/severe fibrosis or cirrhosis, AND Not histologically confirmed or unknown if histologically confirmed
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
 - Stated in medical record that patient does not have advanced cirrhosis/ advanced fibrosis, not histologically confirmed or unknown if histologically confirmed
 - Fibrosis Score stated but cannot be assigned to codes 0 or 1
 - Fibrosis Score stated but scoring system not recorded
 - Fibrosis Score not assessed or unknown if assessed

Fibrosis Score, Schema ID, Required (NAACCR)

Another edit, Fibrosis Score, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Description updated for code 0 and code 1

Fibrosis Score, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 07/28/2018 11:28:17

Edit Tag N2955

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Fibrosis Score is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00220: Liver

00230: Intrahepatic Bile Ducts

Administrative Notes

New edit - NAACCR v18 metafile

FIGO Stage, Behavior (NAACCR)

FIGO Stage, Behavior (NAACCR)

Agency: NAACCR

Last changed: 08/08/2021 10:03:24

Edit Tag N3030**Description**

The edit verifies that the FIGO Stage SSDI is coded consistently with Behavior ICD-O-3.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2018, blank (unknown), or invalid
 - b. Schema ID not = 00500, 00510, 00520, 00528, 00530, 00541, 00542, 00551, 00552, 00553, 00560, 09520
 - c. FIGO Stage is blank or = 98 (not applicable)
 - d. Behavior Code ICD-O-3 is 0, 1, or blank
2. The edit verifies that if Behavior Code ICD-O-3 = "2" and Schema ID is not 00530, 00551, or 00553 (schemas where 8380/2 or 8441/2 are staged T1a or T1b), FIGO Stage = "97" (Carcinoma in situ) or "98" (not collected for this case).
3. The edit verifies that if Behavior Code ICD-O-3 = "3", FIGO Stage must not = "97" (Carcinoma in situ).

Administrative Notes

New edit - NAACCR v18 metafile

Modification

NAACCR v21

- Description, logic updated, Schema ID 09520 added
- Logic updated to allow 5-character field length

NAACCR v21B

- Description, logic updated to exclude Schema IDs 00530, 00551, and 00553 from requirement that /2 behavior requires FIGO Stage to be coded 97

NAACCR v22

- Description, logic updated to add Schema ID 00528
- Logic updated, trim-right function added to statements for FIGO stage, spaces removed from values

FIGO Stage, Date DX (NAACCR)

FIGO Stage, Date DX (NAACCR)

Agency: NAACCR

Last changed: 08/10/2021 23:54:38

*Edit Tag N2879**Description*

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid FIGO Stage code or blank, left-justified:

```

1:      FIGO Stage I
1A:     FIGO Stage IA
1A1:    FIGO Stage IA1
1A2:    FIGO Stage IA2
1B:     FIGO Stage 1B
1B1:    FIGO Stage IB1
1B2:    FIGO Stage IB2
1B3:    FIGO Stage IB3
1C:     FIGO Stage IC
1C1:    FIGO Stage IC1
1C2:    FIGO Stage IC2
1C3:    FIGO Stage IC3
2:      FIGO Stage II
2A:     FIGO Stage IIA
2A1:    FIGO Stage IIA1
2A2:    FIGO Stage IIA2
2B:     FIGO Stage IIB
3:      FIGO Stage III
3A:     FIGO Stage IIIA
3A1:    FIGO Stage IIIA1
3A11:   FIGO Stage IIIA1i
3A12:   FIGO Stage IIIA1ii
3A2:    FIGO Stage IIIA2
3B:     FIGO Stage IIIB
3C:     FIGO Stage IIIC
3C1:    FIGO Stage IIIC1
3C2:    FIGO Stage IIIC2
4:      FIGO Stage IV
4A:     FIGO Stage IVA
4B:     FIGO Stage IVB
97:     Not applicable: Carcinoma in situ (intraepithelial,
noninvasive,
      preinvasive)
98:     Not applicable: Information not collected for this case
99:     Not documented in medical record
      FIGO Stage unknown, not assessed or unknown if assessed

```

3. Code 1B3 may only be used for 2021+ diagnoses

Another edit, FIGO Stage, Schema ID, Required (NAACCR), checks that the

FIGO Stage, Gynecologic, EOD Primary Tumor (SEER)

item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v21**

- Description, logic updated, FIGO Stage IB3 added, numeric codes changed to match FIGO values with

Roman num

- Logic Roman numerals replaced by Arabic numerals, 5-character field length

NAACCR v22

- Logic updated, string of valid values replaced by table lookup; trim-right function added

FIGO Stage, Gynecologic, EOD Primary Tumor (SEER)

Agency: SEER

Last changed: 08/22/2022 17:56:36

Edit Tag N6092

Description

The edit verifies that the FIGO Stage SSDI is coded consistently with EOD Primary Tumor.

1. The edit is skipped for the following condition:
 - a. Date of diagnosis before 2019, blank (unknown), or invalid.
 - b. FIGO Stage is blank.
 - c. Schema ID is not 00500, 00510, 00520, 00528, 00530, 00551, 00552, 00553, 00560, 09520
 - d. EOD Primary Tumor is blank
2. The edit verifies that if FIGO Stage = 97 (Carcinoma in situ), EOD Primary Tumor must = 000 (Carcinoma in situ).
3. If EOD Primary Tumor = 000, FIGO Stage must = 97.

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v18D**

- Error message corrected

EditWriter 5

FIGO Stage, Gynecologic, Schema ID (NAACCR)

NAACCR v21

- Description, logic updated, Schema ID 09520 added
- Logic updated to allow 5-character field length

NAACCR v22

- Description, logic updated to add Schema ID 00528
- Logic updated, trim-right function added to statements for FIGO stage, spaces removed from values

FIGO Stage, Gynecologic, Schema ID (NAACCR)

Agency: NAACCR

Last changed: 08/08/2021 10:03:24

Edit Tag N2880

Description

1. The edit is skipped for the following condition:
 - a. Date of diagnosis before 2019, blank (unknown), or invalid.
 - b. FIGO Stage is blank.
 - c. Schema ID is not 00500, 00510, 00520, 00528, 00530, 00541, 00542, 00551, 00552, 00553, 00560, 09520
2. This edit verifies that FIGO Stage is coded appropriately by Schema ID as shown in the following chart:

Code	Schema ID									
	00500	00510	00520	00530	00541	00542	00551	00552	00560	
1: FIGO Stage I	X	X	09520 X	X	X	X	X	X		X
1A: FIGO Stage IA	X		X	X	X	X	X			
1A1: FIGO Stage IA1			X							
1A2: FIGO Stage IA2			X							
1B: FIGO Stage IB	X		X	X	X	X	X			
1B1: FIGO Stage IB1			X							
1B2: FIGO Stage IB2			X							
1B3: FIGO Stage IB3					X*					
1C: FIGO Stage IC						X	X			
1C1: FIGO Stage IC1							X			
1C2: FIGO Stage IC2							X			
1C3: FIGO Stage IC3							X			
2: FIGO Stage II	X	X	X	X	X	X	X	X	X	X
2A: FIGO Stage IIA			X		X	X	X	X		
2A1: FIGO Stage IIA1			X							
2A2: FIGO Stage IIA2			X							
2B: FIGO Stage IIB			X		X	X	X	X		
3: FIGO Stage III	X	X	X	X	X	X	X	X	X	X
3A: FIGO Stage IIIA	X		X	X	X	X	X	X		
3A1: FIGO Stage IIIA1							X	X		
3A11: FIGO Stage IIIA1i							X	X		
3A12: FIGO Stage IIIA1ii							X	X		

FIGO Stage, Schema ID, Required (NAACCR)

3A2: FIGO Stage IIIA2						X	X		
3B: FIGO Stage IIIB	X		X	X	X	X	X	X	X
3C: FIGO Stage IIIC	X			X	X	X	X	X	X
3C1: FIGO Stage IIIC1			X*	X					
3C2: FIGO Stage IIIC2			X*	X					
4: FIGO Stage IV	X	X	X	X	X	X	X	X	X
4A: FIGO Stage IVA	X	X	X	X	X	X	X	X	X
4B: FIGO Stage IVB	X	X	X	X	X	X	X	X	X
97: NA, Ca in situ		97	97	97	97			97	97
98: NA, not collected	98	98	98	98	98	98	98	98	98
99: Unknown	99	99	99	99	99	99	99	99	99

* For 09520 only

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v21

- Description updated, numeric codes changed to match FIGO codes, Roman numerals replaced by Arabic numerals
- Description, logic updated, Schema ID 09520 added
- Logic updated to allow 5-character field length

NAACCR v22

- Description, logic updated to add Schema ID 00528
- Logic updated, trim-right added to FIGO stage/group values

FIGO Stage, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 07/29/2022 15:52:30

Edit Tag N2624

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that FIGO Stage is not "98" (not applicable) and not blank for the Schema IDs for which it is required.

Required for Schema ID:

FIGO Stage, Summary Stage 2018 (NAACCR)

00500: Vulva
00510: Vagina
00520: Cervix [8th: 2018-2020]
09520: Cervix [V9: 2021+]
00528: Cervix Sarcoma [2021+]
00530: Corpus Carcinoma and Carcinosarcoma
00541: Corpus Sarcoma (Sarcoma)
00542: Corpus Sarcoma (Adenosarcoma)
00551: Ovary
00552: Primary Peritoneal Carcinoma
00553: Fallopian Tube
00560: Placenta

Administrative Notes

New edit - NAACCR v18 metafile

Modification**NAACCR v21**

- Description, logic updated, Schema ID 09520 added
- Logic updated to allow 5-character field length

NAACCR v21B

- Logic updated, FIGO Stage required for 00520 2018-2020 only; FIGO Stage required for 09520 2021+ only

NAACCR v22

- Description, logic updated, FIGO Stage required for 00528 2021+ only
- Logic updated, trim-right function added to statements for FIGO stage, spaces removed from values

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021
- Description updated, "9th" changed to "V9"

FIGO Stage, Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 12/18/2021 12:39:25

Edit Tag N5048

Gestational Trophoblastic Prognostic Scoring Index, Date DX (NAACCR)**Description**

The edit verifies that the FIGO Stage SSDI is coded consistently with Summary Stage 2018

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank, or invalid
 - b. Schema ID not = 00500, 00510, 00520, 00528, 00530, 00551, 00552, 00553, 00560, 09520
 - c. FIGO Stage is blank or = 98 (not applicable)
 - d. Summary Stage 2018 blank
 - e. Type of Reporting Source = 7 (death certificate only)
2. The edit verifies that if FIGO Stage = 97 (Carcinoma in situ), Summary Stage 2018 must = 0 (Carcinoma in situ).
3. If Summary Stage 2018 = 0 and Schema ID is not 00530, 00551, or 00553 (schemas where 8380/2 or 8441/2 are staged T1a or T1b), FIGO Stage must = 97.

Administrative Notes

New edit - NAACCR v18C metafile

Modification**NAACCR v21**

- Description, logic updated, Schema ID 09520 added
- Logic updated to allow 5-character field length

NAACCR v21B

- Description, logic updated to exclude Schema IDs 00530, 00551, and 00553 from requirement that SS2018 0 requires FIGO Stage to be coded 97

NAACCR v22

- Description, logic updated to add Schema ID 00528
- Logic updated, trim-right function added to statements for FIGO stage, spaces removed from values

NAACCR v22B

- Description, logic updated, skip added for type of reporting source = 7 (DCO)

Gestational Trophoblastic Prognostic Scoring Index, Date DX (NAACCR)

Agency: NAACCR

Last changed: 12/07/2019 11:56:08

Edit Tag N2736

Gestational Trophoblastic Prognostic Scoring Index, Schema ID, Required (NAACCR)**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Gestational Trophoblastic Prognostic Scoring Index code or blank:
 - 00-25: Risk factor score
 - X9: Not documented in medical record
Prognostic Trophoblastic Scoring Index not assessed or unknown if assessed

Another edit, Gestational Trophoblastic Prognostic Scoring Index, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Logic format modified to follow pattern of other SSDI valid value edits

Gestational Trophoblastic Prognostic Scoring Index, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2881

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Gleason Patterns Clinical, Date DX (NAACCR)

2. This edit verifies that Gestational Trophoblastic Prognostic Scoring Index is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00560: Placenta

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Gleason Patterns Clinical, Date DX (NAACCR)

Agency: NAACCR

Last changed: 02/18/2020 21:13:58

Edit Tag N2706

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Gleason Patterns Clinical code or blank:

11: Primary pattern 1, secondary pattern 1
 12: Primary pattern 1, secondary pattern 2
 13: Primary pattern 1, secondary pattern 3
 14: Primary pattern 1, secondary pattern 4
 15: Primary pattern 1, secondary pattern 5
 19: Primary pattern 1, secondary pattern unknown
 21: Primary pattern 2, secondary pattern 1
 22: Primary pattern 2, secondary pattern 2
 23: Primary pattern 2, secondary pattern 3

Gleason Patterns Clinical, Grade Clinical (SEER)

24: Primary pattern 2, secondary pattern 4
 25: Primary pattern 2, secondary pattern 5
 29: Primary pattern 2, secondary pattern unknown
 31: Primary pattern 3, secondary pattern 1
 32: Primary pattern 3, secondary pattern 2
 33: Primary pattern 3, secondary pattern 3
 34: Primary pattern 3, secondary pattern 4
 35: Primary pattern 3, secondary pattern 5
 39: Primary pattern 3, secondary pattern unknown
 41: Primary pattern 4, secondary pattern 1
 42: Primary pattern 4, secondary pattern 2
 43: Primary pattern 4, secondary pattern 3
 44: Primary pattern 4, secondary pattern 4
 45: Primary pattern 4, secondary pattern 5
 49: Primary pattern 4, secondary pattern unknown
 51: Primary pattern 5, secondary pattern 1
 52: Primary pattern 5, secondary pattern 2
 53: Primary pattern 5, secondary pattern 3
 54: Primary pattern 5, secondary pattern 4
 55: Primary pattern 5, secondary pattern 5
 59: Primary pattern 5, secondary pattern unknown
 X6: TURP and/or biopsy done, primary pattern unknown, secondary pattern unknown
 X7: No needle core biopsy/TURP performed
 X8: Not applicable: Information not collected for this case
 X9: Not documented in medical record
 Gleason Patterns Clinical not assessed or unknown if assessed
 Unknown whether TURP and/or biopsy done

Another edit, Gleason Patterns Clinical, Schema ID, Required (NAACCR), checks that the item is coded correctly by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modification

NAACCR v21

- Logic format modified to follow pattern of other SSDI valid value edits
- Description updated for codes X6, X9

Gleason Patterns Clinical, Grade Clinical (SEER)

Agency: SEER

Last changed: 06/17/2021 14:18:16

Edit Tag N6633

Description

This edit verifies that Grade Clinical is coded consistently with Gleason Patterns Clinical SSDI.

Gleason Patterns Clinical, Schema ID, Required (NAACCR)

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2018, blank (unknown), or invalid.
 - b. Schema ID is not 00580
 - c. Gleason Patterns Clinical is blank or not applicable.
 - d. Grade Clinical is blank.
2. If Gleason Patterns Clinical = 11, 12, 13, 21, 22, 23, 31, 32, or 33
Then Grade Clinical must = 1
3. If Gleason Patterns Clinical = 34
Then Grade Clinical must = 2
4. If Gleason Patterns Clinical = 43
Then Grade Clinical must = 3
5. If Gleason Patterns Clinical = 44, 35, or 53
Then Grade Clinical must = 4
6. If Gleason Patterns Clinical = 45, 54, or 55
Then Grade Clinical must = 5

Administrative Notes

New edit - NAACCR v22 metafile

Replaces N3951 in SEER transmit edit set. Edit differs from N3951 in skipping for pre-2018 rather than pre-2019 cases.

Gleason Patterns Clinical, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2883

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565
(Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566
(Texas)
2. This edit verifies that Gleason Patterns Clinical is not "X8" (not applicable) not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00580: Prostate

Gleason Patterns Pathological, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Gleason Patterns Pathological, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/13/2021 22:50:16

Edit Tag N2708

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Gleason Patterns Pathological code or blank:

```

11: Primary pattern 1, secondary pattern 1
12: Primary pattern 1, secondary pattern 2
13: Primary pattern 1, secondary pattern 3
14: Primary pattern 1, secondary pattern 4
15: Primary pattern 1, secondary pattern 5
19: Primary pattern 1, secondary pattern unknown
21: Primary pattern 2, secondary pattern 1
22: Primary pattern 2, secondary pattern 2
23: Primary pattern 2, secondary pattern 3
24: Primary pattern 2, secondary pattern 4
25: Primary pattern 2, secondary pattern 5
29: Primary pattern 2, secondary pattern unknown
31: Primary pattern 3, secondary pattern 1
32: Primary pattern 3, secondary pattern 2
33: Primary pattern 3, secondary pattern 3
34: Primary pattern 3, secondary pattern 4
35: Primary pattern 3, secondary pattern 5
39: Primary pattern 3, secondary pattern unknown
41: Primary pattern 4, secondary pattern 1
42: Primary pattern 4, secondary pattern 2
43: Primary pattern 4, secondary pattern 3

```

Gleason Patterns Pathological, EOD Prostate Pathologic Extension (SEER)

44: Primary pattern 4, secondary pattern 4
 45: Primary pattern 4, secondary pattern 5
 49: Primary pattern 4, secondary pattern unknown
 51: Primary pattern 5, secondary pattern 1
 52: Primary pattern 5, secondary pattern 2
 53: Primary pattern 5, secondary pattern 3
 54: Primary pattern 5, secondary pattern 4
 55: Primary pattern 5, secondary pattern 5
 59: Primary pattern 5, secondary pattern unknown
 X6: Prostatectomy done, primary pattern unknown, secondary pattern unknown
 X7: No radical prostatectomy/autopsy performed
 X8: Not applicable: Information not collected for this case
 X9: Not documented in medical record
 Gleason Patterna Pathological not assessed or unknown if assessed
 Unknown if radical prostatectomy done

Another edit, Gleason Patterns Pathological, Schema ID, Required (NAACCR), checks that the item is coded correctly by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

NAACCR v21

- Logic format modified to follow pattern of other SSDI valid value edits
- Description updated for codes X6, X9

NAACCR v22

- Description updated for codes X7, X9

Gleason Patterns Pathological, EOD Prostate Pathologic Extension (SEER)

Agency: SEER

Last changed: 08/17/2021 11:11:01

Edit Tag N6078

Description

This edit verifies that Gleason Patterns Pathological is coded consistently with EOD Prostate Pathologic Extension.

.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00580
 - c. EOD Prostate Pathologic Extension is blank.
 - d. Gleason Patterns Pathological is blank

Gleason Patterns Pathological, Grade Pathological (NAACCR)

2. If Gleason Patterns Pathological = X7 (no prostatectomy/autopsy performed) then EOD Prostate Pathologic Extension must = 900 (no prostatectomy or autopsy performed) or 950 (Prostatectomy performed but not first course of treatment)
For 2022+, if Gleason Patterns Pathological = X7, EOD Prostate Pathologic Extension must = 900
3. If EOD Prostate Pathologic Extension = 900 (no prostatectomy or autopsy performed) then Gleason Patterns Pathological must = X7 (no prostatectomy/autopsy performed)
4. If EOD Prostate Pathologic Extension = 950 (prostatectomy performed but not first course of treatment, then Gleason Patterns Pathological must = X7 (no prostatectomy/autopsy performed) or X9 (not documented in medical record, Gleason Score Pathological not assessed or unknown if assessed)
For 2022+, if EOD Prostate Pathologic Extension = 950, Gleason Score Pathological must = X9.

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v21**

- Name changed from Gleason Patterns Pathological, Prostate Pathological Extension (SEER)
- Description, logic updated, Prostate Pathological Extension changed to EOD Prostate Pathologic Extension

NAACCR v21B

- Description, logic modified, code X7 for Gleason Patterns Pathological requires either code 900 or 950 for EOD Prostate Pathologic Extension, and codes 900 and 950 require code X7.

NAACCR v22

- Description updated, "autopsy" included in definitions for EOD Prostate Pathologic Extension and Gleason Patterns Pathological
- Description, logic updated, X9 allowed for SSDI if EOD Prostate Pathologic Extension = 950 for 2019-2021, X9 required for 2022+

Gleason Patterns Pathological, Grade Pathological (NAACCR)

Agency: NAACCR

Last changed: 07/09/2019 06:19:08

Edit Tag N4213

Description

This edit verifies that Grade Pathological is coded consistently with Gleason Patterns Pathological SSDI.

Gleason Patterns Pathological, Schema ID, Required (NAACCR)

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00580
 - c. Gleason Patterns Pathological is blank or not applicable.
 - d. Grade Pathological is blank.
 - e. Grade Clinical is \geq Grade Pathological and Grade Clinical Not = 9.
 - f. Grade Clinical = E and Grade Pathological = 1,2,3, or E (E = Score 7, pattern not specified)
2. If Gleason Patterns Pathological = 11, 12, 13, 21, 22, 23, 31, 32, or 33
Then Grade Pathological must = 1
3. If Gleason Patterns Pathological = 34
Then Grade Pathological must = 2
4. If Gleason Patterns Pathological = 43
Then Grade Pathological must = 3
5. If Gleason Patterns Pathological = 44, 35, or 53
Then Grade Pathological must = 4
6. If Gleason Patterns Pathological = 45, 54, or 55
Then Grade Pathological must = 5

Administrative Notes

New edit - NAACCR v18C metafile

Modification

NAACCR v18D

- Description, logic changed, edit skipped if Grade Clinical \geq Grade Pathological, previously skipped if Grade Clinical $>$ Grade

Pathological

- Description, logic changed, added skip if Grade Clinical = E and Grade Pathological = 1,2,3,E

Gleason Patterns Pathological, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2884

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)

Gleason Patterns/Score, Clin/Path (NAACCR)

d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)

e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

2. This edit verifies that Gleason Patterns Pathological is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00580: Prostate

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Gleason Patterns/Score, Clin/Path (NAACCR)

Agency: NAACCR

Last changed: 04/03/2019 14:28:04

Edit Tag N3037

Description

This edit verifies that the Gleason Patterns Clinical and Pathological and Gleason Score Clinical and Pathological SSDIs are coded consistently.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00580.
 - c. Gleason Patterns Clinical, Gleason Score Clinical, Gleason Patterns Pathological, and Gleason Score Pathological are all blank or not applicable
2. If Gleason Score Clinical is not blank and not X8:
 - If Gleason Patterns Clinical = 11, Gleason Score Clinical must = 02
 - If Gleason Patterns Clinical = 12 or 21, Gleason Score Clinical must = 03

Gleason Score Clinical, Date DX (NAACCR)

If Gleason Patterns Clinical = 13, 22, 31, Gleason Score Clinical must = 04
 If Gleason Patterns Clinical = 14, 23, 32, 41, Gleason Score Clinical must = 05
 If Gleason Patterns Clinical = 15, 24, 33, 42, 51, Gleason Score Clinical must = 06
 If Gleason Patterns Clinical = 25, 34, 43, 52, Gleason Score Clinical must = 07
 If Gleason Patterns Clinical = 35, 44, 53, Gleason Score Clinical must = 08
 If Gleason Patterns Clinical = 45, 54, Gleason Score Clinical must = 09
 If Gleason Patterns Clinical = 55, Gleason Score Clinical must = 10
 If Gleason Patterns Clinical = X7, Gleason Score Clinical must = X7

3. If Gleason Score Pathological is not blank and not X8:

If Gleason Patterns Pathological = 11, Gleason Score Pathological must = 02
 If Gleason Patterns Pathological = 12 or 21, Gleason Score Pathological must = 03
 If Gleason Patterns Pathological = 13, 22, 31, Gleason Score Pathological must = 04
 If Gleason Patterns Pathological = 14, 23, 32, 41, Gleason Score Pathological must = 05
 If Gleason Patterns Pathological = 15, 24, 33, 42, 51, Gleason Score Pathological must = 06
 If Gleason Patterns Pathological = 25, 34, 43, 52, Gleason Score Pathological must = 07
 If Gleason Patterns Pathological = 35, 44, 53, Gleason Score Pathological must = 08
 If Gleason Patterns Pathological = 45, 54, Gleason Score Pathological must = 09
 If Gleason Patterns Pathological = 55, Gleason Score Pathological must = 10
 If Gleason Patterns Pathological = X7, Gleason Score Pathological must = X7

Administrative Notes

New edit - NAACCR v18C metafile

Gleason Score Clinical, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2707

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid Gleason Score Clinical code or blank:

02: Gleason score 2
 03: Gleason score 3
 04: Gleason score 4
 05: Gleason score 5
 06: Gleason score 6

Gleason Score Clinical, Grade Clinical (NAACCR)

07: Gleason score 7
 08: Gleason score 8
 09: Gleason score 9
 10: Gleason score 10
 X7: No needle core biopsy/TURP performed
 X8: Not applicable: Information not collected for this case
 X9: Not documented in medical record
 Gleason Score Clinical not assessed or unknown if assessed

Another edit, Gleason Score Clinical, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Gleason Score Clinical, Grade Clinical (NAACCR)

Agency: NAACCR

Last changed: 08/08/2021 19:30:40

Edit Tag N4214

Description

This edit verifies that Grade Clinical is coded consistently with Gleason Score Clinical SSDI

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00580
 - c. Gleason Score Clinical is blank, X8, or X9.
 - d. Grade Clinical is blank.
- 0
2. If Gleason Score Clinical = 01, 02, 03, 04, 05, or 06,
Then Grade Clinical must = 1
3. If Gleason Score Clinical = 7
Then Grade Clinical must = 2 or 3 or E
4. If Gleason Score Clinical = 8
Then Grade Clinical must = 4
5. If Gleason Score Clinical = 9 or 10
Then Grade Clinical must = 5

Administrative Notes

New edit - NAACCR v18C metafile

Gleason Score Clinical, Schema ID, Required (NAACCR)

Modification

NAACCR v18D

- Description corrected, Grade Pathological in first paragraph changed to Grade Clinical; reference to Gleason Pattern Clinical removed from first paragraph

Gleason Score Clinical, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 07/28/2018 10:52:17

*Edit Tag N2885***Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Gleason Score Clinical is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00580: Prostate

Administrative Notes

New edit - NAACCR v18 metafile

Gleason Score Pathological, Date DX (NAACCR)

Agency: NAACCR

Last changed: 06/05/2021 11:53:07

*Edit Tag N2709***Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid Gleason Score Pathological code or blank:

Gleason Score Pathological, EOD Prostate Pathologic Extension (SEER)

02: Gleason score 3
 03: Gleason score 3
 04: Gleason score 4
 05: Gleason score 5
 06: Gleason score 6
 07: Gleason score 7
 08: Gleason score 8
 09: Gleason score 9
 10: Gleason score 10
 X7: No radical prostatectomy/autopsy performed
 X8: Not applicable: Information not collected for this case
 X9: Not documented in medical record
 Gleason Score Pathological not assessed or unknown if

assessed

Unknown if radical prostatectomy done

Another edit, Gleason Score Pathological, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description updated for codes X7, X9

Gleason Score Pathological, EOD Prostate Pathologic Extension (SEER)

Agency: SEER

Last changed: 02/06/2022 16:28:16

Edit Tag N6574

Description

This edit verifies that Gleason Score Pathological is coded consistently with EOD Prostate Pathologic Extension.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2022, blank (unknown), or invalid.
 - b. Schema ID is not 00580
 - c. EOD Prostate Pathologic Extension is blank.
 - d. Gleason Score Pathological is blank

Gleason Score Pathological, Grade Pathological (NAACCR)

2. If Gleason Score Pathological = X7 (no prostatectomy/autopsy performed)
then EOD Prostate Pathologic Extension must = 900 (no prostatectomy or autopsy performed)
3. If EOD Prostate Pathologic Extension = 900 (no prostatectomy or autopsy performed)
then Gleason Score Pathological must = X7 (no prostatectomy/autopsy performed)
4. If EOD Prostate Pathologic Extension = 950 (prostatectomy performed but not first course of treatment,
then Gleason Score Pathological must = X9 (not documented in medical record, Gleason Score Pathological not assessed or unknown if assessed).

Administrative Notes

New edit - NAACCR v22 metafile

Modifications

NAACCR v22B

- Name changed from Gleason Score Pathological, EOD Prostate Pathologic Extension, CoC Flag (SEER)
- Description, logic updated, CoC Flag removed from Edit

Gleason Score Pathological, Grade Pathological (NAACCR)

Agency: NAACCR

Last changed: 07/09/2019 06:18:22

Edit Tag N3952

Description

This edit verifies that Grade Pathological is coded consistently with Gleason Score Pathological SSDI.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00580
 - c. Gleason Score Pathological is blank, X8, or X9.
 - d. Grade Pathological is blank.
 - e. Grade Clinical is \geq Grade Pathological and Grade Clinical Not = 9
 - f. Grade Clinical = E and Grade Pathological = 1,2,3, or E (E = Score 7, pattern not specified)
2. If Gleason Score Pathological = 1, 2, 3, 4, 5, or 6,
Then Grade Pathological must = 1
3. If Gleason Score Pathological = 7
Then Grade Pathological must = 2, 3 or E
4. If Gleason Score Pathological = 8

Gleason Score Pathological, Schema ID, Required (NAACCR)

Then Grade Pathological must = 4

5. If Gleason Score Pathological = 9 or 10
Then Grade Pathological must = 5

Administrative Notes

New edit - NAACCR v18C metafile

Modification

NAACCR v18D metafile

- Description corrected, reference to Gleason Pattern Pathological removed from first paragraph
- Description, logic changed, edit skipped if Grade Clinical >= Grade Pathological, previously skipped if Grade Clinical > Grade Pathological

Gleason Score Pathological, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 07/28/2018 10:52:36

Edit Tag N2886

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Gleason Score Pathological is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00580: Prostate

Administrative Notes

New edit - NAACCR v18 metafile

Gleason Tertiary Pattern, Date DX (NAACCR)

Gleason Tertiary Pattern, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag N2710**Description*

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid Gleason Tertiary Pattern code or blank:

- 10: Tertiary pattern 1
- 20: Tertiary pattern 2
- 30: Tertiary pattern 3
- 40: Tertiary pattern 4
- 50: Tertiary pattern 5
- X7: No prostatectomy/autopsy performed
- X8: Not applicable: Information not collected for this case
- X9: Not documented in medical record

Gleason Tertiary Pattern not assessed or unknown if assessed

Another edit, Gleason Tertiary Pattern, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Gleason Tertiary Pattern, EOD Prostate Pathologic Extension (SEER)

Agency: SEER

Last changed: 02/06/2022 16:31:58

*Edit Tag N6575**Description*

This edit verifies that Gleason Tertiary Pattern is coded consistently with EOD Prostate Pathologic Extension.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2022, blank (unknown), or invalid.
 - b. Schema ID is not 00580
 - c. EOD Prostate Pathologic Extension is blank.
 - d. Gleason Tertiary Pattern is blank

Gleason Tertiary Pattern, Schema ID, Required, CoC Flag (SEER)

2. If Gleason Tertiary Pattern = X7 (no prostatectomy/autopsy performed)
then EOD Prostate Pathologic Extension must = 900 (no prostatectomy or autopsy performed)
3. If EOD Prostate Pathologic Extension = 900 (no prostatectomy or autopsy performed)
then Gleason Tertiary Pattern must = X7 (no prostatectomy/autopsy performed)
4. If EOD Prostate Pathologic Extension = 950 (prostatectomy performed but not first course of treatment,
then Gleason Tertiary Pattern must = X9 (not documented in medical record, Gleason Tertiary Pattern not assessed or unknown if assessed

Administrative Notes

New edit - NAACCR v22 metafile

Modifications

NAACCR v22B

- Name changed from Gleason Tertiary Pattern, EOD Prostate Pathologic Extension, CoC Flag (SEER)
- Description, logic updated, CoC Flag removed from edit

Gleason Tertiary Pattern, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 08/08/2022 10:11:11

Edit Tag N3923

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018 or after 2022, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Gleason Tertiary Pattern is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Gleason Tertiary Pattern is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Grade (COC)

Required for Schema ID:

00580: Prostate

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021
- Description, logic updated, edit skipped after 2022

Grade (COC)

Agency: COC

Last changed: 02/08/2018 19:53:53

*Edit Tag N0373****Description***

Must be a valid code for Grade (1-9) or blank. This field is allowed to be blank because it is not required for cases diagnosed 2018 and later.

Another edit, Grade, Date of Diagnosis (COC) checks that Grade is entered for cases diagnosed before 2018 and blank for cases diagnosed 2018 and later.

Administrative Notes

Modifications

NAACCR v18

- Added blank to allowable values.

Grade Clin, Grade Path 03-2022 (NAACCR)

Agency: NAACCR

Last changed: 12/08/2022 17:36:23

Edit Tag N5027

Grade Clin,Path,PostTX, Date of Diagnosis (NAACCR)**Description**

This edit checks that Grade Clinical is used to code Grade Pathological if the grade on clinical pathology is higher than the grade on surgical pathology.

From the Grade Manual:

"Record the highest grade documented from any microscopic specimen of the primary site whether from the clinical workup or the surgical resection."

1. This edit is skipped under the following conditions:
 - a. Date of diagnosis = before 2019 or after 2022, blank (unknown) or invalid.
 - b. Grade Pathological is blank or = 9.
 - c. Grade Clinical is blank or = 8 or 9.
 - d. Schema ID = 00721, 00722, 00723
2. If surgery is performed (RX Summ--Surg Prim Site 03-2022 = 30-90), if Grade Clinical and Grade Pathological are numeric and Grade Post Therapy Path (yp) = blank, Grade Pathological must not be less than Grade Clinical and must not = 8 (not applicable)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v18D**

- Grade Pathological of 9 removed as not allowed from logic statement 2
- Description, logic updated to pass for Schema IDs 00721, 00722, 00723

NAACCR v21

- Description, logic updated, to pass if Grade Pathological = 9.
- Description, logic updated, Grade Post Therapy renamed Grade Post Therapy Path (yp)

NAACCR v23

- Description, logic updated, edit skipped for dx year > 2022
- Error message corrected
- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022
- Name changed from Grade Clin, Grade Path (NAACCR)

NAACCR v23A

- Description, logic updated, edit passes if Grade Clinical or Grade Pathological = blank; previous logic required both to be blank

Grade Clin,Path,PostTX, Date of Diagnosis (NAACCR)

Agency: NAACCR

Last changed: 02/05/2020 19:59:34

Edit Tag N2802

Grade Clinical (NAACCR)

Description

This edit is skipped if date of diagnosis = blank (unknown) or invalid.

1. Grade Clinical, Grade Pathological, Grade Post Therapy Clin (yc), and Grade Post Therapy Path (yp) must be blank if diagnosis date pre-2018.
2. Grade Clinical must not be blank if diagnosis date 2018+.
3. Grade Pathological must not be blank if diagnosis date 2018+.
4. Grade Post Therapy Clin (yc) may be blank if diagnosis date 2018+.
5. Grade Post Therapy Path (yp) may be blank if diagnosis date 2018+.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Description, logic updated: Grade Post Therapy Clin (yc) added
- Description, logic updated, Grade Post Therapy renamed Grade Post Therapy Path (yp)

Grade Clinical (NAACCR)

Agency: NAACCR

Last changed: 02/14/2018 20:56:26

Edit Tag N2610

Description

Must be a valid code for Grade Clinical:

- 1
- 2
- 3
- 4
- 5
- 8
- 9
- A
- B
- C
- D
- E
- H
- L
- M
- S
- blank

Grade Path, Grade Post Therapy (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Grade Path, Grade Post Therapy (NAACCR)

Agency: NAACCR

Last changed: 07/30/2020 20:32:14

Edit Tag N4914

Description

This edit checks on coding of Grade Pathological and Grade Post Therapy Path (yp)

1. This edit is skipped for the following conditions:
 - a. Date of diagnosis = pre-2018, blank (unknown) or invalid.
 - b. Schema ID = 00790, 00795, 00811, 00812, 00821, 00822, 00830 (Grade fields not applicable for these schemas)
2. Grade Pathological must = 9 if Grade Post Therapy Path (yp) is not blank

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Description, logic updated, skip condition added for listed Schema IDs.
- Description, logic updated, Grade Post Therapy renamed Grade Post Therapy Path (yp)
- Description updated, skip condition b, list of grade fields with value 8 replaced with "(Grade fields not applicable for these schemas")

Grade Pathological (NAACCR)

Agency: NAACCR

Last changed: 02/14/2018 20:56:37

Edit Tag N2751

Grade Post Therapy Clin (yc) (NAACCR)

Description

Must be a valid code for Grade Pathological:

- 1
- 2
- 3
- 4
- 5
- 8
- 9
- A
- B
- C
- D
- E
- H
- L
- M
- S
- blank

Administrative Notes

New edit - NAACCR v18 metafile

Grade Post Therapy Clin (yc) (NAACCR)

Agency: NAACCR

Last changed: 02/06/2020 00:13:44

Edit Tag N6332

Description

Must be a valid code for Grade Post Therapy Clin (yc):

- 1
- 2
- 3
- 4
- 5
- 8
- 9
- A
- B
- C
- D
- E
- H
- L

Grade Post Therapy Clin (yc), Grade Post Therapy Path (yp) (NAACCR)

M
S
blank

Administrative Notes

New edit - NAACCR v21 metafile

**Grade Post Therapy Clin (yc), Grade Post Therapy Path (yp)
(NAACCR)**

Agency: NAACCR

Last changed: 07/13/2022 22:42:17

Edit Tag N6584

Description

This edit checks that Grade Post Therapy Clin (yc) is used to code Grade Post Therapy Path (yp) if the grade on clinical pathology is higher than the grade on surgical pathology.

1. This edit is skipped under the following conditions:
 - a. Date of diagnosis = pre-2022, blank (unknown) or invalid.
 - b. Grade Post Therapy Path (yp) is blank or = 8 or 9.
 - c. Grade Post Therapy Clin (yc) is blank or = 8 or 9.
 - d. Schema ID = 00721, 00722, 00723, 09721, 09722, 09723, 09724
2. If Grade Post Therapy Path(yp) is numeric and Grade Post Therapy Clin (yc) is numeric, Grade Post Therapy Path(yp) must not be less than Grade Post Therapy Clin (yc)

Administrative Notes

New edit - NAACCR v22 metafile

Modifications

NAACCR v23

- Logic corrected, skip added for 00721, 00722, 00723
- Description, logic updated, skip added for 09721, 09722, 09723, 09724

Grade Post Therapy Path (yp) (NAACCR)

Grade Post Therapy Path (yp) (NAACCR)

Agency: NAACCR

Last changed: 02/05/2020 21:21:43

Edit Tag N2801

Description

Must be a valid code for Grade Post Therapy Path (yp):

- 1
- 2
- 3
- 4
- 5
- 8
- 9
- A
- B
- C
- D
- E
- H
- L
- M
- S
- blank

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Name changed from Grade Post Therapy (NAACCR)
- Description, logic updated, Grade Post Therapy renamed to Grade Post Therapy Path (yp)

Grade Post Therapy Path (yp), Surgery Sequence (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6711

Description

This edit checks that Grade Post Therapy Path (yp) is coded consistently with the

Grade Post Therapy, Gleason Patterns Pathological (NAACCR)

sequence fields for surgery and radiation and surgery and systemic therapy.

1. This edit is skipped under the following conditions:
 - a. Date of diagnosis = pre-2023, blank (unknown) or invalid.
 - b. Grade Post Therapy Path (yp) = 8.
 - c. RX Summ--Surg/Rad Seq and RX Summ--Systemic Sur/Seq are both blank.
2. if RX Summ--Surg/Rad Seq and RX Summ--Systemic Sur/Seq = 0
Grade Post Therapy Path(yp) must be blank

Administrative Notes

New edit - NAACCR v23 metafile

Grade Post Therapy, Gleason Patterns Pathological (NAACCR)

Agency: NAACCR

Last changed: 04/07/2021 22:58:08

Edit Tag N6093

Description

This edit verifies that Gleason Patterns Pathological is coded consistently with Grade Post Therapy Path (yp).

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00580
 - c. Gleason Patterns Pathological is blank or not applicable.
 - d. Grade Post Therapy Clin (yc) and Grade Post Therapy Path (yp) are both blank.
2. If Grade Post Therapy Path (yp) is not blank and not 9
Then Gleason Patterns Pathological must = X9

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v21

- Description, logic updated, Grade Post Therapy renamed Grade Post Therapy Path (yp)

Grade Post Therapy, Gleason Score Pathological, Tertiary Pattern (NAACCR)

Grade Post Therapy, Gleason Score Pathological, Tertiary Pattern (NAACCR)

Agency: NAACCR

Last changed: 07/27/2021 22:10:29

Edit Tag N6105

Description

This edit verifies that Gleason Score Clinical and Tertiary Pattern are coded consistently with Grade Post Therapy Path (yp).

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00580
 - c. Gleason Score Pathological and Gleason Tertiary Pattern are both blank or not applicable.
 - d. Grade Post Therapy Path (yp) is blank.
2. If Grade Post Therapy Path (yp) is not 9 and not blank, Then Gleason Score Pathological if not blank or X8 must = X9, and Gleason Tertiary Pattern if not blank or X8 must = X9.

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v18D

- Error message corrected'

NAACCR v21

- Second paragraph of Description referencing Gleason Patterns Pathological removed
- Description, logic updated, Grade Post Therapy renamed Grade Post Therapy Path (yp)
- Description updated, "Gleason Score Clinical" in first paragraph changed to "Gleason Score Pathological"

NAACCR v22

- Logic updated, AT(#S"Gleason Tertiary Pattern", "X8")) changed to AT(#S"Gleason Tertiary Pattern", "X8")!=0))

Grade Post Therapy, Neoadjuvant Therapy (SEER)

Agency: SEER

Last changed: 08/22/2022 17:56:36

Edit Tag N6715

Description

This edit enforces consistency of coding between Grade Post Therapy Clin (yc), Grade Post Therapy Path (yp), and Neoadjuvant Therapy.

Grade Post Therapy, Primary Site, Schema ID (NAACCR)

1. The edit is skipped for any of the following:
 - a. Diagnosis date blank (unknown), invalid, or pre-2023.
 - b. Grade Post Therapy Clin (yc) and Grade Post Therapy Path (yp) are both blank.
 - c. Neoadjuvant Therapy is blank.
2. If Neoadjuvant Therapy = 0 (no neoadjuvant therapy), 3 (limited systemic exposure when intent not neoadjuvant), or 9 (unknown if neoadjuvant therapy performed)
Grade Post Therapy Clin (yc) and Grade Post Therapy Path (yp) must both be blank.

Administrative Notes

New edit - NAACCR v23 metafile

Grade Post Therapy, Primary Site, Schema ID (NAACCR)

Agency: NAACCR

Last changed: 08/11/2020 19:41:16

Edit Tag N6361

Description

This edit verifies that Grade Post Therapy Clin (yc) and Grade Post Therapy Path (yp) are not coded for Primary Sites or Schema IDs where neoadjuvant therapy is not part of standard treatment.

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis is pre-2021, blank (unknown), or invalid.
 - b. Schema ID is blank
 - c. Primary Site is blank
 - d. Grade Post Therapy Clin (yc) and Grade Post Therapy Path (yp) are both blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. Grade Post Therapy Clin (yc) and Grade Post Therapy Path (yp) must = blank if Primary Site = C420, C421, C423, C424, or C809, or Schema ID is in the following list:

00790-Lymphoma
00795-Lymphoma (CLL/SLL)
00811-Mycosis Fungoides
00812-Primary Cutaneous Lymphomas (excluding Mycosis Fungoides)
00821-Plasma Cell Myeloma

Grade Post Therapy, Systemic Treatment (NAACCR)

00822-Plasma Cell Disorders

00830-HemeRetic

99999-Il1-Defined Other

Administrative Notes

New edit - NAACCR v21 metafile

Grade Post Therapy, Systemic Treatment (NAACCR)

Agency: NAACCR

Last changed: 03/01/2023 08:06:42

Edit Tag N6714***Description***

This edit enforces consistency of coding between Grade Post Therapy Clin (yc), Grade Post Therapy Path (yp), and radiation and systemic treatment data items

1. The edit is skipped for any of the following:
 - a. Diagnosis date blank (unknown), invalid, or pre-2023.
 - b. Grade Post Therapy Clin (yc) and Grade Post Therapy Path (yp) are both blank.
 - c. Phase I Radiation Treatment Modality RX Summ--Chemo, RX Summ--Hormone, RX Summ--Brm, RX Summ--Transplnt Endocr, and RX Summ--Other are all blank
2. If treatment fields are coded no treatment or unknown if treatment, Grade Post Therapy Clin (yc) and Grade Post Therapy Path (yp) must both be blank.

Administrative Notes

New edit - NAACCR v23 metafile

Modifications

Grade Post Therapy, Treatment Status (NAACCR)

NAACCR v23A

- Logic corrected, "AT(#S"RX Summ--Other","06789",2)!=0)", ",2" changed to ",1", code 6 removed as no or unknown treatment.
- Description corrected, statement 2, "coded 00 or 99, no treatment or unknown if treatment", ""00 or 99" removed
- Error message changed, Radiation added

Grade Post Therapy, Treatment Status (NAACCR)

Agency: NAACCR

Last changed: 08/17/2021 11:11:01

Edit Tag N6639**Description**

This edit enforces consistency of coding between Grade Post Therapy Clin (yc), Grade Post Therapy Path (yp), and RX Summ--Treatment Status.

1. The edit is skipped for any of the following:
 - a. Diagnosis date blank (unknown), invalid, or pre-2022.
 - b. Grade Post Therapy Clin (yc) and Grade Post Therapy Path (yp) are both blank.
 - c. Treatment Status is blank.
2. If RX Summ--Treatment Status = 0 (no treatment), 2 (watchful waiting), or 9 (unknown if treatment provided), Grade Post Therapy Clin (yc) and Grade Post Therapy Path (yp) must both be blank.

Administrative Notes

New edit - NAACCR v22 metafile

Grade, Brain, CNS, Behavior (NAACCR)

Agency: NAACCR

Last changed: 01/17/2023 20:48:25

Edit Tag N6256**Description**

, 2This edit verifies that Grade Clinical and Grade Pathological are coded consistently with Behavior ICD-O-3 for benign and borderline tumors of the

Grade, Date of Diagnosis (COC)

Brain, Central Nervous System, and Intracranial Glands

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is not 00721, 00722, 00723, 09721, 09722, 09723, or 09724
 - c. Grade Clinical and Grade Pathological are both blank.
 - d. Behavior ICD-O-3 is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If Behavior ICD-O-3 = 0 (benign), or 1 (borderline)
 - a. Grade Pathological must = 1, 2, 3, L, or 9.
 - b. Grade Clinical must = 1, 2, 3, L, or 9.

Administrative Notes

New edit - NAACCR v21 metafile

Modification

NAACCR v21B

- Description, logic modified to allow grade = L for borderline /1 behavior code

NAACCR v22

- Description, logic updated, if Behavior = 1, Grade Clinical and Grade Pathological must = 1, 2, L, or 9
- Description, logic updated, skip added for Type of Reporting Source = 7 (Death Certificate Only)
- Logic updated, "AT(#S"Grade Clinical","12L") == 0, "12L") changed to "12L",1)

NAACCR v23

- Description, logic updated, 09721, 09722, 09723, 09724 added to schemas checked in edit

NAACCR v23A

- Description, logic updated, for Behavior = 0 or 1, Grade Clinical must = 1,2,3,L or 9; Grade Pathological must = 1,2,3,L or 9.

Grade, Date of Diagnosis (COC)

Agency: COC

Last changed: 08/22/2018 15:43:08

Edit Tag N3094***Description***

This edit is skipped if Date of Diagnosis is blank (unknown) or invalid.

Grade must not be blank before 2018.

Grade must be blank after 2018.

Grade, Lymphoma Ocular Adnexa, Histologic Type ICD-O-3 (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Grade, Lymphoma Ocular Adnexa, Histologic Type ICD-O-3 (NAACCR)

Agency: NAACCR

Last changed: 08/11/2020 19:41:32

Edit Tag N3082

Description

This edit verifies that Grade Clinical and Grade Pathological are coded consistently with Histologic Type ICD-O-3.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2018, blank (unknown), or invalid.
 - b. Schema ID is not 00710.
 - c. Grade Clinical and Grade Pathological are both blank.
 - d. Histologic Type ICD-O-3 is blank
2. The edit verifies that if Histologic Type ICD-O-3 does not = 9690, 9691, 9695, or 9698 (follicular histologies), Grade Clinical if not empty and Grade Pathological if not empty must = "9" (not a follicular histology).

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Description, logic updated, Grade Post Therapy removed from evaluation
- Description, logic updated, check for not empty Grade Clinical and not empty Grade Pathological added

Grade, Ovary/PPC/FT, Behavior ICD-O-3 (NAACCR)

Agency: NAACCR

Last changed: 07/02/2020 22:48:09

Edit Tag N3087

Grade, Schema ID (NAACCR)**Description**

This edit verifies that Grade Clinical and Grade Pathological are coded consistently with Behavior ICD-O-3 for Ovary, Primary Peritoneal Carcinoma, and Fallopian Tube.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2018, blank (unknown), or invalid.
 - b. Schema ID is not 00551, 00552, or 00553.
 - c. Grade Clinical and Grade Pathological are both blank.
 - d. Behavior ICD-O-3 is blank
2. The edit verifies that if Behavior ICD-O-3 = 2 (in situ) or 3 (invasive), both Grade Clinical and Grade Pathological must not = "B" (borderline tumor).

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v18D**

- Description, logic updated, "9" added as valid value for grade with borderline tumor

NAACCR v21

- Description, logic updated, Grade Post Therapy removed from evaluation

- Description, logic updated: Check that Grade Clinical and Grade Pathological must = B for Behavior Code ICD-O-3 changed to check

that both Grade Clinical and Grade Pathological must not = B for Behavior Code ICD-O-3 = 2 or 3

Grade, Schema ID (NAACCR)

Agency: NAACCR

Last changed: 07/29/2022 15:32:18

Edit Tag N2803

Description

This edit checks that the four grade data items, Grade Clinical, Grade Pathological, Grade Post Therapy Clin (yc), and Grade Post Therapy Path (yp), are correct by Schema ID. The grade data items may be blank because they are not required before 2018. Grade Clinical and Grade Pathological are required for cases diagnosed 2018 and later. Grade Post Therapy Clin (yc) and Grade Post Therapy Path (yp) may be blank for cases diagnosed 2018 and later. Another edit, Grade Clin, Path, PostTX, Date of Diagnosis (NAACCR), checks that the grade data items are reported by diagnosis date.

The edit is skipped if any of the following conditions are true:

- a. Date of diagnosis is pre-2018, blank or invalid
- b. Grade Clinical and Grade Pathological are both blank

Grade, Schema ID (NAACCR)

c. Schema ID is blank

The allowable values for Grade Clinical, Grade Pathological, Grade Post Therapy Clin (yc), and Grade Post Therapy Path (yp) are listed by Schema ID. The values are the same for the four grade items. The sites and histologies for each schema are listed in the edit _SYS Schema ID, Primary Site, Histology, Behavior (NAACCR).

00060 Cervical Lymph Nodes and Unknown Primary Tumors of the Head and Neck

Grade: 9

00071 Lip
00072 Tongue Anterior
00073 Gum
00074 Floor of Mouth
00075 Palate Hard
00076 Buccal Mucosa
00077 Mouth Other

Grade: 1, 2, 3, 9

00080 Major Salivary Glands

Grade: A, B, C, D, 9

00090 Nasopharynx

Grade: A, B, C, D, 9

00100 HPV-Mediated (p16+) Oropharyngeal Cancer

Grade: A, B, C, D, 9

00111 Oropharynx (p16-)
00112 Hypopharynx

Grade: 1, 2, 3, 4, 9

00118 Pharynx Other

Grade: A, B, C, D, 9

00119 Middle Ear

Grade: A, B, C, D, 9

00121 Maxillary Sinus
00122 Nasal Cavity and Ethmoid Sinus

Grade: 1, 2, 3, 9

Grade, Schema ID (NAACCR)

00128 Sinus Other

Grade: A, B, C, D, 9

00130 Larynx Other

00131 Larynx Supraglottic

00132 Larynx Glottic

00133 Larynx Subglottic

Grade: 1, 2, 3, 9

00140 Mucosal Melanoma of the Head and Neck

Grade: A, B, C, D, 9

00150 Cutaneous Carcinoma of the Head and Neck

Grade: 1, 2, 3, 4, 9

000161 Esophagus and Esophagogastric Junction (Squamous)

Grade: 1, 2, 3, 9

00169 Esophagus and GE Junction (Adenocarcinoma and Other)

Grade: 1, 2, 3, 9

00170 Stomach

Grade: 1, 2, 3, 9

00180 Small Intestine

Grade: 1, 2, 3, 4, 9

00190 Appendix [8th: 2018-2022]

Grade: 1, 2, 3, 9

09190 Appendix [V9: 2023+]

Grade: 1, 2, 3, 9

00200 Colon and Rectum

Grade: 1, 2, 3, 4, 9

Grade, Schema ID (NAACCR)

00210 Anus [8th: 2018-2022]

Grade: 1, 2, 3, 4, L, H, 9

09210 Anus [V9: 2023+]

Grade: 1, 2, 3, 4, L, H, 9

00220 Liver

Grade: 1, 2, 3, 4, 9

00230 Bile Ducts Intrahepatic

Grade: 1, 2, 3, 9

00241 Gallbladder

00242 Cystic Duct

Grade: 1, 2, 3, 9

00250 Bile Ducts Perihilar

Grade: 1, 2, 3, 9

00260 Bile Ducts Distal

Grade: 1, 2, 3, 9

00270 Ampulla of Vater

Grade: 1, 2, 3, 9

00278 Biliary Other

Grade: A, B, C, D, 9

00280 Pancreas

Grade: 1, 2, 3, 9

00288 Digestive Other

Grade: A, B, C, D, 9

Grade, Schema ID (NAACCR)

00290 NET Stomach
Grade: 1, 2, 3, A, B, C, D, 9

00301 NET Duodenum
Grade: 1, 2, 3, A, B, C, D, 9

00302 NET Ampulla of Vater
Grade: 1, 2, 3, A, B, C, D, 9

00310 NET Jejunum and Ileum
Grade: 1, 2, 3, A, B, C, D, 9

00320 NET Appendix
Grade: 1, 2, 3, A, B, C, D, 9

00330 NET Colon and Rectum
Grade: 1, 2, 3, A, B, C, D, 9

00340 NET Pancreas
Grade: 1, 2, 3, A, B, C, D, 9

00350 Thymus
Grade: A, B, C, D, 9

00358 Trachea
Grade: A, B, C, D, 9

00360 Lung
Grade: 1, 2, 3, 4, 9

00370 Pleura
Grade: 1, 2, 3, 4, 9

00378 Respiratory Other
Grade: A, B, C, D, 9

Grade, Schema ID (NAACCR)

00381 Bone Appendicular
00382 Bone Spine
00383 Bone Pelvis

Grade: 1, 2, 3, H, 9

00400 Soft Tissues Head and Neck

Grade: 1, 2, 3, A, B, C, D, H, 9

00410 Soft Tissue Trunk and Extremities

Grade: 1, 2, 3, A, B, C, D, H, 9

00421 Soft Tissue Abdomen and Thorax

00422 Heart, Mediastinum, Pleura

Grade: 1, 2, 3, A, B, C, D, H, 9

00430 Gastrointestinal Stromal Tumor (GIST)

Grade: L, H, A, B, C, D, 9

00440 Retroperitoneum

Grade: 1, 2, 3, A, B, C, D, H, 9

00450 Soft Tissue Rare

Grade: 1, 2, 3, A, B, C, D, H, 9

00458 Kaposi Sarcoma

Grade: 1, 2, 3, A, B, C, D, H, 9

00459 Soft Tissue Other

Grade: 1, 2, 3, A, B, C, D, H, 9

00460 Merkel Cell Skin

Grade: A, B, C, D, 9

00470 Melanoma Skin

Grade, Schema ID (NAACCR)

Grade: A, B, C, D, 9

00478 Skin Other

Grade: A, B, C, D, 9

00480 Breast

Grade: 1, 2, 3, L, M, H, A, B, C, D, 9

00500 Vulva

Grade: 1, 2, 3, 9

00510 Vagina

Grade: 1, 2, 3, 9

00520 Cervix Uteri [8th: 2018-2020]

Grade: 1, 2, 3, 9

09520 Cervix Uteri [V9: 2021+]

Grade: 1, 2, 3, 9

00528 Cervix Sarcoma [2021+]

Grade: 1, 2, 3, 9

00530 Corpus Carcinoma and Carcinosarcoma

Grade: 1, 2, 3, 9

00541 Corpus Sarcoma

Grade: 1, 2, 3, 9

00542 Corpus Adenosarcoma

Grade: 1, 2, 3, L, H, S, 9

00551 Ovary

00552 Primary Peritoneal Carcinoma

00553 Fallopian Tube

Grade: 1, 2, 3, B, L, H, 9

Grade, Schema ID (NAACCR)

00558 Adnexa Uterine Other
Grade: A, B, C, D, 9

00559 Genital Female Other
Grade: A, B, C, D, 9

00560 Placenta
Grade: A, B, C, D, 9

00570 Penis
Grade: 1, 2, 3, 9

00580 Prostate
Grade: 1, 2, 3, 4, 5, A, B, C, D, E, 9

00590 Testis
Grade: A, B, C, D, 9

00598 Genital Male Other
Grade: A, B, C, D, 9

00600 Kidney Parenchyma
Grade: 1, 2, 3, 4, A, B, C, D, 9

00610 Kidney Renal Pelvis
Grade: 1, 2, 3, L, H, 9

00620 Urinary Bladder
Grade: 1, 2, 3, L, H, 9

00631 Urethra
00633 Urethra-Prostatic
Grade: 1, 2, 3, L, H, 9

Grade, Schema ID (NAACCR)

00638 Urinary Other
Grade: A, B, C, D, 9

00640 Skin Eyelid
Grade: 1, 2, 3, 4, 9

00650 Conjunctiva
Grade: 1, 2, 3, 4, 9

00660 Melanoma Conjunctiva
Grade: A, B, C, D, 9

00671 Melanoma Iris
00672 Melanoma Choroid and Ciliary Body
Grade: 1, 2, 3, A, B, C, D, 9

00680 Retinoblastoma
Grade: 1, 2, 3, 4, A, B, C, D, 9

00690 Lacrimal Gland
Grade: 1, 2, 3, 4, 9

00698 Lacrimal Sac
Grade: A, B, C, D, 9

00700 Orbital Sarcoma
Grade: 1, 2, 3, A, B, C, D, H, 9

00710 Lymphoma Ocular Adnexa
Grade: 1, 2, 3, 4, 9

00718 Eye Other
Grade: A, B, C, D, 9

00721 Brain and Spinal Cord [8th: 2018-2022]

Grade, Schema ID (NAACCR)

00722 CNS Other [8th: 2018-2022]
00723 Intracranial Gland [8th: 2018-2022]
Grade: 1, 2, 3, 4, L, H, A, B, C, D, 9

09721 Brain and Spinal Cord Other [V9: 2023+]
09722 CNS Other [V9: 2023+]
09723 Intracranial Gland [V9: 2023+]
09724 Brain and Spinal Cord Medulloblastoma [V9: 2023+]
Grade: 1, 2, 3, 4, L, H, A, B, C, D, 9

00730 Thyroid
Grade: A, B, C, D, 9

00740 Thyroid Medullary
Grade: A, B, C, D, 9

00750 Parathyroid
Grade: L, H, A, B, C, D, 9

00760 Adrenal Gland
Grade: L, H, M, A, B, C, D, 9

00770 NET Adrenal
Grade: A, B, C, D, 9

00778 Endocrine Other
Grade: A, B, C, D, 9

00790 Lymphoma
00795 Lymphoma-CLL/SLL
Grade: 8

00811 Mycosis Fungoides
00812 Primary Cutaneous Lymphomas (excluding Mycosis Fungoides)
Grade: 8

00821 Plasma Cell Myeloma
00822 Plasma Cell Disorder

Grade, Unknown Primary (NAACCR)

Grade: 8

00830 HemeRetic

Grade: 8

99999 Ill-Defined Other

Grade: A, B, C, D, 9

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v21**

- Description, logic updated: Grade Post Therapy Clin (yc) added
- Description, logic updated, Grade Post Therapy renamed Grade Post Therapy Path (yp)
- Description updated, Schema ID 00690, codes A-D removed, code 4 added
- Description updated, Schema ID 00710, codes 5, L removed
- Description, logic updated, Schema ID 009520 added

NAACCR v22

- Description updated, Schema IDs 00459, 00528 added

NAACCR v23

- Description updated, code H added to Schema IDs 00400,00410, 00421, 00422, 00440, 00450, 00458, 00459, and 00700
- Description updated, Schema IDs 00190, 00210, 00721, 00722, 00723 identified as 8th: 2018-2022, and Schema IDs 09190, 09210, 09721, 09722, 09723, 09724 added identified as V9: 2023+
- Logic updated, table lookup in Grade09 determined by first 2 digits in Version 9 Schema IDs (09) rather than list of Version 9 Schema IDs
- Description updated, code 9 only allowed grade for Schema ID 00060, unknown primary head and neck

Grade, Unknown Primary (NAACCR)**Agency: NAACCR****Last changed: 03/01/2023 08:07:07*****Edit Tag N6844***

hCG Post-Orchiectomy Lab Value, Date DX (NAACCR)**Description**

This edit checks that grade is coded as unknown for unknown primary, C809.

1. This edit is skipped for
 - a. Diagnosis date blank (unknown), invalid, or before 2023.
 - b. Primary Site is blank or not C809
 - c. Grade Clinical and Grade Pathological are both blank
 - d. Schema ID is 00790, 00795, 00811, 00821, 00822, 00830 (Schemas where grade = 8)
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If Primary Site = C809 (unknown primary)
 - Grade Clinical must = 9
 - Grade Pathological must = 9
 - Grade Post Therapy Clin (yc) if not empty must = 9
 - Grade Post Therapy Path (yp) if not empty must = 9

Administrative Notes

New edit - NAACCR v23 metafile

Modifications

NAACCR v23A metafile

- Logic corrected, Grade Post Therapy Path (yp) added
- Error message added specific to each grade data item
- Description, logic corrected, skip added for Type of Reporting Source = 7
- Description, logic, error message corrected, for Grade Clinical and Grade Pathological, blank removed as valid option

hCG Post-Orchiectomy Lab Value, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/15/2021 22:20:22

Edit Tag N2661

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid hCG Post-Orchiectomy Lab Value code or blank:
 - 0.0: 0.0 milli-International Units/milliliter (mIU/mL)
 - 0.1-99999.9: 0.1-99,999.9 mIU/mL
 - XXXXX.1: 100,000 mIU/mL or greater
 - XXXXX.7: Test ordered, results not in chart
 - XXXXX.8: Not applicable: Information not collected for this case
 - XXXXX.9: Not documented in medical record
 - No orchiectomy performed
 - hCG Post-Orchiectomy Lab Value not assessed or unknown if assessed

hCG Post-Orchiectomy Lab Value, Schema ID, Required, CoC Flag (SEER)

3. Code must contain decimal point with at least one character before and one character after decimal point.

Another edit, hCG Post-Orchiectomy Lab Value, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description, logic updated, leading/trailing blanks trimmed on input value; decimal check modified

hCG Post-Orchiectomy Lab Value, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 09:58:58

Edit Tag N3924

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

hCG Post-Orchiectomy Lab Value is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that hCG Post-Orchiectomy Lab Value is not "XXXXX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00590: Testis

hCG Post-Orchiectomy Range, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

hCG Post-Orchiectomy Range, Date DX (NAACCR)

Agency: NAACCR

Last changed: 02/19/2020 20:43:00

Edit Tag N2717

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid hCG Post-Orchiectomy Range code or blank:

0: Within normal limits

1: Above normal and less than 5,000 milli-International Units/milliliter (mIU/mL)

2: 5,000-50,000 mIU/mL

3: Greater than 50,000 mIU/mL

4: Post-Orchiectomy human chorionic gonadotropin (hCG) stated to be elevated

5: Post-Orchiectomy human chorionic gonadotropin (hCG) unknown or not done but pre-orchiectomy hCG was normal

7: Test ordered, results not in chart

8: Not applicable: Information not collected for this case

9: Not documented in medical record

No orchiectomy performed

hCG Post-Orchiectomy Range not assessed or unknown if assessed

Another edit, hCG Post-Orchiectomy Range, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

hCG Post-Orchiectomy Range, Schema ID, Required (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Description, logic updated, code 5 added

**hCG Post-Orchiectomy Range, Schema ID, Required
(NAACCR)**

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2978

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565
(Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566
(Texas)

2. This edit verifies that hCG Post-Orchiectomy Range is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00590: Testis

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566

hCG Pre-Orchiectomy Lab Value, Date DX (NAACCR)

(Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

hCG Pre-Orchiectomy Lab Value, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/15/2021 22:21:21

Edit Tag N2659**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid hCG Pre-Orchiectomy Lab Value code or blank:

0.0: 0.0 milli-International Units/milliliter (mIU/mL)

0.1-99999.9: 0.1-99,999.9 mIU/mL

XXXXX.1: 100,000 mIU/mL or greater

XXXXX.7: Test ordered, results not in chart

XXXXX.8: Not applicable: Information not collected for this case

XXXXX.9: Not documented in medical record

hCG Pre-Orchiectomy Lab Value not assessed or unknown if assessed

3. Code must contain decimal point with at least one character before and one character after decimal point.

Another edit, hCG Pre-Orchiectomy Lab Value, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description, logic updated, leading/trailing blanks trimmed on input value; decimal check modified

hCG Pre-Orchiectomy Lab Value, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

hCG Pre-Orchiectomy Range, Date DX (NAACCR)**Edit Tag N3925****Description**

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

hCG Pre-Orchiectomy Lab Value is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

1. This edit verifies that hCG Pre-Orchiectomy Lab Value is not "XXXXX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00590: Testis

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

hCG Pre-Orchiectomy Range, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2714

hCG Pre-Orchiectomy Range, Schema ID, Required (NAACCR)**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
 2. Must be a valid hCG Pre-Orchiectomy Range code or blank:
 - 0: Within normal limits
 - 1: Above normal and less than 5,000 milli-International Units/milliliter (mIU/mL)
 - 2: 5,000-50,000 mIU/mL
 - 3: Greater than 50,000 mIU/mL
 - 4: Pre-Orchiectomy human chorionic gonadotropin (hCG) stated to be elevated
 - 7: Test ordered, results not in chart
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
- hCG Pre-Orchiectomy Range not assessed or unknown if assessed

Another edit, hCG Pre-Orchiectomy Range, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

hCG Pre-Orchiectomy Range, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2980

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that hCG Pre-Orchiectomy Range is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00590: Testis

hCG Pre/Post Treatment Range, Testis (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

hCG Pre/Post Treatment Range, Testis (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6838

Description

This edit verifies that hCG Pre-Orchiectomy Range and hCG Post-Treatment Orchiectomy Range SSDIs are coded consistently with each other for Schema ID 00590, Testis.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00590
 - c. hCG Pre-Orchiectomy Range or hCG Post-Orchiectomy Range is blank or not applicable
 - e. Type of Reporting Source is 7 (Death Certificate Only)

2. If hCG Post-Orchiectomy Range = 5 (Post-Orchiectomy not done or unknown
but Pre-Orchiectomy within normal limits)
hCG Pre-Orchiectomy Range must = 0 (within normal limits)

HER2 IHC Summary, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v23 metafile

HER2 IHC Summary, Date DX (NAACCR)

Agency: NAACCR

Last changed: 02/18/2020 21:57:32

Edit Tag N2681

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid HER2 IHC Summary code or blank:

- 0: Negative (Score 0)
- 1: Negative (Score 1+)
- 2: Equivocal (Score 2+)
 Stated as equivocal
 Borderline
- 3: Positive (Score 3+)
 Stated as positive
- 4. Stated as negative, but score not stated
- 7: Test done, results not in chart
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
 Cannot be determined (indeterminate)
 HER2 IHC Summary not assessed or unknown if assessed;

Another edit, HER2 IHC Summary, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Description updated, code 2

HER2 IHC Summary, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 01/29/2022 10:56:48

Edit Tag N6066

HER2 ISH Dual Probe Copy Number, Date DX (NAACCR)**Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2019 or post-2020, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. CoC Accredited Flag not = 1
 - e. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

HER2 IHC Summary is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that HER2 IHC Summary is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:
00480: Breast

3. This data item is no longer required by any standard setter starting with 2021 diagnoses.

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v22**

- Description, logic updated, edit skipped for post 2020 diagnoses. Edit restored to original standard setter edit sets.

NAACCR v22B

- Error message corrected to show data item required 2019-2020
- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

HER2 ISH Dual Probe Copy Number, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/15/2021 22:23:35

Edit Tag N2684

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid HER2 ISH Dual Probe Copy Number code or blank:

HER2 ISH Dual Probe Copy Number, Schema ID, Required, CoC Flag (SEER)

0.0-99.9: Reported HER2 copy number of 0.0-99.9
 XX.1: Reported HER2 copy number of 100 or greater
 XX.7: Test done, results not in chart
 XX.8: Not applicable: Information not collected for this case
 XX.9: Not documented in medical record
 Cannot be determined (indeterminate)
 Dual probe test not done; only single probe test performed
 HER2 ISH Dual Probe Copy Number not assessed or unknown if
 assessed

3. Code must contain decimal point with at least one character before and one character after decimal point.

Another edit, HER2 ISH Dual Probe Copy Number, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v18A**

- Description and Logic updated, Test done, results not in chart corrected to XX.7

NAACCR v21

- Description updated for code XX.9

NAACCR v22

- Description, logic updated, leading/trailing blanks trimmed on input value; decimal check modified

HER2 ISH Dual Probe Copy Number, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 01/29/2022 10:57:48

Edit Tag N6069

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2019 or post-2020, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)

HER2 ISH Dual Probe Ratio, Date DX (NAACCR)

- d. CoC Accredited Flag is not 1
- e. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

HER2 ISH Dual Probe Copy Number is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that HER2 ISH Dual Probe Copy Number is not "XX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00480: Breast

3. This data item is no longer required by any standard setter starting with 2021 diagnoses.

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v22**

- Description, logic updated, edit skipped for post 2020 diagnoses. Edit restored to original standard setter edit sets.

NAACCR v22B

- Error message corrected to show data item required 2019-2020
 - Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

HER2 ISH Dual Probe Ratio, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/15/2021 22:25:34

Edit Tag N2683

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid HER2 ISH Dual Probe Ratio code or blank:

0.0-99.9: Ratio of 0.0 to 99.9

HER2 ISH Dual Probe Ratio, Schema ID, Required, CoC Flag (SEER)

XX.2: Less than 2.0
 XX.3: Greater than or equal to 2.0
 XX.7: Test done, results not in chart
 XX.8: Not applicable: Information not collected for this case
 XX.9: Not documented in medical record
 Results cannot be determined (indeterminate)
 Dual probe test not done; only single probe test performed
 HER2 ISH Dual Probe Ratio not assessed or unknown if assessed

3. Code must contain decimal point with at least one character before and one character after decimal point.

Another edit, HER2 ISH Dual Probe Ratio, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Description updated for code XX.9

NAACCR v22

- Description, logic updated, leading/trailing blanks trimmed on input value; decimal check modified

HER2 ISH Dual Probe Ratio, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 01/29/2022 10:57:09

Edit Tag N6068

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2019 or post-2020, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. CoC Accredited Flag is not = 1
 - e. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

HER2 Dual Probe Ratio is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that HER2 ISH Dual Probe Ratio is not "XX.8" (not applicable) and not blank for the Schema IDs for which it is required

HER2 ISH Single Probe Copy Number, Date DX (NAACCR)

by a
standard setter.

Required for Schema ID:

00480: Breast

3. This data item is no longer required by any standard setter starting with 2021 diagnoses.

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v22

- Description, logic updated, edit skipped for post 2020 diagnoses. Edit restored to original standard setter edit sets.

NAACCR v22B

- Error message corrected to show data item required 2019-2020
- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

HER2 ISH Single Probe Copy Number, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/15/2021 22:27:32

Edit Tag N2685

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid HER2 ISH Single Probe Copy Number code or blank:

0.0-99.9: Reported HER2 copy number of 0.0-99.9
 XX.1: Reported HER2 copy number of 100 or greater
 XX.7: Test done, results not in chart
 XX.8: Not applicable: Information not collected for this case
 XX.9: Not documented in medical record
 Cannot be determined (indeterminate)
 Single probe test not done; only dual probe test performed

HER2 ISH Single Probe Copy Number, Schema ID, Required, CoC Flag (SEER)

HER2 ISH Single Probe Copy Number not assessed or unknown if assessed

3. Code must contain decimal point with at least one character before and one character after decimal point.

Another edit, HER2 ISH Single Probe Copy Number, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v18A**

- Description and Logic updated, Test done, results not in chart corrected to XX.7

NAACCR v21

- Description updated for code XX.9

- Name changed from HER2 ISH Single Probe Copy Number, Date Dx (NAACCR)

NAACCR v22

- Description, logic updated, leading/trailing blanks trimmed on input value; decimal check modified

HER2 ISH Single Probe Copy Number, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 01/29/2022 10:58:15

Edit Tag N6070

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2019 or post-2020, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. CoC Accredited Flag is not 1
 - e. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

HER2 ISH Single Probe Copy Number is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that HER2 ISH Single Probe Copy Number is not "XX.8" (not applicable) and not blank for the Schema IDs for which it is required by a

HER2 ISH Summary, Date DX (NAACCR)

standard setter.

Required for Schema ID:

00480: Breast

3. This data item is no longer required by any standard setter starting with 2021 diagnoses.

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v22**

- Description, logic updated, edit skipped for post 2020 diagnoses. Edit restored to original standard setter edit sets.

NAACCR v22B

- Error message corrected to show data item required 2019-2020
- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

HER2 ISH Summary, Date DX (NAACCR)

Agency: NAACCR

Last changed: 02/18/2020 21:58:22

Edit Tag N2682

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid HER2 ISH Summary code or blank:
 - 0: Negative (not amplified)
 - 2: Equivocal
 - 3: Positive (amplified)
 - 7: Test done, results not in chart
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
 - Results cannot be determined (indeterminate)
 - Borderline
 - HER2 ISH Summary not assessed or unknown if assessed;

HER2 ISH Summary, Schema ID, Required, CoC Flag (SEER)

Another edit, HER2 ISH Summary, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Description updated for code 9

HER2 ISH Summary, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 01/29/2022 10:55:55

Edit Tag N6067

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2019 or post-2020, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. CoC Accredited Flag is not = 1
 - e. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

HER2 ISH Summary is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that HER2 ISH Summary is not "8" (not applicable) and not blank for the Schema IDs for which it is required.

Required for Schema ID:

00480: Breast

3. This data item is no longer required by any standard setter starting with 2021 diagnoses.

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

EditWriter 5

621

05/01/2023 02:04 PM

HER2 Overall Summary, Breast, IHC, ISH (NAACCR)

NAACCR v22

- Description, logic updated, edit skipped for post 2020 diagnoses. Edit restored to original standard setter edit sets.

NAACCR v22B

- Error message corrected to show data item required 2019-2020
- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas)

HER2 Overall Summary, Breast, IHC, ISH (NAACCR)

Agency: NAACCR

Last changed: 01/28/2022 20:01:24

*Edit Tag N5034***Description**

This edit verifies consistency of coding of HER2 Overall Summary with HER2 IHC Summary and HER2 ISH Summary.

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis is pre 2019 or post-2020, blank (unknown), or invalid.
 - b. HER2 Overall Summary is blank.
 - c. Year of Date of Diagnosis is 2018-2020 and Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)
2. If HER2 IHC Summary = 3 (positive) and HER2 ISH Summary = 3 (positive), HER2 Overall Summary must = 1 (positive)
3. If HER2 IHC Summary = 0, 1, or 4 (negative) and HER2 ISH Summary = 0 (negative), HER2 Overall Summary must = 0 (negative)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v22

- Description, logic updated, edit skipped for post 2020 diagnoses. Edit restored to original standard setter edit sets.

NAACCR v22B

EditWriter 5

622

05/01/2023 02:04 PM

HER2 Overall Summary, Breast, Schema ID, Required (NAACCR)

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

HER2 Overall Summary, Breast, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 07/26/2020 17:50:51

Edit Tag N2889

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that HER2 Overall Summary is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group for Schema ID 00480, Breast.

Required for Schema ID:

00480: Breast

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Name changed from HER2 Overall Summary, Schema ID, Required (NAACCR)

HER2 Overall Summary, Date DX (NAACCR)

Agency: NAACCR

Last changed: 08/02/2022 11:37:44

Edit Tag N2735

HER2 Overall Summary, Date DX (NAACCR)**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid HER2 Overall Summary code or blank:
 - 0: HER2 negative; equivocal
 - 1: HER2 positive
 - 7: Test done, results not in chart
 - 8: Not applicable; information not collected for this case
 - 9: Not documented in medical record
 - Cannot be determined (indeterminate)
 - Borderline
 - HER2 Overall Summary status not assessed or unknown if assessed
3. This data item must be blank for pre-2021 cases assigned to Schema IDs 00161, 00169, and 00170
4. Code 8, Not applicable, must only be used for Schema IDs 00161, 00169, and 00170.

Another edit, HER2 Overall Summary, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group for Schema ID 00480, Breast.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v21**

- Description, logic updated, SSDI must be blank for cases diagnosed <2021 for Schema ID 00161, 00169, 00170
- Description updated to note that SSDI is required for staging for Schema ID 00480, Breast
- Description updated for code 9

NAACCR v21B

- Description, logic updated, code 8 added, valid only for Schema IDs 00161, 00169, 00170

HER2 Overall Summary, Esophagus Squamous, Schema ID, Required (NAACCR)

HER2 Overall Summary, Esophagus Squamous, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 08/11/2020 19:12:11

Edit Tag N6373

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2021, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that HER2 Overall Summary is coded (not blank) for the Schema IDs for which it is required by a standard setter.

Required for Schema ID starting with 2021 diagnoses:

00161: Esophagus Squamous

Administrative Notes

New edit - NAACCR v21 metafile

HER2 Overall Summary, Esophagus, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 07/11/2020 11:59:48

Edit Tag N6374

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2021, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that HER2 Overall Summary is coded (not blank) for the Schema IDs for which it is required by a standard setter.

HER2 Overall Summary, Stomach, Schema ID, Required (NAACCR)

Required for Schema ID starting with 2021 diagnoses:

00169: Esophagus

Administrative Notes

New edit - NAACCR v21 metafile

HER2 Overall Summary, Stomach, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 06/13/2020 17:33:33

Edit Tag N6375

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2021, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that HER2 Overall Summary is coded (not blank) for the
Schema IDs for which it is required by a standard setter.

Required for Schema ID starting with 2021 diagnoses:

00170: Stomach

Administrative Notes

New edit - NAACCR v21 metafile

Heritable Trait, Date DX (NAACCR)

Heritable Trait, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:14:06

Edit Tag N2740

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Heritable Trait code or blank:

- 0: H0: Normal RB1 alleles
No clinical evidence of mutation
- 1: H1: RB1 gene mutation OR
Clinical evidence of mutation
- 7: Test done, results not in chart
- 9: HX: Not documented in medical record
Test not done, or unknown if done
Insufficient evidence of a constitutional RB1 gene mutation

Another edit, Heritable Trait, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

The data item is required for AJCC staging and EOD Derived Stage Group.

Administrative Notes

New edit - NAACCR v18 metafile

Heritable Trait, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2861

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)

High Risk Cytogenetics, Date DX (NAACCR)

- d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
- e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

2. This edit verifies that Heritable Trait is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00680: Retinoblastoma

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

High Risk Cytogenetics, Date DX (NAACCR)

Agency: NAACCR

Last changed: 08/04/2021 01:14:38

Edit Tag N2749

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid High Risk Cytogenetics code or blank:

High Risk Cytogenetics, Schema ID, Required (NAACCR)

0: High risk cytogenetics not identified/not present
 1: High risk cytogenetics present
 5: Schema Discriminator 1: Plasma Cell Myeloma Terminology coded
 to 1 or 9
 7: Test done, results not in chart
 9: Not documented in medical record;
 High Risk Cytogenetics not assessed or unknown if assessed

Another edit, High Risk Cytogenetics, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description, logic updated, code 5 added

High Risk Cytogenetics, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2996

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00821.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that High Risk Cytogenetics is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

High Risk Histologic Features, Carcinoma Skin, Behavior (NAACCR)

Required for Schema ID:

00821: Plasma Cell Myeloma:

If Schema Discriminator 1 = 0, High Risk Cytogenetics is not blank and not = 5.

If Schema Discriminator 1 = 1 or 9, High Risk Cytogenetics must = 5.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v18A metafile:

- Description, logic updated to require Schema Discriminator 1 must not be blank
- Description updated to note that SSDI must be blank for Schema ID 00821, Schema Discriminator 1 = 1 or 9

NAACCR v22

- Description, logic updated, SSDI must not = blank or 5 if SD1 = 0, must = 5 if SD1 = 1 or 9

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

High Risk Histologic Features, Carcinoma Skin, Behavior (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6741

Description

This edit verifies that the High Risk Histologic Features SSDI is coded consistently with Behavior Code ICD-O-3 /2 for in situ, for cutaneous carcinoma of skin.

1. This edit is skipped for the following conditions:
 - a. Date of Diagnosis is pre-2023, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00150.

High Risk Histologic Features, Date DX (NAACCR)

- c. High Risk Histologic Features is blank or 8 (not applicable)
 - d. Behavior Code ICD-O-3 is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If Behavior Code ICD-O-3 = 2 (in situ)
then High Risk Histologic Features must = 0 (Non-invasive neoplasm (behavior /2))

Administrative Notes

New edit - NAACCR v23 metafile

High Risk Histologic Features, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/20/2022 19:55:41

Edit Tag N2731

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid High Risk Histologic Features code or blank:

- 0: No high risk histologic features
Non-invasive neoplasm (behavior /2)
 - 1: Desmoplasia
 - 2: Poor differentiation (grade 3)
 - 3: Sarcomatoid differentiation
 - 4: Undifferentiated (grade 4)
 - 5: Multiple high risk histologic features
 - 6: Histologic features, NOS (type of high risk histologic feature not specified)
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
- High Risk Histologic Features not assessed or unknown if assessed

Another edit, High Risk Histologic Features, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

High Risk Histologic Features, Schema ID, Required (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications

NAACCR v23

- Description updated for code 0

**High Risk Histologic Features, Schema ID, Required
(NAACCR)**

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2981

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that High Risk Histologic Features is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00150: Cutaneous Carcinoma Head and Neck

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

EditWriter 5

632

05/01/2023 02:04 PM

High Risk Histologic Features, Skin, Grade (NAACCR)

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

High Risk Histologic Features, Skin, Grade (NAACCR)

Agency: NAACCR

Last changed: 03/07/2020 09:45:58

Edit Tag N3092**Description**

This edit verifies that High Risk Histologic Features SSDI is coded consistently with the grade fields for Cutaneous Carcinoma of Head and Neck.

1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
 - b. Schema ID is not 00150
 - c. High Risk Histologic Features is blank or coded 8 (not applicable)
 - d. Grade Clinical and Grade Pathological are both blank.
2. If High Risk Histologic Features is coded 2 (poor differentiation), Grade Clinical or Grade Pathological must be coded 3. The SSDI must be consistent with one of these grade fields to pass the edit.
3. If High Risk Histologic Features is coded 4 (undifferentiated), Grade Clinical or Grade Pathological must be coded 4. The SSDI must be consistent with one of these grade fields to pass the edit.

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v21

EditWriter 5

Histologic Subtype, Date DX (NAACCR)

- Description, logic updated, Grade Post Therapy removed from evaluation

Histologic Subtype, Date DX (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6790

Description

The edit is skipped if Date of Diagnosis is blank (unknown), invalid.

1. This data item must be blank for pre-2023 diagnoses.
2. Must be a valid Histologic Subtype code or blank:

- 0: Histology is not 8480
- 1: Low-grade appendiceal mucinous neoplasm (LAMN)
- 2: High-grade appendiceal mucinous neoplasm (HAMN)
- 3: Mucinous/Mucus/Mucoid adenocarcinoma/carcinoma
- 4: Acinar adenocarcinoma, mucinous variant, Colloid adenocarcinoma, Colloid carcinoma, Gelatinous adenocarcinoma, Other terminology used for 8480 code

Another edit, Histologic Subtype, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v23 metafile

Histologic Subtype, Morphology ICDO3 (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6792

Description

This edit verifies that the Histologic Subtype SSDI is coded consistently with Histologic Type ICD-O-3.

1. This edit is skipped for the following:
 - a. Date of diagnosis is blank (invalid), unknown, or before 2023.
 - b. Schema ID is not 09190
 - c. Histologic Type ICD-O-3 is blank
 - d. Behavior Code ICD-O-3 is blank
 - e. Histologic Subtype is blank

Histologic Subtype, Schema ID, Required (NAACCR)

- f. Type of Reporting Source = 7 (Death Certificate Only)
2. If Histologic Type ICD-O-3/Behavior Code ICD-O-3 is not 84802 or 84803, then Histologic Subtype must be coded 0.
3. If If Histologic Type ICD-O-3/Behavior Code ICD-O-3 is 84802 or 84803, then Histologic Subtype must be coded 1, 2, 3, or 4.

Administrative Notes

New edit - NAACCR v23 metafile

Histologic Subtype, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6791

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2023, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Histologic Subtype is not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

09190 Appendix

Administrative Notes

New edit - NAACCR v23 metafile

Histologic Type ICD-O-3, Behavior, Grade (SEER)

Agency: SEER

Last changed: 09/13/2022 18:40:33

Edit Tag N1784

Histologic Type ICD-O-3, Behavior, Grade (SEER)**Description**

This edit is skipped if any of the following conditions is true:

1. Histologic Type ICD-O-3 is blank
 2. Behavior Code ICD-O-3 is blank
 3. Grade is blank
 4. Diagnosis date greater than 2017, blank (unknown), or invalid
1. The following histology/grade combinations are impossible:
Grades 5-8 with histologies not in the range 9590-9992
 2. Some terms in ICD-O-3 carry an implied statement of grade.
These histologies must be reported with the correct grade
as stated below in format of histology/behavior & grade:

8020/34	Carcinoma, undifferentiated
8021/34	Carcinoma, anaplastic
8331/31	Follicular adenocarcinoma, well differentiated
9082/34	Malignant teratoma, undifferentiated
9083/32	Malignant teratoma, intermediate type
9401/34	Astrocytoma, anaplastic
9451/34	Oligodendroglioma, anaplastic
9511/31	Retinoblastoma, differentiated
9512/34	Retinoblastoma, undifferentiated

Edit allows grade of 9 for histologies 8020, 8021, 9082, and 9083 where primary site is coded as unknown, C809.

Administrative Notes

New edit - added to NAACCR v13A metafile.

- This edit was split out from original edit Morphology--Type/Behavior ICDO3 (SEER MORPH)

In the SEER*Edits software, the title of this edit is: MorphICDO3_P3

Modifications**NAACCR v16E**

- Description, logic modified to allow grade 9 for histologies 8020, 8021, 9082, and 9083 when primary site is coded C809

NAACCR v18

- Logic for change in v16E corrected to work as described
- Description, logic modified to skip for diagnosis year > 2017

NAACCR v21

- Description, logic updated to include specific skip if diagnosis date blank or invalid

NAACCR v23A

- Logic updated, "else" removed before final "if (INLIST)" statement

Histologic Type ICDO3 (SEER)

Histologic Type ICDO3 (SEER)

Agency: SEER

Last changed: 01/02/2018 12:03:07

Edit Tag N0795*Description*

Histologic Type ICD-O-3 must be a valid ICDO-O-3 histology code or blank.

Administrative Notes

Modifications:

NAACCR v15A

- Edit logic rewritten to look in HISICDO3.DBF (Histology ICD-O-3), instead of in MORPH01.BIN.

NAACCR v18

- Codes implemented in 2018 added to lookup table HISICDO3
- Call to table in logic updated to EW5 format

Histologic Type ICDO3, Primary Site, Date of Diagnosis (NAACCR)

Agency: NAACCR

Last changed: 02/02/2022 15:04:21

Edit Tag N4911*Description*

This edit enforces histology coding restrictions by primary site for 2018+ cases.

- This edit is skipped if any of the following conditions are true:
 - Date of diagnosis less than 2018, blank (unknown), or invalid
 - Histologic Type ICD-O-3 is blank
- For diagnosis date = 2018+:
 - If Primary Site = C739, 8510 is invalid
 - If Primary Site = C340-C349, 8550 is invalid.
- For diagnosis date 2019+:
 - 8253, 8254, 8256, and 8257 are valid for C340-C349 only.
 - 9150 is valid for Hemangiopericytoma Grade 4 (2018-2020)
- For diagnosis date 2019+, for the Primary Sites listed, the Histologic Type ICD-O-3 codes in the USE column (title in the Histology column) should be used in preference to the codes in the DO NOT USE column, based on Solid TumorRules.

Site	USE	DO NOT	Histology
			USE

Histologic Type ICDO3, Primary Site, Date of Diagnosis (NAACCR)

	C079-C089	8562	8983	Epithelial-myoepithelial
carcinoma	C090-C109	8525	8201	Polymorphous carcinoma
	C111	8525	8201	Polymorphous carcinoma
	C180-C209	8140	8210	Adenocarcinoma
	C180-C209	8140	8261	Adenocarcinoma
	C180-C209	8140	8144	Adenocarcinoma
	C180-C209	8140	8501	Adenocarcinoma
	C180-C209	8244	8245	Mixed adenoneuroendocrine
carcinoma	C180-C209	8265	8507	Micropapillary adenocarcinoma
	C300,C310-C319	8144	8480	Colloid Type Adenocarcinoma
	C300,C310-C319	9540	9560	Peripheral Nerve Sheath Tumor
	C300,C310-C319	8072	8121	Non-keratinizing SCC
	C300,C310-C319	8072	8120	Non-keratinizing SCC
	C300,C310-C319	9522	9521	Olfactory neuroblastoma
	C300,C310-C319	9522	9523	Olfactory neuroblastoma
	C300,C310-C319	9364	9500	Primitive neuroectodermal tumor
	C300,C310-C319	9364	9260	Primitive neuroectodermal tumor
	C300,C310-C319	9364	9503	Primitive neuroectodermal tumor
	C300,C310-C319	9081	9080	Teratocarcinosarcoma
	C300,C310-C319	8802	8830	Pleomorphic cell sarcoma
	C300,C310-C319	8140	8263	Tubulopapillary adenoca low grade
	C340-C349	8551	8550	Acinar adenocarcinoma
	C340-C349	8562	8983	Epithelial-myoepithelial
carcinoma	C340-C349	8083	8123	Basaloid carcinoma
	C340-C349	8265	8507	Micropapillary adenocarcinoma
	C470-C479	8815	9150	Solitary fibrous tumor
	C470-C479	8802	8830	Undifferentiated pleomorphic
sarc	C500-C509	8503	8260	Papillary carcinoma
	C500-C509	8510	8345	Medullary Carcinoma
	C619	8140	8550	Adenocarcinoma
	C649	8312	8318	Renal cell
	C649	8510	8318	Renal medullary
	C649	9364	9260	PNET/Ewing
	C700-C729	8815	9150	Solitary fibrous tumor
	C700-C729	8802	8830	Undifferentiated pleomorphic
sarc	C751-C753	8815	9150	Solitary fibrous tumor
	C751-C753	8802	8830	Undifferentiated pleomorphic
sarc	C739	8260	8050	Papillary carcinoma
	C739	8345	8510	Medullary Carcinoma
	C739	8346	8510	Medullary Carcinoma

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

EditWriter 5

638

05/01/2023 02:04 PM

Histology ICDO3, Date of Diagnosis (NAACCR)

NAACCR v18C

- Name changed from Histologic Type ICD-O-3, Primary Site, Date of Diagnosis (NAACCR)
- Edit expanded to include checks on multiple sites/histologies based on Solid Tumor Rules
- Edit description, logic modified to allow 8480 for C340-C349

NAACCR v18D

- Description, logic changed: 8255 replaced by 8257 in list of histologies valid only for C340-C349 for cases >= 2019; error message changed from "not preferred" to "not valid" if other primary site coded
- Error message changed for C340-C349, 8550, from "not preferred for Grade Clinical >= 2018" to "not valid for Date of Diagnosis >= 2018"
- Error message changed for C739, 8510, to "not valid"
- Description, 8054 preferred over 8051 for C600-C609 removed
- Description, 8500 preferred over 8010 for C500-C509 removed

NAACCR v21

- Logic updated, Grade Post Therapy removed from evaluation of 9150
- Description, logic updated, 8363 gr 1,2 valid for C300-C310-C319 removed;
- Description: C079-C089, use 8980, do not use 8940, removed; C649, use 8041, do not use 8240, removed; C739, use 8512, do not use 8510, and use 8513, do not use 8510, site changed from C739 to C500-C509; C300, C310-C319, use 9081, do not use 9080, description changed from Teratocarcinoma to Teratocarcinosarcoma
- Description updated, "(2018-2020)" added to 3b for 9150, Hemangiopericytoma
- NAACCR v18D Administrative Note changed. "Error message changed for C739, 8050 from "not preferred for Grade Clinical >= 2018" removed, "Error message changed for C739, 8510, to 'not valid'" added.

NAACCR v21B

- Name changed from Histologic Type ICDO3, Solid Tumor Rules (NAACCR)

NAACCR v22

- Description updated, C500-C509, Use 8512 or 8513, do not use 8510 removed; use 8510, do not use 8345 added

NAACCR v22B

- Description updated, C110-C119, use 8070, do not use 8082, use 8070 do not use 8020 removed

Histology ICDO3, Date of Diagnosis (NAACCR)

Agency: NAACCR

Last changed: 05/20/2018 10:23:55

Edit Tag N0459**Description**

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2000, then Histologic Type ICD-O-3 cannot be blank.

Histology ICDO3, Grade, Date of DX (SEER)***Administrative Notes***

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v18

- Removed the reference to SEER IF86 from Administrative Notes

Histology ICDO3, Grade, Date of DX (SEER)

Agency: SEER

Last changed: 04/04/2018 00:42:41

Edit Tag N1965***Description***

This edit validates the coding of grade by histology based on the Hematopoietic and Lymphoid Neoplasm Coding Manual and applies to cases diagnosed 2010 through 2017

Sources:

- Hematopoietic and Lymphoid Neoplasm Database & Coding Manual (Appendix E)
- 2015 Implementation Guidelines and Recommendations (Appendix B)

This edit is skipped if any of the following conditions is true:

1. Date of Diagnosis is blank or invalid
2. Year of Date of Diagnosis is less than 2010 or greater than 2017
3. Grade is blank
4. Histologic Type ICD-O-3 is blank

Source: Hematopoietic and Lymphoid Neoplasm Coding Manual, Rule G2

Grade must be 5 for the following Histologic Type ICD-O-3 codes:

9700, 9701, 9702, 9705, 9708, 9709, 9716, 9717, 9718, 9724,
9725, 9726, 9827, 9834, 9837

Source: Hematopoietic and Lymphoid Neoplasm Coding Manual, Rule G3

Grade must be 6 for the following Histologic Type ICD-O-3 codes:

9591, 9596, 9597, 9659, 9671, 9673, 9678, 9679, 9680,
9687, 9688, 9689, 9690, 9691, 9695, 9698, 9699, 9712,
9731, 9732, 9734, 9737, 9738, 9761, 9762, 9811, 9812, 9813, 9814,
9815, 9816, 9817, 9818, 9823, 9826, 9833, 9940

Source: Hematopoietic and Lymphoid Neoplasm Coding Manual, Rule G2

Grade must be 5 or 6 for the following Histologic Type ICD-O-3 codes:

9714

Source: Hematopoietic and Lymphoid Neoplasm Coding Manual, Rule G4

Grade must be 8 for the following Histologic Type ICD-O-3 codes:

Histology ICDO3, Grade, Date of DX (SEER)

9719, 9948

Source: Hematopoietic and Lymphoid Neoplasm Coding Manual, Rule G1

Grade must be 9 for the following Histologic Type ICD-O-3 codes:

9740, 9741, 9742, 9751, 9755, 9756, 9757, 9758, 9759, 9801,
 9806, 9807, 9808, 9809, 9875, 9876, 9945, 9946, 9950, 9961,
 9962, 9963, 9964, 9975, 9980, 9982, 9983, 9985, 9986, 9989,
 9991, 9992

Grade must be 5, 8, or 9 for the following Histologic Type ICD-O-3 code or blank:
 9831

Source: Hematopoietic and Lymphoid Neoplasm Database

Grade must not = 1-4 for the following Histologic Type ICD-O-3 codes:

9590, 9650, 9651, 9652, 9653, 9655, 9663, 9727, 9735, 9800, 9820, 9832, 9840, 9860,
 9861, 9863,
 9865-9867, 9869, 9870-9874, 9891, 9895-9898, 9910, 9911, 9920, 9930, 9931, 9965,
 9966, 9967,
 9971

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF380

Modifications:**NAACCR v12.2**

- Modified to allow grades 5, 8, and 9 for 9831 instead of just grade 5.

NAACCR v13

- Modified for cases diagnosed 2012 and later:

- grade must = 6 for 9826
- grade must = 9 for 9756

NAACCR v15

- Histology code 9714 added as code that must be coded to grade 5 or 6 for diagnosis year 2010 and later
- Histology codes 9659 and 9761 added to list of codes that must be coded to grade 6 for diagnosis year 2010 and later
- Histology codes 9670, 9728, and 9836 removed from list of codes that must be coded to grade 6 for diagnosis year 2010 and later; these codes are obsolete
- Diagnosis year for which histology code 9826 must be coded to grade 6 changed from '2012 and later' to '2010 and later'
- Diagnosis year for which histology code 9756 must be coded to grade 9 changed from '2012 and later' to '2010 and later'
- Histology code 9805 removed from the list of codes that must be coded to grade 9 for diagnosis year 2010 and later; 9805 is obsolete and will be flagged as an error in another edit
- Added list of histologies for which grade must not be 1-4

HIV Status, Date DX (NAACCR)

NAACCR v18

- Added skip for diagnosis year > 2017 to description, pass for diagnosis year > 2017 to logic.

HIV Status, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag N2645***Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid HIV Status code or blank:

- 0: Not associated with Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS)
HIV negative
- 1: Associated with HIV/AIDS
HIV positive
- 7: Test done, results not in chart
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
HIV Status not assessed or unknown if assessed

Another edit, HIV Status, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

HIV Status, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

*Edit Tag N2944***Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

International Normalized Ratio Prothrombin Time, Date DX (NAACCR)

1. This edit verifies that HIV Status is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00790: Lymphoma
00795: Lymphoma (CLL/SLL)

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

International Normalized Ratio Prothrombin Time, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/15/2021 22:29:06

Edit Tag N2653

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid International Normalized Ratio Prothrombin Time code or blank:

0.0: 0.0
0.1: 0.1 or less
0.2-9.9: 0.2-9.9
(Exact ratio to nearest tenth)
X.1: 10 or greater
X.7: Test ordered, results not in chart
X.8: Not applicable: Information not collected for this case

International Normalized Ratio Prothrombin Time, Schema ID, Required, CoC Flag (SEER)

X.9: Not documented in medical record

INR International Normalized Ratio Prothrombin Time not assessed
or unknown if assessed

3. Code must contain decimal point with no character before and one character after decimal point.

Another edit, International Normalized Ratio Prothrombin Time, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description, logic updated to match format of similar edits with decimal values; decimal check modified

International Normalized Ratio Prothrombin Time, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3926

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

International Normalized Ratio Prothrombin Time is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that International Normalized Ratio Prothrombin Time is not "X.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

Invasion Beyond Capsule, Date DX (NAACCR)

00220: Liver

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Invasion Beyond Capsule, Date DX (NAACCR)**Agency: NAACCR****Last changed: 05/02/2018 19:23:53*****Edit Tag N2893******Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Invasion Beyond Capsule code or blank:

- 0: Invasion beyond capsule not identified
- 1: Perinephric (beyond renal capsule) fat or tissue
- 2: Renal sinus
- 3: Gerota's fascia
- 4: Any combination of codes 1-3
- 5: Invasion beyond capsule, NOS
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
 - Invasion Beyond Capsule not assessed or unknown if assessed
 - No surgical resection of primary site is performed

Another edit, Invasion Beyond Capsule, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Invasion Beyond Capsule, Kidney, EOD Primary Tumor (SEER)***Administrative Notes***

New edit - NAACCR v18 metafile

Invasion Beyond Capsule, Kidney, EOD Primary Tumor (SEER)

Agency: SEER

Last changed: 04/03/2019 14:28:04

Edit Tag N3053

Description

Purpose: This edit verifies that Invasion Beyond Capsule SSDI is coded consistently with EOD Primary Tumor.

1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
 - b. Schema ID is not 00600
 - c. Invasion Beyond Capsule is blank or 8 (not applicable)
 - d. EOD Primary Tumor is blank

2. If Invasion Beyond Capsule = 1,3-5 (invasion beyond capsule), then EOD Primary Tumor must = 200-700 (involvement of perinephric tissue or higher) or 999 (unknown extension)

Administrative Notes

New edit - NAACCR v18C metafile

Invasion Beyond Capsule, Kidney, Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 12/18/2021 12:40:46

Edit Tag N5050

Description

Purpose: This edit verifies that Invasion Beyond Capsule SSDI is coded consistently with Summary Stage 2018.

1. This edit is skipped if any of the following conditions is true:

Invasion Beyond Capsule, Kidney, Surgery 03-2022 (SEER)

- a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
 - b. Schema ID is not 00600
 - c. Invasion Beyond Capsule is blank or 8 (not applicable)
 - d. Summary Stage 2018 is blank
 - e. Type of Reporting Source = 7 (death certificate only)
2. If Invasion Beyond Capsule = 1,3-5 (invasion beyond capsule), then Summary Stage 2018 must not = 0, 1, or 3 (in situ, local, or regional by nodal involvement only).

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v21

- Error message corrected

NAACCR v22B

- Description, logic updated, skip added for type of reporting source = 7 (DCO)

Invasion Beyond Capsule, Kidney, Surgery 03-2022 (SEER)

Agency: SEER

Last changed: 07/09/2022 12:06:27

Edit Tag N6081

Description

Purpose: This edit verifies that Invasion Beyond Capsule SSDI is coded consistently with RX Summ--Surg Prim Site 03-2022 for Kidney Parenchyma.

1. This edit is skipped if any of the following conditions is true:

- a. Year of Date of Diagnosis is less than 2019 or greater than 2022, blank (unknown), or invalid
- b. Schema ID is not 00600
- c. Invasion Beyond Capsule is blank or 8 (not applicable)
- d. RX Summ--Surg Prim Site 03-2022 is blank
- e. Type of Reporting Source = 6 (Autopsy Only) or 7 (Death Certificate Only)
- f. Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis

Invasion Beyond Capsule, Kidney, Surgery 2023 (COC)

2. If RX Summ--Surg Prim Site = 00 (no surgery) or 10-15 (tumor destruction without pathology specimen) or 20-27 (local excision), Invasion Beyond Capsule must = 9 (no surgical resection of primary site)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v22**

- Description, logic updated, skip added for Type of Reporting Source = 6 (Autopsy Only) or 7 (Death Certificate Only), Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis
- Name changed from Invasion Beyond Capsule, Kidney, Surgery (NAACCR)
- Agency changed from NAACCR to SEER

NAACCR v23

- Description, logic updated, edit skipped for dx year > 2022
- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022
- Name changed from Invasion Beyond Capsule, Kidney, Surgery (SEER)

Invasion Beyond Capsule, Kidney, Surgery 2023 (COC)

Agency: COC

Last changed: 08/22/2022 17:56:36

Edit Tag N6756

Description

Purpose: This edit verifies that Invasion Beyond Capsule SSDI is coded consistently with RX Summ--Surg Prim Site 2023 for Kidney Parenchyma.

1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less than 2023, blank (unknown), or invalid
 - b. Schema ID is not 00600
 - c. Invasion Beyond Capsule is blank or 8 (not applicable)
 - d. RX Summ--Surg Prim Site 2023 is blank
 - e. Class of Case = 38 (Autopsy Only)
 - f. Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis

Invasion Beyond Capsule, Schema ID, Required (NAACCR)

2. If RX Summ-Surg Prim Site 2023 = A000 (no surgery) or A100-A150 (tumor destruction without pathology specimen) or A200-A270 (local excision), Invasion Beyond Capsule must = 9 (no surgical resection of primary site)

Administrative Notes

New edit - NAACCR v23 metafile

This edit differs from SEER edit of same name in skipping for Class of Case = 38.

Invasion Beyond Capsule, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2894

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Invasion Beyond Capsule is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00600: Kidney Parenchyma

Administrative Notes

New edit - NAACCR v18 metafile

Ipsilateral Adrenal Gland Involvement, Date DX (NAACCR)

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Ipsilateral Adrenal Gland Involvement, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:23:26

*Edit Tag N2890***Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Ipsilateral Adrenal Gland Involvement code or blank:

- 0: Ipsilateral adrenal gland involvement not present/not identified
- 1: Adrenal gland involvement by direct involvement (contiguous involvement)
- 2: Adrenal gland involvement by separate nodule (noncontiguous involvement)
- 3: Combination of codes 1-2
- 4: Ipsilateral adrenal gland involvement, unknown if direct involvement or separate nodule
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
 - Ipsilateral adrenal gland not resected
 - Ipsilateral adrenal gland involvement not assessed or unknown if assessed
 - No surgical resection of primary site is performed

Another edit, Ipsilateral Adrenal Gland Involvement, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Ipsilateral Adrenal Gland Involvement, Kidney, EOD Tumor, Mets (SEER)

Agency: SEER

Last changed: 04/03/2019 14:28:04

Edit Tag N3954

Ipsilateral Adrenal Gland Involvement, Kidney, Summary Stage 2018 (NAACCR)**Description**

This edit verifies that the Ipsilateral Adrenal Gland Involvement SSDI is coded consistently with EOD Primary Tumor and EOD Mets.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00600.
 - c. Ipsilateral Adrenal Gland Involvement is blank or 8 (not applicable).
3. If Ipsilateral Adrenal Gland Involvement = 1 (contiguous involvement), then EOD Primary Tumor must = 600-700 (ipsilateral adrenal gland involvement or higher) or 999 (unknown extension)
4. If Ipsilateral Adrenal Gland Involvement = 2 or 3 (discontiguous involvement), then EOD Mets must = 70 (noncontiguous involvement).

Administrative Notes

New edit - NAACCR v18C metafile

Ipsilateral Adrenal Gland Involvement, Kidney, Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 12/18/2021 12:41:42

Edit Tag N5051

Description

This edit verifies that the Ipsilateral Adrenal Gland Involvement SSDI is coded consistently with Summary Stage 2018.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00600.
 - c. Ipsilateral Adrenal Gland Involvement is blank or 8 (not applicable).
 - d. Summary Stage 2018 is blank
 - e. Type of Reporting Source = 7 (death certificate only)
1. If Ipsilateral Adrenal Gland Involvement = 1 (contiguous involvement), then Summary Stage 2018 must not = 0, 1, or 3 (in situ, local, or regional by nodal involvement only)
3. If Ipsilateral Adrenal Gland Involvement = 2 or 3 (discontiguous involvement), then Summary Stage 2018 must = 7.

Ipsilateral Adrenal Gland Involvement, Kidney, Surgery 03-2022 (SEER)***Administrative Notes***

New edit - NAACCR v18C metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for type of reporting source = 7 (DCO)

Ipsilateral Adrenal Gland Involvement, Kidney, Surgery 03-2022 (SEER)

Agency: SEER

Last changed: 07/14/2022 10:17:19

Edit Tag N6082

Description

This edit verifies that the Ipsilateral Adrenal Gland Involvement SSDI is coded consistently with RX Summ--Surg Prim Site 03-2022.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019 or after 2022, blank (unknown), or invalid.
 - b. Schema ID is not 00600.
 - c. Ipsilateral Adrenal Gland Involvement is blank or 8 (not applicable).
 - d. RX Summ--Surg Prim Site 03-2022 is blank
 - e. Type of Reporting Source = 6 (Autopsy Only) or 7 (Death Certificate Only)
 - f. Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis

2. If RX Summ--Surg Prim Site 03-2022 = 00 (no surgery of primary site) or 10-15 (local tumor destruction (no specimen sent to pathology), or 20-27 (local excision) and RX Summ--Surg Oth Reg/Dis = 0 or 3 (no surgery of other site, surgery of distant lymph nodes) Then the data item must be coded 9 (no surgical resection of primary site).

Ipsilateral Adrenal Gland Involvement, Kidney, Surgery 2023 (COC)***Administrative Notes***

New edit - NAACCR v18C metafile

Modifications**NAACCR v22**

- Description, logic updated, skip added for Type of Reporting Source = 6 (Autopsy Only) or 7 (Death Certificate Only), Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis
- Name changed from Ipsilateral Adrenal Gland Involvement Kidney, Surgery (NAACCR)
- Agency changed from NAACCR to SEER

NAACCR v23

- Description, logic updated, edit skipped for dx year > 2022
- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022
- Name changed from Ipsilateral Adrenal Gland Involvement, Kidney, Surgery (SEER)

Ipsilateral Adrenal Gland Involvement, Kidney, Surgery 2023 (COC)

Agency: COC

Last changed: 08/22/2022 17:56:36

Edit Tag N6758

Description

This edit verifies that the Ipsilateral Adrenal Gland Involvement SSDI is coded consistently with RX Summ--Surg Prim Site 2023.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2023, blank (unknown), or invalid.
 - b. Schema ID is not 00600.
 - c. Ipsilateral Adrenal Gland Involvement is blank or 8 (not applicable).
 - d. RX Summ--Surg Prim Site 2023 is blank
 - e. Class of Case = 38 (Autopsy Only)
 - f. Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis
2. If RX Summ--Surg Prim Site = A000 (no surgery of primary site) or A100-A150 (local tumor destruction (no specimen sent to pathology), or A200-A270 (local excision) and RX Summ--Surg Oth Reg/Dis = 0 or 3 (no surgery of other site, surgery of distant lymph nodes)
Then the data item must be coded 9 (no surgical resection of primary site).

Ipsilateral Adrenal Gland Involvement, Schema ID, Required (NAACCR)***Administrative Notes***

New edit - NAACCR v23 metafile

This edit differs from SEER edit of same name in skipping for Class of Case 38

Ipsilateral Adrenal Gland Involvement, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2891

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Ipsilateral Adrenal Gland Involvement is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00600: Kidney Parenchyma

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

JAK2, Date DX (NAACCR)

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

JAK2, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag N2646***Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid JAK2 code or blank:
 - 0: JAK2 result stated as negative
 - 1: JAK2 positive for mutation V617F WITH or WITHOUT other mutations
 - 2: JAK2 positive for exon 12 mutation
 - 3: JAK2 positive for other specified mutation
 - 4: JAK2 positive for more than one mutation other than V617F
 - 5: JAK2 positive NOS
Specific mutation(s) not stated
 - 7: Test ordered, results not in chart
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
JAK2 not assessed or unknown if assessed

Another edit, JAK2, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

JAK2, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

*Edit Tag N2945***Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)

Ki-67, Breast, Schema ID, Required, CoC Flag (SEER)

e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

2. This edit verifies that JAK2 is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00830: HemeRetic

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Ki-67, Breast, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3927

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Ki-67 is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Ki-67 is not "XXX.8" (not applicable) and not blank

Ki-67, Date DX (NAACCR)

for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00480: Breast

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v21**

- Name changed from Ki-67, Schema ID, Required, CoC Flag (SEER)

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Ki-67, Date DX (NAACCR)

Agency: NAACCR

Last changed: 08/02/2022 11:37:59

Edit Tag N2686

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Ki-67 code or blank:

0.0-100.0: 0.0-100.0 percent positive: enter percent positive

XXX.4: Ki-67 stated as less than 3%

XXX.5: Ki-67 stated as 3%-20%

XXX.6: Ki-67 stated as greater than 20%

XXX.7: Test done, actual percentage not stated

XXX.8: Not applicable: Information not collected for this case

XXX.9: Not documented in medical record

Ki-67, NET, Schema ID, Required (NAACCR)

Ki-67(MIB-1) not assessed or unknown if assessed

3. Code must contain decimal point with at least one character before and one character after decimal point.

4. This data item must be blank for pre-2021 cases assigned to Schema IDs 00290, 00301, 00302, 00310, 00320, 00330, and 00340

5. Codes XXX.4, XXX.5, and XXX.6 must only be used for Schema IDs 00290, 00301, 00302, 00310, 00320, 00330, and 00340

Another edit, Ki-67, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v21**

- Description, logic updated, codes XXX.4, XXX.5, and XXX.6 added, only valid for Schema ID 00290, 00301, 00302, 00310, 00320, 00330, 00340
- Description, logic updated, SSDI must be blank for cases diagnosed <2021 for Schema ID 00290, 00301, 00302, 00310, 00320, 00330, 00340
- Logic corrected, to allow 100.0 as highest coded numeric value

NAACCR v22

- Description, logic updated, leading/trailing blanks trimmed on input value; decimal check modified

Ki-67, NET, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 05/05/2022 17:39:39

Edit Tag N6376

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2021, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - e. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - f. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Ki-67 is not "XXX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

KIT Gene Immunohistochemistry, Date DX (NAACCR)

Required for Schema ID starting with 2021 diagnoses:

00290 NET Stomach
 00301 NET Duodenum
 00302 NET Ampulla of Vater
 00310 NET Jejunum and Ileum
 00320 NET Appendix
 00330 NET Colon and Rectum
 00340 NET Pancreas

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v23

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) for diagnosis date 2018-2022, or 0000001566 (Texas) for diagnosis date 2018-2021

KIT Gene Immunohistochemistry, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/21/2020 18:55:20

Edit Tag N2698

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid KIT Gene Immunohistochemistry code or blank:

0: KIT negative/normal; within normal limits
 1: KIT positive
 7: Test ordered, results not in chart
 8: Not applicable: Information not collected for this case
 9: Not documented in medical record
 Cannot be determined by the pathologist
 KIT Gene Immunohistochemistry not assessed or unknown if assessed

Another edit, KIT Gene Immunohistochemistry, Schema ID, Required (NAACCR),

KIT Gene Immunohistochemistry, Schema ID, Required, CoC Flag (SEER)

checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Logic corrected, (AT(#S"KIT Gene Immunohistochemistry", "01789",2)==0) changed to (AT(#S"KIT Gene Immunohistochemistr", "01789",1) == 0)

KIT Gene Immunohistochemistry, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3928

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1.
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

KIT Gene Immunohistochemistry is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that KIT Gene Immunohistochemistry is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00430: GIST

KRAS, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

KRAS, Date DX (NAACCR)

Agency: NAACCR

Last changed: 02/18/2020 19:15:34

Edit Tag N2696

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid KRAS code or blank:

0: Normal
KRAS negative, KRAS wild type
Negative for (somatic) mutations, no alterations, no (somatic) mutations identified, not present, not detected

1: Abnormal (mutated) in codon(s) 12, 13 and/or 61

2: Abnormal (mutated) in codon 146 only

3: Abnormal (mutated), but not in codon(s) 12, 13, 61, or 146

4: Abnormal (mutated), NOS, codon(s) not specified

7: Test ordered, results not in chart

8: Not applicable: Information not collected for this case

9: Not documented in medical record
KRAS not assessed or unknown if assessed

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v21**

- Description updated for code 0

KRAS, Schema ID, Required (NAACCR)

KRAS, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2997

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that KRAS is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00200: Colon and Rectum

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Laterality (SEER LATERAL)

Agency: SEER

Last changed: 01/02/2021 15:43:58

Edit Tag N0005

Laterality, Primary Site (COC)**Description**

Must be a valid Laterality code (0-5, 9).

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 at time of diagnosis, lateral origin unknown for a single primary; or both ovaries involved simultaneously, single histology; bilateral retinoblastomas; bilateral Wilms tumors
 5 Paired site, midline tumor (effective with 01/01/2010 dx)
 9 Paired site, but no information concerning laterality

Administrative Notes**Modifications**

NAACCR v12

4/2009

- Code 5 (Paired site: midline tumor) added

NAACCR v21B

- Description updated, definitions for codes added

Laterality, Primary Site (COC)

Agency: COC

Last changed: 01/28/2023 15:21:40

Edit Tag N0715

Description

The following paired organ sites must have a code other than zero for laterality:

C079 Parotid gland
 C080 Submandibular gland
 C081 Sublingual gland
 C090 Tonsillar fossa
 C091 Tonsillar pillar
 C098-C099 Tonsil, NOS
 C301 Middle ear
 C310 Maxillary sinus
 C312 Frontal sinus
 C341-C349 Lung
 C384 Pleura
 C400 Long bones of upper limb, scapula and associated joints
 C401 Short bones of upper limb and associated joints
 C402 Long bones of lower limb and associated joints
 C403 Short bones of lower limb and associated joint
 C441 Skin of eyelid
 C442 Skin of external ear
 C443 Skin of other and unspecified parts of face
 (midline code `9' for pre-2010, code '5' for 2010+;

Laterality, Primary Site (COC)

code '5' may also be used for pre-2010 cases)
 C445 Skin of trunk (midline code `9' for pre-2010,
 code '5' for 2010+; code '5' may also be used
 for pre-2010 cases)
 C446 Skin of upper limb and shoulder
 C447 Skin of lower limb and hip
 C471 Peripheral nerves and autonomic nervous system of upper
 limb and shoulder
 C472 Peripheral nerves and autonomic nervous system of lower
 limb and hip
 C491 Connective, subcutaneous, and other soft tissues of upper
 limb and shoulder
 C492 Connective, subcutaneous, and other soft tissues of lower
 limb and hip
 C500-C509 Breast
 C569 Ovary
 C570 Fallopian tube
 C620-C629 Testis
 C630 Epididymis
 C631 Spermatic cord
 C649 Kidney, NOS
 C659 Renal pelvis
 C669 Ureter
 C690-C699 Eye
 C740-C749 Adrenal gland
 C754 Carotid body

If the year of Date of Diagnosis is greater than 2003 and not blank, then the following

CNS

Primary Sites must have a code other than zero for laterality:

C700 Cerebral meninges, NOS
 C710 Cerebrum
 C711 Frontal lobe
 C712 Temporal lobe
 C713 Parietal lobe
 C714 Occipital lobe
 C722 Olfactory nerve
 C723 Optic nerve
 C724 Acoustic nerve
 C725 Cranial nerve, NOS

Laterality code of 5 (paired site: midline tumor) is allowed only for cases diagnosed 2010 or later and only for these paired brain and CNS sites: C700, C710-C714, C722-C725, and these paired skin sites: C443 and C445.

If the year of Date of Diagnosis is 2021 and later, then the following primary site must have a code other than zero for laterality. Code 5 is allowed.

C44.4 Skin of scalp and neck

Administrative Notes

This edit differs from the SEER edit "Laterality, Primary Site, Date of Diag (SEER IF24)" in that:

Laterality, Primary Site, Morph ICDO3 (SEER IF42)

1. Except for the CNS sites, it does not use the Date of Diagnosis when requiring a laterality code other than zero for paired organ sites.
2. Laterality code 5 (Paired site: midline tumor) is allowed for all years of diagnosis.

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Deleted logic requiring non-paired sites with diagnosis dates 2003+ to be coded with Laterality of 0; that is, non-paired sites may now be coded with laterality. This is true for all years of diagnosis.
- Edit is no longer skipped if Primary Site = C300, C340, C413, or C414.

NAACCR version of this edit will be deleted.

NAACCR v15A

- Description updated to specify use of code '5' (midline) for C443 and C445; logic is correct as is

NAACCR v21B

- Description, logic updated, laterality must not = 0 for C44.4 for diagnosis date >= 2021

NAACCR v22

- Logic updated, return _ERROR for DT_ERROR and DT_EMPTY changed to Return PASS;

NAACCR v23A

- Description, logic updated, laterality code 5 only allowed for certain sites

Laterality, Primary Site, Morph ICDO3 (SEER IF42)

Agency: SEER

Last changed: 08/30/2021 18:37:48

Edit Tag N0445**Description**

This edit is skipped if any of the following is true:

1. Histologic Type ICD-O-3 is empty
2. Histologic Type ICD-O-3 >= 9590
3. Diagnosis year is greater than 1987 or is blank, and Histologic Type ICD-O-3 = 9140
4. Over-ride Site/Lat/Morph field contains a '1'(review complete)

If the Primary Site is a paired organ (see lists below) and the Behavior Code ICD-O-3 is in situ (`2'), then Laterality must be `1', `2', `3', or `5', meaning right: origin of primary; left: origin of primary; or only one side involved, right or left origin unspecified; paired site: midline tumor.

For all diagnosis years the following are considered paired organ sites for

Laterality, Primary Site, Morph ICDO3 (SEER IF42)

purposes of this edit:

C079	Parotid gland
C080	Submandibular gland
C091	Tonsillar pillar
C098-C099	Tonsil, NOS
C301	Middle ear
C310	Maxillary sinus
C312	Frontal sinus
C341-C349	Lung
C384	Pleura
C500-C509	Breast
C569	Ovary
C570	Fallopian tube
C620-C629	Testis
C630	Epididymis
C631	Spermatic cord
C649	Kidney, NOS
C659	Renal pelvis
C669	Ureter
C690-C699	Eye
C740-C749	Adrenal gland
C754	Carotid body

For cases diagnosed after 1978 or if diagnosis date is blank, the following are also considered

paired organ sites for purposes of this edit:

C081	Sublingual gland
C090	Tonsillar fossa
C400	Long bones of upper limb, scapula and associated joints
C401	Short bones of upper limb and associated joints
C402	Long bones of lower limb and associated joints
C403	Short bones of lower limb and associated joints
C441	Skin of eyelid
C442	Skin of external ear
C446	Skin of upper limb and shoulder
C447	Skin of lower limb and hip
C471	Peripheral nerves and autonomic nervous system of upper limb and shoulder
C472	Peripheral nerves and autonomic nervous system of lower limb and hip
C491	Connective, subcutaneous, and other soft tissues of upper limb and shoulder
C492	Connective, subcutaneous, and other soft tissues of lower limb and hip

For cases diagnosed 2018 and later, laterality is no longer required for C090 and C091.

For cases diagnosed 2021 and later, the following primary site must have a code other than zero for laterality. Code 5 is allowed:

C44.3	Skin of face
C44.4	Skin of scalp and neck
C44.5	Skin of trunk

LDH Lab Value, Date DX (NAACCR)***Administrative Notes***

In the SEER*Edits software, the title of this edit is: IF42_3

Modifications:

NAACCR v11.30445t

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Modified to include laterality code 5 (paired site: midline tumor).

NAACCR v18C

- Description, logic updated to not require laterality for C090 and C091 for 2018+ diagnoses.

NAACCR v21B

- Description, logic updated, laterality must not = 0 for C44.3, C44.4, C44.5, 8720-8790, for diagnosis date >= 2021
- Logic updated, skip for Behavior not = 2 added

NAACCR v22

- Laterality required for all histologies for C443, C444, C445

LDH Lab Value, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/15/2021 22:31:42

Edit Tag N2656

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid LDH Lab Value code or blank:

0.0: 0.0 (U/L)

0.1-99999.9: 0.1-99,999.9 U/L

XXXXX.1: 100,000 U/L or greater

XXXXX.7: Test ordered, results not in chart

XXXXX.8: Not applicable: Information not collected for this case

XXXXX.9: Not documented in medical record

LDH Lab Value not assessed or unknown if assessed

3. Code must contain decimal point with at least one character before and one character after decimal point.

Another edit, LDH Lab Value, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

LDH Lab Value, Schema ID, Required (NAACCR)

This data item is required for EOD Derived Stage Group.

Administrative Notes

New edit - NAACCR v18 metafile

Modificatons**NAACCR v21**

- Name changed from LDH Pretreatment Lab Value, Date DX (NAACCR)
- Description, logic updated to LDH Lab Value from LDH Pretreatment Lab Value
- Description updated to note SSDI required for EOD Derived Stage Group

NAACCR v22

- Description, logic updated, leading/trailing blanks trimmed on input value; decimal check modified

LDH Lab Value, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 02/18/2020 19:56:32

Edit Tag N2934

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that LDH Lab Value is not "XXXXX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

This data item is required for EOD Derived Stage Group.

Required for Schema ID:

00470: Melanoma Skin

Administrative Notes

New edit - NAACCR v18 metafile

LDH Lab/LDH Level, Melanoma Skin (SEER)

Modifications

NAACCR v21

- Name changed from LDH Pretreatment Lab Value, Schema ID, Required (NAACCR)
- Description, logic updated to LDH Lab Value from LDH Pretreatment Lab Value

LDH Lab/LDH Level, Melanoma Skin (SEER)

Agency: SEER

Last changed: 02/28/2023 15:16:32

*Edit Tag N6894***Description**

This edit verifies that LDH Lab Value and LDH Level SSDIs are coded consistently with each other

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2023, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00470.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. LDH Lab Value and LDH Level are blank or coded not applicable
 - e. CoC Accredited Flag is 1
2. If LDH Lab Value = XXXXX.7 (test ordered, results not in chart)
LDH Level must = 7 (test ordered, results not in chart)
5. If LDH Lab Value = XXXXX.9 (not assessed or unknown)
LDH Level must = 9 (not assessed or unknown)

Administrative Notes

New edit - NAACCR v23A metafile

LDH Lab/Upper Limits/LDH Level, Melanoma Skin, CoC Flag (SEER)

Agency: SEER

Last changed: 02/28/2023 15:18:34

Edit Tag N6893

LDH Level, Date DX (NAACCR)**Description**

This edit verifies that LDH Lab Value, LDH Upper Limits of Normal, and LDH

Level SSDIs are coded consistently with each other

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2023, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00470.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. LDH Lab Value and LDH Upper Limits of Normal and LDH Level is blank or coded not applicable
 - e. CoC Accredited Flag is not 1
2. If LDH Lab Value = XXXXX.7 (test ordered, results not in chart) LDH Upper Limits of Normal must = XX9 and LDH Level must = 7 (test ordered, results not in chart)
5. If LDH Lab Value = XXXXX.9 (not assessed or unknown) LDH Upper Limits of Normal must = XX9 and LDH Level must = 9 (not assessed or unknown)

Administrative Notes

New edit - NAACCR v23A metafile

LDH Level, Date DX (NAACCR)

Agency: NAACCR

Last changed: 08/04/2021 01:21:10

Edit Tag N2750

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid LDH Level code or blank:
 - 0: Normal LDH level
Low, below normal
 - 1: Above normal LDH level; High
 - 5: Schema Discriminator 1: Plasma Cell Myeloma Terminology coded to 1 or 9
 - 7: Test ordered, results not in chart
 - 9: Not documented in medical record

LDH Level, Melanoma, Schema ID, Required (NAACCR)

LDH Level not assessed or unknown if assessed

3. If LDH Level = 5, Schema ID must = 00821

Other edits, LDH Level, Melanoma, Schema ID, Required (NAACCR), and LDH Level, Myeloma, Schema ID, Required (NAACCR) check that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging for Myeloma, and EOD Derived Stage Group for Melanoma of Skin and Myeloma.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v21**

- Name changed from LDH Pretreatment Level, Date DX (NAACCR)
- Description, logic updated to LDH Level from LDH Pretreatment Level

NAACCR v22

- Description, logic updated, code 5 added
- Description, logic updated, "If LDH Level = 5, Schema ID must = 00821" added
- Description updated, code 7 changed from "Test done" to "Test ordered"

LDH Level, Melanoma, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N3902

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

LDH Level, Myeloma, Schema ID, Required (NAACCR)

1. This edit verifies that LDH Level is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for EOD Derived Stage Group.

Required for Schema ID:

00470: Melanoma of Skin

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v21**

- Name changed from LDH Pretreatment Level, Melanoma, Schema ID, Required (NAACCR)
- Description, logic updated to LDH Level from LDH Pretreatment Level

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date \geq 2018 and \leq 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

LDH Level, Myeloma, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2895

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

LDH Level, Myeloma, Schema ID, Required (NAACCR)

2. This edit verifies that LDH Level is coded (not blank) for the Schema IDs for which it is required by a standard setter. Schema Discriminator 1 is required to identify a plasma cell myeloma diagnosis eligible for RISS staging.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00821: Plasma Cell Myeloma:

If Schema Discriminator 1 = 0, LDH Level is not blank and not = 5.

If Schema Discriminator 1 = 1 or 9, LDH Level must = 5.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v18A**

- Description updated to note that SSDI must be blank for Schema ID 00821, Schema Discriminator 1 = 1 or 9
- Description, logic updated to require Schema Discriminator 1 must not be blank for Schema ID 00821

NAACCR v21

- Name changed from LDH Pretreatment Level, Myeloma, Schema ID, Required (NAACCR)
- Description, logic updated to LDH Level from LDH Pretreatment Level

NAACCR v22

- Description, logic updated, SSDI must not = blank or 5 if SD1 = 0, must = 5 if SD1 = 1 or 9

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2019

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

LDH Post-Orchiectomy Range, Date DX (NAACCR)

LDH Post-Orchiectomy Range, Date DX (NAACCR)

Agency: NAACCR

Last changed: 02/18/2020 21:22:16

*Edit Tag N2718***Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid LDH Post-Orchiectomy Range code or blank:
 - 0: Within normal limits
 - 1: Less than 1.5 x N
(Less than 1.5 times the upper limit of normal for LDH)
 - 2: 1.5 to 10 x N
(Between 1.5 and 10 times the upper limit of normal for LDH)
 - 3: Greater than 10 x N
(Greater than 10 times the upper limit of normal for LDH)
 - 4: Post-Orchiectomy lactate dehydrogenase (LDH) range stated to be elevated
 - 5: Post-Orchiectomy lactate dehydrogenase (LDH) unknown or not done but pre-orchiectomy LDH was normal
 - 7: Test ordered, results not in chart
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
No orchiectomy performed
LDH Post-Orchiectomy Range not assessed or unknown if assessed

Another edit, LDH Post-Orchiectomy Range, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Description, logic updated, code 5 added

LDH Post-Orchiectomy Range, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2982

LDH Pre-Orchiectomy Range, Date DX (NAACCR)**Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
 - d. Year of Date of Diagnosis is 2018-2020 and Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)
2. This edit verifies that LDH Post-Orchiectomy Range is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00590: Testis

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

LDH Pre-Orchiectomy Range, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2715

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid LDH Pre-Orchiectomy Range code or blank:

LDH Pre-Orchiectomy Range, Schema ID, Required (NAACCR)

- 0: Within normal limits
- 1: Less than 1.5 x N
(Less than 1.5 times the upper limit of normal for LDH)
- 2: 1.5 to 10 x N
(Between 1.5 and 10 times the upper limit of normal for LDH)
- 3: Greater than 10 x N
(Greater than 10 times the upper limit of normal for LDH)
- 4: Pre-Orchiectomy lactate dehydrogenase (LDH) stated to be elevated
- 7: Test ordered, results not in chart
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
- LDH Pre-Orchiectomy Range not assessed or unknown if assessed

Another edit, LDH Pre-Orchiectomy Range, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

LDH Pre-Orchiectomy Range, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2983

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that LDH Pre-Orchiectomy Range is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00590: Testis

LDH Pre/Post Treatment Range, Testis (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date \geq 2018 and \leq 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

LDH Pre/Post Treatment Range, Testis (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6839

Description

This edit verifies that LDH Pre-Orchiectomy Range and LDH Post-Treatment Orchiectomy Range SSDIs are coded consistently with each other for Schema ID 00590, Testis.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00590
 - c. hCG Pre-Orchiectomy Range or hCG Post-Orchiectomy Range is blank or not applicable
 - e. Type of Reporting Source is 7 (Deatcg Certificate Only)

2. If LDH Post-Orchiectomy Range = 5 (Post-Orchiectomy not done or unknown
but Pre-Orchiectomy within normal limits)
LDH Pre-Orchiectomy Range must = 0 (within normal limits)

Administrative Notes

New edit - NAACCR v23 metafile

LDH Upper Limits of Normal, Date DX (NAACCR)

LDH Upper Limits of Normal, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/17/2018 21:46:29

*Edit Tag N2702***Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid LDH Upper Limits of Normal code or blank:

001-999: 001-999 upper limit of normal
(Exact upper limit of normal)
XX8: Not applicable: Information not collected for this case
XX9: Not documented in medical record
LDH Upper Limit of Normal not assessed or unknown if assessed

3. Numeric value must be right-justified and zero-filled.

Another edit, LDH Upper Limits of Normal, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

LDH Upper Limits of Normal, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

*Edit Tag N3929***Description**

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

LDH Upper Limits of Normal is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

LN Assessment Method Femoral-Inguinal, Date DX (NAACCR)

1. This edit verifies that LDH Upper Limits of Normal is not "XX8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00470: Melanoma of Skin

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

LN Assessment Method Femoral-Inguinal, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/13/2021 22:37:06

Edit Tag N2636

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid LN Assessment Method Femoral-Inguinal code or blank:

0: Radiography, imaging
 (Ultrasound (US), computed tomography scan (CT), magnetic resonance imaging (MRI), positron emission tomography scan (PET))
 Physical exam only
 1: Incisional biopsy; fine needle aspiration (FNA)
 2: Lymphadenectomy
 Sentinel node biopsy

LN Assessment Method Femoral-Inguinal, Schema ID, Required, CoC Flag (SEER)

Excisional biopsy or resection with microscopic confirmation

7: Femoral-inguinal lymph node(s) assessed, unknown assessment method

8: Not applicable: Information not collected for this case

9: Not documented in medical record

Femoral-inguinal lymph nodes not assessed or unknown if assessed

Another edit, LN Assessment Method Femoral-Inguinal, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description updated for codes 2, 7, 9

LN Assessment Method Femoral-Inguinal, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3930***Description***

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

LN Assessment Method Femoral-Inguinal is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that LN Assessment Method Femoral-Inguinal is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00500: Vulva

00510: Vagina

LN Assessment Method Para-Aortic, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modification

NAACCR v21

- Description, logic updated, Schema ID 09520 added

NAACCR v22

- Description, logic updated, Schema IDs 00520, 09520 removed as required

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

LN Assessment Method Para-Aortic, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/30/2021 15:39:57

Edit Tag N2634

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid LN Assessment Method Para-Aortic code or blank:
 - 0: Radiography, imaging
(Ultrasound (US), computed tomography scan (CT), magnetic resonance imaging (MRI), positron emission tomography scan (PET))
Physical exam only
 - 1: Incisional biopsy; fine needle aspiration (FNA)
 - 2: Lymphadenectomy
Sentinel node biopsy
Excisional biopsy or resection with microscopic confirmation
 - 7: Para-aortic lymph node(s) assessed, unknown assessment method
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record

LN Assessment Method Para-Aortic, Schema ID, Required, CoC Flag (SEER)

Para-aortic lymph nodes not assessed or unknown if assessed

Another edit, LN Assessment Method Para-Aortic, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description updated for codes 2, 7, 9

LN Assessment Method Para-Aortic, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 07/29/2022 15:59:42

Edit Tag N3931

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - b. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

LN Assessment Method Para-Aortic is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

1. This edit verifies that LN Assessment Method Para-Aortic is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00510: Vagina
 00520: Cervix [8th: 2018-2020]
 09520: Cervix [V9: 2021+]

LN Assessment Method Pelvic, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modification**NAACCR v21**

- Description, logic updated, Schema ID 09520 added

NAACCR v22

- Description, logic updated, Schema ID 00500 remove as required

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date \geq 2018 and \leq 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

- Description updated, "9th" changed to "V9"

LN Assessment Method Pelvic, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/13/2021 22:38:56

Edit Tag N2635***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid LN Assessment Method Pelvic code or blank:
 - 0: Radiography, imaging
(Ultrasound (US), computed tomography scan (CT), magnetic resonance imaging (MRI), positron emission tomography scan (PET))
Physical exam only
 - 1: Incisional biopsy; fine needle aspiration (FNA)
 - 2: Lymphadenectomy
Sentinel node biopsy
Excisional biopsy or resection with microscopic confirmation
 - 7: Pelvic lymph node(s) assessed, unknown assessment method
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
Pelvic lymph nodes not assessed or unknown if assessed

LN Assessment Method Pelvic, Schema ID, Required, CoC Flag (SEER)

Another edit, LN Assessment Method Pelvic, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description updated for codes 2, 7, 9

LN Assessment Method Pelvic, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 07/29/2022 14:30:19

Edit Tag N3932

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

LN Assessment Method Pelvic is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that LN Assessment Method Pelvic is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00500: Vulva
00510: Vagina
00520: Cervix [8th: 2018-2020]
09520: Cervix [V9: 2021+]

LN Assessment Method, Cervix, Regional Nodes Examined (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modification**NAACCR v21**

- Description, logic updated, Schema ID 09520 added

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

LN Assessment Method, Cervix, Regional Nodes Examined (NAACCR)

Agency: NAACCR

Last changed: 08/07/2021 12:56:19

Edit Tag N6613

Description

This edit verifies that the LN Assessment Method SSDIs are coded consistently with Regional Nodes Examined for Cervix.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00520 or 09520.
 - c. LN Assessment Method SSDIs are all blank or not applicable.
 - d. Regional Nodes Examined is blank.
2. If LN Assessment Method Para-Aortic = 0 (clinical exam only) and LN Assessment Method Pelvic = 0 (clinical exam only), then Regional Nodes Examined must = 00 (no nodes examined).
3. If LN Assessment Method Para-Aortic = 1 (incisional biopsy, FNA) or LN Assessment Method Pelvic = 1 (incisional biopsy, FNA) and LN Assessment Method Para-Aortic not = 2 (lymphadenectomy), 7 (unknown), 8 (NA), or 9 (unknown if assessed) and LN Assessment Method Pelvic not = 2 (lymphadenectomy), 7 (unknown), 8 (NA), or 9 (unknown if assessed) then Regional Nodes Examined must = 95 (aspiration or core

LN Assessment Method, Vulva, Regional Nodes Examined (NAACCR)

biopsy) .

4. If LN Assessment Method Para-Aortic = 2 (lymphadenectomy) or LN Assessment Method Pelvic = 2 (lymphadenectomy), then Regional Nodes Examined must = 01-90 (number of nodes removed), 96-98 (nodes removed but number unknown).

Administrative Notes

New edit - NAACCR v22 metafile

Edit based on N3040 for 2019+ cases, withdrawn from NAACCR v22 metafile

LN Assessment Method, Vulva, Regional Nodes Examined (NAACCR)

Agency: NAACCR

Last changed: 08/07/2021 12:55:16

Edit Tag N6611

Description

This edit verifies that LN Assessment Method Femoral-Inguinal SSDI for Vulva is coded consistently with Regional Nodes Examined.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00500.
 - c. LN Assessment Method Femoral-Inguinal is blank
 - d. Regional Nodes Examined is blank.
 - e. Class of Case = 38 (Autopsy only)
2. If LN Assessment Method Femoral-Inguinal = 0 (clinical exam only) then Regional Nodes Examined must = 00 (no nodes examined).
3. If LN Assessment Method Femoral-Inguinal = 1 (incisional biopsy, FNA) then Regional Nodes Examined must = 95 (aspiration or core biopsy).
4. If LN Assessment Method Femoral-Inguinal = 2 (lymphadenectomy), then Regional Nodes Examined must = 01-90 (number of nodes removed), 96-98 (nodes removed but number unknown).

LN Distant Assessment Method, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v22 metafile

Edit based on N3040 for 2019+ cases, withdrawn from NAACCR v22 metafile

LN Distant Assessment Method, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2638

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid LN Distant Assessment Method code or blank:

- 0: Radiography, imaging
(Ultrasound (US), computed tomography scan (CT), magnetic resonance imaging (MRI), positron emission tomography scan (PET))
Physical exam only
- 1: Incisional biopsy; fine needle aspiration (FNA)
- 2: Lymphadenectomy
Excisional biopsy or resection with microscopic confirmation
- 7: Distant lymph node(s) assessed, unknown assessment method
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
Distant lymph nodes not assessed or unknown if assessed

Another edit, LN Distant Assessment Method, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

LN Distant Assessment Method, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 07/29/2022 16:03:41

Edit Tag N3933

Description

1. The edit is skipped for any of the following conditions:

LN Distant Assessment Method, Surgery Other Site (NAACCR)

- a. Diagnosis date before 2018, blank (unknown), or invalid
- b. Schema ID is blank
- c. CoC Accredited Flag not = 1
- d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
- e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

LN Distant Assessment Method is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

1. This edit verifies that LN Distant Assessment Method is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00510: Vagina
 00520: Cervix [8th: 2018-2020]
 09520: Cervix [V9: 2021+]

Administrative Notes

New edit - NAACCR v18 metafile

Modification**NAACCR v21**

- Description, logic updated, Schema ID 09520 added

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021
 - Description updated, "9th" changed to "V9"

LN Distant Assessment Method, Surgery Other Site (NAACCR)

Agency: NAACCR

Last changed: 08/07/2021 16:14:49

LN Distant, Gynecologic, Behavior ICDO3 (NAACCR)**Edit Tag N3041****Description**

This edit verifies that LN Distant Assessment Method SSDI is coded consistently with RX Summ--Surg Oth Reg/Dis.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00510, 00520, 09520.
 - c. LN Distant Assessment Method is blank or 8 (not applicable).
 - d. RX Summ--Surg Oth Reg/Dis is blank.
 - e. Class of Case = 38 (Autopsy only)
 - f. Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis
2. If LN Distant Assessment Method = 2 (lymphadenectomy)
RX Summ--Surg Oth Reg/Dis must = 3 (resection of distant lymph nodes) or 5 (any combination of codes 2, 3, or 4)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v18D**

- Error message corrected from "%F1 must be blank for %F2: %V2" to "%F1: %V1 is not valid for %F2: %V2".

NAACCR v21

- Description, logic updated, Schema ID 09520 added

NAACCR v22

- Description, logic updated, statement 2 removed, if surg other reg/dis = 3 (resection of distant nodes), LN Distant Assessment

must = 2 (lymphadenectomy)

- Description, logic updated, added skip for Class of Case = 38 (autopsy only), Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis

LN Distant, Gynecologic, Behavior ICDO3 (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6211**Description**

This edit verifies that the LN Distant: Mediastinal, Scalene SSDI is coded consistently with Behavior Code ICD-O-3 code 2 for Vagina and Cervix.

LN Distant, Gynecologic, EOD Mets (SEER)

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is not 00510, 00520, 09520
 - c. LN Distant: Mediastinal, Scalene is blank or 8 (not applicable)
 - d. Behavior Code ICD-O-3 is blank
2. If Behavior Code ICD-O-3 = 2 (in situ)
LN Distant: Mediastinal Scalene must = 0 (no nodal involvement) or 9 (not documented)
3. If diagnosis year >= 2023, code 0 = non-invasive neoplasm behavior /2, code 9 not allowed with behavior /2

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v23

- Description, logic updated, code 9 removed as allowable value with behavior /2 for 2023+

LN Distant, Gynecologic, EOD Mets (SEER)

Agency: SEER

Last changed: 02/06/2022 13:48:42

Edit Tag N3042

Description

This edit verifies that LN Distant: Mediastinal, Scalene SSDI, codes 1-3, are coded consistently with EOD Mets for Vagina and Cervix.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00510, 00520, 09520
 - c. LN Distant: Mediastinal, Scalene is blank or 8 (not applicable)
 - d. EOD Mets is blank
2. If LN Distant: Mediastinal Scalene = 1-3 (positive distant nodes):
EOD Mets must = 10 (distant nodes) or 70 (distant metastases)

LN Distant, Gynecologic, Mets at DX-Distant LN (NAACCR)***Administrative Notes***

New edit - NAACCR v18C metafile

Modifications**NAACCR v21**

- Description updated, "LN Status" in skip condition changed to "LN Distant"
- Name changed from LN Distant, Gynecologic, EOD Mets (SEER)
- Description, logic updated to skip if CoC Accredited Flag is not 1
- Description, logic updated, Schema ID 09520 added

NAACCR v22B

- Description, logic updated, COC flag removed from edit
- Name changed from LN Distant, Gynecologic, EOD Mets, CoC Flag (SEER)

LN Distant, Gynecologic, Mets at DX-Distant LN (NAACCR)

Agency: NAACCR

Last changed: 04/07/2021 22:38:17

Edit Tag N6087

Description

This edit verifies that LN Distant: Mediastinal, Scalene SSDI is coded consistently with Mets at DX-Distant LN for Vagina and Cervix.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00510, 00520, 09520
 - c. LN Distant: Mediastinal, Scalene is blank or 8 (not applicable)
 - d. Mets at Dx-Distant LN is blank
2. If LN Distant: Mediastinal, Scalene = 1-3 (positive distant nodes)
Mets at DX-Distant LN must = 1 (positive distant nodes)

LN Distant, Gynecologic, Summary Stage 2018 (NAACCR)***Administrative Notes***

New edit - NAACCR v18C metafile

Modifications

NAACCR v21

- Description updated, "LN Status" in skip condition changed to "LN Distant"
- Description, logic updated, Schema ID 09520 added

LN Distant, Gynecologic, Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 12/18/2021 12:42:36

Edit Tag N5052

Description

This edit verifies that LN Distant: Mediastinal, Scalene SSDI, codes 1-3, is coded consistently with Summary Stage 2018 for Vagina and Cervix.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00510, 00520, 09520
 - c. LN Distant: Mediastinal, Scalene is blank or 8 (not applicable)
 - d. Summary Stage 2018 is blank
 - e. Type of Reporting Source = 7 (death certificate only)
2. If LN Distant: Mediastinal Scalene = 1-3 (positive distant nodes)
Summary Stage 2018 must = 7

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v21

- Description updated, "LN Status" in skip condition changed to "LN Distant"
- Description, logic updated, Schema ID 09520 added

NAACCR v22B

- Description, logic updated, skip added for type of reporting source = 7 (DCO)

LN Distant/Assessment Vagina/Cervix (NAACCR)

LN Distant/Assessment Vagina/Cervix (NAACCR)

Agency: NAACCR

Last changed: 08/07/2022 13:05:23

*Edit Tag N6811***Description**

This edit verifies that LN Distant: Mediastinal, Scalene and LN Distant Assessment Method are coded consistently.

1. The edit is skipped for the following:
 - a. Date of Diagnosis is blank (unknown), invalid, or pre-2021.
 - b. LN Distant: Mediastinal, Scalene is blank
 - c. LN Distant Assessment Method is blank
 - d. Schema ID is not 09520 or 00510.
 - e. Type of Reporting Source = 7 (death certificate only)
2. If LN Distant: Mediastinal, Scalene =9 (nodes not assessed or unknown if assessed)
LN Distant Assessment Method must = 0 (physical exam only) or 9 (nodes not assessed or unknown if assessed).

Administrative Notes

New edit - NAACCR v23 metafile

Modifications

NAACCR v23

- Description, logic updated, LN Assessment Method 0 allowed with LN Status 9

LN Distant: Mediastinal, Scalene, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/21/2022 17:10:43

*Edit Tag N2637***Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid LN Distant: Mediastinal, Scalene code or blank:
 - 0: Negative mediastinal and scalene lymph nodes
Non-invasive neoplasm (behavior /2)
 - 1: Positive mediastinal lymph nodes

LN Distant: Mediastinal, Scalene, Schema ID, Required, CoC Flag (SEER)

- 2: Positive scalene lymph nodes
- 3: Positive mediastinal and scalene lymph nodes
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
 - Mediastinal and scalene lymph nodes not assessed or unknown if assessed

Another edit, LN Distant: Mediastinal, Scalene, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v23

- Description updated for code 0

LN Distant: Mediastinal, Scalene, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 07/29/2022 16:05:50

Edit Tag N3934

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

LN Distant: Mediastinal, Scalene is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

1. This edit verifies that LN Distant: Mediastinal, Scalene is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00510: Vagina
 00520: Cervix [8th: 2018-2020]
 09520: Cervix [V9: 2021+]

LN Head and Neck Levels I-III, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modification

NAACCR v21

- Description, logic updated, Schema ID 09520 added

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

- Description updated, "9th" changed to "V9"

LN Head and Neck Levels I-III, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/21/2022 10:18:04

Edit Tag N2725

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid LN Head and Neck Levels I-III code or blank:

- 0: No involvement in Levels I, II, or III lymph nodes
Non-invasive neoplasm (behavior /2)
- 1: Level I lymph node(s) involved
- 2: Level II lymph node(s) involved
- 3: Level III lymph Node(s) involved
- 4: Levels I and II lymph nodes involved
- 5: Levels I and III lymph Nodes involved
- 6: Level II and III lymph Nodes involved
- 7: Levels I, II, and III lymph Nodes involved
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record

LN Head and Neck Levels I-III, Melanoma Head/Neck, Behavior (NAACCR)
Positive node(s), but level of positive node(s) unknown
LN Head and Neck levels I-III not assessed or unknown if assessed

Another edit, LN Head and Neck Levels I-III, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

NOTE: Definition for code 0, Non-invasive neoplasm (behavior /2) applies only to Melanoma Head and Neck, Schema ID 00140

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v23

- Description updated for code 0, note added indicating new definition applies only to Schema ID 00140

LN Head and Neck Levels I-III, Melanoma Head/Neck, Behavior (NAACCR)

Agency: NAACCR

Last changed: 02/21/2023 19:09:21

Edit Tag N6737

Description

This edit verifies that the LN Head and Neck Levels I-III SSDI is coded consistently with Behavior Code ICD-O-3 /2 for in situ, for head and neck Schema IDs.

1. This edit is skipped for the following conditions:
 - a. Date of Diagnosis is pre-2023, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00140.
 - c. LN Head and Neck Levels I-III is blank or 8 (not applicable)
 - d. Behavior Code ICD-O-3 is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If Behavior Code ICD-O-3 = 2 (in situ)
then LN Head and Neck Levels I-III must = 0 (Non-invasive neoplasm (behavior /2))

LN Head and Neck Levels I-III, Schema ID, Required (NAACCR)***Administrative Notes***

New edit - NAACCR v23 metafile

Modifications

NAACCR v23A

- Description updated, first line, VI-VII changed to I-III

**LN Head and Neck Levels I-III, Schema ID, Required
(NAACCR)**

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2897

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
1. This edit verifies that LN Head and Neck Levels I-III is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00060: Cervical LN and Unknown Primary

00140: Mucosal Melanoma Head and Neck

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

EditWriter 5

697

05/01/2023 02:04 PM

LN Head and Neck Levels IV-V, Date DX (NAACCR)

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

LN Head and Neck Levels IV-V, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/21/2022 10:18:52

*Edit Tag N2726***Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid LN Head and Neck Levels IV-V code or blank:

- 0: No involvement in Levels IV or V lymph nodes
Non-invasive neoplasm (behavior /2)
- 1: Level IV lymph node(s) involved
- 2: Level V lymph node(s) involved
- 3: Levels IV and V lymph nodes involved
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
Positive node(s), but level of positive node(s) unknown
LN Head and Neck Levels IV-V not assessed or unknown if assessed

Another edit, LN Head and Neck Levels IV-V, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

NOTE: Definition for code 0, Non-invasive neoplasm (behavior /2) applies only to Melanoma Head and Neck, Schema ID 00140

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v23

- Description updated for code 0, note added indicating new definition applies only to Schema ID 00140

LN Head and Neck Levels IV-V, Melanoma Head/Neck, Behavior (NAACCR)

LN Head and Neck Levels IV-V, Melanoma Head/Neck, Behavior (NAACCR)

Agency: NAACCR

Last changed: 02/21/2023 19:12:46

Edit Tag N6738

Description

This edit verifies that the LN Head and Neck Level IV-V SSDI is coded consistently with Behavior Code ICD-O-3 /2 for in situ, for head and neck Schema IDs.

1. This edit is skipped for the following conditions:
 - a. Date of Diagnosis is pre-2023, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00140.
 - c. LN Head and Neck Levels IV-V is blank or 8 (not applicable)
 - d. Behavior Code ICD-O-3 is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If Behavior Code ICD-O-3 = 2 (in situ)
then LN Head and Neck Levels IV-V must = 0 (Non-invasive neoplasm (behavior /2))

Administrative Notes

New edit - NAACCR v23 metafile

Modifications

NAACCR v23A

- Description corrected, first line, VI-VII changed to IV-V; skip condition, I-III changed to IV-V

LN Head and Neck Levels IV-V, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2898

Description

1. The edit is skipped for any of the following conditions:

LN Head and Neck Levels VI-VII, Date DX (NAACCR)

- a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that LN Head and Neck Levels IV-V is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00060: Cervical LN and Unknown Primary
00140: Mucosal Melanoma Head and Neck

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

LN Head and Neck Levels VI-VII, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/21/2022 10:19:29

Edit Tag N2727

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid LN Head and Neck Levels VI-VII code or blank:

LN Head and Neck Levels VI-VII, Melanoma Head/Neck, Behavior (NAACCR)

- 0: No involvement in Levels VI or VII lymph nodes
Non-invasive neoplasm (behavior /2)
- 1: Level VI lymph node(s) involved
- 2: Level VII lymph node(s) involved
- 3: Levels VI and VII lymph nodes involved
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
Positive node(s), but level of positive node(s) unknown
LN Head and Neck Levels VI-VII not assessed or unknown if

assessed

Another edit, LN Head and Neck Levels VI-VII, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

NOTE: Definition for code 0, Non-invasive neoplasm (behavior /2) applies only to Melanoma Head and Neck, Schema ID 00140

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v23

- Description updated for code 0, note added indicating new definition applies only to Schema ID 00140

LN Head and Neck Levels VI-VII, Melanoma Head/Neck, Behavior (NAACCR)

Agency: NAACCR

Last changed: 02/21/2023 19:14:31

Edit Tag N6739

Description

This edit verifies that the LN Head and Neck Level VI-VII SSDI is coded consistently with Behavior Code ICD-O-3 /2 for in situ, for head and neck Schema IDs.

1. This edit is skipped for the following conditions:
 - a. Date of Diagnosis is pre-2023, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00140.
 - c. LN Head and Neck Levels VI-VII is blank or 8 (not applicable)
 - d. Behavior Code ICD-O-3 is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If Behavior Code ICD-O-3 = 2 (in situ)
then LN Head and Neck Levels VI-VII must = 0 (Non-invasive neoplasm (behavior /2))

LN Head and Neck Levels VI-VII, Schema ID, Required (NAACCR)***Administrative Notes***

New edit - NAACCR v23 metafile

Modifications

NAACCR v23A

- Description corrected, skip condition, I-III changed to VI-VII

LN Head and Neck Levels VI-VII, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2899

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that LN Head and Neck Levels VI-VII is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00060: Cervical LN and Unknown Primary

00140: Mucosal Melanoma Head and Neck

LN Head and Neck Levels, EOD Regional Nodes (SEER)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

LN Head and Neck Levels, EOD Regional Nodes (SEER)

Agency: SEER

Last changed: 08/04/2020 20:10:29

Edit Tag N3046

Description

This edit verifies that the LN Head and Neck SSDIs are coded consistently with EOD Regional Nodes for Schema ID 00060, Cervical Lymph Nodes, Unknown Primary, and 00140, Melanoma Head and Neck.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00060 and 00140
 - c. LN Head and Neck Levels I-III, LN Head and Neck levels IV-V, LN Head and Neck Levels VI-VII, and LN Head and Neck Other are all blank or not applicable.
 - d. EOD Regional Nodes is blank
2. If LN Head and Neck Levels I-III = 1-7 (lymph nodes involved) or LN Head and Neck Levels IV-V = 1-3 (lymph nodes involved) or LN Head and Neck Levels VI-VII = 1-3 (lymph nodes involved) or LN Head and Neck Other = 1-7 (lymph nodes involved)
EOD Regional Nodes must not = 000 (no nodes involved), 800 (nodes involved NOS), or 999 (unknown if nodes involved)

NOTE: Schema ID 00060 does not include code 000, so edit logic checks for codes 800 and 999 for this schema.

3. If LN Head and Neck Levels I-III = 9 (unknown if lymph nodes involved) and LN Head and Neck Levels IV-V = 9 (unknown if lymph nodes involved) and LN Head and Neck Levels VI-VII = 9 (unknown if lymph nodes involved) and LN Head and Neck Other = 9 (unknown if lymph nodes involved)
EOD Regional Nodes must = 800 (nodes involved NOS) or 999 (unknown if nodes involved)
4. If Date of Diagnosis 2021 or greater, and EOD Regional Nodes not = 000, 800, or 999 and not blank,

LN Head and Neck Levels, Melanoma Head/Neck, Summary Stage 2018 (NAACCR)

LN Head and Neck Levels I-III and
 LN Head and Neck Levels IV-V and
 LN Head and Neck Levels VI-VII and
 LN Head and Neck Levels Other must not all = 0.

NOTE: Schema ID 00060 does not include code 000, so edit logic checks for codes 800 and 999 for this schema.

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v21**

- Description, logic updated, statement deleted, if all levels = 0, EOD Regional Nodes must = 000
 - Description, logic updated, statement added, if diagnosis year >= 2021, if EOD Regional Nodes not = 000, 800, or 999, all LN Head and Neck Level SSDIs must not = 0

LN Head and Neck Levels, Melanoma Head/Neck, Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 12/18/2021 12:43:21

Edit Tag N5053

Description

This edit verifies that the LN Head and Neck SSDIs are coded consistently with Summary Stage 2018 for Schema ID 00140, Melanoma Head and Neck

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00140
 - c. LN Head and Neck Levels I-III, LN Head and Neck levels IV-V, LN Head and Neck Levels VI-VII, and LN Head and Neck Other are all blank or not applicable.
 - d. Summary Stage 2018 is blank
 - e. Type of Reporting Source = 7 (death certificate only)
2. If LN Head and Neck Levels I-III = 1-7 (lymph nodes involved) or LN Head and Neck Levels IV-V = 1-3 (lymph nodes involved) or LN Head and Neck Levels VI-VII = 1-3 (lymph nodes involved) or LN Head and Neck Other = 1-7 (lymph nodes involved) Summary Stage 2018 must not = 0, 1, or 2 (in situ, local, regional by extension only)

LN Head and Neck Other, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v18C metafile

Modifications**NAACCR v21**

- Name changed from LN Head and Neck, Summary Stage 2018 (NAACCR)
- Schema ID 00060 removed from edit
- Description, logic updated, statement deleted, if all levels = 0 or 9, Summary Stage 2018 must not = 3 or 4

NAACCR v22B

- Description, logic updated, skip added for type of reporting source = 7 (DCO)

LN Head and Neck Other, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/21/2022 10:20:06

Edit Tag N2728

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid LN Head and Neck Other code or blank:

- 0: No involvement in other head and neck lymph node regions
Non-invaisveneoplasm (behavior /2)
- 1: Buccinator (facial) lymph node(s) involved
- 2: Parapharyngeal lymph node(s) involved
- 3: Periparotid and intraparotid lymph node(s) involved
- 4: Preauricular lymph node(s) involved
- 5: Retropharyngeal lymph node(s) involved
- 6: Suboccipital/retroauricular lymph node(s) involved
- 7: Any combination of codes 1-6
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
Positive node(s), but level of positive node(s) unknown
LN Head and Neck Other not assessed or unknown if assessed

LN Head and Neck Other, Melanoma Head/Neck, Behavior (NAACCR)

Another edit, LN Head and Neck Other, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

NOTE: Definition for code 0, Non-invasive neoplasm (behavior /2) applies only to Melanoma Head and Neck, Schema ID 00140

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v23

- Description updated for code 0, note added indicating new definition applies only to Schema ID 00140

LN Head and Neck Other, Melanoma Head/Neck, Behavior (NAACCR)

Agency: NAACCR

Last changed: 02/21/2023 19:17:02

Edit Tag N6740

Description

This edit verifies that the LN Head and Neck Other SSDI is coded consistently with Behavior Code ICD-O-3 /2 for in situ, for head and neck Schema IDs.

1. This edit is skipped for the following conditions:
 - a. Date of Diagnosis is pre-2023, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00140.
 - c. LN Head and Neck Levels Other is blank or 8 (not applicable)
 - d. Behavior Code ICD-O-3 is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If Behavior Code ICD-O-3 = 2 (in situ)
then LN Head and Neck Other must = 0 (Non-invasive neoplasm (behavior /2))

LN Head and Neck Other, Schema ID, Required (NAACCR)***Administrative Notes***

New edit - NAACCR v23 metafile

Modifications

NAACCR v23A

- Description corrected, skip condition, I-III changed to Other

LN Head and Neck Other, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2900

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
1. This edit verifies that LN Head and Neck Other is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00060: Cervical LN and Unknown Primary

00140: Mucosal Melanoma Head and Neck

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

LN Isolated Tumor Cells (ITC), Date DX (NAACCR)

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

LN Isolated Tumor Cells (ITC), Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag N2699***Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid LN Isolated Tumor Cells (ITC) code or blank:

0: Regional lymph nodes negative for ITCs

1: Regional lymph nodes positive for ITCs

(Tumor cell clusters not greater than 0.2 millimeters (mm))

8: Not applicable: Information not collected for this case

9: Not documented in medical record

LN Isolated Tumor Cells (ITC) not assessed or unknown if assessed

Another edit, LN Isolated Tumor Cells (ITC), Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

LN Isolated Tumor Cells (ITC), Merkel Cell, Behavior (NAACCR)

Agency: NAACCR

Last changed: 07/11/2020 12:05:36

*Edit Tag N6298***Description**

This edit verifies that the LN Isolated Tumor Cells (ITC) SSDI is coded consistently with

Behavior Code ICD-O-3 code 2 for Schema ID 00460, Merkel Cell Skin.

1. The edit is skipped for the following conditions:

a. Date of Diagnosis before 2021, blank (unknown), or invalid.

b. Schema ID is blank or not 00460

c. LN Isolated Tumor Cells (ITC) is blank or 8 (not applicable)

d. Behavior Code ICD-O-3 is blank

LN Isolated Tumor Cells (ITC), Merkel Cell, EOD Regional Nodes (SEER)

e. Type of Reporting Source is 7 (Death Certificate Only)

2. If Behavior Code ICD-O-3 = 2 (in situ)

LN Isolated Tumor Cells (ITC) must not = 1 (regional nodes positive for ITC)

Administrative Notes

New edit - NAACCR v21 metafile

LN Isolated Tumor Cells (ITC), Merkel Cell, EOD Regional Nodes (SEER)

Agency: SEER

Last changed: 04/03/2019 14:28:04

Edit Tag N3047

Description

This edit verifies that LN Isolated Tumor Cells (ITC) SSDI is coded consistently with EOD-Regional Nodes for Merkel Cell Carcinoma.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00460
 - c. LN Isolated Tumor Cells (ITC) is blank or 8 (not applicable).
 - d. EOD Regional Nodes is blank
2. If LN Isolated Tumor Cells (ITC) = 1 (lymph nodes positive for ITCs)
EOD Regional Nodes must not = 000 (no nodes involved), 600 or 700 (in-transit metastasis without nodal involvement), or 999 (unknown if nodes involved)

Administrative Notes

New edit - NAACCR v18C metafile

LN Isolated Tumor Cells (ITC), Merkel Cell, Reg Nodes Positive (NAACCR)

Agency: NAACCR

Last changed: 08/07/2021 13:17:26

EditWriter 5

709

05/01/2023 02:04 PM

LN Isolated Tumor Cells (ITC), Merkel Cell, Summary Stage 2018 (NAACCR)**Edit Tag N6088****Description**

This edit verifies that LN Isolated Tumor Cells (ITC) SSDI is coded consistently with Regional Nodes Positive for Merkel Cell Carcinoma.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00460
 - c. LN Isolated Tumor Cells (ITC) is blank or 8 (not applicable).
 - d. Regional Nodes Positive is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If LN Isolated Tumor Cells (ITC) = 0 (lymph nodes negative for ITCs)
Regional Nodes Positive must not = 98 (no nodes examined)
3. If LN Isolated Tumor Cells (ITC) = 1 (lymph nodes positive for ITCs)
Regional Nodes Positive must not = 00 (no nodes involved), 98 (no nodes examined), or 99 (unknown if nodes involved)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v22**

- Description, logic updated, skip for Type of Reporting Source = 7 (DCO) added
- Description, logic updated, If ITCs = 0, Regional Nodes Positive must not = 98 (no lymph nodes examined)
- Description, logic updated, Regional Nodes Examined removed from checks
- Name changed from LN Isolated Tumor Cells (ITC), Merkel Cell, Reg Nodes Pos/Ex (NAACCR)

LN Isolated Tumor Cells (ITC), Merkel Cell, Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 12/18/2021 12:44:06

Edit Tag N5054**Description**

This edit verifies that LN Isolated Tumor Cells (ITC) SSDI is coded consistently with Summary Stage 2018 for Merkel Cell Carcinoma.

LN Isolated Tumor Cells (ITC), Schema ID, Required (NAACCR)

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00460
 - c. LN Isolated Tumor Cells (ITC) is blank or 8 (not applicable).
 - d. Summary Stage 2018 is blank
 - e. Type of Reporting Source = 7 (death certificate only)
2. If LN Isolated Tumor Cells (ITC) = 1 (lymph nodes positive for ITCs) Summary Stage 2018 must not = 0, 1, or 2 (in situ, local, or regional by direct extension only)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for type of reporting source = 7 (DCO)

LN Isolated Tumor Cells (ITC), Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2901

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
1. This edit verifies that LN Isolated Tumor Cells (ITC) is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00460: Merkel Cell Skin

LN Laterality, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

LN Laterality, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/21/2022 17:00:26

Edit Tag N2632

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid LN Laterality code or blank:
 - 0: No regional lymph node involvement
Non-invasive neoplasm (behavior /2)
 - 1: Unilateral - all positive regional nodes with same laterality,
OR only one regional node positive
 - 2: Bilateral - positive bilateral regional lymph nodes
 - 3: Laterality unknown - positive regional lymph nodes with unknown laterality
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
LN Laterality not assessed or unknown if assessed

Another edit, LN Laterality, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edits - NAACCR v18 metafile

LN Laterality, Schema ID, Required (NAACCR)

Modifications

NAACCR v23

- Description updated for code 0

LN Laterality, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

*Edit Tag N2902***Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that LN Laterality is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00500: Vulva

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

LN Laterality, Vulva, Behavior ICDO3 (NAACCR)

LN Laterality, Vulva, Behavior ICDO3 (NAACCR)

Agency: NAACCR

Last changed: 03/06/2023 18:37:58

*Edit Tag N6171***Description**

This edit verifies that the LN Laterality SSDI is coded consistently with Behavior Code ICD-O-3 code 2 for Schema ID 00500, Vulva.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00500
 - c. LN Laterality is blank or = 8 (not applicable)
 - d. Behavior Code ICD-O-3 is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Behavior Code ICD-O-3 = 2 (in situ)
then LN Laterality must = 0 or 9 (no lymph node involvement or not documented in medical record)
3. For diagnosis year 2023+, code 0 = non-invasive neoplasm, behavior /2. Code 9 removed as allowable value with behavior /2

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v23

- Description, logic updated, code 9 removed as allowable value with behavior /2

LN Laterality, Vulva, EOD Regional Nodes (SEER)

Agency: SEER

Last changed: 04/03/2019 14:28:04

*Edit Tag N3048***Description**

This edit verifies that LN Laterality SSDI is coded consistently with EOD Regional Nodes for Vulva.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00500
 - c. LN Laterality is blank or 8 (not applicable)
 - d. EOD Regional Nodes is blank
2. If LN Laterality = 1-3 (lymph nodes positive)
EOD Regional Nodes must not = 000 (no nodes involved) or 999 (unknown if nodes involved)

LN Laterality, Vulva, Summary Stage 2018 (NAACCR)***Administrative Notes***

New edit - NAACCR v18C metafile

LN Laterality, Vulva, Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 12/18/2021 12:44:42

Edit Tag N5056

Description

Summary Stage 2018 for Vulva.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00500
 - c. LN Laterality is blank or 8 (not applicable)
 - d. Summary Stage 2018 is blank
 - e. Type of Reporting Source = 7 (death certificate only)
2. If LN Laterality = 1-3 (lymph nodes positive)
Summary Stage 2018 must not = 0, 1, or 2 (in situ, local, or regional by direct extension only)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for type of reporting source = 7 (DCO)

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715

05/01/2023 02:04 PM

LN Positive Axillary Level I-II, Breast, EOD Regional Nodes (SEER)

LN Positive Axillary Level I-II, Breast, EOD Regional Nodes (SEER)

Agency: SEER

Last changed: 07/13/2022 23:23:27

Edit Tag N3049

Description

This edit verifies that LN Positive Axillary Level I-II SSDI is coded consistently with EOD-Regional Nodes for Breast.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00480
 - c. LN Positive Axillary Level I-II is blank or X8 (not applicable).
 - d. EOD Regional Nodes is blank
2. If LN Positive Axillary Level I-II = 01-99, X1, X5, or X6 (lymph nodes positive)
EOD Regional Nodes must not = 000, 030, 050, or 070 (no nodes involved)
250 or 400 (internal mammary nodes without axillary lymph nodes), or 999 (unknown
if nodes involved)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v23

- Description, logic modified, codes 030, 050, 070, 250, 400 added as EOD Regional Codes not allowed with SSDI codes

LN Positive Axillary Level I-II, Breast, Reg Nodes Positive (NAACCR)

Agency: NAACCR

Last changed: 03/15/2023 16:17:57

Edit Tag N6089

Description

This edit verifies that LN Positive Axillary Level I-II SSDI is coded

LN Positive Axillary Level I-II, Breast, Reg Nodes Positive (NAACCR)

consistently with Regional Nodes Positive for Breast.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00480
 - c. LN Positive Axillary Level I-II is blank or X8 (not applicable).
 - d. Regional Nodes Positive is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If LN Positive Axillary Level I-II = 01-99, X1, X5, or X6 (lymph nodes positive)
Regional Nodes Positive must not = 00 (no nodes involved), 98 (no nodes examined) or 99 (unknown if nodes involved)
3. If LN Positive Axillary Level I-II = 01-99,
Number of LN Positive Axillary Level I-II must be less than or equal to number of Regional Nodes Positive
4. If Regional Nodes Positive = 95,
LN Positive Axillary Level I-II must = 00 (axillary nodes negative),
X6 (Positive aspiration of lymph node(s), or X9 (axillary nodes not assessed)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v18D**

- Description, logic corrected, codes for Axillary Nodes Not Assessed changed from 99 to X9

NAACCR v22

- Name changed from LN Axillary Level I-II, Breast, Reg Nodes Pos/Ex (NAACCR)
- Description, logic updated, skip added for Type of Reporting Source = 7 (Death Certificate Only)
- Description, logic updated, Regional Nodes Examined removed from checks

NAACCR v23

- Description, logic updated, added that Axillary Level nodes must be less than or equal to number of regional nodes positive

NAACCR v23A

- Description, logic updated, added to number 3, "If LN Positive Axillary Level I-II = 01-99"
- Logic updated, Regional Nodes Examined removed from comparison between LN Positive Axillary Level I-II and Regional Nodes Positive

LN Positive Axillary Level I-II, Breast, Summary Stage 2018 (NAACCR)

LN Positive Axillary Level I-II, Breast, Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 12/18/2021 12:45:19

Edit Tag N5055

Description

This edit verifies that LN Positive Axillary Level I-II SSDI is coded consistently with Summary Stage 2018 for Breast.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00480
 - c. LN Positive Axillary Level I-II is blank or X8 (not applicable).
 - d. Summary Stage 2018 is blank
 - e. Type of Reporting Source = 7 (death certificate only)
2. If LN Positive Axillary Level I-II = 01-99, X1, X5, or X6 (lymph nodes positive)
Summary Stage 2018 must not = 0, 1, or 2 (in situ, local, or regional by direct extension only)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v21

- Logic corrected, "dd" added to INLIST statement to require 2 digits

NAACCR v22B

- Description, logic updated, skip added for type of reporting source = 7 (DCO)

LN Positive Axillary Level I-II, Date DX (NAACCR)

Agency: NAACCR

Last changed: 12/07/2019 11:42:01

Edit Tag N2673

LN Positive Axillary Level I-II, Schema ID, Required (NAACCR)**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid LN Positive Axillary Level I-II code or blank:
 - 00: All ipsilateral axillary nodes examined negative
 - 01-99: 1-99 nodes positive
(Exact number of nodes positive)
 - X1: 100 or more nodes positive
 - X5: Positive nodes, number unspecified
 - X6: Positive aspiration of lymph node(s)
 - X8: Not applicable: Information not collected for this case
 - X9: Not documented in medical record
LN Positive Axillary Level I-II not assessed or unknown if assessed
3. Numeric values must be right-justified and zero-filled.

Another edit, LN Positive Axillary Level I-II, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for EOD Derived Stage Group.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Logic modified, "dd" added to INLIST statement

LN Positive Axillary Level I-II, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2903

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565
(Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566
(Texas)

2. This edit verifies that LN Positive Axillary Level I-II is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a

LN Size, Date DX (NAACCR)

standard setter.

This data item is required for EOD Derived Stage Group.

Required for Schema ID:

00480: Breast

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

LN Size, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/20/2022 18:52:40

Edit Tag N2648

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid LN Size code or blank:

0.0: No involved regional nodes

Non-invasive neoplasm (behavior /2)

0.1-99.9: 0.1-99.9 millimeters (mm)

(Exact size of lymph node to nearest tenth of a mm)

XX.1: 100 millimeters (mm) or greater

XX.2: Microscopic focus or foci only and no size of focus given

LN Size, Head/Neck, Behavior (NAACCR)

XX.3: Described as "less than 1 centimeter (cm)" or "subcentimeter"
 XX.4: Described as "at least" 2cm
 XX.5: Described as "at least" 3cm
 XX.6: Described as "at least" 4cm
 XX.7: Described as greater than 5cm
 XX.8: Not applicable: Information not collected for this case
 XX.9: Not documented in medical record
 Regional lymph node(s) involved, size not stated
 LN Size not assessed or unknown if assessed

3. Code must contain decimal point with at least one character before and one character after decimal point.

Another edit, LN Size, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for EOD Derived Stage Group for certain Schema IDs.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22**

- Description, logic updated, leading/trailing blanks trimmed on input value, decimal check modified

NAACCR v23

- Descriptions updated for codes 0.0, XX.3

LN Size, Head/Neck, Behavior (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6288

Description

This edit verifies that LN Size SSDI is coded consistently with Behavior Code ICD-O-3 /2, in situ, for head and neck Schema IDs.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not in the following list:

00060
 00071
 00072
 00073
 00074
 00075

LN Size, Head/Neck, EOD Regional Nodes (SEER)

00076
 00077
 00080
 00090
 00100
 00111
 00112
 00121
 00122
 00130
 00131
 00132
 00133
 00140
 00150

- c. LN Size is blank or XX.8 (not applicable).
- d. Behavior Code ICD-O-3 is blank
- e. Type of Reporting Source = 7 (Death Certificate Only)

- 2. If Behavior Code ICD-O-3 = 2 (in situ)
 LN Size must = 0.0 (no nodes involved) or XX.9 (unknown if nodes involved)
- 3. If diagnosis year >= 2023, code 0.0 defined as non-invasive neoplasm behavior /2.
 Code XX.9 removed as allowable value for behavior /2

Administrative Notes

New edit - NAACCR v21 metafile

Modifications**NAACCR v22B**

- Logic corrected, TRIM-BOTH function added to for LN Size to allow for left justification of value in data field

NAACCR v23

- Description, logic updated, code XX.9 removed as allowable value with behavior /2 for 2023+

LN Size, Head/Neck, EOD Regional Nodes (SEER)

Agency: SEER

Last changed: 02/26/2022 11:39:22

Edit Tag N3050

LN Size, Head/Neck, EOD Regional Nodes (SEER)**Description**

This edit verifies that LN Size SSDI is coded consistently with EOD-Regional Nodes, Regional Nodes Positive, and Regional Nodes Examined for head and neck sites.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not in the following list:
 - 00060
 - 00071
 - 00072
 - 00073
 - 00074
 - 00075
 - 00076
 - 00077
 - 00080
 - 00090
 - 00100
 - 00111
 - 00112
 - 00121
 - 00122
 - 00130
 - 00131
 - 00132
 - 00133
 - 00140
 - 00150
 - c. LN Size is blank or XX.8 (not applicable).
 - d. EOD Regional Nodes is blank
2. If LN Size not = 0.0 (no nodes involved) or XX.9 (unknown if nodes involved) (lymph nodes are positive)
EOD Regional Nodes must not = 000 (no nodes involved) or 999 (unknown if nodes involved)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

LN Size, Head/Neck, Summary Stage 2018 (NAACCR)

NAACCR v22B

- Logic corrected, TRIM-BOTH function added to LN Size to allow for left justification of value in data field

LN Size, Head/Neck, Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 02/26/2022 11:25:21

*Edit Tag N5057***Description**

This edit verifies that LN Size SSDI is coded consistently with Summary Stage 2018 for head and neck sites.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not in the following list:

00060
 00071
 00072
 00073
 00074
 00075
 00076
 00077
 00080
 00090
 00100
 00111
 00112
 00121
 00122
 00130
 00131
 00132
 00133
 00140
 00150

- c. LN Size is blank or XX.8 (not applicable).
- d. Summary Stage 2018 is blank
- e. Type of Reporting Source = 7 (death certificate only)

2. If LN Size not = 0.0 (no nodes involved) or XX.9 (unknown if nodes involved)
 - (lymph nodes are positive)
 - Summary Stage 2018 must not = 0, 1, or 2 (in situ, local, or regional by direct extension only)

LN Size, Schema ID, Required (NAACCR)***Administrative Notes***

New edit - NAACCR v18C metafile

Modifications**NAACCR v21**

- Description corrected, to state that edit verifies that SSDI is coded consistently with Summary Stage 2018.

NAACCR v22B

- Description, logic updated, skip added for type of reporting source = 7 (DCO)
- Logic corrected, TRIM-BOTH function added to LN Size to allow for left justification of value in data field

LN Size, Schema ID, Required (NAACCR)**Agency: NAACCR****Last changed: 04/26/2022 08:43:35*****Edit Tag N3085******Description***

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that LN Size is not "XX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

This data item is required for EOD Derived Stage for Schema ID 00100.

Required for Schema ID:

00060: Cervical Lymph Nodes and Unknown Primary
00071: Lip
00072: Tongue Anterior
00073: Gum
00074: Floor of Mouth
00075: Palate Hard
00076: Buccal Mucosa
00077: Mouth Other
00080: Major Salivary Glands

LN Status Femoral-Inguinal, Date DX (NAACCR)

00090: Nasopharynx
00100: Oropharynx HPV-Mediated (p16+)
00111: Oropharynx (p16-)
00112: Hypopharynx
00121: Maxillary Sinus
00122: Nasal Cavity and Ethmoid Sinus
00130: Larynx Other
00131: Larynx Supraglottic
00132: Larynx Glottic
00133: Larynx Subglottic
00140: Melanoma Head and Neck
00150: Cutaneous Carcinoma Head and Neck

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

LN Status Femoral-Inguinal, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/21/2022 16:53:34

Edit Tag N6585

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid LN Status Femoral-Inguinal code or blank:

0: Negative femoral-inguinal lymph nodes
Non-invasive neoplasm (behavior /2)
1: Positive femoral-inguinal lymph nodes
8: Not applicable: Information not collected for this case
9: Not documented in medical record

LN Status Femoral-Inguinal, Schema ID, Required, CoC Flag (SEER)

Femoral-inguinal lymph node(s) not assessed or
unknown if assessed

Another edit, LN Status Femoral-Inguinal, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v22 metafile

SSDI edited 2020-2021 in SSDI combining LN Status Femoral-Inguinal, LN Status Para-Aortic, LN Status Pelvic; data converted

Modifications

NAACCR v23

- Description updated for code 0

LN Status Femoral-Inguinal, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 05/05/2022 17:38:19

Edit Tag N6643

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. CoC Accredited Flag is not 1
 - e. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - f. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

LN Status Femoral-Inguinal is required by SEER only on analytic cases from CoC-accredited facility

1. This edit verifies that LN Status Femoral-Inguinal is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00500: Vulva
00510: Vagina

LN Status Femoral-Inguinal, Vulva/Vagina, Behavior (NAACCR)***Administrative Notes***

New edit - NAACCR v22 metafile

SSDI edited 2020-2021 in SSDI combining LN Status Femoral-Inguinal, LN Status Para-Aortic, LN Status Pelvic; data converted

Modifications

NAACCR v23

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) for diagnosis date 2018-2022, or 0000001566 (Texas) for diagnosis date 2018-2021

LN Status Femoral-Inguinal, Vulva/Vagina, Behavior (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6588

Description

This edit verifies that the LN Status Femoral-Inguinal SSDI is coded consistently with Behavior Code ICD-O-3, code 2, for Schema ID 00500, Vulva, and 00510, Vagina.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00500 or 00510
 - c. LN Status Femoral-Inguinal is blank or = 8 (not applicable)
 - d. Behavior Code ICD-O-3 ICD is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Behavior Code ICD-O-3 = 2 (in situ)
then LN Status Femoral-Inguinal must = 0 or 9 (no lymph node involvement or not documented in medical record)
3. If diagnosis year >= 2023, code 0 defined as non-invasive neoplasm behavior /2.
Code 9 removed as allowable value with behavior /2.

LN Status Femoral-Inguinal, Vulva/Vagina, Summary Stage 2018 (NAACCR)***Administrative Notes***

New edit - NAACCR v22 metafile

SSDI edited 2020-2021 in SSDI combining LN Status Femoral-Inguinal, LN Status Para-Aortic, LN Status Pelvic; data converted

Modifications

NAACCR v23

- Description, logic updated, code 9 removed as allowable value with behavior /2 for 2023+

LN Status Femoral-Inguinal, Vulva/Vagina, Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 07/17/2021 14:02:52

Edit Tag N6590

Description

This edit verifies that LN Status Femoral-Inguinal SSDI is coded consistently with Summary Stage 2018, codes with nodal involvement, for Vulva and Vagina.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00500 or 00510
 - c. LN Status Femoral-Inguinal is blank or 8 (not applicable)
 - d. Summary Stage 2018 is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If LN Status Femoral-Inguinal = 1 (lymph nodes positive) Summary Stage 2018 must not =0, 1, or 2 (in situ, local, or regional by direct extension only)

Administrative Notes

New edit - NAACCR v22 Metafile

SSDI edited 2020-2021 in SSDI combining LN Status Femoral-Inguinal, LN Status Para-Aortic, LN

LN Status Para-Aortic, Date DX (NAACCR)

Status Pelvic; data converted

LN Status Para-Aortic, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/21/2022 17:06:34

*Edit Tag N6453***Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid LN Status Para-Aortic code or blank:

- 0: Negative para-aortic lymph nodes
Non-invasive neoplasm (behavior /2)
- 1: Positive para-aortic lymph nodes
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
Para-Aortic lymph node(s) not assessed or
unknown if assessed

Another edit, LN Status Para-Aortic, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v22 metafile

SSDI edited 2020-2021 in SSDI combining LN Status Femoral-Inguinal, LN Status Para-Aortic, LN Status Pelvic; data converted

Modifications

NAACCR v23

- Description updated for code 0

LN Status Para-Aortic, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 07/29/2022 16:07:41

*Edit Tag N6646***Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.

LN Status Para-Aortic, Vagina/Cervix, Behavior (NAACCR)

- c. Type of Reporting Source = 7 (Death Certificate Only)
- d. CoC Accredited Flag is not 1
- e. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
- f. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

LN Status Para-Aortic is required by SEER only for analytic cases from CoC-accredited facility.

1. This edit verifies that LN Status Para-Aortic is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00510: Vagina
00520: Cervix [8th: 2018-2020]
09520: Cervix [V9: 2021+]

Administrative Notes

New edit - NAACCR v22 metafile

SSDI edited 2020-2021 in SSDI combining LN Status Femoral-Inguinal, LN Status Para-Aortic, LN Status Pelvic; data converted

NAACCR v23

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) for diagnosis date 2018-2022, or

0000001566

(Texas) for diagnosis date 2018-2021

- Description updated, "9th" changed to "V9"

LN Status Para-Aortic, Vagina/Cervix, Behavior (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6456

LN Status Para-Aortic, Vagina/Cervix, Summary Stage 2018 (NAACCR)**Description**

This edit verifies that the LN Status Para-Aortic SSDI is coded consistently with Behavior Code ICD-O-3, code 2, for Schema ID 00510 Vagina, and 09520, Cervix.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00510, or 09520
 - c. LN Status Para-Aortic is blank or = 8 (not applicable)
 - d. Behavior Code ICD-O-3 ICD is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Behavior Code ICD-O-3 = 2 (in situ) then LN Status Para-Aortic must = 0 or 9 (no lymph node involvement or not documented in medical record)
3. If diagnosis year >= 2023, code 0 defined as non-invasive neoplasm behavior /2. Code 9 removed as allowable value with behavior /2

Administrative Notes

New edit - NAACCR v22 metafile

SSDI edited 2020-2021 in SSDI combining LN Status Femoral-Inguinal, LN Status Para-Aortic, LN Status Pelvic; data converted

Modifications

NAACCR v23

- Description, logic updated, code 9 removed as allowable value with behavior /2 for 2023+

LN Status Para-Aortic, Vagina/Cervix, Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 07/17/2021 14:03:35

Edit Tag N6458

Description

This edit verifies that LN Status Para-aortic SSDI is coded consistently with Summary Stage 2018, codes with nodal involvement, for Vagina, and Cervix.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00510, 00520, 09520

LN Status Pelvic, Date DX (NAACCR)

- c. LN Status Para-Aortic is blank or 8 (not applicable)
 - d. Summary Stage 2018 is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If LN Status Para-Aortic = 1 (lymph nodes positive)
Summary Stage 2018 must not = 0, 1, or 2 (in situ, local, or regional by direct extension only)

Administrative Notes

New edit - NAACCR v22 metafile

SSDI edited 2020-2021 in SSDI combining LN Status Femoral-Inguinal, LN Status Para-Aortic, LN Status Pelvic; data converted

LN Status Pelvic, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/21/2022 16:57:20

Edit Tag N6459

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid LN Status Pelvic code or blank:

- 0: Negative pelvic lymph nodes
Non-invasive neoplasm (behavior /2)
- 1: Positive pelvic lymph nodes
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
Femoral-inguinal lymph node(s) not assessed or unknown if assessed

Another edit, LN Status Pelvic, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

LN Status Pelvic, Gynecologic, Behavior (NAACCR)***Administrative Notes***

New edit - NAACCR v22 metafile

SSDI edited 2020-2021 in SSDI combining LN Status Femoral-Inguinal, LN Status Para-Aortic, LN Status Pelvic; data converted

Modifications

NAACCR v23

- Description updated for code 0

LN Status Pelvic, Gynecologic, Behavior (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6460

Description

This edit verifies that the LN Status Pelvic SSDI is coded consistently with Behavior Code ICD-O-3, code 2, for Schema ID 00500 Vulva, 00510 Vagina, and 09520, Cervix.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00500, 00510, or 09520
 - c. LN Status Pelvic is blank or = 8 (not applicable)
 - d. Behavior Code ICD-O-3 ICD is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Behavior Code ICD-O-3 = 2 (in situ)
then LN Status Pelvic must = 0 or 9 (no lymph node involvement or not documented in medical record)
3. If diagnosis year >= 2023, code 0 defined as non-invasive neoplasm behavior /2.
Code 9 removed as allowable value for behavior /2

Administrative Notes

New edit - NAACCR v22 metafile

SSDI edited 2020-2021 in SSDI combining LN Status Femoral-Inguinal, LN Status Para-Aortic, LN Status Pelvic; data converted

Modifications

NAACCR v23

- Description, logic updated, code 9 removed as allowable value with behavior /2 for 2023

LN Status Pelvic, Gynecologic, Summary Stage 2018 (NAACCR)

LN Status Pelvic, Gynecologic, Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 08/05/2021 21:34:01

Edit Tag N6462

Description

This edit verifies that LN Status Pelvic SSDI is coded consistently with Summary Stage 2018 for Vulva, Vagina, and Cervix.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00500, 00510, 00520, 09520
 - c. LN Status Peis blank or 8 (not applicable)
 - d. Summary Stage 2018 is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If LN Status Pelvic = 1 (lymph nodes positive)
Summary Stage 2018 must not = 0, 1, or 2 (in situ, local, or regional by direct extension only)
3. For 00500, if LN Status Pelvic = 1,
Summary Stage 2018 must = 7 (distant)

Administrative Notes

New edit - NAACCR v22 metafile

SSDI edited 2020-2021 in SSDI combining LN Status Femoral-Inguinal, LN Status Para-Aortic, LN Status Pelvic; data converted

LN Status Pelvic, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 07/29/2022 16:09:44

Edit Tag N6651

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.

LN Status Pelvic, Vulva, EOD Mets (SEER)

- c. Type of Reporting Source = 7 (Death Certificate Only)
- d. CoC Accredited Flag is not 1
- e. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
- f. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

LN Status Pelvic is required by SEER only for analytic cases from CoC-accredited facility.

1. This edit verifies that LN Status Pelvic is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

- 00500: Vulva
- 00510: Vagina
- 00520: Cervix [8th: 2018-2020]
- 09520: Cervix [V9: 2021+]

Administrative Notes

New edit - NAACCR v22 metafile

SSDI edited 2020-2021 in SSDI combining LN Status Femoral-Inguinal, LN Status Para-Aortic, LN Status Pelvic; data converted

Modifications

NAACCR v23

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) for diagnosis date 2018-2022, or 0000001566 (Texas) for diagnosis date 2018-2021
- Description updated, "9th" changed to "V9"

LN Status Pelvic, Vulva, EOD Mets (SEER)

Agency: SEER

Last changed: 02/06/2022 15:12:57

Edit Tag N6592

LN Status, Cervix, EOD Regional Nodes (SEER)**Description**

This edit verifies that LN Status Pelvic SSDI is coded consistently with EOD Mets for Vulva.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00500
 - c. LN Status Pelvic is blank or 8 (not applicable)
 - d. EOD Mets is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If LN Status Pelvic = 1 (lymph nodes positive)
EOD Mets must = 10 (distant lymph nodes) or 70 (distant mets other)

Administrative Notes

New edit - NAACCR v22 metafile

Edit based on N3051, withdrawn from NAACCR v22 metafile

Modifications

NAACCR v22B

- Description, logic updated, COC flag removed from edit
- Name changed from LN Status Pelvic, Vulva, EOD Mets, CoC Flag (SEER)

LN Status, Cervix, EOD Regional Nodes (SEER)

Agency: SEER

Last changed: 02/06/2022 15:13:10

Edit Tag N6457

Description

This edit verifies that LN Status Para-Aortic SSDI is coded consistently with EOD Regional Nodes for Cervix.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00520 or 09520
 - c. LN Status Para-Aortic is blank or 8 (not applicable) and LN Status Pelvic is blank or 8 (not applicable)

LN Status, Vagina, EOD Regional Nodes/EOD Mets (SEER)

- d. EOD Regional Nodes is blank
- e. Type of Reporting Source is 7 (Death Certificate Only)

For Schema ID 00520:

- 2. If LN Status Pelvic = 1 or LN Status Para-Aortic = 1 (lymph nodes positive)
EOD Regional Nodes must = 300

For Schema ID 09520:

- 3. If LN Status Pelvic = 1 (lymph nodes positive) and LN Status Para-Aortic = 0, 8, 9, or blank
EOD Regional Nodes must = 100, 200, or 300.
 - 4. if LN Status Para-Aortic = 1 (lymph nodes positive)
EOD Regional Nodes must = 400, 500, or 600.
- for 2022+
- 5. If LN Status Pelvic = 0 and LN Status Para-Aortic = 0
EOD Regional Nodes must = 000 or 050
 - 6. If EOD Regional Nodes = 000 or 050,
LN Status Para-Aortic must = 0 and LN Status Pelvic must = 0

Administrative Notes

New edit - NAACCR v22 metafile

Edit based on N3051 for 2019+ cases, withdrawn from NAACCR v22 metafile

Modifications

NAACCR v22B

- Description, logic updated, COC flag removed from edit
- Name changed from LN Status, Cervix, EOD Regional Nodes, CoC Flag (SEER)

LN Status, Vagina, EOD Regional Nodes/EOD Mets (SEER)

Agency: SEER

Last changed: 02/06/2022 15:13:21

Edit Tag N6612

Description

This edit verifies that LN Status Femoral-Inguinal, Para-Aortic, and

LN Status, Vagina, EOD Regional Nodes/EOD Mets (SEER)

Pelvic

SSDIs are

coded consistently with EOD Regional Nodes or EOD Mets for Vulva.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00510
 - c. LN Status Femoral-Inguinal, LN Status Pelvic, and LN Status Para-Aortic are all blank or 8 (not applicable)
 - d. EOD Regional Nodes and EOD Mets are both blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If LN Status Femoral-Inguinal = 1 (lymph nodes positive for lower one-third of vagina)
and LN Status Para-Aortic = 0, 8, 9, or blank
EOD Regional Nodes must = 300 (positive femoral-inguinal nodes)
3. If LN Status Pelvic = 1 (lymph nodes positive)
and LN Status Para-Aortic = 0, 8, 9, or blank
EOD Regional Nodes must = 300 (positive pelvic nodes for upper two-thirds of vagina), or EOD Mets must = 10 (positive pelvic nodes for lower one-third of vagina) or 70 (distant mets other)
4. If LN Status Para-Aortic = 1 (lymph nodes positive)
EOD Regional Nodes must = 400 (positive para-aortic nodes for upper two-thirds of vagina), or EOD Mets must = 10 (positive para-aortic nodes for lower one-third of vagina) or 70 (distant mets other)
for 2022+
5. If LN Status Femoral-Inguinal = 0 and LN Status Pelvic = 0 and LN Status Para-Aortic = 0
EOD Regional Nodes must = 000 or 050
5. if EOD Regional Nodes = 000 or 050,
LN Status Femoral-Inguinal must = 0 or 9
6. if EOD Regional Nodes = 300,
LN Status Femoral-Inguinal must= 1 or LN Status Pelvic must = 1
7. If EOD Regional Nodes = 400.
LN Status Para-Aortic must = 1

LN Status, Vulva, EOD Regional Nodes (SEER)***Administrative Notes***

New edit - NAACCR v22 metafile

Edit based on N3051 for 2019+ cases, withdrawn from NAACCR v22 metafile

Modifications

NAACCR v22B

- Description, logic updated, COC flag removed from edit
- Name changed from LN Status, Vagina, EOD Regional Nodes/EOD Mets, CoC Flag (SEER)

LN Status, Vulva, EOD Regional Nodes (SEER)

Agency: SEER

Last changed: 02/06/2022 15:13:33

Edit Tag N6587

Description

This edit verifies that LN Status Femoral-Inguinal000 SSDI is coded consistently with EOD Regional Nodes for Vulva.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00500
 - c. LN Status Femoral-Inguinal is blank or 8 (not applicable)
 - d. EOD Regional Nodes is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If LN Status Femoral-Inguinal = 1 (lymph nodes positive)
EOD Regional Nodes must not = 000 (no nodes involved), 050 (Isolated Tumor Cells), 800 (nodes NOS), or 999 (unknown if nodes involved)
3. If diagnosis date >= 2022
 - if LN Status Femoral-Inguinal = 0, EOD Regional Nodes must = 000 or 050
 - If EOD Regional Nodes = 000 or 050, LN Status Femoral-Inguinal must = 0

LN Status/Assessment Method Femoral-Inguinal, Vulva/Vagina (NAACCR)***Administrative Notes***

New edit - NAACCR v22 metafile

Edit based on N3051, withdrawn from NAACCR v22 metafile

Modifications

NAACCR v22B

- Description, logic updated, COC flag removed from edit
- Name changed from LN Status, Vulva, EOD Regional Nodes, CoC Flag (SEER)

**LN Status/Assessment Method Femoral-Inguinal,
Vulva/Vagina (NAACCR)**

Agency: NAACCR

Last changed: 08/03/2022 16:48:33

Edit Tag N6604

Description

This edit verifies that LN Status Femoral-Inguinal and LN Assessment Method Femoral-Inguinal are coded consistently.

1. The edit is skipped for the following:
 - a. Date of Diagnosis is blank (unknown), invalid, or pre-2022.
 - b. LN Status Femoral-Inguinal is blank
 - c. LN Assessment Method Femoral-Inguinal is blank
 - d. Schema ID is not 00500 or 00510.
2. If LN Status Femoral-Inguinal =9 (nodes not assessed or unknown if assessed)
LN Assessment Method Femoral-Inguinal must = 0 (Physical Exam Only), or 9
(nodes not assessed or
unknown
if assessed).

Administrative Notes

New edit - NAACCR v22 metafile

Modifications

LN Status/Assessment Method Para-Aortic, Vagina/Cervix (NAACCR)

NAACCR v23

- Description, logic updated, LN Assessment Method 0 allowed with LN Status 9

LN Status/Assessment Method Para-Aortic, Vagina/Cervix (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6605

Description

This edit verifies that LN Status Para-Aortic and LN Assessment Method Para-Aortic are coded consistently.

1. The edit is skipped for the following:
 - a. Date of Diagnosis is blank (unknown), invalid, or pre-2022.
 - b. LN Status Para-Aortic is blank
 - c. LN Assessment Method Para-Aortic is blank
 - d. Schema ID is not 00510 or 09520.

2. If LN Status Para-Aortic =9 (nodes not assessed or unknown if assessed)
LN Assessment Method Para-Aortic must = 0 (physical exam only) or 9 (nodes not assessed
or
unknown
if assessed).

Administrative Notes

New edit - NAACCR v22 metafile

Modifications

NAACCR v23

- Description, logic updated, LN Assessment Method 0 allowed with LN Status 9

LN Status/Assessment Method Pelvic, Gynecologic (NAACCR)

Agency: NAACCR

Last changed: 08/03/2022 16:49:05

Edit Tag N6606

Description

This edit verifies that LN Status Pelvic and LN Assessment Method Pelvic

Lymphocytosis, Date DX (NAACCR)

are coded consistently.

1. The edit is skipped for the following:
 - a. Date of Diagnosis is blank (unknown), invalid, or pre-2022.
 - b. LN Status Pelvic is blank
 - c. LN Assessment Method Pelvic is blank
 - d. Schema ID is not 00500, 00510 or 09520.

2. If LN Status Pelvic =9 (nodes not assessed or unknown if assessed)
 - LN Assessment Method Pelvic must = 0 (physical exam only) or 9 (nodes not assessed or unknown if assessed).

Administrative Notes

New edit - NAACCR v22 metafile

Modifications

NAACCR v23

- Description, logic updated, LN Assessment Method 0 allowed with LN Status 9

Lymphocytosis, Date DX (NAACCR)

Agency: NAACCR

Last changed: 08/04/2021 01:10:34

Edit Tag N2743

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

This edit is skipped if Primary Site is blank.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Lymphocytosis code or blank:
 - 0: Lymphocytosis not present
Absolute lymphocyte count <= 5,000 cells/microliter
 - 1: Lymphocytosis present
Absolute lymphocyte count > 5,000 cells/microliter
 - 5: Not applicable: Primary site is not C421
 - 6: Lab value unknown, physician states lymphocytosis is present
Physician states Rai Stage 0-IV
 - 7: Test done, results not in chart
 - 9: Not documented in medical record
Lymphocytosis not assessed or unknown if assessed

Lymphocytosis, Schema ID, Required (NAACCR)

No Rai Stage is documented in the record and there is no documentation of lymphocytosis

Another edit, Lymphocytosis, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

3. Code 5 must be used if primary site not C421
4. Codes 0, 1, 6, 7, and 9 must be used if primary site = C421

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description, logic updated, code 5 added
- Description updated for codes 6, 9
- Description, logic updated, valid codes specified for C421 and other primary sites

Lymphocytosis, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2904

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Lymphocytosis is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

Lymphovascular Invasion (SEER)

00795: Lymphoma (CLL/SLL)

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Lymphovascular Invasion (SEER)**Agency: SEER****Last changed: 04/13/2021 20:52:23*****Edit Tag* N4909*****Description***

1. Must be a valid Lymphovascular Invasion code or blank:

- 0: Lymphovascular Invasion stated as Not Present
- 1: Lymphovascular Invasion present/identified (NOT used for thyroid and adrenal)
- 2: Lymphatic and small vessel invasion only (L)
OR
Lymphatic invasion only (thyroid and adrenal only)
- 3: Venous (large vessel) invasion only (V)
OR
Angioinvasion (thyroid and adrenal gland only)
- 4: BOTH lymphatic and small vessel AND venous (large vessel) invasion
OR
BOTH Lymphatic AND angioinvasion (thyroid and adrenal only)
- 8: Not applicable
- 9: Unknown
Indeterminate
Not mentioned in pathology report

Lymphovascular Invasion, Behavior (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile.

Modifications

NAACCR v22

- Description updated for codes 1, 2, 3, and 4

-

Lymphovascular Invasion, Behavior (NAACCR)

Agency: NAACCR

Last changed: 08/17/2021 11:11:01

Edit Tag N6608

Description

This edit confirms that Lymphovascular Invasion is coded consistently with Behavior Code ICD-O-3.

1. This edit is skipped for the following conditions:
 - a. Diagnosis date is blank (unknown), invalid, or before 2022.
 - b. Behavior Code ICD-O-3 is blank
 - c. Lymphovascular Invasion is blank
 - d. Type of Reporting Source = 7 (Death Certificate Only)
2. If Behavior Code ICD-O-3 = 0, 1, or 2, then Lymphovascular Invasion must not = 1-4 (lymphovascular invasion present/identified) or 9 (unknown)

Administrative Notes

New edit - added to NAACCR v22 metafile.

Lymphovascular Invasion, Date of Dx (SEER)

Agency: SEER

Last changed: 04/25/2022 22:02:13

Edit Tag N2367

Description

This edit is skipped if date of diagnosis is <2010, blank (unknown), or invalid. This edit is skipped if Registry ID = 0000001566 (Texas), year of date of diagnosis is 2010, or year of date of diagnosis is 2018-2021 and Schema ID is not 00570 (Penis) or 00590 (Testis).

1. If year of Date of Diagnosis is 2010-2017:

Lymphovascular Invasion, Histology, Behav (CS)

If CS Schema is Penis or Testis then LVI must be 0, 1, 9.
For all other CS schemas, LVI must be 0, 1, 8, 9 or blank.

2. If year of Date of Diagnosis is 2018+:
If Schema ID is Penis (00570) or Testis (00590) then LVI must be 0, 1, 2, 3, 4, 9.
For all other Schema IDs, LVI must be 0, 1, 2, 3, 4, 8, 9

Administrative Notes

New Edit for V16.
SEER IF557

Modifications**NAACCR v18**

- Edit restricted to 2010-2017 cases. Check for valid codes prior to 2018 and not blank for penis and testis.

NAACCR v18A

- Item name Lymph-vascular Invasion changed to Lymphovascular Invasion in edit name, description, logic, change made in v18, documented in v18A

NAACCR v22B

- Description, modified, skip added for Registry ID 0000001566 (Texas) and diagnosis date 2010, and diagnosis date 2018-2019 and Schema ID not 00570 (Penis) or 00590 (Testis)

NAACCR v23

- Description, logic modified, skipped for Texas for diagnosis 2018-2021 and Schema ID not 00570 or 00590

Lymphovascular Invasion, Histology, Behav (CS)

Agency: CS

Last changed: 08/28/2018 21:50:19

Edit Tag N1958

Description

This edit is skipped if either Lymphovascular Invasion or Histologic Type ICD-O-3 is blank.

This edit is skipped if diagnosis date > 2017.

If Histologic Type ICD-O-3 = 9590-9992 (lymphoma and hematopoietic), then Lymphovascular Invasion must = 8 (not applicable).

If Behavior Code ICD-O-3 = 0, 1, or 2, then Lymphovascular Invasion must not = 1 (lymphovascular invasion present/identified).

Lymphovascular Invasion, Penis, EOD Primary Tumor (SEER)***Administrative Notes***

New edit - added to NAACCR v12C metafile.

This edit differs from the COC edit of the same name in that it allows a Lymph-vascular Invasion of 8 (not applicable) for cases that are not lymphoma and hematopoietic (Histologic Type ICD-O-3 = 9590-9992)

In the SEER*Edits software, the title of this edit is: IF318

Modifications

NAACCR v13A

Added SEER IF number (IF318)

NAACCR v14

- Information was added to the Administrative Notes explaining how this version of the edit differs from the COC edit of the same name.

Modifications

NAACCR v14A

- Edit name changed from 'Lymph-vascular Invasion, Histology ICDO3 (CS)' to 'Lymph-vascular Invasion, Histology, Behav (CS)'

- Added logic: If Behavior Code ICD-O-3 = 0, 1, or 2, then Lymph-vascular Invasion must not = 1 (lymph-vascular invasion present/identified).

NAACCR v18

- Edit skipped if diagnosis date > 2017

NAACCR v18A

- Item name Lymph-vascular Invasion changed to Lymphovascular Invasion in edit name, description, logic, change made in v18, documented in v18A

Lymphovascular Invasion, Penis, EOD Primary Tumor (SEER)

Agency: SEER

Last changed: 04/03/2019 14:28:04

Edit Tag N3985

Description

Purpose: This edit verifies that Lymphovascular Invasion is coded consistently with EOD Primary Tumor for Penis.

Lymphovascular Invasion, Penis, Summary Stage 2018 (NAACCR)

1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
 - b. Schema ID is not 00570
 - c. Lymphovascular Invasion is blank or 8 (not applicable)
 - d. EOD Primary Tumor is blank

2. If Lymphovascular Invasion = 1-4 (invasion present)
then EOD Primary Tumor must = 200, 400-700 (with lymphovascular invasion or higher)
or 999 (unknown extension)

Administrative Notes

New edit - NAACCR v18C metafile

Lymphovascular Invasion, Penis, Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 12/18/2021 12:48:17

Edit Tag N5059

Description

Purpose: This edit verifies that Lymphovascular Invasion is coded consistently with Summary Stage 2018 for Penis.

1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
 - b. Schema ID is not 00570
 - c. Lymphovascular Invasion is blank or 8 (not applicable)
 - d. Summary Stage 2018 is blank
 - e. Type of Reporting Source = 7 (death certificate only)

2. If Lymphovascular Invasion = 1-4 (invasion present)
then Summary Stage 2018 must not = 0 (in situ)

Administrative Notes

New edit - NAACCR v18C metafile

NAACCR v22B

Lymphovascular Invasion, Schema ID (NAACCR)

- Description, logic updated, skip added for type of reporting source = 7 (DCO)

Lymphovascular Invasion, Schema ID (NAACCR)

Agency: NAACCR

Last changed: 01/08/2023 11:23:42

Edit Tag N4019

Description

1. This edit is skipped for any of the following conditions:
 - a. Diagnosis date is pre-2018, invalid, blank (unknown).
 - b. Lymphovascular Invasion is blank
 - c. Schema ID is blank.
 - d. Type of Reporting Source = 7 (Death Certificate Only)
2. Lymphovascular invasion must be coded 0, 1, 2, 3, 4, or 9
(Lymphovascular Invasion not present, present, or unknown) for the Schema IDs in the following list:

00071	Lip
00072	Tongue Anterior
00073	Gum
00074	Floor of Mouth
00075	Palate Hard
00076	Buccal Mucosa
00077	Mouth Other
00080	Major Salivary Glands
00100	Oropharynx (p16+)
00111	Oropharynx (p16-)
00112	Hypopharynx
00121	Maxillary Sinus
00122	Nasal Cavity and Ethmoid Sinus
00130	Larynx Other
00131	Larynx Supraglottic
00132	Larynx Glottic
00133	Larynx Subglottic
00161	Esophagus (incl GE Junction) Squamous
00169	Esophagus (incl GE Junction) (excl Squamous)
00170	Stomach
00180	Small Intestine
00190	Appendix [8th: 2018-2022]
09190	Appendix [V9: 2023+]
00200	Colon and Rectum
00230	Bile Ducts Intrahepatic
00250	Bile Ducts Perihilar
00260	Bile Ducts Distal
00270	Ampulla Vater
00280	Pancreas
00290	NET Stomach
00301	NET Duodenum
00302	NET Ampulla of Vater
00320	NET Appendix
00330	NET Colon and Rectum
00340	NET Pancreas
00350	Thymus

Lymphovascular Invasion, Schema ID (NAACCR)

00360	Lung
00460	Merkel Cell Skin
00470	Melanoma Skin
00500	Vulva
00510	Vagina
00520	Cervix [8th: 2018-2020]
00528	Cervix Sarcoma [2021+]
09520	Cervix [V9: 2021+]
00530	Corpus Carcinomaa
00541	Corpus Sarcoma
00542	Corpus Adenosarcoma
00560	Placenta
00570	Penis
00590	Testis
00620	Bladder

3. Lymphovascular Invasion may be coded 0, 2, 3, 4, or 9 for the following Schema IDs. Code 1 allowed 2018-2021.

00730	Thyroid
00740	Thyroid Medullary

4. Lymphovascular Invasion may be coded 0, 2, 3, 4, or 9 for the following Schema IDs. Codes 1 and 8 allowed 2018-2021.

00760	Adrenal
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5. Lymphovascular invasion must be coded 8 (not applicable) for the following Schema IDs:

00430	GIST (2021+)
00710	Lymphoma Ocular Adnexa
00790	Lymphoma
00795	Lymphoma (CLL/SLL)
00811	Mycosis Fungoides
00812	Primary Cutaneous Lymphoma non MF
00821	Plasma Cell Myeloma
00822	Plasma Cell Disorder
00830	HemeRetic

6. Lymphovascular invasion may be coded any code (0, 1, 2, 3, 4, 8, or 9) for the remaining Schema IDs (shown in the following list):

00060	Cervical Lymph Nodes, Occult Head and Neck
00090	Nasopharynx
00118	Pharynx Other
00119	Middle Ear
00128	Sinus Other
00140	Melanoma Head and Neck
00150	Cutaneous Carcinoma Head and Neck
00210	Anus [8th: 2018-2022]
09210	Anus [V9: 2023+]
00220	Liver
00241	Gallbladder
00242	Cystic Duct
00278	Biliary Other

Lymphovascular Invasion, Schema ID (NAACCR)

00288	Digestive Other
00310	Net Jejunum and Ileum
00358	Trachea
00370	Pleural Mesothelioma
00378	Respiratory Other
00381	Bone Appendicular Skeleton
00382	Bone Spine
00383	Bone Pelvis
00400	Soft Tissue Head and Neck
00410	Soft Tissue Trunk and Extremities
00421	Soft Tissue Abdomen and Thorax
00422	Heart, Mediastinum, and Pleura
00430	GIST (2018-2020)
00440	Retroperitoneum
00450	Soft Tissue Rare
00458	Kaposi Sarcoma
00459	Soft Tissue Other
00478	Skin Other
00480	Breast (Invasive)
00551	Ovary
00552	Primary Peritoneal Carcinoma
00553	Fallopian Tube
00558	Adnexa Uterine Other
00559	Genital Female Other
00580	Prostate
00598	Genital Male Other
00600	Kidney Parenchyma
00610	Kidney Renal Pelvis
00631	Urethra
00633	Urethra-Prostatic
00638	Urinary Other
00640	Skin Eyelid
00650	Conjunctiva
00660	Melanoma Conjunctiva
00671	Melanoma Iris
00672	Melanoma Choroid and Ciliary Body
00680	Retinoblastoma
00690	Lacrimal Gland
00698	Lacrimal Sac
00700	Orbital Sarcoma
00718	Eye Other
00721	Brain [8th: 2018-2022]
09721	Brain [V9: 2023+]
00722	CNS Other [8th: 2018-2022]
09722	CNS Other [V9: 2023+]
00723	Intracranial Gland [8th: 2018-2022]
09723	Intracranial Gland [V9: 2023+]
09724	Medulloblastoma [V9: 2023+]
00750	Parathyroid
00770	NET Adrenal Gland
00778	Endocrine Other
99999	Ill-Defined Other

Lymphovascular Invasion, Testis, EOD Primary Tumor (SEER)***Administrative Notes***

New edit - added to NAACCR v18 metafile.

Modifications**NAACCR v18C**

- Default error message changed
- Logic corrected so any LVI code allowed for Schema ID 00750.
- Description, logic updated to require code 8 for 00710, 00790, 00795, 00811, 00812, 00821, 00822, 00830 only. Other schemas previously requiring code 8 moved into list allowing any LVI code.

NAACCR v18D

- Description, logic, changed, Schema IDs 00090, 00310, 00760 added to group where any LVI code allowed

NAACCR v21

- Description, logic updated, Schema ID 09520 added to group where all codes except 8 allowed
- Name changed from Lymphovascular Invasion, Schema ID (COC)
- Description updated, 00632 for Urethra Prostatic changed to 00633

NAACCR v21B

- Updated description, logic to require LVI = 8 for 00430, GIST, for cases 2021+
- Description, logic updated, skip for Type of Reporting Source = 7 added

NAACCR v22

- Description, logic updated, Schema ID 00528 added to list requiring LVI = 0, 1, 2, 3, 4, or 9
- Description, logic updated, codes 1,8 not allowed for Schema ID 00730, 00740, 00760 for diagnosis 2021+
- Description updated, 00450 changed to Soft Tissue Rare, 00459 Soft Tissue Other added

NAACCR v22A

- Description updated to note that code 8 may be used for 00760 for 2018-2020, 8 not allowed for 2021+

NAACCR v23

- Description, updated, Schema IDs 00190, 00210, 00721, 00722, 00723 identified as 8th: 2018-2022; Schema IDs 09190, 09210, 09721 09722, 09723, 09724 added, identified as V9: 2023+
- Logic updated, 09190 added to statement including 00190

NAACCR v23A

- Description, logic updated, code 1 allowed for 00730, 00740, 00760 through 2021.

Lymphovascular Invasion, Testis, EOD Primary Tumor (SEER)

Agency: SEER

Last changed: 02/20/2021 11:47:15

Edit Tag N3986

Lymphovascular Invasion, Testis, Summary Stage 2018 (NAACCR)**Description**

Purpose: This edit verifies that Lymph-vascular Invasion is coded consistently with EOD Primary Tumor for Testis.

1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
 - b. Schema ID is not 00590
 - c. Lymphovascular Invasion is blank or 8 (not applicable)
 - d. EOD Primary Tumor is blank
2. If Lymphovascular Invasion = 1-4 (invasion present)
then EOD Primary Tumor must = 300-700 (with lymphovascular invasion or higher)
or 999 (unknown extension)
3. If EOD Primary Tumor = 300, Lymphovascular Invasion must = 1-4 (positive)
4. If EOD Primary Tumor = 100, 150, or 200, Lymphovascular Invasion must = 0
(negative) or 9 (unknown)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v22

- Description, logic updated, new statements added for EOD Primary Tumor = 300, LVI must = 1-4; for EOD Primary Tumor = 100, 150, 250, LVI must = 0 or 9

Lymphovascular Invasion, Testis, Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 12/18/2021 12:48:46

Edit Tag N5060

Description

Purpose: This edit verifies that Lymphovascular Invasion is coded consistently with Summary Stage 2018 for Testis.

1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
 - b. Schema ID is not 00590
 - c. Lymphovascular Invasion is blank or 8 (not applicable)

Macroscopic Evaluation of Mesorectum, Date DX (COC)

- d. Summary Stage 2018 is blank
- e. Type of Reporting Source = 7 (death certificate only)

- 2. If Lymphovascular Invasion = 1-4 (invasion present)
then Summary Stage 2018 must not = 0 (in situ)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v22**

- Description, logic changed, if LVI positive, Summary Stage 2018 cannot = 0 (in situ). SS2018 codes 1 (local) and 3 (regional to nodes only) removed.

NAACCR v22B

- Description, logic updated, skip added for type of reporting source = 7 (DCO)

Macroscopic Evaluation of Mesorectum, Date DX (COC)

Agency: COC

Last changed: 08/04/2022 20:50:02

Edit Tag N6602

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

- 1. Must be a valid Macroscopic Evaluation of Mesorectum code or blank:

- 00: Patient did not receive Total Mesorectal Excision (TME)
- 10: Incomplete TME
- 20: Nearly complete
- 30: Complete TME
- 40: TME performed, not specified on pathology report as incomplete, nearly complete, or complete
TME performed but pathology report not available
Physician statement that TME performed, no mention of incomplete, nearly complete, or complete status
- 99: Unknown if TME performed
- Blank: Site not rectum (C20.9)

Another edit, Macroscopic Evaluation of Mesorectum, Schema ID, Required (COC), checks that the item is coded by Schema ID if

Macroscopic Evaluation of Mesorectum, Rectum, Surgery 03-2022 (COC)
required by a standard setter.

Administrative Notes

New edit - NAACCR v22 metafile

Modifications

NAACCR v22B

- Description, logic updated, requirement for blank pre-2022 removed

NAACCR v23

- Description updated for codes 10, 30

Macroscopic Evaluation of Mesorectum, Rectum, Surgery 03-2022 (COC)

Agency: COC

Last changed: 07/09/2022 12:06:27

Edit Tag N6607

Description

Purpose: This edit verifies that Macroscopic Evaluation of Mesorectum is coded consistently with RX Summ--Surg Prim Site 03-2022 for Rectum.

1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less or greater than 2022, blank (unknown), or invalid
 - b. Primary Site is not C209
 - c. Macroscopic Evaluation of Mesorectum is blank
 - d. RX Summ--Surg Prim Site 03-2022 is blank
 - e. Class of Case = 38 (Autopsy Only)

2. If RX Summ--Surg Prim Site 03-2022 = 00 (no surgery), 10-15 (tumor destruction without pathology specimen), or 20-28 (local excision) Macroscopic Evaluation of Mesorectum must = 00 (Patient did not receive TME) or 99 (Unknown if TME performed)

Macroscopic Evaluation of Mesorectum, Rectum, Surgery 2023 (COC)***Administrative Notes***

New edit - NAACCR v22 metafile

Modifications

NAACCR v23

- Description, logic updated, edit skipped for dx year > 2022
- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022
- Name changed from Macroscopic Evaluation of Mesorectum, Rectum, Surgery (COC)

Macroscopic Evaluation of Mesorectum, Rectum, Surgery 2023 (COC)

Agency: COC

Last changed: 08/22/2022 17:56:36

Edit Tag N6760

Description

Purpose: This edit verifies that Macroscopic Evaluation of Mesorectum is coded consistently with RX Summ--Surg Prim Site 2023 for Rectum.

1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less than 2023, blank (unknown), or invalid
 - b. Primary Site is not C209
 - c. Macroscopic Evaluation of Mesorectum is blank
 - d. RX Summ--Surg Prim Site 2023 is blank
 - e. Class of Case = 38 (Autopsy Only)
2. If RX Summ--Surg Prim Site 2023 = A000 (no surgery), A100-A150 (tumor destruction without pathology specimen), or A200-A280 (local excision) Macroscopic Evaluation of Mesorectum must = 00 (Patient did not receive TME) or 99 (Unknown if TME performed)

Administrative Notes

New edit - NAACCR v23 metafile

Macroscopic Evaluation of Mesorectum, Schema ID, Required, CoC Flag (SEER)

Macroscopic Evaluation of Mesorectum, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 08/17/2021 11:11:01

Edit Tag N6641

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2022, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. CoC Accredited Flag is not 1

Macroscopic Evaluation of Mesorectum is required by SEER only for analytic cases from CoC Accredited facility.

2. This edit verifies that Macroscopic Evaluation of Mesorectum is not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00200: Colon and Rectum, C20.9 only

Administrative Notes

New edit - NAACCR v22 metafile

Major Vein Involvement, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:24:16

Edit Tag N2905

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Major Vein Involvement code or blank:

Major Vein Involvement, Kidney, EOD Primary Tumor (SEER)

- 0: Major vein involvement not present/not identified
- 1: Renal vein or its segmental branches
- 2: Inferior vena cava (IVC)
- 3: Major vein invasion, NOS
- 4: Any combination of codes 1-3
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
 - Major Vein Involvement not assessed or unknown if assessed
 - No surgical resection of primary site is performed

Another edit, Major Vein Involvement, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Major Vein Involvement, Kidney, EOD Primary Tumor (SEER)

Agency: SEER

Last changed: 04/03/2019 14:28:04

Edit Tag N3052

Description

Purpose: This edit verifies that Major Vein Involvement SSDI is coded consistently with EOD Primary Tumor.

1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
 - b. Schema ID is not 00600
 - c. Major Vein Involvement is blank or 8 (not applicable)
 - d. EOD Primary Tumor is blank
2. If Major Vein Involvement = 1 (Involvement of renal vein only), 3 (Major vein invasion NOS), or 4 (Any combination of codes 1-3)
 - then EOD Primary Tumor must = 200-700 (involvement of major blood vessels or higher) or 999 (unknown extension)
3. If Major Vein Involvement = 2 (Involvement of Inferior vena cava (Involvement of IVC)
 - then EOD Primary Tumor must = 300-700 (Tumor extends into vena cava below diaphragm or higher) or 999 (unknown extension)

Major Vein Involvement, Kidney, Summary Stage 2018 (NAACCR)**Administrative Notes**

New edit - NAACCR v18C metafile

Major Vein Involvement, Kidney, Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 12/18/2021 12:49:26

Edit Tag N6061

Description

Purpose: This edit verifies that Major Vein Involvement SSDI is coded consistently with Summary Stage 2018 for Kidney Parenchyma.

1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
 - b. Schema ID is not 00600
 - c. Major Vein Involvement is blank or 8 (not applicable)
 - d. Summary Stage 2018 is blank
 - e. Type of Reporting Source = 7 (death certificate only)

2. If Major Vein Involvement = 1 (Involvement of renal vein only), 2 (involvement of inferior vena cava), 3 (Major vein invasion NOS), or 4 (Any combination of codes 1-3) then Summary Stage 2018 must not = 0, 1, or 3 (in situ, local, or regional by nodal involvement only)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for type of reporting source = 7 (DCO)

Major Vein Involvement, Kidney, Surgery 03-2022 (SEER)

Agency: SEER

Last changed: 07/09/2022 12:06:27

Major Vein Involvement, Kidney, Surgery 03-2022 (SEER)**Edit Tag N6083****Description**

Purpose: This edit verifies that Major Vein Involvement SSDI is coded consistently with RX Summ--Surg Prim Site 03-2022 for Kidney Parenchyma.

1. This edit is skipped if any of the following conditions is true:

- a. Year of Date of Diagnosis is less than 2019 or greater than 2022, blank (unknown), or invalid
- b. Schema ID is not 00600
- c. Major Vein Involvement is blank or 8 (not applicable)
- d. RX Summ--Surg Prim Site 03-2022 is blank
- e. Type of Reporting Source = 6 (Autopsy Only) or 7 (Death Certificate Only)
- f. Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis

2. If RX Summ-Surg Prim Site = 00 (no surgery), 10-15 (tumor destruction

without pathology specimen), or 20-27 (local excision)

Major Vein Involvement must = 9 (no surgical resection of primary site)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v22**

- Description, logic updated, skips added for Type of Reporting Source = 6 (Autopsy Only) or 7 (Death Certificate Only), Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis
- Name changed from Major Vein Involvement, Kidney, Surgery (NAACCR)
- Agency changed from NAACCR to SEER

NAACCR v23

- Description, logic updated, edit skipped for dx year > 2022
- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022
- Name changed from Major Vein Involvement, Kidney, Surgery (SEER)

Major Vein Involvement, Kidney, Surgery 2023 (COC)

Major Vein Involvement, Kidney, Surgery 2023 (COC)

Agency: COC

Last changed: 08/22/2022 17:56:36

*Edit Tag N6761***Description**

Purpose: This edit verifies that Major Vein Involvement SSDI is coded consistently with RX Summ--Surg Prim Site 2023 for Kidney Parenchyma.

1. This edit is skipped if any of the following conditions is true:

- a. Year of Date of Diagnosis is less than 2023, blank (unknown), or invalid
- b. Schema ID is not 00600
- c. Major Vein Involvement is blank or 8 (not applicable)
 - d. RX Summ--Surg Prim Site 2023 is blank
 - e. Class of Case = 38 (Autopsy Only)
 - f. Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis

2. If RX Summ-Surg Prim Site = A000 (no surgery), A100-A150 (tumor destruction

without pathology specimen), or A200-A270 (local excision)

Major Vein Involvement must = 9 (no surgical resection of primary site)

Administrative Notes

New edit - NAACCR v23 metafile

This edit differs from SEER edit of same name in skipping for Class of Case 38

Major Vein Involvement, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

*Edit Tag N2906***Description**

1. The edit is skipped for any of the following conditions:

- a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
- b. Schema ID is blank.
- c. Type of Reporting Source = 7 (Death Certificate Only)
- d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
- e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

2. This edit verifies that Major Vein Involvement is not "8" (not applicable)

Marital Status at DX (SEER MARITAL)

and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00600: Kidney Parenchyma

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Marital Status at DX (SEER MARITAL)

Agency: SEER

Last changed: 01/02/2021 14:29:28

Edit Tag N0219

Description

Must be a valid Marital Status at DX code (1-6,9) or blank.

Codes

- 1 Single (never married)
- 2 Married (including common law)
- 3 Separated
- 4 Divorced
- 5 Widowed
- 6 Unmarried or Domestic Partner (same sex or opposite sex, registered or unregistered, other than common law marriage =) (effective for cases diagnosed 01/01/11 and forward)
- 9 Unknown

Administrative Notes

Modifications:

EditWriter 5

763

05/01/2023 02:04 PM

Measured Basal Diameter, Date DX (NAACCR)

NAACCR v11.3

01/08

- Edit was updated to allow blank.

NAACCR v12.1

- Code "6" added to the list of allowable codes.

NAACCR v21B

- Description updated, additional text for code 6.

Measured Basal Diameter, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/15/2021 22:35:59

*Edit Tag N2662***Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Measured Basal Diameter code or blank:
 - 0.0: No mass/tumor found
 - 0.1-99.9: 0.1-99.9 millimeters (mm)
Exact measurement to nearest tenth of mm)
 - XX.0: 100 millimeters (mm) or larger
 - XX.1: Described as "less than 3 mm"
 - XX.2: Described as "at least" 3 mm
 - XX.3: Described as "at least" 6 mm
 - XX.4: Described as "at least" 9 mm
 - XX.5: Described as "at least" 12 mm
 - XX.6: Described as "at least" 15 mm
 - XX.7: Described as "at least" 18 mm
 - XX.8: Not applicable: Information not collected for this case
 - XX.9: Not documented in medical record
Cannot be determined by the pathologist
Measured Basal Diameter not assessed or unknown if assessed
3. Code must contain decimal point with at least one character before and one character after decimal point.

Another edit, Measured Basal Diameter, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for EOD Derived Stage Group.

Measured Basal Diameter, Ophthalmic Melanoma, EOD Primary Tumor (SEER)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description, logic updated, leading/trailing blanks trimmed on input value; decimal check modified

Measured Basal Diameter, Ophthalmic Melanoma, EOD Primary Tumor (SEER)

Agency: SEER

Last changed: 02/28/2022 18:19:04

Edit Tag N6355

Description

This edit verifies that the Measured Basal Diameter SSDI is coded consistently with EOD Primary Tumor indicating no evidence of primary site for Schema IDs 00671, Melanoma Iris and 00672, Melanoma Choroid & Ciliary Body.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00671 or 00672
 - c. EOD Primary Tumor is blank
 - d. Measured Basal Diameter is blank or XX.8 (not applicable)
 - e. Type of Reporting Source is 7 (Death Certificate Only)

2. If EOD Primary Tumor = 800 (no evidence of primary tumor)
Measured Basal Diameter must = 0.0 (no tumor found) or XX.9 (not documented in medical record)

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v22

- Description, logic updated, "Measured Thickness" replaced with "Measured Basal Diameter"

NAACCR v22B

Measured Basal Diameter, Schema ID, Required (NAACCR)

- Logic corrected, TRIM-BOTH function added to Measured Thickness to allow for 0.0 in data field without preceding space

Measured Basal Diameter, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2958

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Measured Basal Diameter is not "XX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

This data item is required for EOD Derived Stage Group.

Required for Schema ID:

00671: Melanoma Uvea (Iris)

00672: Melanoma Uvea (Choroid and Ciliary Body)

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Measured Thickness, Date DX (NAACCR)

Measured Thickness, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/15/2021 22:38:00

*Edit Tag N2663***Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Measured Thickness code or blank:

0.0: No mass/tumor found

0.1-99.9: 0.1-99.9 millimeters (mm)

(Exact measurement to nearest tenth of mm)

XX.0: 100 millimeters (mm) or larger

XX.1: Described as "less than 3 mm"

XX.2: Described as "at least" 3 mm

XX.3: Described as "at least" 6 mm

XX.4: Described as "at least" 9 mm

XX.5: Described as "at least" 12 mm

XX.6: Described as "greater than" 15 mm

XX.8: Not applicable: Information not collected for this

case

XX.9: Not documented in medical record

Cannot be determined

Measured Thickness not assessed or unknown if

assessed;

3. Code must contain decimal point with at least one character before and one character after decimal point.

Another edit, Measured Thickness, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for EOD Derived Stage Group.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Description updated to note SSDI required for EOD Derived Stage Group

NAACCR v22

Measured Thickness, Ophthalmic Melanoma, EOD Primary Tumor (SEER)

- Description, logic updated, leading/trailing blanks trimmed on input value; decimal check modified

Measured Thickness, Ophthalmic Melanoma, EOD Primary Tumor (SEER)

Agency: SEER

Last changed: 02/28/2022 18:16:05

Edit Tag N6303

Description

This edit verifies that the Measured Thickness SSDI is coded consistently with EOD Primary Tumor indicating no evidence of primary site for Schema IDs 00660, Melanoma Conjunctiva, 00671, Melanoma Iris, and 00672, Melanoma Choroid & Ciliary Body.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00660, 00671, or 00672
 - c. EOD Primary Tumor is blank
 - d. Measured Thickness is blank or XX.8 (not applicable)
 - e. Type of Reporting Source is 7 (Death Certificate Only)

2. If EOD Primary Tumor = 800 (no evidence of primary tumor)
Measured Thickness must = 0.0 (no tumor found) or XX.9 (not documented in medical record)

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v22B

- Logic corrected, TRIM-BOTH function added to Measured Thickness to allow for 0.0 in data field without preceding space

Measured Thickness, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2959

Medical Record Number (NAACCR)**Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Measured Thickness is not "XX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

This data item is required for EOD Derived Stage Group for Schema IDs 00671 and 00672.

Required for Schema ID:

00660: Conjunctival Melanoma
00671: Melanoma Uvea (Iris)
00672: Melanoma Uvea (Choroid and Ciliary Body)

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Medical Record Number (NAACCR)

Agency: NAACCR

Last changed: 04/15/2021 19:48:33

Edit Tag N0231

Description

Item may not be blank. May be any set of characters.

Methylation of O6-Methylguanine-Methyltransferase, Date DX (NAACCR)***Administrative Notes***

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Modifications:**NAACCR v15A**

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:
"b*?+" changed to "{b}*{?}+"

NAACCR v16

Edit was modified to not allow the field to be blank. (Modification to NAACCR v15A inadvertently caused the edit to pass when the field is blank.)

NAACCR v22

- Description, logic modified to not require right justification

Methylation of O6-Methylguanine-Methyltransferase, Date DX (NAACCR)

Agency: NAACCR

Last changed: 12/01/2018 14:29:35

Edit Tag N2621

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Methylation of O6-Methylguanine-Methyltransferase code or blank:
 - 0: MGMT methylation absent/not present, unmethylated MGMT
 - 1: MGMT methylation present, low level
Hypomethylated
Partial methylated
 - 2: MGMT methylation present, high level
Hypermethylated
 - 3: MGMT methylation present, level unspecified
 - 6: Benign or borderline tumor
 - 7: Test done, result not in chart
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
Cannot be determined by the pathologist
Methylation of O6-Methylguanine-Methyltransferase not assessed or unknown
if assessed

Methylation of O6-Methylguanine-Methyltransferase, Schema ID, Required (NAACCR)

Another edit, Methylation of O6-Methylguanine-Methyltransferase, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v18C

- Redundant word (NAACCR) in reference to another edit removed from Description

Methylation of O6-Methylguanine-Methyltransferase, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N2940

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Methylation of O6-Methylguanine-Methyltransferase is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00721: Brain [8th: 2018-2022]
09721: Brain [V9: 2023+]
00722: CNS Other [8th: 2018-2022]
09722: CNS Other [V9: 2023+]

Mets at DX, Appendix, EOD Mets (SEER)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021
 - Description, logic updated, 00721 and 00722 as identified as 8th: 2018-2022; 09721 and 09722 added as required, identified as

V9:

2023+

Mets at DX, Appendix, EOD Mets (SEER)

Agency: SEER

Last changed: 04/21/2022 21:32:56

Edit Tag N6154

Description

This edit verifies that Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are coded consistently with EOD Mets for Schema ID 00190, Appendix.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00190 or 09190
 - c. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are all blank
 - d. EOD Mets is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Mets at DX-Other = 1 and (Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Distant LN = 0,9, Mets at DX-Liver= 0,9, Mets at DX-Lung = 0,9, or fields are empty) then EOD Mets must = 10, 30, or 50
3. If Mets at DX-Other = 2 and (Mets at DX-Bone = 0, 9, Mets at DX-Brain = 0, 9, Mets at DX-Distant LN = 0, 9, Mets at DX-Liver = 0, 9, Mets at DX-Lung = 0, 9, or fields are empty) then EOD Mets must = 30 or 50
4. If Mets at DX-Distant LN = 1 and (Mets at DX-Bone = 0,9, Mets at DX-Brain =

Mets at DX, Bile Ducts Intrahepatic, EOD Mets (SEER)

0,9, Mets at DX-Liver= 0,9, Mets at DX-Lung = 0,9, and Mets at DX-Other = 0,9,
 or fields are empty)
 then EOD Mets must = 40

5. If Mets at DX-Distant LN = 1 and Mets at DX-Other = 1 or 2, or (Mets at DX-Bone = 1,
 or Mets at DX-Brain = 1, or Mets at DX-Liver= 1, or Mets at DX-Lung = 1)
 then EOD Mets must = 50

6. If EOD Mets = 10 (intraperitoneal acellular mucin)
 then Mets at DX-Other must = 1

7. If EOD Mets = 30 (intraperitoneal metastasis)
 then Mets at DX-Other must = 1 or 2

8. If EOD Mets = 40 (Distant lymph nodes)
 then Mets at DX-Distant LN must = 1

Administrative Notes

New edit - NAACCR v21 metafile

Modifications**NAACCR v22**

- Description, logic updated, If EOD Mets = 10 or 30 changed to If EOD Mets = 10, Mets at DX Other must = 1; added, if EOD Mets = 30, Mets at DX-Other must = 1 or 2

- Description, logic updated, added If Mets at DX-Other = 2, EOD Mets must = 30 or 50; added, if Mets at DX-Distant LN = 1 and Mets at DX-Other = 1 or 2, EOD Mets must = 50

NAACCR v23

- Description, logic updated, Schema ID 09190 added

Mets at DX, Bile Ducts Intrahepatic, EOD Mets (SEER)

Agency: SEER

Last changed: 02/20/2021 10:57:35

Edit Tag N6407

Description

This edit verifies that Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are coded consistently with EOD Mets for Schema ID 00230, Bile Ducts Intrahepatic.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00230
 - c. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN,

Mets at DX, Bladder, EOD Mets (SEER)

Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are all blank
 d. EOD Mets is blank
 e. Type of Reporting Source is 7 (Death Certificate Only)

2. If Mets at DX-Distant LN = 1 (and Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,9, Mets at DX-Other = 0,9, or fields are empty)
 then EOD Mets must = 10 or 50.
3. If Mets at DX-Bone = 1, Mets at DX-Brain = 1, Mets at DX-Liver, Mets at DX-Lung = 1, or Mets at DX-Other = 1 or 2,
 then EOD Mets must = 70.
4. If EOD Mets = 10 or 50 (Distant lymph nodes)
 then Mets at DX-Distant LN must = 1

Administrative Notes

New edit - NAACCR v21 metafile

Mets at DX, Bladder, EOD Mets (SEER)

Agency: SEER

Last changed: 08/26/2020 13:25:25

Edit Tag N6360

Description

This edit verifies that Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are coded consistently with EOD Mets for Schema ID 00620, Bladder.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00620
 - c. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are all blank
 - d. EOD Mets is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Mets at DX-Distant LN = 1 (and Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,9, Mets at DX-Other = 0,9, or fields are empty)
 then EOD Mets must = 10.
3. If Mets at DX-Bone = 1, Mets at DX-Brain = 1, Mets at DX-Liver, Mets at DX-Lung = 1, or Mets at DX-Other = 1 or 2,
 then EOD Mets must = 50.

Mets at DX, Bone, EOD Mets (SEER)

4. If EOD Mets = 10 (Distant lymph nodes)
then Mets at DX-Distant LN must = 1

Administrative Notes

New edit - NAACCR v21 metafile

Mets at DX, Bone, EOD Mets (SEER)

Agency: SEER

Last changed: 08/26/2020 13:25:25

Edit Tag N6203

Description

This edit verifies that Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are coded consistently with EOD Mets for Schema ID 00381 Bone Appendicular, 00382 Bone Spine, and 00383 Bone Pelvis.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00381, 00382, or 00383
 - c. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are all blank
 - d. EOD Mets is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Mets at DX-Lung = 1 and (Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Distant LN = 0,9, Mets at DX-Liver= 0,9, and Mets at DX-Other = 0,9, or fields are empty)
then EOD Mets must =10
3. If Mets at DX-Distant LN = 1 and (Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,1,9, and Mets at DX-Other = 0,9, or fields are empty)
then EOD Mets must = 30.
4. If Mets at DX-Bone = 1, Mets at DX-Brain = 1, Mets at DX-Liver, or Mets at DX-Other = 1 or 2,
then EOD Mets must = 50.
5. If EOD Mets = 10 (Lung)
then Mets at DX-Lung must = 1
6. If EOD Mets = 30 (Distant lymph nodes)
then Mets at DX-Distant LN must = 1

Mets at DX, Colon/Rectum, EOD Mets (SEER)**Administrative Notes**

New edit - NAACCR v21 metafile

Mets at DX, Colon/Rectum, EOD Mets (SEER)

Agency: SEER

Last changed: 07/27/2021 14:07:03

Edit Tag N6156**Description**

This edit verifies that Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are coded consistently with EOD Mets for Schema ID 00200, Colon and Rectum.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00200
 - c. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are all blank
 - d. EOD Mets is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Mets at DX-Distant LN = 1 (and Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,9, Mets at DX-Other = 0,9, or fields are empty) then EOD Mets must = 10, 30, or 70
3. If only one of Mets at DX-Bone=1, Mets at DX-Brain=1, Mets at DX-Liver=1, and Mets at DX-Lung=1, Mets at DX-Other = 1 (and Mets at DX-LN = 0,9, or fields are empty), then EOD Mets must = 20, 40, or 50
4. If only one of Mets at DX-Bone=1, Mets at DX-Brain=1, Mets at DX-Liver=1, and Mets at DX-Lung=1, and Mets at DX-Other = 1 (and Mets at DX-Distant LN = 1) then EOD Mets must = 30, 40, or 50
5. If more than one of Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other = 1 (and Mets at DX-Distant LN = 0,1,9 or empty) then EOD Mets must = 40 or 50
6. If Mets at DX-Other = 2 then EOD Mets must = 50
7. If EOD Mets = 10 or 30 (Distant lymph nodes) then Mets at DX-Distant LN must = 1
8. If EOD Mets = 50 (Peritoneal surface metastasis, carcinomatosis) then Mets at DX-Other must= 1 or 2

Mets at DX, Lung, EOD Mets (SEER)***Administrative Notes***

New edit - NAACCR v21 metafile

Modifications

NAACCR v22

- Description corrected, Mets at DX-Brain = 0, 1 in statement 2 changed to Mets at DX-Brain = 0, 9
- Description, logic updated, code 40 also allowed in statements 3 and 4.

Mets at DX, Lung, EOD Mets (SEER)

Agency: SEER

Last changed: 02/28/2023 17:34:06

Edit Tag N6161

Description

This edit verifies that Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are coded consistently with EOD Mets for Schema ID 00360, Lung.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00360
 - c. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are all blank
 - d. EOD Mets is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Mets at DX-Lung = 1 (and Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Distant LN = 0,9, Mets at DX-Liver = 0,9, and Mets at DX-Other = 0,9, or fields are empty), then EOD Mets must = 10
3. If Mets at DX-Other = 1 (and Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Distant LN = 0,9, Mets at DX-Liver = 0,9, and Mets at DX-Lung = 0,1,9, or fields are empty), then EOD Mets must = 10, 30, or 50
4. If Mets at DX-Distant LN = 1 (and Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,1,9, and Mets at DX-Other = 0,1,9, or fields are empty), then EOD Mets must = 20 or 50
5. If only one of Mets at DX-Bone=1, Mets at DX-Brain=1, Mets at DX-Liver=1 (and Mets at DX-Distant LN = 0,9, Mets at DX-Lung = 0,1,9, and Mets at DX-Other = 0,1,9, or fields are empty)

Mets at DX, Lymphoma Ocular Adnexa, EOD Nodes/Mets (SEER)

then EOD Mets must = 30 or 50

6. If more than one of Mets at DX-Bone=1, Mets at DX-Brain=1, Mets at DX-Distant LN,

or Mets at DX-Liver =1, or Mets at DX-Other = 2

then EOD Mets must = 50

7. If EOD Mets = 20 (Distant lymph nodes)

then Mets at DX-Distant LN must= 1

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v23A

- Logic corrected, requirements for EOD Mets = 30 or 50, values for Mets at DX Other changed from "09" to "019"

Mets at DX, Lymphoma Ocular Adnexa, EOD Nodes/Mets (SEER)

Agency: SEER

Last changed: 08/26/2020 13:25:25

Edit Tag N6305

Description

This edit verifies that Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are coded consistently with EOD Mets for Schema ID 00710, Lymphoma Ocular Adnexa.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00710
 - c. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are all blank
 - d. EOD Mets is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Mets at DX-Bone = 1, Mets at DX-Brain = 1, Mets at Dx-Liver = 1, or Mets at DX-Lung = 1 or Mets at DX-Other = 2, then EOD Mets must = 10 or 50.
3. If Mets at DX-Other = 1, then EOD Mets must = 10, 30, or 50
4. If Mets at DX-Distant LN = 1, then EOD Regional Nodes must = 600 (mediastinal), 700 (peripheral and central lymph nodes), or 750 (distant nodes NOS).

Mets at DX, Lymphoma, EOD Primary Tumor (SEER)

5. If EOD Mets = 30 or 50
then Mets at DX-Other must = 1
6. if EOD Regional Nodes = 600, 700, or 750 (Distant lymph nodes)
then Mets at DX-Distant LN must = 1

Administrative Notes

New edit - NAACCR v21 metafile

Mets at DX, Lymphoma, EOD Primary Tumor (SEER)

Agency: SEER

Last changed: 07/27/2021 14:07:23

Edit Tag N6309

Description

This edit verifies that Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are coded consistently with EOD Primary Tumor for Schema ID 00790, Lymphoma, and 00795, Lymphoma CLL/SLL.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00790 or 00795
 - c. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are all blank
 - d. EOD Primary Tumor is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Mets at DX-Bone = 1 or Mets at DX-Brain = 1 or
Mets at DX-Lung = 1 or Mets at DX-Other = 1 or 2,
then EOD Primary Tumor must = 700 or 800
3. If Mets at DX-Liver = 1,
then EOD Primary Tumor must = 800

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

- Description corrected, skip condition EOD Mets is blank changed to EOD Primary Tumor is blank

NAACCR v22

- Description, logic updated, if Mets at DX-Liver = 1, EOD Primary Tumor must = 800

Mets at DX, Medulloblastoma, EOD Mets (SEER)

Mets at DX, Medulloblastoma, EOD Mets (SEER)

Agency: SEER

Last changed: 08/22/2022 17:56:36

Edit Tag N6846

Description

This edit verifies that Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are coded consistently with EOD Mets for Schema ID 09724, Medulloblastoma.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2023, blank (unknown), or invalid.
 - b. Schema ID is blank or not 09724
 - c. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are all blank
 - d. EOD Mets is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Mets at DX-Bone = 1, Mets at DX-Distant LN = 1, Mets at DX-Liver = 1, Mets at DX-Lung = 1, or Mets at DX-Other = 2, then EOD Mets must = 45.
3. If EOD Mets = 15 or 25
Mets at DX-Brain must = 1
4. If EOD Mets = 35
Mets at DX-Other must = 1

Administrative Notes

New edit - NAACCR v23 metafile

Mets at DX, Melanoma Iris/Choroid, EOD Mets (SEER)

Agency: SEER

Last changed: 07/27/2021 14:07:41

Edit Tag N6290

Description

This edit verifies that Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are coded consistently with EOD Mets for Schema ID 00671, Melanoma Iris, and Schema ID 00672, Melanoma Choroid.

1. The edit is skipped for the following conditions:

Mets at DX, Melanoma Skin, EOD Mets (SEER)

- a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00671 or 00672
 - c. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN,
Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are all blank
 - d. EOD Mets is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Mets at DX-Bone = 1, Mets at DX-Brain = 1, Mets at DX-Distant LN = 1,
Mets at DX-Liver, or Mets at DX-Lung = 1, or Mets at DX-Other = 1,
then EOD Mets must = 10, 30, 50, or 70.
 3. If Mets at DX-Other = 2,
then EOD Mets must = 70.

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v22

- Description updated, Mets at DX-Distant LN = 1 added to statement 2, where EOD Mets must = 10, 30, 50, or 70

Mets at DX, Melanoma Skin, EOD Mets (SEER)

Agency: SEER

Last changed: 08/26/2020 13:25:25

Edit Tag N6166

Description

This edit verifies that Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are coded consistently with EOD Mets for Schema ID 00470, Melanoma of Skin.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00470
 - c. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN,
Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are all blank
 - d. EOD Mets is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Mets at DX-Distant LN = 1 (and Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,9, Mets at DX-Other = 0,9, or fields are empty)
then EOD Mets must = 10
3. If Mets at DX-Bone = 1 (and Mets at DX-Brain = 0,9, Mets at DX-Distant LN =

Mets at DX, Merkel Cell, EOD Mets (SEER)

0,1,9,

Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,9, and Mets at DX-Other = 0,9,

or

fields are empty)

then EOD Mets must = 20

4. If Mets at DX-Other = 1 (and Mets at DX-Bone = 0,1,9 and Mets at DX-Brain = 0,9,

Mets at DX-Distant LN = 0,1,9, Mets at DX-liver = 0,9, and Mets at DX-Lung =

0,9,

or fields are empty)

then EOD Mets must = 20 or 50.

5. If Mets at DX-Lung = 1 (and Mets at DX-Bone = 0,1,9, Mets at DX-Brain =

0,9, Mets at DX-Distant LN = 0,1,9, Mets at DX-Liver = 0,9, and Mets at

DX-

Other =

0,9, or fields are empty)

then EOD Mets must = 30

6. If Mets at DX-Lung = 1 and Mets at DX-Other = 1 (and Mets at DX-Bone =

0,1,9, Mets at DX-Brain = 0,9, Mets at DX-Distant LN = 0,1,9, and Mets

at DX-

Liver = 0,9,

or fields are empty)

then EOD Mets must = 30 or 50

7. If Mets at DX-Liver = 1 or Mets at DX-Other = 2 (and Mets at DX-Brain = 0,9 or empty)

then EOD Mets must = 50

8. If Mets at DX-Brain = 1,

then EOD Mets must = 60.

9. If EOD Mets = 10 (Distant lymph nodes)

Mets at DX-Distant LN must = 1

10. If EOD Mets = 30 (Lung)

Mets at DX-Lung must = 1

Administrative Notes

New edit - NAACCR v21 metafile

Mets at DX, Merkel Cell, EOD Mets (SEER)

Agency: SEER

Last changed: 08/26/2020 13:25:25

Edit Tag N6297

Mets at DX, Merkel Cell, EOD Mets (SEER)**Description**

This edit verifies that Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are coded consistently with EOD Mets for Schema ID 00460, Merkel Cell Skin.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00460
 - c. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are all blank
 - d. EOD Mets is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Mets at DX-Distant LN = 1 (and Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,9, and Mets at DX-Other = 0,9, or fields are empty) then EOD Mets must = 10
3. If Mets at DX-Bone = 1 (and Mets at DX-Brain = 0,9, Mets at DX-Distant LN = 0,1,9, Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,9, and Mets at DX-Other = 0,9, or fields are empty) then EOD Mets must = 20
4. If Mets at DX-Other = 1 (and Mets at DX-Bone = 0,1,9 and Mets at DX-Brain = 0,9, Mets at DX-Distant LN = 0,1,9, Mets at DX-liver = 0,9, and Mets at DX-Lung = 0,9, or fields are empty) then EOD Mets must = 20 or 50.
5. If Mets at DX-Lung = 1 (and Mets at DX-Bone = 0,1,9, Mets at DX-Brain = 0,9, Mets at DX-Distant LN = 0,1,9, Mets at DX-Liver = 0,9, and Mets at DX-Other = 0,9, or fields are empty) then EOD Mets must = 30
6. If Mets at DX-Lung = 1 and Mets at DX-Other = 1 (and Mets at DX-Bone = 0,1,9, Mets at DX-Brain = 0,9, Mets at DX-Distant LN = 0,1,9, and Mets at DX-Liver = 0,9, or fields are empty) then EOD Mets must = 30 or 50
7. If Mets at DX-Brain = 1 or Mets at DX-Liver = 1 or Mets at DX-Other = 2 then EOD Mets must = 50
8. If EOD Mets = 10 (Distant lymph nodes) Mets at DX-Distant LN must = 1
9. If EOD Mets = 30 (Lung) Mets at DX-Lung must = 1

Mets at DX, Mycosis Fungoides, EOD Nodes/Mets (SEER)***Administrative Notes***

New edit - NAACCR v21 metafile

Mets at DX, Mycosis Fungoides, EOD Nodes/Mets (SEER)

Agency: SEER

Last changed: 02/05/2022 17:51:52

Edit Tag N6319

Description

This edit verifies that Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are coded consistently with EOD Mets for Schema ID 00811, Mycosis Fungoides.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00811
 - c. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are all blank
 - d. Type of Reporting Source is 7 (Death Certificate Only)
2. If Mets at DX-Bone = 1, Mets at DX-Brain = 1, Mets at DX-Liver = 1, Mets at DX-Lung = 1, or Mets at DX-Other = 1, then EOD Mets must = 70
3. If Mets at DX-Other = 2, then EOD Mets must = 10 or 70
4. If Mets at DX-Distant LN = 1, then EOD Regional Nodes must = 100, 200, 300, 400, 500, 600, 700 (clinically abnormal, pathologically positive nodes), or 800 (distant nodes NOS)
5. If EOD Mets = 10 (Carcinomatosis) then Mets at DX-Other must = 2

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v22B

- Default error message corrected to state Mets at DX fields conflicts with EOD Mets

Mets at DX, NET Adrenal, EOD Mets (SEER)

Mets at DX, NET Adrenal, EOD Mets (SEER)

Agency: SEER

Last changed: 08/26/2020 13:25:25

*Edit Tag N6306***Description**

This edit verifies that Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are coded consistently with EOD Mets for Schema ID 00770, NET Adrenal.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00770
 - c. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are all blank
 - d. EOD Mets is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Mets at DX-Bone = 1 (and Mets at DX-Brain = 0,9, Mets at DX-Distant LN = 0,9, Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,9, and Mets at DX-Other = 0,9, or fields are empty) then EOD Mets must = 10.
3. If Mets at DX-Distant LN = 1 (and Mets at Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,9, and Mets at DX-Other = 0,9, or fields are empty) then EOD Mets must = 20
4. If Mets at Dx-Bone = 0,9 (and Mets at DX-Brain = 1, Mets at DX-Distant LN = 0,1,9, or empty Mets at DX-Liver = 1, Mets at DX-Lung = 1, or Mets at DX-Other = 1 or 2) then EOD Mets must = 30
5. If Mets at DX-Bone = 1 (and Mets at DX-Brain = 1, Mets at DX-Distant LN = 1, Mets at DX-Liver = 1, Mets at DX-Lung = 1, or Mets at DX-Other = 1 or 2) then EOD Mets must = 50
6. If EOD Mets = 10 or 50 (Bone) Mets at DX-Bone must = 1
7. If EOD Mets = 20 (Distant lymph nodes) Mets at DX-Distant LN must = 1

Administrative Notes

New edit - NAACCR v21 metafile

Mets at DX, NET Pancreas, EOD Mets (SEER)

Mets at DX, NET Pancreas, EOD Mets (SEER)

Agency: SEER

Last changed: 08/26/2020 13:25:25

*Edit Tag N6189***Description**

This edit verifies that Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are coded consistently with EOD Mets for Schema ID 00340, NET Pancreas.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00340
 - c. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are all blank
 - d. EOD Mets is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Mets at DX-Liver = 1 and (Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Distant LN = 0,9, Mets at DX-Lung= 0,9, and Mets at DX-Other = 0,9, or fields are empty), then EOD Mets must = 10
3. If Mets at DX-Distant LN = 1 and (Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,9 and Mets at DX-Other = 0,9, or fields are empty) then EOD Mets must = 20 or 40.
4. If Mets at DX-Liver = 0,9 (and Mets at DX-Bone = 1, Mets at DX-Brain = 1, Mets at DX-Distant LN = 0,1,9, or empty, Mets at DX-Lung = 1, or Mets at DX-Other = 1 or 2) then EOD Mets must = 50.
5. If Mets at DX-Liver = 1 (and Mets at DX-Bone = 1, Mets at DX-Brain = 1, Mets at DX-Distant LN = 1, Mets at DX-Lung = 1, or Mets at DX-Other = 1 or 2) then EOD Mets must = 60.
6. If EOD Mets = 10 or 60 (Liver) Mets at DX-Liver must = 1
7. If EOD Mets = 20 (Distant lymph nodes) Mets at DX-Distant LN must = 1

Administrative Notes

New edit - NAACCR v21 metafile

Mets at DX, NET, EOD Mets (SEER)

Mets at DX, NET, EOD Mets (SEER)

Agency: SEER

Last changed: 08/26/2020 13:25:25

*Edit Tag N6359***Description**

This edit verifies that Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are coded consistently with EOD Mets for Schema ID 00290 NET Stomach, 00301 NET Duodenum, 00302 NET Ampulla of Vater, 00310 NET Jejunum and Ileum, 00320 NET Appendix, and 00330 NET Colon and Rectum

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00290, 00301, 00302, 00310, 00320, 00330
 - c. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are all blank
 - d. EOD Mets is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Mets at DX-Liver = 1 and (Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Distant LN = 0,9, Mets at DX-Lung= 0,9, and Mets at DX-Other = 0,9, or fields are empty), then EOD Mets must = 10
3. If Mets at DX-Distant LN = 1 and (Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,9 and Mets at DX-Other = 0,9, or fields are empty) then EOD Mets must = 20.
4. If Mets at DX-Liver = 0,9 (and Mets at DX-Bone = 1, Mets at DX-Brain = 1, Mets at DX-Distant LN = 0,1,9, or empty, Mets at DX-Lung = 1, or Mets at DX-Other = 1 or 2) then EOD Mets must = 30.
5. If Mets at DX-Liver = 1 (and Mets at DX-Bone = 1, Mets at DX-Brain = 1, Mets at DX-Distant LN = 1, Mets at DX-Lung = 1, or Mets at DX-Other = 1 or 2) then EOD Mets must = 50.
6. If EOD Mets = 10 or 50 (Liver) Mets at DX-Liver must = 1
7. If EOD Mets = 20 (Distant lymph nodes) Mets at DX-Distant LN must = 1

Administrative Notes

New edit - NAACCR v21 metafile

Mets at DX, Ovarian, EOD Mets (SEER)

Mets at DX, Ovarian, EOD Mets (SEER)

Agency: SEER

Last changed: 08/26/2020 13:25:25

*Edit Tag N6176***Description**

This edit verifies that Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are coded consistently with EOD Mets for Schema ID 00551, Ovary, 00552, Primary Peritoneal Carcinoma, and 00553, Fallopian Tube.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00551, 00552, or 00553
 - c. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are all blank
 - d. EOD Mets is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Mets at DX-Other = 1 (and Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Distant LN = 0,9, Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,9, or fields are empty) then EOD Mets must = 10 or 50
3. If Mets at DX-Distant LN = 1 (and Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,9, and Mets at DX-Other = 0,9, or fields are empty) then EOD Mets must = 30
4. If Mets at DX-Distant LN = 1 and Mets at DX-Other = 1 (and Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,9, or fields are empty) then EOD Mets must = 30 or 50
5. If Mets at DX-Bone = 1, Mets at DX-Brain = 1, Mets at DX-Liver = 1, Mets at DX-Lung = 1, or Mets at DX-Other = 2, then EOD Mets must = 50.
6. If EOD Mets = 10 (Pleural effusion) Mets at DX-Other must = 1
7. If EOD Mets = 30 (Distant lymph nodes) Mets at DX-Distant LN must = 1

Mets at DX, Pancreas, EOD Mets (SEER)**Administrative Notes**

New edit - NAACCR v21 metafile

Mets at DX, Pancreas, EOD Mets (SEER)

Agency: SEER

Last changed: 02/20/2021 10:57:54

Edit Tag N6408

Description

This edit verifies that Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are coded consistently with EOD Mets for Schema ID 00280, Pancreas.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00280
 - c. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are all blank
 - d. EOD Mets is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Mets at DX-Distant LN = 1 (and Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,9, Mets at DX-Other = 0,9, or fields are empty) then EOD Mets must = 10 or 20.
3. If Mets at DX-Bone = 1, Mets at DX-Brain = 1, Mets at DX-Liver, Mets at DX-Lung = 1, or Mets at DX-Other = 1 or 2, then EOD Mets must = 70.
4. If EOD Mets = 10 or 20 (Distant lymph nodes) then Mets at DX-Distant LN must = 1

Administrative Notes

New edit - NAACCR v21 metafile

Mets at DX, Placenta, EOD Mets (SEER)

Agency: SEER

Last changed: 08/26/2020 13:25:25

Edit Tag N6177

Mets at DX, Prostate, EOD Mets (SEER)**Description**

This edit verifies that Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are coded consistently with EOD Mets for Schema ID 00560, Placenta.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00560
 - c. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are all blank
 - d. EOD Mets is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Mets at DX-Lung = 1 (and Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Distant LN = 0,9, Mets at DX-Liver = 0,9, Mets at DX-Other = 0,9, or fields are empty) then EOD Mets must = 10
3. If Mets at DX-Distant LN = 1 (and Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,1,9, and Mets at DX-Other = 0,9, or fields are empty) then EOD Mets must = 30
4. If Mets at DX-Bone = 1, Mets at DX-Brain = 1, Mets at DX-Liver, Mets at DX-Other = 1, 2, EOD Mets must = 50
5. If EOD Mets = 10 (Lung) Mets at DX-Lung must = 1
6. If EOD Mets = 30 (Distant lymph nodes) Mets at DX-Distant LN must = 1

Administrative Notes

New edit - NAACCR v21 metafile

Mets at DX, Prostate, EOD Mets (SEER)

Agency: SEER

Last changed: 08/26/2020 13:25:25

Edit Tag N6178

Description

This edit verifies that Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are coded consistently with EOD Mets for Schema ID 00580, Prostate.

Mets at DX, Retinoblastoma, EOD Mets (SEER)

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00580
 - c. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are all blank
 - d. EOD Mets is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Mets at DX-Distant LN = 1 (and Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,9, Mets at DX-Other = 0,9, or fields are empty) then EOD Mets must = 10
3. If Mets at DX-Bone = 1 (and Mets at DX-Brain = 0,9, Mets at DX-Distant LN = 0,1,9, Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,9, Mets at DX-Other = 0,9, or fields are empty) then EOD Mets must = 30
4. If Mets at DX-Brain = 1, Mets at DX-Liver, Mets at DX-Lung, or Mets at DX-Other = 1 or 2, then EOD Mets must = 50.
5. If EOD Mets = 10 (Distant lymph nodes) Mets at DX-Distant LN must = 1
- 6 If EOD Mets = 30 (Bone) Mets at DX-Bone must = 1

Administrative Notes

New edit - NAACCR v21 metafile

Mets at DX, Retinoblastoma, EOD Mets (SEER)

Agency: SEER

Last changed: 08/26/2020 13:25:25

Edit Tag N6304

Description

This edit verifies that Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are coded consistently with EOD Mets for Schema ID 00680, Retinoblastoma.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00680
 - c. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are all blank
 - d. EOD Mets is blank

Mets at DX, Testis, EOD Mets (SEER)

- e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Mets at DX-Distant LN = 1 (and Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,9, Mets at DX-Other = 0,9, or fields are empty)
then EOD Mets must = 10
 3. If Mets at DX-Bone = 1 or Mets at DX-Liver = 1 or Mets at DX-Lung = 1 or Mets at DX-Other = 2 (and Mets at DX-Distant LN = 0,1,9 and Mets at DX-Brain = 0,9, or fields are empty),
then EOD Mets must = 30
 4. If Mets at DX-Bone = 1 or Mets at DX-Liver = 1 or Mets at DX-Lung = 1 or Mets at DX-Other = 1 (and Mets at DX-Distant LN = 0,1,9 and Mets at DX-Brain = 0,9, or fields are empty),
then EOD Mets must = 30 or 50
 5. If Mets at DX-Brain = 1,
then EOD Mets must = 50
 6. If EOD Mets = 10 (Distant lymph nodes)
Mets at DX-Distant LN must = 1

Administrative Notes

New edit - NAACCR v21 metafile

Mets at DX, Testis, EOD Mets (SEER)

Agency: SEER

Last changed: 08/26/2020 13:25:25

Edit Tag N6198

Description

This edit verifies that Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are coded consistently with EOD Mets for Schema ID 00590, Testis.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00590
 - c. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are all blank
 - d. EOD Mets is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Mets at DX-Distant LN = 1 (and Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9,

Mets at DX, Thymus, EOD Mets (SEER)

- Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,9, and Mets at DX-Other = 0,9,
or
fields are empty)
then EOD Mets must = 10 or 30
3. If Mets at DX-Lung = 1 (and Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9,
Mets at DX-Distant LN = 0,1,9, Mets at DX-Liver = 0,9, Mets at DX-Other =
0,9,
or fields are empty)
then EOD Mets must = 50
4. If Mets at DX-Bone = 1, Mets at DX-Brain = 1, Mets at DX-Liver, or
Mets at DX-Other = 1 or 2,
then EOD Mets must = 60.
5. If EOD Mets = 10 or 30 (Distant lymph nodes)
Mets at DX-Distant LN must = 1
6. If EOD Mets = 50 (Lung)
Mets at DX-Lung must = 1

Administrative Notes

New edit - NAACCR v21 metafile

Mets at DX, Thymus, EOD Mets (SEER)

Agency: SEER

Last changed: 07/27/2021 14:08:01

Edit Tag N6200

Description

This edit verifies that Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are coded consistently with EOD Mets for Schema ID 00350, Thymus.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00350
 - c. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are all blank
 - d. EOD Mets is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Mets at DX-Other = 1 (and Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Distant LN = 0,9, Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,9, or fields are empty)
then EOD Mets must = 10 or 50

Mets at DX-BBDLLO, Behavior Code ICDO3 (NAACCR)

3. If Mets at DX-Distant LN = 1 (and Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,9, Mets at DX-Other = 0,9, or fields are empty)
then EOD Mets must = 30
4. If Mets at DX-Distant LN = 1 and Mets at DX-Other = 1 (and Mets at DX-Bone = 0,9, Mets at DX-Brain = 0,9, Mets at DX-Liver = 0,9, Mets at DX-Lung = 0,9, or fields are empty)
then EOD Mets must = 30 or 50
5. If Mets at DX-Bone = 1, Mets at DX-Brain = 1, Mets at DX-Liver, or Mets at DX-Other = 2,
then EOD Mets must = 50.
6. If EOD Mets = 10 (Separate pleural or pericardial nodules)
Mets at DX-Other must = 1
6. If EOD Mets = 30 (Distant lymph nodes)
Mets at DX-Distant LN must = 1

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v22

- Description updated, for number 5, "if Mets at DX Other = 1 or 2", changed to "if Mets at DX Other = 2".

Mets at DX-BBDLLO, Behavior Code ICDO3 (NAACCR)

Agency: NAACCR

Last changed: 01/29/2023 15:16:11

Edit Tag N6385

Description

The purpose of this edit is to verify that the Mets at DX-Bone, Brain, Distant LN, Liver, Lung, and Other fields are coded to 0 (not present) for Behavior Code ICD-O-3 values of 0, 1, and 2, or 8 for Behavior Code ICD-O-3 = 2 (STORE requirement).

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 is blank

Mets at DX-BBDLLO, HemeRetic (SEER)

4. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other are all blank
5. Diagnosis date = 2018-2021, Schema ID = 00790, 00795, 00830, 99999, and all Mets at DX fields = 8.
6. Schema ID = 00822, or Primary Site= C420, C421, C423, C424

If Primary Site = C700-C729, C751-C753 and Behavior Code ICD-O-3 = 0 or 1, all Mets at DX fields must = 0, all must = 8, or all must be blank

For all other primary sites, if Behavior Code ICD-O-3 = 0, 1, or 2
Mets at DX fields must all = 0 or all must be blank

Administrative Notes

New edit - NAACCR v21 metafile.

Modifications**NAACCR v21B**

- Description, logic updated to allow code 8 in Mets at DX fields for Behavior Code ICD-O-3 = 0 or 1
- Name changed from Behavior Code ICDO3, Mets at DX-BBDLLO (NAACCR)
- Description, logic updated, skip before 2021 changed to skip before 2018

NAACCR v23A

- Description, logic updated, skip added for Schema ID 00822, primary sites C420, C421, C423, C424
- Description, logic updated, skip added for Schema ID 00790, 00795, 00830, 99999, and allsMets at DX fields = 8 for 2018-2021.
- Description, logic updated, all Mets at DX fields must = 0, 8, or blank if primary site = C700-C729, C751-C753 and behavior = 0 or 1; for all other primary sites, all Mets at DX fields must = 0 or blank if behavior = 0, 1, or 2

Mets at DX-BBDLLO, HemeRetic (SEER)

Agency: SEER

Last changed: 09/29/2018 15:00:08

Edit Tag N2427

Description

The purpose of this edit is to verify that the Mets at DX-Bone, Brain, Distant LN, Liver, Lung, and Other fields are coded to 8 (not applicable) for the appropriate site/histology combinations.

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is less than 2016 or greater than 2017, blank (unknown), or

Mets at DX-BBDLLO, HemeRetic (SEER)

invalid

2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Mets at DX fields are all empty

If site and histology are included in the Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms, an error will be generated under any of the following conditions:

1. If Mets at DX-Bone not = 8
2. If Mets at DX-Brain not = 8
3. If Mets at DX-Distant LN not = 8
4. If Mets at DX-Liver not = 8
5. If Mets at DX-Lung not = 8
6. If Mets at DX-Other not = 8

If site and histology are NOT included in the Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms, an error will be generated under any of the following conditions:

1. If Mets at DX-Bone = 8
2. If Mets at DX-Brain = 8
3. If Mets at DX-Distant LN = 8
4. If Mets at DX-Liver = 8
5. If Mets at DX-Lung = 8
6. If Mets at DX-Other = 8

The Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms are identified within the edit logic as follows:

Heme1 - HemeRetic neoplasms for all sites: Histologic Type ICD-O-3 9740-9809,9840-9992

Heme2 - HemeRetic neoplasms except when occurring in Ocular Adnexal sites: Histologic Type ICD-O-3 9820, 9826, 9831-9834 with Primary Site C000-C440, C442-C689, C691-C694, C698-C809

Heme3 - Neoplasms manifesting as leukemia or lymphoma: Histologic Type ICD-O-3 9823, 9827, with Primary Site C420, C421, C424

Heme4 - Neoplasms accepted as either leukemia or lymphoma: Histologic Type ICD-O-3 9811-9818, 9837 with Primary Site C420, C421, C424. NOTE: Any valid code for a Mets at DX field will be accepted for this group of sites/histologies.

Plasma - Plasma Cell Disorders: Histologic Type ICD-O-3 9731, 9732, 9734 with Primary Site C000-C440, C442-C689, C691-C694, C698-C809

Administrative Notes

New edit - added to NAACCR v16 metafile.
SEER Edit IF619

Mets at DX-BBDLLO, Schema ID, Primary Site, 2018 (NAACCR)

Modifications

NAACCR v16B

- Modified Description, Edit Logic to identify histology codes 9811-9818, 9837, with primary site C420, C421, and C424 as a separate group (Heme4 for this edit), which can be coded as either hematopoietic or lymphoid malignancy, according to agreement reached between SEER and COC. All valid codes are accepted in the Mets at DX fields for this group.

NAACCR v16C

- Edit logic corrected to pass all valid codes for histology codes 9811-9818, 9837, for primary site C420, C421, and C424

NAACCR v18

- Edit modified to pass if year of diagnosis > 2017

Mets at DX-BBDLLO, Schema ID, Primary Site, 2018 (NAACCR)

Agency: NAACCR

Last changed: 10/27/2022 14:00:43

Edit Tag N5017

Description

8The purpose of this edit is to verify that the Mets at DX-Bone, Brain, Distant LN, Liver, Lung, and Other fields are coded to 8 (not applicable) for the appropriate Schema IDs.

1. This edit is skipped under the following conditions:

- a. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
- b. Type of Reporting Source = 7 (Death Certificate Only)
- c. Schema ID is blank
- d. Primary Site is blank
- e. Mets at DX fields are all blank
- f. Diagnosis date = 2018-2021, Schema ID = 00790, 00795, 00830, 99999, and

all

- g. Mets at DX fields = 8.
- g. Behavior Code = /0, /1, or /2.

2. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Distant LN, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other must = 8 if Schema ID = 00822 or Primary Site = C420, C421, C423, or C424.

3. If Schema ID not = 00822, if primary site = C770-C779, Mets at DX-Distant LN must = 8. Other Mets at DX fields must not = 8.

4. For all other Primary sites, Mets at DX fields must not = 8.

Mets at DX-BBLLO, EOD Mets, Schema ID (SEER)***Administrative Notes***

New edit - added to NAACCR v18C metafile.

Modifications**NAACCR v21**

- Description, logic updated, C770-C779 added as primary sites requiring Mets at DX-Distant LN to be coded "8" as of 2021
- Description, logic updated, Schema IDs 00821, 00830 removed from list requiring code 8 for Mets at DX-BBDLLO fields
- Name changed from Mets at DX-BBDLLO, Schema ID (NAACCR)

NAACCR v21B

- Description, logic updated, skip added for behavior code /0, /1, /2
- Description, logic updated, Schema IDs 00821 and 00830 added back to list requiring 8 for 2019-2020.
- Description, logic updated, code 8 required for Mets at Distant LN for C770-C779 for 2021+

NAACCR v22

- Name changed from Mets at DX-BBDLLO, Schema ID, Primary Site (NAACCR)
- Description, logic updated, skip for < 2019 changed to skip for < 2018
- Description, logic updated, all statements for 2019-2020 deleted
- Description, logic updated, criterion for diagnosis date >= 2021 deleted, logic applies to all cases >= 2018
- Description, logic updated, skip added for 2018-2021, 00790, 00795, 00830,99999, all Mets at DX fields = 8
- Description, logic updated, skip added for histology 9671

NAACCR v23

- Description, logic updated, Skip for histology 9671 removed
- Description updated, Mets at DX fields checked for C770-C779 if Schema ID not = 00822

Mets at DX-BBLLO, EOD Mets, Schema ID (SEER)

Agency: SEER

Last changed: 07/29/2022 15:33:07

Edit Tag N6149

Description

Purpose: This edit verifies that a code 1 in any of Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Liver, Mets at DX-Lung, and Mets at DX-Other data items is coded consistently with EOD Mets code of 70 for all Schema IDs where this pattern is defined.

1. This edit is skipped if any of the following conditions is true:

- a. Year of Date of Diagnosis is less than 2021, blank (unknown), or invalid
- b. Schema ID is blank
- c. EOD Mets is blank or = 88
- d. Mets at DX-Bone, Mets at DX-Brain, Mets at DX-Liver, Mets at DX-Lung, and

Mets at DX-BBLLO, EOD Mets, Schema ID (SEER)

Mets at DX-Other are all blank

e. Type of Reporting Source is 7 (Death Certificate Only)

2. If Mets at DX-Bone = 1, or Mets at DX-Brain = 1, or Mets at DX-Liver = 1 or Mets at DX-Lung = 1 or Mets at DX-Other = 1 or 2, then EOD Mets must be coded 70 for Schema IDs in the following list:

00060	Cervical Nodes
00071	Lip
00072	Tongue Anterior
00073	Gum
00074	Floor of Mouth
00075	Palate Hard
00076	Buccal Mucosa
00077	Mouth Other
00080	Major Salivary Gland
00090	Nasopharynx
00100	Oropharynx HPV-Mediated (p16+)
00111	Oropharynx p16-
00112	Hypopharynx
00118	Pharynx Other
00119	Middle Ear
00121	Maxillary Sinus
00122	Nasal Cavity and Ethmoid Sinus
00128	Sinus Other
00130	Larynx Other
00131	Larynx Supraglottic
00132	Larynx Glottic
00133	Larynx Subglottic
00140	Melanoma Head and Neck
00150	Cutaneous Carcinoma Head and Neck
00161	Esophagus Squamous
00169	Esophagus
00170	Stomach
00180	Small Intestine
00210	Anus [8th: 2018-2020]
09210	Anus [V9: 2023+]
00220	Liver
00241	Gallbladder
00242	Cystic Duct
00250	Bile Ducts Perihilar
00260	Bile Ducts Distal
00270	Ampulla of Vater
00278	Biliary Other
00288	Digestive Other
00358	Trachea
00370	Pleural Mesothelioma
00378	Respiratory Other
00400	Soft Tissue Head and Neck
00410	Soft Tissue Trunk and Extremities
00421	Soft Tissue Abdomen and Thoracic
00422	Heart, Mediastinum and Pleura
00430	GIST
00440	Retroperitoneum
00450	Soft Tissue Rare
00459	Soft Tissue Other

Mets at DX-BBLLO, EOD Mets, Schema ID (SEER)

00478	Skin Other
00480	Breast
00500	Vulva
00510	Vagina
00520	Cervix [8th: 2018-2020]
09520	Cervix [V9: 2021+]
00528	Cervix Sarcoma[2021+]
00530	Corpus Carcinoma
00541	Corpus Sarcoma
00542	Corpus Adenosarcoma
00558	Adnexa Uterine Other
00559	Genital Female Other
00570	Penis
00598	Genital Male Other
00600	Kidney Parenchyma
00610	Kidney Renal Pelvis
00631	Urethra
00633	Urethra Prostatic
00638	Urinary Other
00640	Skin Eyelid
00650	Conjunctiva
00660	Melanoma Conjunctiva
00690	Lacrimal Gland
00698	Lacrimal Sac
00700	Orbital Sarcoma
00718	Eye Other
00721	Brain [8th: 2018-2022]
09721	Brain [V9: 2023+]
00722	CNS Other [8th: 2018-2022]
09722	CNS Other [V9: 2023+]
00723	Intracranial Gland [8th: 2018-2022]
09723	Intracranial Gland [V9: 2023+]
00730	Thyroid
00740	Thyroid Medullary
00750	Parathyroid
00760	Adrenal Gland
00778	Endocrine Other
00812	Primary Cutaneous Lymphoma

Administrative Notes

New edit - NAACCR v21 metafile.

Modifications**NAACCR v22**

- Description, logic updated to add Schema ID 00528
- Description, logic updated, 00450 changed to Soft Tissue Rare, 00459 Soft Tissue Other added

NAACCR v23

- Description updated, Schema ID 00210 identified as 8th: 2018-2022, and Schema IDs 09210 added identified as V9: 2023+
- Logic updated, Schema ID 09210, 09721, 09722, 09723 added

Mets at DX-Bone (SEER)**Mets at DX-Bone (SEER)**

Agency: SEER

Last changed: 12/31/2017 16:06:32

*Edit Tag N2126***Description**

Must be a valid Mets at DX-Bone code or blank: 0 (none: no bone metastases), 1 (yes), 8 (not applicable), 9 (unknown whether bone is involved metastatic site) or blank.

Administrative Notes

New Edit for NAACCR v16

Modifications

NAACCR v18

- Logic format changed

Mets at DX-Bone, Date of Diagnosis (SEER)

Agency: SEER

Last changed: 01/28/2022 20:56:12

*Edit Tag N2051***Description**

If year of Date of Diagnosis is blank, this edit is skipped.

This edit is skipped for Registry ID = 0000001565 (Illinois) and year of date of diagnosis = 2018-2019, and for Registry ID = 0000001566 (Texas) and year of date of diagnosis = 2016-2019.

If year of Date of Diagnosis is greater than 2015, then Mets at DX-Bone cannot be blank.

If year of Date of Diagnosis is less than 2016, then Mets at Dx-Bone must be blank.

Administrative Notes

Added to the v16 metafile
SEER IF539

Modifications

NAACCR v18

- Name changed, (SEER) added

NAACCR v22B

Mets at DX-Bone, EOD Mets (SEER)

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) and date of diagnosis 2018-2019; Registry ID 0000001566 (Texas) and date of diagnosis 2016-2019

Mets at DX-Bone, EOD Mets (SEER)

Agency: SEER

Last changed: 03/22/2018 21:59:30

*Edit Tag N3023***Description**

Purpose: This edit verifies that Mets at DX-Bone and EOD Mets are coded consistently.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
2. EOD Mets is blank
3. EOD Mets is coded 88.
4. Mets at DX-Bone is blank

If Mets at DX-Bone = 1 (yes), then EOD Mets must not = 00 (no metastasis or unknown if metastasis).

Administrative Notes

New edit - NAACCR v18 metafile.

Mets at DX-Bone, TNM Clin M, Path M (SEER)

Agency: SEER

Last changed: 06/16/2018 09:30:52

*Edit Tag N2186***Description**

Purpose: This edit verifies that Mets at DX-Bone and TNM Clin M and TNM Path M are coded consistently.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is < 2016, > 2017, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Clin M and TNM Path M are both blank.
5. TNM Clin M and TNM Path M are both coded 88. (There is no AJCC 7th Edition staging for the site/histology, or the case is a lymphoid neoplasm excluding ocular adnexal lymphoma and

Mets at DX-Brain (SEER)

primary cutaneous lymphoma.)
6. Mets at DX-Bone is blank

1. If Mets at DX-Bone = 1 (yes) and TNM Path M is blank, then TNM Clin M must not = c0 or c0I+ (no clinical metastasis).
2. If Mets at DX-Bone = 1 (yes) and TNM Clin M is blank, then TNM Path M must not = c0 or c0I+ (no clinical metastasis).
3. if Mets at DX-Bone = 1 (yes) and TNM Path M and TNM Clin M are both coded, both cannot = c0 or c0I+ (no clinical metastasis).

Administrative Notes

New edit - added to NAACCR v16 metafile.
SEER IF562

Modifications

NAACCR v18
- Restricted to cases diagnosed in 2016 and 2017
- Logic format changed
- SEER edit number added to Administrative Notes

Mets at DX-Brain (SEER)

Agency: SEER

Last changed: 04/14/2018 10:13:50

Edit Tag N2128

Description

Must be a valid Mets at DX-Brain code or blank: 0 (none: no brain metastases), 1 (yes), 8 (not applicable), 9 (unknown whether brain is involved metastatic site) or blank.

Administrative Notes

New Edit for NAACCR v16

Modifications

NAACCR v18
- Logic format changed
- "bone" in description changed to "brain"

Mets at DX-Brain, Date of Diagnosis (SEER)

Agency: SEER

Last changed: 01/29/2022 13:27:02

EditWriter 5

803

05/01/2023 02:04 PM

Mets at DX-Brain, EOD Mets (SEER)***Edit Tag N2129******Description***

If year of Date of Diagnosis is blank, this edit is skipped.

This edit is skipped for Registry ID = 0000001565 (Illinois) and year of date of diagnosis = 2018-2019, and for Registry ID = 0000001566 (Texas) and year of date of diagnosis = 2016-2019.

If year of Date of Diagnosis is greater than 2015, then Mets at DX-Brain cannot be blank.

If year of Date of Diagnosis is less than 2016, then Mets at Dx-Brain must be blank.

Administrative Notes

Added to the v16 metafile
SEER IF540

Modifications**NAACCR v18**

- Name changed, extra space removed

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) and date of diagnosis 2018-2019;
Registry
ID 0000001566 (Texas) and date of diagnosis 2016-2019
- Logic modified, error for invalid date changed to skip

Mets at DX-Brain, EOD Mets (SEER)

Agency: SEER

Last changed: 03/22/2018 22:00:06

Edit Tag N3024***Description***

Purpose: This edit verifies that Mets at DX-Brain and EOD Mets are coded consistently.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
2. EOD Mets is blank
3. EOD Mets is coded 88.
4. Mets at DX-Brain is blank

If Mets at DX-Brain = 1 (yes), then EOD Mets must not = 00 (no metastasis or unknown if metastasis).

Mets at DX-Brain, TNM Clin M, Path M (SEER)***Administrative Notes***

New edit - NAACCR v18 metafile.

Mets at DX-Brain, TNM Clin M, Path M (SEER)

Agency: SEER

Last changed: 06/16/2018 09:31:02

Edit Tag N2187

Description

Purpose: This edit verifies that Mets at DX-Brain and TNM Clin M and TNM Path M are coded consistently.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is < 2016, > 2017, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Clin M and TNM Path M are both blank
5. TNM Clin M and TNM Path M are both coded 88. (There is no AJCC 7th Edition staging for the site/histology, or the case is a lymphoid neoplasm excluding ocular adnexal lymphoma and primary cutaneous lymphoma).
6. Mets at DX-Brain is blank

1. If Mets at DX-Brain = 1 (yes) and TNM Path M is blank, then TNM Clin M must not = c0 or c0I+ (no clinical metastasis).
2. If Mets at DX-Brain = 1 (yes) and TNM Clin M is blank, then TNM Path M must not = c0 or c0I+ (no clinical metastasis).
3. if Mets at DX-Brain = 1 (yes) and TNM Path M and TNM Clin M are both coded, both cannot = c0 or c0I+ (no clinical metastasis).

Administrative Notes

New edit - added to NAACCR v16 metafile.

SEER IF563

Modifications

NAACCR v18

- Restricted to cases diagnosed in 2016 and 2017

- Logic format changed

Mets at DX-Distant LN (SEER)

- SEER edit number added to Administrative Notes

Mets at DX-Distant LN (SEER)

Agency: SEER

Last changed: 04/14/2018 10:17:17

Edit Tag N2130

Description

Must be a valid Mets at Dx-Distant LN code or blank: 0 (none: no distant lymph node(s) metastases), 1 (yes), 8 (not applicable), 9 (unknown whether distant lymph node(s) is/are involved metastatic site(s)) or blank.

Administrative Notes

New Edit for NAACCR v16

Modifications

NAACCR v18

- Logic format changed

- "bone" in description changed to "distant lymph node(s)"

Mets at DX-Distant LN, Date of Diagnosis (SEER)

Agency: SEER

Last changed: 01/29/2022 13:27:36

Edit Tag N2131

Description

If year of Date of Diagnosis is blank, this edit is skipped.

This edit is skipped for Registry ID = 0000001565 (Illinois) and year of date of diagnosis = 2018-2019, and for Registry ID = 0000001566 (Texas) and year of date of diagnosis = 2016-2019.

If year of Date of Diagnosis is greater than 2015, then Mets at DX-Distant LN cannot be blank.

If year of Date of Diagnosis is less than 2016, then Mets at Dx-Distant LN must be blank.

Administrative Notes

Added to the v16 metafile
(SEER IF541)

Modifications

EditWriter 5

806

05/01/2023 02:04 PM

Mets at DX-Distant LN, EOD Mets (SEER)

NAACCR v18

- Name changed, extra space removed

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) and date of diagnosis 2018-2019; Registry ID 0000001566 (Texas) and date of diagnosis 2016-2019

Mets at DX-Distant LN, EOD Mets (SEER)

Agency: SEER

Last changed: 04/22/2020 21:14:13

Edit Tag N3025**Description**

Purpose: This edit verifies that Mets at DX-Distant LN and EOD Mets are coded consistently.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
2. EOD Mets is blank
3. EOD Mets is coded 88.
4. Schema ID is blank or 00458, 00710, or 00811, Mets to distant nodes coded in EOD Regional Nodes
5. Mets at DX-Distant LN is blank

If Mets at DX-Distant LN = 1 (yes), then EOD Mets must not = 00 (no metastasis or unknown if metastasis).

Administrative Notes

New edit - NAACCR v18 metafile.

Modifications

NAACCR v21

- Description, logic updated to pass Schema IDs 00458, 00710, and 00811, metastases to distant lymph nodes coded in EOD Regional Nodes

Mets at DX-Distant LN, EOD Mets, Schema ID (SEER)

Agency: SEER

Last changed: 07/29/2022 15:33:21

Edit Tag N6148

Mets at DX-Distant LN, EOD Mets, Schema ID (SEER)

Description

Purpose: This edit verifies that Mets at DX-Distant LN code 1, with no other positive Mets at DX data item, and EOD Mets are coded consistently by Schema ID.

1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less than 2021, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. EOD Mets is blank
 - d. Mets at DX-Distant LN is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)

NOTE: Mets at DX-Distant LN coded in EOD Regional Nodes for 00458, 00710, 00811.
 EOD Mets coded 88 for 00458, 00821, 00822, 00830, 99999

2. If Mets at DX-Distant LN = 1 (yes) (and Mets at DX-Bone = 0 or 9, Mets at DX-Brain = 0 or 9, Mets at DX-Liver = 0 or 9, Mets at DX-Lung = 0 or 9, and Mets at DX-Other = 0 or 9 or the field is empty) then EOD Mets must be coded as shown in the list below:

00060	Cervical Nodes	10	
00071	Lip	10	
00072	Tongue Anterior	10	
00073	Gum	10	
00074	Floor of Mouth	10	
00075	Palate Hard	10	
00076	Buccal Mucosa	10	
00077	Mouth Other	10	
00080	Major Salivary Gland	10	
00090	Nasopharynx	10	
00100	Oropharynx p16+	10	
00111	Oropharynx p16-	10	
00112	Hypopharynx	10	
00118	Pharynx Other	10	
00119	Middle Ear	10	
00121	Maxillary Sinus	10	
00122	Nasal Cavity	10	
00128	Sinus Other	10	
00130	Larynx Other	10	
00131	Larynx Supraglottic	10	
00132	Larynx Glottic	10	
00133	Larynx Subglottic	10	
00140	Melanoma H&N	10	
00150	Cutaneous Carcinoma	10	
00160	Esophagus Squamous	10	
00169	Esophagus	10	
00170	Stomach	10	
00180	Small Intestine	10	
00210	Anus [8th: 2018-2022]	10	
09210	Anus [V9: 2023+]	10	
00220	Liver	10	
00230	Bile Ducts Intrahep	10, 50	
00241	Gallbladder	10	
00242	Cystic Duct	10	
00250	Bile Ducts Perihilar	10	
00260	Bile Ducts Distal	10	
00270	Ampulla of Vater	10	

Mets at DX-Distant LN, EOD Mets, Schema ID (SEER)		
00278	Biliary Other	10
00280	Pancreas	10, 20
00288	Digestive Other	10
00358	Trachea	10
00370	Pleural Mesothelioma	10
00378	Respiratory Other	10
00400	Soft Tissue H&N	10
00410	Soft Tissue Trunk	10
00421	Soft Tissue Abdomen	10
00422	Heart, Mediastinum	10
00430	GIST	10
00440	Retroperitoneum	10
00450	Soft Tissue Rare	10
00459	Soft Tissue Other	10
00478	Skin Other	10
00480	Breast	10
00500	Vulva	10
00510	Vagina	10
00520	Cervix [8th: 2018-2020]	10
09520	Cervix [V9: 2021+]	10
00528	Cervix Sarcoma [2021+]	10
00530	Corpus Carcinoma	10
00541	Corpus Sarcoma	10
00542	Corpus Adenosarcoma	10
00558	Adnexa Uterine Other	10
00559	Genital Female Other	10
00570	Penis	10
00598	Genital Male Other	10
00600	Kidney Parenchyma	10
00610	Kidney Renal Pelvis	10
00631	Urethra	10
00633	Urethra Prostatic	10
00638	Urinary Other	10
00640	Skin of Eyelid	10
00650	Conjunctiva	10
00660	Melanoma Conjunctiva	10
00690	Lacrimal Gland	10
00698	Lacrimal Sac	10
00700	Orbital Sarcoma	10
00718	Eye Other	10
00721	Brain [8th: 2018-2022]	10
09721	Brain [V9: 2023+]	10
00722	CNS Other [8th: 2018-2022]	10
09722	CNS Other [V9: 2023+]	10
00723	Intracranial Gland [8th: 2018-2022]	10
09723	Intracranial Gland [V9: 2023+]	10
00730	Thyroid	10
00740	Thyroid Medullary	10
00750	Parathyroid	10
00760	Adrenal	10
00778	Endocrine Other	10
00812	Primary Cutaneous Lymphoma	10

3. If EOD Mets = 10 for the schemas above,
Mets at DX-Distant LN must = 1

4. If Schema ID = 00230,

Mets at DX-Distant LN, Kaposi Sarcoma, EOD Regional Nodes (SEER)

```
if EOD Mets = 50
  Mets at DX-Distant LN must = 1
```

5. If Schema ID = 00280, if EOD Mets = 20
If EOD Mets = 20
Mets at DX-Distant LN must = 1

Administrative Notes

New edit - NAACCR v21 metafile.

Modifications**NAACCR v22**

- Description, logic updated to add Schema ID 00528
- Logic corrected, skip for schemas not listed changed to skip for blank Schema ID; check for listed schemas added to 2 logic statements
- Description updated, Schema IDs 00230 and 00280 added to listed schemas
- Description, logic updated, 00450 changed to Soft Tissue Rare, 00459 Soft Tissue Other added

NAACCR v23

- Description updated, Schema ID 00210, 00721, 00722, 00723 identified as 8th: 2018-2022,
- Description, logic updated, Schema IDs 09210, 09721, 09722, 09723 added identified as V9: 2023+

Mets at DX-Distant LN, Kaposi Sarcoma, EOD Regional Nodes (SEER)

Agency: SEER

Last changed: 06/13/2020 16:28:27

Edit Tag N6229

Description

The edit verifies that Mets at DX-Distant LN code 1 is coded consistently with EOD Regional Nodes for for Schema ID 00458 Kaposi Sarcoma.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00458
 - c. Mets at DX-Distant LN is blank

Mets at DX-Distant LN, TNM Clin M, Path M (SEER)

d. Type of Reporting Source is 7 (Death Certificate Only)

2. If Mets at DX-Distant LN = 1,
EOD Regional Nodes must = 700 (distant nodes NOS).
3. If EOD Regional Nodes = 700
Mets at DX-Distant LN must = 1

Administrative Notes

New edit - NAACCR v21 metafile

Mets at DX-Distant LN, TNM Clin M, Path M (SEER)

Agency: SEER

Last changed: 06/16/2018 09:31:37

Edit Tag N2188

Description

Purpose: This edit verifies that Mets at DX-Distant LN and TNM Clin M and TNM Path M are coded consistently.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is < 2016, > 2017, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Clin M and TNM Path M are both blank
5. TNM Clin M and TNM Path M are both coded 88. (There is no AJCC 7th Edition staging for the site/histology, or the case is a lymphoid neoplasm excluding ocular adnexal lymphoma and primary cutaneous lymphoma.)
6. Mets at DX-Distant LN is blank

1. If Mets at DX-Distant LN = 1 (yes) and TNM Path M is blank, then TNM Clin M must not = c0 or c0I+ (no clinical metastasis).
2. If Mets at DX-Distant LN = 1 (yes) and TNM Clin M is blank, then TNM Path M must not = c0 or c0I+ (no clinical metastasis).
3. if Mets at DX-Distant LN = 1 (yes) and TNM Path M and TNM Clin M are both coded, both cannot = c0 or c0I+ (no clinical metastasis).

Administrative Notes

New edit - added to NAACCR v16 metafile.
SEER IF564

Mets at DX-Liver (SEER)

Modifications

NAACCR v18

- Restricted to cases diagnosed in 2016 and 2017
- Logic format changed
- SEER edit number added to Administrative Notes

Mets at DX-Liver (SEER)

Agency: SEER

Last changed: 04/14/2018 10:18:39

Edit Tag N2132*Description*

Must be a valid Mets at DX-Liver code or blank: 0 (none: no liver metastases), 1 (yes), 8 (not applicable), 9 (unknown whether liver is an involved metastatic site) or blank.

Administrative Notes

New Edit for NAACCR v16

Modifications

NAACCR v18

- Logic format changed
- "bone" in description changed to "liver"

Mets at DX-Liver, Date of Diagnosis (SEER)

Agency: SEER

Last changed: 01/28/2022 21:02:47

Edit Tag N2133*Description*

If year of Date of Diagnosis is blank, this edit is skipped.

This edit is skipped for Registry ID = 0000001565 (Illinois) and year of date of diagnosis = 2018-2019, and for Registry ID = 0000001566 (Texas) and year of date of diagnosis = 2016-2019.

If year of Date of Diagnosis is greater than 2015, then Mets at DX-Liver cannot be blank.

If year of Date of Diagnosis is less than 2016, then Mets at Dx-Liver must be blank.

Mets at DX-Liver, EOD Mets (SEER)***Administrative Notes***

Added to the v16 metafile
(SEER IF542)

Modifications**NAACCR v18**

- Name changed, extra space removed

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) and date of diagnosis 2018-2019;
Registry ID
0000001566 (Texas) and date of diagnosis 2016-2019

Mets at DX-Liver, EOD Mets (SEER)

Agency: SEER

Last changed: 03/22/2018 22:01:12

Edit Tag N3026

Description

Purpose: This edit verifies that Mets at DX-Liver and EOD Mets are coded consistently.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
2. EOD Mets is blank
3. EOD Mets is coded 88.
4. Mets at DX-Liver is blank

If Mets at DX-Liver = 1 (yes), then EOD Mets must not = 00 (no metastasis or unknown if metastasis).

Administrative Notes

New edit - NAACCR v18 metafile.

Mets at DX-Liver, TNM Clin M, Path M (SEER)

Agency: SEER

Last changed: 06/23/2019 18:48:19

Edit Tag N2189

Description

Purpose: This edit verifies that Mets at DX-Liver and TNM Clin M and TNM Path M are coded

Mets at DX-Lung (SEER)

consistently.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is < 2016, > 2017, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. TNM Clin M and TNM Path M are both blank
4. TNM Clin M and TNM Path M are both coded 88. (There is no AJCC 7th Edition staging for the site/histology, or the case is a lymphoid neoplasm excluding ocular adnexal lymphoma and primary cutaneous lymphoma.)
1. Mets at DX-Liver is blank

1. If Mets at DX-Liver = 1 (yes) and TNM Path M is blank, then TNM Clin M must not = c0 or c0I+ (no clinical metastasis).
2. If Mets at DX-Liver = 1 (yes) and TNM Clin M is blank, then TNM Path M must not = c0 or c0I+ (no clinical metastasis).
3. if Mets at DX-Liver = 1 (yes) and TNM Path M and TNM Clin M are both coded, both cannot = c0 or c0I+ (no clinical metastasis).

Administrative Notes

New edit - added to NAACCR v16 metafile.
SEER IF565

Modifications

NAACCR v18
- Restricted to cases diagnosed in 2016 and 2017
- Logic format changed
- SEER edit number added to Administrative Notes

Mets at DX-Lung (SEER)

Agency: SEER

Last changed: 04/14/2018 10:19:56

Edit Tag N2134

Description

Must be a valid Mets at DX-Lung code or blank: 0 (none: no lung metastases), 1 (yes), 8 (not applicable), 9 (unknown whether lung is an involved metastatic site) or blank.

Administrative Notes

New Edit for NAACCR v16

Mets at DX-Lung, Date of Diagnosis (SEER)

Modifications

NAACCR v18

- Logic format changed

- "bone" in description changed to "lung"

Mets at DX-Lung, Date of Diagnosis (SEER)

Agency: SEER

Last changed: 01/28/2022 21:03:34

Edit Tag N2135**Description**

If year of Date of Diagnosis is blank, this edit is skipped.

This edit is skipped for Registry ID = 0000001565 (Illinois) and year of date of diagnosis = 2018-2019, and for Registry ID = 0000001566 (Texas) and year of date of diagnosis = 2016-2019.

If year of Date of Diagnosis is greater than 2015, then Mets at DX-Lung cannot be blank.

If year of Date of Diagnosis is less, than 2016, then Mets at Dx-Lung must be blank.

Administrative Notes

Added to the v16 metafile
(SEER IF543)

Modifications

NAACCR v18

- Name changed, extra space removed

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) and date of diagnosis 2018-2019;
Registry ID
0000001566 (Texas) and date of diagnosis 2016-2019

Mets at DX-Lung, EOD Mets (SEER)

Agency: SEER

Last changed: 03/22/2018 22:01:45

Edit Tag N3027

Mets at DX-Lung, TNM Clin M, Path M (SEER)**Description**

Purpose: This edit verifies that Mets at DX-Lung and EOD Mets are coded consistently.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
2. EOD Mets is blank
3. EOD Mets is coded 88.
4. Mets at DX-Lung is blank

If Mets at DX-Lung = 1 (yes), then EOD Mets must not = 00 (no metastasis or unknown if metastasis).

Administrative Notes

New edit - NAACCR v18 metafile.

Mets at DX-Lung, TNM Clin M, Path M (SEER)

Agency: SEER

Last changed: 06/16/2018 09:32:55

Edit Tag N2190

Description

Purpose: This edit verifies that Mets at DX-Lung and TNM Clin M and TNM Path M are coded consistently.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is < 2016, > 2017, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Clin M and TNM Path M are both blank
5. TNM Clin M and TNM Path M are both coded 88. (There is no AJCC 7th Edition staging for the site/histology, or the case is a lymphoid neoplasm excluding ocular adnexal lymphoma and primary cutaneous lymphoma.)
6. Mets at DX-Lung is blank

1. If Mets at DX-Lung = 1 (yes) and TNM Path M is blank, then TNM Clin M must not = c0 or c0I+ (no clinical metastasis).
2. If Mets at DX-Lung = 1 (yes) and TNM Clin M is blank, then TNM Path M must not = c0 or c0I+ (no clinical metastasis).
3. if Mets at DX-Lung = 1 (yes) and TNM Path M and TNM Clin M are both coded, both cannot = c0 or c0I+ (no clinical metastasis).

Mets at DX-Other (SEER)***Administrative Notes***

New edit - added to NAACCR v16 metafile.
SEER IF566

Modifications

NAACCR v18

- Notation about difference from COC edit removed from Administrative Note
- Restricted to cases diagnosed in 2016 and 2017
- Logic format change
- SEER edit number added to Administrative Notes

Mets at DX-Other (SEER)

Agency: SEER

Last changed: 08/20/2018 15:03:28

Edit Tag N2136

Description

Must be a valid Mets at DX-Other code or blank:

- 0 (none: no other metastases),
- 1 (yes, distant metastases in known site(s) other than bone, brain, liver, lung or distant lymph nodes, including bone marrow involvement for lymphomas),
- 2 (generalized metastases such as carcinomatosis)
- 8 (not applicable),
- 9 (unknown whether any other metastatic site or generalized metastases) or blank.

Administrative Notes

New Edit for NAACCR v16

Modifications

NAACCR v18

- Logic format changed
- "bone" in description changed to "other" ; definitions in description for code 1 and code 9 updated

Mets at DX-Other, Date of Diagnosis (SEER)

Agency: SEER

Last changed: 01/28/2022 21:04:27

Edit Tag N2137

Mets at DX-Other, EOD Mets (SEER)**Description**

If year of Date of Diagnosis is blank, this edit is skipped.

This edit is skipped for Registry ID = 0000001565 (Illinois) and year of date of diagnosis = 2018-2019, and for Registry ID = 0000001566 (Texas) and year of date of diagnosis = 2016-2019.

If year of Date of Diagnosis is greater than 2015, then Mets at DX-Other cannot be blank.

If year of Date of Diagnosis is less than 2016, then Mets at Dx - Other must be blank.

Administrative Notes

Added to the v16 metafile
(SEER IF544)

Modifications

NAACCR v18

- Name changed, extra space removed

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) and date of diagnosis 2018-2019;
Registry ID
0000001566 (Texas) and date of diagnosis 2016-2019

Mets at DX-Other, EOD Mets (SEER)

Agency: SEER

Last changed: 03/21/2018 19:21:49

Edit Tag N3028

Description

Purpose: This edit verifies that Mets at DX-Other and EOD Mets are coded consistently.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
2. EOD Mets is blank
3. EOD Mets is coded 88.
4. Mets at DX-Other is blank

If Mets at DX-Other = 1 (yes), 2 (carcinomatosis) then EOD Mets must not = 00 (no metastasis or unknown if metastasis).

Mets at DX-Other, TNM Clin M, Path M (SEER)***Administrative Notes***

New edit - NAACCR v18 metafile.

Mets at DX-Other, TNM Clin M, Path M (SEER)

Agency: SEER

Last changed: 02/07/2018 22:11:11

Edit Tag N2191

Description

Purpose: This edit verifies that Mets at DX-Other and TNM Clin M and TNM Path M are coded consistently.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is < 2016, > 2017, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Clin M and TNM Path M are both blank
5. TNM Clin M and TNM Path M are both coded 88. (There is no AJCC 7th Edition staging for the site/histology, or the case is a lymphoid neoplasm excluding ocular adnexal lymphoma and primary cutaneous lymphoma.)
6. Mets at DX-Other is blank

1. If Mets at DX-Other = 1 (yes), 2 (carcinomatosis), and TNM Path M is blank, then TNM Clin M must not = c0 or c0I+ (no clinical metastasis).
2. If Mets at DX-Other = 1 (yes), 2 (carcinomatosis), and TNM Clin M is blank, then TNM Path M must not = c0 or c0I+ (no clinical metastasis).
3. if Mets at DX-Other = 1 (yes), 2 (carcinomatosis), and TNM Path M and TNM Clin M are both coded, both cannot = c0 or c0I+ (no clinical metastasis).

Administrative Notes

New edit - added to NAACCR v16 metafile.

(SEER IF567)

This edit differs from the COC edit of the same name in allowing for code 2, carcinomatosis.

Modifications

NAACCR v18

- Restricted to cases diagnosed in 2016 and 2017
- Logic format change

Microsatellite Instability (MSI), Date DX (NAACCR)

Microsatellite Instability (MSI), Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/13/2021 22:19:10

Edit Tag N2694

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Microsatellite Instability (MSI) code or blank:
 - 0: Microsatellite instability (MSI) stable; microsatellite stable (MSS); negative, NOS
AND/OR
Mismatch repair (MMR) intact, no loss of nuclear expression of MMR proteins
MMR proficient (pMMR or MMR-P)
 - 1: MSI unstable low (MSI-L)
 - 2: MSI unstable high (MSI-H)
AND/OR
MMR deficient (dMMR or MMR-D), (loss of nuclear expression of one or more MMR proteins)
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
MSI-indeterminate
MSI-equivocal
Microsatellite Instability (MSI) not assessed or unknown if assessed

Another edit, Microsatellite Instability (MSI), Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

-Description updated for code 0, code 2

NAACCR v22

- Description updated for code 9

Microsatellite Instability (MSI), Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 07/28/2018 11:06:43

Microvascular Density, Date DX (NAACCR)**Edit Tag N2990****Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Microsatellite Instability (MSI) is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00200: Colon and Rectum

Administrative Notes

New edit - NAACCR v18 metafile

Microvascular Density, Date DX (NAACCR)

Agency: NAACCR

Last changed: 12/07/2019 11:40:50

Edit Tag N2668**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Microvascular Density code or blank:

00: No vessels involved

01-99: 01-99 vessels per 0.3 square millimeter (mm2)

X1: Greater than or equal to 100 vessels per 0.3 square millimeter (mm2)

X2: Lowest quartile for laboratory

X3: Second quartile for laboratory

X4: Third quartile for laboratory

X5: Highest quartile for laboratory

X7: Test ordered, results not available

X8: Not applicable: Information not collected for this case

X9: Not documented in medical record

Microvascular Density not assessed or unknown if assessed

Microvascular Density, Schema ID, Required, CoC Flag (SEER)

3. Numeric value must be right-justified and zero-filled.

Another edit, Measured Thickness, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Logic modified, "dd" added to require 2 digits

Microvascular Density, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3935

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Microvascular Density is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Microvascular Density is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00671: Melanoma Uvea (Iris)

00672: Melanoma Uvea (Choroid and Ciliary Body)

Mitotic Count Uveal Melanoma, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Mitotic Count Uveal Melanoma, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/15/2021 22:40:03

Edit Tag N2664

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid Mitotic Count Uveal Melanoma code or blank:

0.0: 0 mitoses per 40 high power fields (HPF)
 Mitoses absent, no mitoses present, no mitotic activity
 0.1-99.9: 0.1-99.9 mitoses per 40 HPF
 XX.1: 100 or more mitoses per 40 HPF
 XX.2: Stated as low mitotic count or rate with no specific number
 XX.3: Stated as high mitotic count or rate with no specific number
 XX.4: Mitotic count described with denominator other than 40 HPF
 XX.7: Test done, results not in chart
 XX.8: Not applicable: Information not collected for this case
 XX.9: Not documented in medical record
 Mitotic Count Uveal Melanoma not assessed or unknown if assessed

3. Code must contain decimal point with at least one character before and one character after decimal point.

Another edit, Mitotic Count Uveal Melanoma, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

NAACCR v22

EditWriter 5

Mitotic Count Uveal Melanoma, Schema ID, Required, CoC Flag (SEER)

- Description, logic updated, leading/trailing blanks trimmed on input value; decimal check modified

Mitotic Count Uveal Melanoma, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3936

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Mitotic Count Uveal Melanoma is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Mitotic Count Uveal Melanoma is not "XX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00671: Melanoma Uvea (Iris)
00672: Melanoma Uvea (Choroid and Ciliary Body)

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

EditWriter 5

Mitotic Rate Melanoma, Date DX (NAACCR)

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Mitotic Rate Melanoma, Date DX (NAACCR)

Agency: NAACCR

Last changed: 12/07/2019 11:39:35

Edit Tag N2657

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Mitotic Rate Melanoma code or blank:

00: 0 mitoses per square millimeter (mm)
 Mitoses absent
 No mitoses present
 01-99: 01-99 mitoses/square mm
 (Exact measurement in mitoses/square mm)
 X1: 100 mitoses/square mm or more
 X2: Stated as "less than 1 mitosis/square mm"
 Stated as "nonmitogenic"
 X3: Stated as "at least 1 mitosis/square mm"
 Stated as "mitogenic"
 X4: Mitotic rate described with denominator other than square millimeter
 X7: Test done, results not in chart
 X8: Not applicable: Information not collected for this case
 X9: Not documented in medical record
 Mitotic Rate Melanoma not assessed or unknown if assessed

3. Numeric values must be right-justified and zero-filled.

Another edit, Mitotic Rate Melanoma, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Logic modified, "dd" added to INLIST statement

Mitotic Rate Melanoma, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2907

Morphology--Type/Behavior ICDO3 (SEER MORPH)**Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Mitotic Rate Melanoma is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00470: Melanoma Skin

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Morphology--Type/Behavior ICDO3 (SEER MORPH)

Agency: SEER

Last changed: 02/04/2023 11:56:49

Edit Tag N0472

Description

This edit is skipped if any of the following conditions are true:

1. Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 is blank
3. Date of Diagnosis is blank

The morphology field is defined by the International Classification of Diseases for

Morphology--Type/Behavior ICDO3 (SEER MORPH)

Oncology, Third Edition (ICD-O-3) and consists of the following subfields:

Histologic Type ICD-O-3 - 4 digits
Behavior Code ICD-O-3 - 1 digit

I. Single Subfield Checks

A. Histology (Histologic Type ICD-O-3)-- must contain a valid ICD-O-3 code. All codes listed in ICD-O with behavior /0, /1, /2, or /3 are valid.

Codes listed in ICD-O-3 with behavior codes of only /0 or /1 may not be reportable unless occurring in sites of brain and central nervous system.

However they are considered valid since use of the behavior matrix of ICD-O-3 allows for the elevation of the behavior of such histologies when the neoplasm is in situ or malignant.

Reportability of histology and behavior by primary site is checked in other edits:

Primary Site, Morphology-Type, Beh ICDO3 (SEER IF25), and Primary Site, Morphology-Type, Beh ICDO3 (COC).

This edit also checks new codes by diagnosis date for additions to ICD-O-3, and changes in behavior for codes by diagnosis date. Codes that are removed from

ICD-O-3 are checked in another edit, by diagnosis date, Obsolete Histologic ICDO3, Date of DX (SEER).

1. To accommodate the new Hematopoietic and Lymphoid Neoplasm Rules effective for cases diagnosed 1/1/2010 and later:

The following Histologic Type ICD-O-3 codes are allowed only for cases with a year of Date of Diagnosis of 2010 and later:

9597, 9688, 9712, 9724, %9725, 9726, 9735, 9737, 9738, **9751, 9759, 9806, 9807, 9808, 9809, 9811, 9812, 9813, 9814, 9815, 9816, 9817, 9818, **9831, 9865, 9869, 9898, 9911, 9965, 9966, 9967, %9971, **9975, ##9991, ##9992

**considered benign and/or borderline prior to 2010 and, if coded with Behavior ICD-O-3 code of 3, required an over-ride [Over-ride Histology).

For cases diagnosed 2010 or later, these histologies are now reportable (with Behavior ICD-O-3 code of 3) and an over-ride (Over-ride Histology) should not be used.

##deleted from ICD-O-3.2 effective for cases diagnosed 1/1/2021

%behavior code changed from /3 to /1 effective for cases diagnosed 1/1/2021.

Over-ride Site/Type may be required with some primary sites.

Morphology--Type/Behavior ICDO3 (SEER MORPH)

2. To accommodate the ICD-O-3 codes effective for cases diagnosed
1/1/2017
and later:

The following Histologic Type ICD-O-3 code with Behavior Code 2 is
allowed only for cases with a year of Date of Diagnosis of 2017 and later:

8343/2

3. To accommodate the ICD-O-3 codes effective for cases diagnosed
1/1/2018 and later:

The following Histologic Type ICD-O-3 codes are allowed only for
cases with a year of Date of Diagnosis of 2018 and later:

8023, 8054, 8085, 8086, 8158, 8163, **8213, 8256, 8257, 8265, **8311, 8339,
8474,
8509,8519, 8552, 8594, 8714, **8825, **8842, 8975, **8983, 9045, 9086,
9137, **9302, **9341, 9385, 9395, 9396, 9425, 9431, 9432, 9445, 9475,
9476, 9477, 9478, 9509, 9542

**considered benign and/or borderline prior to 2018 and, if coded with
Behavior ICD-O-3 code of 3, required an over-ride (Over-ride Histology).
For cases diagnosed 2018 or later, these histologies are now reportable
with Behavior ICD-O-3 code of 3. Over-ride Site/Type may be required
with some primary sites.

4. To accommodate the ICD-O-3.2 codes effective for cases diagnosed
1/1/2021 and later:

The following Histologic Type ICD-O-3 codes are allowed only for
cases with a year of Date of Diagnosis of 2021 and later:

8104, **8158, 8273, 8348, 8349, 8483, 8484, 8563, 8643,**8681,**8682,
**8690, &&8691,
&&8692, 8816, 8817,8818, 8828, 8992, 9126, 9138, 9211, 9212, 9213,
9222,
9563, 9715, 9749, **9766, 9819, 9877, 9878, 9879, 9912, 9968, 9993

**considered benign and/or borderline prior to 2021 and, if coded with
Behavior ICD-O-3 code of 3, required an over-ride (Over-ride Histology or
Over-ride Site/Type). For cases diagnosed 2021 or later, these
histologies
Site/Type
are now reportable (with Behavior ICD-O-3 code of 3). Over-ride
may be required with some primary sites.

&&considered borderline prior to 2021 but no over-ride was required
if coded with /3

The following codes have changed behavior from /3 to /1. If Coded
with /3,
they must be reviewed and Over-ride Histology set if correct.

8833, 9725, 9971

The malignant histology has been removed from the following code and
transferred to another existing code. This code requires Over-Ride
Histology if used for cases diagnosed 2021+.

Morphology--Type/Behavior ICDO3 (SEER MORPH)

9260

5. To accommodate the ICD-O-3.2 codes effective for cases diagnosed 1/1/2022 and later:

The following Histologic Type ICD-O-3 codes are allowed only for cases with a year of Date of Diagnosis of 2022 and later:

8455, 8859, 8976, 9111, **9222, 9366, 9367, 9368

**considered borderline prior to 2022 and, if coded with Behavior ICD-O-3 code of 3, required an over-ride (Over-ride Histology or Over-ride Site/Type). For cases diagnosed 2022 or later, this histology is now reportable (with Behavior ICD-O-3 code of 3). Over-ride Site/Type may be required with some primary sites.

6. To accommodate the ICD-O-3.2 codes effective for cases diagnosed 1/1/2023 and later:

The following Histologic Type ICD-O-3 codes and behaviors are allowed only for cases with a year of Date of Diagnosis 2023 and later. Over-ride Site/Type may be required with some primary sites.

**9174/3, 9509/0, **9509/3, 9749/1

** considered borderline prior to 2023 and, if coded with Behavior ICD-O-3 code of 3, required an over-ride (Over-ride Histology or Over-ride Site/Type). For cases diagnosed 2023 or later, this histology is now reportable (with Behavior ICD-O-3 code of 3). Over-ride Site/Type may be required with some primary sites.

II. Multi-Subfield Checks

The subfields are also checked for consistency among themselves. Each of these checks is defined in detail below.

Histology code 9421 (juvenile astrocytoma), although moving from behavior code 3 in ICD-O-2 to 1 in ICD-O-3, will CONTINUE to be collected with a behavior of 3 and it cannot be over-ridden. For 2018 and later cases, 9421 for topography code C72.3 (optic glioma) may be collected with a behavior of 1. For 2023 and later cases, 9421/1 is accepted for pilocytic astrocytoma; 9421/3 is used to code high-grade astrocytoma with piloid features (HGAP).

Histology codes 8077 and 8519 are not accepted with a behavior code `3' (malignant) and cannot be over-ridden.

The following histology codes are not accepted with behavior code '2' in situ: 8000-8005, 8020, 8021, 8331, 8332, 8800-9055, 9062, 9082, 9083, 9110-9493, 9501-9992. Upon review, these cases can be over-ridden using

Morphology--Type/Behavior ICDO3 (SEER MORPH)

Over-ride Histology. For 2023 and later cases, 9050/2 is accepted.

Beginning with 2018, histology code 9540 is not accepted with behavior code "1" and cannot be overridden.

NOTE:

Over-ride Histology is also used for SEER edit IF31. Code 3 in Over-ride Histology indicates that both SEER's MORPH edit and IF31 are being over-ridden.

NOTE:

Prior to 2018 this edit checked benign/borderline histologies coded as malignant. The Over-ride Histology was set if review confirmed that behavior code was assigned correctly. Beginning with 2018, as any cases that would have failed the benign histology check would have also failed the site/type checks in other edits, requiring the Over-ride Site/Type to be set, the benign histology logic was removed from this edit.

Additional Information:

This edit checks the validity of the ICD-O-3 histologic type subfields histology and behavior. The subfield behavior is checked in a separate edit. The specific error message will identify which part of the code is problematic or which subfields are inconsistent.

Histology and behavior codes are compared, and some combinations of in situ behavior and histology are not allowed. (These histologies are specified in the "Description" section of the documentation.) "In situ" is a concept that only pertains to epithelial neoplasms; therefore, an in situ behavior is not allowed with non-epithelial morphologies, such as sarcomas, leukemias, and lymphomas. In situ behavior is also disallowed for a handful of codes representing epithelial neoplasms which, by their nature, cannot be in situ.

Errors from this edit usually result from misapplication of coding rules. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary. Review the coding of each subfield. Consult a pathologist or medical advisor when necessary.

EXAMPLE

HISTOLOGIC TYPE	9650/3, HODGKIN LYMPHOMA
BEHAVIOR CODE	2, IN SITU

A behavior code of 2, in situ, is not correct for Hodgkin lymphoma. Change the behavior to 3, malignant.

Administrative Notes

In the SEER*Edits software, the title of this edit is: Morph_3

Morphology--Type/Behavior ICDO3 (SEER MORPH)

Note: The COC version of this edit has been deleted since it, over time, has become equivalent to the SEER version of the edit. Edit sets in this metafile using the COC version have been updated to use the SEER version instead.

Modifications:

NACR110C

08/08

Updated edit to require that Histologic Type ICD-O-3 of 9421 (juvenile astrocytoma) be coded with a Behavior ICD-O-3 code of 3 (invasive) per the ICD-O-3 Implementation Guidelines. It cannot be over-ridden.

NACR111

12/14/06

Updated edit to not allow a Behavior ICD-O-3 code of 3 (malignant) with Histologic Type ICD-O-3 of 8077 (squamous intraepithelial neoplasia, grade III). This logic cannot be over-ridden.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

-- Modified to use the date format of CCYMMDD and the new interoperability date functions and rules. Edit will be

skipped if Date of

Diagnosis is blank.

- The following Histologic Type ICD-O-3 codes are allowed only for cases with a year of Date of Diagnosis of 2010 and later:

9597, 9688, 9712, 9724, 9725, 9726, 9735, 9737, 9738, 9759, 9806, 9807, 9808, 9809, 9811, 9812, 9813, 9814, 9815, 9816, 9817,

9818, 9865, 9869, 9898, 9911, 9965, 9966, 9967, 9971, 9991, 9992

- The following Histologic Type ICD-O-3 codes were considered benign and/or borderline prior to 2010 and, if coded

with Behavior

ICD-O-3 code of 3, required an over-ride. For cases diagnosed 2010 or later, these histologies are now reportable

(with Behavior

ICD-O-3 code of 3) and an over-ride should not be used:

9751

9831

9975

- When checking histologies that are not accepted with behavior code `2' (in situ), the range "9501-9989" is now "9501-9992".

Morphology--Type/Behavior ICDO3 (SEER MORPH)

NAACCR v12C

- Changed range of histologies allowed for grades 5-8 from "9590-9948" to "9590-9992".

NAACCR v13A

- Grade checking moved from this edit into new edit: "Histologic Type ICD-O-3, Behavior, Grade (SEER)"
- Removed USR2 processing from logic and replaced with "return ERROR_MSG" processing

NAACCR v15

- Updated edit to allow all benign histologies for C700-C729 and C751-C753. Another edit, "Primary Site, Morphology-Type, Beh ICDO3(SEER IF25)," verifies that site/histology/behavior combinations are correctly coded for these particular sites.

NAACCR v15A

- Edit logic rewritten to use HISICDO3.DBF to validate ICD-O-3 histologies (instead of hard-coded list) and MORPH01.DBF instead of MORPH01.BIN.

NAACCR v18

- Description, edit logic updated to include histology codes effective 1/1/2018
- Tables referenced by edit updated with histology codes effective 1/1/2018
- Call to table in logic updated to EW5 format

NAACCR v18A

- Description, logic modified to remove references to checks on benign morphology codes in ICD-O-3 used with /2 or /3 behavior codes. Behavior is checked in Primary Site, Morphology-Type, Beh ICDO3 (SEER IF25)
- Admin notes for V18 added.
- Failure on invalid date changed to skip

NAACCR v18C

- Description, logic modified to add 8343/2 as valid histology/behavior code for 2017+ diagnoses

NAACCR v18D

- Description, logic updated to allow collection of 9421/1 for site code C72.3 (optic glioma) starting with 2018 diagnoses.

NAACCR v21

- Description, edit logic updated to include histology codes effective 1/1/2021, ICD-O-3.2
- Description updated to note that this edit checks validity of codes occurring in ICD-O-3, and also new codes and changes in behavior by diagnosis date. Other edits check reportability of codes by site, histology, and behavior, and removal of codes from ICD-O-3 by diagnosis date.
- Description, logic updated, for 2018+ 9540 with behavior 1 is invalid with no over-ride

NAACCR v21B

Multigene Signature Method, Date DX (NAACCR)

- Description corrected, "3." for cases diagnosed 01/012021 and later changed to "4."

NAACCR v22

- Description, logic updated to include histology codes effective 1/1/2022, ICD-O-3.2
 - Logic updated to check on use of over-ride when not required for histologies with new malignant behavior code in 2010, 2018, 2021, 2022

NAACCR v23

- Description, logic updated, for diagnosis date 2023 and later 9421/1 allowed, 9050/2 allowed
 - Description, logic updated, 8483, 8484 moved from allowed for 2022+ to allowed for 2021+

NAACCR v23A

- Description, logic updated, for diagnosis date 2023 and later, 9174/3, 9509/0, 9509/3, 9749/1 added.
 - Description updated, to note that Over-ride Histology set for behavior coded as /3 when only /0 or /1 in ICD-O-3 for cases diagnosed before 2018. Check for benign histology coded as malignant moved to site/type edit in 2018. Over-ride Site/Type may be required for some histologies identified in this edit.
 - Logic updated, Over-ride Histology and Over-ride Site/Type checked for cases diagnosed 2018+. Logic to check that Over-ride Histology not set after behavior code changed from /0 or /1 to /3 removed.
 - Logic corrected, comma added between 9878, 9879 in evaluation of histologies for 2021
 - Description, logic updated, 8213/3 considered borderline before 2018, required over-ride if coded with /3

Multigene Signature Method, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2675**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Multigene Signature Method code or blank:

- 1: Mammaprint
 - 2: PAM50 (Prosigna)
 - 3: Breast Cancer Index
 4. EndoPredict
 - 5: Test performed, type of test unknown
 - 6: Multiple tests, any tests in codes 1-4
 - 7: Test done, results not in chart
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
- Multigene Signature Method not assessed or unknown if assessed;

Another edit, Multigene Signature Method, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Multigene Signature Method, Results (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Multigene Signature Method, Results (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6809

Description

This edit verifies that the Multigene Signature Method and Multigene Signature Results

SSDIs are coded consistently with each other.

1. The edit is skipped for the following conditions:
 - a. Diagnosis date is before 2023, blank (unknown), or invalid.
 - b. Multigene Signature Method or Multigene Signature Results is blank or not applicable
 - c. Schema ID not = 00480
 - d. Type of Reporting Source = 7 (Death Certificate Only)
2. If Multigene Signature Results = 00-99, X1-X4 (test results),
Multigene Signature Method = 1-6 (test performed)
3. If Multigene Signature Results = X7 (test ordered results not in chart)
Multigene Signature Method = 7 (test ordered, results not in chart)
4. If Multigene Signature Results = X9 (not documented, unknown)
Multigene Signature Method = 9 (not documented, unknown)

Administrative Notes

New edit - NAACCR v23 metafile

Multigene Signature Method, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2908

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.

Multigene Signature Results, Date DX (NAACCR)

- c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Multigene Signature Method is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.
- Required for Schema ID:
- 00480: Breast

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Multigene Signature Results, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2676

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Multigene Signature Results code or blank:

00-99: 00-99 Actual recurrence score.

Note: Depending on the test, the range of values may be different

X1: Score 100

X2: Low risk

X3: Moderate (intermediate) risk

Multigene Signature Results, Schema ID, Required (NAACCR)

X4: High risk
X7: Test done, results not in chart
X8: Not applicable: Information not collected for this case
X9: Not documented in medical record
Multigene Signature Results not assessed or unknown if assessed

3. Numeric values must be right-justified and zero-filled.

Another edit, Multigene Signature Results, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Multigene Signature Results, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2909

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Multigene Signature Results is not "X8" (not applicable) and not blank) for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00480: Breast

Administrative Notes

New edit - NAACCR v18 metafile

NAACCR Record Version (NAACCR)

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

NAACCR Record Version (NAACCR)

Agency: NAACCR

Last changed: 06/16/2022 22:29:00

Edit Tag N0033

Description

Must be "230" to indicate the current NAACCR standard for NAACCR Record Version 23.

Administrative Notes

Modifications

NAACCR v12

4/2009

- Changed the length of the field from 1 to 3 characters so that the full 3-character record version can be specified beginning with

Version 12.

- Changed allowable code from "B", used to indicate version 11, 11.1, 11.2, and 11.3, to "120", to indicate version 12.0.

NAACCR v12.1

- Changed allowable code from "120" (version 12.0) to "121" (version 12.1).

NAACCR v12.2

- Changed allowable code from "121" (version 12.1) to "122" (version 12.2).

NAACCR v13

- Changed allowable code from "122" (version 12.2) to "130" (version 13).

NAACCR v14

- Changed allowable code from "130" (version 13) to "140" (version 14).

NAACCR v15

- Changed allowable code from "140" (version 14) to "150" (version 15).

NAACCR v16

Name--Birth Surname (NAACCR)

- Changed allowable code from "150" (version 15) to "160" (version 16).

NAACCR v18

- Changed allowable code from "160" (version 16) to "180" (version 18).
- Logic format changed

NAACCR v21

- Changed allowable code from "180" (version 18) to "210" (version 21).

NAACCR v22

- Changed allowable code from "210" (version 21) to "220" (version 22).

NAACCR v23

- Changed allowable code from "220" (version 22) to "230" (version 23).

Name--Birth Surname (NAACCR)

Agency: NAACCR

Last changed: 07/10/2020 21:45:33

Edit Tag N6369

Description

Name--Birth Surname may be blank. If entered, must be alpha, left-justified, and blank-filled. Mixed case, embedded spaces, hyphens, and apostrophes are also allowed. No other special characters are allowed.

Administrative Notes

New edit - NAACCR v21 metafile

Name--First (NPCR)

Agency: NPCR

Last changed: 08/21/2015

Edit Tag N1431

Description

Name--First may not be blank. Must be alpha, left-justified, and blank-filled. Mixed case, embedded spaces, hyphens, and apostrophes are also allowed. No other special characters are allowed.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

This edit differs from the COC edit of the same name in that the field cannot be empty.

Modifications:

Name--Last (NPCR)

NAACCR v12.1A

- Updated to allow hyphens and apostrophes.

NAACCR v12.1B

- Edit corrected to properly validate last character of name.

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:
"a{?}*" changed to "a{a,b,-,'}*"
- Lookup table of valid characters deleted since it is no longer needed

Name--Last (NPCR)

Agency: NPCR

Last changed: 05/16/2020 11:44:03

Edit Tag N0155

Description

Name--Last may not be blank. Must be alpha, left-justified, and blank-filled. Mixed case, embedded spaces, hyphens, and apostrophes are also allowed. No other special characters are allowed.

Administrative Notes

Note: As of the NAACCR v12.1 metafile, the NAACCR edit of the same name has been deleted. Registries are expected to follow the COC standard.

Modifications:

NAACCR v12C

- Edit updated to use the full length of the field (now 40 characters as of v12) when verifying that only allowable characters are included in the data string.

NAACCR v12.1B

- Edit corrected to properly validate last character of name.

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:
"a{?}*" changed to "a{a,b,-,'}*"
- Lookup table of valid characters deleted since it is no longer needed

NAACCR v21

- Name changed from Name--Last (COC)

Name--Middle (NPCR)

- Agency changed from COC to NPCR

Name--Middle (NPCR)

Agency: NPCR

Last changed: 05/16/2020 11:45:12

Edit Tag N0239

Description

Name--Middle may be blank. If entered, must be alpha, left-justified, and blank-filled. Mixed case, embedded spaces, hyphens, and apostrophes are also allowed. No other special characters are allowed.

Administrative Notes

Note: As of the NAACCR v12.1 metafile, the NAACCR edit of the same name has been deleted. Registries are expected to follow the COC standard in that embedded spaces are allowed.

Modifications:**NAACCR v12.1A**

- Updated to allow hyphens and apostrophes.

NAACCR v12.1B

- Edit corrected to properly validate last character of name.

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:
"a{?}*" changed to "a{a,b,-,'}*"
- Lookup table of valid characters deleted since it is no longer needed

NAACCR v21

- Name changed from Name--Middle (COC)
- Agency changed from COC to NPCR

NCCN International Prognostic Index (IPI), Date DX (NAACCR)

Agency: NAACCR

Last changed: 12/07/2019 11:38:09

Edit Tag N2647

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses

NCCN International Prognostic Index (IPI), Lymphoma, Histology (NAACCR)

2. Must be a valid NCCN International Prognostic Index (IPI) code or blank:

00-08: 0-8 points

X1: Stated as low risk (0-1 point)

X2: Stated as low intermediate risk (2-3 points)

X3: Stated as intermediate risk (4-5 points)

X4: Stated as high risk (6-8 points)

X8: Not applicable: Information not collected for this case

X9: Not documented in medical record

NCCN International Prognostic Index (IPI) not assessed or unknown if assessed

3. Numeric values must be right-justified and zero-filled.

Another edit, NCCN International Prognostic Index (IPI), Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Logic modified, "dd" added to INLIST statement

NCCN International Prognostic Index (IPI), Lymphoma, Histology (NAACCR)

Agency: NAACCR

Last changed: 08/11/2020 19:12:11

Edit Tag N6223

Description

This edit checks on consistency of coding between the NCCN International Prognostic Index (IPI) SSDI and Histologic Type ICD-O-3 for Schema ID 00790, Lymphoma.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis is blank (unknown), invalid, or before 2021.
 - b. Schema ID is blank or not 00790.
 - c. NCCN International Prognostic Index (IPI) is blank or X8 (not applicable)
 - d. Histologic Type ICD-O-3 is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If Histology ICD-O-3 is Hodgkin Lymphoma, 965-966
NCCN International Prognostic Index (IPI) must = X9 (not documented in medical record)

NCCN International Prognostic Index (IPI), Schema ID, Required (NAACCR)***Administrative Notes***

New edit - NAACCR v21 metafile

**NCCN International Prognostic Index (IPI), Schema ID,
Required (NAACCR)**

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2946

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that NCCN International Prognostic Index (IPI) is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00790: Lymphoma (excluding CLL/SLL)
00795: Lymphoma (CLL/SLL)

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 00000

NCDB--COVID19--Tx Impact (COC)

01565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

NCDB--COVID19--Tx Impact (COC)

Agency: COC

Last changed: 01/09/2021 17:17:48

*Edit Tag N6406***Description**

This edit checks valid values for NCDB--COVID19--Tx Impact. The data item may be blank.

Valid values:

- 1: Treatment not affected; active surveillance, no change
- 2: First Course of Treatment timeline delayed
- 3: First Course of Treatment plan altered
- 4: Cancelled First Course of Treatment
- 5: Patient refused treatment due to COVID-19
- 9: Not known if treatment affected

Administrative Notes

New edit - NAACCR v21 Metafile

NCDB--SARSCoV2--Pos (COC)

Agency: COC

Last changed: 01/09/2021 17:15:50

*Edit Tag N6404***Description**

This edit checks valid values for NCDB--SARSCoV2--Pos. The data item may be blank.

Valid values:

- 0 Patient did not test positive for active SARS-CoV-2; no positive test
- 1 Patient tested positive for active SARS-CoV-2; test positive on at least one test
- 9 Unknown if tested, test done, results unknown

Administrative Notes

New edit - NAACCR v21 Metafile

Modifications

NCDB--SARSCoV2--Pos Date (COC)

NAACCR v21B

- Description, logic reordered, 0,1,9

NCDB--SARSCoV2--Pos Date (COC)

Agency: COC

Last changed: 12/22/2020 20:08:20

*Edit Tag N6405***Description**

This edit checks valid values for NCDB--SARSCoV2--Pos Date. The data item may be blank. The date must not be invalid or before 2019.

Valid values:

CCYYMMDD Date the patient had a positive test for SARS-CoV-2, the virus that causes the novel coronavirus disease (COVID-19), as documented by a medical provider.
Blank - Date of test is unknown or the date of a positive (diagnostic or serologic) test is unknown for SARS-CoV-2.

Administrative Notes

New edit - NAACCR v21 Metafile

NCDB--SARSCoV2--Test (COC)

Agency: COC

Last changed: 01/09/2021 17:16:24

*Edit Tag N6403***Description**

This edit checks valid values for NCDB--SARSCoV2--Test. The data item may be blank.

Valid values:

0 Patient not tested for SARS-CoV-2; facility records support that patient did not undergo pre-admit or in-hospital testing
1 Patient tested for active SARS-CoV-2
9 Unknown if patient tested for SARS-CoV-2
No facility record of preadmit hospital testing of SARS-CoV-2

Administrative Notes

New edit - NAACCR v21 Metafile

Neoadjuvant Therapy, Date DX (SEER)

Modifications

NAACCR v21A

- Description updated, code "2" changed to code "9"

NAACCR v21B

- Description, logic reordered, 0, 1, 9, with full description for code 0

Neoadjuvant Therapy, Date DX (SEER)

Agency: SEER

Last changed: 07/10/2020 21:41:15

Edit Tag N6339

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2021 diagnoses.

2. Must be a valid Neoadjuvant Therapy code or blank:

- 0: No neoadjuvant therapy, no treatment before surgery, autopsy only
- 1: Neoadjuvant therapy completed according to treatment plan and guidelines
- 2: Neoadjuvant therapy started but not completed
- 3: Limited systemic exposure when the intent was not neoadjuvant;

treatment

did not meet the definition of neoadjuvant therapy

- 9: Unknown if neoadjuvant therapy performed
Death Certificate only (DCO)

Administrative Notes

New edit - NAACCR v21 metafile

Neoadjuvant Therapy, Primary Site, Schema ID (SEER)

Agency: SEER

Last changed: 07/10/2020 21:41:28

Edit Tag N6344

Neoadjuvant Therapy, Required (SEER)**Description**

This edit verifies that Neoadjuvant Therapy is coded 0 for Primary Sites or Schema IDs where neoadjuvant therapy is not part of standard treatment.

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis is pre-2021, blank (unknown), or invalid.
 - b. Schema ID is blank
 - c. Primary Site is blank
 - d. Neoadjuvant Therapy is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. Neoadjuvant Therapy must = 0 (no neoadjuvant treatment given) if Primary Site = C420, C421, C423, C424, or C809, or Schema ID is in the following list:

00790-Lymphoma
 00795-Lymphoma (CLL/SLL)
 00811-Mycosis Fungoides
 00812-Primary Cutaneous Lymphomas (excluding Mycosis Fungoides)
 00821-Plasma Cell Myeloma
 00822-Plasma Cell Disorders
 00830-HemeRetic
 99999-Il1-Defined Other

Administrative Notes

New edit - NAACCR v21 metafile

Neoadjuvant Therapy, Required (SEER)

Agency: SEER

Last changed: 05/05/2022 17:50:38

Edit Tag N6427

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2021, blank (unknown), or invalid.
 - b. Type of Reporting Source = 7 (Death Certificate Only)
 - c. Year of Date of Diagnosis is 2021-2022 and Registry ID = 0000001565 (Illinois)

Neoadjuvant Therapy-Clinical Response, Date DX (SEER)

d. Year of Date of Diagnosis is 2021 and Registry ID = 0000001566 (Texas)

2. This edit verifies that Neoadjuvant Therapy is not blank for Date of Diagnosis 2021+.

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v23

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) for diagnosis date 2021-2022, or 0000001566 (Texas) for diagnosis date 2021

Neoadjuvant Therapy-Clinical Response, Date DX (SEER)

Agency: SEER

Last changed: 07/10/2020 21:41:46

Edit Tag N6340

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2021 diagnoses.

2. Must be a valid Neoadjuvant Therapy-Clinical Response code or blank:

0: Neoadjuvant therapy not given
 1: Complete clinical response (CR) (per managing/treating hysician statement)
 2: Partial clinical response (PR) (per managing/treating physician statement)
 3: Progressive disease (PD) (per managing/treating physician statement)
 4: Stable disease (SD) (per managing/treating physician statement)
 5: No response (NR) (per managing/treating physician statement)
 Not stated as progressive disease (PD) or stable disease (SD)
 6: Neoadjuvant therapy done, managing/treating physician interpretation not available, treatment response inferred from imaging, biomarkers, or yc stage
 7: Complete clinical response based on biopsy results from a pathology report (per pathologist assessment)

Neoadjuvant Therapy-Clinical Response, Primary Site, Schema ID (SEER)

8: Neoadjuvant therapy done, response not documented or unknown

9: Unknown if neoadjuvant therapy performed

Death Certificate only (DCO)

Administrative Notes

New edit - NAACCR v21 metafile

Neoadjuvant Therapy-Clinical Response, Primary Site, Schema ID (SEER)

Agency: SEER

Last changed: 07/11/2020 21:27:12

Edit Tag N6345

Description

This edit verifies that Neoadjuvant Therapy-Clinical Response is coded 0 for Primary Sites or Schema IDs where neoadjuvant therapy is not part of standard treatment.

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis is pre-2021, blank (unknown), or invalid.
 - b. Schema ID is blank
 - c. Primary Site is blank
 - d. Neoadjuvant Therapy-Clinical Response is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. Neoadjuvant Therapy-Clinical Response must = 0 (no neoadjuvant treatment given) if Primary Site = C420, C421, C423, C424, or C809, or Schema ID is in the following list:

00790-Lymphoma
00795-Lymphoma (CLL/SLL)
00811-Mycosis Fungoides
00812-Primary Cutaneous Lymphomas (excluding Mycosis Fungoides)
00821-Plasma Cell Myeloma
00822-Plasma Cell Disorders
00830-HemeRetic
99999-Il1-Defined Other

Neoadjuvant Therapy-Clinical Response, Required (SEER)*Administrative Notes*

New edit - NAACCR v21 metafile

Neoadjuvant Therapy-Clinical Response, Required (SEER)

Agency: SEER

Last changed: 05/05/2022 17:49:53

Edit Tag N6428

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2021, blank (unknown), or invalid.
 - b. Type of Reporting Source = 7 (Death Certificate Only)
 - c. Year of Date of Diagnosis is 2021-2022 and Registry ID = 0000001565 (Illinois)
 - d. Year of Date of Diagnosis is 2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Neoadjuvant Therapy-Clinical Response is not blank for Date of Diagnosis 2021+.

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v23

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) for diagnosis date 2021-2022, or 0000001566 (Texas) for diagnosis date 2021

Neoadjuvant Therapy-Treatment Effect, Date DX (SEER)

Neoadjuvant Therapy-Treatment Effect, Date DX (SEER)

Agency: SEER

Last changed: 05/13/2021 21:00:41

Edit Tag N6341**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2021 diagnoses.

2. Must be a valid Neoadjuvant Therapy-Treatment Effect code or blank:

0: Neoadjuvant therapy not given, no known presurgical therapy
 1-4: Site-specific code type of response
 6: Neoadjuvant therapy completed and surgical resection performed,
 response not documented or unknown
 Cannot be determined
 7: Neoadjuvant therapy completed and planned surgical resection not
 performed
 9: Unknown if neoadjuvant therapy performed
 Unknown if planned surgical procedure performed after completion of
 neoadjuvant therapy
 Death Certificate only (DCO)

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v22

- Logic corrected, code 5 removed as valid value

**Neoadjuvant Therapy-Treatment Effect, Primary Site,
Schema ID (SEER)**

Agency: SEER

Last changed: 07/10/2020 21:42:22

Neoadjuvant Therapy-Treatment Effect, Required (SEER)**Edit Tag N6346****Description**

This edit verifies that Neoadjuvant Therapy-Treatment Effect is coded 0 for Primary Sites or Schema IDs where neoadjuvant therapy is not part of standard treatment.

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis is pre-2021, blank (unknown), or invalid.
 - b. Schema ID is blank
 - c. Primary Site is blank
 - d. Neoadjuvant Therapy-Treatment Effect is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. Neoadjuvant Therapy-Treatment Effect must = 0 (no neoadjuvant treatment given) if Primary Site = C420, C421, C423, C424, or C809, or Schema ID is in the following list:

- 00790-Lymphoma
- 00795-Lymphoma (CLL/SLL)
- 00811-Mycosis Fungoides
- 00812-Primary Cutaneous Lymphomas (excluding Mycosis Fungoides)
- 00821-Plasma Cell Myeloma
- 00822-Plasma Cell Disorders
- 00830-HemeRetic
- 99999-Il1-Defined Other

Administrative Notes

New edit - NAACCR v21 metafile

Neoadjuvant Therapy-Treatment Effect, Required (SEER)

Agency: SEER

Last changed: 05/05/2022 17:50:35

Edit Tag N6429

NPI--Inst Referred From (NAACCR)**Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2021, blank (unknown), or invalid.
 - b. Type of Reporting Source = 7 (Death Certificate Only)
 - c. Year of Date of Diagnosis is 2021-2022 and Registry ID = 0000001565 (Illinois)
 - d. Year of Date of Diagnosis is 2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Neoadjuvant Therapy-Treatment Effect is not blank for Date of Diagnosis 2021+.

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v23

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) for diagnosis date 2021-2022, or 0000001566 (Texas) for diagnosis date 2021

NPI--Inst Referred From (NAACCR)

Agency: NAACCR

Last changed: 04/20/2007

Edit Tag N0873

Description

NPI--Inst Referred From must be a 10-digit number or blank. 0000000000 and 9999999999 are not allowed.

The NPI consists of nine numeric digits followed by a one numeric check digit. A check digit validation is performed using the Luhn Algorithm. The algorithm proceeds in three steps. First, every second digit, beginning with the next-to-rightmost and proceeding to the left, is doubled. If that result is greater than nine, its digits are summed (which is equivalent, for any number in the range 10 through 18, of subtracting 9 from it). Thus a 2 becomes 4 and a 7 becomes 5 (7 X 2 = 14, 14 becomes 1 + 4 = 5). Second, all the digits are summed. (Note: 24 is added to the sum, to account for the ISO prefix for USA (80840) when stored as part of an ID card. The prefix must be accounted for, so the NPI check will be the same with or without the prefix.) Third, the result is divided by 10. If the remainder is zero, the original number is valid.

NPI--Inst Referred To (NAACCR)***Administrative Notes***

Modifications:

NAACCR v11.1A

04/2007

Edit modified to no longer require the first digit to be "2".

NPI--Inst Referred To (NAACCR)

Agency: NAACCR

Last changed: 04/20/2007

*Edit Tag N0874****Description***

NPI--Inst Referred To must be a 10-digit number or blank. 0000000000 and 9999999999 are not allowed.

The NPI consists of nine numeric digits followed by a one numeric check digit. A check digit validation is performed using the Luhn Algorithm. The algorithm proceeds in three steps. First, every second digit, beginning with the next-to-rightmost and proceeding to the left, is doubled. If that result is greater than nine, its digits are summed (which is equivalent, for any number in the range 10 though 18, of subtracting 9 from it). Thus a 2 becomes 4 and a 7 becomes 5 (7 X 2 = 14, 14 becomes 1 + 4 = 5). Second, all the digits are summed. (Note: 24 is added to the sum, to account for the ISO prefix for USA (80840) when stored as part of an ID card. The prefix must be accounted for, so the NPI check will be the same with or without the prefix.) Third, the result is divided by 10. If the remainder is zero, the original number is valid.

Administrative Notes

Modifications:

NAACCR v11.1A

04/2007

Edit modified to no longer require the first digit to be "2".

NPI--Physician 3 (NAACCR)

Agency: NAACCR

Last changed: 01/09/2021 17:20:14

*Edit Tag N0880****Description***

NPI--Physician 3 must be a 10-digit number or blank. 0000000000 and 9999999999 are not allowed.

The NPI consists of nine numeric digits followed by a one numeric check digit. A check digit validation is performed using the Luhn Algorithm. The algorithm proceeds in three steps. First, every second digit, beginning with the next-to-rightmost and proceeding to the left, is doubled. If that result is greater than nine, its digits are summed (which is equivalent, for any number in the range 10 though 18, of subtracting 9 from it). Thus a 2

NPI--Physician 4 (NAACCR)

becomes 4 and a 7 becomes 5 ($7 \times 2 = 14$, 14 becomes $1 + 4 = 5$). Second, all the digits are summed. (Note: 24 is added to the sum, to account for the ISO prefix for USA (80840) when stored as part of an ID card. The prefix must be accounted for, so the NPI check will be the same with or without the prefix.) Third, the result is divided by 10. If the remainder is zero, the original number is valid.

Radiation Oncologist - CoC preferred

Administrative Notes

Modifications:

NAACCR v11.1A

04/2007

Edit modified to no longer require the first digit to be "1".

NAACCR v21B

- Description updated, "Radiation Oncologist - CoC Preferred"

NPI--Physician 4 (NAACCR)

Agency: NAACCR

Last changed: 01/09/2021 17:21:36

Edit Tag N0881

Description

NPI--Physician 4 must be a 10-digit number or blank. 0000000000 and 9999999999 are not allowed.

The NPI consists of nine numeric digits followed by a one numeric check digit. A check digit validation is performed using the Luhn Algorithm. The algorithm proceeds in three steps. First, every second digit, beginning with the next-to-rightmost and proceeding to the left, is doubled. If that result is greater than nine, its digits are summed (which is equivalent, for any number in the range 10 though 18, of subtracting 9 from it). Thus a 2 becomes 4 and a 7 becomes 5 ($7 \times 2 = 14$, 14 becomes $1 + 4 = 5$). Second, all the digits are summed. (Note: 24 is added to the sum, to account for the ISO prefix for USA (80840) when stored as part of an ID card. The prefix must be accounted for, so the NPI check will be the same with or without the prefix.) Third, the result is divided by 10. If the remainder is zero, the original number is valid.

Medical Oncologist - CoC Preferred

Administrative Notes

Modifications:

NAACCR v11.1A

04/2007

EditWriter 5

854

05/01/2023 02:04 PM

NPI--Physician--Follow-Up (NAACCR)

Edit modified to no longer require the first digit to be "1".

NAACCR v21B

- Description updated, "Medical Oncologist - CoC Preferred"

NPI--Physician--Follow-Up (NAACCR)

Agency: NAACCR

Last changed: 04/20/2007

Edit Tag N0878

Description

NPI--Physician Follow_up must be a 10-digit number or blank. 0000000000 and 9999999999 are not allowed.

The NPI consists of nine numeric digits followed by a one numeric check digit. A check digit validation is performed using the Luhn Algorithm. The algorithm proceeds in three steps. First, every second digit, beginning with the next-to-rightmost and proceeding to the left, is doubled. If that result is greater than nine, its digits are summed (which is equivalent, for any number in the range 10 through 18, of subtracting 9 from it). Thus a 2 becomes 4 and a 7 becomes 5 (7 X 2 = 14, 14 becomes 1 + 4 = 5). Second, all the digits are summed. (Note: 24 is added to the sum, to account for the ISO prefix for USA (80840) when stored as part of an ID card. The prefix must be accounted for, so the NPI check will be the same with or without the prefix.) Third, the result is divided by 10. If the remainder is zero, the original number is valid.

Administrative Notes

Modifications:

NAACCR v11.1A

04/2007

Edit modified to no longer require the first digit to be "1".

NPI--Physician--Managing (NAACCR)

Agency: NAACCR

Last changed: 04/20/2007

Edit Tag N0877

Description

NPI--Physician--Managing must be a 10-digit number or blank. 0000000000 and 9999999999 are not allowed.

The NPI consists of nine numeric digits followed by a one numeric check digit. A check digit validation is performed using the Luhn Algorithm. The algorithm proceeds in three steps. First, every second digit, beginning with the next-to-rightmost and proceeding to the left, is doubled. If that result is greater than nine, its digits are summed (which is equivalent, for any number in the range 10 through 18, of subtracting 9 from it). Thus a 2 becomes 4 and a 7 becomes 5 (7 X 2 = 14, 14 becomes 1 + 4 = 5). Second, all the digits are summed. (Note: 24 is added to the sum, to account for the ISO prefix for USA (80840) when stored as part of an ID

NPI--Physician--Primary Surg (NAACCR)

card. The prefix must be accounted for, so the NPI check will be the same with or without the prefix.) Third, the result is divided by 10. If the remainder is zero, the original number is valid.

Administrative Notes

Modifications:

NAACCR v11.1A

04/2007

Edit modified to no longer require the first digit to be "1".

NPI--Physician--Primary Surg (NAACCR)

Agency: NAACCR

Last changed: 10/03/2020 15:55:18

Edit Tag N0879

Description

NPI--Physician--Primary Surg must be a 10-digit number or blank. 0000000000 and 9999999999 are not allowed.

The NPI consists of nine numeric digits followed by a one numeric check digit. A check digit validation is performed using the Luhn Algorithm. The algorithm proceeds in three steps. First, every second digit, beginning with the next-to-rightmost and proceeding to the left, is doubled. If that result is greater than nine, its digits are summed (which is equivalent, for any number in the range 10 through 18, of subtracting 9 from it). Thus a 2 becomes 4 and a 7 becomes 5 (7 X 2 = 14, 14 becomes 1 + 4 = 5). Second, all the digits are summed. (Note: 24 is added to the sum, to account for the ISO prefix for USA (80840) when stored as part of an ID card. The prefix must be accounted for, so the NPI check will be the same with or without the prefix.) Third, the result is divided by 10. If the remainder is zero, the original number is valid.

Administrative Notes

Modifications:

NAACCR v11.1A

04/2007

Edit modified to no longer require the first digit to be "1".

NAACCR v21A

- Name changed from NPI--Physician--Prim Surg (NAACCR)

- Description, logic updated, data item changed from NPI--Physician Prim Surg

EditWriter 5

856

05/01/2023 02:04 PM

NPI--Reporting Facility (NAACCR)**NPI--Reporting Facility (NAACCR)**

Agency: NAACCR

Last changed: 04/20/2007

*Edit Tag N0872***Description**

NPI--Reporting Facility must be a 10-digit number or blank. 0000000000 and 9999999999 are not allowed.

The NPI consists of nine numeric digits followed by a one numeric check digit. A check digit validation is performed using the Luhn Algorithm. The algorithm proceeds in three steps. First, every second digit, beginning with the next-to-rightmost and proceeding to the left, is doubled. If that result is greater than nine, its digits are summed (which is equivalent, for any number in the range 10 though 18, of subtracting 9 from it). Thus a 2 becomes 4 and a 7 becomes 5 (7 X 2 = 14, 14 becomes 1 + 4 = 5). Second, all the digits are summed. (Note: 24 is added to the sum, to account for the ISO prefix for USA (80840) when stored as part of an ID card. The prefix must be accounted for, so the NPI check will be the same with or without the prefix.) Third, the result is divided by 10. If the remainder is zero, the original number is valid.

Administrative Notes

Modifications:

NAACCR v11.1A

04/2007

Edit modified to no longer require the first digit to be "2".

NPI-Physician--Followup, Physician-Followup (GCCS)

Agency: GCCS

Last changed: 06/25/2018 16:34:37

*Edit Tag GA014***Description**

If year of Date of Diagnosis is blank, this edit is skipped.

If the Vendor Name begins with "AP" (the record was created in Abstract Plus), this edit is skipped.

If NPI--Physician--Follow-up is blank, then Physician--Follow-up must not be blank.

NPI-Physician--Managing, Physician-Managing (GCCS)

Agency: GCCS

Last changed: 06/25/2018 16:35:02

Edit Tag GA015

NPI-Physician-Primary Surg, Physician-Primary Surg (GCCS)**Description**

If year of Date of Diagnosis is blank, this edit is skipped.

If the Vendor Name begins with "AP" (the record was created in Abstract Plus), this edit is skipped.

If NPI--Physician--Managing is blank, then Physician--Managing must not be blank.

NPI-Physician-Primary Surg, Physician-Primary Surg (GCCS)

Agency: GCCS

Last changed: 09/12/2022 19:10:34

Edit Tag GA016

Description

This edit is skipped if diagnosis date is blank (unknown) or invalid.

If RX Summ--Surg Prim Site 03-2022 = 00,98 or 99, this edit is skipped.

If RX Summ--Surg Prim Site 2023 = A000,A980,A990,B000 or B990, this edit is skipped.

If the Vendor Name begins with "AP" (the record was created in Abstract Plus), this edit is skipped.

If NPI--Physician--Primary Surg is blank, then Physician--Primary Surg must not be blank.

Administrative Notes

10/19/20 Update field name per NAACCR v21A.

9/12/22 Update to include RX Summ--Surg Prim Site 2023

NRAS Mutational Analysis, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/13/2021 22:24:37

Edit Tag N6237

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2021 diagnoses.

2. Must be a valid NRAS Mutational Analysis code or blank:

0: Normal

NRAS negative, NRAS wild type

Negative for (somatic) mutations, no alterations, no mutations (somatic) identified, not present, not detected

1: Abnormal (mutated)/detected in codon(s) 12, 13, and/or 61

NRAS Mutational Analysis, Schema ID, Required (NAACCR)

2: Abnormal (mutated)/detected, codon(s) specified but not in codon(s) 12, 13, or 61
4: Abnormal (mutated)/detected, NOS, codon(s) not specified
7: Test ordered, results not in chart
8: Not applicable: Information not collected for this case
9: Not documented in medical record
NRAS not assessed or unknown if assessed
Blank: Diagnosis year prior to 2021

Another edit, NRAS Mutational Analysis, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v21 metafile

Modification

NAACCR v22

- Description updated, Blank added as code

NRAS Mutational Analysis, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 06/13/2020 17:33:33

Edit Tag N6238

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2021, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that NRAS Mutational Analysis is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00200: Colon and Rectum

Number of Cores Examined, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v21 metafile

Number of Cores Examined, Date DX (NAACCR)

Agency: NAACCR

Last changed: 12/07/2019 11:51:06

Edit Tag N2712

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Number of Cores Examined code or blank:
 - 01-99: 01-99 cores examined
(Exact number of cores examined)
 - X1: 100 or more cores examined
 - X6: Biopsy cores examined, number unknown
 - X7: No needle core biopsy performed
 - X8: Not applicable: Information not collected for this case
 - X9: Not documented in medical record
Number of Cores Examined not assessed or unknown if assessed
3. Numeric values must be right-justified and zero-filled.

Another edit, Number of Cores Examined, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modification

NAACCR v21

- Logic modified, "dd" added to INLIST statement

Number of Cores Examined, Schema ID, Required (NAACCR)

Number of Cores Examined, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2910

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Number of Cores Examined is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00580: Prostate

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Number of Cores Positive, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2711

Number of Cores Positive, Schema ID, Required (NAACCR)**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Number of Cores Positive code or blank:
 - 00: All examined cores negative
 - 01-99: 1-99 cores positive
(Exact number of cores positive)
 - X1: 100 or more cores positive
 - X6: Biopsy cores positive, number unknown
 - X7: No needle core biopsy performed
 - X8: Not applicable: Information not collected for this case
 - X9: Not documented in medical record
Number of Cores Positive not assessed or unknown if assessed
3. Numeric values must be right-justified and zero-filled.

Another edit, Number of Cores Positive, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Number of Cores Positive, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2911

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Number of Cores Positive is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00580: Prostate

Number of Cores Positive/Examined, Prostate (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Number of Cores Positive/Examined, Prostate (NAACCR)**Agency: NAACCR****Last changed: 01/26/2023 19:39:19*****Edit Tag N6114******Description***

This edit verifies that the Number of Cores Positive and Number of Cores Examined SSDIs are coded consistently with each other.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00580
 - c. Number of Cores Positive and Number of Cores Examined are both blank or not applicable.
2. If Number of Cores Positive = X7 (no needle core biopsy performed), then Number of Cores Examined must = X7 (no needle core biopsy performed).
3. If Number of Cores Examined = X7 (no needle core biopsy performed), then Number of Cores Positive must = X7 (no needle core biopsy performed).
4. If Number of Cores Examined = 01-99 then Number of Cores Positive must = 00-99 and less than or equal to number of cores examined, X6 (Biopsy cores positive number unknown), or X9 (number of cores positive not assessed or unknown if assessed).
5. If Number of Cores Examined = X1 (100 or more cores examined) or X6 (Biopsy cores examined, number unknown), then Number of Cores Positive must = 00-99 (number of positive cores), X1 (100 or more cores positive), X6 (biopsy cores positive, number unknown) or X9 (number of cores positive not assessed or unknown if assessed)

Number of Examined Para-Aortic Nodes, Date DX (NAACCR)

6. If Number of Cores Positive = 00, 01-99, X1 or X6,
then Number of Cores Examined must not equal X9.

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v21**

- Description, logic updated, statements 4 and 5 added

NAACCR v23A

- Description, logic updated, statement 6 added

Number of Examined Para-Aortic Nodes, Date DX (NAACCR)

Agency: NAACCR

Last changed: 02/18/2020 21:00:04

Edit Tag N2643

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Number of Examined Para-Aortic Nodes code or blank:

00: No para-aortic nodes examined
 01-99: 1-99 para-aortic nodes examined
 (Exact number of para-aortic nodes examined)
 X1: 100 or more para-aortic nodes examined
 X2: Para-aortic nodes examined, number unknown
 X6: No para-aortic lymph nodes removed, but aspiration or core biopsy of
 para-aortic node(s) only
 X8: Not applicable: Information not collected for this case
 X9: Not documented in medical record;
 Cannot be determined, indeterminate if para-aortic nodes examined
 No lymph node dissection performed
 Para-Aortic Lymph Nodes not assessed or unknown if assessed

3. Numeric values must be right-justified and zero-filled.

Another edit, Number of Examined Para-Aortic Nodes, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Number of Examined Para-Aortic Nodes, Schema ID, Required, CoC Flag (SEER)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Description updated for code X9

**Number of Examined Para-Aortic Nodes, Schema ID,
Required, CoC Flag (SEER)**

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3937

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1.
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Number of Examined Para-Aortic Nodes is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Number of Examined Para-Aortic Nodes is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00528: Cervix Sarcoma [2021+]
00530: Corpus Carcinoma and Carcinosarcoma
00541: Corpus Sarcoma (Sarcoma)
00542: Corpus Sarcoma (Adenosarcoma)

Administrative Notes

New edit - NAACCR v18 metafile

EditWriter 5

Number of Examined Para-Aortic/Pelvic Nodes, Corpus, Reg Nodes Examined (NAACCR)

Modifications

NAACCR v22

- Description, logic updated to add Schema ID 00528 required for 2021+

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Number of Examined Para-Aortic/Pelvic Nodes, Corpus, Reg Nodes Examined (NAACCR)

Agency: NAACCR

Last changed: 02/21/2021 15:58:12

Edit Tag N6110

Description

This edit verifies that Number of Examined Para-Aortic Nodes and Number of Examined Pelvic Nodes SSDIs are coded consistently with Regional Nodes Examined for Corpus Uteri.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00528, 00530, 00541, 00542
 - c. Number of Examined Para-Aortic Nodes and Number of Examined Pelvic Nodes are both blank or not applicable.
 - d. Regional Nodes Examined is blank
2. If Regional Nodes Examined = 00,
then Number of Examined Para-Aortic Nodes must = 00 or X9 and Number of Examined Pelvic Nodes must = 00 or X9 (no nodes examined or unknown if nodes examined)
3. If Regional Nodes Examined = 95 (aspiration or core biopsy of nodes only)
then Number of Examined Para-Aortic Nodes must = 00, X6 (aspiration or core biopsy only), or X9 and Number of Examined Pelvic Nodes must = 00, X6 (aspiration or core biopsy only), or X9
4. If Number of Examined Para-Aortic Nodes = 01-99, X1, X2, X6 or Number of Examined Pelvic Nodes = 01-99, X1, X2, X6 (examined nodes),
then Regional Nodes Examined must not = 00 (no nodes examined)

Number of Examined Pelvic Nodes, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v18C metafile

Modifications

NAACCR v22

- Description, logic updated to add Schema ID 00528

Number of Examined Pelvic Nodes, Date DX (NAACCR)

Agency: NAACCR

Last changed: 02/18/2020 20:59:53

Edit Tag N2642

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Number of Examined Pelvic Nodes code or blank:

00: No pelvic lymph nodes examined

01-99: 1-99 pelvic lymph nodes examined

(Exact number of pelvic nodes examined)

X1: 100 or more pelvic nodes examined

X2: Pelvic nodes examined, number unknown

X6: No pelvic lymph nodes removed, but aspiration or core biopsy of pelvic

node(s) only

X8: Not applicable: Information not collected for this case

X9: Not documented in medical record

Cannot be determined, indeterminate if pelvic nodes examined

No lymph node dissection performed

Pelvic Lymph Nodes not assessed or unknown if assessed

3. Numeric values must be right-justified and zero-filled.

Another edit, Number of Examined Pelvic Nodes, Schema ID, Required (NAACCR),

checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

EditWriter 5

867

05/01/2023 02:04 PM

Number of Examined Pelvic Nodes, Schema ID, Required, CoC Flag (SEER)

- Description updated for code X9

Number of Examined Pelvic Nodes, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3938

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Number of Examined Pelvic Nodes is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Number of Examined Pelvic Nodes is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00528: Cervix Sarcoma [2021+]
00530: Corpus Carcinoma and Carcinosarcoma
00541: Corpus Sarcoma (Sarcoma)
00542: Corpus Sarcoma (Adenosarcoma)

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description, logic updated to add Schema ID 00528 required for 2021+

Number of Phases of Rad Treatment to This Volume (COC)

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Number of Phases of Rad Treatment to This Volume (COC)

Agency: COC

Last changed: 04/29/2022 18:22:16

Edit Tag N2559**Description**

This data item identifies the total number of phases administered to the patient during the first course of treatment. A "phase" consists of one or more consecutive treatments delivered to the same anatomic volume with no change in the treatment technique. Although the majority of courses of radiation therapy are completed in one or two phases (historically the "regional" and "boost" treatments), there are occasions in which three or more phases are used, most typically with head and neck malignancies.

1. The data item may be blank. Other edits check that the item is recorded according to standard setter requirements by date.
2. Must be right-justified, zero-filled, no blanks within the code.
3. Must be a valid code for Number of Phases of Rad Treatment to This Volume: 00-04, 99.

```

00: No radiation treatment
01: 1 phase
02: 2 phases
03: 3 phases
04: 4 or more phases
99: Unknown number of phases
    Unknown if radiation therapy administered

```

4. For 2021 and forward:


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00: No radiation treatment
01-98: Actual number of phases of radiation
99: Unknown number of phases
    Unknown if radiation therapy administered

```

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v23

- Description, logic corrected to allow values 00, 01-98, 99 for dx year 2021+

Number of Positive Para-Aortic Nodes, Date DX (NAACCR)**Number of Positive Para-Aortic Nodes, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 02/18/2020 20:59:32

Edit Tag N2641**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Number of Positive Para-Aortic Nodes code or blank:

00: All para-aortic lymph nodes examined negative

01-99: 1-99 para-aortic lymph nodes positive

(Exact number of nodes positive)

X1: 100 or more para-aortic nodes positive

X2: Positive para-aortic nodes identified, number unknown

X6: Positive aspiration or core biopsy of para-aortic lymph node(s)

X8: Not applicable: Information not collected for this case

X9: Not documented in medical record

Cannot be determined, indeterminate if positive para-aortic nodes present

No lymph node dissection performed

Para-Aortic Lymph Nodes not assessed or unknown if assessed

3. Numeric values must be right-justified and zero-filled.

Another edit, Number of Positive Para-Aortic Nodes, Schema ID, Required (NAACCR),

checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Description updated for code X9

Number of Positive Para-Aortic Nodes, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Number of Positive Para-Aortic Nodes, Schema ID, Required, CoC Flag (SEER)**Edit Tag N3939****Description**

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)Number of Positive Para-Aortic Nodes is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).
2. This edit verifies that Number of Positive Para-Aortic Nodes is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00528: Cervix Sarcoma [2021+]
00530: Corpus Carcinoma and Carcinosarcoma
00541: Corpus Sarcoma (Sarcoma)
00542: Corpus Sarcoma (Adenosarcoma)

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22**

- Description, logic updated to add Schema ID 00528 required for 2021+

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Number of Positive Para-Aortic/Pelvic Nodes, Corpus, Reg Nodes Positive (NAACCR)

Number of Positive Para-Aortic/Pelvic Nodes, Corpus, Reg Nodes Positive (NAACCR)

Agency: NAACCR

Last changed: 02/21/2021 16:11:31

Edit Tag N6111

Description

This edit verifies that Number of Positive Para-Aortic Nodes and Number of Positive Pelvic Nodes SSDIs are coded consistently with Regional Nodes Positive for Corpus Uteri.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00528, 00530, 00541, 00542
 - c. Number of Positive Para-Aortic Nodes and Number of Positive Pelvic Nodes are both blank or not applicable.
 - d. Regional Nodes Positive is blank
2. If Regional Nodes Positive = 00,
then Number of Positive Para-Aortic Nodes must = 00 or X9 and Number of Positive Pelvic Nodes must = 00 or X9 (no nodes positive or unknown if nodes positive)
3. If Regional Nodes Positive = 95,
then Number of Positive Para-Aortic Nodes must = 00, X6 (positive aspiration or core biopsy), or X9 and Number of Positive Pelvic Nodes must = 00, X6, or X9
4. If Number of Positive Para-aortic Nodes = 01-99, X1, X2, X6 or Number of Positive Pelvic Nodes = 01-99, X1, X2, X6 (positive nodes),
then Regional Nodes Positive must not = 00 (no nodes positive)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v22

- Description, logic updated to add Schema ID 00528

Number of Positive Pelvic Nodes, Date DX (NAACCR)

Agency: NAACCR

Last changed: 02/18/2020 20:59:11

Edit Tag N2640

Number of Positive Pelvic Nodes, Schema ID, Required, CoC Flag (SEER)**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Number of Positive Pelvic Nodes code or blank:
 - 00: All pelvic nodes examined negative
 - 01-99: 1-99 pelvic nodes positive
(Exact number of nodes positive)
 - X1: 100 or more pelvic nodes positive
 - X2: Positive pelvic nodes identified, number unknown
 - X6: Positive aspiration or core biopsy of pelvic lymph node(s)
 - X8: Not applicable: Information not collected for this case
 - X9: Not documented in medical record;
Cannot be determined, indeterminate if positive pelvic nodes present
No lymph node dissection performed
Pelvic Lymph Nodes not assessed or unknown if assessed
3. Numeric values must be right-justified and zero-filled.

Another edit, Number of Positive Pelvic Nodes, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21
- Description updated for code X9

Number of Positive Pelvic Nodes, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3940

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)

Number of Positive Pelvic Nodes/Positive Para-aortic Nodes, Corpus Uteri, EOD Regional Nodes (SEER)
 e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566
 (Texas)

Number of Positive Pelvic Nodes is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

1. This edit verifies that Number of Positive Pelvic Nodes is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00528: Cervix Sarcoma [2021+]
 00530: Corpus Carcinoma and Carcinosarcoma
 00541: Corpus Sarcoma (Sarcoma)
 00542: Corpus Sarcoma (Adenosarcoma)

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description, logic updated to add Schema ID 00528 required for 2021+

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Number of Positive Pelvic Nodes/Positive Para-aortic Nodes, Corpus Uteri, EOD Regional Nodes (SEER)

Agency: SEER

Last changed: 02/06/2022 14:10:33

Edit Tag N6174

Description

This edit verifies that the Number of Positive Pelvic Nodes SSDI and the

Number of Positive Pelvic Nodes/Positive Para-aortic Nodes, Corpus Uteri, EOD Regional Nodes (SEER)

Number of Positive Para-aortic Nodes SSDI are coded consistently with EOD

Regional Nodes for Schema ID 00528, Cervix Sarcoma, 00531, Corpus Carcinoma and Carcinosarcoma, 00541, Corpus Sarcoma, and 00542, Corpus Adenosarcoma.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00528, 00530, 00541, or 00542
 - c. Number of Positive Pelvic Nodes and Number of Positive Para-aortic Nodes are both blank or both = X8 (not applicable)
 - d. EOD Regional Nodes is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)

2. If Schema ID = 00530:
 - a. If Number of Positive Pelvic Nodes = 01-99, X1 (100 or more nodes positive), X2 (positive nodes, number unknown), or X6 (positive aspiration or core biopsy of nodes) and Number of Positive Para-aortic Nodes = 00 (no nodes involved), X8 (not applicable), or X9 (not documented in medical record), then EOD Regional Nodes must = 100, 200, or 300 (positive pelvic nodes)

 - b. If Number of Positive Para-aortic Nodes = 01-99, X1 (100 or more nodes positive), X2 (positive nodes, number unknown), or X6 (positive aspiration or core biopsy of nodes), then EOD Regional Nodes must = 400, 500, or 600 (positive para-aortic nodes)

3. If Schema ID = 00528, 00541 or 00542:
 - a. If Number of Positive Pelvic Nodes = 01-99, X1, X2, or X6 then EOD Regional Nodes must = 300 (positive nodes)

 - b. If Number of Positive Para-aortic Nodes = 01-99, X1, X2, or X6, then EOD Regional Nodes must = 300 (positive nodes)

4. If EOD Regional Nodes = 000 (no nodes involved), then Number of Positive Pelvic Nodes must = 00, X8, or X9 and Number of Positive Para-aortic Nodes must = 00, X8, or X9

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v22
EditWriter 5

Number of Positive Pelvic Nodes/Positive Para-aortic Nodes, Corpus, Behavior ICDO3 (NAACCR)

- Description, logic updated to add Schema ID 00528

NAACCR v22B

- Description, logic updated, COC flag removed from edit

- Name changed from Number of Positive Pelvic Nodes/Positive Para-aortic Nodes, Corpus Uteri, EOD Regional Nodes, CoC Flag (SEER)

Number of Positive Pelvic Nodes/Positive Para-aortic Nodes, Corpus, Behavior ICDO3 (NAACCR)

Agency: NAACCR

Last changed: 08/03/2021 22:11:32

Edit Tag N6175

Description

This edit verifies that the Number of Positive Pelvic Nodes SSDI and the Number of Positive Para-aortic Nodes SSDI are coded consistently with Behavior Code ICD-O-3 code 2 for Schema ID 00530, Corpus Carcinoma.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00528, 00530, 00541, 00542
 - c. Number of Positive Pelvic Nodes and Number of Positive Para-aortic Nodes are both blank or both = X8 (not applicable)
 - d. Behavior Code ICD-O-3 is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Behavior Code ICD-O-3 = 2 (in situ)
Number of Positive Pelvic Nodes must = 00 (no nodes involved), X8 (not applicable), or X9 (not documented in medical record
and Number of Positive Para-aortic Nodes must = 00 (no nodes involved), X8 (not applicable), or X9 (not documented in medical record

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v22

- Description, logic updated to add Schema ID 00528

Number of Positive/Examined Nodes, Corpus, Scope Nodes (NAACCR)

Agency: NAACCR

Last changed: 03/11/2023 10:26:54

Number of Positive/Examined Nodes, Corpus, Scope Nodes (NAACCR)**Edit Tag N6815****Description**

This edit verifies that the Number of Positive and Examined Pelvic Nodes and Number of Positive and Examined Para-Aortic Nodes SSDIs are coded consistently with RX Summ--Scope Reg LN Surgery for Schema ID 00528 Cervix Sarcoma, 00530, Corpus Carcinoma and Carcinosarcoma, 00541, Corpus Sarcoma, and 00542, Corpus Adenosarcoma.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2023, blank (unknown), or invalid.
 - b. Schema ID is not 00528, 00530, 00541, or 00542
 - c. RX Summ--Scope Reg LN Sur is blank
 - d. Type of Reporting Source = 7 (death certificate only)
 - e. All SSDI fields are blank or not applicable

2. For the following SSDIS:
 - Number of Positive Pelvic Nodes
 - Number of Examined Pelvic Nodes
 - Number of Positive Para-Aortic Nodes
 - Number of Examined Para-Aortic Nodes
 - A. If RX Summ--Scope Reg LN Sur = 0 (no procedure performed)
 - the Nodes Positive SSDIs must = X9 (no lymph node dissection performed)
 - the Nodes Examined SSDIs must = 00 (no nodes examined)

 - B. If RX Summ--Scope Reg LN Sur = 1 (nodal aspiration or needle biopsy)
 1. the Nodes Positive SSDIs must = X6 (positive aspiration or biopsy) or X9 (negative aspiration or biopsy, no nodes removed)
 - the Nodes Examined SSDIs must = 00 (no nodes examined) or X6 (aspiration or core biopsy of nodes only)

 - C. If RX Summ--Scope Reg LN Sur = 9 (unknown if procedure performed)
 - the Nodes Positive SSDIs must = X9 (no lymph node dissection performed)
 - the Nodes Examined SSDIs must = X9 (no nodes examined)

Administrative Notes

New edit - NAACCR v23 metafile

Modifications**NAACCR v23A**

- Description first paragraph corrected to state that edit checks consistency between number of nodes positive and examined

Number of Positive/Examined Para-Aortic Nodes, Corpus (NAACCR)
 SSDIs with RX Summ--Scope Reg LN Surgery

Number of Positive/Examined Para-Aortic Nodes, Corpus (NAACCR)

Agency: NAACCR

Last changed: 08/03/2021 22:13:29

Edit Tag N3065

Description

This edit verifies that the Number of Positive Para-Aortic Nodes and Number of Examined Para-Aortic Nodes SSDIs are coded consistently with each other for Schema ID 00528 Cervix Sarcoma, 00531, Corpus Carcinoma and Carcinosarcoma, 00541, Corpus Sarcoma, and 00542, Corpus Adenosarcoma.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00528, 00530, 00541, or 00542
 - c. Number of Examined Para-Aortic Nodes is blank or not applicable
 - d. Number of Positive Para-Aortic Nodes is blank or not applicable.
2. If Number of Examined Para-Aortic Nodes = X6 (aspiration or core biopsy of nodes only), then Number of Positive Para-Aortic Nodes must = X6 (positive aspiration or core biopsy), 00 (all examined nodes negative), or X9 (cannot be determined if positive nodes).
3. If Number of Examined Para-Aortic Nodes = 00 (no nodes examined), then Number of Positive Para-Aortic Nodes must = X9 (nodes not assessed).
4. If Number of Examined Para-Aortic Nodes = 01 to 99 then Number of Positive Para-Aortic Nodes must = X2 (positive nodes number unknown), X9 (cannot be determined if positive nodes), or be less than or equal to number of examined nodes. (Number of Positive Para-Aortic Nodes must not = X1 [100 or more nodes positive] or X6 [positive aspiration or core biopsy].)
5. If Number of Examined Para-Aortic Nodes = X2 (nodes examined, number unknown) or X1 (100 or more nodes examined) then Number of Positive Para-Aortic Nodes must = 00, 01-99, X2 (positive nodes number unknown), X1 (100 or more nodes positive), or X9 (cannot be determined if positive nodes).
6. If Number of Positive Para-Aortic Nodes = X1 (100 or more nodes positive), Number of Examined Para-Aortic Nodes must = X1 (100 or more nodes examined) or X2 (nodes examined, number unknown).

Administrative Notes

New edit - NAACCR v18C metafile

Number of Positive/Examined Pelvic Nodes, Corpus (NAACCR)

Modifications

NAACCR v18D Patch

- Logic corrected to fail for statement 5 if NOT INLIST Number of Positive Para-Aortic Nodes", "00-99,X1,X2,X9", "NOT" added

NAACCR v22

- Description, logic updated to add Schema ID 00528

Number of Positive/Examined Pelvic Nodes, Corpus (NAACCR)

Agency: NAACCR

Last changed: 02/21/2021 16:57:10

Edit Tag N3066

Description

This edit verifies that the Number of Positive Pelvic Nodes and Number of Examined Pelvic Nodes SSDIs are coded consistently with each other for Schema ID 00528 Cervix Sarcoma, 00531, Corpus Carcinoma and Carcinosarcoma, 00541, Corpus Sarcoma, and 00542, Corpus Adenosarcoma.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00528, 00530, 00541, or 00542
 - c. Number of Positive Pelvic Nodes is blank or not applicable.
 - d. Number of Examined Pelvic Nodes is blank or not applicable.
2. If Number of Examined Pelvic Nodes = X6 (aspiration or core biopsy of nodes only), then Number of Positive Pelvic Nodes must = X6 (positive aspiration or core biopsy), 00 (all examined nodes negative), or X9 (cannot be determined if positive nodes).
3. If Number of Examined Pelvic Nodes = 00 (no nodes examined), then Number of Positive Pelvic Nodes must = X9 (nodes not assessed).
4. If Number of Examined Pelvic Nodes = 01 to 99, Number of Positive Pelvic Nodes must = X2 (positive nodes number unknown), X9 (cannot be determined if positive nodes), or be less than or equal to number of examined nodes. (Number of Positive Pelvic Nodes must not = X1 [100 or more nodes positive] or X6 [positive aspiration or core biopsy of nodes]).
5. If Number of Examined Pelvic Nodes = X2 (nodes examined, number unknown) or X1 (100 or more nodes examined) then Number of Positive Pelvic Nodes must = 00, 01-99, X2 (positive nodes number unknown), X1 (100 or more nodes positive), or X9 (cannot be determined if positive nodes).
6. If Number of Positive Pelvic Nodes = X1 (100 or more nodes positive), Number of Examined Pelvic Nodes must = X1 (100 or more nodes examined) or

Obsolete Codes - CS Extension (CS)

X2 (nodes examined, number unknown).

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v18D Patch

- Logic corrected to fail for statement 5 if NOT INLIST Number of Positive Pelvic Nodes", "00-99,X1,X2,X9", "NOT" added

NAACCR v22

- Description, logic updated to add Schema ID 00528

Obsolete Codes - CS Extension (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1206

Description

This edit checks for all obsolete CS Extension codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Extension is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Extension is table number 2), and CS Extension code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102

Obsolete Codes - CS Extension (CS)

9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
 A. If year of Diagnosis is 2010 or higher, an error is generated.
 B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.
 [Example: none for CS Extension]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
 an error is generated.
 [Example: Schema = Breast, CS Extension = 720]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
 an error is generated.
 [Example: Schema = MelanomaHypopharynx, CS Extension = 510]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
 an error is generated.
 [Example: Schema = MelanomaHypopharynx, CS Extension = 150]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
 A. If year of Diagnosis is 2010 or higher, an error is generated.
 B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.
 [Example: none for CS Extension]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
 A. If year of Diagnosis is 2010 or higher, an error is generated.
 B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.
 [Example: none for CS Extension]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
 A. If year of Diagnosis is 2010 or higher, an error is generated.
 B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.
 [Example: Schema = MelanomaHypopharynx, CS Extension = 800]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
 an error is generated.
 (Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
 [Example: Schema = Prostate, CS Extension = 330]

Obsolete Codes - CS Extension (CS)

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Extension]
10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)
[Example: Schema = MelanomaConjunctiva, CS Extension = 400]
11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.
[Example: Schema = SmallIntestine, CS Extension = 095]
12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.
(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)
[Example: Schema = CarcinoidAppendix, CS Extension = 400]
13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: Schema = BileDuctsDistal, CS Extension = 605]
14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: Schema = Appendix, CS Extension = 460]
15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: Schema = CarcinoidAppendix, CS Extension = 501]
16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.
[Example: none for CS Extension]
17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.
[Example: Schema = Breast, CS Extension = 715]
18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Extension]

Obsolete Codes - CS Lymph Nodes (CS)

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
an error is generated.
[Example: none for CS Extension]

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.
(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)
[Example: none for CS Extension]

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.
[Example: Schema = BileDuctsIntraHepat, CS Extension = 750]

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.
[Example: Schema = Ovary, CS Extension = 300]

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF270

Modifications:**NAACCR v12.1**

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
-- OBSOLETE DATA RETAINED V0203
-- OBSOLETE DATA RETAINED V0104
-- OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Lymph Nodes (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1256

Obsolete Codes - CS Lymph Nodes (CS)**Description**

This edit checks for all obsolete CS Lymph Nodes codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Lymph Nodes is table number 4), and CS Lymph Nodes code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
 A. If year of Diagnosis is 2010 or higher, an error is generated.
 B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
 [Example: none for CS Lymph Nodes]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
 an error is generated.
 [Example: none for CS Lymph Nodes]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
 an error is generated.
 [Example: none for CS Lymph Nodes]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
 an error is generated.

Obsolete Codes - CS Lymph Nodes (CS)

[Example: Schema = Thyroid, CS Lymph Nodes = 140]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Lymph Nodes]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Lymph Nodes]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: Schema = Bladder, CS Lymph Nodes = 100]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:

an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: Schema = Thyroid, CS Lymph Nodes = 200]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:

an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: Schema = Thyroid, CS Lymph Nodes = 100]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:

an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: Schema = Vagina, CS Lymph Nodes = 100]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:

an error is generated.

[Example: Schema = Breast, CS Lymph Nodes = 290]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:

an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: Schema = Thyroid, CS Lymph Nodes = 130]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: Schema = BileDuctsIntrahepat, CS Lymph Nodes = 300]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

Obsolete Codes - CS Lymph Nodes (CS)

[Example: Schema = Rectum, CS Lymph Nodes = 100]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: none]
16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.
17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.
18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.
19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
an error is generated.
20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.
(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)
21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.
22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF272

Modifications:**NAACCR v12.1**

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.

- Modified to include the additional types of obsolete codes that were added for CSv0204.

- Modified to include 3 types of obsolete codes left out of previous versions of the edit:

Obsolete Codes - CS Lymph Nodes Eval (CS)

- OBSOLETE DATA RETAINED V0203
- OBSOLETE DATA RETAINED V0104
- OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Lymph Nodes Eval (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1260***Description**

This edit checks for all obsolete CS Lymph Nodes Eval codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes Eval is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Lymph Nodes Eval is table number 5, and CS Lymph Nodes Eval code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204

Obsolete Codes - CS Lymph Nodes Eval (CS)

- 20. OBSOLETE DATA REVIEWED AND CHANGED V0204
- 21. OBSOLETE DATA RETAINED AND REVIEWED V0204
- 22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Lymph Nodes Eval]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.
[Example: none for CS Lymph Nodes Eval]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.
[Example: none for CS Lymph Nodes Eval]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.
[Example: none for CS Lymph Nodes Eval]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Lymph Nodes Eval]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Lymph Nodes Eval]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: Schema = MelanomaEyeOther, CS Lymph Nodes Eval = 0]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Lymph Nodes Eval]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Lymph Nodes Eval]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)
[Example: none for CS Lymph Nodes Eval]

Obsolete Codes - CS Lymph Nodes Eval (CS)

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.

[Example: none for CS Lymph Nodes Eval]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Lymph Nodes Eval]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Lymph Nodes Eval]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Lymph Nodes Eval]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Lymph Nodes Eval]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

Obsolete Codes - CS Mets at DX (CS)

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF273

Modifications:**NAACCR v12.1**

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v13

- Deleted duplicate error logic

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Mets at DX (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1257

Description

This edit checks for all obsolete CS Mets at DX codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Mets at DX is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Obsolete Codes - CS Mets at DX (CS)

Using the returned schema name, CS table number (CS Mets at DX is table number 8), and CS Mets at DX code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Mets at DX]
2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:

an error is generated.
[Example: none for CS Mets at DX]
3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:

an error is generated.
[Example: none for CS Mets at DX]
4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:

an error is generated.
[Example: Schema = Lung, CS Mets at DX = 10]
5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Mets at DX]
6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Mets at DX]

Obsolete Codes - CS Mets at DX (CS)

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: Schema = Bladder, CS Mets at DX = 10]
8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Mets at DX]
9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: Schema = Thyroid, CS Mets at DX = 10]
10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)
[Example: Schema = Esophagus, CS Mets at DX = 12]
11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.
[Example: Schema = Appendix, CS Mets at DX = 07]
12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.
(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)
[Example: Schema = GISTEsophagus, CS Mets at DX = 50]
13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: Schema = Ovary, CS Mets at DX = 60]
14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: Schema = Brain, CS Mets at DX = 10]
15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: none for CS Mets at DX]
16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

Obsolete Codes - CS Mets at DX (CS)

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
- B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF274

Modifications:**NAACCR v12C**

- Replaced reference to "CS Lymph Nodes" in description with "CS Mets at DX".

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Mets Eval (CS)

Obsolete Codes - CS Mets Eval (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1261***Description**

This edit checks for all obsolete CS Mets Eval codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Mets Eval is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Mets Eval is table number 9, and CS Mets Eval code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
 [Example: none for CS Mets Eval]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
 - A. an error is generated.

Obsolete Codes - CS Mets Eval (CS)

[Example: none for CS Mets Eval]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Mets Eval]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: none for CS Mets Eval]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Mets Eval]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Mets Eval]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: Schema = MelanomaEyeOther, CS Mets Eval = 0]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Mets Eval]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Mets Eval]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Mets Eval]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.

[Example: none for CS Mets Eval]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Mets Eval]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

Obsolete Codes - CS Mets Eval (CS)

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Mets Eval]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Mets Eval]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Mets Eval]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF275

Modifications:

Obsolete Codes - CS Site-Specific Factor 1 (CS)

NAACCR v12.1

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.

- Modified to include the additional types of obsolete codes that were added for CSv0204.

- Modified to include 3 types of obsolete codes left out of previous versions of the edit:

-- OBSOLETE DATA RETAINED V0203

-- OBSOLETE DATA RETAINED V0104

-- OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor 1 (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1262

Description

This edit checks for all obsolete CS Site-Specific Factor 1 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

TThis edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 1 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor 1 is table number 10), and CS Site-Specific Factor 1 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200

Obsolete Codes - CS Site-Specific Factor 1 (CS)

11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor 1]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.

[Example: Schema = MelanomaSkin, CS Site-Specific Factor 1 = 990]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Site-Specific Factor 1]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: Schema = Prostate, CS Site-Specific Factor 1 = 000]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor 1]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor 1]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: Schema = CarcinoidAppendix, CS Site-Specific Factor 1 = 000]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 1]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.

Obsolete Codes - CS Site-Specific Factor 1 (CS)

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 1]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor 1]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.

[Example: Schema = Appendix, CS Site-Specific Factor 1 = 000]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor 1]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 1]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 1]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: Schema = MyelomaPlasmaCellDisorder, CS Site-Specific Factor 1 = 000]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.

Obsolete Codes - CS Site-Specific Factor 2 (CS)

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF276

Modifications:

NAACCR v12.1

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor 2 (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1263

Description

This edit checks for all obsolete CS Site-Specific Factor 2 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 2 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

Obsolete Codes - CS Site-Specific Factor 2 (CS)

This edit is also skipped if schema is MelanomaIris.

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor 2 is table number 11), and CS Site-Specific Factor 2 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: Schema = BuccalMucosa, CS Site-Specific Factor 2 = 987]
2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:

an error is generated.
[Example: none for CS Site-Specific Factor 2]
3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:

an error is generated.
[Example: none for CS Site-Specific Factor 2]
4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:

an error is generated.
[Example: Schema = Prostate, CS Site-Specific Factor 2 = 000]
5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.

Obsolete Codes - CS Site-Specific Factor 2 (CS)

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 2]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 2]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: Schema = BuccalMucosa, CS Site-Specific Factor 2 = 000]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 2]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 2]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor 2]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.

[Example: Schema = Breast, CS Site-Specific Factor 2 = 000]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: Schema = Esophagus, CS Site-Specific Factor 2 = 100]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 2]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 2]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

Obsolete Codes - CS Site-Specific Factor 2 (CS)

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor 2]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSV0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF277

Modifications:**NAACCR v12.1**

- Modified to handle the additional types of obsolete codes that were added for CSV0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.

- Modified to include the additional types of obsolete codes that were added for CSV0204.

- Modified to include 3 types of obsolete codes left out of previous versions of the edit:

-- OBSOLETE DATA RETAINED V0203

-- OBSOLETE DATA RETAINED V0104

-- OBSOLETE DATA RETAINED V0202

Obsolete Codes - CS Site-Specific Factor 3 (CS)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor 3 (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1264**Description**

This edit checks for all obsolete CS Site-Specific Factor 3 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 3 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor 3 is table number 12), and CS Site-Specific Factor 3 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204

Obsolete Codes - CS Site-Specific Factor 3 (CS)

22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor 3]
2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.
[Example: none for CS Site-Specific Factor 3]
3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.
[Example: none for CS Site-Specific Factor 3]
4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.
[Example: Schema = Prostate, CS Site-Specific Factor 3 = 020]
5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor 3]
6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor 3]
7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: Schema = Testis, CS Site-Specific Factor 3 = 000]
8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: Schema = Prostate, CS Site-Specific Factor 3 = 031]
9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor 3]
10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)
[Example: none for CS Site-Specific Factor 3]
11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.

Obsolete Codes - CS Site-Specific Factor 3 (CS)

[Example: Schema = Cervix, CS Site-Specific Factor 3 = 000]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor 3]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: Schema = Prostate, CS Site-Specific Factor 3 = 410]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 3]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 3]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Obsolete Codes - CS Site-Specific Factor 4 (CS)***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF278

Modifications:**NAACCR v12.1**

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.

- Modified to include the additional types of obsolete codes that were added for CSv0204.

- Modified to include 3 types of obsolete codes left out of previous versions of the edit:

-- OBSOLETE DATA RETAINED V0203

-- OBSOLETE DATA RETAINED V0104

-- OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor 4 (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1265

Description

This edit checks for all obsolete CS Site-Specific Factor 4 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 4 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor 4 is table number 13), and CS Site-Specific Factor 4 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200

Obsolete Codes - CS Site-Specific Factor 4 (CS)

2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
 [Example: none for CS Site-Specific Factor 4]
2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
 an error is generated.
 [Example: none for CS Site-Specific Factor 4]
3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
 an error is generated.
 [Example: none for CS Site-Specific Factor 4]
4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
 an error is generated.
 [Example: Schema = Appendix, CS Site-Specific Factor 4 = 888]
5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
 [Example: none for CS Site-Specific Factor 4]
6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 [Example: Schema = Prostate, CS Site-Specific Factor 4 = 000]
7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
 [Example: none for CS Site-Specific Factor 4]
8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
 an error is generated.

Obsolete Codes - CS Site-Specific Factor 4 (CS)

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 4]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 4]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor 4]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.

[Example: Schema = Esophagus, CS Site-Specific Factor 4 = 990]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: Schema = Esophagus, CS Site-Specific Factor 4 = 000]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 4]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 4]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 4]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

[Example: none for CS Extension]

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

Obsolete Codes - CS Site-Specific Factor 5 (CS)

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF279

Modifications:**NAACCR v12.1**

- Modified to handle the additional types of obsolete codes that were added for CSV0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.

- Modified to include the additional types of obsolete codes that were added for CSV0204.

- Modified to include 3 types of obsolete codes left out of previous versions of the edit:

-- OBSOLETE DATA RETAINED V0203

-- OBSOLETE DATA RETAINED V0104

-- OBSOLETE DATA RETAINED V0202

NAACCR v12.2A

- Description corrected: conditions 17-22 were included twice; first set removed.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor 5 (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Obsolete Codes - CS Site-Specific Factor 5 (CS)**Edit Tag N1266****Description**

This edit checks for all obsolete CS Site-Specific Factor 5 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 5 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor 5 is table number 14), and CS Site-Specific Factor 5 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
 A. If year of Diagnosis is 2010 or higher, an error is generated.
 B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 5]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
 an error is generated.

[Example: none for CS Site-Specific Factor 5]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:

Obsolete Codes - CS Site-Specific Factor 5 (CS)

an error is generated.

[Example: none for CS Site-Specific Factor 5]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: Schema = Testis, CS Site-Specific Factor 5 = 001]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor 5]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor 5]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: Schema = Prostate, CS Site-Specific Factor 5 = 000]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:

an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 5]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:

an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 5]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:

an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor 5]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:

an error is generated.

[Example: Schema = Cervix, CS Site-Specific Factor 5 = 000]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:

an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: Schema = Esophagus, CS Site-Specific Factor 5 = 000]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor 5]

Obsolete Codes - CS Site-Specific Factor 5 (CS)

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: none for CS Site-Specific Factor 5]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: none for CS Site-Specific Factor 5]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.
(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF280

Modifications:

NAACCR v12.1

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

Obsolete Codes - CS Site-Specific Factor 6 (CS)

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

Obsolete Codes - CS Site-Specific Factor 6 (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1267***Description**

This edit checks for all obsolete CS Site-Specific Factor 6 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 6 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor 6 is table number 15), and CS Site-Specific Factor 6 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200

Obsolete Codes - CS Site-Specific Factor 6 (CS)

8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor 6]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.

[Example: none for CS Site-Specific Factor 6]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Site-Specific Factor 6]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: Schema = Appendix, CS Site-Specific Factor 6 = 888]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor 6]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor 6]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: Schema = Prostate, CS Site-Specific Factor 6 = 000]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 6]

Obsolete Codes - CS Site-Specific Factor 6 (CS)

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor 6]
10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)
[Example: none for CS Site-Specific Factor 6]
11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.
[Example: Schema = GISTEsophagus, CS Site-Specific Factor 6 = 995]
12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.
(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)
[Example: none for CS Site-Specific Factor 6]
13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: none for CS Site-Specific Factor 6]
14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: none for CS Site-Specific Factor 6]
15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: none for CS Site-Specific Factor 6]
16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.
17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.
18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.
19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
an error is generated.

Obsolete Codes - CS Site-Specific Factor 7 (CS)

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF281

Modifications:

NAACCR v12.1

- Modified to handle the additional types of obsolete codes that were added for CSV0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.

- Modified to include the additional types of obsolete codes that were added for CSV0204.

- Modified to include 3 types of obsolete codes left out of previous versions of the edit:

-- OBSOLETE DATA RETAINED V0203

-- OBSOLETE DATA RETAINED V0104

-- OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor 7 (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1408

Description

This edit checks for all obsolete CS Site-Specific Factor 7 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 7 is blank

Obsolete Codes - CS Site-Specific Factor 7 (CS)

2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor 7 is table number 16), and CS Site-Specific Factor 7 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor 7]
2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:

an error is generated.
[Example: none for CS Site-Specific Factor 7]
3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:

an error is generated.
[Example: none for CS Site-Specific Factor 7]
4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:

an error is generated.
[Example: Schema = GISTEsophagus, CS Site-Specific Factor 7 = 888]
5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.

Obsolete Codes - CS Site-Specific Factor 7 (CS)

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 7]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 7]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 7]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 7]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 7]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor 7]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.

[Example: Schema = Cervix, CS Site-Specific Factor 7 = 000]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: Schema = Brain, CS Site-Specific Factor 7 = 022]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 7]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 7]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

Obsolete Codes - CS Site-Specific Factor 7 (CS)

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor 7]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSV0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF324

Modifications:**NAACCR v12.2**

- Updated to skip if CS Version Input Original is blank.

- Modified to include the additional types of obsolete codes that were added for CSV0204.

- Modified to include 3 types of obsolete codes left out of previous versions of the edit:

-- OBSOLETE DATA RETAINED V0203

-- OBSOLETE DATA RETAINED V0104

-- OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

Obsolete Codes - CS Site-Specific Factor 8 (CS)

- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor 8 (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1409

Description

This edit checks for all obsolete CS Site-Specific Factor 8 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 8 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor 8 is table number 17), and CS Site-Specific Factor 8 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.

Obsolete Codes - CS Site-Specific Factor 8 (CS)

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor 8]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.

[Example: none for CS Site-Specific Factor 8]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Site-Specific Factor 8]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: none for CS Site-Specific Factor 8]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor 8]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor 8]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor 8]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 8]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 8]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor 8]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.

[Example: Schema = Breast, CS Site-Specific Factor 8 = 001]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.

Obsolete Codes - CS Site-Specific Factor 8 (CS)

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor 8]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: none for CS Site-Specific Factor 8]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: none for CS Site-Specific Factor 8]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: none for CS Site-Specific Factor 8]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.
(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Obsolete Codes - CS Site-Specific Factor 9 (CS)

In the SEER*Edits software, the title of this edit is: IF325

Modifications:**NAACCR v12.2**

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor 9 (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1410***Description***

This edit checks for all obsolete CS Site-Specific Factor 9 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 9 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor 9 is table number 18), and CS Site-Specific Factor 9 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200

Obsolete Codes - CS Site-Specific Factor 9 (CS)

8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 9]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.

[Example: none for CS Site-Specific Factor 9]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Site-Specific Factor 9]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: none for CS Site-Specific Factor 9]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 9]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 9]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 9]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 9]

Obsolete Codes - CS Site-Specific Factor 9 (CS)

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor 9]
10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)
[Example: none for CS Site-Specific Factor 9]
11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.
[Example: Schema = Cervix, CS Site-Specific Factor 9 = 000]
12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.
(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)
[Example: none for CS Site-Specific Factor 9]
13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.
[Example: none for CS Site-Specific Factor 9]
14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.
[Example: none for CS Site-Specific Factor 9]
15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.
[Example: none for CS Site-Specific Factor 9]
16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV02), an error is generated.
17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSV0202), an error is generated.
18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV2), an error is generated.
19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
an error is generated.

Obsolete Codes - CS Site-Specific Factor10 (CS)

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF326

Modifications:**NAACCR v12.2**

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor10 (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1411

Description

This edit checks for all obsolete CS Site-Specific Factor10 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor10 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

Obsolete Codes - CS Site-Specific Factor10 (CS)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor10 is table number 19), and CS Site-Specific Factor10 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
- [Example: none for CS Site-Specific Factor10]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.

[Example: none for CS Site-Specific Factor10]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Site-Specific Factor10]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: none for CS Site-Specific Factor10]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
- [Example: none for CS Site-Specific Factor10]

Obsolete Codes - CS Site-Specific Factor10 (CS)

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor10]
7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor10]
8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor10]
9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor10]
10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)
[Example: none for CS Site-Specific Factor10]
11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.
[Example: Schema = Breast, CS Site-Specific Factor10 = 981-986]
12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.
(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)
[Example: none for CS Site-Specific Factor10]
13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: none for CS Site-Specific Factor10]
14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: none for CS Site-Specific Factor10]
15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: none for CS Site-Specific Factor10]

Obsolete Codes - CS Site-Specific Factor10 (CS)

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
- B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF327

Modifications:

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor11 (CS)

Obsolete Codes - CS Site-Specific Factor11 (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1412***Description**

This edit checks for all obsolete CS Site-Specific Factor11 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor11 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor11 is table number 20), and CS Site-Specific Factor11 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor11]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:

Obsolete Codes - CS Site-Specific Factor11 (CS)

an error is generated.

[Example: none for CS Site-Specific Factor11]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Site-Specific Factor11]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: Schema = NETColon, CS Site-Specific Factor11 = 888]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor11]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor11]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor11]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor11]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor11]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor11]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.

[Example: Schema = GISTAppendix, CS Site-Specific Factor11 = 995]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor11]

Note: Although for Testis schema, CS Site-Specific Factor11 of 000, 010, and 999 are listed in CSV0203 as OBSOLETE DATA REVIEWED AND CHANGED V0203, it is a mistake

Obsolete Codes - CS Site-Specific Factor11 (CS)

and will be changed to OBSOLETE DATA RETAINED in the next release of CS. These three codes should not generate errors.

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
 - B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
- [Example: none for CS Site-Specific Factor11]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
 - B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
- [Example: none for CS Site-Specific Factor11]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
 - B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
- [Example: none for CS Site-Specific Factor11]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
- B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Obsolete Codes - CS Site-Specific Factor12 (CS)

In the SEER*Edits software, the title of this edit is: IF328

Modifications:**NAACCR v12.2**

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor12 (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1413

Description

This edit checks for all obsolete CS Site-Specific Factor12 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor12 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor12 is table number 21), and CS Site-Specific Factor12 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102

Obsolete Codes - CS Site-Specific Factor12 (CS)

9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor12]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.

[Example: none for CS Site-Specific Factor12]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Site-Specific Factor12]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: none for CS Site-Specific Factor12]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor12]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor12]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor12]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor12]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:

Obsolete Codes - CS Site-Specific Factor12 (CS)

an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor12]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:

an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor12]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:

an error is generated.

[Example: Schema = Breast, CS Site-Specific Factor12 = 981-986]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor12]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor12]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor12]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor12]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

Obsolete Codes - CS Site-Specific Factor13 (CS)

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF329

Modifications:

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor13 (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1414

Description

This edit checks for all obsolete CS Site-Specific Factor13 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor13 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

Obsolete Codes - CS Site-Specific Factor13 (CS)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor13 is table number 22), and CS Site-Specific Factor13 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
- [Example: none for CS Site-Specific Factor13]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.

[Example: none for CS Site-Specific Factor13]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Site-Specific Factor13]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: none for CS Site-Specific Factor13]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
- [Example: none for CS Site-Specific Factor13]

Obsolete Codes - CS Site-Specific Factor13 (CS)

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor13]
7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
[Example: none for CS Site-Specific Factor13]
8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor13]
9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor13]
10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)
[Example: none for CS Site-Specific Factor13]
11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.
[Example: Schema = BileDuctsDistal, CS Site-Specific Factor13 = 000]
12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.
(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)
[Example: none for CS Site-Specific Factor13]
13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: none for CS Site-Specific Factor13]
14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: none for CS Site-Specific Factor13]
15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: none for CS Site-Specific Factor13]

Obsolete Codes - CS Site-Specific Factor13 (CS)

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
- B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF330

Modifications:

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor15 (CS)

Obsolete Codes - CS Site-Specific Factor15 (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1415***Description**

This edit checks for all obsolete CS Site-Specific Factor15 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor15 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor15 is table number 24), and CS Site-Specific Factor15 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor15]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:

Obsolete Codes - CS Site-Specific Factor15 (CS)

an error is generated.

[Example: none for CS Site-Specific Factor15]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Site-Specific Factor15]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: none for CS Site-Specific Factor15]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor15]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor15]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor15]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor15]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor15]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor15]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.

[Example: Schema = Vulva, CS Site-Specific Factor15 = 000]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor15]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

Obsolete Codes - CS Site-Specific Factor15 (CS)

- A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: none for CS Site-Specific Factor15]
14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: none for CS Site-Specific Factor15]
15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: none for CS Site-Specific Factor15]
16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.
17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.
18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.
19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
an error is generated.
20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.
(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)
21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.
22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF332

Modifications:

Obsolete Codes - CS Site-Specific Factor19 (CS)

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor19 (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1416***Description**

This edit checks for all obsolete CS Site-Specific Factor19 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor19 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor19 is table number 28), and CS Site-Specific Factor19 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203

Obsolete Codes - CS Site-Specific Factor19 (CS)

13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.[Example: none for CS Site-Specific Factor19]
2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.
[Example: none for CS Site-Specific Factor19]
3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.
[Example: none for CS Site-Specific Factor19]
4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.
[Example: none for CS Site-Specific Factor19]
5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.[Example: none for CS Site-Specific Factor19]
6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.[Example: none for CS Site-Specific Factor19]
7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.[Example: none for CS Site-Specific Factor19]
8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor19]
9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Site-Specific Factor19]

Obsolete Codes - CS Site-Specific Factor19 (CS)

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor19]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.

[Example: Schema = Breast, CS Site-Specific Factor19 = 998]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor19]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor19]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor19]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor19]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

Obsolete Codes - CS Site-Specific Factor21 (CS)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF336

Modifications:**NAACCR v12.2**

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor21 (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1417

Description

This edit checks for all obsolete CS Site-Specific Factor21 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor21 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Obsolete Codes - CS Site-Specific Factor21 (CS)

Using the returned schema name, CS table number (CS Site-Specific Factor21 is table number 30), and CS Site-Specific Factor21 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
 [Example: none for CS Site-Specific Factor21]
2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:

an error is generated.

 [Example: none for CS Site-Specific Factor21]
3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:

an error is generated.

 [Example: none for CS Site-Specific Factor21]
4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:

an error is generated.

 [Example: none for CS Site-Specific Factor21]
5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
 [Example: none for CS Site-Specific Factor21]
6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
 [Example: none for CS Site-Specific Factor21]

Obsolete Codes - CS Site-Specific Factor21 (CS)

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.[Example: none for CS Site-Specific Factor21]
8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:

an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor21]
9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:

an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor21]
10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:

an error is generated.
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor21]
11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:

an error is generated.

[Example: Schema = Breast, CS Site-Specific Factor21 = 998]
12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:

an error is generated.
(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor21]
13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:
 - A. If year of Diagnosis is 2011 or higher, an error is generated.
 - B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.[Example: none for CS Site-Specific Factor21]
14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:
 - A. If year of Diagnosis is 2011 or higher, an error is generated.
 - B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.[Example: none for CS Site-Specific Factor21]
15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:
 - A. If year of Diagnosis is 2011 or higher, an error is generated.
 - B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.[Example: none for CS Site-Specific Factor21]
16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

Obsolete Codes - CS Site-Specific Factor21 (CS)

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
- B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF338

Modifications:

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v12.2A

- SEER IF# in Administrative Notes changed from IF339 to IF338.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor22 (CS)

Obsolete Codes - CS Site-Specific Factor22 (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1418***Description**

This edit checks for all obsolete CS Site-Specific Factor22 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor22 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor22 is table number 31), and CS Site-Specific Factor22 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor22]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:

Obsolete Codes - CS Site-Specific Factor22 (CS)

an error is generated.

[Example: none for CS Site-Specific Factor22]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Site-Specific Factor22]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: none for CS Site-Specific Factor22]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor22]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor22]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor22]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor22]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor22]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor22]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.

[Example: Schema = Breast, CS Site-Specific Factor22 = 997]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor22]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

Obsolete Codes - CS Site-Specific Factor22 (CS)

- A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: none for CS Site-Specific Factor22]
14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: none for CS Site-Specific Factor22]
15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
[Example: none for CS Site-Specific Factor22]
16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.
17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:
A. If year of Diagnosis is 2011 or higher, an error is generated.
B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.
18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.
19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
an error is generated.
20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.
(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)
21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.
22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
A. If year of Diagnosis is 2012 or higher, an error is generated.
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF339

Modifications:

Obsolete Codes - CS Site-Specific Factor23 (CS)

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v12.2A

- SEER IF# in Administrative Notes changed from IF340 to IF339.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor23 (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1419**Description**

This edit checks for all obsolete CS Site-Specific Factor23 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor23 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor23 is table number 32), and CS Site-Specific Factor23 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102

Obsolete Codes - CS Site-Specific Factor23 (CS)

9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor23]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.

[Example: none for CS Site-Specific Factor23]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Site-Specific Factor23]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: none for CS Site-Specific Factor23]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor23]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor23]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor23]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor23]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:

Obsolete Codes - CS Site-Specific Factor23 (CS)

an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor23]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:

an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor23]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:

an error is generated.

[Example: Schema = Breast, CS Site-Specific Factor23 = 205]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:

an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor23]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor23]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor23]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor23]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

Obsolete Codes - CS Site-Specific Factor25 (CS)

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF340

Modifications:

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v12.2A

- SEER IF# in Administrative Notes changed from IFxxx to IF340.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Site-Specific Factor25 (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1268

Description

This edit checks for all obsolete CS Site-Specific Factor25 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor25 is blank
2. Date of Diagnosis is blank

Obsolete Codes - CS Site-Specific Factor25 (CS)

3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor25 is table number 34), and CS Site-Specific Factor25 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor25]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.

[Example: none for CS Site-Specific Factor25]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.

[Example: none for CS Site-Specific Factor25]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.

[Example: none for CS Site-Specific Factor25]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

Obsolete Codes - CS Site-Specific Factor25 (CS)

[Example: none for CS Site-Specific Factor25]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor25]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: Schema = BileDuctsDistal, CS Site-Specific Factor25 = 100]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor25]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor25]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor25]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.

[Example: Schema = LacrimalGland, CS Site-Specific Factor25 = 020]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: Schema = LacrimalGland, CS Site-Specific Factor25 = 010]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor25]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor25]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

Obsolete Codes - CS Site-Specific Factor25 (CS)

[Example: none for CS Site-Specific Factor25]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:
 A. If year of Diagnosis is 2010 or higher, an error is generated.
 B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.
17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:
 A. If year of Diagnosis is 2011 or higher, an error is generated.
 B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.
18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:
 A. If year of Diagnosis is 2010 or higher, an error is generated.
 B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.
19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
 an error is generated.
20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
 an error is generated.
 (These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)
21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:
 A. If year of Diagnosis is 2012 or higher, an error is generated.
 B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.
22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:
 A. If year of Diagnosis is 2012 or higher, an error is generated.
 B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF282

Modifications:**NAACCR v12.1**

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 - OBSOLETE DATA RETAINED V0203
 - OBSOLETE DATA RETAINED V0104
 - OBSOLETE DATA RETAINED V0202

NAACCR v14

Obsolete Codes - CS Tumor Size (CS)

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Tumor Size (CS)

Agency: CS

Last changed: 09/15/2015

*Edit Tag N1258***Description**

This edit checks for all obsolete CS Tumor Size codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if CS Tumor Size is blank, Date of Diagnosis is blank, or CS Version Input Original is blank.

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Tumor Size is table number 1), and CS Tumor Size code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
 - A. If year of Diagnosis is 2010 or higher, an error is generated.
 - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

Obsolete Codes - CS Tumor Size (CS)

- [Example: none for CS Tumor Size]
2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
an error is generated.
[Example: none for CS Tumor Size]
3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
an error is generated.
[Example: none for CS Tumor Size]
4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
an error is generated.
[Example: Schema = HemeRetic, CS Tumor Size = 888]
5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
[Example: none for CS Tumor Size]
6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
[Example: none for CS Tumor Size]
7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
A. If year of Diagnosis is 2010 or higher, an error is generated.
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
[Example: Schema = Conjunctiva, CS Tumor Size = 000]
8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Tumor Size]
9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:
an error is generated.
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)
[Example: none for CS Tumor Size]
10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)
[Example: none for CS Tumor Size]
11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.
[Example: Schema = NETAmpulla, CS Tumor Size = 996]
12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.
(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

Obsolete Codes - CS Tumor Size (CS)

[Example: Schema = CarcinoidAppendix, CS Tumor Size = 998]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
- B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Tumor Size]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
- B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Tumor Size]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
- B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Tumor Size]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
- B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF269

Obsolete Codes - CS Tumor Size/Ext Eval (CS)**Modifications:****NAACCR v12.1**

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
 - Modified to include the additional types of obsolete codes that were added for CSv0204.
 - Modified to include 3 types of obsolete codes left out of previous versions of the edit:
 -- OBSOLETE DATA RETAINED V0203
 -- OBSOLETE DATA RETAINED V0104
 -- OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
 - Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Codes - CS Tumor Size/Ext Eval (CS)

Agency: CS

Last changed: 09/15/2015

Edit Tag N1259

Description

This edit checks for all obsolete CS Tumor Size Ext/Eval codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if CS Tumor Size/Ext Eval is blank, Date of Diagnosis, or CS Version Input Original is blank.

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Tumor Size/Ext Eval is table number 3, and CS Tumor Size/Ext Eval code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103

Obsolete Codes - CS Tumor Size/Ext Eval (CS)

10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:

an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:

an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:

an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: Schema = MelanomaEyeOther, CS Tumor Size/Ext Eval = 0]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:

an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Tumor Size/Ext Eval]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:

an error is generated.

Obsolete Codes - CS Tumor Size/Ext Eval (CS)

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Tumor Size/Ext Eval]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:
an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Tumor Size/Ext Eval]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:
an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Tumor Size/Ext Eval]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:
an error is generated.

Obsolete Histology ICDO3, Date of DX (SEER)

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

In the SEER*Edits software, the title of this edit is: IF271

Modifications:**NAACCR v12.1**

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Modified to handle the additional types of obsolete codes that were added for CSv0204.
- Updated to skip if CS Version Input Original is blank.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

Obsolete Histology ICDO3, Date of DX (SEER)

Agency: SEER

Last changed: 02/21/2023 18:38:06

Edit Tag N1966

Description

If year of Date of Diagnosis is blank, this edit is skipped.

The following histology is obsolete for all years.

Source: ICD-O-3 Update Implementation (December 2013)

- The current code to be used in place of the obsolete code is shown in the second column.

Obsolete ICD-O-3 Code	Current ICD-O-3 Code
8157	8152

if the year of Date of Diagnosis is 1992 or later, the follownig Histologic Type

Obsolete Histology ICDO3, Date of DX (SEER)

code listed in the first column is obsolete and will generate an error if used.
 9810 9800

If the year of Date of Diagnosis is 2010 or later, the following Histologic Type ICD-O-3 codes listed in the first column are obsolete and will generate an error if used.

Source: Hematopoietic and Lymphoid Neoplasm Database & Coding Manual (Appendix E)
 - The current code to be used in place of the obsolete code is shown in the second column.

Obsolete ICD-O-3 Code	Current ICD-O-3 Code
9654	9653
9661	9650
9662	9650
9664	9663
9665	9663
9667	9663
9670**	9823
9675	9690
9684	9680
9728**	9811
9729**	9837
9733	9732
9750	9751
9752**	9751
9753**	9751
9754**	9751
9760	9761 or 9762
9764	9762
9805	9806-9809
9835	9811
9836**	9811
9960	9975
9984	9983
9987	9920

If the year of Date of Diagnosis is 2021 or later, the following Histologic Type ICD-O-3 codes listed in the first column are obsolete and will generate an error if used.

Source: ICD-O-3.2

Obsolete ICD-O-3 Code	Current ICD-O-3 Code
8471**	8470
9150**	8815
9826**	9687
9991**	9980
9992**	9980

If the year of Date of Diagnosis is 2021 or later, the following Histologic Type ICD-O-3 codes are obsolete. Please check ICD-O-3.2 and Solid Tumor Rules for reportability and valid histology code.

8444**
 8462**
 8463**
 8473**

Oncotype Dx Recurrence Score-DCIS, Date DX (NAACCR)

8965**

* Code removed from ICD-O-3.1

** Codes removed from ICD-O-3.2

Administrative Notes

LNew edit - added to NAACCR v13 metafile.

In the SEER*Edits software, the title of this edit is: IF440

Modifications:**NAACCR v15**

- Histology code 8157 is obsolete for all years and should be replaced by 8152
- Diagnosis year for which listed histology codes are obsolete was changed from '2012 and later' to '2010 and later'
- Added code 9752
- Added column of current codes to be used in place of the obsolete codes

NAACCR v21

- Description updated, obsolete codes added for 1992+, 2021+
- Description, logic updated, error message returns obsolete and replacement code
- Logic updated, skip for diagnosis date before 2010 removed
- Logic updated to use table lookup

NAACCR v21A

Added to Administrative Note for v21, "Logic updated to use table lookup"

NAACCR v21B

- Description updated, added notes, identification for codes removed from ICD-O-3.1, ICD-O-3.2
- Description, logic updated, 8157 is obsolete for 2013 and later

NAACCR v22

- Logic updated, "{" moved from after "strcpy(compare_year, OBSYEAR);" to before statement

NAACCR v23A

- Description updated, reference to ICD-O-3 code removed from description for 9810
- Description updated, date criterion removed for 8157

Oncotype Dx Recurrence Score-DCIS, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/17/2018 21:54:33

Edit Tag N2688

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

Oncotype Dx Recurrence Score-DCIS, Schema ID, Required, CoC Flag (SEER)

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Oncotype Dx Recurrence Score-DCIS code or blank:
 - 000-100: Enter actual recurrence score between 0 and 100
 - XX6: Not applicable: invasive case
 - XX7: Test done, results not in chart
 - XX8: Not applicable: Information not collected for this case
 - XX9: Not documented in medical record
 - Oncotype Dx Recurrence Score-DCIS not assessed or unknown if assessed;
3. Numeric values must be right-justified and zero-filled.

Another edit, Oncotype Dx Recurrence Score-DCIS, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Oncotype Dx Recurrence Score-DCIS, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3941

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Oncotype Dx Recurrence Score-DCIS is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Oncotype Dx Recurrence Score-DCIS is not "XX8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00480: Breast

Oncotype Dx Recurrence Score-Invasive, Breast, Behavior (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Oncotype Dx Recurrence Score-Invasive, Breast, Behavior (NAACCR)

Agency: NAACCR

Last changed: 05/03/2018 19:47:34

Edit Tag N3055

Description

Purpose: This edit verifies that Oncotype Dx Recurrence Score-Invasive is coded consistently with Behavior Code ICD-O-3.

1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
 - b. Schema ID is not 00480
 - c. Oncotype Dx Recurrence Score-Invasive is blank or XX8 (not applicable)
 - d. Behavior Code ICD-O-3 = 0, 1, or blank

1. The edit verifies for Schema ID 00480 that if Behavior Code ICD-O-3 = "2":

Oncotype Dx Recurrence Score-Invasive = "XX6" (not applicable: in situ case)

2. The edit verifies for Schema ID 00480 that if Behavior Code ICD-O-3 = "3":

Oncotype Dx Recurrence Score-Invasive must not = "XX6" (not applicable: in situ case).

Oncotype Dx Recurrence Score-Invasive, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Oncotype Dx Recurrence Score-Invasive, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/16/2022 13:02:51

Edit Tag N2687

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.
The edit is skipped if Histologic Type ICD-O-3 and Behavior Code ICD-O-3 = 8520/2, 8519/2, 8522/2.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Oncotype Dx Recurrence Score-Invasive code or blank:

000-100: Enter actual recurrence score between 0 and 100

XX4: Stated as less than 11

XX5: Stated as equal to or greater than 11

XX6: Not applicable: in situ case

XX7: Test done, results not in chart

XX9: Not documented in medical record

Oncotype Dx Recurrence Score-Invasive not assessed or unknown if assessed

3. Numeric values must be right-justified and zero-filled.

Another edit, Oncotype Dx Recurrence Score-Invasive, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v18D

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05/01/2023 02:04 PM

Oncotype Dx Recurrence Score-Invasive, Schema ID, Required (NAACCR)

- Description, logic modified to skip for Lobular Carcinoma in Situ, morphology codes 85202, 85192, 85222.

NAACCR v23

- Description, logic updated, grouped data items Morph Type&Behav ICD-O-3 separated into component data items, Histologic Type ICD-O-3, and Behavior Code ICD-O-3.

Oncotype Dx Recurrence Score-Invasive, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

*Edit Tag N2917**Description*

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Oncotype Dx Recurrence Score-Invasive is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00480: Breast

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

Oncotype Dx Risk Level-DCIS, Date DX (NAACCR)

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Oncotype Dx Risk Level-DCIS, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2690

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Oncotype Dx Risk Level-DCIS code or blank:

0: Low risk (recurrence score 0-38)
 1: Intermediate risk (recurrence score 39-54)
 2: High risk (recurrence score greater than or equal to 55)
 6: Not applicable: invasive case
 7: Test done, results not in chart
 8: Not applicable: Information not collected for this case
 9: Not documented in medical record
 Oncotype Dx Risk Level-DCIS not assessed or unknown if assessed

Another edit, Oncotype Dx Risk Level-DCIS, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Oncotype Dx Risk Level-DCIS, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3942

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)

Oncotype Dx Risk Level-Invasive, Breast, Behavior (NAACCR)

e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Oncotype Dx Risk Level-DCIS is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Oncotype Dx Risk Level-DCIS is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00480: Breast

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Oncotype Dx Risk Level-Invasive, Breast, Behavior (NAACCR)

Agency: NAACCR

Last changed: 03/31/2019 15:16:40

Edit Tag N3975

Description

Purpose: This edit verifies that Oncotype DX Risk Level-Invasive is coded consistently with Behavior Code ICD-O-3.

1. This edit is skipped if any of the following conditions is true:

- a. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
- b. Schema ID is not 00480
- c. Oncotype DX Risk Level-Invasive is blank or 8 (not applicable)

Oncotype Dx Risk Level-Invasive, Date DX (NAACCR)

d. Behavior Code ICD-O-3 = 0, 1, or blank.

1. The edit verifies for Schema ID 00480 that if Behavior Code ICD-O-3 = "2":
 Oncotype Dx Risk Level-Invasive = "6" (not applicable: in situ case).
2. The edit verifies for Schema ID 00480 that if Behavior Code ICD-O-3 = "3":
 Oncotype Dx Risk Level-Invasive must not = "6" (not applicable: in situ case).

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v18C

- Logic corrected, if (AT(#S"Oncotype Dx Risk Level-Invasive", "6",3) == 0), "3" changed to "1"

Oncotype Dx Risk Level-Invasive, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/16/2022 13:08:06

Edit Tag N2689

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.
 The edit is skipped if Histologic Type ICD-O-3 and Behavior Code ICD-O-3 = 8520/2, 8519/2, 8522/2.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Oncotype Dx Risk Level-Invasive code or blank:

0: Low risk (recurrence score 0-17)
 1: Intermediate risk (recurrence score 18-30)
 2: High risk (recurrence score greater than or equal to 31)
 6: Not applicable: DCIS case
 7: Test done, results not in chart
 8: Not applicable: Information not collected for this case
 9: Not documented in medical record
 Oncotype Dx Risk Level-Invasive not assessed or unknown if assessed

Another edit, Oncotype Dx Risk Level-Invasive, Schema ID, Required (NAACCR),

Oncotype Dx Risk Level-Invasive, Schema ID, Required, CoC Flag (SEER)

checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v18D**

- Description, logic modified to skip for Lobular Carcinoma in Situ, morphology codes 85202, 85192, 85222.

NAACCR v23

- Description, logic updated, grouped data items Morph Type&Behav ICD-O-3 separated into component data items, Histologic

Type ICD-O-3, and Behavior Code ICD-O-3.

Oncotype Dx Risk Level-Invasive, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3943

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Oncotype Dx Risk Level-Invasive is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Oncotype Dx Risk Level-Invasive is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00480: Breast

Organomegaly, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Organomegaly, Date DX (NAACCR)

Agency: NAACCR

Last changed: 02/05/2022 16:02:44

Edit Tag N2744

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

This edit is skipped if Primary Site is blank.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Organomegaly code or blank:

0: Organomegaly of liver and/or spleen not present

Physician states Rai Stage 0-I

1: Organomegaly of liver and/or spleen present

Physician states Rai Stage II

5: Not applicable: Primary site is not C421

9: Not documented in medical record

Organomegaly not assessed or unknown if assessed

No Rai Stage is documented in the record and there is nodocumentation of organomegaly

Physician states Rai Stage III-IV and there is no documentation of organomegaly

Another edit, Organomegaly, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Organomegaly, Schema ID, Required (NAACCR)

3. Code 5 must be used if primary site not C421
4. Codes 0, 1, and 9 must be used if primary site = C421

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22**

- Description, logic updated, code 5 added
- Description updated for codes 0, 1, 9
- Description, logic updated, valid codes specified for C421 and other primary sites

NAACCR v22B

- Error message corrected to SSDI not valid for primary site, rather than not valid for diagnosis date

Organomegaly, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2920

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Organomegaly is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00795: Lymphoma (CLL/SLL)

p16, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

p16, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/16/2022 10:38:21

Edit Tag N6600***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2021 diagnoses.
2. Must be a valid p16 code or blank:

0: p16 Negative; Nonreactive
1: p16 Positive; Diffuse, Strong reactivity
8: Not applicable: Information not collected for this case
9: Not tested for p16; Unknown
Blank: Diagnosis year prior to 2021

3. This data item must be blank for pre-2023 cases assigned to Schema ID 00210

Another edit, p16, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

p16, Schema ID, Required (NAACCR)***Administrative Notes***

New edit - NAACCR v22 metafile

Modifications

NAACCR v23

- Description, logic updated, data item must be blank for 00210 cases diagnosed before 2023
- Description updated to note that another edit checks if data item required by a standard setter

p16, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6601

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2021, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that p16 is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

- 09520: Cervix, V9
- 09210: Anus, V9 (diagnosis year 2023+)

Administrative Notes

New edit - NAACCR v22 metafile

Modifications

NAACCR v23

- Description, logic updated, p16 required for 09210 (Anus) cases diagnosed 2023+

Path Report Number 1 (NAACCR)

Agency: NAACCR

Last changed: 08/20/2015

Patient System ID-Hosp (NAACCR)***Edit Tag N1152******Description***

Path Report Number 1 describes the unique sequential number assigned by a laboratory to the first report for this case.

Path Report Number 1 may be blank. If entered, it must be left-justified, and blank-filled. Embedded spaces are allowed. Any and all characters are allowed.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:

"@{b,@}*" changed to "@{?}*"

Patient System ID-Hosp (NAACCR)

Agency: NAACCR

Last changed: 02/21/2005

Edit Tag N0756***Description***

This edit checks that the field is numeric, greater than zero, right-justified and zero-padded on the left. May be blank.

Patient System ID-Hosp, Date of Diagnosis (GCCS)

Agency: GCCS

Last changed: 06/25/2018 16:24:08

Edit Tag GA017***Description***

If year of Date of Diagnosis is blank, this edit is skipped.

If the Vendor Name begins with "AP" (the record was created in Abstract Plus), this edit is skipped.

If year of Date of Diagnosis is 2014 or later, then Patient System ID-Hosp cannot be blank.

Percent Necrosis Post Neoadjuvant, Bone, DX Confirm (NAACCR)

Agency: NAACCR

Last changed: 04/03/2019 14:28:04

Percent Necrosis Post Neoadjuvant, Date DX (NAACCR)**Edit Tag N6085****Description**

This edit verifies that the Percent Necrosis Post Neoadjuvant SSDI is coded consistently with Diagnostic Confirmation.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
 - b. Schema ID is not 00381, 00382, 00383
 - c. Percent Necrosis Post Neoadjuvant is blank or XXX.8 (not applicable).
 - d. Diagnostic Confirmation is blank.
2. If Diagnostic Confirmation not = 1 (histologic confirmation), then Percent Necrosis Post Neoadjuvant must be coded XXX.9 (no histologic examination of primary site).

Administrative Notes

New edit - NAACCR v18C metafile

Percent Necrosis Post Neoadjuvant, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/29/2022 22:26:25

Edit Tag N2654**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Percent Necrosis Post Neoadjuvant code or blank:
 - 0.0: Tumor necrosis not identified/not present
 - 0.1-100.0: 0.1-100.0 percent tumor necrosis
(Percentage of tumor necrosis to nearest tenth of a percent)
 - XXX.2: Tumor necrosis present, percent not stated
 - XXX.8: Not applicable: Information not collected for this case
 - XXX.9: Not documented in medical record
 - No histologic examination of primary site
 - No neoadjuvant therapy
 - No surgical resection of primary site is performed
3. Code must contain decimal point with at least one character before and one character after decimal point.

Another edit, Percent Necrosis Post Neoadjuvant, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Percent Necrosis Post Neoadjuvant, Schema ID, Required, CoC Flag (SEER)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v21**

- Logic corrected, to allow 100.0 as highest coded numeric value

NAACCR v22

- Description, logic updated, leading/trailing blanks trimmed on input value; decimal check modified

Percent Necrosis Post Neoadjuvant, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3944

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1.
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Percent Necrosis Post Neoadjuvant is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Percent Necrosis Post Neoadjuvant is not "XXX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00381: Bone Appendicular
00382: Bone Spine
00383: Bone Pelvis

Perineural Invasion, Behavior (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Perineural Invasion, Behavior (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6742

Description

This edit verifies that the Perineural Invasion SSDI is coded consistently with Behavior Code ICD-O-3 /2 for in situ, for cutaneous carcinoma of skin, colon, skin of eyelid, and lacrimal gland.

1. This edit is skipped for the following conditions:
 - a. Date of Diagnosis is pre-2023, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00150, 00200, 00640, 00690.
 - c. Perineural INvasion is blank or 8 (not applicable)
 - d. Behavior Code ICD-O-3 is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If Behavior Code ICD-O-3 = 2 (in situ)
then Perineural Invasion must = 0 (Non-invasive neoplasm (behavior /2))

Administrative Notes

New edit - NAACCR v23 metafile

Perineural Invasion, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/20/2022 20:01:29

Perineural Invasion, Schema ID, Required (NAACCR)**Edit Tag N2695****Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid Perineural Invasion code or blank:
 - 0: Perineural invasion not identified/not present
Non-invasive neoplasm (behavior /2)
 - 1: Perineural invasion identified/present
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
Pathology report does not mention perineural invasion
Cannot be determined by the pathologist
Perineural Invasion not assessed or unknown if assessed

Another edit, Perineural Invasion, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v23

- Description modified for code 0

Perineural Invasion, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2962**Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Perineural Invasion is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00150: Cutaneous Carcinoma Head and Neck

Perineural Invasion, Surg Prim Site 2023 (NAACCR)

00200: Colon and Rectum
00640: Skin of Eyelid
00690: Lacrimal Gland

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Perineural Invasion, Surg Prim Site 2023 (NAACCR)

Agency: NAACCR

Last changed: 02/23/2023 10:49:37

Edit Tag N6814

Description

This edit verifies that the Perineural Invasion SSDI is coded consistently with RX Summ Surg Prim Site 2023, for cutaneous carcinoma of skin.

1. This edit is skipped for the following conditions:
 - a. Date of Diagnosis is pre-2023, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00150, 00200,00640, or 00690 .
 - c. Perineural Invasion is blank or 8 (not applicable)
 - d. RX Summ--Surg Prim Site 2023 is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If Perineural Invasion = 0 (not identified)
then RX Summ--Surg Prim Site 2023 must = A300-A900 or B300-B900

Peripheral Blood Involvement, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v23 metafile

Modifications

NAACCR v23A

- Administrative Note updated, new for NAACCR v23 metafile

Peripheral Blood Involvement, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:15:57

Edit Tag N2746

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Peripheral Blood Involvement code or blank:
 - 0: Absence of significant blood involvement
5% or less peripheral blood lymphocytes are atypical (Sezary) cells
Clone unknown
Stated as B0
 - 1: Absence of significant blood involvement
5% or less of peripheral blood lymphocytes are atypical (Sezary) cells
Clone negative
Stated as B0a
 - 2: Absence of significant blood involvement
5% or less of peripheral blood lymphocytes are atypical (Sezary) cells
Clone positive
Stated as B0b
 - 3: Low blood tumor burden
More than 5% of peripheral blood lymphocytes are atypical (Sezary) cells
Clone unknown
Stated as B1
 - 4: Low blood tumor burden;
More than 5% of peripheral blood lymphocytes are atypical (Sezary) cells but does not meet the criteria of B2
Clone negative
Stated as B1a
 - 5: Low blood tumor burden
More than 5% of peripheral blood lymphocytes are atypical (Sezary) cells but does not meet the criteria of B2
Clone positive

Peripheral Blood Involvement, Schema ID, Required (NAACCR)

Stated as B1b

6: High blood tumor burden

Greater than or equal to 1,000 Sezary cells per microliter (uL)

Clone positive

Stated as B2

7: Test done, results not in chart

9: Not documented in medical record

Peripheral Blood Involvement not assessed or unknown if assessed

Another edit, Peripheral Blood Involvement, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Administrative Notes

New edit - NAACCR v18 metafile

Peripheral Blood Involvement, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2921

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Peripheral Blood Involvement is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00811: Mycosis Fungoides

Peritoneal Cytology, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Peritoneal Cytology, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2639

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Peritoneal Cytology code or blank:

- 0: Peritoneal cytology/washing negative for malignancy
 - 1: Peritoneal cytology/washing atypical and/or suspicious
 - 2: Peritoneal cytology/washing malignant (positive for malignancy)
 - 3: Unsatisfactory/nondiagnostic
 - 7: Test done, results not in chart
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
- Peritoneal Cytology not assessed or unknown if assessed

Another edit, Peritoneal Cytology, Schema ID, Required (NAACCR), checks that the item is coded Schema ID if required by a standard setter.

This data item is required for EOD Derived Stage Group.

Peritoneal Cytology, Gynecologic, Summary Stage 2018 (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

**Peritoneal Cytology, Gynecologic, Summary Stage 2018
(NAACCR)**

Agency: NAACCR

Last changed: 02/05/2022 12:44:24

Edit Tag N6073***Description***

This edit verifies that Peritoneal Cytology SSDI is coded consistently with Summary Stage 2018 for Cervix Sarcoma, Corpus Carcinoma, Corpus Sarcoma, and Corpus Adenosarcoma.

1. This edit is skipped if any of the following conditions is true:

- a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
- b. Schema ID is not 00528, 00530, 00541, 00542
- c. Peritoneal Cytology is blank or 8 (not applicable)
- d. Summary Stage 2018 is blank
- e. Type of Reporting Source = 7 (death certificate only)

2. If Peritoneal Cytology = 2 (peritoneal cytology positive for malignancy),

Summary Stage 2018 must not = 0, 1, or 3 (in situ, local, regional by nodal involvement only)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v22

- Description, logic updated to add Schema ID 00528

NAACCR v22B

- Description, logic updated, skip added for type of reporting source = 7 (DCO)

Peritoneal Cytology, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2922

EditWriter 5

991

05/01/2023 02:04 PM

Phi Dose per Fraction (COC)**Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Pertoneal Cytology is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

This data item is required for EOD Derived Stage Group.

Required for Schema ID:

00528: Cervix Sarcoma [2021+]
 00530: Corpus Carcinoma and Carcinosarcoma
 00541: Corpus Sarcoma (Sarcoma)
 00542: Corpus Sarcoma (Adenosarcoma)

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22**

- Description, logic updated, Schema ID 00528 added to requirements for 2021+

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Phi Dose per Fraction (COC)

Agency: COC

Last changed: 08/04/2022 22:25:09

Edit Tag N2542

Phi Number of Fractions (COC)**Description**

This data item records the dose per fraction (treatment session) delivered to the patient in the first phase of radiation during the first course of treatment.

The unit of measure is centiGray (cGy).

1. The data item may be blank. Other edits check that the item is recorded according to standard setter requirements by date.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase I Dose per Fraction: 00000-99999.

00000: No radiation treatment

00001-99997: Actual Phase I dose delivered in cGy

99998: Not applicable, radioisotopes administered to the patient

99999: Regional radiation therapy was administered but dose is unknown; Unknown whether radiation therapy was administered; death certificate

only

Administrative Notes

New edit - added to NAACCR v18 metafile

NAACCR v21

- Description updated, "brachytherapy" removed from description for code 99998

NAACCR v23

- Description updated, codes 00000, 99999

Phi Number of Fractions (COC)

Agency: COC

Last changed: 08/04/2022 22:30:44

Edit Tag N2543

Description

Records the total number of fractions (treatment sessions) delivered to the patient in the first phase of radiation during the first course of treatment.

1. The data item may be blank. Other edits check that the item is recorded according to standard setter requirements by date.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase I Number of Fractions: 000-999.

000: No radiation treatment

Phi Radiation External Beam Planning Tech (COC)

001-998: Number of fractions administered during first phase of radiation therapy

999: Radiation therapy administered but number of fractions unknown;
Unknown whether radiation therapy administered

Administrative Notes

New edit - added to NAACCR v18 metafile

Modifications

NAACCR v23

- Description updated for all codes

Phi Radiation External Beam Planning Tech (COC)

Agency: COC

Last changed: 11/09/2020 22:15:56

Edit Tag N2541

Description

This field identifies the external beam radiation planning Tech used to administer the first phase of radiation treatment during the first course of treatment.

1. The data item may be blank. Other edits check that the item is recorded according to standard setter requirements by date.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase I External Beam Radiation Planning Tech:
00-10, 88, 98, 99.

00: No radiation treatment
 01: External beam, NOS
 02: Low energy x-ray/photon therapy
 03: 2-D therapy
 04: Conformal or 3-D conformal therapy
 05: Intensity modulated therapy
 06: Stereotactic radiotherapy or radiosurgery, NOS
 07: Stereotactic radiotherapy or radiosurgery, robotic
 08: Stereotactic radiotherapy or radiosurgery, Gamma Knife (R)
 09: CT-guided online adaptive therapy
 10: MR-guided online adaptive therapy
 88: Not applicable
 98: Other, NOS
 99: Unknown whether radiation therapy administered

Administrative Notes

New edit - added to NAACCR v18 metafile

PhI Radiation External Beam Planning Tech, Date DX, CoC Flag (SEER)

PhI Radiation External Beam Planning Tech, Date DX, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N4200

Description

This edit checks that radiation items defined for 2018 are reported by standard setter requirements for diagnoses 1/1/2018 and later.

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. CoC Accredited Flag not = 1
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

PhI Radiation External Beam Planning Tech is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. If the year of Date of Diagnosis is 2018 or later, Phase I Radiation External Beam Planning Technique may not be blank, with the following exception:
 - If Phase I Radiation Treatment Modality is 00 or 99, Phase I Radiation External Beam Planning Tech may be blank

Administrative Notes

New edit - added to NAACCR v18A metafile

Modifications

NAACCR v18C metafile

- Description, logic updated to pass if Phase I Radiation External Beam Planning Tech is blank and Phase I Radiation Treatment Modality = 00 or 99

NAACCR v21 metafile

- Description, logic updated, skip added for Type of Reporting Source = 7

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2019

Phi Radiation Primary Treatment Volume (COC)

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Phi Radiation Primary Treatment Volume (COC)

Agency: COC

Last changed: 08/04/2022 22:13:01

*Edit Tag N2538***Description**

This data item identifies the primary treatment volume or primary anatomic target treated during the first phase of radiation therapy during the first course of treatment.

1. The data item may be blank. Other edits check that the item is recorded according to standard setter requirements by date.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase I Radiation Primary Treatment Volume:
00-07, 09-14, 20-26, 29-32, 39-42, 50-68, 70-73, 80-86, 88, 90-99.

00: No radiation treatment
 01: Neck lymph node regions
 02: Thoracic lymph node regions
 03: Neck and thoracic lymph node regions
 04: Breast/ Chestwall lymph node regions
 05: Abdominal lymph nodes
 06: Pelvic lymph nodes
 07: Abdominal and pelvic lymph nodes
 09: Lymph node region, NOS
 10: Eye/orbit/optic nerve
 11: Pituitary
 12: Brain
 13: Brain (Limited)
 14: Spinal cord
 20: Nasopharynx
 21: Oral Cavity
 22: Oropharynx
 23: Larynx (glottis) or hypopharynx
 24: Sinuses/Nasal tract
 25: Parotid or other salivary glands
 26: Thyroid
 29: Head and neck (NOS)
 30: Lung or bronchus
 31: Mesothelium
 32: Thymus
 39: Chest/lung (NOS)
 40: Breast - whole
 41: Breast - partial
 42: Chest wall
 50: Esophagus
 51: Stomach
 52: Small bowel
 53: Colon

Phi Radiation to Draining Lymph Nodes (COC)

54: Rectum
 55: Anus
 56: Liver
 57: Biliary tree or gallbladder
 58: Pancreas or hepatopancreatic ampulla
 59: Abdomen (NOS)
 60: Bladder - whole
 61: Bladder - partial
 62: Kidney
 63: Ureter
 64: Prostate - whole
 65: Prostate - partial
 66: Urethra
 67: Penis
 68: Testicle or scrotum
 70: Ovaries or fallopian tubes
 71: Uterus or Cervix
 72: Vagina
 73: Vulva
 80: Skull
 81: Spine/vertebral bodies
 82: Shoulder
 83: Ribs
 84: Hip
 85: Pelvic bones
 86: Pelvis (NOS, non-visceral)
 88: Extremity bone, NOS
 90: Skin
 91: Soft tissue
 92: Hemibody
 93: Whole body
 94: Mantle, mini-mantle (obsolete after 2017)
 95: Lower extended field (obsolete after 2017)
 96: Inverted Y (obsolete after 2017)
 97: Invalid historical FORDS value
 98: Other
 99: Unknown

Administrative Notes

New edit - added to NAACCR v18 metafile

Modifications**NAACCR v21**

- Logic corrected, "dd" added to require 2 digits

NAACCR v23

- Description updated, typo corrected

Phi Radiation to Draining Lymph Nodes (COC)

Agency: COC

Last changed: 08/04/2022 22:17:39

Phi Radiation Treatment Modality (COC)**Edit Tag N2539****Description**

This data item identifies the draining lymph nodes treated (if any) during the first phase of radiation therapy delivered to the patient during the first course of treatment.

1. The data item may be blank. Other edits check that the item is recorded according to standard setter requirements by date.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase I Radiation to Draining Lymph Nodes:
00-08, 88, 99.

00: No radiation treatment to draining lymph nodes. Diagnosed at autopsy.

01: Neck Lymph Node Regions

02: Thoracic Lymph Node Regions

03: Neck and Thoracic Lymph Node Regions

04: Breast/Chest wall Lymph Node Regions

05: Abdominal Lymph Nodes

06: Pelvic Lymph Nodes

07: Abdominal and Pelvic Lymph Nodes

08: Lymph Node Region, NOS

88: Not Applicable; Phase I Radiation Primary Treatment Volume is lymph nodes

99: Unknown if any Radiation Treatment to Draining Lymph Nodes;

Unknown if radiation treatment administered

Administrative Notes

New edit - added to NAACCR v18 metafile

Modifications**NAACCR v18A**

- Definition for code 00 updated, to no radiation treatment to draining lymph nodes.

- Definition for code 88 updated to not applicable; Phase I radiation Primary Treatment Volume is lymph nodes.

NAACCR v23

- Description updated, code 00

Phi Radiation Treatment Modality (COC)

Agency: COC

Last changed: 03/18/2020 19:04:59

Edit Tag N2540**Description**

This data item identifies the radiation modality administered during the first phase of radiation treatment delivered during the first course of treatment.

Phi Radiation Treatment Modality, Date DX (NPCR)

1. The data item may be blank. Other edits check that the item is recorded according to standard setter requirements by date.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase I Radiation Treatment Modality: 00-16, 98, 99.

00: No radiation treatment
 01: External beam, NOS
 02: External beam, photons
 03: External beam, protons
 04: External beam, electrons
 05: External beam, neutrons
 06: External beam, carbon ions
 07: Brachytherapy, NOS
 08: Brachytherapy, intracavitary, LDR
 09: Brachytherapy, intracavitary, HDR
 10: Brachytherapy, Interstitial, LDR
 11: Brachytherapy, Interstitial, HDR
 12: Brachytherapy, electronic
 13: Radioisotopes, NOS
 14: Radioisotopes, Radium-223
 15: Radioisotopes, Strontium-89
 16: Radioisotopes, Strontium-90
 98: Radiation treatment administered, modality unknown
 99: Unknown if radiation treatment administered

Administrative Notes

New edit - added to NAACCR v18 metafile

Modifications**NAACCR v18A**

- Description updated, Radium-232 changed to Radium-223

NAACCR v21

- Description, logic updated, code 98 added, Radiation treatment administered, modality unknown
 - Description updated, code 99 changed to Unknown if radiation treatment administered

Phi Radiation Treatment Modality, Date DX (NPCR)

Agency: NPCR

Last changed: 07/06/2022 18:46:29

Edit Tag N3901

Description

This edit checks that radiation items defined for 2018 are reported by standard setter requirements for diagnoses 1/1/2018 and later.

1. The edit is skipped for the following conditions:
 - a. Diagnosis date is blank (unknown) or invalid.
 - b. Type of Reporting Source = 7 (Death Certificate Only)

Phi Total Dose (COC)

If the year of Date of Diagnosis is 2018 or later, Phase I Radiation Treatment Modality may not be blank.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v21**

- Description, logic updated, skip added for Type of Reporting Source = 7

NAACCR v23

- Name changed from Phi Radiation Treatment Modality, Date DX (NAACCR)

- Agency changed from NAACCR to NPCR

Phi Total Dose (COC)

Agency: COC

Last changed: 08/04/2022 22:35:47

Edit Tag N2544

Description

This data item identifies the total radiation dose delivered to the patient in the first phase of radiation treatment during the first course of treatment.

The unit of measure is centiGray (cGy).

1. The data item may be blank. Other edits check that the item is recorded according to standard setter requirements by date.
2. Must be right-justified, zero-filled..
3. Must be a valid code for Phase I Total Dose: 000000-999999.

000000: No radiation treatment; diagnosed at autopsy

000001-999997: Actual total dose delivered in cGy

999998: Not applicable, radioisotopes administered to the patient

999999: Radiation therapy was administered, but the dose is unknown;

Unknown whether radiation therapy was administered, or diagnosed

by Death Certificate Only

Administrative Notes

New edit - added to NAACCR v18 metafile

Phi, II, III Radiation External Beam Planning Tech (SEER)

Modifications

NAACCR v21

- Description updated, "brachytherapy" removed from description for code 999998

NAACCR v23

- Description updated, codes 000000, 999999

Phi, II, III Radiation External Beam Planning Tech (SEER)

Agency: SEER

Last changed: 02/06/2022 14:15:25

Edit Tag N4201

Description

This edit checks that Phase I Radiation External Beam Planning Tech, Phase II Radiation External Beam Planning Tech, and Phase III Radiation External Beam Planning Tech are coded consistently with each other.

1. The edit is skipped for any of the following conditions:
 - a. Phase I Radiation External Beam Planning Tech, Phase II Radiation External Beam Planning Tech, and Phase III Radiation External Beam Planning Tech are all blank.
 - b. Diagnosis date pre-2018, blank (unknown), or invalid.
2. If Phase II Radiation External Beam Planning Tech is not blank, then Phase I Radiation External Beam Planning Tech cannot be blank.
3. If Phase I Radiation External Beam Planning Tech = 00 (no radiation given), Phase II Radiation External Beam Planning Tech must = 00 or blank
4. If Phase III Radiation External Beam Planning Tech is not blank, Phase II Radiation External Beam Planning Tech cannot be blank.
5. If Phase II Radiation External Beam Planning Tech = 00 (no radiation given), Phase III Radiation External Beam Planning Tech must = 00 or blank

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v18C

- Default error message added
- Description, logic updated to skip if CoC Accredited Flag is not 1

Phi, II, III Radiation Treatment Modality (SEER)

NAACCR v22B

- Description, logic updated, COC flag removed from edit

- Name changed from Phi, II, III Radiation External Beam Planning Tech, CoC Flag (SEER)

Phi, II, III Radiation Treatment Modality (SEER)

Agency: SEER

Last changed: 02/21/2023 18:52:57

*Edit Tag N4928***Description**

This edit checks that Phase I Radiation Treatment Modality, Phase II Radiation Treatment Modality, and Phase III Radiation Treatment Modality are coded consistently with each other.

1. The edit is skipped for any of the following conditions:
 - a. Phase I Radiation Treatment Modality, Phase II Radiation Treatment Modality, and Phase III Radiation Treatment Modality are all blank.
 - b. Diagnosis date pre-2018, blank (unknown), or invalid.
2. If Phase I Radiation Treatment Modality = 00 (no radiation given), Phase II Radiation Treatment Modality must = 00 or blank
3. If Phase II Radiation Treatment Modality is not blank, then Phase I Radiation Treatment Modality cannot be blank.
4. If Phase II Radiation Treatment Modality = 00 (no radiation given), Phase III Radiation Treatment Modality must = 00 or blank
5. If Phase III Radiation Treatment Modality is not blank, Phase II Radiation Treatment Modality cannot be blank.

Administrative Notes

New edit - NAACCR v18 metafile

Phi, II, III Radiation Treatment Modality, External Beam Planning Tech (COC)

Agency: COC

Last changed: 02/21/2023 19:01:00

Edit Tag N3095

Phi, II, III Radiation Treatment Modality, External Beam Planning Tech (COC)**Description**

This edit check consistency of coding for Radiation Treatment Modality and External Beam Planning Tech for all 3 phases of radiation.

1. The edit is skipped for the following conditions:
 - a. Phase I, II, and III Radiation Treatment Modality data items are all blank.
 - b. Phase I, II, and III Radiation External Beam Planning Tech data items are all blank.
 - c. Diagnosis date pre-2018, blank (unknown), or invalid.
2. For each phase of radiation, if Radiation Treatment Modality = 01-06 (external beam, Radiation External Beam Planning Tech must = 01-10, 98 (specified external beam planning techniques or other, NOS)
3. For each phase of radiation, if Radiation Treatment Modality = 02 (photons) Radiation External Beam Planning Tech must = 01-10
4. For each phase of radiation, if Radiation Treatment Modality = 03 (protons) Radiation External Beam Planning Tech must = 01, 04-06
5. For each phase of radiation, if Radiation Treatment Modality = 04 (electrons) Radiation External Beam Planning Tech must = 01, 03-05
6. For each phase of radiation, if Radiation Treatment Modality = 07-11 (brachytherapy) or 13-16 (radioisotopes), Radiation External Beam Planning Tech must = 88 (not applicable)
7. For each phase of radiation, if Radiation Treatment Modality = 12 (electronic brachytherapy) Radiation External Beam Planning Tech must not = 88

Radiation External Beam Planning Tech codes:

- 01: External beam, NOS
- 02: Low energy x-ray/photon therapy
- 03: 2-D therapy
- 04: Conformal or 3-D conformal therapy
- 05: Intensity modulated therapy
- 06: Stereotactic radiotherapy or radiosurgery, NOS

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v18A

- "Technique" in name and description changed to "Tech"

PhII Dose per Fraction (COC)

- Logic corrected , if (AT(#S"Phase Radiation Treatment Modality","01-06")) expanded to if (AT(#S"Phase III Radiation Treatment Modality","010203040506"))

NAACCR v18C

- Radiation Treatment Modality code requiring Radiation External Beam Planning Tech coded to 88 changed from 07-16 to 13-16.

NAACCR v18D

- Logic corrected, if (AT(#S"Phase III Radiation Treatment Modality","010203040506")) changed to if (AT(#S"Phase III Radiation Treatment Modality","010203040506",2))

NAACCR v21B

- Description, logic updated to include statements 4, 5, and 6, more restrictive coding between Radiation Modality and External Beam Planning Technique for Radiation Modality codes 02, 03, and 04

NAACCR v22B

- Description, logic updated, 05 (IMRT) added to planning technique with 04 (electron) modality

NAACCR v23

- Description, logic updated, Brachytherapy code 07-11 added to planning technique requiring 88
- Name changed from PhI, II, III Modality, External Beam Planning Tech (COC)

NAACCR v23A

-Description, logic updated, Brachytherapy code 12, planning technique must not = 88

PhII Dose per Fraction (COC)

Agency: COC

Last changed: 08/04/2022 22:27:01

Edit Tag N2545

Description

This data item records the dose per fraction (treatment session) delivered to the patient in the second phase of radiation during the first course of treatment. The unit of measure is centiGray (cGy).

1. The data item may be blank. Another edit checks consistency with radiation phases.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase II Dose per Fraction: 00000-99999.

00000: No radiation treatment

00001-99997: Actual Phase II dose delivered in cGy

99998: Not applicable, radioisotopes administered to the patient

99999: Regional radiation therapy was administered but dose is

unknown;

PhII Number of Fractions (COC)

Unknown whether regional radiation therapy was administered; death certificate only

Administrative Notes

New edit - added to NAACCR v18 metafile

Modifications

NAACCR v21

- Description updated, "brachytherapy" removed from description for code 99998

NAACCR v23

- Description updated, codes 00000, 99999

PhII Number of Fractions (COC)

Agency: COC

Last changed: 08/04/2022 22:32:32

Edit Tag N2546

Description

Records the total number of fractions (treatment sessions) delivered to the patient in the second phase of radiation during the first course of treatment.

1. The data item may be blank. Another edit checks consistency with radiation phases.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase II Number of Fractions: 000-999.

000: No radiation treatment

001-998: Number of fractions administered during second phase of radiation therapy

999: Radiation therapy administered but number of fractions unknown; Unknown whether radiation therapy administered

Administrative Notes

New edit - added to NAACCR v18 metafile

Modifications

NAACCR v23

- Description updated, codes 000, 999

PhII Radiation External Beam Planning Tech (COC)

Agency: COC

Last changed: 12/07/2019 10:23:13

EditWriter 5

1005

05/01/2023 02:04 PM

PhII Radiation External Beam Planning Tech, Date DX, CoC Flag (SEER)**Edit Tag N2548****Description**

This field Identifies the radiation external beam planning technique used to administer the second phase of radiation treatment during the first course of treatment.

1. The data item may be blank. Another edit checks consistency with radiation phases.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase II Radiation External Beam Planning Tech:
00-10, 88, 98, 99.

00: No radiation treatment
 01: External beam, NOS
 02: Low energy x-ray/photon therapy
 03: 2-D therapy
 04: Conformal or 3-D conformal therapy
 05: Intensity modulated therapy
 06: Stereotactic radiotherapy or radiosurgery, NOS
 07: Stereotactic radiotherapy or radiosurgery, robotic
 08: Stereotactic radiotherapy or radiosurgery, Gamma Knife(R)
 09: CT-guided online adaptive therapy
 10: MR-guided online adaptive therapy
 88: Not applicable
 98: Other, NOS
 99: Unknown whether radiation therapy administered

Administrative Notes

New edit - added to NAACCR v18 metafile

Modifications

NAACCR v21

- Logic corrected, "dd" added to require 2 digits

PhII Radiation External Beam Planning Tech, Date DX, CoC Flag (SEER)

Agency: SEER

Last changed: 02/18/2022 14:10:25

Edit Tag N6665**Description**

This edit checks that radiation items defined for 2018 are reported by standard setter requirements for diagnoses 1/1/2018 and later.

1. The edit is skipped for any of the following conditions:

PhII Radiation Primary Treatment Volume (COC)

- a. Diagnosis date before 2018, blank (unknown), or invalid
- b. CoC Accredited Flag not = 1
- c. Type of Reporting Source = 7 (Death Certificate Only)

PhII Radiation External Beam Planning Tech is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. If the year of Date of Diagnosis is 2018 or later, Phase II Radiation External Beam Planning Technique may not be blank, with the following exception:

If Phase II Radiation Treatment Modality is 00, 99, or blank, Phase II Radiation External Beam Planning Tech may be blank

Administrative Notes

New edit - added to NAACCR v22B metafile

PhII Radiation Primary Treatment Volume (COC)

Agency: COC

Last changed: 04/30/2022 21:24:16

Edit Tag N2550

Description

This data item identifies the primary treatment volume or primary anatomic target treated during the second phase of radiation therapy during the first course of treatment.

1. The data item may be blank. Another edit checks consistency with radiation phases.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase II Radiation Primary Treatment Volume:
00-07, 09-14, 20-26, 29-32, 39-42, 50-68, 70-73, 80-86, 88, 90-99.

00:	No radiation treatment
01:	Neck lymph node regions
02:	Thoracic lymph node regions
03:	Neck and thoracic lymph node regions
04:	Breast/ Chestwall lymph node regions
05:	Abdominal lymph nodes
06:	Pelvic lymph nodes
07:	Abdominal and pelvic lymph nodes
09:	Lymph node region, NOS
10:	Eye/orbit/optic nerve
11:	Pituitary
12:	Brain
13:	Brain (Limited)
14:	Spinal cord
20:	Nasopharynx
21:	Oral Cavity

PhII Radiation Primary Treatment Volume (COC)

22: Oropharynx
23: Larynx (glottis) or hypopharynx
24: Sinuses/Nasal tract
25: Parotid or other salivary glands
26: Thyroid
29: Head and neck (NOS)
30: Lung or bronchus
31: Mesothelium
32: Thymus
39: Chest/lung (NOS)
40: Breast - whole
41: Breast - partial
42: Chest wall
50: Esophagus
51: Stomach
52: Small bowel
53: Colon
54: Rectum
55: Anus
56: Liver
57: Biliary tree or gallbladder
58: Pancreas or hepatopancreatic ampulla
59: Abdomen (NOS)
60: Bladder - whole
61: Bladder - partial
62: Kidney
63: Ureter
64: Prostate - whole
65: Prostate - partial
66: Urethra
67: Penis
68: Testicle or scrotum
70: Ovaries or fallopian tubes
71: Uterus or Cervix
72: Vagina
73: Vulva
80: Skull
81: Spine/vertebral bodies
82: Shoulder
83: Ribs
84: Hip
85: Pelvic bones
86: Pelvis (NOS, non-visceral)
88: Extremity bone, NOS
90: Skin
91: Soft tissue
92: Hemibody
93: Whole body
94: Mantle, mini-mantle (obsolete after 2017)
95: Lower extended field (obsolete after 2017)
96: Inverted Y (obsolete after 2017)
97: Invalid historical FORDS value
98: Other
99: Unknown

PhII Radiation to Draining Lymph Nodes (COC)***Administrative Notes***

New edit - added to NAACCR v18 metafile

Modifications

NAACCR v21

- Logic corrected, "dd" added to require 2 digits

PhII Radiation to Draining Lymph Nodes (COC)

Agency: COC

Last changed: 09/15/2018 14:41:37

Edit Tag N2547

Description

This data item identifies the draining lymph nodes treated (if any) during the second phase of radiation therapy delivered to the patient during the first course of treatment.

1. The data item may be blank. Another edit checks consistency with radiation phases.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase II Radiation to Draining Lymph Nodes:
00-08, 88, 99.

00: No radiation treatment to draining lymph nodes

01: Neck Lymph Node Regions

02: Thoracic Lymph Node Regions

03: Neck and Thoracic Lymph Node Regions

04: Breast/Chest wall Lymph Node Regions

05: Abdominal Lymph Nodes

06: Pelvic Lymph Nodes

07: Abdominal and Pelvic Lymph Nodes

08: Lymph Node Region, NOS

88: Not Applicable; Phase II Radiation Primary Treatment Volume is lymph nodes

99: Unknown if any Radiation Treatment to Draining Lymph Nodes;
Unknown if radiation treatment administered

Administrative Notes

New edit - NAACCR v18 metafile

NAACCR v18A

- Definition for code 00 updated, to no radiation treatment to draining lymph nodes.

- Definition for code 88 updates to not applicable; Phase I radiation Primary Treatment Volume is lymph nodes.

PhII Radiation Treatment Modality (COC)

PhII Radiation Treatment Modality (COC)

Agency: COC

Last changed: 07/29/2020 18:58:38

Edit Tag N2549**Description**

This data item identifies the radiation modality administered during the second phase of radiation treatment delivered during the first course of treatment.

1. The data item may be blank. Another edit checks consistency with radiation phases.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase II Radiation Treatment Modality: 00-16, 98. 99.

00: No radiation treatment
01: External beam, NOS
02: External beam, photons
03: External beam, protons
04: External beam, electrons
05: External beam, neutrons
06: External beam, carbon ions
07: Brachytherapy, NOS
08: Brachytherapy, intracavitary, LDR
09: Brachytherapy, intracavitary, HDR
10: Brachytherapy, Interstitial, LDR
11: Brachytherapy, Interstitial, HDR
12: Brachytherapy, electronic
13: Radioisotopes, NOS
14: Radioisotopes, Radium-223
15: Radioisotopes, Strontium-89
16: Radioisotopes, Strontium-90
98: Radiation treatment administered, modality unknown
99: Unknown if radiation treatment administered

Administrative Notes

New edit - added to NAACCR v18 metafile

Modifications**NAACCR v18A**

- Description updated, Radium-232 changed to Radium-223

NAACCR v21

- Description, logic updated, code 98 added, Radiation treatment administered, modality unknown
- Description updated, code 99 changed to Unknown if radiation treatment administered

PhII Total Dose (COC)

PhII Total Dose (COC)

Agency: COC

Last changed: 08/04/2022 22:37:07

Edit Tag N2551**Description**

This data item identifies the total radiation dose delivered to the patient in the second phase of radiation treatment during the first course of treatment. The unit of measure is centiGray (cGy).

1. The data item may be blank. Another edit checks consistency with radiation phases.

2. Must be right-justified, zero-filled.

3. Must be a valid code for Phase II Total Dose: 000000-999999.

000000: No radiation treatment; diagnosed at autopsy

000001-999997: Actual total dose delivered in cGy

999998: Not applicable, radioisotopes administered to the patient

999999: Radiation therapy was administered, but the dose is unknown;

Unknown whether radiation therapy was administered, or diagnosed by Death Certificate Only

Administrative Notes

New edit - added to NAACCR v18 metafile

Modifications

NAACCR v21

- Description updated, "brachytherapy" removed from description for code 999998

NAACCR v23

- Description updated, codes 000000, 999999

PhIII Dose per Fraction (COC)

Agency: COC

Last changed: 08/04/2022 22:28:14

Edit Tag N2552**Description**

This data item records the dose per fraction (treatment session) delivered to the patient in the third phase of radiation during the first course of treatment.

PhIII Number of Fractions (COC)

The unit of measure is centiGray (cGy).

1. The data item may be blank. Another edit checks consistency with radiation phases.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase III Dose per Fraction: 00000-99999.

00000: No radiation treatment

00001-99997: Actual Phase I dose delivered in cGy

99998: Not applicable, radioisotopes administered to the patient

99999: Regional radiation therapy was administered but dose is unknown; Unknown whether radiation therapy was administered; death certificate

only

Administrative Notes

New edit - added to NAACCR v18 metafile

Modifications

NAACCR v21

- Description updated, "brachytherapy" removed from description for code 99998

NAACCR v23

- Description updated, codes 00000, 99999

PhIII Number of Fractions (COC)

Agency: COC

Last changed: 08/04/2022 22:33:09

Edit Tag N2553

Description

Records the total number of fractions (treatment sessions) delivered to the patient in the third phase of radiation during the first course of treatment.

1. The data item may be blank. Another edit checks consistency with radiation phases.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase III Number of Fractions: 000-999.

000: No radiation treatment

001-998: Number of fractions administered during third phase of radiation therapy

999: Radiation therapy administered but number of fractions unknown; Unknown whether radiation therapy administered

PhIII Radiation External Beam Planning Tech (COC)***Administrative Notes***

New edit - added to NAACCR v18 metafile

Modifications

NAACCR v23

- Description updated, codes 000, 999

PhIII Radiation External Beam Planning Tech (COC)

Agency: COC

Last changed: 06/02/2018 13:24:53

Edit Tag N2555

Description

This field Identifies the radiation external beam planning Tech used to administer the third phase of radiation treatment during the first course of treatment.

1. The data item may be blank. Another edit checks consistency with radiation phases.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase III Radiation External Beam Planning Tech:
00-10, 88, 98, 99.

00: Radiation therapy not administered
01: External beam, NOS
02: Low energy x-ray/photon therapy
03: 2-D therapy
04: Conformal or 3-D conformal therapy
05: Intensity modulated therapy
06: Stereotactic radiotherapy or radiosurgery, NOS
07: Stereotactic radiotherapy or radiosurgery, robotic
08: Stereotactic radiotherapy or radiosurgery, Gamma Knife(R)
09: CT-guided online adaptive therapy
10: MR-guided online adaptive therapy
88: Not applicable
98: Other, NOS
99: Unknown whether radiation therapy administered

Administrative Notes

New edit - added to NAACCR v18 metafile

PhIII Radiation External Beam Planning Tech, Date DX, CoC Flag (SEER)

PhIII Radiation External Beam Planning Tech, Date DX, CoC Flag (SEER)

Agency: SEER

Last changed: 02/18/2022 14:08:53

Edit Tag N6666

Description

This edit checks that radiation items defined for 2018 are reported by standard setter requirements for diagnoses 1/1/2018 and later.

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. CoC Accredited Flag not = 1
 - c. Type of Reporting Source = 7 (Death Certificate Only)

PhIII Radiation External Beam Planning Tech is required by SEER only if collected by
a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. If the year of Date of Diagnosis is 2018 or later, Phase III Radiation External Beam Planning Technique may not be blank, with the following exception:
If Phase III Radiation Treatment Modality is 00, 99, or blank, Phase III Radiation External Beam Planning Tech may be blank

Administrative Notes

New edit - added to NAACCR v22B metafile

PhIII Radiation Primary Treatment Volume (COC)

Agency: COC

Last changed: 12/07/2019 10:27:44

Edit Tag N2557

Description

This data item identifies the primary treatment volume or primary anatomic target treated during the third phase of radiation therapy during the first course of treatment.

1. The data item may be blank. Another edit checks consistency with radiation phases.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase III Radiation Primary Treatment Volume:
00-07, 09-14, 20-26, 29-32, 39-42, 50-68, 70-73, 80-86, 88, 90-96, 98-99.

00: No radiation treatment

PhIII Radiation Primary Treatment Volume (COC)

01: Neck lymph node regions
02: Thoracic lymph node regions
03: Neck and thoracic lymph node regions
04: Breast/ Chestwall lymph node regions
05: Abdominal lymph nodes
06: Pelvic lymph nodes
07: Abdominal and pelvic lymph nodes
09: Lymph node region, NOS
10: Eye/orbit/optic nerve
11: Pituitary
12: Brain
13: Brain (Limited)
14: Spinal cord
20: Nasopharynx
21: Oral Cavity
22: Oropharynx
23: Larynx (glottis) or hypopharynx
24: Sinuses/Nasal tract
25: Parotid or other salivary glands
26: Thyroid
29: Head and neck (NOS)
30: Lung or bronchus
31: Mesothelium
32: Thymus
39: Chest/lung (NOS)
40; Breast - whole
41: Breast - partial
42: Chest wall
50: Esophagus
51: Stomach
52: Small bowel
53: Colon
54: Rectum
55: Anus
56: Liver
57: Biliary tree or gallbladder
58: Pancreas or hepatopancreatic ampulla
59: Abdomen (NOS)
60: Bladder - whole
61: Bladder - partial
62: Kidney
63: Ureter
64: Prostate - whole
65: Prostate - partial
66: Urethra
67: Penis
68: Testicle or scrotum
70: Ovaries or fallopian tubes
71: Uterus or Cervix
72: Vagina
73: Vulva
80: Skull
81: Spine/vertebral bodies
82: Shoulder
83: Ribs
84: Hip
85: Pelvic bones
86: Pelvis (NOS, non-visceral)

PhIII Radiation to Draining Lymph Nodes (COC)

88: Extremity bone, NOS
 90: Skin
 91: Soft tissue
 92: Hemibody
 93: Whole body
 94: Mantle, mini-mantle (obsolete after 2017)
 95: Lower extended field (obsolete after 2017)
 96: Inverted Y (obsolete after 2017)
 98: Other
 99: Unknown

Administrative Notes

New edit - added to NAACCR v18 metafile

Modifications

NAACCR v21

- Logic corrected, "dd" added to require 2 digits

PhIII Radiation to Draining Lymph Nodes (COC)

Agency: COC

Last changed: 12/07/2019 10:26:30

Edit Tag N2554

Description

This data item identifies the draining lymph nodes treated (if any) during the third phase of radiation therapy delivered to the patient during the first course of treatment.

1. The data item may be blank. Another edit checks consistency with radiation phases.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase III Radiation to Draining Lymph Nodes:
00-08, 88, 99.

00: No radiation treatment to draining lymph nodes

01: Neck Lymph Node Regions

02: Thoracic Lymph Node Regions

03: Neck and Thoracic Lymph Node Regions

04: Breast/Chest wall Lymph Node Regions

05: Abdominal Lymph Nodes

06: Pelvic Lymph Nodes

07: Abdominal and Pelvic Lymph Nodes

08: Lymph Node Region, NOS

88: Not Applicable; Phase III Radiation Primary Treatment Volume is lymph nodes

99: Unknown if any Radiation Treatment to Draining Lymph Nodes;

PhIII Radiation Treatment Modality (COC)
Unknown if radiation treatment administered

Administrative Notes

New edit - added to NAACCR v18 metafile

NAACCR v18A

- Definition for code 00 updated, to no radiation treatment to draining lymph nodes.
- Definition for code 88 updates to not applicable; Phase I radiation Primary Treatment Volume is lymph nodes.

NAACCR v21

- Logic corrected, "dd" added to require 2 digits

PhIII Radiation Treatment Modality (COC)

Agency: COC

Last changed: 07/29/2020 18:59:02

Edit Tag N2556

Description

This data item identifies the radiation modality administered during the third phase of radiation treatment delivered during the first course of treatment.

1. The data item may be blank. Another edit checks consistency with radiation phases.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase III Radiation Treatment Modality: 00-16, 98, 99.

00: No radiation treatment
 01: External beam, NOS
 02: External beam, photons
 03: External beam, protons
 04: External beam, electrons
 05: External beam, neutrons
 06: External beam, carbon ions
 07: Brachytherapy, NOS
 08: Brachytherapy, intracavitary, LDR
 09: Brachytherapy, intracavitary, HDR
 10: Brachytherapy, Interstitial, LDR
 11: Brachytherapy, Interstitial, HDR
 12: Brachytherapy, electronic
 13: Radioisotopes, NOS
 14: Radioisotopes, Radium-223
 15: Radioisotopes, Strontium-89
 16: Radioisotopes, Strontium-90
 98: Radiation treatment administered, modality unknown
 99: Unknown if radiation treatment administered

PhIII Total Dose (COC)***Administrative Notes***

New edit - added to NAACCR v18 metafile

Modifications

NAACCR v18A

- Description updated, Radium-232 changed to Radium-223

NAACCR v21

- Description, logic updated, code 98 added, Radiation treatment administered, modality unknown

- Description updated, code 99 changed to Unknown if radiation treatment administered

PhIII Total Dose (COC)

Agency: COC

Last changed: 08/04/2022 22:37:06

Edit Tag N2558

Description

This data item identifies the total radiation dose delivered to the patient in the third phase of radiation treatment during the first course of treatment. The unit of measure is centiGray (cGy).

1. The data item may be blank. Another edit checks consistency with radiation phases.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase III Total Dose: 000000-999999.

000000: No radiation treatment; diagnosed at autopsy

000001-999997: Actual total dose delivered in cGy

999998: Not applicable, radioisotopes administered to the patient

999999: Radiation therapy was administered, but the dose is unknown;

Unknown whether radiation therapy was administered, or diagnosed by Death Certificate Only

Administrative Notes

New edit - added to NAACCR v18 metafile

Modifications

NAACCR v21

- Description updated, "brachytherapy" removed from description for code 999998

NAACCR v23

Place of Death--Country (NAACCR)

- Description updated, codes 000000, 999999

Place of Death--Country (NAACCR)

Agency: NAACCR

Last changed: 12/08/2014

Edit Tag N1670

Description

Place of Death--Country must contain a valid ISO code or standard custom code for country. May be blank.

Administrative Notes

New edit - added to NAACCR v13 metafile.

Modifications

NAACCR v15

Country code table (CNTRY_ST.DBF) has been updated:

Brunei - 'BND' changed to 'BRN'

Czechoslovakia (former) - 'XCZ' changed to 'CSK'

Slovakia - 'SWK' changed to 'SVK'

Vanuatu - 'VLT' changed to 'VUT'

Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

Place of Death--State (NAACCR)

Agency: NAACCR

Last changed: 12/03/2012

Edit Tag N1674

Description

Place of Death--State must contain a valid ISO code or standard custom code for state. May be blank.

Administrative Notes

New edit - added to NAACCR v13 metafile.

Pleural Effusion, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/13/2021 22:34:16

Edit Tag N2672

Pleural Effusion, Pleura, Summary Stage 2018 (NAACCR)**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Pleural Effusion code or blank:

- 0: Pleural effusion not identified/not present
- 1: Pleural effusion present, non-malignant (negative)
- 2: Pleural effusion present, malignant (positive)

Physician states pleural effusion is malignant in the absence of positive cytology

- 3: Pleural effusion, atypical/atypical mesothelial cells
 - 4: Pleural effusion, NOS
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
- Pleural Effusion not assessed or unknown if assessed;

Another edit, Pleural Effusion, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description updated for code 2

Pleural Effusion, Pleura, Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 12/18/2021 12:51:32

Edit Tag N6074

Description

This edit verifies that Pleural Effusion SSDI is coded consistently with Summary Stage 2018 for Pleura.

1. This edit is skipped if any of the following conditions is true:

- a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
- b. Schema ID is not 00370
- c. Pleural Effusion is blank or 8 (not applicable)
- d. Summary Stage 2018 is blank
- e. Type of Reporting Source = 7 (death certificate only)

2. If Pleural Effusion = 2 (Pleural effusion positive for malignancy),

Pleural Effusion, Pleural Mesothelioma, EOD Mets (SEER)

Summary Stage 2018 must = 7 (distant)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for type of reporting source = 7 (DCO)

Pleural Effusion, Pleural Mesothelioma, EOD Mets (SEER)

Agency: SEER

Last changed: 05/09/2021 10:20:12

Edit Tag N6283***Description***

This edit verifies that the Pleural Effusion SSDI, code 2, is coded consistently with EOD Mets for Schema ID 00370, Pleural Mesothelioma.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00370
 - c. Pleural Effusion is blank or = 8 (not applicable)
 - d. EOD Mets is not blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)

2. If Pleural Effusion = 2 (Pleural Effusion present, malignant), then EOD Mets if not blank must = 05 (Malignant pleural effusion) or 70 (Malignant pleural fluid) WITH other metastases)

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v22

- EOD Mets code 05 added as allowable with Pleural Effusion code 2

Pleural Effusion, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2869

PR Summary, Breast, PR Percent (NAACCR)**Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Pleural Effusion is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00370: Pleura

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

PR Summary, Breast, PR Percent (NAACCR)

Agency: NAACCR

Last changed: 04/03/2019 14:28:04

Edit Tag N5033

Description

This edit verifies consistency of coding of Progesterone Receptor Summary with Progesterone Receptor Percent Positive or Range.

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis is pre 2019, blank (unknown), or invalid.
 - b. Progesterone Receptor Summary is blank.

Primary Payer at DX (NPCR)

- c. Progesterone Receptor Percent Positive or Range is blank or not applicable
2. If Progesterone Receptor Percent Positive or Range = 001-100, R10-R99, then Progesterone Receptor Summary must not = 0 (negative).

Administrative Notes

New edit - NAACCR v18C metafile

Primary Payer at DX (NPCR)

Agency: NPCR

Last changed: 08/28/2021 12:42:32

Edit Tag N0811

Description

Must be a valid code for Primary Payer at DX (01,02,10,20,21,31,35,60-68,99) or blank.

01	Not insured
02	Not insured, self-pay
10	Insurance, NOS
20	Private Insurance: Managed care, HMO, or PPO
21	Private Insurance: Fee-for-service
31	Medicaid
35	Medicaid - administered through a Managed Care plan
60	Medicare/Medicare, NOS
61	Medicare with supplement, NOS
62	Medicare - Administered through a Managed Care plan
63	Medicare with private supplement
64	Medicare with Medicaid eligibility
65	TRICARE
66	Military
67	Veterans Affairs
68	Indian/Public Health Service
99	Insurance status unknown

Administrative Notes

This edit differs from the COC edit of the same name in that it allows the field to be blank.

Primary Payer at DX, Date of DX (GCCS)

Modications:

NACR110C

07/24/06

Description only modified: reference to another edit ("Primary Payer at DX, Date of DX") that requires field to be filled in for 2005+ cases was deleted. (The edit "Primary Payer at DX, Date of DX (NPCR)" was deleted because NPCR is requiring Primary Payer at DX only when available.)

NAACCR v21B

- Description updated, definitions for codes added

Primary Payer at DX, Date of DX (GCCS)

Agency: GCCS

Last changed: 06/25/2018 16:24:19

Edit Tag GA018*Description*

If year of Date of Diagnosis is blank, this edit is skipped.

If Date of Diagnosis = 2006 or later, Primary Payer at DX cannot be blank.

Primary Sclerosing Cholangitis, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:29:29

Edit Tag N2936*Description*

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Primary Sclerosing Cholangitis code or blank:

0: PSC not identified/not present

1: PSC present

8: Not applicable: Information not collected for this case

9: Not documented in medical record

Primary Sclerosing Cholangitis not assessed or unknown if assessed

Another edit, Primary Sclerosing Cholangitis, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID.

Primary Sclerosing Cholangitis, Schema ID, Required, CoC Flag (SEER)***Administrative Notes***

New edit - NAACCR v18 metafile

Primary Sclerosing Cholangitis, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/25/2022 21:55:34

Edit Tag N3947

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018 or after 2021, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

Primary Sclerosing Cholangitis is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1). Data item not required by SEER for cases diagnosed 2022+.

2. For 2018-2021, this edit verifies that Primary Sclerosing Cholangitis is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema IDs:

00230: Bile Ducts Intrahepatic
00250: Bile Ducts Perihilar

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description, logic updated, edit skipped for diagnoses after 2021

Primary Site (SEER SITE)

NAACCR v22B

- Error message corrected to show data item required 2018-2021
 - Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois and Texas changed to all years

Primary Site (SEER SITE)

Agency: SEER

Last changed: 05/14/2001

Edit Tag N0007*Description*

Must be one of the topography codes defined by the International Classification of Diseases for Oncology, Second Edition or Third Edition. (The decimal point is dropped and the `C' is required.)

Primary Site, Behavior Code ICDO3 (SEER IF39)

Agency: SEER

Last changed: 06/27/2008

Edit Tag N0476*Description*

This edit is skipped if Behavior Code ICD-O-3 is empty.

The following primary sites with a behavior of in situ (Behavior Code ICD-O-3 = 2) require review. If the Over-ride Site/Behavior field contains a '1', no further checking is done.

C269	Gastrointestinal tract, NOS
C399	Ill-defined sites within respiratory system
C559	Uterus, NOS
C579	Female genital tract, NOS
C639	Male genital organs, NOS
C689	Urinary system, NOS
C729	Nervous system, NOS
C759	Endocrine gland, NOS
C760-C768	Ill-defined sites
C809	Unknown primary site

Additional Information:

Since the designation of in situ is very specific and almost always requires microscopic confirmation, it is assumed that specific information should also be available regarding the primary site. Conversely, if inadequate information is available to determine a specific primary site, it is unlikely that information about a cancer being in situ is reliable. Therefore this edit does not allow an in situ behavior code to be used with specified organ system and ill-defined site codes.

Primary Site, CS Extension (SEER IF176)

Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary. Check the information available about primary site and histologic type carefully. If a specific in situ diagnosis is provided, try to obtain a more specific primary site. A primary site within an organ system may sometimes be assumed based on the diagnostic procedure or treatment given or on the histologic type. If no more specific site can be determined, it is probably preferable to code a behavior code of 3.

EXAMPLE

PRIMARY SITE CODE	C55.9, UTERUS NOS
BEHAVIOR CODE	2

The abstract reads, "Uterine D&C with squamous cell carcinoma in situ". The category "Uterus, NOS" is to be used when it cannot be determined whether a cancer arose in the cervix or corpus uteri. Based on the histologic type and diagnostic procedure, the most likely site in this case is cervix uteri rather than corpus. Change the primary site code to C53.9, Cervix uteri.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF39_3

Note: The COC version of this edit has been deleted since it, over time, has become equivalent to the SEER version of the edit. Edit sets in this metafile using the COC version have been updated to use the SEER version instead.

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Primary Site, CS Extension (SEER IF176)

Agency: SEER

Last changed: 05/16/2018 23:55:54

Edit Tag N0851

Description

The edit is skipped if any of the following conditions is true:

- 1) Over-ride Site/EOD/Dx Dt contains a '1' (review complete)
- 2) Year of Date of Diagnosis is less than 2004 or greater than 2017 or is blank or invalid
- 3) Histologic Type ICD-O-3 equals 9140 (Kaposi Sarcoma)
- 4) Histologic Type ICD-O-3 greater than or equal to 9590 (lymphoma, leukemia, or other lymphoreticular neoplasm)
- 5) Behavior Code ICD-O-3 equals 2 (in situ)

If CS Extension equals 100-300 (localized disease) and CS Mets at DX equals 00 or 99, the

following Primary Site codes require review:

C069 Mouth, NOS

Primary Site, Heme Morph, DateDX, NoOverride (SEER)

C260-C269 Other and ill-defined digestive organs
 C390-C399 Other and ill-defined respiratory or intrathoracic sites
 C409, C419 Bone, NOS
 C579 Female genital system, NOS
 C639 Male genital organs, NOS

If CS Extension= 100-320 (localized disease) and CS Mets at DX equals 00 or 99, the following

Primary Site codes require review:

C479 Peripheral nerves, NOS
 C499 Connective tissue, NOS

If CS Extension= 100-400 (localized disease) and CS Mets at DX equals 00 or 99, the following

Primary Site codes require review:

C189 Colon, NOS and not histology 8210, 8220, 8261 and 8263
 C559 Uterus, NOS

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF176

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Hematopoietic end range code was changed from 9989 to 9992.
- Length of CS Extension changed from 2 to 3 characters.

NAACCR v18

- Description, logic modified to skip if diagnosis year > 2017
- Failure on invalid date changed to skip

Primary Site, Heme Morph, DateDX, NoOverride (SEER)

Agency: SEER

Last changed: 10/29/2022 13:41:57

Edit Tag N2021

Description

This edit validates the coding of primary site by histology based on the Hematopoietic and Lymphoid Neoplasm Coding Manual and Database. For cases diagnosed 2010 and later, specific histology codes are allowed only for specified sites. One combination (9823/C420, C421, C424) is allowed only for cases diagnosed prior to 2010. The combination of 9761/C420 is allowed only

Primary Site, Heme Morph, DateDX, NoOverride (SEER)

for cases diagnosed prior to 2018.

The histology/primary site combinations in this edit are not overridable.

This edit is skipped if any of the following conditions is true:

1. Primary Site is blank
2. Histologic Type ICD-O-3 is blank or not in range 9590-9993
3. Behavior Code ICD-O-3 is blank or not = 3
4. Date of Diagnosis is blank or invalid

If year of diagnosis is less than 2010, the following Histologic Type ICD-O-3 codes (with Behavior ICD-O-3 code 3) are allowed only for the listed Primary Site codes:

9823: C420, C421, C424

If year of diagnosis is 2010 or later, the following Histologic Type ICD-O-3 codes (with Behavior ICD-O-3 code 3) are allowed only for the listed Primary Site codes:

9732, 9741, 9742, 9800, 9801, 9806-9809, **9819, 9820, ##9826, 9831-9834, 9840, 9860, 9861, 9863, 9865-9867, 9869-9876, **9877-9879, 9891, 9895-9898, 9910, 9911, **9912, 9920, 9931, 9940, 9945, 9946, 9948, 9950, 9961-9967, **9968, 9975, 9980, 9982, 9983, 9985, 9986, 9989, ##9991-9992, **9993
C421

9590, 9591, 9596, 9597, 9650-9653, 9655, 9659, 9663, 9671, 9673, 9678, 9680, 9687, 9688, 9690, 9691, 9695, 9698, 9700-9702, 9705, 9708, 9709, 9712, 9714, 9717-9719, 9724, %%9725, 9726-9727, 9735, 9737, 9738, 9740, 9751, 9755-9759, 9762, 9811-9818, 9823, 9827, 9837, %%9971
Not C420, C423, C424

9679: C381-C383 or C379

9689: C422

9699: Not C420, C422, C423, C424

9716: C422

9731: C400-C419

9734: Not C400-C419, C420, C423, C424

9930: Not C420, C421, C423, C424

If year of diagnosis is 2010-2017, the following Histologic Type ICD-O-3 codes (with Behavior ICD-O-3 code 3) are allowed only for the listed Primary Site codes:

9761: C420 - vice versa is also true: If Primary Site is C420, then Histologic Type ICD-O-3 must = 9761.

Primary Site, Heme Morph, DateDX, NoOverride (SEER)

If year of diagnosis is 2018 or later, the following Histologic Type ICD-O-3 codes (with Behavior ICD-O-3 code 3) are allowed only for the listed Primary Site codes:

9761: C421. C420 is not allowed for any Histologic Type ICD-O-3 code 9590-9993.

** 9819, 9877-9879, 9912, 9968, and 9993 are new codes in ICD-O-3 effective 1/1/2021;

9826, 9991, and 9992 are not included in ICD-O-3.2, effective 1/1/2021

% 9725/3 and 9971/3 are no longer included in ICD-O-3.2, effective 1/1/2021.

9725/3 and 9971/3 require Over-ride Histology, set for the edit Morphology--Type/Behavior

ICDO3 (SEER MORPH)if coded for diagnosis dates 2021+.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF348

Modifications:**NAACCR v13:**

- Edit name changed from 'Primary Site, Morphology, Date of DX (SEER)' to 'Primary Site, Hemato Morphology, Date of DX (SEER)'.

- Edit modified to check that, for cases diagnosed 2010 and later, specific histology codes are allowed only for specified sites.

(Earlier version of this edit checked only: for 2010+, if histology = 9731/3, site must = C400-C419.)

- Edit also checks for cases diagnosed prior to 2012, that 9823/3 is allowed only for C420, C421, C424.

- Over-ride removed from the edit

NAACCR v13A

- Edit changed to limit Histologic Type ICD-O-3 code 9823 to C420, C421, and C424 for cases diagnosed prior to 2010; previous

version (NAACCR v13) of this edit incorrectly checked diagnosis year 2012

- Added reference to SEER IF348 in Administrative Notes

NAACCR v14

- Over-ride added to edit: edit will be skipped if Over-ride Site/Type = 1, indicating the case has already been reviewed and accepted as coded

NAACCR v15

- Edit name changed from 'Primary Site, Hemato Morphology, Date of DX (SEER)' to 'Primary Site, Heme Morph, DateDX, NoOverride(SEER)'. This edit includes primary site/histology/diagnosis date combinations that are not over-rideable.

Combinations

Primary Site, Laterality (SEER IF82)

that are over-rideable have been moved into a separate edit: 'Primary Site, Heme Morph, DateDX, Override (SEER)'

- Obsolete codes removed from edit since they will already fail 'Obsolete Histology ICDO3, Date of DX (SEER)'
- Histologies regrouped to match documentation from SEER

NAACCR v18

- Description, logic, error messages updated, for hematopoietic cases diagnosed 2018 and later, 9761 (Waldenstrom Macroglobulinemia) coded to C421, bone marrow, no hematopoietic cases coded to C420, blood.
- Name changed, space before (SEER)

NAACCR v21

- Description updated with notes about deleted and added codes in ICD-O-3.2
- Logic updated with new codes in ICD-O-3.2 requiring C421: 9877,9878,9879,9912,9968,9993
- Description updated, skip for range not in 9590-9992 changed to range not in 9590-9993; C420 not allowed for 9590-9992 changed to 9590-9993
- Logic updated, skip for Histologic Type ICD-O-3 not = 9590-9993 added
- Description updated, reference to Sources removed
- Description updated, codes no longer in ICD-O-3.2 as of 2021 noted: 9826,9991,9992,9725/3,9971/3

NAACCR v23A

- Description updated **9819 added to list for dxdate 2010+, codes for C421

Primary Site, Laterality (SEER IF82)

Agency: SEER

Last changed: 01/21/2010

Edit Tag N0390*Description*

If Primary Site C342 (lung, middle lobe), Laterality cannot = 2 (left) or, if year of Date of Diagnosis > 2006 and is not blank, Laterality cannot = 4 (bilateral).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF82

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v11.3A

Added: If Primary Site C342 and year of Diagnosis is > 2006, Laterality cannot = 4.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Primary Site, Laterality, CS Extension (SEER IF177)

Primary Site, Laterality, CS Extension (SEER IF177)

Agency: SEER

Last changed: 05/16/2018 23:57:46

*Edit Tag N0864***Description**

This edit is skipped if any of the following conditions is true:

1. Over-ride Site/Lat/EOD field contains a '1' (review complete)
2. Year of Date of Diagnosis is less than 2004 or greater than 2017, or is blank or invalid
3. Histologic Type ICD-O-3 = 9140, 9590-9992
4. If year of diagnosis = 2016-2017 and CS Extension is blank

For the purpose of this edit the following sites are considered paired organs:

C079	Parotid gland
C080	Submandibular gland
C081	Sublingual gland
C090	Tonsillar fossa
C091	Tonsillar pillar
C098-C099	Tonsil, NOS
C301	Middle ear
C310	Maxillary sinus
C312	Frontal sinus
C341-C349	Lung
C384	Pleura
C400	Long bones of upper limb, scapula and associated joints
C401	Short bones of upper limb and associated joints
C402	Long bones of lower limb and associated joints
C403	Short bones of lower limb and associated joints
C441	Skin of eyelid
C442	Skin of external ear
C446	Skin of upper limb and shoulder
C447	Skin of lower limb and hip
C471	Peripheral nerves and autonomic nervous system of upper limb and shoulder
C472	Peripheral nerves and autonomic nervous system of lower limb and hip
C491	Connective, subcutaneous, and other soft tissues of upper limb and shoulder
C492	Connective, subcutaneous, and other soft tissues of lower limb and hip
C500-C509	Breast
C569	Ovary
C570	Fallopian tube
C620-C629	Testis
C630	Epididymis
C631	Spermatic cord
C649	Kidney, NOS
C659	Renal pelvis
C669	Ureter
C690-C699	Eye
C740-C749	Adrenal gland
C754	Carotid body

Primary Site, Laterality, CS Extension (SEER IF177)

For the above paired organ sites:

If the Laterality is '9', (no information concerning laterality), CS Extension cannot specify in situ or localized.

If Laterality is '4' (bilateral involvement, lateral origin unknown: stated to be a single primary), CS Extension cannot specify in situ or localized except for C090 (Tonsillar fossa), C091 (Tonsillar pillar), C098-C099 (Tonsil, NOS), C569 (Ovary), C570 (fallopian tube), C649 (Kidney, NOS) and C692 (Retina).

There is an additional exception for cases diagnosed 2010 or later:
If Primary Site = C340-C349 (lung), CS Extension may = 000-300 only if CS Mets at DX = {23, 25, 26, 36, 38, 40, 41, 42, 43, 50, 51, 52, 53, 70, 75}.

In situ or localized is coded in the CS Extension field as follows:

- 000-100 for sites C500-C509 (breast)
- 000-310 for sites C620-C629 (testis)
- 000-320 for sites C471 (Peripheral nerves and autonomic nervous system of upper limb and shoulder)
- C472 (Peripheral nerves and autonomic nervous system of lower limb and hip)
- C491 (Connective, subcutaneous, and other soft tissues of upper limb and shoulder)
- C492 (Connective, subcutaneous, and other soft tissues of lower limb and hip)
- 000-400 for sites C690-C699 (eye)
- 000-300 for all other paired organ sites listed above

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF177

MODIFICATIONS:

NAACCR v11.1A

3/2007

The edit was modified to include C570 (fallopian tube) in the list of paired sites that are exceptions to "if Laterality is '4' (bilateral involvement, lateral origin unknown: stated to be a single primary), CS Extension cannot specify in situ or localized".

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Hematopoietic end range code was changed from 9989 to 9992.

Primary Site, Morphology-Imposs ICDO3 (SEER IF38)

- Length of CS Extension changed from 2 to 3 characters.

NAACCR v13

Added:

There is an additional exception for cases diagnosed 2010 or later:

If Primary Site = C340-C349 (lung), CS Extension may = 000-300 only if CS Mets at DX = {23, 25, 26, 36, 38, 40, 41, 42, 43, 50, 51, 52, 53, 70, 75}.

NAACCR v16

- Modified to skip if year of diagnosis = 2016 and CS Extension is blank.

NAACCR v16A

- Logic changed to match description, edit skipped if year of diagnosis is 2016, original logic included skip if year of diagnosis > 2015.

NAACCR v16D

- Description, logic modified to skip if diagnosis year = 2016-2017

NAACCR v18

- Name changed, space before (SEER)
 - Description, logic modified to skip if diagnosis year > 2017
 - Failure on invalid date changed to skip

Primary Site, Morphology-Imposs ICDO3 (SEER IF38)

Agency: SEER

Last changed: 02/12/2014

Edit Tag N0446

Description

This edit is skipped if Histologic Type ICD-O-3 is empty.

The site/histology combinations on the following list are considered to be impossible:

C000-C709, C728-C750, C752, C754-C809
 9440, 9441, 9442 (glioblastomas)

C480-C488 (Retroperitoneum & peritoneum)
 8720-8790 (Melanomas)

C300 (Nasal cavity)
 9250-9342 (Osteosarcomas--Giant cell, Ewing's, odontogenic)

C301 (Middle ear)
 9250-9342 (Osteosarcomas--Giant cell, Ewing's, odontogenic)

C310-C319 (Accessory sinuses)
 9250-9342 (Osteosarcomas--Giant cell, Ewing's, odontogenic)

Primary Site, Morphology-Imposs ICDO3 (SEER IF38)

C381, C382, C384, C388 (Pleura and mediastinum)
8010-8245, 8247-8671, 8940-8941 (Carcinomas)
8720-8790 (Melanomas)

C383 (Mediastinum, NOS)
8010-8231, 8241-8245, 8247-8671, 8940-8941 (Carcinomas)
8720-8790 (Melanomas)

C470-C479 (Peripheral nerves)
8010-8671, 8940-8941 (Carcinomas)
8720-8790 (Melanomas)

C490-C499 (Connective tissue)
8720-8790 (Melanomas)

C700-C709 (Meninges)
8010-8671, 8940-8941 (Carcinomas)

C710-C719 (Brain)
8010-8060, 8071-8671, 8940-8941 (Carcinomas)

C720-C729 (Other central nervous system)
8010-8671, 8940-8941 (Carcinomas)

C400-C419 (Bone)
8010-8060, 8075-8671, 8940-8941 (Carcinomas, except squamous cell)
8720-8790 (Melanomas)

C760-C768 (Ill-defined sites)
8720-8790 (Melanomas)
8800-8811, 8813-8830, 8840-8921, 9040-9044 (Sarcomas, except
periosteal fibrosarcoma, dermatofibrosarcoma)
8990-8991 (Mesenchymoma)
8940-8941 (Mixed tumor, salivary gland type)
9120-9170 (Blood vessel tumor, lymphatic vessel tumor)
9240-9252 (Mesenchymal chondrosarcoma,
and giant cell tumors)
9540-9560 (Nerve sheath tumor)
9580-9582 (Granular cell tumor and alveolar soft part sarcoma)

Additional Information:

Combinations of site and type are designated as impossible by this edit because the combination is biologically impossible, i.e., the particular form of cancer does not arise in the specified site, or because standard cancer registry conventions have been established to code certain combinations in certain ways.

In reviewing these errors, it is important to understand the biology of the disease and the clinical picture and history of the individual case before deciding on a correct code. It will often be useful to check medical references or to discuss specific problem cases with the registry's medical advisors. The suggestions below are a starting point for analyzing an error, but are not a substitute for a medical decision.

Correction of these errors will usually require inspection of the abstracted text, either online or as recorded on a paper abstract. Reference to the original medical record may also be required.

Primary Site, Morphology-Imposs ICDO3 (SEER IF38)

GENERAL

First review the case for the following:

1. Is the histologic type correctly coded? If not, correct the histologic type code. Note that the code for "Cancer" and "Malignancy" (8000/3) is NOT interchangeable with the code for "Carcinoma, NOS" (8010/3), which refers only to a malignancy of epithelial origin.
2. Is the primary site coded correctly? Check whether the site coded as the primary site could be instead the site of metastatic spread or the site where a biopsy was performed. If so, check for a more appropriate primary site.

SPECIFIC GUIDELINES

(The numbered categories refer to rows in the table of impossible combinations presented under "Description" in the documentation.)

1. Retroperitoneum/Peritoneum and Melanomas: If melanoma is identified in peritoneal or retroperitoneal tissue, it is almost certainly metastatic to that site. Try to identify the primary site of the melanoma. If no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44._, as the appropriate primary site.
2. Nasal Cavity/Middle Ear/Accessory Sinuses and Osteosarcomas: Osteosarcomas arise in bone, and the specified site code in ICD-O-3 is C40. _ or C41. _ . Osteosarcomas arising in the areas of the nose, middle ear, and sinuses should be assumed to have arisen in the bones of the skull and their primary site coded C41.0.
3. Pleura/Mediastinum and Carcinomas or Melanomas: If a carcinoma or melanoma is identified in the pleura or mediastinum, it is almost certainly metastatic to that site. Try to identify the primary site of the carcinoma or melanoma. For a carcinoma, if no primary can be determined, code unknown primary site, C80.9. For a melanoma, if no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44. _ , as the appropriate primary site.
4. Peripheral Nerves and Carcinomas or Melanomas: If a carcinoma or melanoma is identified in peripheral nerves, it is almost certainly metastatic to that site. Try to identify the primary site of the carcinoma or melanoma. For a carcinoma, if no primary can be determined, code unknown primary site, C80.9. For a melanoma, if no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44. _ , as the appropriate primary site.
5. Connective Tissue and Melanomas: If a melanoma is identified in connective tissue, it is almost certainly metastatic to that site. Try to identify the primary site of melanoma. For a melanoma, if no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44. _ , as the appropriate primary site.

Primary Site, Morphology-Type, Beh ICDO3 (SEER IF25)

6. Meninges/Brain/Other CNS and Carcinomas: If a carcinoma is identified in the brain, meninges, or other central nervous system, it is almost certainly metastatic to that site. Try to identify the primary site of the carcinoma. Check that the tumor is indeed a carcinoma and not "Cancer" or "Malignancy" which would be coded 8000/3. If it is a carcinoma and no primary can be determined, code "Unknown primary site", C80.9.

7. Bone and Carcinomas or Melanomas: If a carcinoma or melanoma is identified in the bone, it is almost certainly metastatic to that site. Try to identify the primary site of the carcinoma or melanoma. For a carcinoma, if no primary can be determined, code unknown primary site, C80.9. For a melanoma, if no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44._, as the appropriate primary site.

8. Ill-defined Sites and Various Histologies: Some histologic types are by convention more appropriately coded to a code representing the tissue in which such tumors arise rather than the ill-defined region of the body, which contains multiple tissues.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF38_3

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v13

Corrected descriptions of impossible histologies for C760-C768 (Ill-defined sites)

NAACCR v13A

Added impossible primary site/histology combination:

Primary Sites: C000-C709, C728-C750, C752, C754-C809

Histologies: 9440, 9441, 9442 (glioblastomas)

NAACCR v14A

- The following site/histology combinations are now allowable:

C383 8240

C710-C719 8070

Primary Site, Morphology-Type, Beh ICDO3 (SEER IF25)

Agency: SEER

Last changed: 06/04/2021 08:37:25

Edit Tag N1254

Description

This edit is skipped if Histologic Type ICD-O-3 is blank.

Primary Site, Morphology-Type, Beh ICDO3 (SEER IF25)

If the case has already been reviewed and accepted as coded (Over-ride Site/Type = 1) no further editing is done.

The SEER Site/Histology Validation List (see SEER web site) designates all histologies/behaviors that do not require review for each site. Any site/histology/behavior combination not in the Site/Histology Validation List will be accepted only if the case has been reviewed, accepted as coded, and Over-ride--Site/Type = 1. All other combinations will generate the message "Incompatible site and morphology". Since basal and squamous cell carcinomas of non-genital skin sites are not reportable to SEER, these site/histology combinations do not appear on the validation list.

The Site/Histology Validation List contains those histologies commonly found in the specified primary site. Histologies that occur only rarely or never may not be included. Review of these rare combinations often results in changes to the primary site and/or morphology, rather than a decision that the combination is correct. The over-ride flag should not be set to 1 if the primary site or histologic type are changed to a combination that will pass the edit. However, if upon review the site/type combination is found to be accurate and in conformance with coding rules, it may be left as coded and the Over-ride--Site/Type flag coded to 1.

Additional Information:

This edit forces review of atypical site-type combinations. Combinations not requiring review are presented, by primary site, in the "SEER Site/Histology Validation List". This edit does not imply that there are errors but rather that the combination of site and histology are so unusual that they should be checked to ensure that they correctly reflect what is in the medical record. Resolution of discrepancies may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary.

Review of these cases requires investigating whether a) the combination is biologically implausible, or b) there are cancer registry coding conventions that would dictate different codes for the diagnosis. The following resources can be checked:

- Current oncology and pathology textbooks
- Current medical journal articles, e.g., via MEDLINE
- Pathologist advisors to the registry

Primary Site, Morphology-Type, Beh ICDO3 (SEER IF25)

If upon review it is decided that the case is appropriately coded, set the Override--Site/Type flag to 1 so that the case will not be flagged for review when the edit is run again.

The SEER Site/Histology Validation List was posted with significant updates in 2010, 2018, 2021 (ICD-O-3.2), and 2022. Another edit, Morphology--Type/Behavior ICDO3 (SEER MORPH) checks validity of histology and behavior codes by diagnosis date.

NOTE: The Site/Type list for ICD-O-3.2 includes additional histology codes for C760-C768, to allow coding of C760 for Schema ID 00060, Unknown primaries of head and neck with positive cervical lymph nodes.

Administrative Notes

This edit differs from Primary Site, Morphology-Type ICDO3 (SEER IF25) in that this edit includes behavior.

This edit differs from the COC edit of the same name in that the COC version allows basal and squamous cell carcinomas of non-genital skin sites. Since these cases are not reportable to SEER, these site/histology combinations do not appear on the SEER validation list and are flagged as errors in this edit.

MODIFICATIONS:

NAACCR v11.2

11/07

- Replaces old version Primary Site, Morphology-Type ICDO3 (SEER IF25).
- Updated to now edit site/histology/behavior instead of just site/histology.
- Updated to allow meningiomas (9530 - 9539) only for meninges sites (C70_). Please note that it allows meningiomas outside of the meninges if the case is reviewed and the over-ride flag is set.

NAACCR v11.3

6/08

- The description of the above modification (11/07) was corrected: "NAACCR v11.2A" changed to "NAACCR v11.2".

NAACCR v11.3A

10/08

- Histology 8461/3 is now valid for sites C480-C482, C488
- Histology 8144/3 is no longer valid for C15, C17, C18, C19, C20, and C21
- Histology 9582/0 is now valid for C751

NAACCR v12

EditWriter 5

1039

05/01/2023 02:04 PM

Primary Site, Morphology-Type, Beh ICDO3 (SEER IF25)

- Correction: added C209 8143/3 to table of valid site/hist/behavior combinations. It had mistakenly been removed from NAACCR v11.3A.

NAACCR v12D

- Modified: if year of diagnosis is 2010 or higher AND Histologic Type ICD-O-3 = 9731 (solitary plasmacytoma of bone) AND Behavior ICD-O-3 = 3 (malignant), then Primary Site must = C400-C419 (bone).

NAACCR v12.1

- Modified: logic to allow solitary plasmacytoma of bone (9731/3) only for bone (C400-C41) if year of diagnosis is 2010+, was removed from this edit. A separate edit was created: Primary Site, Morphology, Date of DX (SEER)

NAACCR v13

Revised IF25_3.DBF (site/histology/behavior table):

1. allow 9823/3 for all sites
2. allow 8441/3 and 8460/3 for C540-C543, C548-C549, C559
3. delete miscellaneous duplicate table entries

NAACCR v15

Revised IF25_3.DBF (site/histology/behavior table):

- added:

C150-C159: 9680/3

C170-C179: 8152/3

C260-C269: 8152/3

C440-C449: 9751/3

C470-C479, C490-C499: 9726/3

C510-C519, C529

- 9597, 9700, 9708, 9709, 9718, 9725, 9726

C530-C539: 8098/3

C600-C609, C632

- 9597, 9700, 9701, 9708, 9709, 9718, 9725, 9726

C809 - 8152/3

C751 - 9582/0 (replaced hardcoded logic with table entry)

NAACCR v15A

Revised IF25_3.DBF (site/histology/behavior table):

- added:

C470-C476, C478-C479, C490-C496, C498-C499: 9930/3

C440-C449: 9837/3

C340-C349: 8083/3

- removed duplicate codes:

C420 9823/3

C421 9823/3

C424 9823/3

NAACCR v18

Primary Site, Stage Group 2016 - Ed 7 (NPCR)

- Edit logic rewritten to replace IRLOOKUP and ILOOKUP statements with SQLRANGELOOKUP and SQLLOOKUP statements.
- Tables referenced by edit updated with histology/behavior codes added to SEER Site/Type Validation List posted 1/17/2018.
- Name changed, space before (SEER IF25)

NAACCR v21

- Name changed from Primary Site, Morphology-Type,Beh ICDO3 (SEER IF25)
- Description updated to note changes to SEER Site/Type validation list in 2021 based on ICD-O-3.2.
- Tables referenced by edit updated with site/histology/behavior codes added to SEER Site/Type Validation list dated 6/2020
- Description updated, note about additional histologies for C760, Schema ID 00060 not requiring over-ride.

NAACCR v22

- Description updated to note changes to SEER Site/Type validation list in 2022.

Primary Site, Stage Group 2016 - Ed 7 (NPCR)

Agency: NPCR

Last changed: 03/07/2021 14:33:51

Edit Tag N2302**Description**

This edit checks that the TNM Clin Stage Group is valid for the site/histology.
This edit checks that the TNM Path Stage Group is valid for the site/histology.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Histologic Type ICD-O-3 is blank
3. TNM Edition Number not = 07, 88
4. TNM Clin Stage Group and TNM Path Stage Group are both blank

Pediatric cases not staged according to AJCC are skipped and are identified in this edit by TNM Edition Number = 88, TNM Clin Stage Group = 88 or blank, TNM Path Stage Group = 88 or blank, and Over-ride Site/TNM-Stgrp = 1 if the patient is under 25 years old. It is assumed by the edit that patients age 25 or older will never be staged by a pediatric system, but most use of pediatric staging will be for patients under 19 years or so. Starting with cases diagnosed 2016 and later blanks are not allowed unless Type of Reporting Source is 6 or 7.

The site-specific Stage Group values are listed below. The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC staging. The allowable values for the

Primary Site, Stage Group 2016 - Ed 7 (NPCR)

clinical and pathologic stage groups are listed under Stage Group. When there is a difference in allowable values for clinical and pathologic stage group, they will be specified separately.

The edit also passes if both Stage Group fields are coded 88 when Type of Reporting Source = 6 or 7. The edit fails if one Stage Group field is coded 88 but the other is not when Type of Reporting Source = 6 or 7.

For sites/histologies not included in the list below, TNM Path Stage Group and TNM Clin Stage Group should be coded to 88.

The sites/histologies for each group are listed in the EditWriter table AC7G2016.DBF, except as noted below where special logic in this edit is used to assign or reassign sites/histologies to a specified group number.

3. Lip and Oral Cavity

Sites:

C000-C006, C008-C009
 C020-C023, C028-C029
 C030-C031, C039
 C040-C041, C048-C049
 C050, C058-C059
 C060-C062, C068-C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4A, 4B, 4C, 99

4. Pharynx**4A. Oropharynx and Hypopharynx**

Sites:

C019, C024
 C051-C052
 C090-C091, C098-C099
 C100, C102-C104, C108-C109
 C129
 C130-C132, C138-C139

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4A, 4B, 4C, 99

4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

Primary Site, Stage Group 2016 - Ed 7 (NPCR)

0, 1, 2, 3, 4A, 4B, 4C, 99

4C. Nasopharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

010

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4A, 4B, 4C, 99

4D. Oropharynx - Pharyngeal Tonsil

Sites:

C111

Discriminator (CS Site-Specific Factor25):

020

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 4D from 4C based on Site-Specific Factor 25

Stage Group:

0, 1, 2, 3, 4A, 4B, 4C, 99

5. Larynx

5A. Supraglottis, Subglottis, Other

Sites:

C101, C321-C322

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4A, 4B, 4C, 99

5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group:

0, 1, 2, 3, 4A, 4B, 4C, 99

NOTE: TNM Stage Group 88 allowed for C328-C329

6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4A, 4B, 4C, 99

7. Major Salivary Glands

Primary Site, Stage Group 2016 - Ed 7 (NPCR)

Sites:

C079

C080-C081, C088-C089

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8982

Stage Group:

1, 2, 3, 4A, 4B, 4C, 99, 88

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: less than 045

Grade: 1-3 or 9

Site/histologies are assigned to group 8A from group 8 based on grade, age at diagnosis

Stage Group:

1, 2, 99, 88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999

Grade: 1-3 or 9

Site/histologies are assigned to group 8B from group 8 based on grade, age at diagnosis

Stage Group:

1, 2, 3, 4A, 4B, 4C, 99, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or 9

Site/histologies are assigned to group 8C from group 8 based on grade, age at diagnosis

Stage Group:

99, 88

Primary Site, Stage Group 2016 - Ed 7 (NPCR)

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or 9

Stage Group:

1, 2, 3, 4A, 4B, 4C, 99, 88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

Stage Group:

Clin: 1, 2, 3, 4A, 4B, 4C, 99

Path: 4A, 4B, 4C

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4

Site/histologies are assigned to group 8F from group 8 and group 8D based on grade

Stage Group:

Clin: 1, 2, 3, 4A, 4B, 4C, 99

Path: 4A, 4B, 4C, 99

9. Mucosal Melanoma of the Head and Neck

Sites:

C000-C006, C008-C009

C019

C020-C024, C028-C029

C030-C031, C039

C040-C041, C048-C049

C050-C052, C058-C059

C060-C062, C068-C069

C090-C091, C098-C099

C100-C104, C108-C109

C110-C113, C118-C119

C129, C130-C132

C138-C139

C140, C142, C148

C300

C310-C311

C320-C323, C328-C329

Histologies Requiring AJCC Staging:

8720-8790

Stage Group:

3, 4A, 4B, 4C, 99, 88

Primary Site, Stage Group 2016 - Ed 7 (NPCR)

10. Esophagus and Esophagus Gastric Junction

10A. Esophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1A, 1B, 2A, 2B, 3A, 3B, 3C, 4, 99

10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (CS Site-Specific Factor25):

020, 040, 060 (for C161-C162)

Site/histologies are assigned to group 10B from group 11 based on site and site-specific factor

25 as well as table lookup

Stage Group:

0, 1A, 1B, 2A, 2B, 3A, 3B, 3C, 4, 99

11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =

000, 030,999

C163-C166, C168-C169

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

Stage Group:

0, 1A, 1B, 2A, 2B, 3A, 3B, 3C, 4,99

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2A, 2B, 3A, 3B, 4, 99

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Stage Group:

Primary Site, Stage Group 2016 - Ed 7 (NPCR)

0, 1, 2A, 2B, 2C, 3A, 3B, 3C, 4A, 4B, 4C, 99

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

Stage Group:

1, 2, 3, 4, 99, 88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2A, 2B, 2C, 3A, 3B, 3C, 4A, 4B, 99

15. Anus

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3A, 3B, 4, 99

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

Sites/histologies are assigned to group 16A from group 16B based on site-specific factor 10

as well as table lookup

Stage Group:

1A, 1B, 2, 3A, 3B, 4, 99, 88

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

Primary Site, Stage Group 2016 - Ed 7 (NPCR)

8935-8936

Stage Group:

1, 2, 3A, 3B, 4, 99, 88

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

Stage Group:

0, 1, 2A, 2B, 3A, 3B, 4, 99

17B. NET: Small Intestine and Ampulla of Vater

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

Stage Group:

1, 2A, 2B, 3A, 3B, 4, 99, 88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

Stage Group:

1, 2A, 2B, 3A, 3B, 4, 99, 88

18. Liver

Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

Stage Group:

1, 2, 3A, 3B, 3C, 4A, 4B, 99, 88

19. Intrahepatic Bile Ducts

Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

Stage Group:

0, 1, 2, 3, 4A, 4B, 99

20. Gallbladder

Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

Primary Site, Stage Group 2016 - Ed 7 (NPCR)

Histologies Requiring AJCC Staging:

8000-8152,8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 20 from group 21 based on site-specific factor 25

as well as table lookup

Stage Group:

0, 1, 2, 3A, 3B, 4A, 4B, 99

21. Perihilar Bile Ducts

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050,
060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3A, 3B, 4A, 4B, 99

22. Distal Bile Duct

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 22 from group 21 based on site-specific factor 25

as well as table lookup

Stage Group:

0, 1A, 1B, 2A, 2B, 3, 4, 99

23. Ampulla of Vater

Sites:

C241

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1A, 1B, 2A, 2B, 3, 4, 99

24. Exocrine and Endocrine Pancreas

Sites:

C250-C254, C257-C259

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

Stage Group:

0, 1A, 1B, 2A, 2B, 3, 4, 99

25. Lung

Primary Site, Stage Group 2016 - Ed 7 (NPCR)

Sites:

C340-C343, C348-C349

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

OC, 0, 1A, 1B, 2A, 2B, 3A, 3B, 4, 99

26. Pleural Mesothelioma

Sites:

C384

Histologies Requiring AJCC Staging:

9050-9053

Stage Group:

1, 1A, 1B, 2, 3, 4, 99, 88

27. Bone

Sites:

C400-C403, C408-C409

C410-C414, C418-C419

Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

Stage Group:

1A, 1B, 2A, 2B, 3, 4A, 4B, 99

28. Soft Tissue Sarcoma

Peritoneum - not female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

Sex = 1, 3-5, 9 (not female)

Peritoneum - female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

Sex = 2, 6 (female)

Heart, Mediastinum, Soft Tissue

Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

Primary Site, Stage Group 2016 - Ed 7 (NPCR)

8800-8820, 8823-8934, 8940-9136, 9142-9582

Specific sites/histologies assigned to group 28 based on sex

Stage Group:

1A, 1B, 2A, 2B, 3, 4, 99

NOTE: Stage Group 88 allowed for Mesothelioma, 9050-9055

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:

C440, C442-C449, C632

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 99

30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,

C510-C512, C518-C519

C600-C602, C608-C609

C632

Histologies Requiring AJCC Staging:

8247

Stage Group:

Clin: 0, 1B, 2B, 2C, 3, 3B, 4, 99

Path: 0, 1A, 1B, 2A, 2B, 2C, 3A, 3B, 4, 99

31. Melanoma of the Skin

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609

C632

Histologies Requiring AJCC Staging:

8720-8790

Stage Group:

Clin: 0, 1A, 1B, 2A, 2B, 2C, 3, 4, 99

Path: 0, 1A, 1B, 2A, 2B, 2C, 3A, 3B, 3C, 4, 99

32. Breast

Sites:

C500-C506, C508-C509

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981, 9020

Stage Group:

0, 1A, 1B, 2A, 2B, 3A, 3B, 3C, 4, 99

33. Vulva

Primary Site, Stage Group 2016 - Ed 7 (NPCR)

Sites:

C510-C512, C518-C519

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1B, 2, 3A, 3B, 3C, 4A, 4B, 99

34. Vagina

Sites:

C529

Histologies Requiring AJCC Staging:

8000-8576, 8800-8801, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4A, 4B, 99

35. Cervix Uteri

Sites:

C530-C531, C538-C539

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1A1, 1A2, 1B, 1B1, 1B2, 2, 2A, 2A1, 2A2, 2B, 3, 3A, 3B, 4A, 4B, 99

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas

Sites

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

Stage Group:

0, 1, 1A, 1B, 2, 3, 3A, 3B, 3C, 3C1, 3C2, 4A, 4B, 99

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

Stage Group:

1, 1A, 1B, 2, 3A, 3B, 3C, 4A, 4B, 99, 88

36C. Corpus Uteri: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

Stage Group:

Primary Site, Stage Group 2016 - Ed 7 (NPCR)

1, 1A, 1B, 1C, 2, 3A, 3B, 3C, 4A, 4B, 99, 88

37. Ovary and Peritoneal Carcinomas

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

Stage Group:

1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 99, 88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488

Sex = 2,6 (female)

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

Sex code checked for assignment to group 37B

Stage Group:

3, 3A, 3B, 3C, 4, 99

NOTE: Stage Group 88 allowed for Mesothelioma, 9050-9055

38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 99

39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

9100-9105

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

40. Penis

Sites:

C600-C602, C608-C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3A, 3B, 4, 99

Primary Site, Stage Group 2016 - Ed 7 (NPCR)

41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

Stage Group:

1, 2A, 2B, 3, 4, 99, 88

42. Testis

Sites:

C620-C621, C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

Stage Group:

0, 1, 1A, 1B, 1S, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 99

43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

1, 2, 3, 4, 99, 88

44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0IS, 0A, 1, 2, 3, 4, 99

45. Urinary Bladder

Sites:

C670-C679

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0IS, 0A, 1, 2, 3, 4, 99

46. Urethra

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Primary Site, Stage Group 2016 - Ed 7 (NPCR)

Stage Group:

0IS, 0A, 1, 2, 3, 4, 99

47. Adrenal

47A. Adrenal Cortex

Sites:

C740

Histologies Requiring AJCC Staging:

8010, 8140, 8370

Stage Group:

1, 2, 3, 4, 99, 88

47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:

8370

Stage Group:

1, 2, 3, 4, 99, 88

48. Carcinoma of the Eyelid

Sites:

C441

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1A, 1B, 1C, 2, 3A, 3B, 3C, 4, 99

49. Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

88

50. Malignant Melanoma of the Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8720-8790

Stage Group:

88

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid

Sites:

C693

Primary Site, Stage Group 2016 - Ed 7 (NPCR)

C694 (CS Site-Specific Factor 25 = 010)

Histologies Requiring AJCC Staging:

8720-8790

Sites/histologies are assigned to group 51A from group 51 based on site-specific factor 25

Stage Group:

1, 2A, 2B, 3A, 3B, 3C, 4, 99.88

51B. Iris

Sites:

C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:

8720-8790

Sites/histologies are assigned to group 51B from group 51 based on site-specific factor 25

Stage Group:

1, 2A, 2B, 3A, 3B, 3C, 4, 99,88

52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:

9510-9514

Stage Group:

88

53. Carcinoma of the Lacrimal Gland

Sites:

C695 and CS Site-Specific Factor25 = 015

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

88

54. Sarcoma of the Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

Stage Group:

88

55. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

Primary Site, Stage Group 2016 - Ed 7 (NPCR)

Stage Group:
88

56. Brain and Spinal Cord

Sites:
C700-C701, C709, C710-C719, C720-C729, C751-C753
Histologies Requiring AJCC Staging:
8000, 8680-9136, 9141-9582
Stage Group:
88

57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin

Sites:
C000-C440, C442-C689, C691-C694, C698-C809
Histologies Requiring AJCC Staging:
9590-9699, 9702-9727, 9735, 9737-9738

Sites/histologies are assigned to group 57A based on combinations of site and histology

Stage Group:
1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

Sites:
C000-C419, C422-C423, C440, C442-C689, C691-C694, C698-C809
Histologies Requiring AJCC Staging:
9811-9818, 9823, 9827, 9837
Stage Group:
1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

57B. Primary Cutaneous Lymphomas

Sites:
C440-C449
C510-C512, C518-C519
C600-C602, C608-C609, C632
Histologies Requiring AJCC Staging:
9700, 9701
Stage Group:
1A, 1B, 2A, 2B, 3, 3A, 3B, 4A1, 4A2, 4B, 99, 88

57C. Lymphoid/Hematopoietic

Sites:
C420, C421, C424
Histologies Requiring AJCC Staging:
9811-9818, 9837
Stage Group:
4, 4A, 4B, 88, 99

All Others
Stage Group:

Primary Site, Stage Group 2016 - Ed 7 (NPCR)

88

Administrative Notes

New edit - added to NAACCR v16 metafile.

This edit differs from the SEER edit with the same name in requiring both TNM Clin Stage Group and TNM Path Stage Group to be coded 88 if one is coded 88, for Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only). The edit does not require stage group fields to equal 88 if Type of Reporting Source = 7, as required by a separate SEER edit. Except for Autopsy Only and Death Certificate Only case, the edit does not allow Stage Group codes for stageable site/histology groups not specifically listed in the AJCC 7th Edition.

Modifications**NAACCR v16A**

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Error message corrected, field out of order for 6060
- Corrected Description and Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, Stage groups 4,4A,4B,99,88. Groups 57A and 57C differ from definitions of these groups in pre-2016 edits in only allowing these stage group values for these site/histologies. Pre-2016 edits allowed all lymphoma stage group values for these sites/histologies.

NAACCR v16B

- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

NAACCR v16D

- 99 added to description as valid pathologic stage group for site/histology groups 8E and 8F, anaplastic carcinoma of thyroid, lookup table also updated
- Description, logic updated to allow clinical and pathologic stage group 88 for mesothelioma, 9050-9055, site/histo group 028
- Description, logic updated to allow clinical and pathologic TNM M 88 for C32.8 and C32.9, site/histo group 05B
- Error message updated to specify TNM Edition No/Stage groups (previously TNM data items) must be coded 88 if over-ride set for pediatric case

NAACCR v16E

- Information describing difference from COC and NPCR edits moved from Description to Administrative Notes

NAACCR v18

- Description, logic updated to allow 88 for peritoneal mesothelioma of female, site/histo group 37B
- Reference to TNM M value for group 57C removed from description.

Profound Immune Suppression, Date DX (NAACCR)

- Description updated to note that edit is skipped when both TNM Clin Stage Group and TNM Path Stage Group are blank, "both" added

NAACCR v21B

- Description updated, code 88 added to list of allowable values for AJCC group 26, Pleural Mesothelioma
 - Description for pediatric over-ride updated, AJCC Clin Stage Group and AJCC Path Stage Group changed to TNM Clin Stage Group and TNM Path Stage Group

Profound Immune Suppression, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag N2700***Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Profound Immune Suppression code or blank:
 - 0: No immune suppression condition(s) identified/not present
 - 1: Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS)
 - 2: Solid organ transplant recipient
 - 3: Chronic lymphocytic leukemia
 - 4: Non-Hodgkin lymphoma
 - 5: Multiple immune suppression conditions
 - 6: Profound immune suppression present
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
 - Profound Immune Suppression not assessed or unknown if assessed

Another edit, Profound Immune Suppression, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Profound Immune Suppression, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2870

Progesterone Receptor Percent Positive or Range, Date DX (NAACCR)**Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Profound Immune Suppression is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00460: Merkel Cell Carcinoma

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v18C**

- Description updated, Schema ID 000460 changed to 00460

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Progesterone Receptor Percent Positive or Range, Date DX (NAACCR)

Agency: NAACCR

Last changed: 06/13/2020 17:33:33

Edit Tag N2679

Progesterone Receptor Percent Positive or Range, Date DX (NAACCR)**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Progesterone Receptor Percent Positive or Range code or blank:

000: PR negative, or stated as less than 1%
 001-100: 1 to 100 percent
 R10 Stated as 1-10%
 R20: Stated as 11-20%
 R30: Stated as 21-30%
 R40: Stated as 31-40%
 R50: Stated as 41-50%
 R60: Stated as 51-60%
 R70: Stated as 61-70%
 R80: Stated as 71-80%
 R90: Stated as 81-90%
 R99: Stated as 91-100%
 XX6: PR results cannot be determined (indeterminate) - valid for 2018-2020 only
 XX7: Test done, results not in chart
 XX8: Not applicable: Information not collected for this case
 XX9: Not documented in medical record
 Progesterone Receptor Percent Positive or Range not assessed or unknown if assessed

3. Numeric value must be right-justified and zero-filled.

Another edit, Progesterone Receptor Percent Positive or Range, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v18D

- Description, logic updated to include XX6, XX7

NAACCR v21

- Description, logic updated to allow XX6 for 2018-2020 only

Progesterone Receptor Percent Positive or Range, Schema ID, Required, CoC Flag (SEER)

Progesterone Receptor Percent Positive or Range, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3945

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1.
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Progesterone Receptor Percent Positive or Range is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

1. This edit verifies that Progesterone Receptor Percent Positive or Range is not "XX8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00480: Breast

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Progesterone Receptor Summary, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/11/2020 23:10:29

Progesterone Receptor Summary, Percent Positive, Breast (NAACCR)**Edit Tag N2734****Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Progesterone Receptor Summary code or blank:

0: PR negative (0.0 or less than <1%)
 1: PR positive
 7: Test done, results not in chart
 9: Not documented in medical record
 Cannot be determined (indeterminate)
 Progesterone Receptor Summary status not assessed or unknown if assessed

Another edit, Progesterone Receptor Summary, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Description updated for code 0

Progesterone Receptor Summary, Percent Positive, Breast (NAACCR)

Agency: NAACCR

Last changed: 07/11/2020 12:41:56

Edit Tag N6219**Description**

This edit checks on consistency of coding between the Progesterone Receptor Summary SSDI codes 0,1,7, and 9, and Progesterone Receptor Percent Positive or Range SSDI for Schema ID 00480, Breast.

1. The edit is skipped for the following conditions:

Progesterone Receptor Summary, Schema ID, Required (NAACCR)

- a. Date of Diagnosis is blank (unknown), invalid, or before 2021.
 - b. Schema ID is blank or not 00480.
 - c. Progesterone Receptor Summary is blank
 - d. Progesterone Receptor Percent Positive or Range is blank or XX7 (test done, results not in chart), XX8 (not applicable), or XX9 (not documented in medical record)
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If Progesterone Receptor Summary = 0 (negative),
Progesterone Receptor Percent Positive or Range must = 000 (negative)
 3. If Progesterone Receptor Summary = 1 (positive)
Progesterone Receptor Percent Positive or Range must = 001-100, R10-R99 (positive)
 4. If Progesterone Receptor Summary = 7 (test done, results not in chart) or 9 (not documented in medical record)
Progesterone Receptor Percent Positive or Range must = XX7 or XX9

Administrative Notes

New edit - NAACCR v21 metafile

Progesterone Receptor Summary, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 07/28/2018 11:13:39

Edit Tag N2924

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Progesterone Receptor Summary is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00480: Breast

Progesterone Receptor Total Allred Score, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Progesterone Receptor Total Allred Score, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/21/2022 16:34:16

Edit Tag N2680

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Progesterone Receptor Total Allred Score code or blank:

00: Total PR Allred Score of 0
01: Total PR Allred Score of 1
02: Total PR Allred Score of 2
03: Total PR Allred Score of 3
04: Total PR Allred Score of 4
05: Total PR Allred Score of 5
06: Total PR Allred Score of 6
07: Total PR Allred Score of 7
08: Total PR Allred Score of 8

X8: Not applicable: Information not collected for this case

X9: Not documented in medical record

Progesterone Receptor Total Allred Score not assessed or unknown if assessed

Blank: Not applicable, Diagnosis year after 2022

Another edit, Progesterone Receptor Total Allred Score, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v23

- Description updated, blank added

Progesterone Receptor Total Allred Score, Schema ID, Required, CoC Flag (SEER)

Progesterone Receptor Total Allred Score, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 06/01/2022 22:37:29

Edit Tag N3946

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018 or after 2022, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Progesterone Receptor Total Allred Score is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Progesterone Receptor Total Allred Score is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00480: Breast

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, SSDI required for cases diagnosed 2018-2022
- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

PSA (Prostatic Specific Antigen) Lab Value, Date DX (NAACCR)

PSA (Prostatic Specific Antigen) Lab Value, Date DX (NAACCR)

Agency: NAACCR

Last changed: 08/10/2021 15:30:15

Edit Tag N2737

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid PSA (Prostatic Specific Antigen) Lab Value code or blank:

0.1: 0.1 or less nanograms/milliliter (ng/ml)

0.2-999.9: 0.2-999.9 ng/ml

(Exact value to nearest tenth of ng/ml)

XXX.1: 10,000 ng/ml or greater

XXX.2: Lab value not available, physician states PSA is negative/normal

XXX.3: Lab value not available, physician states PSA is
positive/elevated/high

XXX.7: Test ordered, results not in chart

XXX.9: Not documented in medical record

PSA (Prostatic Specific Antigen) Lab Value not assessed or unknown
if assessed

3. Code must contain decimal point with at least one character before and one character after decimal point.

Another edit, PSA (Prostatic Specific Antigen) Lab Value, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Administrative Notes

New edit - NAACCR v18 metafile

NAACCR v22

- Description, logic updated, leading/trailing blanks trimmed on input value; decimal check modified
- Description, logic updated, XXX.2, XXX.3 added as valid values

PSA (Prostatic Specific Antigen) Lab Value, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 07/28/2018 11:14:22

EditWriter 5

1067

05/01/2023 02:04 PM

Race 1 (SEER RACE)***Edit Tag N2991******Description***

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that PSA (Prostatic Specific Antigen) Lab Value is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00580: Prostate

Administrative Notes

New edit - NAACCR v18 metafile

Race 1 (SEER RACE)

Agency: SEER

Last changed: 05/05/2022 18:08:38

Edit Tag N0011***Description***

Must be a valid Race 1 code (01-08, 10-17,20-22,25-28,30-32,96-99).

- | | |
|----|-------------------------------------|
| 01 | White |
| 02 | Black or African American |
| 03 | American Indian or Alaska Native |
| 04 | Chinese |
| 05 | Japanese |
| 06 | Filipino |
| 07 | Native Hawaiian |
| 08 | Korean |
| 10 | Vietnaese |
| 11 | Laotian |
| 12 | Hmong |
| 13 | Cambodian |
| 14 | Thai |
| 15 | Asian Indian, NOS or Pakistani, NOS |

Race 1, Race 2, Race 3, Race 4, Race 5 (SEER IF93)

16 Asian Indian
 17 Pakistani
 20 Mironesian, NOS
 21 Chamorro
 22 Guamanian, NOS
 25 Polynesian, NOS
 26 Tahitian
 27 Samoan
 28 Tongan
 30 Melanesian, NOS
 31 Fiji Islander
 32 Papua New Guinean
 88 No additional races (Race 2 - Race 5)
 96 Other Asian including Asian, NOS and Oriental, NOS
 97 Pacific Islander, NOS
 98 Some other race
 99 Unknown by patient

Administrative Notes**Modifications****NAACCR v12.0**

- Codes 15 (Asian Indian or Pakistani, NOS), 16 (Asian Indian), and 17 (Pakistani) have been added; code 09 (Asian Indian, Pakistani) was retired effective with Version 12.

Note 1: Recode code 09 to code 15 for all years prior to 2010.

Note 2: Standard setters may ask that old code 09 (new code 15) be reviewed and recoded to code 16 and 17 for earlier years depending

on

the availability of information.

NAACCR v21B

- Description updated, definitions for race codes added

NAACCR v22

- Description updated for code 3

NAACCR v23

- Description updated for codes 02, 03, 07, 13, 15, 21, 32, 98, 99

Race 1, Race 2, Race 3, Race 4, Race 5 (SEER IF93)

Agency: SEER

Last changed: 06/14/2016

Edit Tag N0628

Description

Race 1, Race 2, Race 3, Race 4, and Race 5 are compared as follows:

Race 2 (NAACCR)

If any race codes (for Race 2, 3, 4, and 5) = spaces, all subsequent race codes must = spaces.

If more than the Race 1 code is entered, if any race = 99 (unknown), all race codes (Race 1, 2, 3, 4, and 5) must = 99.

If more than the Race 1 code is entered, if any race codes (for Race 2, 3, 4, and 5) = 88 (no further race documented), then all subsequent race codes must also = 88.

A particular race code (other than spaces, 88, or 99) must not occur more than once.

If a patient has a race code of 01 (white), it must be the last recorded race for that patient; that is, the last race code not coded to 88 or spaces..

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF93

This edit differs from the NAACCR edit of the same name in that if a patient has a race code of 01 (white), it must be the last recorded race for that patient; that is, the last race code not coded to 88 or spaces.

MODIFICATIONS:

NAACCR v11.2
7/2007

This edit was updated to match the logic in SEER*Edits:

1. The edit no longer checks Date of Diagnosis.
2. The following logic was added:
 - If any race codes (for Race 2, 3, 4, and 5) = spaces, all subsequent race codes must = spaces.
 - If more than the Race 1 code is entered, if any race = 99 (unknown), then all race codes (Race 1, 2, 3, 4, and 5) must = 99.
 - If more than the Race 1 code is entered, if any race codes (for Race 2, 3, 4, and 5) = 88 (no further race documented), then all subsequent race codes must also = 88.
 - A particular race code (other than spaces, 88, or 99) must not occur more than once.
 - If a patient has a race code of 01 (white), it must be the last recorded race for that patient; that is, the last race code not coded to 88 or spaces.

NAACCR v11.3
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Race 2 (NAACCR)

Agency: NAACCR

Last changed: 05/05/2022 18:08:40

Race 2 (NAACCR)***Edit Tag N0409******Description***

This edit allows the field to be blank because the item was not required by the COC until 2000. Another edit (Race 2, Date of DX) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1999. Registries should include both edits in their edit set.

Must be a valid Race 2 code (01-08, 10-17,20-22,25-28,30-32,88,96-99) or blank.

01	White
02	Black or African American
03	American Indian or Alaska Native
04	Chinese
05	Japanese
06	Filipino
07	Native Hawaiian
08	Korean
10	Vietnaese
11	Laotian
12	Hmong
13	Cambodian
14	Thai
15	Asian Indian, NOS or Pakistani, NOS
16	Asian Indian
17	Pakistani
20	Mironesian, NOS
21	Chamorro
22	Guamanian, NOS
25	Polynesian, NOS
26	Tahitian
27	Samoan
28	Tongan
30	Melanesian, NOS
31	Fiji Islander
32	Papua New Guinean
88	No additional races (Race 2 - Race 5)
96	Other Asian including Asian, NOS and Oriental, NOS
97	Pacific Islander, NOS
98	Some other race
99	Unknown by patient

Administrative Notes**Modifications**

NAACCR v12.0

- Codes 15 (Asian Indian or Pakistani, NOS), 16 (Asian Indian), and 17 (Pakistani) have been added; code 09 (Asian Indian,Pakistani) was

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05/01/2023 02:04 PM

Race 2, Date of DX (SEER IF89)

retired effective with Version 12.

Note 1: Recode code 09 to code 15 for all years prior to 2010.

Note 2: Standard setters may ask that old code 09 (new code 15) be reviewed and recoded to code 16 and 17 for earlier

years depending on

the availability of information.

NAACCR v21B

- Description updated, definitions for race codes added

NAACCR v22

- Description updated for code 3

NAACCR v23

- Description updated for codes 02, 03, 07, 13, 15, 21, 32, 98, 99

Race 2, Date of DX (SEER IF89)

Agency: SEER

Last changed: 03/05/2022 11:03:12

Edit Tag N0413

Description

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is greater than 1999, Race 2 must not be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF89

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Race 3 (NAACCR)

Agency: NAACCR

Last changed: 05/05/2022 18:09:15

Edit Tag N0410

Race 3 (NAACCR)**Description**

This edit allows the field to be blank because the item was not required by the COC until 2000. Another edit (Race 3, Date of DX) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1999. Registries should include both edits in their edit set.

Must be a valid Race 3 code (01-08, 10-17,20-22,25-28,30-32,88,96-99) or blank.

01	White
02	Black or African American
03	American Indian or Alaska Native
04	Chinese
05	Japanese
06	Filipino
07	Native Hawaiian
08	Korean
10	Vietnaese
11	Laotian
12	Hmong
13	Cambodian
14	Thai
15	Asian Indian, NOS or Pakistani, NOS
16	Asian Indian
17	Pakistani
20	Mironesian, NOS
21	Chamorro
22	Guamanian, NOS
25	Polynesian, NOS
26	Tahitian
27	Samoan
28	Tongan
30	Melanesian, NOS
31	Fiji Islander
32	Papua New Guinean
88	No additional races (Race 2 - Race 5)
96	Other Asian including Asian, NOS and Oriental, NOS
97	Pacific Islander, NOS
98	Some other race
99	Unknown by patient

Administrative Notes**Modifications****NAACCR v12.0**

- Codes 15 (Asian Indian or Pakistani, NOS), 16 (Asian Indian), and 17 (Pakistani) have been added; code 09 (Asian Indian,Pakistani) was retired effective with Version 12.

Note 1: Recode code 09 to code 15 for all years prior to 2010.

Note 2: Standard setters may ask that old code 09 (new code 15) be reviewed and recoded to code 16 and 17 for

Race 3, Date of DX (SEER IF90)

earlier years depending on the availability of information.

NAACCR v21B

- Description updated, definitions for race codes added

NAACCR v22

- Description updated for code 3

NAACCR v23

- Description updated for codes 02, 03, 07, 13, 15, 21, 32, 98, 99

Race 3, Date of DX (SEER IF90)

Agency: SEER

Last changed: 03/05/2022 11:03:37

Edit Tag N0414

Description

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is greater than 1999, Race 3 must not be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF90

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Race 4 (NAACCR)

Agency: NAACCR

Last changed: 05/05/2022 18:09:58

Edit Tag N0411

Description

This edit allows the field to be blank because the item was not required by the COC until 2000. Another edit (Race 4, Date of DX) verifies that this item is not blank if the year of

Race 4 (NAACCR)

Date of Diagnosis is greater than 1999. Registries should include both edits in their edit set.

Must be a valid Race 4 code (01-08, 10-17,20-22,25-28,30-32,88,96-99) or blank.

01	White
02	Black or African American
03	American Indian or Alaska Native
04	Chinese
05	Japanese
06	Filipino
07	Native Hawaiian
08	Korean
10	Vietnaese
11	Laotian
12	Hmong
13	Cambodian
14	Thai
15	Asian Indian, NOS or Pakistani, NOS
16	Asian Indian
17	Pakistani
20	Mironesian, NOS
21	Chamorro
22	Guamanian, NOS
25	Polynesian, NOS
26	Tahitian
27	Samoan
28	Tongan
30	Melanesian, NOS
31	Fiji Islander
32	Papua New Guinean
88	No additional races (Race 2 - Race 5)
96	Other Asian including Asian, NOS and Oriental, NOS
97	Pacific Islander, NOS
98	Some other race
99	Unknown by patient

Administrative Notes**Modifications****NAACCR v12.0**

- Codes 15 (Asian Indian or Pakistani, NOS), 16 (Asian Indian), and 17 (Pakistani) have been added; code 09 (Asian Indian,Pakistani) was retired effective with Version 12.

Note 1: Recode code 09 to code 15 for all years prior to 2010.

Note 2: Standard setters may ask that old code 09 (new code 15) be reviewed and recoded to code 16 and 17 for earlier years depending on the availability of information.

NAACCR v21B

- Description updated, definitions for race codes added

NAACCR v22

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05/01/2023 02:04 PM

Race 4, Date of DX (SEER IF91)

- Description updated for code 3

NAACCR v23

- Description updated for codes 02, 03, 07, 13, 15, 21, 32, 98, 99

Race 4, Date of DX (SEER IF91)

Agency: SEER

Last changed: 03/05/2022 11:03:59

Edit Tag N0415

Description

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is greater than 1999, Race 4 must not be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF91

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Race 5 (NAACCR)

Agency: NAACCR

Last changed: 05/05/2022 18:10:22

Edit Tag N0412

Description

This edit allows the field to be blank because the item was not required by the COC until 2000. Another edit (Race 5, Date of DX) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1999. Registries should include both edits in their edit set.

Must be a valid Race 5 code (01-08, 10-17,20-22,25-28,30-32,88,96-

Race 5 (NAACCR)

99) or blank.

01	White
02	Black or African American
03	American Indian or Alaska Native
04	Chinese
05	Japanese
06	Filipino
07	Native Hawaiian
08	Korean
10	Vietnaese
11	Laotian
12	Hmong
13	Cambodian
14	Thai
15	Asian Indian, NOS or Pakistani, NOS
16	Asian Indian
17	Pakistani
20	Mironesian, NOS
21	Chamorro
22	Guamanian, NOS
25	Polynesian, NOS
26	Tahitian
27	Samoan
28	Tongan
30	Melanesian, NOS
31	Fiji Islander
32	Papua New Guinean
88	No additional races (Race 2 - Race 5)
96	Other Asian including Asian, NOS and Oriental, NOS
97	Pacific Islander, NOS
98	Some other race
99	Unknown by patient

Administrative Notes**Modifications****NAACCR v12.0**

- Codes 15 (Asian Indian or Pakistani, NOS), 16 (Asian Indian), and 17 (Pakistani) have been added; code 09 (Asian Indian,Pakistani) was retired effective with Version 12.

Note 1: Recode code 09 to code 15 for all years prior to 2010.

Note 2: Standard setters may ask that old code 09 (new code 15) be reviewed and recoded to code 16 and 17 for earlier years depending on the availability of information.

NAACCR v21B

- Description updated, definitions for race codes added

NAACCR v22

- Description updated for code 3

NAACCR v23

Race 5, Date of DX (SEER IF92)

- Description updated for codes 02, 03, 07, 13, 15, 21, 32, 98, 99

Race 5, Date of DX (SEER IF92)

Agency: SEER

Last changed: 03/05/2022 11:04:23

Edit Tag N0416

Description

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is greater than 1999, Race 5 must not be blank.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF92

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Rad--Regional RX Modality (NPCR)

Agency: NPCR

Last changed: 04/12/2007

Edit Tag N0826

Description

Must be a valid code for Rad--Regional RX Modality (00, 20-32, 40-43, 50-55, 60-62, 80, 85, 98, 99). Must be a two-digit number. May be blank.

Administrative Notes

This edit differs from the COC edit of the same name in that it allows the field to be blank because the item was not required by NPCR until 2006. Another edit (Rad--Regional RX Modality, Date of Diagnosis (NPCR)) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2005 and not equal 9999.

Rad--Regional RX Modality, Date of Diagnosis (NPCR)

Agency: NPCR

Last changed: 07/19/2022 18:23:35

Rad--Regional RX Modality, Date of Diagnosis (NPCR)**Edit Tag N1604****Description**

If year of Date of Diagnosis is blank, this edit is skipped.

Rad--Regional RX Modality must not be blank for cases that meet the following criteria:

1. Year of Date of Diagnosis is 2006 -2011, all cases
2. Year of Date of Diagnosis is 2012-2014 AND
Case is one of the following site/histologies
 - A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
 - C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
2. Year of Date of Diagnosis is 2015 - 2017 - All cases
3. Rad--Regional Modality must be blank for year of date of diagnosis 2018 and later

Administrative Notes**Modifications:****NAACCR v12.0**

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.2

- Modified to require Rad--Regional RX Modality only for cancers of the breast, colon, and rectum (instead of all sites) diagnosed 2006 and later.

NAACCR v15

- Edit modified to require Rad--Regional RX Modality for all cases diagnosed 2015 or later. For cases diagnosed 2006-2014, Rad--Regional RX Modality is required only for breast, colon, and rectum cases.

NAACCR v18

- Edit modified to pass for date error rather than return error message.
- Edit modified to require Rad Regional RX Modality for cases diagnosed 2015-2017.

NAACCR v18D

- Description, logic modified to require Rad--Regional RX Modality = blank for

Rad--Regional RX Modality, Reason for No Rad (COC)

diagnosis year 2018+

- Error message corrected for Rad--Regional RX Modality required to be reported for diagnosis years 2015-2017

NAACCR v21

- For cases diagnosed 2006-2011 Rad--Regional RX Modality is required for all cases. The field is required for breast, colon, and rectum for 2012-2014. The field is required 2015-2017 for all cases, and must be blank 2018+.

NAACCR v22

- Logic updated, skip for pre-2006 changed to skip for pre-2010
 - Description, logic updated, date requirements for all cases 2006-2011 removed
 - Description, logic updated, date requirements for 2012-2014 changed to 2010-2014

NAACCR v23

- Description, logic updated, v21 edit description, logic restored

Rad--Regional RX Modality, Reason for No Rad (COC)

Agency: COC

Last changed: 12/08/2018 11:46:24

Edit Tag N0574

Description

This edit is skipped if either field is blank.

This edit is skipped if date of diagnosis \geq 2018, blank (unknown), or invalid.

If Rad--Regional RX Modality = 00 (radiation treatment not performed), Reason for No Radiation must not = 0 (radiation performed).

If Rad--Regional RX Modality = 20-98 (radiation performed), Reason for No Radiation must = 0 (radiation performed) and vice versa.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to skip if either field is blank.

NAACCR v18C

- Description, logic updated to skip if date of diagnosis 2018+, blank, or invalid

Radiation Treatment Discontinued Early (COC)

Agency: COC

Last changed: 08/04/2022 22:44:07

Reason for No Radiation (COC)**Edit Tag N2560****Description**

This data item is used to identify patients/tumors whose radiation treatment course was discontinued earlier than initially planned. That is the patient/tumor received fewer treatment fractions (sessions) than originally intended by the treating physician.

1. The data item may be blank. Other edits check that the item is recorded according to standard setter requirements by date.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Radiation Treatment Discontinued Early: 00-07, 99.

00: No radiation treatment
 01: Radiation treatment completed as prescribed
 02: Radiation treatment discontinued early - toxicity
 03: Radiation treatment discontinued early - contraindicated due to other patient risk factors (comorbid conditions, advanced age, progression of tumor prior to planned radiation etc.)
 04: Radiation treatment discontinued early - patient decision
 05: Radiation discontinued early - family decision
 06: Radiation discontinued early - patient expired
 07: Radiation discontinued early - reason not documented
 99: Unknown if radiation treatment discontinued;
 Unknown whether radiation therapy administered. Death certificate only.

Administrative Notes

New edit - added to NAACCR v18 metafile

Modifications

NAACCR v23

- Description updated, code 99

Reason for No Radiation (COC)

Agency: COC

Last changed: 01/03/2021 14:48:57

Edit Tag N0131**Description**

Must be a valid code for Reason for No Radiation (0-2,5-9).

0 Radiation therapy administered
 1 Radiation therapy not administered, not part of planned first course treatment. Diagnosed at autopsy.
 2 Radiation therapy not administered, contraindicated due to patient risk factors

Reason for No Radiation, PhI Radiation Treatment Modality (NAACCR)

- 5 Radiation therapy not administered, patient died prior to planned or recommended treatment
- 6 Radiation therapy not administered, recommended, no reason noted why not administered
- 7 Radiation therapy not administered, recommended but refused by patient, family or guardian, refusal noted in patient record
- 8 Radiation therapy recommended, unknown if administered
- 9 Unknown if radiation therapy recommended or administered; DCO

Administrative Notes

Modifications

NAACCR v21B

- Description updated, definitions for codes added

Reason for No Radiation, PhI Radiation Treatment Modality (NAACCR)

Agency: NAACCR

Last changed: 04/14/2020 18:19:52

Edit Tag N3969***Description***

1. This edit is skipped for the following conditions:
 - a. Reason for No Radiation is blank
 - b. Phase I Radiation Treatment Modality is blank
 - c. Diagnosis date is pre-2018, blank (unknown), or invalid.
2. If Reason for No Radiation = 0 (radiation performed),
Phase I Radiation Treatment Modality must = 01-16,98 (radiation performed)
3. If Reason for No Radiation = 1,2,5,6, or 7 (no radiation performed)
Phase I Radiation Treatment Modality must = 00 (no radiation performed)
4. If Reason for No Radiation = 8 (radiation recommended, unknown if performed)
Phase I Radiation Treatment Modality must = 00 (no radiation performed) or 99 (unknown if radiation performed)
5. If Reason for No Radiation = 9 (unknown if radiation performed)
Phase I Radiation Treatment Modality must = 99 (unknown if radiation performed)

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

Reason for No Radiation, RX Date Radiation (NPCR)

NAACCR v18C

- Description, logic updated to require Phase I Radiation Treatment Modality = 00 or 99 if Reason No Radiation = 8

NAACCR v21

- Description, logic updated, If Reason for No Radiation = 0, PhI Radiation Treatment Modality must = 01-16, 98; previously 01-16, 99. Code 98 added in 2021 for all years, "Radiation performed, unknown modality."

Reason for No Radiation, RX Date Radiation (NPCR)

Agency: NPCR

Last changed: 04/17/2022 10:55:09

*Edit Tag N0863***Description**

This edit is skipped if Year of date of diagnosis is blank or invalid or before 2011

The edit works as follows:

1. If Reason for No Radiation equals 1-9 (radiation not given or unknown if given, then RX Date Radiation must = blank (not given).
2. If RX Date Radiation is not blank, then Reason for No Radiation must equal 0 (radiation was administered).

Administrative Notes

Modifications

NAACCR v12

- Edit modified to use RX Date--Radiation Flag
- Also added logic that checks if date is unknown (RX Date--Radiation Flag equals 12) or RX Date--Radiation is not blank, then Reason for No Radiation must equal 0 (radiation was administered).

NAACCR v12.2

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

NAACCR v13

- Edit name changed from 'Reason for No Radiation, RX Date--Radiation (COC)' to 'Reason for No Radiation, RX Date Radiation (COC)'.
- Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.

Reason for No Radiation, Vital Status (COC)

- Data item name changed from 'RX Date--Radiation Flag' to 'RX Date Radiation Flag'.

NAACCR v18

- Edit logic format changed
 - Failure on invalid date of diagnosis changed to skip for invalid date of diagnosis

NAACCR v21

- Agency changed from COC to NPCR
 - Name changed from Reason for No Radiation, RX Date Radiation (COC)

NAACCR v22

- Description, logic updated, edit skipped for dx-date before 2011

NAACCR v23

- Description, logic updated, date flag removed from edit. Edit checks that RX Date Radiation is blank if Reason for No Radiation = 1-9 Edit checks that Reason for No Radiation = 0 if RX Date Radiation is not blank.

Reason for No Radiation, Vital Status (COC)

Agency: COC

Last changed: 07/08/2003

Edit Tag N0639

Description

If Reason for No Radiation = 5 (radiation therapy was not administered because the patient died prior to planned or recommended treatment), then Vital Status cannot = 1 (alive).

Reason for No Surgery (COC)

Agency: COC

Last changed: 08/04/2022 23:31:07

Edit Tag N0222

Description

Must be a valid Reason for No Surgery code (0-2,5-9).

0 Surgery of primary site performed
 1 Surgery of primary site not performed, not part of planned first course treatment. Diagnosed at autopsy.
 2 Surgery of primary site not performed, contraindicated due to patient risk factors
 5 Surgery of primary site not performed, patient died prior to planned or recommended surgery
 6 Surgery of primary site not performed, recommended, no reason noted why not performed
 7 Surgery of primary site not performed, recommended but refused by patient, family or guardian, refusal

Reason for No Surgery, Surg Prim Site 03-2022, Primary Site, 2018 (NAACCR)

noted in patient record

- 8 Surgery of primary site recommended, unknown if performed
- 9 Unknown if surgery of primary site recommended or performed; DCO

Administrative Notes

This edit differs from the NPCR edit of the same name in that it does not allow the field to be blank.

Modifications**NAACCR v21B**

- Description updated, definitions for codes added

NAACCR v23

- Description updated, Diagnosed at autopsy removed from code 9, added to code 1
- Name changed from Reason for No Surgery (SEER NCDSURG)
- Agency changed from SEER to COC

Reason for No Surgery, Surg Prim Site 03-2022, Primary Site, 2018 (NAACCR)

Agency: NAACCR

Last changed: 10/12/2022 18:11:07

Edit Tag N6368

Description

This edit checks that Reason for No Surgery is coded consistently with RX Summ--Surgery Prim Site.

1. This edit is skipped for any of the following conditions:
 - a. Date of diagnosis before 2018 or after 2022, blank (unknown), or invalid.
 - b. RX Summ--Surg Prim Site 03-2022 is blank
 - c. Reason for No Surgery is blank
 - d. Type of Reporting Source = 6 (Autopsy Only) or 7 (Death Certificate Only)
2. If Primary Site = C420, C421, C423, C424, C760-C768, C809, Reason for No Surgery must = 1
3. If RX Summ--Surgery Prim Site = 00 (no surgery performed) Reason for No Surgery must = 1-9 (surgery not performed)
4. If RX Summ--Surgery Prim Site = 10-90 (surgery performed) Reason for No Surgery must = 0 (surgery performed)
5. If RX Summ--Surgery = 98 (not applicable) Reason for No Surgery must = 1 (surgery not recommended)
6. If RX Summ--Surg Prim Site 03-2022 = 99 (unknown if surgery performed) Reason for No Surgery must = 8 or 9 (unknown if surgery performed)

Reason for No Surgery, Surg Prim Site 2023, Primary Site (NAACCR)***Administrative Notes***

New edit - NAACCR v21 metafile

Modifications**NAACCR v21B**

- Description, logic corrected, "If Reason for No Surgery = 8 or 9, RX Summ--Surg Prim Site must = 99" changed to "If RX Summ--Surg Prim Site = 99, Reason for No Surgery must = 8 or 9"
- Logic modified, "dd" added to INLIST statement
- Logic modified, "if(INLIST(#S"RX Summ--Surg Prim Site", "98"))" changed to "if(AT(#S"RX Summ--Surg Prim Site", "98")!=0)"
- Logic corrected, code 9 allowed for reason no surgery with code 99 for any primary site for DCO
- Description, logic modified, if surgery = 00, reason for no surgery must = 1-9
- Description, logic modified, statements 6 and 7 moved to 3 and 2.

NAACCR v22

- Description, logic updated, skip before 2021 changed to skip before 2018
- Description, logic updated, skip added for Type of Reporting Source = 7, check that Reason for No Surgery = 9 when Type of Reporting Source = 7 removed
- Name changed from Reason for No Surgery, Surg Prim Site, Primary Site (NAACCR)

NAACCR v23

- Description, logic updated, edit skipped for dx year > 2022
- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022
- Name changed from Reason for No Surgery, Surg Prim Site, Primary Site, 2018 (NAACCR)

NAACCR v23A

- Description, logic updated, edit skipped for Type of Reporting Source = 6 (Autopsy Only)

Reason for No Surgery, Surg Prim Site 2023, Primary Site (NAACCR)

Agency: NAACCR

Last changed: 01/29/2023 15:33:29

Edit Tag N6763

Description

This edit checks that Reason for No Surgery is coded consistently with RX Summ--Surgery Prim Site 2023.

Reason for No Surgery, Vital Status (COC)

1. This edit is skipped for any of the following conditions:
 - a. Date of diagnosis before 2023, blank (unknown), or invalid.
 - b. RX Summ--Surg Prim Site 2023 is blank
 - c. Reason for No Surgery is blank
 - d. Type of Reporting Source = 6 (Autopsy Only) or 7 (Death Certificate Only)
2. If Primary Site = C420, C421, C423, C424, C760-C768, C809,
Reason for No Surgery must = 1
3. If RX Summ--Surg Prim Site 2023 = A000 or B000 (no surgery performed)
Reason for No Surgery must = 1-9 (surgery not performed)
4. If RX Summ--Surg Prim Site 2023 = A100-A900 or B100-B900 (surgery performed)
Reason for No Surgery must = 0 (surgery performed)
5. If RX Summ--Surg Prim Site 2023 = A980 (not applicable)
Reason for No Surgery must = 1 (surgery not recommended)
6. If RX Summ--Surg Prim Site 2023 = A990 or B990 (unknown if surgery performed)
Reason for No Surgery must = 8 or 9 (unknown if surgery performed)

Administrative Notes

New edit - NAACCR v23 metafile

Modifications

NAACCR v23A

- Description updated, #6, RX Summ--Surg Prim Site, "2023" added
- Description, logic updated, edit skipped for Type of Reporting Source = 6 (Autopsy Only)

Reason for No Surgery, Vital Status (COC)

Agency: COC

Last changed: 07/08/2003

Edit Tag N0640

Description

If Reason for No Surgery = 5 (surgery of the primary site was not performed because the patient died prior to planned or recommended surgery), then Vital Status cannot = 1 (alive).

Record Type (NAACCR)

Agency: NAACCR

Last changed: 01/02/2021 13:24:32

Recurrence Date--1st (COC)***Edit Tag N0062******Description***

Must be a valid Record Type code (I, C, A, U, M, L)

I Incidence-only record type (non-confidential coded data)
 C Confidential record type (incidence record plus confidential data)
 A Full case Abstract record type (incidence and confidential data plus text summaries; used for reporting to central registries)
 U Correct/Update record type (short format record used to submit corrections to data already submitted)
 M Record Modified since previous submission to central registry (identical in format to the "A" record type)
 L Pathology Laboratory

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Deleted code "R" and added code "L".

NAACCR v21B

- Description updated, definitions for record types added

Recurrence Date--1st (COC)

Agency: COC

Last changed: 09/28/2009

Edit Tag N0063***Description***

This edit is skipped if Recurrence Date--1st is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
 Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
 CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
 CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Recurrence Date--1st, Date Last Contact (COC)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Recurrence Date--1st, Date Last Contact (COC)

Agency: COC

Last changed: 12/16/2009

Edit Tag N0246

Description

This edit is skipped if Recurrence Date--1st or Date of Last Contact is blank.

Recurrence Date--1st must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Recurrence Date--1st, Date of Diagnosis (COC)

Agency: COC

Last changed: 01/13/2010

Edit Tag N0244

Description

This edit is skipped if either field is blank.

Recurrence Date--1st must be greater than Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

Recurrence Type--1st (NAACCR)**Recurrence Type--1st (NAACCR)**

Agency: NAACCR

Last changed: 01/14/2010

Edit Tag N1235**Description**

Must be a valid code for Recurrence Type--1st (00,04,06,10,13-17,20-22,25-27,30,36,40,46,51-60,62,70,88,99) or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

Recurrence Type--1st, Cancer Status (SEER)

Agency: SEER

Last changed: 01/29/2023 15:39:41

Edit Tag N6661**Description**

This edit is skipped if any of the fields are blank.

This edit is skipped for diagnosis date blank (unknown), invalid, or pre-2022.

If Recurrence Type--1st = 00 (patient became disease-free after treatment and has not had a recurrence), then Cancer Status must = 1 (no evidence of this cancer).

If Recurrence Type--1st = 70 (patient has never been disease free), then Cancer Status must = 2 (evidence of this cancer).

Administrative Notes

New edit - NAACCR v22 metafile

Modifications

NAACCR v22B

- Logic updated, skip for COC flag removed

NAACCR v23A

- Description, logic updated, Date of Last Contact removed

Recurrence Type--1st, CoC Flag (SEER)

Agency: SEER

Last changed: 02/05/2022 13:01:54

Recurrence Type--1st, CoC Flag (SEER)**Edit Tag N6660****Description**

This edit is skipped if diagnosis date blank (unknown), invalid, or pre-2021.
This edit is skipped if CoC Accredited Flag is not 1.

This data item is required by SEER only for analytic cases from CoC-accredited facilities.

Must be a valid code for Recurrence Type--1st (00,04,06,10,13-17,20-22,25-27,30,36,40,46,51-60,62,70,88,99).

00 Patient became disease-free after treatment and has not had recurrence
 04 In situ recurrence of invasive tumor
 06 In situ recurrence of in situ tumor
 10 Local recurrence, insufficient information to code to 13-17
 13 Local recurrence of invasive tumor
 14 Trocar recurrence of invasive tumor
 15 Both local and trocar recurrence of invasive tumor
 16 Local recurrence of in situ tumor, NOS
 17 Both local and trocar recurrence of in situ tumor
 20 Regional recurrence, insufficient information to code to 21-27
 21 Recurrence of invasive tumor in adjacent organ(s) only
 22 Recurrence of invasive tumor in regional lymph nodes only
 25 Recurrence of invasive tumor in adjacent tissue or organ(s) and in regional nodes at same time
 26 Regional recurrence of in situ tumor NOS
 27 Recurrence of in situ tumor in adjacent tissue or organ(s) and in regional lymph nodes at same time
 30 Both regional recurrence of invasive tumor in adjacent tissue or organ(s) and/or regional lymph nodes and local and/or trocar recurrence
 36 Both regional recurrence of in situ tumor in adjacent tissue or organ(s) and/or regional lymph nodes and local and/or trocar recurrence
 40 Distant recurrence to site not listed in 46-62 or insufficient information to code to 46-62
 46 Distant recurrence of in situ tumor
 51 Distant recurrence of invasive tumor in peritoneum only.
 52 Distant recurrence of invasive tumor in lung only.
 53 Distant recurrence of invasive tumor in pleura only
 54 Distant recurrence of invasive tumor in liver only
 55 Distant recurrence of invasive tumor in bones only
 56 Distant recurrence of invasive tumor in CNS only.
 57 Distant recurrence of invasive tumor in skin only.
 58 Distant recurrence of invasive tumor in lymph node only.
 59 Distant systemic recurrence of invasive tumor only
 60 Distant recurrence of invasive tumor in single distant site and local, trocar and/or regional recurrence
 62 Distant recurrence of invasive tumor in multiple sites

Recurrence Type--1st, Recurrence Date--1st (COC)

70 Since diagnosis patient has never been disease-free.
 88 Disease has recurred but type of recurrence unknown
 99 Unknown whether disease has recurred or if patient was ever disease-free

Administrative Notes

New edit - NAACCR v22 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip for pre-2022 changed to skip for pre-2021

Recurrence Type--1st, Recurrence Date--1st (COC)

Agency: COC

Last changed: 06/27/2020 23:21:10

Edit Tag N0248

Description

This edit is skipped if any of the following conditions is true:

1. Recurrence Type--1st is blank
2. Recurrence Date--1st is blank

If Recurrence Type--1st = 00 or 70, Recurrence Date--1st must be blank.

Administrative Notes

Modifications

NAACCR v12

- Edit modified to use Recurrence Date--1st Flag

NAAACCR v21

- Description, logic updated, date flag removed. Edit checks that Recurrence Date--1st is blank if Recurrence Type--1st = 00 or 70

Regional Nodes Ex, Reg Nodes Pos (CS)

Agency: CS

Last changed: 03/21/2021 17:35:35

Edit Tag N0118

Description

This edit is skipped if:

1. Regional Nodes Examined is blank
2. Regional Nodes Positive is blank

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05/01/2023 02:04 PM

Regional Nodes Ex, Reg Nodes Pos (CS)

3. Year of Date of Diagnosis is blank or greater thn 2017

If year of Date of Diagnosis is less than 2010 and CS Version Input Original is less than 020000 or blank:

1. If Regional Nodes Examined = 00, Regional Nodes Positive must = 98.
2. If Regional Nodes Examined = 01 - 90, Regional Nodes Positive must = 97 or 99, or be less than or equal to Regional Nodes Examined.
3. If Regional Nodes Examined = 95, 96, 97, or 98, Regional Nodes Positive must = 00 - 90, 95, 97, or 99.
4. If Regional Nodes Examined = 99, then Regional Nodes Positive must = 99.

If year of Date of Diagnosis is 2010-2017 OR if CS Version Input original is greater than 020000:

1. If Regional Nodes Examined = 00 , Regional Nodes Positive must = 98.
2. If Regional Nodes Examined = 01 - 90, Regional Nodes Positive must = 95, 97 or 99, or be less than or equal to Regional Nodes Examined.
3. If Regional Nodes Examined = 95, Regional Nodes Positive must = 00, 95, or 99.
4. If Regional Nodes Examined = 96, 97, or 98, Regional Nodes Positive must = 00 - 90, 95, 97, or 99.
5. If Regional Nodes Examined = 99, then Regional Nodes Positive must = 99.

Administrative Notes

Modifications:

NACR110C

06/06/06

Condition 3 was changed to include code 95 in Regional Nodes Examined and Regional Nodes Positive:

Changed from:

If Regional Nodes Examined = 96, 97, or 98, Regional Nodes Positive must = 00 - 90, 97, or 99

to:

If Regional Nodes Examined = 95, 96, 97, or 98, Regional Nodes Positive must = 00 - 90, 95, 97, or 99

Condition 5 (If Regional Nodes Examined = 95, Regional Nodes Positive must = 00, 95, or 99) was deleted

NAACCR v12.0:

Modified edit to be consistent with the CSv2 definitions of code 95 for Regional Nodes Examined and Regional Nodes Positive.

- This additional logic applies to cases diagnosed 2010 or later and to cases with CS Version Input Original of greater than 020000.

- Changed "If Regional Nodes Examined = 01 - 90, Regional Nodes Positive must = 97 or 99, or be less than or equal to Regional Nodes Examined"

to "If Regional Nodes Examined = 01 - 90, Regional Nodes Positive must = 95, 97 or 99, or be less than or equal to Regional Nodes Examined"

- Added "If Regional Nodes Examined = 95, Regional Nodes Positive must = 00, 95, or 99"

- Changed "If Regional Nodes Examined = 95, 96, 97, or 98, Regional Nodes Positive

Regional Nodes Examined (COC)

must = 00 - 90, 95, 97, or 99"
 to "If Regional Nodes Examined = 96, 97, or 98, Regional Nodes Positive
 must = 00 - 90, 95, 97, or 99"

NAACCR v12C:

Updated description to state certain logic is performed if CS Version Input Original is less than 020000 or blank.

NAACCR v22

- Name changed from Regional Nodes Ex, Reg Nodes Pos (COC)
- Agency changed from COC to CS
- Description, logic updated to skip for diagnosis date > 2017

Regional Nodes Examined (COC)

Agency: COC

Last changed: 01/09/2021 18:47:08

Edit Tag N0065

Description

Regional Nodes Examined must be a two-digit number with values of 00-90, 95-99.

00	No nodes examined
01-89	1-89 nodes examined
90	90 or more nodes examined
95	No regional nodes removed but aspiration of regional nodes performed
96	Regional lymph node removal documented as sampling, number of nodes is unknown/not stated
97	Regional lymph node removal documented as dissection, number of nodes is unknown/not stated
98	Regional lymph nodes surgically removed but number of lymph nodes unknown/not stated and not documented as sampling or dissection; nodes examined but number unknown
99	Unknown whether nodes examined; not applicable; no stated in patient record

Administrative Notes

Modifications

NAACCR v21B

- Description updated, definition of codes added

Regional Nodes Examined, RX Summ--Scope Reg LN Sur (NAACCR)

Agency: NAACCR

Last changed: 06/08/2022 20:06:15

Edit Tag N6363

Regional Nodes Examined, RX Summ--Scope Reg LN Sur (NAACCR)**Description**

This edit checks that Regional Nodes Examined is coded consistently with RX Summ--Scope Reg LN Sur.

1. This edit is skipped for any of the following conditions:
 - a. Diagnosis date is pre-2021, blank (unknown), or invalid
 - b. Regional Nodes Examined is blank
 - c. RX Summ--Scope Reg LN Sur is blank
 - d. Type of Reporting Source = 7 (Death Certificate Only)
2. If RX Summ--Scope Reg LN Sur = 0 (no nodal procedure performed)
 - A. then if Vital Status = 0 and Date of Last Contact <= 5 months from Date of Diagnosis, or Type of Reporting Source = 6 (Autopsy Only), Regional Nodes Examined must = 00-90, 96, 97, 98.
 - B. For all other cases, Regional Nodes Examined must = 00 (no nodes examined)
3. If RX Summ--Scope Reg LN Sur = 1 (biopsy or aspiration of lymph node only)
Regional Nodes Examined must = 95 (aspiration or core biopsy of regional nodes performed)
4. If RX Summ--Scope Reg LN Sur = 2 (sentinel node procedure performed)
Regional Nodes Examined must = 00-90, 95, 96, 97, 98
5. If RX Summ--Scope Reg LN Sur = 6-7 (sentinel node procedure performed with regional lymph node dissection)
Regional Nodes Examined must = 01-90, 96, 97, 98
6. If RX Summ--Scope Reg LN Sur = 3 (number of lymph nodes removed not stated)
Regional Nodes Examined must = 96, 97, or 98
7. If RX Summ--Scope Reg LN Sur = 4 (1-3 regional nodes removed)
Regional Nodes Examined must = 01, 02, or 03
8. If RX Summ--Scope Reg LN Sur = 5 (4 or more regional nodes removed)
Regional Nodes Examined must = 04-90, 96, 97, 98
9. If RX Summ--Scope Reg LN Sur = 9 (unknown whether nodal procedure performed)
Regional Nodes Examined must = 99 (unknown if nodes removed or examined)

Administrative Notes

New edit - NAACCR v21 Metafile

Modifications

NAACCR v21B

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05/01/2023 02:04 PM

Regional Nodes Positive (COC)

- Name changed from Regional Nodes Examined, RX Summ-Scope Reg LN Sur (NAACCR)
- Description, logic corrected, "f Regional Nodes Examined = 95, RX Summ--Scope Reg LN Sur must = 1",
changed to "if RX Summ--Scope Reg LN Sur = 1, Regional Nodes Examined must = 95"
- Logic corrected, "if(NOT INLIST(#S"Regional Nodes Examined", "00-90,96,97,98")==0)"
changed to "if (NOT INLIST(#S"Regional Nodes Examined", "00-90,96,97,98", "dd"))";
"if(NOT INLIST(#S"Regional Nodes Examined", "04-90,96,97,98")==0)"
changed to "if(NOT INLIST(#S"Regional Nodes Examined", "04-90,96,97,98", "dd"))";
"If (AT(#S"RX Summ--Scope Reg LN Sur", "3")!=0)
if(AT(#S"Regional Nodes Examined", "010203",2)==0)"
changed to "If (AT(#S"RX Summ--Scope Reg LN Sur", "4")!=0)
if(AT(#S"Regional Nodes Examined", "010203",2)==0)"
- Description, logic modified, if scope of nodes = 2, regional nodes examined must = 00-90, 95-98
- Description, logic modified, skip for 00790 and 00795 excluding C770-C779
- Description, logic modified, if scope of nodes = 6 or 7, regional nodes examined must = 01-90, 96-98

NAACCR v22

- Description, logic modified, skip for Schema ID 00790, 00795 removed
- Description, logic modified, check for Type if Reporting Source = 6 and check for Vital Status = 0, Date of Last Contact within 5 months of Date of Diagnosis
added to evaluation of RX Summ--Scope Reg LN Sur = 0

Regional Nodes Positive (COC)

Agency: COC

Last changed: 01/09/2021 18:40:24

Edit Tag N0066**Description**

Regional Nodes Positive must be a two-digit number with values of 00-90, 95, 97-99.

00	All nodes examined are negative
01-89	1-89 nodes are positive
90	90 or more nodes are positive
95	Positive aspiration of lymph node(s) was performed
97	Positive nodes are documented, but the number is unspecified
98	No nodes were examined
99	Unknown whether nodes are positive; not applicable; no stated in patient record

Administrative Notes

Modifications

NAACCR v21B

- Description updated, definitions of codes added

Regional Nodes Positive, Examined, Primary Site, 2018 (NAACCR)

Regional Nodes Positive, Examined, Primary Site, 2018 (NAACCR)

Agency: NAACCR

Last changed: 07/16/2022 12:41:24

Edit Tag N3964

Description

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid.
2. Regional Nodes Examined and Regional Nodes Positive are both blank
3. Primary Site is blank

1. Regional Nodes Positive and Regional Nodes Examined must both be coded '99' for the following:

- a. Primary Sites:
C420, C421, C423, C424, C589, C700-C709, C710-C729, C751-C753, C761-C768, C770-C779, C809
- b. Schema ID 00790, 00795
- c. Schema ID 00822 excluding 9734
- d. Schema ID 00830
- e. Schema ID 99999

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v18C metafile

- Updated Description, Logic to require Regional Nodes Positive and Examined = 99 for Schema ID 00822 when Histologic
Type ICD-O-3 not = 9734, for Schema ID 99999 when Primary Site not = 422, and for any Schema when Primary Site =
C420, C421, C423, C424, C700-C709, C710-C729, C751-C753, C761-C768, C770-C779, C809

NAACCR v21

- Description, logic updated to pass if both Regional Nodes Positive and Regional Nodes Examined are blank
- Description, logic updated, 00560, 00721, 00722, 00723, 00821, 00830, 99999 removed from list of Schema IDs where
nodes positive and examined must = 99
- Name changed from Regional Nodes Positive, Examined, Schema ID (NAACCR)

NAACCR v21B

Regional Nodes Positive, Regional Nodes Examined (NAACCR)

- Description, logic restored from v18C metafile for cases diagnosed 2018-2020. v21 changes for 2021+ cases only, excluding skip for blank Regional Nodes Positive and Regional Nodes Examined

NAACCR v22

- Name changed from Regional Nodes Positive, Examined, Schema ID, Primary Site (NAACCR)
 - Description, logic updated, all statements for 2018-2020 deleted
 - Description, logic updated, criterion for diagnosis date \geq 2021 deleted, logic applies to all cases \geq 2018
 - Description, logic updated, 99999 added to Schema ID list requiring codes 99, skip added for C422

NAACCR v22B

- Name changed from Regional Nodes Positive, Examined, Schema ID, Primary Site, 2018 (NAACCR)
 - Description, logic updated, requirements for Regional Nodes Positive and Examined limited to list of primary site codes, skip for C422 removed
 - Description, logic updated, skip removed for blank Schema ID, added for blank Primary Site
 - Description updated, skip removed for Histologic Type ICD-O-3

NAACCR v23

- Logic updated, skip for blank primary site noted for v22B made in v23
 - Description, logic updated, requirement for code 99 added for 00790, 00795, 00822 excl 9734, 00830, and 99999.

Regional Nodes Positive, Regional Nodes Examined (NAACCR)

Agency: NAACCR

Last changed: 08/03/2021 21:26:20

*Edit Tag N6569***Description**

This edit is skipped if:

1. Regional Nodes Examined is blank
 2. Regional Nodes Positive is blank
 3. Year of Date of Diagnosis is blank or less than 2018
-
1. If Regional Nodes Examined = 00 , Regional Nodes Positive must = 98.
 2. If Regional Nodes Examined = 01 - 90, Regional Nodes Positive must = 95, 97 or 99, or be less than or equal to Regional Nodes Examined.
 3. If Regional Nodes Examined = 95, Regional Nodes Positive must = 00, 95, or 99.
 4. If Regional Nodes Examined = 96, 97, or 98, Regional Nodes Positive must = 00 - 90, 95, 97, or 99.
 5. If Regional Nodes Examined = 99, then Regional Nodes Positive must = 99.

Regional Nodes Positive, RX Summ--Scope Reg LN Sur (NAACCR)***Administrative Notes***

New edit - NAACCR v22 Metafile

Edit used through 2021 included CS data item. v22 edit continues previous logic editing Regional Nodes Positive and Regional Nodes

Examined for 2018+ diagnoses without CS data item.

Regional Nodes Positive, RX Summ--Scope Reg LN Sur (NAACCR)

Agency: NAACCR

Last changed: 09/04/2021 14:02:46

Edit Tag N6432

Description

This edit checks that Regional Nodes Positive is coded consistently with RX Summ--Scope Reg LN Sur.

1. This edit is skipped for any of the following conditions:
 - a. Diagnosis date is pre-2021, blank (unknown), or invalid
 - b. Regional Nodes Positive is blank
 - c. RX Summ--Scope Reg LN Sur is blank
 - d. Type of Reporting Source = 7 (Death Certificate Only)
2. If RX Summ--Scope Reg LN Sur = 0 (no nodal procedure performed)
 - A. then if Vital Status = 0 and Date of Last Contact <= 5 months from Date of Diagnosis, or Type of Reporting Source = 6 (Autopsy Only), Regional Nodes Positive must = 00-90,97, or 98.
 - B. For all other cases, Regional Nodes Positive must = 98 (no nodes examined)
3. If RX Summ--Scope Reg LN Sur = 1 (biopsy or aspiration of lymph node only) Regional Nodes Positive must = 95 (positive aspiration or core biopsy of regional nodes) or 00 (all nodes examined negative)
4. If RX Summ--Scope Reg LN Sur = 3-7 (regional nodal procedure performed) Regional Nodes Positive must not = 98 (no nodes examined)

Administrative Notes

New edit -NAACCR v21B Metafile

Modifications

NAACCR v22

- Description, logic corrected, skip for 00790 and 00795 removed

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05/01/2023 02:04 PM

Reporting Facility (NPCR)

- Description corrected, with Scope of Nodes code 0, Regional Nodes Positive must = 98, 99 removed
 - Description, logic modified, check for Type if Reporting Source = 6 and check for Vital Status = 0, Date of Last Contact within 5 months of Date of Diagnosis added to evaluation of RX Summ--Scope Reg LN Sur = 0

NAACCR v22A

- Admin Note modified, Date of Last Contact within 125 days modified to Date of Last Contact within 5 months

Reporting Facility (NPCR)

Agency: NPCR

Last changed: 04/24/2013

Edit Tag N0844*Description*

Must be numeric, right-justified, zero-filled.

Administrative Notes

This edit differs from the COC edit of the same name in that this edit does not require the first four digits to = 0010, 020, or 0006.

Modifications:

NAACCR v11.1A

02/2007

Data item name changed from "Reporting Hospital" to "Reporting Facility".

NAACCR v13A

Updated Administrative Notes: "This edit differs from the COC edit of the same name in that this edit does not require the first four digits to = 0010, 020, or 0006."

Residual Tumor Volume Post Cytoreduction, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/21/2022 18:23:59

Edit Tag N2926*Description*

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Residual Tumor Volume Post Cytoreduction code or blank:
 - 00: No gross residual tumor nodules
 - 50: Residual tumor nodule(s) 1 centimeter (cm) or less (includes

Residual Tumor Volume Post Cytoreduction, Gynecologic, Behavior (NAACCR)

previous codes 10 and 20)

- 60: Residual tumor nodule(s) greater than 1 cm (includes previous codes 30 and 40)
- 70: Macroscopic residual tumor nodule(s), size not stated (includes previous codes 90 and 91)
- 80: Procedure described as optimal debulking and size of residual tumor nodule(s) not given (includes previous codes 92 and 93)
- 97: No cytoreductive surgery performed
Non-invasive neoplasm (behavior /2)
- 98: Not applicable: Information not collected for this case
- 99: Not documented in medical record
Residual tumor status after cytoreductive surgery not assessed or unknown if assessed

Another edit, Residual Tumor Volume Post Cytoreduction, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v21**

- Description, logic updated, codes 10-40, 90-93 deleted, code 50, 60, 70, 80 added

NAACCR v23

- Description updated for code 97

Residual Tumor Volume Post Cytoreduction, Gynecologic, Behavior (NAACCR)

Agency: NAACCR

Last changed: 02/26/2023 18:09:41

Edit Tag N6743

Description

This edit verifies that the Residual Tumor Volume Post Cytoreduction SSDI is coded consistently with Behavior Code ICD-O-3 code 2 for Schema IDs 00551, Ovary, 00552, Primary Peritoneal Carcinoma, and 00553, Fallopian Tube.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2023, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00551, 00552, or 00553
 - c. Residual Tumor Volume Post Cytoreduction is blank or 98 (not applicable)
 - d. Behavior Code ICD-O-3 is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)

Residual Tumor Volume Post Cytoreduction, Gynecologic, Surg Prim Site 03-2022 (NAACCR)

2. If Behavior Code ICD-O-3 = 2,
 then Residual Tumor Volume Post Cytoreduction must be coded 97
 (Non-invasive neoplasm Behavior /2)

Administrative Notes

New edit - NAACCR v23 metafile

Modifications

NAACCR v23A

- Logic corrected, if (AT(#S"Residual Tumor Volume Post Cytoreduction","97",1)==0),"1"
 removed

Residual Tumor Volume Post Cytoreduction, Gynecologic, Surg Prim Site 03-2022 (NAACCR)

Agency: NAACCR

Last changed: 07/09/2022 12:06:27

Edit Tag N3058

Description

This edit verifies that the Residual Tumor Volume Post Cytoreduction SSDI
 is
 coded consistently with RX Summ--Surg Prim Site 03-2022.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019 or after 2022, blank (unknown), or invalid.
 - b. Schema ID is not 00551, 00552, or 00553
 - c. Residual Tumor Volume Post Cytoreduction is blank or 98 (not applicable).
 - d. RX Summ--Surg Prim Site 03-2022 is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)

2. If RX Summ--Surg Prim Site 03-2022 = 00 (no surgery of primary site) or 10-57
 for
 00551 (ovary), 10-41 for 00552 (primary peritoneum) and 00553
 (fallopian
 tube) (less than cytoreductive surgery),
 then the data item must be coded 97 (no cytoreductive surgery).

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

Residual Tumor Volume Post Cytoreduction, Gynecologic, Surg Prim Site 2023 (NAACCR)

NAACCR v18D

- Description, logic modified to check surgery codes by schema ID, 00-57 for 00551 (ovary), and 00-41 for 00552 (primary peritoneum) and 00553 (fallopian tube).

NAACCR v21

- Statements 3 and 4 evaluating codes for neoadjuvant therapy removed
 - Description corrected, edit skipped if Schema ID not 00551, 00552, 00553

NAACCR v23

- Description, logic updated, edit skipped for dx year > 2022
 - Name changed from Residual Tumor Volume Post Cytoreduction, Gynecologic, Surg Prim Site, Seq (NAACCR)
 - Description, logic updated, skips added for blank RX Summ--Surg Prim Site and Type of Reporting Source = 7
 - Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022
 - Name changed from Residual Tumor Volume Post Cytoreduction, Gynecologic, Surg Prim Site (NAACCR)

Residual Tumor Volume Post Cytoreduction, Gynecologic, Surg Prim Site 2023 (NAACCR)

Agency: NAACCR

Last changed: 02/23/2023 21:32:51

*Edit Tag N6764***Description**

This edit verifies that the Residual Tumor Volume Post Cytoreduction SSDI is coded consistently with RX Summ--Surg Prim Site 2023.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2023, blank (unknown), or invalid.
 - b. Schema ID is not 00551, 00552, or 00553
 - c. Residual Tumor Volume Post Cytoreduction is blank or 98 (not applicable).
 - d. RX Summ--Surg Prim Site 2023 is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If RX Summ--Surg Prim Site 2023 = A000 (no surgery of primary site) or A100-A570 for 00551 (ovary), A100-A410 for 00552 (primary peritoneum) and 00553 (fallopian tube) (less than cytoreductive surgery), then the data item must be coded 97 (no cytoreductive surgery).

Administrative Notes

New edit - NAACCR v23 metafile

Residual Tumor Volume Post Cytoreduction, Schema ID, Required (NAACCR)

Residual Tumor Volume Post Cytoreduction, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2927

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Residual Tumor Volume Post Cytoreduction is not "98" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00550: Ovary
00551: Primary Peritoneal Carcinoma
00552: Fallopian Tube

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Response to Neoadjuvant Therapy, Breast, Behavior (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Response to Neoadjuvant Therapy, Date DX (NAACCR)**Edit Tag N6210****Description**

This edit verifies that the Response to Neoadjuvant Therapy SSDI is coded consistently with Behavior Code ICD-O-3 code 2 for Schema ID 00480, Breast.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00480
 - c. Response to Neoadjuvant Therapy is blank or 8 (not applicable)
 - d. Behavior Code ICD-O-3 is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Behavior Code ICD-O-3 = 2, then Response to Neoadjuvant Therapy must be coded 0 (Neoadjuvant therapy not given) or 9 (Not documented)
3. If diagnosis year \geq 2023, code 0 defined as non-invasive neoplasm behavior /2 Code 9 removed as allowable value for behavior /2.

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v23

- Description, logic updated, code 9 removed as allowable code for behavior /2 for 2023

Response to Neoadjuvant Therapy, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/21/2022 16:46:01

Edit Tag N2674**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Response to Neoadjuvant Therapy code or blank:
 - 0: Neoadjuvant therapy not given
Non-invasive neoplasm (behavior /2)
 - 1: Stated as complete response (CR)
 - 2: Stated as partial response (PR)

Response to Neoadjuvant Therapy, Schema ID, Required, CoC Flag (SEER)

- 3: Stated as response to treatment, but not noted if complete or partial
 - 4: Stated as no response (NR)
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
- Response to Neoadjuvant Therapy not assessed or unknown if assessed

Another edit, Response to Neoadjuvant Therapy, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v23

- Description updated for code 0

Response to Neoadjuvant Therapy, Schema ID, Required, CoC Flag (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3948

Description

1. The edit is skipped for any of the following conditions:
 - a. Diagnosis date before 2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. CoC Accredited Flag not = 1
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

Response to Neoadjuvant Therapy is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Response to Neoadjuvant Therapy is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00480: Breast

RX Date BRM (COC)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

RX Date BRM (COC)

Agency: COC

Last changed: 11/24/2012

Edit Tag N0071

Description

This edit is skipped if RX Date BRM is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Note: The COC single-field edit on RX Date--BRM was deleted from earlier versions of the metafile because, as of 2003, RX Date--Systemic replaced RX Date--BRM, RX Date--Chemo, and RX Date--Hormone. Beginning with

RX Date BRM, Date Last Contact (COC)

cases diagnosed 2010 and later, the COC once again requires RX Date--BRM, RX Date--Chemo, and RX Date--Hormone.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--BRM (COC)' to 'RX Date BRM (COC)'.
- Data item name changed from 'RX Date--BRM' to 'RX Date BRM'.

RX Date BRM, Date Last Contact (COC)

Agency: COC

Last changed: 03/27/2017 15:28:47

Edit Tag N1386*Description*

This edit is skipped if any of the fields are blank.

RX Date BRM must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF512

Modifications

NAACCR v13

- Edit name changed from 'RX Date--BRM, Date Last Contact (COC)' to 'RX Date BRM, Date Last Contact (COC)'.
- Data item name changed from 'RX Date--BRM' to 'RX Date BRM'.

NAACCR v15

- Added SEER IF number (IF512)

RX Date BRM, Date of Diagnosis (COC)

Agency: COC

Last changed: 01/09/2015

Edit Tag N1530*Description*

This edit is skipped if any of the fields are blank or invalid.

RX Date BRM, RX Date Systemic (COC)

RX Date BRM must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF513

Modifications

NAACCR v13

- Edit name changed from 'RX Date--BRM, Date of Diagnosis (COC)' to 'RX Date BRM, Date of Diagnosis (COC)'.
- Data item name changed from 'RX Date--BRM' to 'RX Date BRM'.

NAACCR v15

- Added SEER IF number (IF513)

RX Date BRM, RX Date Systemic (COC)

Agency: COC

Last changed: 11/24/2012

Edit Tag N1428

Description

This edit is skipped if any of the fields are blank or invalid.

RX Date BRM must be greater than or equal to RX Date Systemic. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--BRM, RX Date--Systemic (COC)' to 'RX Date BRM, RX Date Systemic (COC)'.
- Data item name changed from 'RX Date--BRM' to 'RX Date BRM'.
- Data item name changed from 'RX Date--Systemic' to 'RX Date Systemic'.

RX Date Chemo (COC)

Agency: COC

Last changed: 11/24/2012

Edit Tag N1046

RX Date Chemo, Date Last Contact (COC)**Description**

This edit is skipped if RX Date Chemo is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD). Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
 CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
 CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Note: The COC single-field edit on RX Date--Chemo was deleted from earlier versions of the metafile because, as of 2003, RX Date--Systemic replaced RX Date--BRM, RX Date--Chemo, and RX Date--Hormone. Beginning with cases diagnosed 2010 and later, the COC once again requires RX Date--BRM, RX Date--Chemo, and RX Date--Hormone.

Modifications**NAACCR v13**

- Edit name changed from 'RX Date--Chemo (COC)' to 'RX Date Chemo (COC)'.
 - Data item name changed from 'RX Date--Chemo' to 'RX Date Chemo'.

RX Date Chemo, Date Last Contact (COC)

Agency: COC

Last changed: 01/09/2015

Edit Tag N1384

Description

This edit is skipped if any of the fields are blank.

RX Date Chemo must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

RX Date Chemo, Date of Diagnosis (COC)

In the SEER*Edits software, the title of this edit is: IF515

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Chemo, Date Last Contact (COC)' to 'RX Date Chemo, Date Last Contact (COC)'.
- Data item name changed from 'RX Date--Chemo' to 'RX Date Chemo'.

NAACCR v15

- Added SEER IF number (IF515)

RX Date Chemo, Date of Diagnosis (COC)

Agency: COC

Last changed: 01/09/2015

Edit Tag N1531

Description

This edit is skipped if any of the fields are blank or invalid.

RX Date Chemo must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF516

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Chemo, Date of Diagnosis (COC)' to 'RX Date Chemo, Date of Diagnosis (COC)'.
- Data item name changed from 'RX Date--Chemo' to 'RX Date Chemo'.

NAACCR v15

- Added SEER IF number (IF516)

RX Date Chemo, RX Date Systemic (COC)

Agency: COC

Last changed: 11/25/2012

Edit Tag N1429

RX Date Hormone (COC)**Description**

This edit is skipped if any of the fields are blank or invalid.

RX Date Chemo must be greater than or equal to RX Date Systemic. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications**NAACCR v13**

- Edit name changed from 'RX Date--Chemo, RX Date--Systemic (COC)' to 'RX Date Chemo, RX Date Systemic(COC)'.
- Data item name changed from 'RX Date--Chemo' to 'RX Date Chemo'.
- Data item name changed from 'RX Date--Systemic' to 'RX Date Systemic'.

RX Date Hormone (COC)

Agency: COC

Last changed: 07/29/2017 16:42:08

Edit Tag N0073

Description

This edit is skipped if RX Date Hormone is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD). Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD	Century+Year, Month and Day are provided.
CCYYMM__	Century+Year and Month. Day consists of two blank spaces.
CCYY_____	Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Note: The COC single-field edit on RX Date--Hormone was deleted from earlier versions of the metafile because, as of 2003, RX Date--

RX Date Hormone, Date Last Contact (COC)

Systemic replaced RX Date--BRM, RX Date--Chemo, and RX Date--Hormone. Beginning with cases diagnosed 2010 and later, the COC once again requires RX Date--BRM, RX Date--Chemo, and RX Date--Hormone.

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Hormone (COC)' to 'RX Date Hormone (COC)'.
- Data item name changed from 'RX Date--Hormone' to 'RX Date Hormone'.

Modifications

NAACCR v18

- Name changed, extra space removed

RX Date Hormone, Date Last Contact (COC)

Agency: COC

Last changed: 01/09/2015

Edit Tag N1385**Description**

This edit is skipped if any of the fields are blank.

RX Date Hormone must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF518

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Hormone, Date Last Contact (COC)' to 'RX Date Hormone, Date Last Contact (COC)'.
- Data item name changed from 'RX Date--Hormone' to 'RX Date Hormone'.

NAACCR v15

- Added SEER IF number (IF518)

RX Date Hormone, Date of Diagnosis (COC)

Agency: COC

Last changed: 01/09/2015

RX Date Hormone, RX Date Systemic (COC)**Edit Tag N1532****Description**

This edit is skipped if any of the fields are blank or invalid.

RX Date Hormone must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF519

Modifications**NAACCR v13**

- Edit name changed from 'RX Date--Hormone, Date of Diagnosis (COC)' to 'RX Date Hormone, Date of Diagnosis (COC)'.
- Data item name changed from 'RX Date--Hormone' to 'RX Date Hormone'.

NAACCR v15

- Added SEER IF number (IF519)

RX Date Hormone, RX Date Systemic (COC)

Agency: COC

Last changed: 11/25/2012

Edit Tag N1430**Description**

This edit is skipped if any of the fields are blank or invalid.

RX Date Hormone must be greater than or equal to RX Date Systemic. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

Modifications**NAACCR v13**

- Edit name changed from 'RX Date--Hormone, RX Date--Systemic (COC)' to 'RX Date Hormone, RX Date Systemic(COC)'.
- Data item name changed from 'RX Date--Hormone' to 'RX Date Hormone'.
- Data item name changed from 'RX Date--Systemic' to 'RX Date Systemic'.

RX Date Mst Defn Srg (COC)

RX Date Mst Defn Srg (COC)

Agency: COC

Last changed: 11/24/2012

*Edit Tag N0510***Description**

This edit is skipped if RX Date Mst Defn Srg is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.

CCYYMM__ Century+Year and Month. Day consists of two blank spaces.

CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Most Defn Surg (COC)' to 'RX Date Mst Defn Srg (COC)'.

- Data item name changed from 'RX Date--Most Defn Surg' to 'RX Date Mst Defn Srg'.

RX Date Mst Defn Srg, Date Last Contact (NPCR)

Agency: NPCR

Last changed: 02/07/2018 22:11:11

*Edit Tag N2030***Description**

This edit is skipped if any of the following conditions is true:

1. RX Date Mst Defn Srg is blank
2. Date of Last Contact is blank
3. Year of Date of Diagnosis is less than 2015, empty (unknown), or invalid

RX Date Mst Defn Srg, Date of DX (COC)

RX Date Mst Defn Srg must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v15 metafile.

This edit differs from the COC edit of the same name in that it is skipped if the year of Date of Diagnosis is less than 2015.

RX Date Mst Defn Srg, Date of DX (COC)

Agency: COC

Last changed: 12/14/2012

Edit Tag N0511

Description

This edit is skipped if RX Date Mst Defn Srg or Date of Diagnosis is blank.

RX Date Mst Defn Srg must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Edit no longer checks that RX Date--Most Defin Surg is populated for cases diagnosed 2003 and later. That particular processing is now performed in the edit 'RX Date--Most Defin Surg, Date Flag, DX Date (COC)'.

NAACCR v13

- Edit name changed from 'RX Date--Most Defin Surg, Date of DX (COC)' to 'RX Date Mst Defn Srg, Date of DX (COC)'.
- Data item name changed from 'RX Date--Most Defin Surg' to 'RX Date Mst Defn Srg'.

RX Date Mst Defn Srg, RX Date Surgery (NPCR)

Agency: NPCR

Last changed: 02/07/2018 22:11:11

Edit Tag N2031

Description

This edit is skipped if any of the following conditions is true:

1. RX Date Mst Defn Srg is blank
2. RX Date Surgery is blank
3. Year of Date of Diagnosis is less than 2015, empty (unknown), or invalid

RX Date Mst Defn Srg must be greater than or equal to RX Date Surgery (date of first surgical procedure). If both years are known, but either month is blank, then

RX Date Mst Defn Srg, Surg Prim Site 03-2022 (NPCR)

only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v15 metafile.

This edit differs from the COC edit of the same name in that it is skipped if the year of Date of Diagnosis is less than 2015.

RX Date Mst Defn Srg, Surg Prim Site 03-2022 (NPCR)

Agency: NPCR

Last changed: 07/09/2022 21:31:18

Edit Tag N2032

Description

This edit is skipped if Year of Date of Diagnosis is less than 2015 or greater than 2022, empty (unknown), or invalid

1. If RX Summ--Surg Prim Site 03-2022 = 00 or 98 (no surgery performed), or 99 (unknown), then RX Date Mst Defn Srg must = blank (no surgical resection of the primary site was performed).
2. If RX Date Mst Defn Srg is not blank, RX Summ--Surg Prim Site 03-2022 must = 10-90 (surgery performed).

Administrative Notes

New edit - added to NAACCR v15 metafile.

This edit differs from the COC edit of the same name in that it is skipped if the year of Date of Diagnosis is less than 2015.

Modifications**NAACCR v23**

- Description, logic updated, date flag removed. Edit checks that RX Date Mst Defn Srg = blank if Surg Prim Site = 00, 98, or 99. Edit checks that Surg Prim Site = 10-90 if Date Mst Defn Srg is not blank.
- Description, logic updated, edit skipped for dx year > 2022
- Logic updated, INLIST changed to AT
- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022
- Name changed from RX Date Mst Defn Srg, Surg Prim Site (NPCR)

RX Date Mst Defn Srg, Surg Prim Site 2023 (COC)

RX Date Mst Defn Srg, Surg Prim Site 2023 (COC)

Agency: COC

Last changed: 08/22/2022 17:56:36

Edit Tag N6765

Description

1. This edit is skipped if Date of Diagnosis is blank (unknown), invalid, or before 2023
2. If RX Summ--Surg Prim Site 2023 = A000, A980, A990, B000, or B990
RX Date Mst Defn Srg must be blank.
3. If RX Date Mst Defn Srg is not blank, RX Summ--Surg Prim Site 2023 must = A100-A900
or B100-B900 (surgery performed).

Administrative Notes

New edit - NAACCR v23 metafile

RX Date Other (COC)

Agency: COC

Last changed: 11/24/2012

Edit Tag N0074

Description

This edit is skipped if RX Date Other is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD	Century+Year, Month and Day are provided.
CCYYMM__	Century+Year and Month. Day consists of two blank spaces.
CCYY____	Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes

MODIFICATIONS:

EditWriter 5

1118

05/01/2023 02:04 PM

RX Date Other, Date Last Contact (COC)

NAACCR v12.0

- Modified to use the date format of CCYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Other (COC)' to 'RX Date Other (COC)'.
- Data item name changed from 'RX Date--Other' to 'RX Date Other'.

RX Date Other, Date Last Contact (COC)

Agency: COC

Last changed: 01/09/2015

Edit Tag N0868**Description**

This edit is skipped if RX Date Other or Date of Last Contact is blank.

RX Date Other must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

Modifications:

In the SEER*Edits software, the title of this edit is: IF521

Modifications

NAACCR v12.0

- Modified to use the date format of CCYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Other, Date Last Contact (COC)' to 'RX Date Other, Date Last Contact (COC)'.
- Data item name changed from 'RX Date--Other' to 'RX Date Other'.

NAACCR v15

- Added SEER IF number (IF521)

RX Date Other, Date of Diagnosis (COC)

Agency: COC

Last changed: 01/09/2015

Edit Tag N1533**Description**

This edit is skipped if any of the fields are blank or invalid.

RX Date Radiation (COC)

RX Date Other must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF522

Modifications**NAACCR v13**

- Edit name changed from 'RX Date--Other, Date of Diagnosis (COC)' to 'RX Date Other, Date of Diagnosis (COC)'.
- Data item name changed from 'RX Date--Other' to 'RX Date Other'.

NAACCR v15

- Added SEER IF number (IF522)

RX Date Radiation (COC)

Agency: COC

Last changed: 11/24/2012

Edit Tag N0549

Description

This edit is skipped if RX Date Radiation is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD). Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD	Century+Year, Month and Day are provided.
CCYYMM__	Century+Year and Month. Day consists of two blank spaces.
CCYY____	Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes**MODIFICATIONS:****NAACCR v12.0**

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Date Radiation, Date Last Contact (COC)

NAACCR v13

- Edit name changed from 'RX Date--Radiation (COC)' to 'RX Date Radiation (COC)'.
- Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.

RX Date Radiation, Date Last Contact (COC)

Agency: COC

Last changed: 01/09/2015

Edit Tag N1383**Description**

This edit is skipped if any of the fields are blank.

RX Date Radiation must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1 metafile.

In the SEER*Edits software, the title of this edit is: IF524

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Radiation, Date Last Contact (COC)' to 'RX Date Radiation, Date Last Contact (COC)'.
- Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.

NAACCR v15

- Added SEER IF number (IF524)

RX Date Radiation, Date of Diagnosis (COC)

Agency: COC

Last changed: 01/09/2015

Edit Tag N1534**Description**

This edit is skipped if any of the fields are blank or invalid.

RX Date Radiation must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

RX Date Radiation, Phi Radiation Treatment Modality (NAACCR)

In the SEER*Edits software, the title of this edit is: IF525

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Radiation, Date of Diagnosis (COC)' to 'RX Date Radiation, Date of Diagnosis (COC)'.
- Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.

NAACCR v15

- Added SEER IF number (IF525)

RX Date Radiation, Phi Radiation Treatment Modality (NAACCR)

Agency: NAACCR

Last changed: 04/17/2022 11:42:49

Edit Tag N3968

Description

This edit is skipped if any Diagnosis date before 2018, blank (unknown), or invalid

1. If Phase I Radiation Treatment Modality = 00 (no radiation) or 99 (unknown if radiation)

RX Date Radiation must = blank.

2. If RX Date Radiation is not blank, (radiation therapy administered), then Phase I Radiation Treatment Modality must equal 01-16,98 (treatment modalities).

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v23

- Description, logic updated, date flag removed. Edit checks that RX Date Radiation is blank if Phi Treatment Modality = 00 or 99. Edit checks that Phi Radiation Treatment Modality is 01-16, 98 if RX Date Radiation is not blank.

RX Date Radiation, Rad--Regional RX Modality (NAACCR)

Agency: NAACCR

Last changed: 08/30/2022 18:27:22

Edit Tag N0570

RX Date Surgery (COC)**Description**

This edit is skipped if date of diagnosis is blank (unknown), invalid, before 2003, or after 2017.

1. If Rad--Regional RX Modality = 00 (no radiation treatment) or 99 (unknown) RX Date Radiation must= blank.
2. If RX Date Radiation is populated (not blank), then Rad--Regional RX Modality must = 20-32, 40-43, 50-55, 60-62, 80, 85, or 98 (radiation treatment).

Administrative Notes**Modifications**

NAACCR v12

- Edit modified to use RX Date--Radiation Flag

NAACCR v13

- Edit name changed from 'RX Date--Radiation, Rad--Regional RX Modality (COC' to 'RX Date Radiation, Rad--Regional RX Modality (COC)'.
 - Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.
 - Data item name changed from 'RX Date--Radiation Flag' to 'RX Date Radiation Flag'.

NAACCR v21

- Description, logic updated, date flag removed. Edit checks that Rad--Regional Modality is not = 00 if RX Date Radiation is not blank

NAACCR v23

- Name changed from RX Date Radiation, Rad--Regional RX Modality (COC)
- Agency changed from COC to NAACCR
- Description, logic updated, skip for blank Rad--Regional RX Modality and blank RX Date Radiation removed, skip for date of diagnosis blank, unknown, before 2003, or after 2017 added.
- Description, logic updated, edit checks that RX Date Radiation is blank if Rad--Regional Modality= 00 or 99. Edit checks that Rad--Regional Modality = 20-32, 40-43, 50-55, 60-62, 80, 85, or 98 if RX Date Radiation is not blank.

RX Date Surgery (COC)

Agency: COC

Last changed: 07/10/2020 21:12:27

Edit Tag N0356

RX Date Surgery, Date Last Contact (COC)**Description**

This edit is skipped if RX Date Surgery is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD). Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes**MODIFICATIONS:****NAACCR v12.0**

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Surgery (COC)' to 'RX Date Surgery (COC)'.
- Data item name changed from 'RX Date--Surgery' to 'RX Date Surgery'.

NAACCR v21

- Agency changed from NAACCR to COC

RX Date Surgery, Date Last Contact (COC)

Agency: COC

Last changed: 01/09/2015

Edit Tag N0869

Description

This edit is skipped if any of the fields are blank.

RX Date Surgery must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes**Modifications:**

RX Date Surgery, Date of Diagnosis (COC)

In the SEER*Edits software, the title of this edit is: IF527

Modifications

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Surgery, Date Last Contact (COC)' to 'RX Date Surgery, Date Last Contact (COC)'.

- Data item name changed from 'RX Date--Surgery' to 'RX Date Surgery'.

NAACCR v15

- Added SEER IF number (IF527)

RX Date Surgery, Date of Diagnosis (COC)

Agency: COC

Last changed: 01/09/2015

Edit Tag N1535

Description

This edit is skipped if any of the fields are blank or invalid.

RX Date Surgery must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes

New edit - added to NAACCR v12.1A metafile.

In the SEER*Edits software, the title of this edit is: IF528

Modifications

NAACCR v13

- Edit name changed from 'RX Date--Surgery, Date of Diagnosis (COC)' to 'RX Date Surgery, Date of Diagnosis (COC)'.

- Data item name changed from 'RX Date--Surgery' to 'RX Date Surgery'.

NAACCR v15

- Added SEER IF number (IF528)

RX Date Systemic (COC)

Agency: COC

Last changed: 11/24/2012

Edit Tag N0567

RX Date Systemic, Date Last Contact (COC)**Description**

This edit is skipped if RX Date Systemic is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD). Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.
 CCYYMM__ Century+Year and Month. Day consists of two blank spaces.
 CCYY_____ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

Administrative Notes**MODIFICATIONS:****NAACCR v12.0**

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Systemic (COC)' to 'RX Date Systemic (COC)'.
 - Data item name changed from 'RX Date--Systemic' to 'RX Date Systemic'.

RX Date Systemic, Date Last Contact (COC)

Agency: COC

Last changed: 11/25/2012

Edit Tag N0528

Description

This edit is skipped if any of the fields are blank.

RX Date Systemic must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

Administrative Notes**Modifications:****NAACCR v12.0**

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

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1126

05/01/2023 02:04 PM

RX Date Systemic, Systemic RX (COC)

- Edit name changed from 'RX Date--Systemic, Date Last Contact (COC)' to 'RX Date Systemic, Date Last Contact (COC)'.

- Data item name changed from 'RX Date--Systemic' to 'RX Date Systemic'.

RX Date Systemic, Systemic RX (COC)

Agency: COC

Last changed: 07/04/2020 21:33:10

Edit Tag N0800

Description

This edit is skipped if any of the following conditions is true:

1. All of RX Summ--Chemo, RX Summ--Hormone, RX Summ--BRM, or RX Summ--Transplnt/Endocr are blank
2. RX Date Systemic is blank
3. Date of Diagnosis is blank

The edit works as follows:

1. If RX Summ--Chemo, RX Summ--Hormone, RX Summ--BRM, and RX Summ--Transplnt/Endocr all = 00 or 82-87, then RX Date Systemic must = blank
2. If at least one of the summary treatment fields (RX Summ--Chemo, RX Summ--Hormone, RX Summ--BRM or RX Summ--Transplnt/Endocr) = 88, and:
If all of the remaining summary treatment fields = 00 or 82-88, then RX Date Systemic must = blank
3. If RX Date Systemic is not blank, at least one treatment item must = treatment given

Administrative Notes

Modifications:

NAACCR v12

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.2

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

NAACCR v13

- Edit name changed from 'RX Date--Systemic, Systemic RX (COC)' to 'RX Date Systemic, Systemic RX(COC)'.
- Data item name changed from 'RX Date--Systemic' to 'RX Date Systemic'.

NAACCR v21

- Description, logic updated, date flags removed, check on diagnosis date removed. Edit skipped if all treatment items are

RX Hosp--BRM (COC)

blank. Edit checks that RX Date Systemic is blank if all treatment items are coded as not done or unknown, or if one treatment item is coded as 88 and the others are coded as 88 or not done. The edit checks that at least one treatment item is coded as given if RX Date Systemic is not blank.

RX Hosp--BRM (COC)

Agency: COC

Last changed: 01/27/2003

Edit Tag N0135*Description*

Must be a valid RX Hosp--BRM code (00, 01, 82, 85-88, 99).

RX Hosp--BRM, RX Summ--BRM (COC)

Agency: COC

Last changed: 01/18/2010

Edit Tag N0185*Description*

This edit is skipped if any of the fields are blank.

If RX Hosp--BRM is equal to 01, then RX Summ--BRM must also be equal to 01.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified so that edit will be skipped if either field is blank.

RX Hosp--Chemo (COC)

Agency: COC

Last changed: 01/27/2003

Edit Tag N0136*Description*

Must be a valid RX Hosp--Chemo code (00,01,02,03,82,85,86,87,88,99).

RX Hosp--Chemo, RX Summ--Chemo (COC)

Agency: COC

Last changed: 01/18/2010

Edit Tag N0183

RX Hosp--Hormone (COC)**Description**

This edit is skipped if any of the fields are blank.

If RX Hosp--Chemo is equal to 01-03 (given), then RX Summ--Chemo must equal 01-03 (given).

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified so that edit will be skipped if either field is blank.

RX Hosp--Hormone (COC)

Agency: COC

Last changed: 01/27/2003

Edit Tag N0076

Description

Must be a valid RX Hosp--Hormone code (00,01,82,85,86,87,88,99).

RX Hosp--Hormone, RX Summ--Hormone (COC)

Agency: COC

Last changed: 01/18/2010

Edit Tag N0184

Description

This edit is skipped if any of the fields are blank.

If RX Hosp--Hormone is equal to 01 (given), then RX Summ--Hormone must equal 01 (given).

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified so that edit will be skipped if either field is blank.

RX Hosp--Other (COC)

Agency: COC

Last changed: 03/30/2004

Edit Tag N0139

Description

This field is allowed to be blank because the item was not required until 2003. Another edit (RX Hosp--Other, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2002 and not equal 9999. Registries should include both edits in their edit set.

RX Hosp--Other, Date of Diagnosis (COC)

Must be a valid RX Hosp--Other code (0-3, 6-9) or blank.

RX Hosp--Other, Date of Diagnosis (COC)

Agency: COC

Last changed: 11/02/2009

Edit Tag N0721

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2002, then RX Hosp--Other cannot be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Hosp--Other, RX Summ--Other (COC)

Agency: COC

Last changed: 01/18/2010

Edit Tag N0186

Description

This edit is skipped if any of the fields are blank.

If RX Hosp--Other = 1-6 (given) then RX Summ--Other must = 1-6 (given).

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified so that edit will be skipped if either field is blank.

RX Hosp--Scope LN Sur, RX Summ--Scope LN Sur(COC)

Agency: COC

Last changed: 01/18/2010

Edit Tag N0257

Description

This edit is skipped if any of the fields are blank.

If RX Hosp--Scope Reg LN Sur is greater than 0, RX Summ--Scope Reg LN Sur must also be greater than 0. If RX Hosp--Scope Reg LN Sur = 1-7 (performed) then RX Summ--Scope Reg LN Sur must not = 0 (no regional lymph nodes removed) or 9 (unknown).

RX Hosp--Scope Reg LN Sur (NAACCR)***Administrative Notes***

MODIFICATIONS:

NAACCR v12.0

- Modified so that edit will be skipped if either field is blank.

RX Hosp--Scope Reg LN Sur (NAACCR)

Agency: NAACCR

Last changed: 01/14/2010

Edit Tag N1241***Description***

Must be a valid RX Hosp--Scope Reg LN Sur (0-7,9) or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

RX Hosp--Scope Reg LN Sur, Date of DX (GCCS)

Agency: GCCS

Last changed: 06/25/2018 16:24:52

Edit Tag GA021***Description***

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is greater than 2002, then RX Hosp--Scope Reg LN Sur cannot be blank.

RX Hosp--Surg Oth Reg, RX Summ--Surg Oth Reg (COC)

Agency: COC

Last changed: 01/18/2010

Edit Tag N0258***Description***

This edit is skipped if any of the fields are blank.

If RX Hosp--Surg Oth Reg/Dis is equal to 1-5 (given), then RX Summ--Surg Oth Reg/Dis must equal 1-5 (given).

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

RX Hosp--Surg Oth Reg/Dis (NAACCR)

- Modified so that edit will be skipped if either field is blank.

RX Hosp--Surg Oth Reg/Dis (NAACCR)

Agency: NAACCR

Last changed: 01/14/2010

Edit Tag N1242

Description

Must be a valid RX Hosp--Surg Oth Reg/Dis (0-5,9) or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

RX Hosp--Surg Oth Reg/Dis, Date of DX (GCCS)

Agency: GCCS

Last changed: 06/25/2018 16:25:03

Edit Tag GA022

Description

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is greater than 2002, then RX Hosp--Surg Oth Reg/Dis cannot be blank.

RX Hosp--Surg Prim Site 03-2022 (NAACCR)

Agency: NAACCR

Last changed: 06/28/2022 17:52:53

Edit Tag N1243

Description

This edit is skipped if diagnosis date = blank (unknown) or invalid.

This data item must be blank for diagnoses 2023+.

Must be a numeric value (00, 10-90, 98, 99) or blank.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

RX Hosp--Surg Prim Site 03-2022, Date of DX (GCCS)

Modifications

NAACCR v23

- Description, logic updated, data item must be blank for diagnosis 2023+
- Logic updated, RX Hosp--Surg Prim Site changed to RX Hosp--Surg Prim Site 03-2022
- Name changed from RX Hosp--Surg Prim Site (NAACCR)

RX Hosp--Surg Prim Site 03-2022, Date of DX (GCCS)

Agency: GCCS

Last changed: 03/22/2023 12:42:49

*Edit Tag GA023***Description**

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is 2003-2022, then RX Hosp--Surg Prim Site 03-2022 cannot be blank.

RX Hosp--Surg Prim Site 03-2022, RX Summ--Surg Prim Site 03-2022 (COC)

Agency: COC

Last changed: 12/08/2022 21:49:01

*Edit Tag N0181***Description**

This edit is skipped for any of the following:

- a. Date of Diagnosis is blank (unknown, invalid, or after 2022).
- b. RX Hosp--Surg Prim Site 03-2022 is blank
- c. RX Summ--Surg Prim Site 03-2022 is blank

1. If RX Hosp--Surg Prim Site 03-2022 is greater than 00, RX Summ--Surg Prim Site 03-2022 must also be greater than 00.

2. If RX Hosp--Surg Prim Site 03-2022 = 10-90 (given) then RX Summ--Surg Prim Site 03-2022 must not = 00 (no surgery of primary site) or 99 (unknown if surgery of primary site performed).

3. If RX Hosp--Surg Prim Site 03-2022 = 98, RX Summ--Surg Prim Site 03-2022 must = 98.

4. If RX Summ--Surg Prim Site 03-2022 = 98, RX Hosp--Surg Prim Site 03-2022 must = 98.

RX Hosp--Surg Prim Site 2023 (COC)***Administrative Notes*****MODIFICATIONS:**

NAACCR v12.0

- Modified so that edit will be skipped if either field is blank.

NAACCR v23

- Description, logic updated, edit skipped if dx year > 2022

- Name change from RX Hosp--Surg Pri Sit, RX Summ--Surg Pri Sit (COC)

- Logic updated, INLIST changed to AT

- Description, logic updated, RX Hosp--Surg Prim Site changed to RX Hosp--Surg Prim Site 03-2022

- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022

- Description, logic updated, added if RX Hosp--Surg Prim Site = 98, RX Summ--Surg Prim Site must = 98; if RX Summ--Surg Prim Site = 98, RX

Hosp Surg Prim Site must= 98

NAACCR v23A

- Description corrected, 02-22 corrected to 03-2022

RX Hosp--Surg Prim Site 2023 (COC)

Agency: COC

Last changed: 08/22/2022 17:56:36

Edit Tag N6798

Description

This edit is skipped if diagnosis date = blank (unknown) or invalid.

This data item must be blank for cases diagnosed before 2023.

Must be a numeric value (A000, A100-A900, A980, A990, B000, B100-B900, B990).

Administrative Notes

New edit - NAACCR v23 metafile

RX Hosp--Surg Prim Site 2023, RX Summ--Surg Prim Site 2023 (COC)

Agency: COC

Last changed: 02/27/2023 09:14:05

Edit Tag N6768

Description

This edit is skipped for any of the following:

- a. Date of Diagnosis is blank (unknown), invalid, or before 2023.
- b. RX Hosp--Surg Prim Site 2023 is blank

RX Summ--BRM (COC)

c. RX Summ--Surg Prim Site 2023 is blank

1. If RX Hosp--Surg Prim Site 2023 = A100-A900 (surgery performed)
then RX Summ--Surg Prim Site 2023 must not = A000 (no surgery of primary site)
or A990 (unknown if surgery of primary site performed).
2. If RX Hosp--Surg Prim Site 2023 = B100-B900 (surgery performed)
then RX Summ--Surg Prim Site 2023 must not = B000 (no surgery of primary site)
or B990 (unknown if surgery of primary site performed).
3. If RX Hosp--Surg Prim Site 2023 = A980, RX Summ--Surg Prim Site 2023 must = A980.
4. If RX Summ--Surg Prim Site 2023 = A980, RX Hosp--Surg Prim Site 2023 must = A980.

Administrative Notes

New edit - NAACCR v23 metafile

Modifications

NAACCR v23A

- Administrative Note changed to indicate new edit in NAACCR v23 metafile
- Description corrected for statements 3 and 4, RX Hosp--Surg Prim Site 03-2022 changed to RX Hosp--Surg Prim Site 2023; RX Summ--Surg Prim Site 03-2022 changed to RX Summ--Surg Prim Site 2023
- Description, logic corrected for statements 3 and 4 values changed from "98" to "A980"
- Name changed from RX Hosp--Surg Prim Site, 2023 RX Summ--Surg Prim Site 2023 (COC)

RX Summ--BRM (COC)

Agency: COC

Last changed: 01/16/2021 13:29:11

Edit Tag N0134

Description

Must be a valid RX Summ--BRM code (00, 01, 82, 85-88, 99).

00 None, immunotherapy not part of planned first course of therapy

RX Summ--BRM, RX Date BRM (COC)

01 Immunotherapy administered as first course therapy
82 Immunotherapy not recommended/administered, contraindicated due to patient risk factors
85 Immunotherapy not administered, patient died prior to planned or recommended therapy
86 Immunotherapy not administered, recommended, no reason noted why not administered
87 Immunotherapy not administered, recommended but refused by patient, family or guardian, refusal noted in patient record
88 Immunotherapy recommended, unknown if administered
99 Unknown if immunotherapy recommended or administered because not stated in patient record

Administrative Notes

This edit differs from the NPCR edit of the same name in that it does not allow the field to be blank.

Modifications

NAACCR v21B

- Description updated, definitions for codes added

RX Summ--BRM, RX Date BRM (COC)

Agency: COC

Last changed: 04/17/2022 14:40:31

Edit Tag N1249

Description

1. If RX Summ--BRM = 00, 82, 85-87 (BRM not given), 88 (recommended unknown if given) or 99 (unknown if given), then RX Date BRM must be blank.
2. If RX Date BRM is not blank, then RX Summ--BRM must= 01, treatment given.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.2

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

NAACCR v13

- Edit name changed from 'RX Summ--BRM, RX Date--BRM (COC)' to 'RX Summ--BRM, RX Date BRM (COC)'.
- Data item name changed from from "RX Date--BRM" to "RX Date BRM".

RX Summ--BRM, RX Text--BRM (NAACCR)

- Data item name changed from from "RX Date--BRM Flag" to "RX Date BRM Flag".

NAACCR v23

- Description, logic updated, date flag removed. Edit checks that RX Date BRM is blank if RX Summ--BRM = 00, 82, 85-88, 99. Edit checks that RX Summ--BRM = 01 if RX Date BRM is coded.

RX Summ--BRM, RX Text--BRM (NAACCR)

Agency: NAACCR

Last changed: 04/16/2020 18:10:29

*Edit Tag N0392**Description*

If RX Summ--BRM = 01 (biological response modifier administered), the first 79 characters of RX Text--BRM must not all be blank. Text must be entered within those 79 characters, text does not need to fill all 79 characters.

Administrative Notes

Modifications:

NACR110C

07/19/06

Updated to check the first 79 characters of RX Text--BRM when verifying that text is not blank; the previously used field, RX Text--BRM-80, has been deleted since it is not a NAACCR standard data item.

NAACCR v21

- Description updated to clarify that text must be entered within the 79 characters, it does not need to fill all 79 characters.

RX Summ--BRM, Vital Status (COC)

Agency: COC

Last changed: 07/08/2003

*Edit Tag N0641**Description*

If RX Summ--BRM = 85 (immunotherapy was not administered because the patient died prior to planned or recommended therapy), then Vital Status cannot = 1 (alive).

RX Summ--Chemo (COC)

Agency: COC

Last changed: 01/10/2021 15:47:12

Edit Tag N0137

RX Summ--Chemo, RX Date Chemo (COC)**Description**

Must be a valid RX Summ--Chemo code (00-03,82,85-88,99).

00 None, chemotherapy not part of planned first course of therapy; diagnosed at autopsy

01 Chemotherapy administered as first course therapy but type and number of agents not documented

02 Single agent chemotherapy administered as first course therapy

03 Multi-agent chemotherapy administered as first course therapy

82 Chemotherapy not recommended/administered, contraindicated due to patient risk factors

85 Chemotherapy not administered, patient died prior to planned or recommended therapy

86 Chemotherapy not administered, recommended, no reason noted why not administered

87 Chemotherapy not administered, recommended but refused by patient, family or guardian, refusal noted in patient record

88 Chemotherapy recommended, unknown if administered

99 Unknown if chemotherapy recommended or administered because not stated in patient record

Administrative Notes

This edit differs from the NPCR edit of the same name in that it does not allow the field to be blank.

Modifications

NAACCR v21B

- Description updated, definitions for codes added

RX Summ--Chemo, RX Date Chemo (COC)

Agency: COC

Last changed: 06/19/2022 14:52:05

Edit Tag N1038

Description

1. If RX Summ--Chemo = 00, 82, or 85-87 (chemo not given), 88 (recommended unknown if given), or 99 (unknown), then RX Date Chemo must be blank.

2. If RX Date Chemo is not blank, then RX Summ--Blank must= 01-03, treatment given.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

RX Summ--Chemo, RX Text--Chemo (NAACCR)

Modifications:

NAACCR v12.2

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

NAACCR v13

- Edit name changed from 'RX Summ--Chemo, RX Date--Chemo (COC)' to 'RX Summ--Chemo, RX Date Chemo (COC)'.
- Data item name changed from from "RX Date--Chemo" to "RX Date Chemo".
- Data item name changed from from "RX Date--Chemo Flag" to "RX Date Chemo Flag".

NAACCR v23

- Description, logic updated, date flag removed. Edit checks that RX Date Chemo is blank if RX Summ--Chemo = 00, 82, 85-88, 99. Edit checks that RX Summ--Chemo = 01, or, or 03 if RX Date Chemo is coded.

RX Summ--Chemo, RX Text--Chemo (NAACCR)

Agency: NAACCR

Last changed: 04/16/2020 18:11:12

Edit Tag N0393**Description**

If RX Summ--Chemo = 01-03 (chemotherapy administered), the first 79 characters of RX Text--Chemo must not all be blank. Text must be entered within those 79 characters, text does not need to fill all 79 characters.

Administrative Notes

Modifications:

NACR110C

07/19/06

Updated to check the first 79 characters of RX Text--Chemo when verifying that text is not blank; the previously used field, RX Text--Chemo-80, has been deleted since it is not a NAACCR standard data item.

NAACCR v21

- Description updated to clarify that text must be entered within the 79 characters, it does not need to fill all 79 characters.

RX Summ--Chemo, Vital Status (COC)

Agency: COC

Last changed: 07/08/2003

Edit Tag N0642

RX Summ--Hormone (COC)**Description**

If RX Summ--Chemo = 85 (chemotherapy was not administered because the patient died prior to planned or recommended therapy), then Vital Status cannot = 1 (alive).

RX Summ--Hormone (COC)

Agency: COC

Last changed: 01/03/2021 15:13:27

Edit Tag N0138**Description**

Must be a valid RX Summ--Hormone code (00, 01, 82, 85-88, 99).

00 None, hormone therapy not part of planned first course of therapy; not usually administered for this type

and/or stage of cancer; diagnosed at autopsy

01 Hormone therapy administered as first course therapy

82 Hormone therapy not recommended/administered, contraindicated due to patient risk factors

85 Hormone therapy not administered, patient died prior to planned or recommended therapy

86 Hormone therapy not administered, recommended, no reason noted why not administered

87 Hormone therapy not administered, recommended but refused by patient, family or

guardian, refusal noted in patient record

88 Hormone therapy recommended, unknown if administered

99 Unknown if hormone therapy recommended or administered because not stated in patient record

Administrative Notes

This edit differs from the NPCR edit of the same name in that it does not allow the field to be blank.

Modifications

NAACCR v21B

- Description updated, definitions of codes added

RX Summ--Hormone, RX Date Hormone (COC)

Agency: COC

Last changed: 04/17/2022 14:44:08

Edit Tag N1250**Description**

1. If RX Summ--Hormone = 00, 82, or 85-87 (Hormone not given), 88 (recommended unknown if given), or 99 (unknown), then RX Date Hormone must be blank.

RX Summ--Hormone, RX Text--Hormone (NAACCR)

2. If RX Date Hormone is not blank, then RX Summ--Hormone must= 01, treatment given.

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.2

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

NAACCR v13

- Edit name changed from 'RX Summ--Hormone, RX Date--Hormone (COC)' to 'RX Summ--Hormone, RX Date Hormone (COC)'.

- Data item name changed from from "RX Date--Hormone" to "RX Date Hormone".

- Data item name changed from from "RX Date--Hormone Flag" to "RX Date Hormone Flag".

NAACCR v23

- Description, logic updated, date flag removed. Edit checks that RX Date Hormone is blank if RX Summ--Hormone = 00,

82, 85-88, 99. Edit checks that RX Summ--Hormone = 01 if RX Date Hormone is coded.

RX Summ--Hormone, RX Text--Hormone (NAACCR)

Agency: NAACCR

Last changed: 07/29/2020 22:25:01

Edit Tag N0394

Description

If RX Summ--Hormone = 01 (hormone treatment administered), the first 79 characters of RX Text--Hormone must not all be blank. Text must be entered within those 79 characters, text does not need to fill all 79 characters

Administrative Notes

Modifications:

NACR110C

07/19/06

Updated to check the first 79 characters of RX Text--Hormone when verifying that text is not blank; the previously used field, RX Text--Hormone-80, has been deleted since it is not a NAACCR standard data item.

NAACCR v21

- Description updated to clarify that text must be entered within the 79 characters, it does not need to

RX Summ--Hormone, Vital Status (COC)

fill all 79
characters.

RX Summ--Hormone, Vital Status (COC)

Agency: COC

Last changed: 07/08/2003

*Edit Tag N0643***Description**

If RX Summ--Hormone = 85 (hormone therapy was not administered because the patient died prior to planned or recommended therapy), then Vital Status cannot = 1 (alive).

RX Summ--Other (SEER OTHERRX)

Agency: SEER

Last changed: 08/28/2021 14:00:32

*Edit Tag N0294***Description**

Must be a valid RX Summ--Other code (0-3, 6-9).

0	None
1	Other
2	Other-Expderimental
3	Other-Double Blind
6	Other-Unproven
7	Refusal
8	Recommended, unknown if administered
9	Unknown

Administrative Notes

This edit differs from the NPCR edit of the same name in that it does not allow the field to be blank.

Modifications

NAACCR v21B

- Description updated, Definition of codes added

RX Summ--Other, RX Date Other (COC)

Agency: COC

Last changed: 09/05/2022 10:51:20

Edit Tag N0193

RX Summ--Other, RX Text--Other (NAACCR)**Description**

1. If RX Summ--Other = 0 or 7 (no other treatment), 8 (recommended unknown if given), or 9 (unknown), then RX Date Other must = blank.
2. If RX Date Other is not blank, then RX Summ--Other must= 1-6, treatment given.

Administrative Notes

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules

NAACCR v13

- Edit name changed from 'RX Summ--Other, RX Date--Other (COC)' to 'RX Summ--Other, RX Date Other (COC)'.
- Data item name changed from from "RX Date--Other" to "RX Date Other".
- Data item name changed from from "RX Date--Other Flag" to "RX Date Other Flag".

NAACCR v15

- Edit modified to allow date flag code of 15 when RX Summ--Other = 8; for cases diagnosed 2015+, date flag must = 15
when RX Summ--Other = 8

NAACCR v21

- Agency changed from COC to NPCR

NAACCR v23

- Description, logic updated, date flag removed. Edit checks that RX Date Other is blank if RX Summ--Other = 0, 7-9.
Edit checks that RX Summ--Other = 1-6 if RX Date Other is coded.
- Agency changed from NPCR to COC
- Name changed from RX Summ--Other, RX Date Other (NPCR)

RX Summ--Other, RX Text--Other (NAACCR)

Agency: NAACCR

Last changed: 04/16/2020 18:12:31

Edit Tag N0395**Description**

If RX Summ--Other = 1-3, or 6 (other cancer-directed surgery administered), the first 79 characters of RX Text--Other must not be blank. Text must be entered within those 79 characters, text does not need to fill all 79

RX Summ--Radiation (SEER RADIATN)

characters.

Administrative Notes

Modifications:

NACR110C

07/19/06

Updated to check the first 79 characters of RX Text--Other when verifying that text is not blank; the previously used field, RX Text--Other-80, has been deleted since it is not a NAACCR standard data item.

NAACCR v21

- Description updated to clarify that text must be entered within the 79 characters, it does not need to fill all 79 characters.

RX Summ--Radiation (SEER RADIATN)

Agency: SEER

Last changed: 08/17/2021 21:14:07

Edit Tag N0296***Description***

Must be a valid RX Summ--Radiation code (0...9), or blank.

0	None; diagnosed at autopsy
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 if radiation administered

Administrative Notes

Modifications

NAACCR v18

- Description, logic updated to allow blank.

RX Summ--Radiation, DateDX, RptSrc (SEER IF58)

Agency: SEER

Last changed: 07/09/2022 11:28:04

Edit Tag N0234

RX Summ--Radiation, DateDX, RptSrc (SEER IF58)**Description**

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is less than 2000 (and not blank) and Registry ID is equal to 0000001544 (New Jersey) OR Year of Date of Diagnosis is less than 2003 and Registry ID is equal to 0000001562 (New York)
 2. Year of Date of Diagnosis is \geq 2018, blank (unknown), or invalid
 3. Registry ID 0000001565 (Illinois) and year of date of diagnosis = 2003, 2006-2019
 4. Registry ID 0000001566 (Texas) and year of date of diagnosis $<$ 2012
1. If Type of Reporting Source is 6 (autopsy only), then RX Summ--Radiation must be 0 (none).
 2. If Type of Reporting Source is 7 (death certificate only), then RX Summ--Radiation must be 9 (unknown).
 3. For all other values of Type of Reporting Source:
 - A. If year of Date of Diagnosis is less than 1988 and not blank
RX Summ--Radiation must be 0, 1, 4-6, 8, 9.
 - B. If year of Date of Diagnosis is greater than 1987
RX Summ--Radiation must be 0-5, 7-9 .

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF58

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v18

- Edit modified to skip for diagnosis date \geq 2018.

NAACCR v18D

- Description, logic modified: Edit skipped for Registry ID 0000001562 (New York), date of diagnosis $<$ 2003

NAACCR v22

- Description, logic modified, criteria for SEER Alaska Native Tumor removed

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) and date of diagnosis 2003, 2006-2019;
Registry ID 0000001566 (Texas) and date of diagnosis $<$ 2012

RX Summ--Scope Reg LN Sur (SEER SCOPE)

RX Summ--Scope Reg LN Sur (SEER SCOPE)

Agency: SEER

Last changed: 01/03/2021 14:07:31

Edit Tag N0300**Description**

Must be a valid RX Summ--Scope Reg LN Sur (0-7,9) or blank.

- 0 No regional lymph nodes removed or aspirated; diagnosed at autopsy
- 1 Biopsy or aspiration of regional lymph node, NOS
- 2 Sentinel lymph node biopsy [only]
- 3 Number of regional lymph nodes removed unknown, not stated; regional lymph nodes removed, NOS
- 4 1 to 3 regional lymph nodes removed
- 5 4 or more regional lymph nodes removed
- 6 Sentinel node biopsy and code 3, 4, or 5 at same time or timing not noted
- 7 Sentinel node biopsy and code 3, 4, or 5 at different times
- 9 Unknown or not applicable

Administrative Notes

This edit differs from the COC edit of the same name in that it allows the field to be blank. Another edit (RX Summ--Scope Reg LN Sur, Date of DX (SEER IF100)) verifies that this item is filled in correctly based on the year of Date of Diagnosis.

Modifications:

NACR110C

08/21/06

1. The edit was modified to no longer allow codes 8. (Valid values are now 0-7, 9, and blank.)
2. The edit description was modified to explain how the SEER version of this edit differs from the COC edit of the same name.

NAACCR v21B

- Description updated, definitions for codes added

RX Summ--Scope Reg LN Sur, Date of DX (NPCR)

Agency: NPCR

Last changed: 07/20/2020 21:06:36

Edit Tag N0729**Description**

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is greater than 2000, then RX Summ--Scope Reg LN Sur cannot be blank.

RX Summ--Scope Reg LN Sur, Primary Site, 2018 (NAACCR)***Administrative Notes***

This edit differs from the SEER edit of the same name in that it requires RX Summ--Scope Reg LN Sur for all cases diagnosed on or after 1/1/2003.

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v21

- Logic updated to require data item for all cases > 2000

RX Summ--Scope Reg LN Sur, Primary Site, 2018 (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N5019

Description

This edit verifies that RX Summ--Scope Reg LN Sur is coded appropriately by Primary Site code.

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis before 2018, blank (unknown), or invalid.
 - b. Primary Site is blank
 - c. RX Summ--Scope Reg LN Sur is blank.
2. RX Summ--Scope Reg LN Sur must = 9 for the following
 - a. Primary Sites:
C420, C421, C423, C424, C589, C700-C709, C710-C729, C751-C753, C761-C768, C770-C779, C809
Schema ID 99999, C760

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v18D

- Schema IDs 00821, 00822, 00830 removed from list of Schemas where RX Summ--Scope Reg LN Sur must = 9

RX Summ--Scope Reg LN Sur, Site, ICDO3 (SEER IF109)

NAACCR v21

- Description, logic updated, Schema IDs 00721, 00722, 00723, 99999 removed from list where RX Summ--Scope Reg LN Sur must = 9; Schema ID 00822 excluding 9734 added to list. Primary Site C589 added to list.
- Name changed from RX Summ--Scope Reg LN Sur, Schema ID (NAACCR)

NAACCR v21B

- Description, logic updated, Schema IDs 00790, 00795 for C770-C779 only removed from schemas requiring 9, redundant
- Description, logic restored from v18D metafile for cases diagnosed 2018-2020. v21 changes for 2021+ cases only

NAACCR v22

- Description, logic updated, skip for < 2019 changed to skip for < 2018
- Description, logic updated, all statements for 2019-2020 deleted
- Description, logic updated, criterion for diagnosis date >= 2021 deleted, logic applies to all cases >= 2018
- Name changed from RX Summ--Scope Reg LN Sur, Schema ID, Primary Site (NAACCR)
- Description, logic updated, Schema IDs 00790, 00795, 99999 added back to schemas requiring 9, skip added for C422

NAACCR v22B

- Name changed from RX Summ--Scope Reg LN Sur, Schema ID, Primary Site, 2018 (NAACCR)
- Description, logic updated, requirements for Scope Reg LN Sur = 9 limited to list of primary site codes, skip for C422 removed
- Description, logic updated, skips for blank Schema ID and blank Histologic Type ICD-O-3 removed

NAACCR v23

- Description, logic updated, requirement for code 9 added for C760, Schema ID 99999.

RX Summ--Scope Reg LN Sur, Site, ICDO3 (SEER IF109)

Agency: SEER

Last changed: 08/21/2021 15:08:15

*Edit Tag N0637***Description**

This edit is skipped if RX Summ--Scope Reg LN Sur, Histologic Type ICD-O-3 or Date of Diagnosis is empty. This edit is skipped for diagnosis date > 2017.

RX Summ--Scope Reg LN Sur must = 9 for the following:

1. Primaries of the meninges, brain, spinal cord, cranial nerves, other parts of the central nervous system, and intracranial other endocrine, ill-defined, unknown sites
(Primary Site = C700-C729, C751-C753, C760-C768, C809)
2. Hodgkin and non-Hodgkin lymphoma with a lymph node primary site:

RX Summ--Scope Reg LN Sur, Site, ICDO3 (SEER IF109)

A. If year of Date of Diagnosis < 2010:

If Histologic Type ICD-O-3 = 9590-9729 AND Primary Site = C770-C779

B. If year of Date of Diagnosis is 2010-2017:

If Histologic Type ICD-O-3 = 9590-9726, 9728-9732, 9734-9740, 9750-9762, 9811-9831, 9940, 9948, 9971 AND Primary Site = C770-C779

3. Hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease:

For all sites:

A. If year of Date of Diagnosis < 2010:

If Histologic Type ICD-O-3 = [9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989]

B. If year of Date of Diagnosis is 2010-2017:

If Histologic Type ICD-O-3 = [9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, 9975-9992]

C. If Primary Site = C420, C421, C423, or C424

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF109

Note: The COC version of this edit has been deleted since it, over time, has become equivalent to the SEER version of the edit. Edit sets in this metafile using the COC version have been updated to use the SEER version instead.

Modifications:

NACR111

10/23/06

Changed histology grouping for hodgkin and non-hodgkin lymphoma from "9590-9699, 9702-9729" to "9590-9729"; that is 9700 and 9701 are now included.

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.
- Added intracranial other endocrine (C751, C752, C753) to list of primary sites that require Summ--Scope Reg LN Sur to = 9.

NAACCR v12.0

- Changed list of hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease histologies that are coded 9:

- For cases diagnosed prior to 2010, codes remain the same.

- For cases diagnosed 2010+, histology codes:

9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992

- Changed list of lymphoma histologies to be coded 9 when sited to lymph nodes:

RX Summ--Surg Oth Reg/Dis (SEER SURGOTH)

- For cases diagnosed prior to 2010, codes remain the same.
- For cases diagnosed 2010+, histology codes:
9590-9726, 9728-9732, 9734-9740, 9750-9762, 9811-9831, 9940, 9948 and 9971

NAACCR v18

- Name changed, parenthesis added at end
- Schema ID 99999 added to check on C760 for Scope = 9
- Edits on histology lists for > 2009 change to > 2009 and <2018
- Failure on invalid date changed to skip

NAACCR v18C

- Description, logic modified to pass for diagnosis date > 2018

NAACCR v18D

- Condition 1 not being edited, logic corrected to edit primaries of central nervous system

NAACCR v21

- Description updated to include 2C, for diagnosis date = 2018, 9590-9663, 9673-9699, 9702-9719, 9725-9726, 9735, 9737-9738, 9823, 9826-9827 and Primary Site = C770-C779, RX Summ--Scope Reg LN Sur must = 9.
- Logic updated to edit C420, C421, C423, C424 = 9 for diagnosis date = 2018

NAACCR v22

- Description, logic updated, skip for > 2018 changed to skip for > 2017
- Description, logic updated, all statements for 2018 deleted

RX Summ--Surg Oth Reg/Dis (SEER SURGOTH)

Agency: SEER

Last changed: 01/03/2021 14:26:17

Edit Tag N0301**Description**

Must be a valid RX Summ--Surg Oth Reg/Dis (0-5, 9) or blank.

- 0 None; diagnosed at autopsy
- 1 Non-primary surgical procedure performed
- 2 Non-primary surgical procedure to other regional sites
- 3 Non-primary surgical procedure to distant lymph node(s)
- 4 Non-primary surgical procedure to distant site
- 5 Combination of codes 2, 3, or 4
- 9 Unknown

Administrative Notes

This edit differs from the COC edit of the same name in that allows the field to be blank.

Modifications:

RX Summ--Surg Oth Reg/Dis, Date of DX (NPCR)

NACR110C

08/21/06

1. The edit was modified to no longer allow codes 6, 7, and 8. (Valid values are now 0-5, 9, and blank.)
2. The edit description was modified to explain how the SEER version of this edit differs from the COC edit of the same name.

NAACCR v21B

- Description updated, definitions of codes added

RX Summ--Surg Oth Reg/Dis, Date of DX (NPCR)

Agency: NPCR

Last changed: 04/01/2021 09:56:19

*Edit Tag N0730***Description**

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is greater than 2000, then RX Summ--Surg Oth Reg/Dis cannot be blank.

Administrative Notes

This edit differs from the SEER edit of the same name in that it requires RX Summ--Surg Oth Reg/Dis for all cases diagnosed on or after 1/1/2003.

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v21

- Logic updated to require data item for all cases > 2000

NAACCR v22

- Description modified, "greater than 2009" changed to "greater than 2000"

RX Summ--Surg Oth Reg/Dis, Schema ID, Primary Site, 2018 (NAACCR)

Agency: NAACCR

Last changed: 05/13/2021 21:22:23

Edit Tag N6367

RX Summ--Surg Prim Site 03-2022 (SEER SURGPRIM)**Description**

9731, This edit verifies that RX Summ--Surg Oth Reg/Dis is coded appropriately by Schema ID and/or Primary Site code.

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis before 2018, blank (unknown), or invalid.
 - b. Schema ID is blank
 - c. RX Summ--Surg Oth Reg/Dis is blank.
 - d. Primary Site is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. RX Summ--Surg Oth Reg/Dis must = 0, 1, or 9 for
Any case with Primary Site code = C420, C421, C423, C424, C760-C768
(excluding Schema ID 00060, C760), C770-C779, C809

Administrative Notes

New edit - NAACCR v21 metafile

Modifications**NAACCR v21B**

- Logic corrected, skip for Type of Reporting Source = 7 deleted

NAACCR v22

- Name changed from RX Summ--Surg Oth/Reg/Dis, Schema ID, Primary Site (NAACCR)
- Description, logic updated, skip for pre-2021 changed to skip for pre-2018
- Skip added for Type of Reporting Source = 7, check that RX Summ--Surg Oth Reg/Dis = 9 when Type of Reporting Source = 7 removed
- Description corrected, reference to Schema ID 00060, C761 changed to 00060, C760

RX Summ--Surg Prim Site 03-2022 (SEER SURGPRIM)

Agency: SEER

Last changed: 01/29/2023 16:09:25

Edit Tag N0302

Description

This edit is skipped if diagnosis date = blank (unknown) or invalid.

Must be a numeric value (00, 10-90, 98, 99) or blank.

Administrative Notes

This edit differs from the COC edit of the same name in that it allows the field to be blank. Another edit (RX Summ--Surg Prim Site, Date of DX (SEER IF102)) verifies that this item is filled in correctly based on the year of Date of Diagnosis.

RX Summ--Surg Prim Site 03-2022, Date of DX (NPCR)

Modifications:

NACR110C

08/21/06

The edit description was modified to explain how the SEER version of this edit differs from the COC edit of the same name.

NAACCR v23

- Description, logic updated, data item must be blank for diagnosis 2023+
- Logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022
- Name changed from RX Summ--Surg Prim Site (SEER SURGPRIM)

NAACCR v23A

- Description, logic updated, check that data item blank >2022 removed, redundant to N0599

RX Summ--Surg Prim Site 03-2022, Date of DX (NPCR)

Agency: NPCR

Last changed: 06/28/2022 17:54:55

*Edit Tag N0728***Description**

This edit is skipped if Date of Diagnosis is blank (unknown) or invalid.

If year of Date of Diagnosis is greater than 2000 and less than 2023, then RX Summ--Surg Prim Site 03-2022 cannot be blank.

If year of Date of Diagnosis is greater than 2022, RX Summ--Surg Prim Site 03-2022 must be blank.

Administrative Notes

This edit differs from the SEER edit of the same name in that it requires RX Summ--Surg Prim Site for all cases diagnosed on or after 1/1/2003.

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v21

- Logic updated to require data item for all cases > 2000

NAACCR v23

- Description, logic updated, edit skipped for invalid date.
- Description, logic updated, data item must be blank for cases diagnosed 2023+

RX Summ--Surg Prim Site 03-2022, Diag Conf (SEER IF76)

- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022
- Name changed from RX Summ--Surg Prim Site, Date of DX (NPCR)
- Description, logic updated, data item must not be blank for cases diagnosed 2001-2022

RX Summ--Surg Prim Site 03-2022, Diag Conf (SEER IF76)

Agency: SEER

Last changed: 01/18/2023 22:39:28

*Edit Tag N0303***Description**

If the case was previously reviewed and accepted as coded (Over-ride Surg/Dx Conf = 1) no further checking is performed.

For anyone with RX Summ--Surg Prim Site 03-2022 = 20-90 the diagnosis should be histologically confirmed (Diagnostic Confirmation 1-4).

Additional Information:

If the patient had a surgical procedure, most likely there was a microscopic examination of the cancer. This edit forces review of cases with a surgical procedure coded in the RX Summ--Surg Prim Site 03-2022 field but not a microscopic confirmation code in Diagnostic Confirmation. Verify the surgery and diagnostic confirmation codes, and correct any errors. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary.

Sometimes there are valid reasons why no microscopic confirmation is achieved with surgery, for example, the tissue removed may be inadequate for evaluation. If upon review, the items are correct as coded, an over-ride flag may be set so that the case will not be considered in error when the edit is run again. Enter a 1 in the field Over-ride Surg/DxConf to indicate that the coding is correct.

RX Summ--Surg Prim Site 03-2022, Primary Site, 2018 (COC)***Administrative Notes***

In the SEER*Edits software, the title of this edit is: IF76

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.1

- Added code 3 to list of Diagnostic Confirmation codes that indicate histologic confirmation.

NAACCR v23

- Description, logic updated, edit skipped for dx year > 2022

- Logic updated, INLIST changed to AT

- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022

- Name changed from RX Summ--Surg Prim Site, Diag Conf (SEER IF76)

NAACCR v23A

- Description, logic updated, skip conditions for diagnosis year and blank RX Summ--Surg Prim Site 03-2022 removed.

RX Summ--Surg Prim Site 03-2022, Primary Site, 2018 (COC)

Agency: COC

Last changed: 07/09/2022 12:06:27

Edit Tag N5015

Description

This edit verifies that RX Summ--Surg Prim Site 03-2022 is coded appropriately by Primary Site.

1. This edit is skipped for any of the following:

a. Diagnosis date before 2018 or after 2022, blank (unknown), or invalid.

b. Primary Site is blank

c. RX Summ--Surg Prim Site 03-2022 is blank

d. Type of Reporting Source = 7 (Death Certificate Only)

e. Histology = 9727, 9732, 9741-9742, 9749, 9761-9809, 9820, 9826, 9831-9834, 9840-9993, diagnosis date = 2018-2021, and primary site not = C420,

C421, C423,

C424, C760-C768, C809.

1. This edit checks valid surgery codes by Primary Site code. The valid RX Summ--Surg Prim Site 03-2022 codes are specified in the STORE for 2022. The surgery codes are identified by sitegroup codes 01-30 in the EW table SURG03 for 2018 through 2021, and in SURG22 for 2022+. Primary Site codes are mapped to the sitegroup codes in the EW table SCHEMASURG19.

2. If Primary Site group is All Other Sites (group 30 in the table used for this

RX Summ--Surg Prim Site 03-2022, Primary Site, 2018 (COC)

edit) and RX Summ--Surg Prim Site 03-2022 = 41 (enucleation for eye surgery only), then
 Primary Site must = C690-C699 (multiple possible Schema IDs).

3. Surgery codes for Primary Site C420, C421, C423, C424, C760-C768, C809, must = 98.
4. Surgery codes for all other Primary Site codes must = codes as specified in the STORE.

Administrative Notes

New edit - NAACCR v18C metafile

This edit differs from the SEER edit of the same name in that it does not allow a code of 99 for the hematopoietic histologies/sites and the ill-defined sites.

Modifications**NAACCR v18D**

- Description, logic modified to not require but to allow RX Summ--Surg Prim Site = 98 for Schema IDs 00821, 00822, 00830

NAACCR v21

- Description, logic modified, edit skipped for diagnosis year after 2020
 - Description, logic modified, added list of histologies requiring surgery code = 98

NAACCR v21B

- Description, logic updated, skip for diagnosis year > 2020 removed
 - Description, logic for 2021+ added to edit, statement 4
 - - Reference table updated, Schema ID 00410 added for C473-C475, C493-C495

NAACCR v22

- Description, logic updated, skip for < 2019 changed to skip for < 2018
 - Description, logic updated, all statements for 2019-2020 deleted
 - Description, logic updated, criterion for diagnosis date >= 2021 deleted, logic applies to all cases >= 2018
 - Description, logic updated. Surgery codes for 2018 through 2021 are in the table SURG03. Surgery codes for 2022+ are in the table SURG22.
 - Name changed from RX Summ--Surg Prim Site, Primary Site (COC)
 - Description, logic updated, references to schema ID removed

RX Summ--Surg Prim Site 03-2022, Site, ICDO3 (SEER IF108)

NAACCR v22B

- Skip added for all histologies in COC and SEER site-specific exclusion lists for 2018-2021, diagnosis date 2018-2021, and primary site not = C420, C421, C423, C424, C760-C768, C809

NAACCR v23

- Description, logic updated, edit skipped for dx year > 2022
 - Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022
 - Name changed from RX Summ--Surg Prim Site, Primary Site, 2018 (COC)

RX Summ--Surg Prim Site 03-2022, Site, ICDO3 (SEER IF108)

Agency: SEER

Last changed: 07/09/2022 21:33:48

Edit Tag N0600**Description**

This edit is skipped for the following conditions:

- a. If Histologic Type ICD-O-3 is blank,
- b. RX Summ--Surg Prim Site 03-2022 is blank
- c. Date of Diagnosis is blank, invalid (unknown), or > 2017.

The valid RX Summ--Surg Prim Site 03-2022 codes for each Primary Site are specified in SEER Program Coding and Staging Manual 2018.

Exceptions are as follows:

For all sites:

1. If year of Date of Diagnosis is < 2010 and Histologic Type ICD-O-3 = [9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989], then RX Summ--Surg Prim Site 03-2022 must = 98 or 99.
2. If year of Date of Diagnosis is 2010-2017 and Histologic Type ICD-O-3 = [9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, 9975-9992], then RX Summ--Surg Prim Site 03-2022 must = 98 or 99.

If Primary Site group is All Other Sites (group 30 in the table used for this edit) and RX Summ--Surg Prim Site 03-2022 = 41 (enucleation for eye surgery only), then Primary Site must = C690-C699 (eye and adnexa).

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF108

This edit differs from COC edit of the same name in that 1) it is skipped if RX Summ--Surg Prim Site is blank and 2) it allows a code of 99 (as well as 98) for the hematopoietic histologies and sites and the ill-defined sites.

RX Summ--Surg Prim Site 2023 (COC)

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.0

- Changed list of hematopoietic histologies that require RX Summ--Surg Prim Site code of 98 or 99:
 - For cases diagnosed prior to 2010, codes remain the same.
 - For cases diagnosed 2010+, codes requiring RX Summ--Surg Prim Site code of 98 or 99: 9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, 9975-9992

NAACCR v12.1:

Added code 76 as allowable surgery code for primary site of breast.

NAACCR v18

- Added skip for diagnosis date = 2018 and histologic type ICD-O-3 = 9702-9992
- Failure on invalid date changed to skip
- Reference to SEER coding manual in description updated to SEER Program and Coding Manual 2018.

NAACCR v18C

- Description, logic modified to pass if year of diagnosis > 2018

NAACCR v21

- Administrative note for NAACCR v18 , "Added skip for diagnosis date > 2018 and histologic type ICD-O-3 = 9702-9992", changed to "Added skip for diagnosis date = 2018 and histologic type ICD-O-3 = 9702-9992"
- Description, logic changed, skip for histologic type 9702-9992 for 2018 modified to include primary site not = C420,C421,C423,C424

NAACCR v22

- Description, logic updated, skip for > 2018 changed to skip for > 2017
- Description, logic updated, all statements for 2018 deleted

NAACCR v23

- Name changed from RX Summ--Surg Prim Site, Site, ICDO3 (SEER IF108)
- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022

RX Summ--Surg Prim Site 2023 (COC)

Agency: COC

Last changed: 09/28/2022 10:46:59

*Edit Tag N6769***Description**

This edit is skipped if diagnosis date = blank (unknown) or invalid.

This data item must be blank for cases diagnosed before 2023.

RX Summ--Surg Prim Site 2023, Diag Conf (SEER)

Must be A000, A100-A900, A980, A990, B000, B100-B900, or B990.

Administrative Notes

New edit - NAACCR v23 metafile

This edit differs from the NAACCR edit of the same name in that it does not allow the field to be blank.

Modifications

NAACCR v23A

- Administrative Note updated, reference to SEER edit of same name changed to NAACCR edit of same name

RX Summ--Surg Prim Site 2023, Diag Conf (SEER)

Agency: SEER

Last changed: 02/09/2023 18:08:48

Edit Tag N6772

Description

This edit is skipped if RX Summ--Surg Prim Site is blank.

This edit is skipped if diagnosis blank (unknown), invalid, or before 2023.

If the case was previously reviewed and accepted as coded (Over-ride Surg/Dx Conf = 1) no further checking is performed.

For anyone with RX Summ--Surg Prim Site 2023 = A200-A900 or B200-B900, the diagnosis should be histologically confirmed (Diagnostic Confirmation 1-4).

Additional Information:

If the patient had a surgical procedure, most likely there was a microscopic examination of the cancer. This edit forces review of cases with a surgical procedure coded in the RX Summ--Surg Prim Site field but not a microscopic confirmation code in Diagnostic Confirmation. Verify the surgery and diagnostic confirmation codes, and correct any errors. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary.

Sometimes there are valid reasons why no microscopic confirmation is achieved with surgery, for example, the tissue removed may be inadequate for evaluation. If upon review, the items are correct as coded, an over-ride flag may be set so that the case will not be considered in error when the edit is run again. Enter a 1 in the

RX Summ--Surg Prim Site 2023, Primary Site (COC)

field Over-ride Surg/DxConf to indicate that the coding is correct.

Administrative Notes

New edit - NAACCR v23 metafile

Modifications

NAACCR v23A

- Name changed from RX Summ--Surg Prim Site 2023, Diag Conf (SEER IF76)

RX Summ--Surg Prim Site 2023, Primary Site (COC)

Agency: COC

Last changed: 03/01/2023 08:09:54

Edit Tag N6774

Description

This edit verifies that RX Summ--Surg Prim Site 2023 is coded appropriately by Primary Site.

1. This edit is skipped for any of the following:

- a. Diagnosis date before 2023, blank (unknown), or invalid.
- b. Primary Site is blank
- c. RX Summ--Surg Prim Site 2023 is blank
- d. Type of Reporting Source = 7 (Death Certificate Only)

1. This edit checks valid surgery codes by Primary Site code. The valid RX Summ--Surg Prim Site codes are specified in the STORE. The surgery codes are identified by sitegroup codes 01-30 in the EW table SURG23. Primary Site codes are mapped to the sitegroup codes in the EW table SCHEMASURG19 through 2022. Primary Site codes are mapped to the sitegroup codes in the EW table SURGSITEGROUP23 for 2023+ diagnoses. This table distinguishes between A and B surgery codes for primary site by year, including first and last year that A codes are used and the first year that B codes are used.

2. If Primary Site group is All Other Sites (group 30 in the table used for this edit) and RX Summ--Surg Prim Site 2023 = A410 (enucleation for eye surgery only), then Primary Site must = C690-C699 (multiple possible Schema IDs).

3. Surgery codes for Primary Site C420, C421, C423, C424, C760-C768, C809, must = A980.

4. Surgery codes for all other Primary Site codes must = codes as specified in the STORE.

RX Summ--Surg/Rad Seq (COC)***Administrative Notes***

New edit - NAACCR v23 metafile

This edit differs from the SEER edit of the same name in that it does not allow a code of 99 for the hematopoietic histologies/sites and the ill-defined sites.

Modifications

NAACCR v23A

- Logic corrected, table lookup not used for sites requiring A980d
- Logic reformatted to better support lookup from SURGSITEGROUP23 into two tables, SURG23A and SURG23B
- Description updated to identify surgery code group lookup by diagnosis year, including A and B codes for 2023+.

RX Summ--Surg/Rad Seq (COC)

Agency: COC

Last changed: 08/04/2022 23:41:13

Edit Tag N0224

Description

Must be a valid RX Summ--Surg/Rad Seq code (0,2-7,9).

Codes

- 0 No radiation and/or no surgery; unknown if surgery and/or radiation given
- 2 Radiation before surgery
- 3 Radiation after surgery
- 4 Radiation both before and after surgery
- 5 Intraoperative radiation
- 6 Intraoperative radiation with other radiation given before and/or after surgery
- 7 Surgery both before and after radiation
- 9 Sequence unknown, but both surgery and radiation were given

Administrative Notes

This edit differs from the NPCR edit of the same name in that it does not allow the field to be blank.

Modifications:

NAACCR v12.2

- Added code 7.

NAACCR v23

- Name changed from RX Summ--Surg/Rad Seq (SEER RADSEQ)

RX Summ--Surgical Margins (NAACCR)

- Agency changed from SEER to COC

RX Summ--Surgical Margins (NAACCR)

Agency: NAACCR

Last changed: 01/03/2021 14:00:36

Edit Tag N1246

Description

Must be a valid code for RX Summ--Surgical Margins (0-3,7-9) or blank.

0	No residual tumor
1	Residual tumor, NOS
2	Microscopic residual tumor
3	Macroscopic residual tumor
7	Margins not evaluable
8	No primary site surgery
9	Unknown or not applicable

Administrative Notes

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

NAACCR v21B

- Description updated, definitions for codes added

RX Summ--Surgical Margins, Surg Prim Site 03-2022, Primary Site, 2018 (NAACCR)

Agency: NAACCR

Last changed: 07/09/2022 12:06:27

Edit Tag N5018

Description

8This edit verifies that RX Summ--Surgical Margins is coded appropriately by Primary Site code.

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis before 2018 or after 2022, blank (unknown), or invalid.
 - b. Primary Site is blank
 - c. RX Summ--Surgical Margins is blank.
 - d. RX Summ--Surg Prim Site 03-2022 is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)

RX Summ--Surgical Margins, Surg Prim Site 2023, Primary Site (NAACCR)

2. If RX Summ--Surg Prim Site 03-2022 = 98, RX Summ--Surgical Margins must = 9
3. If Primary Site = C420, C421, C423, C424, C760-C768, C770-C779, or C809
RX Summ--Surgical Margins must = 9
4. For any other primary site,
if RX Summ--Surg Prim Site 03-2022 = 00, then RX Summ--Surgical Margins must = 8
if RX Summ--Surgical Margins = 8, then RX Summ--Surg Prim Site 03-2022 must = 00

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v18D**

- Description, logic updated to not require code 9 for Schema IDs 00821, 00822, and 00830

NAACCR v21

- Description modified, "For any schema" in number 3 changed to "For any other schema or primary site"
- Description, logic updated, skip for diagnosis after 2020

NAACCR v21B

- Name changed from RX Summ--Surgical Margins, Schema ID (NAACCR)
- Description, logic modified, added skip for blank Primary Site and blank RX Summ--Surg Prim Site
- Description, logic modified, removed skip for > 2020
- Description, logic for 2021 added to edit, statement 3

NAACCR v22

- Description, logic updated, skip for < 2019 changed to skip for < 2018
- Description, logic updated, all statements for 2019-2020 deleted
- Description, logic updated, criteria for diagnosis date >= 2021 deleted, logic applies to all cases >= 2018
- Name changed from RX Summ--Surgical Margins, Surg Prim Site, Schema ID, Primary Site (NAACCR)
- Description, logic updated, references to Schema ID removed

NAACCR v23

- Description, logic updated, edit skipped for dx year > 2022
- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022
- Name changed from RX Summ--Surgical Margins, Surg Prim Site, Primary Site, 2018 (NAACCR)

RX Summ--Surgical Margins, Surg Prim Site 2023, Primary Site (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6776

RX Summ--Systemic/Sur Seq (COC)**Description**

8This edit verifies that RX Summ--Surgical Margins is coded appropriately by Primary Site code.

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis before 2023, blank (unknown), or invalid.
 - b. Primary Site is blank
 - c. RX Summ--Surgical Margins is blank.
 - d. RX Summ--Surg Prim Site 2023 is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If RX Summ--Surg Prim Site 2023 = A980, RX Summ--Surgical Margins must = 9
3. If Primary Site = C420, C421, C423, C424, C760-C768, C770-C779, or C809
RX Summ--Surgical Margins must = 9
4. For any other primary site,
 - if RX Summ--Surg Prim Site 2023 = A000 or B000, then RX Summ--Surgical Margins must = 8
 - if RX Summ--Surgical Margins = 8, then RX Summ--Surg Prim Site 2023 must = A000 or B000

Administrative Notes

New edit - NAACCR v23 metafile

RX Summ--Systemic/Sur Seq (COC)

Agency: COC

Last changed: 12/12/2011

Edit Tag N0757

Description

This field is allowed to be blank because the item is not required until 2006. Another edit (RX Summ--Systemic/Sur Seq, Date of DX) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2005.

Must be a valid RX Summ--Systemic/Sur Seq code (0, 2-7, 9) or blank.

Codes

- 0 No systemic therapy and/or surgical procedures; unknown if surgery and/or systemic therapy given
- 2 Systemic therapy before surgery
- 3 Systemic therapy after surgery
- 4 Systemic therapy both before and after surgery
- 5 Intraoperative systemic therapy
- 6 Intraoperative systemic therapy with other therapy administered before and/or after surgery

RX Summ--Systemic/Sur Seq, Date of DX (COC)

- 7 Surgery both before and after systemic therapy
 9 Sequence unknown, but both surgery and systemic therapy given

Administrative Notes

Modifications:

NACR111

09/2006

The name of the data item RX Summ--Systemic Sur Seq was changed to RX Summ--Systemic/Sur Seq.

NAACCR v12.2

- Added code 7.

RX Summ--Systemic/Sur Seq, Date of DX (COC)

Agency: COC

Last changed: 11/23/2009

Edit Tag N0758

Description

If year of Date of Diagnosis is greater than 2005 and not blank, then RX Summ--Systemic/Sur Seq cannot be blank.

Administrative Notes

Modifications:

NACR111

09/2006

The name of the data item RX Summ--Systemic Sur Seq was changed to RX Summ--Systemic/Sur Seq.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

RX Summ--Transplnt/Endocr (COC)

Agency: COC

Last changed: 01/03/2021 15:24:09

Edit Tag N0516

Description

This field must contain 00, 10-12, 20, 30, 40, 82, 85-88, or 99.

00 None, transplant procedure or endocrine therapy not part of planned first course of therapy;

not customary therapy for this cancer; diagnosed at autopsy only

10 Bone marrow transplant, NOS. Bone marrow transplant procedure administered but type not specified

11 Bone marrow transplant autologous

12 Bone marrow transplant allogeneic

RX Summ--Transplnt/Endocr, Primary Site (NAACCR)

20 Stem cell harvest and infusion (stem cell transplant)
 30 Endocrine surgery and/or endocrine radiation therapy as first course therapy
 40 Combination of transplant procedure with endocrine surgery and/or endocrine radiation (Code
 30 in combination with 10, 11, 12, or 20) as first course therapy
 82 Transplant procedure and/or endocrine therapy not recommended/administered, contraindicated due to patient risk factors
 85 Transplant procedure and/or endocrine therapy not administered, patient died prior to planned or recommended therapy
 86 Transplant procedure and/or endocrine therapy not administered, recommended, no reason noted why not administered
 87 Transplant procedure and/or endocrine therapy not administered, recommended but refused by patient, family or guardian, refusal noted in patient record
 88 Transplant procedure and/or endocrine therapy recommended, unknown if administered
 99 Unknown if transplant procedure and/or endocrine therapy recommended or administered because not stated in patient record

Administrative Notes

This edit differs from the NPCR edit of the same name in that it does not allow the field to be blank.

Modifications

NAACCR v21B

- Description updated, definition for codes added

RX Summ--Transplnt/Endocr, Primary Site (NAACCR)

Agency: NAACCR

Last changed: 03/15/2022 21:35:24

Edit Tag N0597

Description

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is less than 2000 and Registry ID is equal to 0000001544 (New Jersey)
2. Year of Date of Diagnosis is blank

Endocrine surgery and/or endocrine radiation are only reported for prostate and breast. If Primary Site is not breast (C500-C509) or prostate (C619), then RX Summ--Transplnt/Endocr may not be coded '30' or 40.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF128

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

EditWriter 5

1166

05/01/2023 02:04 PM

RX Summ--Transplnt/Endocr, Vital Status (COC)

NAACCR v16A

- Description and logic updated to skip if Registry ID is 0000001544 (New Jersey) and Year of Diagnosis less than 2000, or Year of Diagnosis is blank.

NAACCR v18

- Name changed, parenthesis added at end

NAACCR v22B

- Name changed from RX Summ--Transplnt/Endocr, Primary Site (SEER IF28)

RX Summ--Transplnt/Endocr, Vital Status (COC)

Agency: COC

Last changed: 07/08/2003

Edit Tag N0644

Description

If RX Summ--Transplnt/Endocr = 85 (hematologic transplant and/or endocrine surgery/radiation was not administered because the patient died prior to planned or recommended therapy), then Vital Status cannot = 1 (alive).

RX Summ--Treatment Stat, Date Initial RX SEER (SEER)

Agency: SEER

Last changed: 08/08/2022 18:33:09

Edit Tag N6436

Description

The purpose of this edit is to verify that RX Summ--Treatment Status and Date Initial RX SEER are coded consistently.

This edit is skipped under the following conditions:

2. Type of Reporting Source = 7
 3. Date of diagnosis is blank (unknown), invalid, or pre-2021.
- A. If RX Summ--Treatment Status = 0 (no treatment given), 2 (watchful waiting), or 9 (unknown if treatment given), then Date Initial RX SEER must = blank.
- B. If Date Initial RX SEER is not blank, RX Summ--Treatment Status must = 1 (treatment given),

Administrative Notes

New edit - NAACCR v21B metafile

RX Summ--Treatment Stat, Treatment 03-2022 (NAACCR)

Modifications

NAACCR v23

- Description, logic updated, date flag removed. Edit checks that date is blank if Treatment Status = 0, 2, or 9. Edit checks if Date, Treatment Status must = 1.
- Logic updated, skip for blank RX Summ--Treatment Status removed

RX Summ--Treatment Stat, Treatment 03-2022 (NAACCR)

Agency: NAACCR

Last changed: 03/02/2023 09:45:52

Edit Tag N5025**Description**

The purpose of this edit is to verify that RX Summ--Treatment Status and treatment fields are coded consistently.

This edit is skipped under the following conditions:

- a. RX Summ--Treatment Status is blank
- b. Date of Diagnosis is before 2019 or after 2022, blank (unknown), or invalid.

1. If any of the treatment fields indicate treatment given, then RX Summ--

Treatment Status must equal 1 (treatment given). Treatment is considered "given"

if any of the following is true:

- RX Summ--Surg Prim Site 03-2022 = 10-90
- RX Summ--Surg Oth Reg/Dis = 1-5
- RX Summ--BRM = 01
- RX Summ--Chemo = 01-03
- RX Summ--Hormone = 01
- RX Summ--Transplnt/Endocr = 10-40
- RX Summ--Other = 1, 2, 3, 6
- Reason for No Radiation = 0

2. If Treatment Status = 1 (treatment given), at least one of the following fields

must equal treatment given. Treatment is considered "given" if any of the following

is true:

- RX Summ--Surg Prim Site 03-2022 = 10-90
- RX Summ--Scope Reg LN Sur = 1-7 through 2020 only, 2-7 2021+
- RX Summ--Surg Oth Reg/Dis = 1-5
- RX Summ--BRM = 01
- RX Summ--Chemo = 01-03
- RX Summ--Hormone = 01
- RX Summ--Transplnt/Endocr = 10-40
- RX Summ--Other = 1, 2, 3, 6
- Reason for No Radiation = 0

3. If RX Summ--Treatment Status = 0 (no treatment) or 2 (active surveillance),

RX Summ--Treatment Stat, Treatment 03-2022 (NAACCR)

then the treatment fields must all indicate "no treatment". Treatment is considered "not given" if all of the following conditions are true:

RX Summ--Surg Prim Site 03-2022 = 00, 98
 RX Summ--Scope Reg LN Sur = 0, 1-7, 9 for 2021+ diagnoses
 RX Summ--Surg Oth Reg/Dis = 0
 RX Summ--BRM = 00, 80-88
 RX Summ--Chemo = 00, 80-88
 RX Summ--Hormone = 00, 80-88
 RX Summ--Transplnt/Endocr = 00, 80-88
 RX Summ--Other = 0, 7-8
 Reason for No Radiation = 1-2, 5-9 or
 Phase I Radiation Treatment Modality = 00

4. If RX Summ--Treatment Status = 9 (unknown if any treatment), then at least one of the following treatment fields must indicate "unknown if treatment" (codes 9 and 99 below) and the remaining should indicate either "unknown if treatment" or "no treatment". RX Summ--Scope Reg LN Sur may be coded any value 0, 1-7, or 9.

RX Summ--Surg Prim Site 03-2022 = 00, 98, 99
 RX Summ--Surg Oth Reg/Dis = 0, 9
 RX Summ--BRM = 00, 80-88, 99
 RX Summ--Chemo = 00, 80-88, 99
 RX Summ--Hormone = 00, 80-88, 99
 RX Summ--Transplnt/Endocr = 00, 80-88, 99
 RX Summ--Other = 0, 7-8, 9
 Reason for No Radiation = 8 or 9 or
 Phase I Radiation Treatment Modality = 00, 99

Administrative Notes

New edit - NAACCR v18C metafile.

This edit differs from N1601 in checking on Reason for No Radiation and Phase I Radiation Treatment Modality to identify if radiation given and in starting with 2018 cases. This edit differs from N6065 in not allowing blanks for no and unknown treatment values and skipping for pre-2019 cases..

Modifications**NAACCR v18D**

- Description, logic added, If RX Summ--Treatment Status = 1, at least one of the treatment fields must indicate treatment given, including codes 1-7 for RX Summ--Scope Reg LN Sur
- Description, logic modified, all checks on RX Summ--Scope Reg LN Sur removed except for new description, logic noted above
- Name changed from RX Summ--Treatment Stat, Treatment, Schema ID (NAACCR)

NAACCR v21B

- Description, logic updated, RX Summ--Scope Reg LN Sur codes 1--7 support RX Summ

RX Summ--Treatment Stat, Treatment 2023 (NAACCR)

Treatment Status code 1 through

2020 only, 2-7 2021+

- Description, logic updated, RX Summ--Scope Reg LN Sur codes 0-7, 9 allowed with treatment status = 0 or 9

NAACCR v22

- Description update noted for v21B made in v22, RX Summ--Scope Reg LN Sur code 0-7, 9 allowed with treatment status = 0. or 2, statement 3. Logic change was made in v21B.

NAACCR v23

- Description, logic updated, edit skipped for dx year > 2022

- Logic updated, INLIST replaced by AT

- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022

- Name changed from RX Summ--Treatment Stat, Treatment (NAACCR)

- Description, logic updated, Reason for No Radiation = 1-2, 5-9 included as option for no treatment; Reason for No Radiation = 8-9 included as option for unknown treatment

- Description, logic updated, skip for pre-2019 changed to skip for pre-2018

NAACCR v23A

- Initial Administrative note updated to state differences from N1601 and N6065.

- Description, logic updated, skip for pre-2018 changed back to skip for pre-2019

RX Summ--Treatment Stat, Treatment 2023 (NAACCR)

Agency: NAACCR

Last changed: 03/13/2023 20:37:13

Edit Tag N6778

Description

The purpose of this edit is to verify that RX Summ--Treatment Status and treatment fields are coded consistently.

This edit is skipped under the following conditions:

- a. RX Summ--Treatment Status is blank
- b. Date of Diagnosis is before 2023, blank (unknown), or invalid.

1. If any of the treatment fields indicate treatment given, then RX Summ--Treatment Status must equal 1 (treatment given). Treatment is considered "given" if any of the following is true:

RX Summ--Surg Prim Site 2023 = A100-A900, B100-B900

RX Summ--Surg Oth Reg/Dis = 1-5

RX Summ--BRM = 01

RX Summ--Chemo = 01-03

RX Summ--Hormone = 01

RX Summ--Transplnt/Endocr = 10-40

RX Summ--Other = 1, 2, 3, 6

Reason for No Radiation = 0

RX Summ--Treatment Stat, Treatment 2023 (NAACCR)

2. If Treatment Status = 1 (treatment given), at least one of the following fields must equal treatment given. Treatment is considered "given" if any of the following is true:

RX Summ--Surg Prim Site 2023= A100-A900, B100-B900
 RX Summ--Scope Reg LN Sur = 2-7
 RX Summ--Surg Oth Reg/Dis = 1-5
 RX Summ--BRM = 01
 RX Summ--Chemo = 01-03
 RX Summ--Hormone = 01
 RX Summ--Transplnt/Endocr = 10-40
 RX Summ--Other = 1, 2, 3, 6
 Reason for No Radiation = 0

3. If RX Summ--Treatment Status = 0 (no treatment) or 2 (active surveillance), then the treatment fields must all indicate "no treatment".

Treatment is considered "not given" if all of the following conditions are true:

RX Summ--Surg Prim Site 2023 = A000, A980, B000
 RX Summ--Scope Reg LN Sur = 0, 1-7, 9
 RX Summ--Surg Oth Reg/Dis = 0
 RX Summ--BRM = 00, 80-88
 RX Summ--Chemo = 00, 80-88
 RX Summ--Hormone = 00, 80-88
 RX Summ--Transplnt/Endocr = 00, 80-88
 RX Summ--Other = 0, 7-8
 Reason for No Radiation = 1-2, 5-9 or
 Phase I Radiation Treatment Modality = 00

4. If RX Summ--Treatment Status = 9 (unknown if any treatment), then at least one of the following treatment fields must indicate "unknown if treatment" (codes 9 and

99 below) and the remaining should indicate either "unknown if treatment" or "no treatment". RX Summ--Scope Reg LN Sur may be coded any value 0, 1-7, or 9.

RX Summ--Surg Prim Site 2023 = A000, A980, A990, B000, B990
 RX Summ--Surg Oth Reg/Dis = 0, 9
 RX Summ--BRM = 00, 80-88, 99
 RX Summ--Chemo = 00, 80-88, 99
 RX Summ--Hormone = 00, 80-88, 99
 RX Summ--Transplnt/Endocr = 00, 80-88, 99
 RX Summ--Other = 0, 7-8, 9
 Reason for No Radiation = 8 or 9 or
 Phase I Radiation Treatment Modality = 00, 99

Administrative Notes

New edit - NAACCR v23 metafile.

This edit differs from N6777 in using Phase I Radiation Treatment Modality to identify if radiation given. This edit

differs from N6779 in not allowing blanks for no and unknown treatment values.

Modifications**NAACCR v23A**

- Logic corrected, "or AT(#S"RX Summ--Surg Prim Site 2023", "99")!=0" in logic group for treatment status = 9 removed

RX Summ--Treatment Status (COC)

- Initial Administrative Note added with differences from N6777 and N6779

RX Summ--Treatment Status (COC)

Agency: COC

Last changed: 10/05/2011

Edit Tag N0985

Description

Must be a valid RX Summ--Treatment Status code (0-2, 9) or blank.

Codes

0 No treatment given
1 Treatment given
2 Active surveillance (watchful waiting)
9 Unknown if treatment was given

Administrative Notes

New edit - added to NAACCR v12 metafile.

Modifications:

NAACCR v12.2
- Updated edit description

RX Summ--Treatment Status, Date of DX (COC)

Agency: COC

Last changed: 05/28/2010

Edit Tag N0986

Description

If year of Date of Diagnosis is 2010 or later, then RX Summ--Treatment Status cannot be blank.

Administrative Notes

New edit - added to NAACCR v12 metafile.

In the SEER*Edits software, the title of this edit is: IF316

RX Text--BRM (GCCS)

Agency: GCCS

Last changed: 06/25/2018 16:26:16

Edit Tag GA024

Description

RX Text--BRM cannot be blank.

RX Text--Chemo (GCCS)

RX Text--Chemo (GCCS)

Agency: GCCS

Last changed: 06/25/2018 16:26:25

Edit Tag GA025*Description*

RX Text--Chemo cannot be blank.

RX Text--Hormone (GCCS)

Agency: GCCS

Last changed: 06/25/2018 16:26:33

Edit Tag GA026*Description*

RX Text--Hormone cannot be blank.

RX Text--Other (GCCS)

Agency: GCCS

Last changed: 06/25/2018 16:26:46

Edit Tag GA027*Description*

RX Text--Other cannot be blank.

RX Text--Radiation (GCCS)

Agency: GCCS

Last changed: 06/25/2018 16:27:07

Edit Tag GA028*Description*

The first 79 characters of either RX Text--Radiation (Beam) or RX Text--Radiation Other must not be blank.

RX Text--Surgery (GCCS)

Agency: GCCS

Last changed: 06/25/2018 16:27:16

Edit Tag GA029*Description*

RX Text--Surgery cannot be blank.

S Category Clinical, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

S Category Clinical, Schema ID, Required (NAACCR)**Edit Tag N2738****Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid S Category Clinical code or blank:

0: S0: Marker study levels within normal levels

1: S1: At least one of these values is elevated AND

LDH less than 1.5 x N* AND

hCG (mIU/L) less than 5,000 AND

AFP (ng/mL) less than 1,000

2: S2: LDH 1.5 x N* to 10 x N* OR

hCG (mIU/L) 5,000 to 50,000 OR

AFP (ng/mL) 1,000 to 10,000

3: S3: Only one elevated test is needed

LDH greater than 10 x N* OR

hCG (mIU/mL) greater than 50,000 OR

AFP (ng/mL) greater than 10,000

9: SX: Not documented in medical record

S Category Clinical not assessed or unknown if assessed

Another edit, S Category Clinical, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Administrative Notes

New edit - NAACCR v18 metafile

S Category Clinical, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2928**Description**

1. The edit is skipped for any of the following conditions:

a. Date of Diagnosis pre-2018, blank (unknown), or invalid.

b. Schema ID is blank.

c. Type of Reporting Source = 7 (Death Certificate Only)

S Category Pathological, Date DX (NAACCR)

- d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
- e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

2. This edit verifies that S Category Clinical is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00590: Testis

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date \geq 2018 and \leq 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

S Category Pathological, Date DX (NAACCR)

Agency: NAACCR

Last changed: 02/18/2020 22:02:58

Edit Tag N2739

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid S Category Pathological code or blank:

- 0: S0: Marker study levels within normal levels
- 1: S1: At least one of these values is elevated AND
 - LDH less than 1.5 x N* AND
 - hCG (mIU/L) less than 5,000 AND
 - AFP (ng/mL) less than 1,000
- 2: S2: LDH 1.5 x N* to 10 x N* OR

S Category Pathological, Schema ID, Required (NAACCR)

- hCG (mIU/L) 5,000 to 50,000 OR
 AFP (ng/mL) 1,000 to 10,000
- 3: S3: Only one elevated test is needed
 LDH greater than 10 x N* OR
 hCG (mIU/mL) greater than 50,000 OR
 AFP (ng/mL) greater than 10,000
- 5: Post-Orchiectomy serum tumor markers unknown or not done but
 pre-orchiectomy serum tumor markers were normal
- 9: SX: Not documented in medical record
 S Category Pathological not assessed or unknown if assessed

Another edit, S Category Pathological, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Description, logic updated, code 5 added

S Category Pathological, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2929

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that S Category Pathological is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Sarcomatoid Features, Date DX (NAACCR)

Required for Schema ID:

00590: Testis

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Sarcomatoid Features, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/13/2021 22:54:38

Edit Tag N2930

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Sarcomatoid Features code or blank:

000: Sarcomatoid features not present/not identified

001-100: Sarcomatoid features 1-100%

R01: Sarcomatoid features stated as less than 10%

R02: Sarcomatoid features stated as range 10%-30% present

R03: Sarcomatoid features stated as a range 31% to 50% present

R04: Sarcomatoid features stated as a range 51% to 80% present

R05: Sarcomatoid features stated as greater than 80%

XX5: Sarcomatoid features present from metastatic site only AND

Sarcomatoid features not present in primary site, or unknown if

present

XX6: Sarcomatoid features present, percentage unknown

XX7: Not applicable: Not a renal cell carcinoma morphology

XX8: Not applicable: Information not collected for this case

XX9: Not documented in medical record

Sarcomatoid features not assessed or unknown if assessed

Sarcomatoid Features, Schema ID, Required (NAACCR)

No surgical resection of primary site is performed

3. Numeric values must be right-justified and zero-filled

Another edit, Sarcomatoid Features, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description, logic updated with code XX5

Sarcomatoid Features, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2931

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Sarcomatoid Features is not "XX8" (not blank) for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00600: Kidney Parenchyma

Schema Discriminator 1, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Schema Discriminator 1, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:22:45

Edit Tag N2760

Description

The edit is skipped if date of diagnosis is blank (unknown) or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Schema Discriminator 1 code

0
1
2
3
4
5
6
7
9
blank

Other edits for Schema Discriminator 1 check for appropriate codes by Schema ID and AJCC ID. This data item is used in determining Schema IDs and AJCC IDs and is required by all standard setters.

Administrative Notes

New edit - NAACCR v18 metafile

Schema Discriminator 1, Urethra, Sex (NAACCR)

Schema Discriminator 1, Urethra, Sex (NAACCR)

Agency: NAACCR

Last changed: 07/27/2021 14:08:31

*Edit Tag N6357***Description**

This edit verifies that Schema Discriminator 1 is coded consistently with Sex for Schema IDs 00631 Urethra and 00633 Prostatic Urethra.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is not 00631 or 00633.
 - c. Sex is blank.
2. If Schema Discriminator 1 = 2 (Males only, Prostatic Urethra)
Sex must not = 2 (Female) or 6 (Natal Female)
3. If Schema ID = 00633, Prostatic Urethra
Sex must not = 2 (Female) or 6 (Natal Female)

Administrative Notes

New edit - NAACCR v21 Metafile

Modifications

NAACCR v22

- Description corrected, Skip for Type of Reporting Source = 7 removed

Schema Discriminator 2, Date DX (NAACCR)

Agency: NAACCR

Last changed: 08/21/2021 13:02:23

*Edit Tag N3006***Description**

The edit is skipped if date of diagnosis is blank (unknown) or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Schema Discriminator 2 code

1

2

8

9

Schema Discriminator 2, Head and Neck, Histology (NAACCR)

blank

3. Schema Discriminator 2, code 8 may only be used for 2018-2020 diagnoses.

Other edits for Schema Discriminator 2 check for appropriate codes by Schema ID and AJCC ID. This data item is used to determine Schema IDs and AJCC IDs and is required by all standard setters.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Description, logic updated, new SD2 value of 8; 8 must not be used for 2021+ diagnoses.

NAACCR v22

- Description, logic updated, SD2=8 must only be used for 2018-2020 diagnoses. Change in v21 correct in Admin Notes.

Schema Discriminator 2, Head and Neck, Histology (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6802

Description

This edit checks coding consistency among Histologic Type ICD-O-3, primary sites of Head and Neck, and Schema Discriminator 2.

1. The edit is skipped for the following;
 - a. Date of diagnosis blank (unknown), invalid, or before 2023.
 - b. Primary Site is blank
 - c. Histologic Type ICD-O-3 is blank
 - d. Schema Discriminator 2 is blank
 - e. Type of Reporting Source = 7 (death certificate only)
2. If Primary Site = C100-C104, C108-C109, C019, C024, C090-C099, or C111:
 - If Histologic Type is 8085, Schema Discriminator 2 must = 2 or 9
 - If Histologic Type is 8086, Schema Discriminator 2 must = 1 or 9
 - If Histologic Type is 8070, Schema Discriminator 2 must = 9
 - If Histologic Type is 8072, Schema Discriminator 2 must not = 2

Schema ID, EOD Mets (SEER)

If Histologic Type is 8071, Schema Discriminator 2 must not = 1

Histology: 8085: Squamous cell carcinoma, HPV positive
 8086: Squamous cell carcinoma, HPV negative
 8070: Squamous cell carcinoma, NOS
 8071: Squamous cell carcinoma, keratinizing, NOS
 8072: Squamous cell carcinoma, nonkeratinizing, NOS

Schema Discriminator 2 - 1: p16 negative, nonreactive
 2: p16 positive, HPV positive, diffuse, strong reactivity

SOLID TUMOR RULES:

The 2018 Solid Tumor Head and Neck Rules, Table 5, instruct squamous cell carcinoma, HPV positive (8085) and squamous cell carcinoma, HPV negative (8086) are coded only when HPV status is determined by tests based on ISH, PCR, RT-PCR technologies to detect the viral DNA or RNA. P16 was not a valid test to assign these codes. Beginning with cases diagnosed 1/1/2022 forward, p16 test results can be used to code squamous cell carcinoma, HPV positive (8085) and squamous cell carcinoma, HPV negative (8086).

2. Beginning 1/1/2022, non-keratinizing squamous cell carcinoma, HPV positive is coded 8085 for sites listed in Table 5 only. A diagnosis of non-keratinizing squamous cell carcinoma, NOS is coded 8072.

3. Beginning 1/1/2022, keratinizing squamous cell carcinoma, HPV negative is coded 8086 for sites listed in Table 5 only. A diagnosis of keratinizing squamous cell carcinoma, NOS is coded 8071.

Administrative Notes

New edit - NAACCR v23 metafile

Schema ID, EOD Mets (SEER)

Agency: SEER

Last changed: 01/31/2023 20:09:07

Edit Tag N2970

Description

This edit checks the values for EOD Mets by Schema ID.

This edit is skipped for any of the following conditions:

1. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid.
2. Schema ID is blank
3. EOD Mets is blank

The following list shows the Schema ID, Schema name, and values for EOD Mets. The

Schema ID, EOD Mets (SEER)

sites and histologies for each schema are listed in the edit _SYS Schema ID, Primary Site, Histology, Behavior (NAACCR).

00060 Cervical Lymph Nodes and Unknown Primary

EOD Mets: 00, 10, 70, 99

00071 Lip

EOD Mets: 00, 10, 70, 99

00072 Tongue Anterior

EOD Mets: 00, 10, 70, 99

00073 Gum

EOD Mets: 00, 10, 70, 99

00074 Floor of Mouth

EOD Mets: 00, 10, 70, 99

00075 Palate Hard

EOD Mets: 00, 10, 70, 99

00076 Buccal Mucosa

EOD Mets: 00, 10, 70, 99

00077 Mouth Other

EOD Mets: 00, 10, 70, 99

00080 Major Salivary Glands

EOD Mets: 00, 10, 70, 99

00090 Nasopharynx

EOD Mets: 00, 10, 70, 99

00100 Oropharynx HPV-Mediated (p16+)

EOD Mets: 00, 10, 70, 99

Schema ID, EOD Mets (SEER)

00111 Oropharynx (p16-)

EOD Mets: 00, 10, 70, 99

00112 Hypopharynx

EOD Mets: 00, 10, 70, 99

00118 Pharynx Other

EOD Mets: 00, 10, 70, 99

00119 Middle Ear

EOD Mets: 00, 10, 70, 99

00121 Maxillary Sinus

EOD Mets: 00, 10, 70, 99

00122 Nasal Cavity and Ethmoid Sinus

EOD Mets: 00, 10, 70, 99

00128 Sinus Other

EOD Mets: 00, 10, 70, 99

00130 Larynx Other

EOD Mets: 00, 10, 70, 99

00131 Larynx Supraglottic

EOD Mets: 00, 10, 70, 99

00132 Larynx Glottic

EOD Mets: 00, 10, 70, 99

00133 Larynx Subglottic

EOD Mets: 00, 10, 70, 99

00140 Melanoma Head and Neck

Schema ID, EOD Mets (SEER)

EOD Mets: 00, 10, 70, 99

00150 Cutaneous Carcinoma Head and Neck

EOD Mets: 00, 10, 70, 99

00161 Esophagus (incl GE Junction) (incl Squamous)

EOD Mets: 00, 10, 70, 99

00169 Esophagus (incl GE Junction) (excl Squamous)

EOD Mets: 00, 10, 70, 99

00170 Stomach

EOD Mets: 00, 10, 70, 99

00180 Small Intestine

EOD Mets: 00, 10, 70, 99

00190 Appendix [8th: 2018-2022]

EOD Mets: 00, 10, 30, 40, 50, 70, 99

09190 Appendix [V9: 2023+]

EOD Mets: 00, 10, 30, 40, 50, 70, 99

00200 Colon and Rectum

EOD Mets: 00, 10, 20, 30, 40, 50, 70, 99

00210 Anus [8th: 2018-2022}

EOD Mets: 00, 10, 70, 99

09210 Anus [V9: 2023+}

EOD Mets: 00, 10, 70, 99

00220 Liver

EOD Mets: 00, 10, 70, 99

Schema ID, EOD Mets (SEER)

00230 Bile Ducts Intrahepatic

EOD Mets: 00, 10, 50, 70, 99

00241 Gallbladder

EOD Mets: 00, 10, 70, 99

00242 Cystic Duct

EOD Mets: 00, 10, 70, 99

00250 Bile Ducts Perihilar

EOD Mets: 00, 10, 70, 99

00260 Bile Ducts Distal

EOD Mets: 00, 10, 70, 99

00270 Ampulla Vater

EOD Mets: 00, 10, 70, 99

00278 Biliary Other

EOD Mets: 00, 10, 70, 99

00280 Pancreas

EOD Mets: 00, 10, 20, 70, 99

00288 Digestive Other

EOD Mets: 00, 10, 70, 99

00290 NET Stomach

EOD Mets: 00, 10, 20, 30, 50, 70, 99

00301 NET Duodenum

EOD Mets: 00, 10, 20, 30, 50, 70, 99

00302 NET Ampulla of Vater

Schema ID, EOD Mets (SEER)

EOD Mets: 00, 10, 20, 30, 50, 70, 99

00310 NET Jejunum and Ileum

EOD Mets: 00, 10, 20, 30, 50, 70, 99

00320 NET Appendix

EOD Mets: 00, 10, 20, 30, 50, 70, 99

00330 NET Colon and Rectum

EOD Mets: 00, 10, 20, 30, 50, 70, 99

00340 NET Pancreas

EOD Mets: 00, 10, 20, 40, 50, 60, 70, 99

00350 Thymus

EOD Mets: 00, 10, 30, 50, 70, 99

00358 Trachea

EOD Mets: 00, 10, 70, 99

00360 Lung

EOD Mets: 00, 10, 20, 30, 50, 70, 99

00370 Pleural Mesothelioma

EOD Mets: 00, 05, 10, 70, 99

00378 Respiratory Other

EOD Mets: 00, 10, 70, 99

00381 Bone Appendicular Skeleton

EOD Mets: 00, 10, 30, 50, 70, 99

00382 Bone Spine

EOD Mets: 00, 10, 30, 50, 70, 99

Schema ID, EOD Mets (SEER)

00383 Bone Pelvis

EOD Mets: 00, 10, 30, 50, 70, 99

00400 Soft Tissue Head and Neck

EOD Mets: 00, 10, 70, 99

00410 Soft Tissue Trunk and Extremities

EOD Mets: 00, 10, 70, 99

00421 Soft Tissue Abdomen and Thorax

EOD Mets: 00, 10, 70, 99

00422 Soft Tissue Heart, Mediastinum, Pleura

EOD Mets: 00, 10, 70, 99

00430 GIST

EOD Mets: 00, 10, 70, 99

00440 Soft Tissue Retroperitoneum

EOD Mets: 00, 10, 70, 99

00450 Soft Tissue Rare

EOD Mets: 00, 10, 70, 99

00458 Kaposi Sarcoma

EOD Mets: 88

00459 Soft Tissue Other

EOD Mets: 00, 10, 70, 99

00460 Merkel Cell Skin

EOD Mets: 00, 10, 20, 30, 50, 70, 99

00470 Melanoma Skin

Schema ID, EOD Mets (SEER)

EOD Mets: 00, 10, 20, 30, 50, 60, 70, 99

00478 Skin Other

EOD Mets: 00, 10, 70, 99

00480 Breast

EOD Mets: 00, 05, 10, 70, 99

00500 Vulva

EOD Mets: 00, 10, 70, 99

00510 Vagina

EOD Mets: 00, 10, 70, 99

00520 Cervix [8th: 2018-2020]

EOD Mets: 00, 10, 70, 99

00528 Cervix Sarcoma [2021+]

EOD Mets: 00, 10, 70, 99

09520 Cervix [V9: 2021+]

EOD Mets: 00, 10, 70, 99

00530 Corpus Carcinoma and Carcinosarcoma

EOD Mets: 00, 10, 70, 99

00541 Corpus Sarcoma

EOD Mets: 00, 10, 70, 99

00542 Corpus Adenosarcoma

EOD Mets: 00, 10, 70, 99

Schema ID, EOD Mets (SEER)

00551 Ovary

EOD Mets: 00, 10, 30, 50, 70, 99

00552 Primary Peritoneal Carcinoma

EOD Mets: 00, 10, 30, 50, 70, 99

00553 Fallopian Tube

EOD Mets: 00, 10, 30, 50, 70, 99

00558 Adnexa Uterine Other

EOD Mets: 00, 10, 70, 99

00559 Genital Female Other

EOD Mets: 00, 10, 70, 99

00560 Placenta

EOD Mets: 00, 10, 30, 50, 70, 99

00570 Penis

EOD Mets: 00, 10, 70, 99

00580 Prostate

EOD Mets: 00, 10, 30, 50, 70, 99

00590 Testis

EOD Mets: 00, 10, 30, 50, 60, 70, 99

00598 Genital Male Other

EOD Mets: 00, 10, 70, 99

00600 KidneyParenchyma

Schema ID, EOD Mets (SEER)

EOD Mets: 00, 10, 70, 99

00610 Kidney Renal Pelvis

EOD Mets: 00, 10, 70, 99

00620 Bladder

EOD Mets: 00, 10, 50, 70, 99

00631 Urethra

EOD Mets: 00, 10, 70, 99

00633 Urethra-Prostatic

EOD Mets: 00, 10, 70, 99

00638 Urinary Other

EOD Mets: 00, 10, 70, 99

00640 Skin Eyelid

EOD Mets: 00, 10, 70, 99

00650 Conjunctiva

EOD Mets: 00, 10, 70, 99

00660 Melanoma Conjunctiva

EOD Mets: 00, 10, 70, 99

00671 Melanoma Iris

EOD Mets: 00, 10, 30, 50, 70, 99

00672 Melanoma Choroid and Cilillary Body

EOD Mets: 00, 10, 30, 50, 70, 99

00680 Retinoblastoma

EOD Mets: 00, 10, 30, 50, 70, 99

Schema ID, EOD Mets (SEER)

00690 Lacrimal Gland

EOD Mets: 00, 10, 70, 99

00698 Lacrimal Sac

EOD Mets: 00, 10, 70, 99

00700 Orbital Sarcoma

EOD Mets: 00, 10, 70, 99

00710 Lymphoma Ocular Adnexa

EOD Mets: 00, 10, 30, 50, 70, 99

00718 Eye Other

EOD Mets: 00, 10, 70, 99

00721 Brain [8th: 2018-2022]

EOD Mets: 00, 10, 70, 99

09721 Brain [V9: 2023+]

EOD Mets: 00, 10, 70, 99

00722 CNS Other [8th: 2018-2022]

EOD Mets: 00, 10, 70, 99

09722 CNS Other [V9: 2023+]

EOD Mets: 00, 10, 70, 99

00723 Intracranial Gland [8th: 2018-2022]

EOD Mets: 00, 10, 70, 99

09723 Intracranial Gland [V9: 2023+]

EOD Mets: 00, 10, 70, 99

09724 Medulloblastoma [V9: 2023+]

Schema ID, EOD Mets (SEER)

EOD Mets: 00, 15, 25, 35, 45, 70, 99

00730 Thyroid

EOD Mets: 00, 10, 70, 99

00740 Thyroid Medullary

EOD Mets: 00, 10, 70, 99

00750 Parathyroid

EOD Mets: 00, 10, 70, 99

00760 Adrenal Gland

Mets: 00, 10, 70, 99

00770 NET Adrenal

EOD Mets: 00, 10, 20, 30, 50, 70, 99

00778 Endocrine Other

EOD Mets: 00, 10, 70, 99

00790 Lymphoma (excluding CLL/SLL)

EOD Mets: 88

00795 Lymphoma (CLL/SLL)

EOD Mets: 88

00811 Mycosis Fungoides

EOD Mets: 00, 10, 70, 99

00812 Primary Cutaneous Lymphomas (excluding Mycosis Fungoides)

EOD Mets: 00, 10, 70, 99

00821 Plasma Cell Myeloma

EOD Mets: 88

Schema ID, EOD Primary Tumor (SEER)

00822 Plasma Cell Disorder

EOD Mets: 88

00830 HemeRetic

EOD Mets: 88

99999 Ill-Defined Other/Ill-Defined Other

EOD Mets: 88

Administrative Notes

New edit - NAACCR v18 metafile.

Modifications**NAACCR v18C metafile**

- Description updated, Schema ID 00632, Prostatic Urethra, changed to 00633

NAACCR v21

- Description updated, Schema ID 00190, Appendix, code 40 added; Schema ID 00620, code 50 added
- Description, logic updated, Schema ID 09520 added
- Logic updated, TRIM functions removed from strcpy (group-m), strcat (group-m)-not needed

NAACCR v22

- Description updated, Schema ID 00528 added
- Description updated, EOD Mets code 05 added to 00370, Pleural Mesothelioma
- Description updated, 00450 changed to Soft Tissue Rare, 00459 Soft Tissue Other added

NAACCR v23

- Description updated, Schema IDs 00190, 00210, 00721, 00722, 00723 identified as 8th: 2018-2022, and Schema IDs 09190, 09210, 09721, 09722, 09723, and 09724 added identified as V9: 2023+
- Logic updated, table lookup in EODM09 determined by first 2 digits in Version 9 Schema IDs (09) rather than list of Version 9 Schema IDs

NAACCR v23A

- Description correct, 00190 for Appendix version 9 changed to 09190; 00210 for Anus version 9 changed to 09210

Schema ID, EOD Primary Tumor (SEER)**Agency: SEER****Last changed: 03/02/2023 08:39:23*****Edit Tag N2968***

Schema ID, EOD Primary Tumor (SEER)**Description**

This edit checks the values for EOD Primary Tumor by Schema ID.

This edit is skipped for any of the following conditions:

1. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
2. Schema ID is blank
3. EOD Primary Tumor is blank

The following list shows the Schema ID, Schema name, and values of EOD--Primary Tumor by Schema ID. The sites and histologies for each schema are listed in the edit _SYS Schema ID, Primary Site, Histology, Behavior (NAACCR).

00060 Cervical Lymph Nodes and Unknown Primary

EOD Primary Tumor: 800

00071 Lip

EOD Primary Tumor: 000, 100, 150, 200, 300, 400, 500, 550, 600, 650, 700, 999

00072 Tongue Anterior

EOD Primary Tumor: 000, 100, 150, 200, 300, 400, 500, 600, 650, 700, 999

00073 Gum

EOD Primary Tumor: 000, 100, 150, 200, 300, 400, 500, 600, 650, 700, 999

00074 Floor of Mouth

EOD Primary Tumor: 000, 100, 150, 200, 300, 400, 500, 550, 600, 650, 700, 999

00075 Palate Hard

EOD Primary Tumor: 000, 100, 150, 200, 300, 400, 500, 600, 700, 750, 999

00076 Buccal Mucosa

EOD Primary Tumor: 000, 100, 150, 200, 300, 400, 500, 600, 700, 999

00077 Mouth Other

EOD Primary Tumor: 000, 100, 150, 200, 300, 400, 500, 600, 700, 999

00080 Major Salivary Glands

Schema ID, EOD Primary Tumor (SEER)

EOD Primary Tumor: 000, 100, 200, 300, 350, 400, 500, 600, 700, 800, 999

00090 Nasopharynx

EOD Primary Tumor: 000, 100, 200, 300, 500, 700, 800, 999

00100 Oropharynx HPV-Mediated (p16+)

EOD Primary Tumor: 000, 100, 200, 300, 400, 600, 700, 800, 999

00111 Oropharynx (p16-)

EOD Primary Tumor: 000, 100, 200, 300, 400, 500, 550, 600, 700, 999

00112 Hypopharynx

EOD Primary Tumor: 000, 100, 150, 200, 300, 400, 500, 600, 700, 999

00118 Pharynx Other

EOD Primary Tumor: 000, 100, 200, 700, 999

00119 Middle Ear

EOD Primary Tumor: 000, 100, 200, 700, 999

00121 Maxillary Sinus

EOD Primary Tumor: 000, 100, 200, 300, 400, 600, 700, 999

00122 Nasal Cavity and Ethmoid Sinus

EOD Primary Tumor: 000, 100, 150, 175, 200, 300, 400, 500, 550, 600, 700,
999

00128 Sinus Other

EOD Primary Tumor: 000, 100, 200, 700, 999

00130 Larynx Other

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00131 Larynx Supraglottic

EOD Primary Tumor: 000, 100, 200, 250, 300, 400, 450, 500, 600, 700, 999

Schema ID, EOD Primary Tumor (SEER)

00132 Larynx Glottic

EOD Primary Tumor: 000, 100, 150, 200, 250, 300, 400, 500, 600, 700, 999

00133 Larynx Subglottic

EOD Primary Tumor: 000, 100, 200, 400, 500, 600, 700, 999

00140 Melanoma Head and Neck

EOD Primary Tumor: 000, 100, 300, 500, 600, 700, 999

00150 Cutaneous Carcinoma Head and Neck

EOD Primary Tumor: 000, 100, 300, 400, 500, 600, 700, 999

00161 Esophagus (incl GE Junction) (incl Squamous)

EOD Primary Tumor: 000, 100, 150, 200, 250, 300, 350, 400, 500, 600, 700,
800, 999

00169 Esophagus (incl GE Junction) (excl Squamous)

EOD Primary Tumor: 000, 100, 150, 200, 250, 300, 350, 400, 500, 600, 700,
800, 999

00170 Stomach

EOD Primary Tumor: 000, 100, 200, 300, 400, 500, 600, 650, 700, 750, 800,
999

00180 Small Intestine

EOD Primary Tumor: 000, 100, 200, 250, 300, 400, 500, 600, 700, 800, 999

00190 Appendix [8th: 2018-2022]

EOD Primary Tumor: 000, 050, 070, 100, 200, 300, 400, 500, 600, 700, 750,
800, 999

09190 Appendix [V9: 2023+]

EOD Primary Tumor: 000, 050, 070, 100, 200, 300, 400, 500, 600, 700, 750,
800, 999

00200 Colon and Rectum

EOD Primary Tumor: 000, 050, 100, 200, 300, 400, 500, 600, 700, 800, 999

Schema ID, EOD Primary Tumor (SEER)

00210 Anus [8th: 2018-2022]

EOD Primary Tumor: 000, 100, 200, 600, 700, 800, 999

09210 Anus [V9: 2023+]

EOD Primary Tumor: 000, 100, 200, 600, 700, 800, 999

00220 Liver

EOD Primary Tumor: 000, 100, 150, 200, 300, 400, 500, 600, 700, 800, 999

00230 Bile Ducts Intrahepatic

EOD Primary Tumor: 000, 100, 200, 300, 400, 500, 600, 700, 800, 999

00241 Gallbladder

EOD Primary Tumor: 000, 100, 200, 300, 400, 450, 500, 550, 600, 700, 800,
999

00242 Cystic Duct

EOD Primary Tumor: 000, 100, 150, 200, 250, 300, 400, 450, 500, 550, 600,
650, 700, 800, 999

00250 Bile Ducts Perihilar

EOD Primary Tumor: 000, 100, 200, 250, 300, 400, 500, 600, 700, 800, 999

00260 Bile Ducts Distal

EOD Primary Tumor: 000, 100, 200, 600, 700, 800, 999

00270 Ampulla of Vater

EOD Primary Tumor: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,
800, 999

00278 Biliary Other

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00280 Pancreas

Schema ID, EOD Primary Tumor (SEER)

EOD Primary Tumor: 000, 100, 500, 600, 700, 800, 999

00288 Digestive Other

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00290 NET Stomach

EOD Primary Tumor: 000, 100, 200, 400, 500, 600, 700, 800, 999

00301 NET Duodenum

EOD Primary Tumor: 000, 100, 200, 300, 400, 600, 700, 800, 999

00302 NET Ampulla of Vater

EOD Primary Tumor: 000, 100, 200, 300, 400, 500, 600, 700, 800, 999

00310 NET Jejunum and Ileum

EOD Primary Tumor: 000, 100, 200, 300, 500, 600, 700, 800, 999

00320 NET Appendix

EOD Primary Tumor: 000, 100, 200, 300, 700, 800, 999

00330 NET Colon and Rectum

EOD Primary Tumor: 000, 100, 200, 300, 400, 600, 700, 800, 999

00340 NET Pancreas

EOD Primary Tumor: 000, 100, 200, 300, 500, 600, 700, 800, 999

00350 Thymus

EOD Primary Tumor: 000, 100, 200, 300, 400, 500, 700, 800, 999

00358 Trachea

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00360 Lung

EOD Primary Tumor: 000, 100, 200, 300, 400, 450, 500, 600, 650, 675, 700,
800,
980, 999

Schema ID, EOD Primary Tumor (SEER)

00370 Pleural Mesothelioma

EOD Primary Tumor: 000 [2023+], 100, 300, 500, 600, 700, 800, 999

00378 Respiratory Other

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00381 Bone Appendicular Skeleton

EOD Primary Tumor: 100, 200, 300, 500, 800, 999

00382 Bone Spine

EOD Primary Tumor: 100, 200, 300, 400, 450, 500, 650, 700, 750, 800, 999

00383 Bone Pelvis

EOD Primary Tumor: 100, 200, 300, 400, 500, 550, 600, 650, 700, 750, 800, 999

00400 Soft Tissue Head and Neck

EOD Primary Tumor: 100, 200, 500, 600, 700, 800, 999

00410 Soft Tissue Trunk and Extremities

EOD Primary Tumor: 100, 200, 700, 800, 999

00421 Soft Tissue Abdomen and Thorax

EOD Primary Tumor: 100, 200, 300, 400, 500, 550, 600, 650, 700, 750, 800, 999

00422 Soft Tissue Heart, Mediastinum, Pleura

EOD Primary Tumor: 100, 200, 300, 400, 500, 550, 600, 650, 700, 750, 800, 999

00430 GIST

EOD Primary Tumor: 000, 100, 400, 700, 800, 999

00440 Soft Tissue Retroperitoneum

EOD Primary Tumor: 100, 200, 700, 800, 999

Schema ID, EOD Primary Tumor (SEER)

00450 Soft Tissue Rare

EOD Primary Tumor: 100, 200, 700, 800, 999

00458 Kaposi Sarcoma

EOD Primary Tumor: 100, 200, 300, 600, 700, 800, 999

00459 Soft Tissue Other

EOD Primary Tumor: 100, 200, 700, 800, 999

00460 Merkel Cell Skin

EOD Primary Tumor: 000, 100, 400, 700, 800, 999

00470 Melanoma Skin

EOD Primary Tumor: 000, 100, 200, 300, 400, 500, 700, 800, 999

00478 Skin Other

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00480 Breast

EOD Primary Tumor: 000, 050, 070, 100, 200, 300, 400, 450, 500, 600, 700,
800, 999

00500 Vulva

EOD Primary Tumor: 000, 100, 150, 200, 250, 300, 400, 500, 600, 700, 800,
999

00510 Vagina

EOD Primary Tumor: 000, 100, 300, 400, 500, 600, 700, 800, 999

00520 Cervix [8th: 2018-2020]

EOD Primary Tumor: 000, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550,
600, 700, 750, 800, 999

00528 Cervix Sarcoma

EOD Primary Tumor: 100, 200, 300, 400, 500, 550, 600, 650, 700, 750,

Schema ID, EOD Primary Tumor (SEER)
800, 999

09520 Cervix [V9: 2021+]

EOD Primary Tumor: 000, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550,
600, 700, 750, 800, 999

00530 Corpus Carcinoma and Carcinosarcoma

EOD Primary Tumor: 000, 050, 100, 150, 200, 250, 300, 400, 500, 550,
600, 650, 700, 750, 800, 999

00541 Corpus Sarcoma

EOD Primary Tumor: 100, 200, 400, 450, 500, 550, 600, 650, 700, 750,
800, 999

00542 Corpus Adenosarcoma

EOD Primary Tumor: 100, 125, 150, 175, 200, 250, 300, 350, 400, 450, 500,
550,
600, 650, 700, 750, 800, 999

00551 Ovary

EOD Primary Tumor: 000, 050, 100, 150, 200, 250, 300, 350, 400, 450, 500,
600,
650, 700, 750, 800, 999

00552 Primary Peritoneal Carcinoma

EOD Primary Tumor: 000, 300, 400, 450, 600, 650, 700, 750, 800, 999

00553 Fallopian Tube

EOD Primary Tumor: 000, 050, 070, 080, 100, 150, 250, 300, 350, 400, 450, 500,
600, 650, 700, 750, 800, 999

00558 Adnexa Uterine Other

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00559 Genital Female Other

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

Schema ID, EOD Primary Tumor (SEER)

00560 Placenta

EOD Primary Tumor: 000, 100, 200, 300, 700, 800, 999

00570 Penis

EOD Primary Tumor: 000, 050, 070, 100, 150, 200, 300, 400, 450, 500, 550,
600,
700, 800, 999

00580 Prostate

EOD Primary Tumor: 000, 100, 110, 120, 150, 200, 210, 220, 250, 300, 350, 400,
500, 600, 700, 800, 999

00590 Testis

EOD Primary Tumor: 000, 100, 150, 200, 300, 400, 500, 600, 700, 800, 999

00598 Genital Male Other

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00600 Kidney Parenchyma

EOD Primary Tumor: 000, 100, 200, 300, 400, 500, 600, 700, 800, 999

00610 Kidney Renal Pelvis

EOD Primary Tumor: 000, 050, 100, 200, 300, 400, 500, 600, 700, 800, 999

00620 Bladder

EOD Primary Tumor: 000, 050, 100, 130, 150, 170, 200, 250, 300, 350, 370,
400,
450, 500, 550, 600, 650, 700, 720, 750, 800, 999

00631 Urethra

EOD Primary Tumor: 000, 050, 100, 200, 300, 400, 700, 800, 999

00633 Urethra-Prostatic

EOD Primary Tumor: 000, 050, 100, 300, 400, 700, 800, 999

00638 Urinary Other

Schema ID, EOD Primary Tumor (SEER)

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00640 Skin Eyelid

EOD Primary Tumor: 000, 100, 200, 300, 400, 500, 600, 700, 800, 999

00650 Conjunctiva

EOD Primary Tumor: 000, 100, 200, 300, 400, 500, 600, 650, 700, 800, 999

00660 Melanoma Conjunctiva

EOD Primary Tumor: 000, 100, 110, 120, 130, 150, 200, 250, 300, 350, 400,
450,
500, 550, 600, 650, 700, 750, 800, 999

00671 Melanoma Iris

EOD Primary Tumor: 000, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550,
600,
650, 700, 800, 999

00672 Melanoma Choroid and Cilillary Body

EOD Primary Tumor: 000, 100, 200, 300, 400, 500, 600, 700, 800, 999

00680 Retinoblastoma

EOD Primary Tumor: 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350,
375, 400, 425, 450, 475, 500, 525, 550, 600, 650, 700, 750,
800, 999

00690 Lacrimal Gland

EOD Primary Tumor: 000, 100, 200, 300, 700, 800, 999

00698 Lacrimal Sac

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00700 Orbital Sarcoma

EOD Primary Tumor: 000, 100, 300, 400, 700, 800, 999

00710 Lymphoma Ocular Adnexa

EOD Primary Tumor: 100, 200, 300, 400, 700, 800, 999

Schema ID, EOD Primary Tumor (SEER)

00718 Eye Other

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00721 Brain [8th: 2018-2022]

EOD Primary Tumor: 050, 100, 500, 700, 800, 999

09721 Brain [9V9: 2023+]

EOD Primary Tumor: 050, 100, 500, 700, 800, 999

00722 CNS Other [8th: 2018-2022]

EOD Primary Tumor: 050, 100, 500, 700, 800, 999

09722 CNS Other [V9: 2023+]

EOD Primary Tumor: 050, 100, 500, 700, 800, 999

00723 Intracranial Gland [8th: 2018-2022]

EOD Primary Tumor: 000, 050, 100, 200, 700, 800, 999

09723 Intracranial Gland [V9: 2023+]

EOD Primary Tumor: 000, 050, 100, 200, 700, 800, 999

09724 Medulloblastoma [V9: 2023+]

EOD Primary Tumor: 050, 150, 250, 800, 999

00730 Thyroid

EOD Primary Tumor: 000, 100, 200, 300, 400, 600, 700, 750, 800, 999

00740 Thyroid Medullary

EOD Primary Tumor: 000, 100, 200, 300, 400, 600, 700, 750, 800, 999

00750 Parathyroid

EOD Primary Tumor: 000, 050, 100, 200, 300, 700, 800, 999

Schema ID, EOD Primary Tumor (SEER)

00760 Adrenal Gland

EOD Primary Tumor: 000, 100, 200, 300, 700, 800, 999

00770 NET Adrenal

EOD Primary Tumor: 000, 100, 200, 300, 700, 800, 999

00778 Endocrine Other

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00790 Lymphoma (excluding CLL/SLL)

EOD Primary Tumor: 100, 200, 300, 400, 500, 575, 600, 700, 750, 800, 999

00795 Lymphoma (CLL/SLL)

EOD Primary Tumor: 100, 200, 300, 400, 500, 575, 600, 700, 750, 800, 999

00811 Mycosis Fungoides

EOD Primary Tumor: 100, 150, 200, 250, 300, 400, 450, 500, 600, 700, 800, 999

00812 Primary Cutaneous Lymphomas (excluding Mycosis Fungoides)

EOD Primary Tumor: 100, 200, 400, 500, 600, 700, 800, 999

00821 Plasma Cell Myeloma

EOD Primary Tumor: 700, 999

00822 Plasma Cell Disorder

EOD Primary Tumor: 100, 200, 700, 999

00830 HemeRetic

EOD Primary Tumor: 100, 700, 999

99999 Ill-Defined Other/Ill-Defined Other

EOD Primary Tumor: 888

Schema ID, EOD Primary Tumor (SEER)***Administrative Notes***

New edit - NAACCR v18 metafile.

Modifications

NAACCR v18A

- Description updated, added: 00812-400, 500
- Description updated,removed: 00075, 00076, 00077- 650; 00301-500; 00510-200; 00541-000,300

NAACCR v18C

- Description updated, code 400 added to 00740, Thyroid Medullary
- Description updated, code 675 added to 00360, Lung
- Description updated, Schema ID 00632, Prostatic Urethra, changed to 00633

NAACCR v18D

- Administrative Note for v18C amended, code 550 for 00360, Lung has been added back to table lookup

NAACCR v21

- Description updated, code 050, 070, 080 added to 00530, Corpus Carcinoma,
- Description updated, coded 050 added to 00551, Ovary
- Description updated, coded 050, 070, 080 added to 00553, Fallopian Tube
- Description updated, code 800 removed from Schema IDs 00112 Hypopharynx, 00118 Pharynx Other, 00119 Middle Ear, 00121 Maxillary Sinus, 00122, Nasal Cavity and Ethmoid Sinus, 00128 Sinus Other
- Description updated, code 500 removed from Schema ID 00822 Plasma Cell Disorder
- Description updated, code 750 added to Schema IDs 00790, 00795
- Description updated, code 600 removed from Schema ID 00382, code 750 added to Schema ID 00382
- Description updated, code 200 removed from Schema ID 00553
- Description, logic updated, Schema ID 09520 added
- Logic updated, TRIM functions removed from strcpy (group-p), strcat (group-p)-not needed
- Description updated, code 250 added to Schema ID 00580

NAACCR v22

- Description updated, Schema ID 00528 added
- Description updated, Schema ID 00530, codes 070, 080 removed
- Description, logic updated, 00450 changed to Soft Tissue Rare, 00459 Soft Tissue Other added

NAACCR v23

- Description updated, Schema IDs 00190, 00210, 00721, 00722, 00723 identified as 8th: 2018-2022, and Schema IDs 09190, 09210, 09721, 09722, 09723, and 09724

added

identified as V9: 2023+

- Logic updated, table lookup in EODM09 determined by first 2 digits in Version 9 Schema IDs (09) rather than list of Version 9

Schema IDs

- Description updated, code 400 added to Schema ID 00230, Bile Ducts Intrahepatic; code 000 added to Schema ID 00370, Pleural

Mesothelioma

- Description updated, coded 575 added to Schema ID 00790, Lymphoma, and 00795, Lymphoma CLL/SLL

Schema ID, EOD Regional Nodes (SEER)

NAACCR v23A

- Description correct, 00190 for Appendix version 9 changed to 09190; 00210 for Anus version 9 changed to 09210

- Description, logic updated, 00370, code 000 valid for 2023+

Schema ID, EOD Regional Nodes (SEER)**Agency: SEER****Last changed: 01/31/2023 20:11:02****Edit Tag N2969****Description**

This edit checks the values of EOD Regional Nodes by Schema ID.

This edit is skipped for any of the following conditions:

1. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
2. Schema ID is blank
3. EOD Regional Nodes is blank
4. Year of Date of Diagnosis is 2018-2020 and Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

The following list shows the Schema ID, Schema name, and values of EOD-- Regional Nodes. The sites and histologies for each schema are listed in the edit _SYS Schema ID, Primary Site, Histology, Behavior (NAACCR).

00060 Cervical Lymph Nodes and Unknown Primary

EOD Regional Nodes: 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,
800, 999

00071 Lip

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,
800, 999

00072 Tongue Anterior

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,
800, 999

00073 Gum

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,
800, 999

00074 Floor of Mouth

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,
800, 999

Schema ID, EOD Regional Nodes (SEER)

00075 Palate Hard

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,
800, 999

00076 Buccal Mucosa

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,
800, 999

00077 Mouth Other

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,
800, 999

00080 Major Salivary Glands

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,
800, 999

00090 Nasopharynx

EOD Regional Nodes: 000, 300, 400, 600, 800, 999

00100 Oropharynx HPV-Mediated (p16+)

EOD Regional Nodes: 000, 300, 400, 500, 800, 999

00111 Oropharynx (p16-)

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,
800, 999

00112 Hypopharynx

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,
800, 999

00118 Pharynx Other

EOD Regional Nodes: 000, 300, 800, 999

00119 Middle Ear

EOD Regional Nodes: 000, 300, 800, 999

Schema ID, EOD Regional Nodes (SEER)

00121 Maxillary Sinus

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,
800, 999

00122 Nasal Cavity and Ethmoid Sinus

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,
800, 999

00128 Sinus Other

EOD Regional Nodes: 000, 300, 800, 999

00130 Larynx Other

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 500, 600, 700, 800,
999

00131 Larynx Supraglottic

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,
800, 999

00132 Larynx Glottic

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,
800, 999

00133 Larynx Subglottic

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,
800, 999

00140 Melanoma Head and Neck

EOD Regional Nodes: 000, 300, 800, 999

00150 Cutaneous Carcinoma of the Head and Neck

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,
800, 999

00161 Esophagus (incl GE Junction) (incl Squamous)

EOD Regional Nodes: 000, 300, 700, 800, 999

00169 Esophagus (incl GE Junction) (excl Squamous)

Schema ID, EOD Regional Nodes (SEER)

EOD Regional Nodes: 000, 300, 700, 800, 999

00170 Stomach

EOD Regional Nodes: 000, 300, 400, 800, 999

00180 Small Intestine

EOD Regional Nodes: 000, 300, 800, 999

00190 Appendix [8th: 2018-2022]

EOD Regional Nodes: 000, 300, 400, 800, 999

09190 Appendix [V9: 2023+]

EOD Regional Nodes: 000, 300, 400, 800, 999

00200 Colon and Rectum

EOD Regional Nodes: 000, 200, 300, 800, 999

00210 Anus [8th: 2018-2022]

EOD Regional Nodes: 000, 300, 400, 500, 800, 999

09210 Anus [V9: 2023]

EOD Regional Nodes: 000, 300, 400, 500, 800, 999

00220 Liver

EOD Regional Nodes: 000, 300, 700, 800, 999

00230 Bile Ducts Intrahepatic

EOD Regional Nodes: 000, 300, 400, 700, 800, 999

00241 Gallbladder

EOD Regional Nodes: 000, 300, 700, 800, 999

00242 Cystic Duct

EOD Regional Nodes: 000, 300, 700, 800, 999

Schema ID, EOD Regional Nodes (SEER)

00250 Bile Ducts Perihilar
EOD Regional Nodes: 000, 300, 800, 999

00260 Bile Ducts Distal
EOD Regional Nodes: 000, 300, 700, 800, 999

00270 Ampulla Vater
EOD Regional Nodes: 000, 300, 400, 800, 999

00278 Biliary Other
EOD Regional Nodes: 000, 300, 700, 800, 999

00280 Pancreas
EOD Regional Nodes: 000, 300, 700, 800, 999

00288 Digestive Other
EOD Regional Nodes: 000, 300, 800, 999

00290 NET Stomach
EOD Regional Nodes: 000, 300, 700, 800, 999

00301 NET Duodenum
EOD Regional Nodes: 000, 300, 800, 999

00302 NET Ampulla of Vater
EOD Regional Nodes: 000, 300, 800, 999

00310 NET Jejunum and Ileum
EOD Regional Nodes: 000, 300, 400, 800, 999

00320 NET Appendix
EOD Regional Nodes: 000, 300, 800, 999

00330 NET Colon and Rectum

Schema ID, EOD Regional Nodes (SEER)

EOD Regional Nodes: 000, 300, 800, 999

00340 NET Pancreas

EOD Regional Nodes: 000, 300, 700, 800, 999

00350 Thymus

EOD Regional Nodes: 000, 300, 400, 800, 999

00358 Trachea

EOD Regional Nodes: 000, 300, 800, 999

00360 Lung

EOD Regional Nodes: 000, 300, 400, 600, 700, 800, 999

00370 Pleural Mesothelioma

EOD Regional Nodes: 000, 300, 700, 800, 999

00378 Respiratory Other

EOD Regional Nodes: 000, 300, 800, 999

00381 Bone Appendicular Skeleton

EOD Regional Nodes: 000, 800, 999

00382 Bone Spine

EOD Regional Nodes: 000, 800, 999

00383 Bone Pelvis

EOD Regional Nodes: 000, 800, 999

00400 Soft Tissue Head and Neck

EOD Regional Nodes: 000, 300, 800, 999

00410 Soft Tissue Trunk and Extremities

EOD Regional Nodes: 000, 300, 800, 999

Schema ID, EOD Regional Nodes (SEER)

00421 Soft Tissue Abdomen and Thorax

EOD Regional Nodes: 000, 800, 999

00422 Soft Tissue Heart, Mediastinum, Pleura

EOD Regional Nodes: 000, 300, 800, 999

00430 GIST

EOD Regional Nodes: 000, 300, 800, 999

00440 Soft Tissue Retroperitoneum

EOD Regional Nodes: 000, 300, 800, 999

00450 Soft Tissue Rare

EOD Regional Nodes: 000, 800, 999

00458 Kaposi Sarcoma

EOD Regional Nodes: 000, 100, 200, 300, 700, 800, 999

00459 Soft Tissue Other

EOD Regional Nodes: 000, 800, 999

00460 Merkel Cell Skin

EOD Regional Nodes: 000, 100, 200, 300, 350, 400, 500, 600, 650, 700, 750,
800, 999

00470 Melanoma Skin

EOD Regional Nodes: 000, 100, 200, 300, 350, 400, 450, 500, 550, 600, 650,
700,
750, 800, 999

00478 Skin Other

EOD Regional Nodes: 000, 300, 800, 999

00480 Breast

EOD Regional Nodes: 000, 030, 050, 070, 100, 150, 200, 250, 300, 350, 400,
500, 600, 700, 800, 999

Schema ID, EOD Regional Nodes (SEER)

00500 Vulva

EOD Regional Nodes: 000, 050, 100, 200, 300, 400, 500, 600, 700, 750, 800, 999

00510 Vagina

EOD Regional Nodes: 000, 050, 300, 400, 800, 999

00520 Cervix [8th: 2018-2020]

EOD Regional Nodes: 000, 050, 300, 800, 999

00528 Cervix Sarcoma

EOD Regional Nodes: 000, 050, 300, 800, 999

09520 Cervix [V9: 2021+]

EOD Regional Nodes: 000, 050, 100, 200, 300, 400, 500, 600, 800, 999

00530 Corpus Carcinoma and Carcinosarcoma

EOD Regional Nodes: 000, 050, 100, 200, 300, 400, 500, 600, 800, 999

00541 Corpus Sarcoma

EOD Regional Nodes: 000, 050, 300, 800, 999

00542 Corpus Adenosarcoma

EOD Regional Nodes: 000, 050, 300, 800, 999

00551 Ovary

EOD Regional Nodes: 000, 050, 300, 400, 500, 800, 999

00552 Primary Peritoneal Carcinoma

EOD Regional Nodes: 000, 050, 300, 400, 500, 800, 999

Schema ID, EOD Regional Nodes (SEER)

00553 Fallopian Tube

EOD Regional Nodes: 000, 050, 300, 400, 500, 800, 999

00558 Adnexa Uterine Other

EOD Regional Nodes: 000, 300, 800, 999

00559 Genital Female Other

EOD Regional Nodes: 000, 800, 999

00560 Placenta

EOD Regional Nodes: 000, 300, 800, 999

00570 Penis

EOD Regional Nodes: 000, 100, 200, 300, 400, 500, 800, 999

00580 Prostate

EOD Regional Nodes: 000, 300, 800, 999

00590 Testis

EOD Regional Nodes: 000, 100, 200, 300, 400, 500, 600, 800, 999

00598 Genital Male Other

EOD Regional Nodes: 000, 300, 800, 999

00600 KidneyParenchyma

EOD Regional Nodes: 000, 300, 800, 999

00610 Kidney Renal Pelvis

EOD Regional Nodes: 000, 200, 300, 400, 800, 999

00620 Bladder

EOD Regional Nodes: 000, 300, 400, 700, 800, 999

00631 Urethra

Schema ID, EOD Regional Nodes (SEER)

EOD Regional Nodes: 000, 300, 400, 800, 999

00633 Urethra-Prostatic

EOD Regional Nodes: 000, 300, 400, 800, 999

00638 Urinary Other

EOD Regional Nodes: 000, 300, 800, 999

00640 Skin Eyelid

EOD Regional Nodes: 000, 100, 200, 300, 400, 500, 600, 700, 800, 999

00650 Conjunctiva

EOD Regional Nodes: 000, 300, 800, 999

00660 Melanoma Conjunctiva

EOD Regional Nodes: 000, 300, 800, 999

00671 Melanoma Iris

EOD Regional Nodes: 000, 300, 800, 999

00672 Melanoma Choroid and Cilillary Body

EOD Regional Nodes: 000, 300, 400, 800, 999

00680 Retinoblastoma

EOD Regional Nodes: 000, 300, 800, 999

00690 Lacrimal Gland

EOD Regional Nodes: 000, 300, 800, 999

00698 Lacrimal Sac

EOD Regional Nodes: 000, 300, 800, 999

00700 Orbital Sarcoma

EOD Regional Nodes: 000, 300, 800, 999

Schema ID, EOD Regional Nodes (SEER)

00710 Lymphoma Ocular Adnexa
EOD Regional Nodes: 000, 300, 400, 500, 600, 700, 750, 800, 999

00718 Eye Other
EOD Regional Nodes: 000, 300, 800, 999

00721 Brain [8th: 2018-2022]
EOD Regional Nodes: 888

09721 Brain [V9: 2023+]
EOD Regional Nodes: 888

00722 CNS Other [8th: 2018-2022]
EOD Regional Nodes: 888

09722 CNS Other [V9: 2023+]
EOD Regional Nodes: 888

00723 Intracranial Gland [8th: 2018-2022]
EOD Regional Nodes: 888

09723 Intracranial Gland [V9: 2023+]
EOD Regional Nodes: 888

09724 Medulloblastoma [V9: 2023+]
EOD Regional Nodes: 888

00730 Thyroid
EOD Regional Nodes: 000, 050, 070, 300, 400, 800, 999

00740 Thyroid Medullary
EOD Regional Nodes: 000, 050, 070, 300, 400, 800, 999

00750 Parathyroid
EOD Regional Nodes: 000, 300, 400, 800, 999

Schema ID, EOD Regional Nodes (SEER)

00760 Adrenal Gland

Nodes: 000, 300, 800, 999

00770 NET Adrenal

EOD Regional Nodes: 000, 300, 800, 999

00778 Endocrine Other

EOD Regional Nodes: 000, 300, 800, 999

00790 Lymphoma (excluding CLL/SLL)

EOD Regional Nodes: 888

00795 Lymphoma (CLL/SLL)

EOD Regional Nodes: 888

00811 Mycosis Fungoides

EOD Regional Nodes: 000, 050, 100, 200, 300, 400, 500, 600, 700, 800, 999

00812 Primary Cutaneous Lymphomas (excluding Mycosis Fungoides)

EOD Regional Nodes: 000, 300, 400, 500, 800, 999

00821 Plasma Cell Myeloma

EOD Regional Nodes: 888

00822 Plasma Cell Disorder

EOD Regional Nodes: 000, 800, 987, 999

00830 HemeRetic

EOD Regional Nodes: 888

99999 Ill-Defined Other/Ill-Defined Other

EOD Regional Nodes: 888

Schema ID, Site, Histo, Schema Discriminator 1 (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile.

Modifications**NAACCR v18C**

- Description updated, Schema ID 00632, Prostatic Urethra, changed to 00633

NAACCR v21

- Description updated, Schema ID 00710, code 750 added
- Description updated, Schema ID 00060, code 000 removed
- Description, logic updated, Schema ID 09520 added
- Logic updated, TRIM functions removed from strcpy (group-n), strcat (group-n)-not needed
- Description updated, 00671, codes 400 and 500 removed
- Description updated, 00672, code 500 removed

NAACCR v22

- Description updated, Schema ID 00528 added
- Description updated, 00450 changed to Soft Tissue Rare, 00459 Soft Tissue Other added
- Description updated, code 400 added to 00510.

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description updated, Schema IDs 00190, 00210, 00721, 00722, 00723 identified as 8th: 2018-2022, and Schema IDs 09190 09210, 09721, 09722, 09723, and 09724 added identified as V9: 2023+
- Logic updated, table lookup in EODM09 determined by first 2 digits in Version 9 Schema IDs (09) rather than list of Version 9 Schema IDs
- Description updated, 00458, 700 added

NAACCR v23A

- Description correct, 00190 for Appendix version 9 changed to 09190; 00210 for Anus version 9 changed to 09210

Schema ID, Site, Histo, Schema Discriminator 1 (NAACCR)

Agency: NAACCR

Last changed: 10/14/2022 13:21:00

Edit Tag N2965

Description

Schema ID, Site, Histo, Schema Discriminator 1 (NAACCR)

This edit verifies that Schema Discriminator 1, where required, is used where the Primary Site and Histologic Type ICD-O-3 codes are not sufficient to identify the appropriate Schema ID. Schema Discriminator 1 code is used to distinguish between multiple meanings for these codes where required for Schema ID assignment.

For example, for topography code C240, Schema Discriminator 1 code 3 is assigned if the primary site is cystic duct, Schema ID 00240; code 1, 5, 6 or 9 is assigned if the primary site is perihilar bile ducts, Schema ID 00250; code 4 or 7 is assigned if the primary site is distal bile ducts, Schema ID 00260. Schema Discriminator 1 is only required for the primary site codes or histologies listed for each Schema ID; there may be other primary site codes or histologies within the Schema ID that do not require Schema Discriminator 1, and Schema Discriminator 1 must be left blank if not required.

Schema Discriminator 1 is used for staging information rather than Schema ID assignment for SchemaIDs 00430, 00730, 00740, and 00821.

The edit checks that Schema ID, Primary Site code or Histologic Type ICD-O-3 code, and Schema Discriminator 1 code occur together within the edited record, as shown in the following chart. If there is an edit failure, the problem may be due to a software error. If coding is reviewed and correct, the software vendor should be consulted for assistance in resolving the issue.

1. The edit is skipped for the following conditions:
 - a. Date of diagnosis before 2018, blank (unknown), or invalid.
 - b. Primary Site is blank
 - c. Histologic Type ICD-O-3 is blank
2. The edit checks that Schema Discriminator 1 is coded and not blank for Primary Site and/or Histologic Type ICD-O-3 as required. The combinations of site and histology are determined by Schema ID but are checked independently of Schema ID assignment.
3. The edit then verifies that Schema Discriminator 1 is valid for Primary Site, Histologic Type ICD-O-3, and Schema ID. Where SITE or HISTO is listed as "All", Schema Discriminator 1 is required for all the sites or histologies assigned to the Schema ID. Where a specific site or histology is listed, Schema Discriminator 1 is required for only those sites or histologies for the Schema ID.

SCHEMA ID		SITE	HISTO	DISC 1
00060	Cervical Lymph Nodes, Unknown Primary of Head and Neck	C760	All	2, 3, 4, 5
00090	Nasopharynx	C111	All	1
00100	Oropharynx (p16+)	C111	All	2
00111	Oropharynx (p16-)	C111	All	2
00161	Esophagus Squamous	C160	All	2
00169	Esophagus excluding Squamous	C160	All	2
00170	Stomach	C160	All	0, 3, 9
00242	Cystic Duct	C240	All	3
00250	Bile Ducts Perihilar	C240	All	1, 5, 6, 9
00260	Bile Ducts Distal	C240	All	4, 7
00430	GIST	C481	All	1, 2, 9

Schema ID, Site, Histo, Schema Discriminator 1 (NAACCR)				
00459	Soft Tissue Other	C760	8941	0,1
00631	Urethra	C680	All	1
00633	Urethra-Prostatic	C680	All	2
00671	Melanoma Iris	C694	All	2
00672	Melanoma Choroid and Ciliary Body	C694	All	1
00690	Lacrimal Gland	C695	All	1
00698	Lacrimal Sac	C695	All	2,9
00730	Thyroid	C739	All	1,2
00740	Thyroid - Medullary	C739	All	1,2
00790	Lymphoma	All	9591	3,9
00821	Plasma Cell Myeloma	All	9732	0,1,9
00830	HemeRetic	All	9591	1,2
99999	Ill-Defined Other	C760	Some*	0,1

*Histologies requiring Schema Discriminator 1 for 99999:

8010, 8046, 8051-8052, 8070-8074, 8082-8084, 8121, 8140, 8147, 8200, 8310, 8430, 8450, 8480, 8525,8550, 8562

4. The edit verifies that Schema Discriminator 1 is blank for all other Primary Site or Histologic Type ICD-O-3 codes in the Schema ID.
5. The edit verifies that Schema Discriminator 1 is left blank for all other Schema IDs.
6. Where Schema Discriminator 2 is also required to assign the correct Schema ID, the edit will pass either Schema ID as correct. The Schema IDs include 00100 and 00111, and 00161 and 00169 with histology 8020.

SCHEMA ID-

SITE OR HISTO

SCHEMA DISCRIMINATOR 1 CODES AND DEFINITIONS

00060-C760	2: Not tested for EBV or p16 in head and neck regional nodes (EBV and p16 both unknown) 3: Unknown EBV, p16 negative in head and neck regional nodes 4: Unknown p16, EBV negative in head and neck regional nodes 5: Negative for both EBV and p16 in head and neck regional nodes
00090-C111	1: Posterior wall of nasopharynx, NOS
00100-C111	2: Adenoid; pharyngeal tonsil
00111-C111	
00161-C160	2: INVOLVEMENT of esophagus or esophagogastric junction (EGJ) AND epicenter LESS THAN or EQUAL TO 2 cm into the proximal stomach
00169-C160	
00170-C160	0: NO involvement of esophagus or gastroesophageal junction AND epicenter at ANY DISTANCE into the proximal stomach (including distance unknown) 3: INVOLVEMENT of esophagus or esophagogastric junction (EGJ) AND epicenter GREATER THAN 2 cm into the proximal stomach 9: UNKNOWN involvement of esophagus or gastroesophageal junction AND epicenter at ANY DISTANCE into the proximal stomach (including distance unknown)

Schema ID, Site, Histo, Schema Discriminator 1 (NAACCR)

00242-C240 3: Cystic bile duct; cystic duct

00250-C240 1: Perihilar bile duct(s)
Proximal extrahepatic bile duct(s); Hepatic duct(s)
5: Diffuse involvement
More than one subsite involved, subsite of origin not stated
6: Stated as middle extrahepatic bile duct
AND treated with combined hepatic and hilar resection
9: Extrahepatic bile ducts, NOS

00260-C240 4: Distal bile duct; Common bile duct; Common duct, NOS
7: Stated as middle extrahepatic bile duct
AND treated with combined hepatic and hilar resection

00430-C481 1: Mesentery; Mesoappendix; Mesocolon; Pelvic peritoneum;
Rectouterine pouch: Cul de sac, Pouch of Douglas;
Other specified peritoneal site
2: Omentum
9: Unknown or no information; Not documented in medical record

00459-C760 0: Not occult
1: Occult, Negative cervical nodes (regional head and neck nodes)

00631-C680 1: Male penile urethra; Female urethra: Urethral gland;
00633-C680 Cowper gland; Urethra, NOS
2: Males only: Prostatic urethra, Prostatic utricle

00671-C694 2: Iris

00672-C694 1: Ciliary Body; Crystalline lens; Sclera; Uveal tract;
Intraocular; Eyeball

00690-C695 1: Lacrimal gland

00698-C695 2: Lacrimal sac; Lacrimal duct, NOS; Nasal lacrimal duct/sac;
Nasolacrimal duct
9: Lacrimal, NOS

00730-C739 1: Thyroid gland; Thyroid, NOS
00740-C739 2: Thyroglossal duct cyst

00790-9591 3: Splenic diffuse red pulp small B-cell lymphoma
Splenic marginal zone lymphoma, diffuse variant
Splenic red pulp lymphoma with numerous basophilic villous
lymphocytes
Splenic lymphoma with villous lymphocytes
9: Non-Hodgkin lymphoma, NOS
Any other terminology describing non-Hodgkin lymphoma, NOS

00821 0: Multiple myeloma
Myeloma, NOS
Non-secretory myeloma
Plasma cell myeloma (PCM)
Ultra-High-Risk Smoldering MM (SMM)
1: Smoldering plasma cell myeloma (SPCM)
Asymptomatic plasma cell myeloma
Early myeloma

Schema ID, Site, Histo, Schema Discriminator 1 (NAACCR)

Evolving myeloma

9: Other terminology describing myeloma

Unknown terminology used

00830-9591

1: Splenic B-cell lymphoma/leukemia, unclassifiable

2: Hairy cell leukemia variant

Prolymphocytic variant of hairy cell leukemia

99999-C760

0: Not occult

1: Occult, Negative cervical nodes (regional head and neck nodes)

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v18A**

- Description, logic modified to allow blank for Schema Discriminator 1 for 00430, 00730, 00740, and

00821. Schema Discriminator 1

used for AJCC ID and/or staging only for these schemas.

- Description updated, 00240 Gallbladder changed to 00242, Cystic Duct

- Description updated to include 2, 9 as discriminators for 00430, GIST

- Description, logic updated to skip for blank Schema ID, blank Schema Discriminator 1 removed from

skip

- Description updated, values for 00821 corrected to 0,1,9,blank

NAACCR v18B

- Logic updated to correctly handle combinations of site/histology with schema discriminators

- Description, logic updated, skip added for schema ID where sex and age considered in ID

assignment

NAACCR v18C

- Description corrected to define codes for 00671 for Iris, 00672 for Ciliary Body, 00730 and 00740 for

Thyroid

- Logic corrected, 00090 added to list of schemas where histology mapped to X

- Description updated to include code definitions for 00821

- Description, logic updated to not pass blank SD1 value for 00430, 00730, 00740, 00821

- Description updated to note that only listed site/histology codes require Schema Discriminator 1

- Name changed from _SYS Schema ID, Site, Histo, Schema Discriminator 1 (NAACCR)

- Description, logic updated to remove skips for Schema ID where SD1 mapped to values for sex or

Schema ID, Site, Histo, Schema Discriminator 2 (NAACCR)

age in reference table

NAACCR v21

- Description updated, paragraph about naming convention for _SYS edits deleted;
- Description, logic updated, skip for empty Schema ID removed, skips for blank Primary Site and blank Histologic Type ICD-O-3 added
- Description, logic revised to check for Schema Discriminator 1 based on combination of site and histology where required and then to check on correspondence with assigned Schema ID.

NAACCR v21A

- Logic updated to pass Schema Discriminator 1 = 2 for 00111, C111 and Schema Discriminator 1 = 2 for 00169, C160, 8020
- Description updated, "Schema Discriminator 2" in number 3 changed to "Schema Discriminator 1"

NAACCR v21B

- Logic updated, line 123, "If(AT(group,"0016100169",5)!=0" (5 added)
- Text message: "Combination of site and histology requires Schema Discriminator 1 for Schema ID" changed to "Combination of site and histology requires Schema Discriminator 1 for correct Schema ID"
- Text message added for Schema IDs 00430, 00821, 00730, 00740: "Combination of site and histology requires Schema Discriminator 1 for staging"

NAACCR v22

- Error message changed for failed lookup of primary site, to "Primary Site not valid"
- Error message for failed lookup of site/histo changed to note SD1 not required for site/histo
- Logic corrected, conditional else statements added to check failures of lookup in reference table
- Description updated with statement 6 about passing either Schema ID where Schema Discriminator 2 also required to distinguish between two possible Schema ID assignments.
- Description updated, histologies requiring Schema Discriminator 1 for 99999 listed
- Description updated, 00450 Soft Tissue Other changed to 00459

NAACCR v22B

- Logic updated, lookup for site range moved to separate DISCRIM1SEER_SITEREF table,SQLRANGELOOKUP changed to SQLLOOKUP function for checking schema discriminator, strcmp function removed after SQLLOOKUP
- Logic corrected, else statements added at level of SQLRANGELOOKUP for failures of strcmp functions.

NAACCR v23

- Logic corrected, Schema Discriminator 2 changed to Schema Discriminator 1 under check that primary site is in table

Schema ID, Site, Histo, Schema Discriminator 2 (NAACCR)

Agency: NAACCR

Last changed: 02/26/2023 19:44:01

Schema ID, Site, Histo, Schema Discriminator 2 (NAACCR)

Edit Tag N3007**Description**

This edit verifies that Schema Discriminator 2, where required, is used where the Primary Site and Histologic Type ICD-O-3 codes are not sufficient to identify the appropriate Schema ID.

The edit checks that Schema ID, Primary Site code or Histologic Type ICD-O-3 code, and Schema Discriminator 2 code occur together within the edited record, as shown in the following chart. If there is an edit failure, the problem may be due to a software error. If coding is reviewed and correct, the software vendor should be consulted for assistance in resolving the issue.

1. The edit is skipped for the following conditions:
 - a. Date of diagnosis before 2018, blank, or invalid.
 - b. Primary Site is blank
 - c. Histologic Type ICD-O-3 is blank
2. The edit checks that Schema Discriminator 2 is coded and not blank for combinations of Primary Site and Histologic Type ICD-O-3. The combinations of site and histology are determined by Schema ID but are checked independently of Schema ID assignment.
3. The edit then verifies that Schema Discriminator 2 is valid for Primary Site, Histologic Type ICD-O-3, and Schema ID. Where SITE or HISTO is listed as "All", Schema Discriminator 2 is required for all the sites or histologies assigned to the Schema ID. Where a specific site or histology is listed, Schema Discriminator 2 is required for only those sites or histologies for the Schema ID.

SCHEMA ID	SITE	HISTO	DISC 2
00100 Oropharynx (p16+)	C019	All	2
	C024	All	2
	C051	All	2
	C052	All	2
	C058	All	2
	C059	All	2
	C090	All	2
	C091	All	2
	C098	All	2
	C099	All	2
	C100	All	2
	C102	All	2
	C103	All	2
	C104	All	2
	C108	All	2
C109	All	2	
C111	All	2	
00111 Oropharynx (p16-)	C019	All	1, 9
	C024	All	1, 9
	C051	All	1, 9
	C052	All	1, 9
	C058	All	1, 9

Schema ID, Site, Histo, Schema Discriminator 2 (NAACCR)

		C059	All	1, 9	
		C090	All	1, 9	
		C091	All	1, 9	
		C098	All	1, 9	
		C099	All	1, 9	
		C100	All	1, 9	
		C102	All	1, 9	
		C103	All	1, 9	
		C104	All	1, 9	
		C108	All	1, 9	
		C109	All	1, 9	
		C111	All	1, 9	
00161	Esophagus Squamous	All	8020	1, 9	
00169	Esophagus excl Sqms	All	8020	2	
00410	Soft Tissue Sarcoma, Trunk, Extremities				
		C473	All	1	
		C475	All	1	
		C493	All	1	
		C494	All	1	
		C495	All	1	
00421	Soft Tissue Sarcoma, Abdomen, Thoracic Visceral Organs				
		C473	All	2, 8	
		C475	All	2, 8	
		C493	All	2, 8	
		C494	All	2, 8	
		C495	All	2, 8	
00459	Soft Tissue Sarcoma, Other				
			C473		All*
9			C475		
All*	9				
		C493	All*	9	
		C494	All*	9	
		C495	All*	9	

* Excluding 8992

4. The edit verifies that Schema Discriminator 2 is blank for all other Primary Site or Histologic Type ICD-O-3 codes in the Schema ID.
5. The edit verifies that Schema Discriminator 2 is left blank for all other Schema IDs.
6. Where Schema Discriminator 1 is also required to assign the correct Schema ID, the edit will pass either Schema ID as correct. The Schema IDs include 00100 and 00111, and 00161 and 00169 with histology 8020.
7. Where Schema Discriminator 2 is required for a site/histology combination for one Schema ID, but not for the same combination of site/histology in another Schema ID, the edit will pass the Schema ID where it is not required: e.g., 00090, C111, all histos, and 00170, C160, 8020

SCHEMA ID	Schema ID, Site, Histo, Schema Discriminator 2 (NAACCR) SCHEMA DISCRIMINATOR 2 CODES AND DEFINITIONS
00100	2: p16 Positive; HPV Positive; Diffuse, strong reactivity
00111	1: p16 Negative; Nonreactive 9: Not tested for p16; Unknown
00161	1: Undifferentiated carcinoma with squamous component 9: Undifferentiated carcinoma, NOS
00169	2: Undifferentiated carcinoma with glandular component
00410	1: External structure
00421	2: Internal viscera 8: Not applicable, abstracted prior to 2021 updates
00459	9: Not specified as external or internal, unable to determine

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v18A

- Description, logic updated to skip for blank Schema ID, blank Schema Discriminator 2 removed from skip

NAACCR v18C

- 9 added to Schema Discriminator 2 codes for 00111
-Name changed from _SYS Schema ID, Site, Histo Schema Discriminator 2 (NAACCR)

NAACCR v21

- Description updated, first paragraph about naming convention for _SYS edits deleted
- Description, logic updated, skip for empty Schema ID removed, skips for blank Primary Site and blank Histologic Type ICD-O-3 added
- Description, logic revised to check for Schema Discriminator 2 based on combination of site and histology where required and then to check on correspondence with assigned Schema ID.
- Description, logic updated, SD2 added for Soft Tissue Sarcomas

NAACCR v21B

- Text message: "Combination of site and histology requires Schema Discriminator 2

SEER Site-Specific Fact 1, Date DX (SEER)

for Schema ID" changed to
 "Combination of site and histology requires Shema
 Discriminator 2 for correct Schema ID"

NAACCR v22

- Description updated, Schema ID 00450 replaced by Schema ID 00459, Soft Tissue Other
- Logic corrected, pass for schemas also using Schema Discriminator 1 added
- Error message changed for failed lookup of primary site, to note SD2 not required for primary site
- Error message for failed lookup of site/histo changed to note SD2 not required for site/histo
- Logic changed to pass C111 for 00090 if SD2 = blank
- Logic corrected, conditional else statements added to check failures of lookup in reference table
- Description updated with statement 6 about passing either Schema ID where Schema Discriminator 1 also required
 to distinguish between two possible Schema ID assignments.

NAACCR v22B

- Description corrected, "Schema Discriminator 1 is required" in number 3 changed to "Schema Discriminator 2 is required"
- Logic updated, lookup for site range moved to separate DISCRIM2SEER_SITEREF table,SQLRANGELOOKUP changed to SQLLOOKUP
 function for checking schema discriminator, strcmp function removed after SQLLOOKUP
- Logic corrected, else statements added at level of SQLRANGELOOKUP for failures of strcmp functions.

NAACCR v23A

- Description, logic changed to pass C160, 8020 for 00170 if SD2=blank
- Description updated to note pass for C111, 00090

SEER Site-Specific Fact 1, Date DX (SEER)

Agency: SEER

Last changed: 08/11/2020 20:08:56

*Edit Tag N3988***Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid SEER Site-Specific Fact 1 code or blank:

- 0: HPV negative for viral DNA by ISH test
- 1: HPV positive for viral DNA by ISH test
- 2: HPV negative for viral DNA by PCR test
- 3: HPV positive for viral DNA by PCR test
- 4: HPV negative by ISH E6/E7 RNA test
- 5: HPV positive by ISH E6/E7 RNA test
- 6: HPV negative by RT-PCR E6/E7 RNA test
- 7: HPV positive by RT-PCR E6/E7 RNA test
- 8: HPV status reported in medical records as positive or negative but test type is unknown
- 9: Not documented in medical record

SEER Site-Specific Fact 1, Schema ID, Required (SEER)

HP test detecting viral DNA and or RNA not assessed, or unknown if assessed

Another edit, SEER Site-Specific Fact 1, Schema ID, Required (SEER), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Description updated for code 9

SEER Site-Specific Fact 1, Schema ID, Required (SEER)

Agency: SEER

Last changed: 04/26/2022 08:43:35

Edit Tag N3989

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that SEER Site-Specific Fact 1 is coded (not blank) for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00071: Lip
 00072: Tongue Anterior
 00073: Gum
 00074: Floor of Mouth
 00075: Palate Hard
 00076: Buccal Mucosa
 00077: Mouth Other
 00100: Oropharynx HPV-Mediated (p16+)
 00111: Oropharynx (p16-)
 00112: Hypopharynx

Sentinel Lymph Nodes Ex, Reg Nodes Ex, Date RLN Dissection (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date \geq 2018 and \leq 2019

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Sentinel Lymph Nodes Ex, Reg Nodes Ex, Date RLN Dissection (NAACCR)

Agency: NAACCR

Last changed: 02/06/2022 14:46:21

Edit Tag N2836

Description

This edit checks that Date Regional Lymph Node Dissection is blank if Sentinel Lymph Nodes

Examined and Regional Nodes Examined are the same numeric value. If Sentinel Lymph Nodes Examined equals Regional Nodes Examined, only a Sentinel Node Biopsy should have been performed; there would be no date to record for Regional Lymph Node Dissection.

1. This edit is skipped if:
 - a. Sentinel Lymph Nodes Examined is blank
 - b. Regional Nodes Examined is blank
 - c. Date of diagnosis is less than 2019, blank (unknown), or invalid.
 - d. Schema ID is not 00470 (Melanoma of Skin) or 00480 (Breast)
2. If number of Sentinel Lymph Nodes Examined = number of Regional Nodes Examined, and number of Sentinel Nodes examined $>$ 00 and number of Regional Nodes Examined $>$ 00 and number of Sentinel Nodes Examined does not = 95, 98, or 99, Date Regional Lymph Node Dissection must be blank

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v18D**

Sentinel Lymph Nodes Examined (COC)

- Description, logic updated, statement 3 removed: number of regional nodes examined greater than number of sentinel nodes, date regional node dissection must not be blank or date flag must = 12

NAACCR v21

- Description, logic updated, Date Regional Lymph Node Dissection Flag removed from edit. Edit checks that Date Regional Lymph Node Dissection is blank if number of Sentinel Lymph Nodes Examined = number of Regional Lymph Nodes Examined.

NAACCR v22B

- Name changed from Sentinel Lymph Nodes Ex, Reg Nodes Ex, Date RLN Dissection (COC)
- Agency changed from COC to NAACCR

Sentinel Lymph Nodes Examined (COC)**Agency: COC****Last changed: 12/07/2019 10:09:17****Edit Tag N2531****Description**

This data item records the total number of lymph nodes sampled during the sentinel node biopsy and examined by the pathologist. This data item is collected for Melanoma of Skin and Breast cases only (Schema IDs 00470 and 00480).

This edit checks only for valid code values. Another edit checks that the item is recorded according to standard setter requirements by date of diagnosis and primary site.

1. The item may be blank.
2. Sentinel Lymph Nodes Examined must be a two-digit number with values of 00-90, 95, 98, and 99.

00: No sentinel nodes examined

01-90: Sentinel nodes examined (exact number of sentinel lymph nodes examined)

95: No sentinel nodes removed, but aspiration of sentinel node(s) performed

98: Sentinel lymph nodes biopsied, but number unknown

99: Unknown whether sentinel nodes examined

Not stated in patient record

Sentinel Lymph Nodes Examined, Date of Sentinel Lymph Node Biopsy (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Logic corrected, "dd" added to require 2 digits

Sentinel Lymph Nodes Examined, Date of Sentinel Lymph Node Biopsy (NAACCR)

Agency: NAACCR

Last changed: 04/20/2022 21:02:24

Edit Tag N2536

Description

This edit checks that Sentinel Lymph Nodes Examined and Date Sentinel Lymph Node Biopsy are coded consistently with each other.

1. This edit is skipped for any of the following:
 - a. Date of diagnosis blank (unknown), invalid, or before 2018.
 - b. Schema ID is not 00480, 00470
 - c. Type of Reporting Source = 7
2. If Date of Sentinel Lymph Biopsy is not blank, Sentinel Lymph Nodes Examined must = 00-90, 98
2. If Sentinel Lymph Nodes Examined is blank or = 99 (unknown if sentinel lymph nodes examined), Date of Sentinel Lymph Node Biopsy must be blank.

Sentinel Lymph Nodes Examined, Regional Nodes Examined (COC)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v18A**

- Description, edit logic updated to include Sentinel Lymph Nodes Examined code 95 requiring Date of Sentinel Lymph Node Biopsy Flag = 11

NAACCR v18D

- Description, logic updated: Edit not skipped if Sentinel Lymph Nodes Examined is blank; edit not skipped if Date of Sentinel Lymph

Node Biopsy is blank and Date of Sentinel Lymph Node Biopsy Date Flag is blank.

- Description, logic updated: If Sentinel Lymph Nodes Examined = 01-90, Date of Sentinel Lymph Node Biopsy and Date of Sentinel

Lymph Node Biopsy Date Flag must not both be blank.

- Description, logic updated: If Sentinel Lymph Nodes Examined is blank, Date of Sentinel Lymph Node Biopsy and Date of Sentinel

Lymph Node Biopsy Date Flag must both be blank.

- Description, logic updated: Removed: If Sentinel Lymph Nodes Examined = 00 or 95, Date of Sentinel Lymph Node Biopsy Flag

must =

11

NAACCR v21

- Name changed from Sentinel Lymph Nodes Examined, Date of Sentinel Lymph Node Biopsy Flag (COC)

- Description, logic updated, Date of Sentinel Lymph Node Biopsy Flag removed. Edit checks that Sentinel Lymph Nodes Examined

must = 00-90, 98 if Date of Sentinel Lymph Node Biopsy is not blank.

- Description, logic updated, added skip for diagnosis date < 2018, blank, invalid; Schema ID not 00470 or 00480; Type of Reporting Source = 7

NAACCR v23

- Description, logic updated, edit checks if Sentinel Lymph Nodes Examined = blank or 99, Date of Sentinel Lymph Node Biopsy must be blank

Sentinel Lymph Nodes Examined, Regional Nodes Examined (COC)

Agency: COC

Last changed: 04/10/2018 20:53:54

Edit Tag N2833

Description

This edit checks that Sentinel Lymph Nodes Examined and Regional Nodes Examined

Sentinel Lymph Nodes Examined, Sentinel Lymph Nodes Positive (COC)

are coded consistently with each other.

This edit is skipped if:

1. Sentinel Lymph Nodes Examined is blank
 2. Regional Nodes Examined is blank
-
1. If Regional Lymph Nodes Examined = 00 (no regional nodes examined), Sentinel Lymph Nodes Examined must = 00 (no sentinel nodes examined).
 2. If Regional Lymph Nodes Examined = 95 (aspiration or core biopsy of regional nodes only), Sentinel Lymph Nodes Examined must = 00 (no sentinel nodes examined) or 95 (aspiration of sentinel nodes).
 3. If Sentinel Lymph Nodes Examined = 01-90 (number of sentinel nodes examined), Regional Nodes Examined must = 01-90 (number of regional nodes examined) and be greater than or equal to Sentinel Lymph Nodes Examined, or = 96-98 (regional nodes examined, unknown number).
 4. If Sentinel Lymph Nodes Examined = 98 (sentinel nodes examined, unknown number), Regional Nodes Examined must = 01-90 (number of regional nodes examined) or = 96-98 (regional nodes examined, unknown number).
 5. If Sentinel Lymph Nodes Examined = 95 (aspiration of sentinel nodes), Regional Nodes Examined must = 01-90 (number of nodes examined), 95 (aspiration or core biopsy of nodes only), or 96-98 (regional nodes examined, unknown number).

Administrative Notes

New edit - NAACCR v18 metafile

Sentinel Lymph Nodes Examined, Sentinel Lymph Nodes Positive (COC)

Agency: COC

Last changed: 07/21/2020 21:02:43

Edit Tag N2535

Description

This edit checks that Sentinel Lymph Nodes Examined and Sentinel Lymph Nodes Positive are coded consistently with each other.

This edit is skipped if:

1. Sentinel Lymph Nodes Examined is blank
 2. Sentinel Lymph Nodes Positive is blank
-
1. If Sentinel Lymph Nodes Examined = 00 (no sentinel nodes examined),

Sentinel Lymph Nodes Pos/Ex, Schema ID, Date DX (SEER)

Sentinel Lymph Nodes Positive must = 98 (no sentinel nodes examined).

2. If Sentinel Lymph Nodes Examined = 01-90 (number of sentinel nodes examined),
Sentinel Lymph Nodes Positive must = 00-90 (number of positive sentinel nodes) and less than or equal to Sentinel Lymph Nodes Examined), 97 (sentinel nodes positive, number unknown), or 99 (unknown if positive nodes).
3. If Sentinel Lymph Nodes Examined = 95 (aspiration of sentinel nodes),
Sentinel Lymph Nodes Positive must = 00 (no positive sentinel nodes), 95 (positive aspiration of sentinel nodes), or 99 (unknown if positive sentinel nodes).
4. If Sentinel Lymph Nodes Examined = 98 (sentinel nodes biopsied but unknown number),
Sentinel Lymph Nodes Positive must = 00-90 (number of positive sentinel nodes), 97 (positive sentinel nodes, unknown number; or for breast only, sentinel lymph node biopsy and regional node dissection occurred in same procedure), or 99 (unknown if positive sentinel nodes).
5. If Sentinel Lymph Nodes Examined = 99 (unknown if sentinel nodes examined),
then Sentinel Lymph Nodes Positive must = 99 (unknown if positive sentinel nodes).

Administrative Notes

New edit - NAACCR v18 metafile

Sentinel Lymph Nodes Pos/Ex, Schema ID, Date DX (SEER)

Agency: SEER

Last changed: 06/22/2022 18:11:16

Edit Tag N3971

Description

This edit checks that Sentinel Lymph Nodes data items are recorded for diagnoses 1/1/2018 and later for Melanoma of Skin and Breast cases (Schema IDs 00470 and 00480).

The edit is skipped for:

- a. Blank or invalid date of diagnosis.
- b. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
- c. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

1. If the year of Date of Diagnosis is before 2018, then Sentinel Lymph Nodes Examined and Sentinel Lymph Nodes Positive must be blank.
2. If the year of Date of Diagnosis is 2018 or later Sentinel Lymph Nodes Examined and Sentinel Lymph Nodes Positive must be reported for Melanoma of Skin (Schema ID 00470) and Breast (Schema ID 00480).

Sentinel Lymph Nodes Positive (COC)***Administrative Notes***

New edit - NAACCR v18 metafile

This edit differs from the COC edit of the same name in allowing sentinel node items for schemas other than Melanoma of Skin and Breast.

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2019

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021
- Logic statements with Type of Reporting Source removed, logic restored from v21 metafile matching number 2 description.

Sentinel Lymph Nodes Positive (COC)

Agency: COC

Last changed: 12/07/2019 10:04:52

Edit Tag N2533

Description

This data item records the exact number of sentinel lymph nodes biopsied by the pathologist and found to contain metastases. This data item is collected for Melanoma of Skin and Breast cases only (Schema IDs 00470 and 00480).

This edit checks only for valid code values. Another edit checks that the item is recorded according to standard setter requirements by date of diagnosis and primary site.

1. The item may be blank.
2. Sentinel Lymph Nodes Positive must be a two-digit number with values of 00-90, 95, 97, 98, and 99.
 - 00: All sentinel nodes examined are negative
 - 01-90: Sentinel nodes are positive (exact number of nodes positive)
 - 95: Positive aspiration of sentinel lymph node(s) performed
 - 97: Positive sentinel nodes documented, but number unspecified
 - For breast ONLY: SLN and RLND occurred during the same procedure
 - 98: No sentinel nodes were biopsied
 - 99: Unknown whether sentinel nodes are positive
 - Not applicable
 - Not stated in patient record

Sentinel Lymph Nodes Positive, Regional Nodes Positive (COC)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Logic corrected, "dd" added to require 2 digits

Sentinel Lymph Nodes Positive, Regional Nodes Positive (COC)

Agency: COC

Last changed: 06/29/2022 18:25:27

Edit Tag N2834

Description

This edit checks that Sentinel Lymph Nodes Positive and Regional Nodes Positive are coded consistently with each other.

This edit is skipped if:

1. Sentinel Lymph Nodes Positive is blank
2. Regional Nodes Positive is blank

1. If Regional Lymph Nodes Positive = 00 (no regional nodes positive), Sentinel Lymph Nodes Positive must = 00 (no sentinel nodes positive) or 98 (no sentinel nodes examined).
2. If Regional Lymph Nodes Positive = 95 (positive aspiration or core biopsy), Sentinel Lymph Nodes Positive must = 00 (no sentinel nodes positive), 95 (positive aspiration of sentinel nodes), or 98 (no sentinel nodes examined).
3. If Sentinel Lymph Nodes Positive = 01-90 (number of positive sentinel nodes), Regional Nodes Positive must = 01-90 (number of positive regional nodes) and be greater than or equal to Sentinel Lymph Nodes Positive, or = 97 (positive regional nodes, number unknown).

Separate Tumor Nodules, Date DX (NAACCR)

4. If Sentinel Lymph Nodes Positive = 95 (positive aspiration of sentinel nodes), Regional Nodes Positive must = 01-90 (number of positive regional nodes), 95 (positive aspiration of regional nodes), or 97 (positive regional nodes, number unknown).
5. If Sentinel Lymph Nodes Positive = 97 (97 (positive sentinel nodes, unknown number; or for breast only, sentinel lymph node biopsy and regional node dissection occurred in same procedure)), Regional Nodes Positive must = 01-90 (number of positive nodes), or 97 (positive regional nodes, number unknown).

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v23

- Description, logic corrected, Statements 3, 4, and 5, for Sentinel Nodes Positive = 01-90, 95, or 97, 98 removed as valid code option for Regional Nodes Positive

Separate Tumor Nodules, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/16/2022 17:46:06

Edit Tag N2670

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Separate Tumor Nodules code or blank:
 - 0: No separate tumor nodules; single tumor only
Separate tumor nodules of same histologic type not identified/not present
Intrapulmonary metastasis not identified/not present
Multiple nodules described as multiple foci of adenocarcinoma in situ or minimally invasive adenocarcinoma
Non-invasive neoplasm (behavior /2)
 - 1: Separate tumor nodules of same histologic type in ipsilateral lung, same lobe
 - 2: Separate tumor nodules of same histologic type in ipsilateral lung, different lobe
 - 3: Separate tumor nodules of same histologic type in ipsilateral lung, same AND different lobes
 - 4: Separate tumor nodules of same histologic type in ipsilateral lung, unknown if same or different lobe(s)
 - 7: Multiple nodules or foci of tumor present, not classifiable based on notes 3 and 4

Separate Tumor Nodules, Lung, Behavior (NAACCR)

8: Not applicable: Information not collected for this case

9: Not documented in medical record

Separate Tumor Nodules not assessed or unknown if assessed;

Another edit, *Separate Tumor Nodules, Schema ID, Required (NAACCR)*, checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v23

- Description updated for codes 0 and 9.

Separate Tumor Nodules, Lung, Behavior (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N3060

Description

This edit verifies that Separate Tumor Nodules SSDI for lung is coded consistently with Behavior Code ICD-O-3.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2018, blank (unknown), or invalid.
 - b. Schema ID is not 00360
 - c. Separate Tumor Nodules is blank or 8 (not applicable)
 - d. Behavior Code ICD-O-3 is 0, 1, 3, or blank
2. The edit verifies that if Behavior Code ICD-O-3 = 2,
Separate Tumor Nodules = "0" (multiple foci of adenocarcinoma in situ),
or "9" (Primary tumor is in situ).
3. If diagnosis year >= 2023, code 0 defined as non-invasive neoplasm behavior /2
Code 9 removed as allowable value for behavior /2.

Administrative Notes

New edit - NAACCR v18 metafile

Separate Tumor Nodules, Lung, EOD Primary Tumor (SEER)

Modification

NAACCR v21

- Name changed from Separate Tumor Nodules, Behavior (NAACCR)

NAACCR v23

- Description, logic updated, code 9 removed as allowable code for behavior /2 for 2023

Separate Tumor Nodules, Lung, EOD Primary Tumor (SEER)

Agency: SEER

Last changed: 04/03/2019 14:28:04

Edit Tag N3958**Description**

This edit verifies that Separate Tumor Nodules SSDI is coded consistently with EOD Primary Tumor for Lung.

1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
 - b. Schema ID is not 00360
 - c. Separate Tumor Nodules is blank or 8 (not applicable)
 - d. EOD Primary Tumor is blank
2. If Separate Tumor Nodules = 1 (separate nodules in ipsilateral lung, same lobe) or 4 (separate nodules in ipsilateral lung, unknown lobe), EOD Primary Tumor must = 500-700 (separate tumor nodules in same lobe or higher) or 999 (unknown extension).
3. If Separate Tumor Nodules = 2 or 3 (separate nodules in ipsilateral lung, different lobe), EOD Primary Tumor must = 700 (separate tumor nodules in different ipsilateral lobe).

Administrative Notes

New edit - NAACCR v18C metafile

Separate Tumor Nodules, Lung, Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 12/18/2021 12:52:14

Edit Tag N6062**Description**

This edit verifies that Separate Tumor Nodules SSDI is coded

Separate Tumor Nodules, Schema ID, Required (NAACCR)

consistently with
Summary Stage 2018 for Lung.

1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
 - b. Schema ID is not 00360
 - c. Separate Tumor Nodules is blank or 8 (not applicable)
 - d. Summary Stage 2018 is blank
 - e. Type of Reporting Source = 7 (death certificate only)
2. If Separate Tumor Nodules = 1 (separate nodules in ipsilateral lung, same lobe) or 4 (separate nodules in ipsilateral lung, unknown lobe),
Summary Stage 2018 must not = 0, 1, or 3 (in situ, local, regional by nodal involvement only)
3. If Separate Tumor Nodules = 2 or 3 (separate nodules in ipsilateral lung, different lobe),
Summary Stage 2018 must = 7 (metastasis)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for type of reporting source = 7 (DCO)

Separate Tumor Nodules, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2871

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Separate Tumor Nodules is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Seq Num--Hosp, Primary Site, Morph ICDO3 (NAACCR)

Required for Schema ID:

00360: Lung

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Seq Num--Hosp, Primary Site, Morph ICDO3 (NAACCR)

Agency: NAACCR

Last changed: 12/22/2022 17:59:53

Edit Tag N0447

Description

This edit is skipped if Histologic Type ICD-O-3 is empty.

If Sequence Number--Hospital is in the range of 60-88 (state registry- required/ cancer committee-required), this edit is skipped.

Multiple primaries require review for a person for whom the site or histology is ill-defined or unspecified.

If the case has been reviewed and accepted as coded (Over-ride HospSeq/Site = 1), no further editing is performed.

If Sequence Number--Hospital indicates the person has had more than one primary (>00), then any case with one of the following Primary Site/Histologic Type ICD-O-3 combinations requires review:

1. Unknown and ill-defined sites (C760-C768, C809) and Histologic Type ICD-O-3 < 9590.

Seq Num--Hosp, Primary Site, Morph ICDO3 (NAACCR)

2. C770-C779 (lymph nodes) and Histologic Type ICD-O-3 not in range 9590-9729, 9735-9738, 9811-9819, 9823, 9826-9827, 9837
3. C420-C424 and Histologic Type ICD-O-3 not in range 9590-9993
4. Any site code and Histologic Type ICD-O-3 9740-9759.

Additional Information:

This edit forces review of multiple primary cancers when one of the primaries is coded to a site-morphology combination that could indicate a metastatic site rather than a primary site.

GENERAL

It is important to verify that the suspect case is indeed a separate primary from any others that may have been reported for the patient. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary. If the suspect case is accurate as coded, and the number of primaries is correct, set the Over-ride HospSeq/Site flag to 1 so that the case will not be considered in error when the edit is run again. It is not necessary to set the over-ride flag on the patient's other primary cancers.

If it turns out that the suspect cancer is considered a manifestation of one of the patient's other cancers, delete the suspect case, resequence remaining cases, and correct the coding on the other case as necessary.

SPECIFIC GUIDELINES

1. Ill-defined sites (C76.0 - C76.8) or unknown primary (C80.9) and histology code less than 9590: Look for evidence that the unknown or ill-defined primary is a secondary site (extension or metastasis) from one of the patient's other cancers. For example, a clinical discharge diagnosis of "abdominal carcinomatosis" may be attributable to the patient's primary ovarian carcinoma known to the registry, and should not be entered as a second primary.
2. Lymph nodes (C77.0-C77.9) and histology code not in the range 9590-9729: Primary malignancies of lymph nodes are almost exclusively the lymphomas coded in the range 9590-9729. A carcinoma, sarcoma, leukemia, or other diagnosis outside that range in a lymph node is most likely a metastatic (secondary) lesion. Check whether the lymph node lesion could be a manifestation of one of the patient's other cancers. If the lesion in the lymph node is considered a separate primary, try to ascertain a more appropriate primary site than lymph nodes.
3. Hematopoietic and reticuloendothelial systems (C42.0-C42.4) and histology not in the range 9590-9989: Primary cancers of the blood, bone marrow, spleen, etc. are almost exclusively lymphomas, leukemias, and related conditions coded in the range 9590-9989. A carcinoma, sarcoma, or other diagnosis outside that range in one of these sites is most likely a metastatic (secondary) lesion. Check whether the lesion could be a manifestation of one of the patient's other cancers. If the lesion is considered a separate primary, try to ascertain a more appropriate primary site other than those in the C42 group.

Seq Num--Hosp, Primary Site, Morph ICDO3 (NAACCR)

4. Other lymphoreticular neoplasms and mast cell tumors of any site (histologies 9740-9759): Verify that these diagnoses are coded correctly and are indeed separate primaries from the other reported ones.

EXAMPLE

	SITE	HISTOLOGIC TYPE
SEQ. NUM. 01	RECTUM, C20.9	ADENOCA, 8140/3
SEQ. NUM. 02	PRIMARY UNK., C80.9	ADENOCA, 8140/3

The edit identifies the primary unknown case above (number 02) as a case requiring review. When the patient's chart is reviewed again, it is determined that the diagnosis was based on a liver biopsy showing metastatic adenocarcinoma, and the patient has known liver metastases from his rectal CA. Delete case number 02, and change the sequence number of the rectal cancer to 00. Check carefully for any demographic, diagnostic, staging, treatment, or follow-up information recorded on the primary unknown abstract that should be added to the rectal cancer case.

Administrative Notes

Modifications:

NAACCR v12.0

- Hematopoietic end range code was changed from 9989 to 9992.

NAACCR v14

- When checking for more than one ill-defined primary, changed "C770-C779 and Histologic Type ICD-O-3 not in range 9590-9729"

to

"C770-C779 and Histologic Type ICD-O-3 not in range 9590-9729, 9735-9738, 9811-9818, 9823, 9827, 9837".

NAACCR v18

- For 2018+, C760 must be assigned to Schema ID 99999 to require review

NAACCR v18C

- Removed requirement that C760 must be assigned to Schema ID 99999 to require review for 2018+ diagnoses.

- Added 9826 to histologies that require review for lymphoma coded to primary site of lymph nodes.

- Changed range for histologies that need to be reviewed for any site code from 9740-9758 to 9740-9759.

- Changed wording in second paragraph under General in Additional Information: "delete the former case, resequence

remaining cases, and correct the coding on the latter case as necessary" changed to "delete the suspect case, resequence remaining cases, and correct the coding on the other case as necessary".

NAACCR v21

- Name changed from Seq Num--Hosp, Primary Site, Morph ICDO3 (COC)

- Agency changed from COC to NAACCR

- Description, logic updated, C420-C424 with histologies in range 9590-9992 not requiring review, range changed to 9590-9993; lymphoma range 9811-9818 changed to 9811-9819

Sequence Number--Hospital (GCCS)**Sequence Number--Hospital (GCCS)**

Agency: GCCS

Last changed: 06/25/2018 16:27:22

Edit Tag GA030*Description*

Must be a valid Sequence Number--Hospital code: 00-59, 60-88.

Serum Albumin Pretreatment Level, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/29/2021 19:52:27

Edit Tag N2747*Description*

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Serum Albumin Pretreatment Level code or blank:

0: Serum albumin <3.5 g/dL

1: Serum albumin >= 3.5 g/dL

5: Schema Discriminator 1: Plasma Cell Myeloma

Terminology coded to 1 or 9

7: Test done, results not in chart

9: Not documented in medical record

Serum albumin Pretreatment Level not assessed or unknown
if assessed

Another edit, Serum Albumin Pretreatment Level, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

Serum Albumin Pretreatment Level, Schema ID, Required (NAACCR)

NAACCR v22

- Description, logic updated, code 5 added

Serum Albumin Pretreatment Level, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

*Edit Tag N2932***Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Serum Albumin Pretreatment Level is coded (not blank) for the Schema IDs for which it is required by a standard setter. Schema Discriminator 1 is required to identify a plasma cell myeloma diagnosis eligible for RISS staging.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00821: Plasma Cell Myeloma:

If Schema Discriminator 1 = 0, Serum Albumin Pretreatment Level, is not blank and not = 5.

If Schema Discriminator 1 = 1 or 9, Serum Albumin Pretreatment

Level,

must = 5.

Administrative Notes

New edit - NAACCR v18 metafile

NAACCR v18A metafile:

- Description, logic updated to require Schema Discriminator 1 must not be blank

- Description updated to note that SSDI must be blank for Schema ID 00821, Schema Discriminator 1 = 1 or 9

NAACCR v22

EditWriter 5

1247

05/01/2023 02:04 PM

Serum Beta-2 Microglobulin Pretreatment Level, Date DX (NAACCR)

- Description, logic updated, SSDI must not = blank or 5 if SD1 = 0, must = 5 if SD1 = 1 or 9

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Serum Beta-2 Microglobulin Pretreatment Level, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/29/2021 19:52:53

Edit Tag N2748

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Serum Beta2-Microglobulin Pretreatment Level code or blank:

0: Beta-2 microglobulin < 3.5 mg/L

1: Beta-2 microglobulin >= 3.5 mg/L < 5.5 mg/L

2: Beta-2 microglobulin >= 5.5 mg/L

5: Schema Discriminator 1: Plasma Cell Myeloma Terminology coded to 1 or 9

7: Test done, results not in chart

9: Not documented in medical record

Serum Beta-2 Microglobulin Pretreatment Level not assessed or unknown if assessed

Another edit, Serum Beta2-Microglobulin Pretreatment Level, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Administrative Notes

New edit - NAACCR v18 metafile

Serum Beta-2 Microglobulin Pretreatment Level, Schema ID, Required (NAACCR)

Modifications

NAACCR v22

- Description, logic updated, code 5 added

Serum Beta-2 Microglobulin Pretreatment Level, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

*Edit Tag N2933***Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Serum Beta-2 Microglobulin Pretreatment Level is coded (not blank) for the Schema IDs for which it is required by a standard setter. Schema Discriminator 1 is required to identify a plasma cell myeloma diagnosis eligible for RISS staging.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00821: Plasma Cell Myeloma:

If Schema Discriminator 1 = 0, Serum Beta-2 Microglobulin Pretreatment Level is not blank and not = 5.

If Schema Discriminator 1 = 1 or 9, Serum Beta-2 Microglobulin Pretreatment Level

Administrative Notes

New edit - NAACCR v18 metafile

NAACCR v18A metafile:

- Description, logic updated to require Schema Discriminator 1 must not be blank

- Description updated to require SSDI must be blank for Schema ID 00821, Schema Discriminator 1 = 1 or 9

Serum Tumor Markers, Testis, RX Summ--Surg Prim Site 2023 (SEER)

NAACCR v22

- Description, logic updated, SSDI must not = blank or 5 if SD1 = 0, must = 5 if SD1 = 1 or 9

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Serum Tumor Markers, Testis, RX Summ--Surg Prim Site 2023 (SEER)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6830

Description

This edit verifies that Serum Tumor Marker SSDIs are coded consistently with RX Summ--Surg Prim Site 2023 for Schema ID 00590, Testis.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2023, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00590
 - c. All tumor marker SSDIs are blank or not applicable
 - d. RX Summ--Surg Prim Site 2023 is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)

2. If Tumor Marker SSDIs = Post-Orchiectomy values:
 - AFP Post-Orchiectomy Lab Value = 0.0-99999.9 or XXXXX.1 or XXXXX.7 or
 - AFP Post-Orchiectomy Range = 0-4 or 7 or
 - hCG Post-Orchiectomy Lab Value = 0.0-99999.9 or XXXXX.1 or XXXXX.7 or
 - hCG Post-Orchiectomy Range = 0-4 or 7 or
 - LDH Post-Orchiectomy Range = 0-4 or 7 or
 - S Category Pathological = 0-3RX Summ--Surg Prim Site 2023 must = A300, A400, or A800 (orchiectomy)

Administrative Notes

New edit - NAACCR v23 metafile

Sex (SEER Sex)

Agency: SEER

Last changed: 01/09/2021 20:35:15

Edit Tag N0012

Sex, Primary Site (SEER IF17)**Description**

Must have a valid Sex code (1-6,9).

Codes

- 1 Male
- 2 Female
- 3 Other (intersex, disorders of sexual development/DSD)
- 4 Transsexual, NOS
- 5 Transsexual, natal male
- 6 Transsexual, natal female
- 9 Not stated/unknown

Administrative Notes

Modifications

NAACCR v15

- Updated code 4 to Transsexual, NOS
- Added code 5 Transsexual, natal male
- Added code 6 Transsexual, natal female

NAACCR V16

-Updated code 3 Other (intersex, disorders of sexual development/DSD). The word hermaphrodite formally classified under this code is an outdated term.

NAACCR v21B

- Description updated, "The word hermaphrodite formally classified under this code is an outdated term", deleted.

Sex, Primary Site (SEER IF17)

Agency: SEER

Last changed: 10/04/2016

Edit Tag N0013**Description**

Primary Site codes C510-C589 (female genital organs) are invalid for Sex codes 1 (male), and 9 (not stated/unknown).

Primary Site codes in the range C600-C639 (male genital organs) are invalid for Sex codes 2 (female), and 9.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF17

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Social Security Number (NAACCR)

NAACCR v14

Edit updated to not allow Sex code 9 (not stated/unknown) with Primary Site codes C510-C589 (female genital organs) and C600-C639 (male genital organs).

NAACCR v16

Edit does not allow code 5 (Transsexual; natal male) for female genital organs or code 6(Transsexual; natal female) for male genital organs.

NAACCR v16B

- Description and edit logic changes made for V16 removed. Edit DOES allow code 5 (Transsexual; natal male) for female genital organs and code 6 (Transsexual; natal female) for male genital organs.

Social Security Number (NAACCR)

Agency: NAACCR

Last changed: 04/13/2011

Edit Tag N0399

Description

Must be a 9-digit number.

The following are not allowed:

1. First three digits = 000
2. First three digits = 666
3. Fourth and fifth digits = 00
4. Last four digits = 0000
5. First digit = 9 (except when first digit of 999999999)

Administrative Notes

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Modifications:

NACR110C

05/22/06

Corrected Edit Logic so that an error will be properly generated if the last four digits = "0000".

NAACCR v12.1A

- Edit modified to allow Social Security Numbers to begin with 8.

Spanish/Hispanic Origin (SEER SPANORIG)

Agency: SEER

Last changed: 01/09/2021 16:54:59

Edit Tag N0014

Description

Must be a valid Spanish/Hispanic Origin code (0-9).

SSDI Extranodal Extension non-H&N, Blank for Other Schemas (NAACCR)

0 Non-Spanish/Non-Hispanic
 1 Mexican (includes Chicano)
 2 Puerto Rican
 3 Cuban
 4 South or Central American (except Brazil)
 5 Other specified Spanish/Hispanic origin (includes European; excludes Dominican Republic)
 6 Spanish, NOS; Hispanic, NOS; Latino, NOS
 There is evidence, other than surname or maiden name, that the person is Hispanic but he/she cannot be assigned to any of the categories 1-5
 7 Spanish surname only (effective with diagnosis on or after 01/01/1994)
 The only evidence of the person's Hispanic origin is the surname or maiden name (birth surname) and there is no evidence that he/she is not Hispanic.
 8 Dominican Republic (effective with diagnosis on or after 01/01/2005)
 9 Unknown whether Spanish/Hispanic or not, not stated in patient record

Administrative Notes**Modifications**

NAACCR v21B

- Description updated, definitions for codes added

SSDI Extranodal Extension non-H&N, Blank for Other Schemas (NAACCR)**Agency: NAACCR****Last changed: 04/15/2018 17:55:36*****Edit Tag N4015******Description***

This edit verifies that the Site-Specific Data Items Extranodal Extension Clin (non-Head and Neck) and Extranodal Extension Path (non-Head and Neck) are blank for schemas for which they are not collected. These SSDIs are collected for Merkel Cell (Schema ID 00460) and Penis (Schema ID 00570).

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank.

If Schema ID is not 00460 (Merkel Cell) and 00570 (Penis), the following Site-Specific Data Items must be blank:

- Extranodal Extension Clin (non-Head and Neck)
- Extranodal Extension Path (non-Head and Neck)

SSDI FIGO Stage, Blank for Other Schemas (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

SSDI FIGO Stage, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 02/21/2021 17:20:44

Edit Tag N4017

Description

This edit verifies that the Site-Specific Data Item FIGO Stage is blank for schemas for which it is not collected. This SSDI is collected for gynecologic schemas: Vulva (Schema ID 00500), Vagina (Schema ID 00510), Cervix (Schema IDs 00520, 00528, 09520), Corpus (Schema IDs 00530, 00541, 00542), Ovary (Schema ID 00551), Fallopian Tube (Schema ID 00552), Primary Peritoneal Carcinoma (Schema ID 00553), Placenta (Schema ID 00560).

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank.

If Schema ID is not 00500 (Vulva), 00510 (Vagina), 00520 (Cervix), 00528 (Cervix), 09520 (Cervix), 00530 (Corpus Carcinoma), 00541 (Corpus Sarcoma), 00542 (Corpus Adenosarcoma), 00551 (Ovary), 00552 (Fallopian Tube), 00553 (Primary Peritoneal Carcinoma), or 00560 (Placenta), the following Specific Data Item must be blank:

FIGO Stage

Administrative Notes

New edit - NAACCR v18 metafile

Modification

SSDI for Anus/Cervix, Blank for Other Schemas (NAACCR)

NAACCR v21

- Description, logic updated, Schema ID 09520 added

NAACCR v22

- Description, logic updated, Schema ID 00528 added

SSDI for Anus/Cervix, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

*Edit Tag N6801***Description**

This edit verifies that Site-Specific Data Items that are defined for Anus, Schema ID 09210, and Cervix, Schema 09520, 2023, are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2023, blank, invalid.
- b. Schema ID is blank, 09210, 09520.

If Schema ID is not 09210 (Anus, V9), or 09520 (Cervix V9) the following Site-Specific Data Item must be blank:

p16

Administrative Notes

New edit - NAACCR v23 metafile

SSDI for Appendix & Colorectal, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 03/01/2023 19:31:45

Edit Tag N3997

SSDI for Appendix & Colorectal, Blank for Other Schemas (NAACCR)**Description**

This edit verifies that Site-Specific Data Items that are defined for Appendix Carcinoma (Schema ID 00190) and Colon and Rectum (Schema ID 00200) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank.

If Schema ID is not 09190 (Appendix [V9: 2023+]) the following Site-Specific Data Item must be blank:

Histologic Subtype

If Schema ID is not 00190 (Appendix [8th: 2018-2020]), 09190 (Appendix [V9: 2023+]) or 00200 (Colon and Rectum), the following Site-Specific Data Items must be blank:

CEA Pretreatment Interpretation
CEA Pretreatment Lab Value

If Schema ID is not 00200 (Colon and Rectum), the following Site-Specific Data Items must be blank:

Circumferential Resection Margin (CRM)
BRAF Mutational Analysis
KRAS
Microsatellite Instability (MSI)
NRAS Mutational Analysis
Tumor Deposits

NOTE: Perineural Invasion, also collected for Colon and Rectum, is included in another edit.

Administrative Notes

New edit - NAACCR v18 metafile

Modification

NAACCR v21

- Description, logic updated to include BRAF Mutational Analysis, NRAS Mutational Analysis, only allowed for Schema ID 00200

SSDI for Bone, Blank for Other Schemas (NAACCR)

NAACCR v23

- Description, logic updated, Schema ID 09190 added
- Description, logic updated, Histologic Subtype (Appendix 8480) added for 09190

NAACCR v23A

- Error message corrected, "Appendix 8480" removed from message about Histologic Subtype

SSDI for Bone, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 05/26/2018 17:02:53

Edit Tag N3999**Description**

This edit verifies that Site-Specific Data Items that are defined for Bone (Schema IDs 00381, 00382, and 00383) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank.

If Schema ID is not 00381 (Bone Appendicular Skeleton), 00382 (Bone Spine), or 00383 (Bone Pelvis), the following Site-Specific Data Item must be blank:

Percent Necrosis Post Neoadjuvant

Administrative Notes

New edit - NAACCR v18 metafile

SSDI for Brain, CNS, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 03/01/2023 17:30:03

Edit Tag N4010**Description**

This edit verifies that Site-Specific Data Items that are defined for Brain (Schema ID 00721) and CNS Other (Schema ID 00722) are blank (not coded) for all other schemas.

SSDI for Breast, Blank for Other Schemas (NAACCR)

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank.

If Schema ID is not 00721, 09721 (Brain), 00722, 09722 (CNS Other), or 09724 (Medulloblastoma), the following Site-Specific Data Item must be blank:

Brain Molecular Markers

If Schema ID is not 00721, 09721 (Brain), or 00722, 09722 (CNS Other), the following Site-Specific Data Item must be blank:

Chromosome 1p: Loss of Heterozygosity (LOH)
Chromosome 19q: Loss of Heterozygosity (LOH)
Methylation of O6-Methylguanine-Methyltransferase

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v21**

- Name changed from SSDI for Brain,CNS, Blank for Other Schemas (NAACCR)

NAACCR v23

- Schema IDs 09721, 09722, 09724 added as allowable schemas for Brain Molecular Markers
- Schema IDs 09721, 09722 added as allowable schemas for other SSDIs

NAACCR v23A

- Logic corrected, Schema IDs 09721, 09722 added for Chromosome 1p, 19q, and MGMT

SSDI for Breast, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 02/01/2021 18:27:28

Edit Tag N3990

Description

This edit verifies that Site-Specific Data Items that are defined for Breast (Schema ID 00480) are blank (not coded) for all other schemas.

SSDI for Breast, Blank for Other Schemas (NAACCR)

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank or 00480.

If Schema ID is not 00480 (Breast), the following Site-Specific Data Items must be blank:

Estrogen Receptor Percent Positive or Range
 Estrogen Receptor Summary
 Estrogen Receptor Total Allred Score
 HER2 IHC Summary
 HER2 ISH Dual Probe Copy Number
 HER2 ISH Dual Probe Ratio
 HER2 ISH Single Probe Copy Number
 HER2 ISH Summary
 LN Positive Axillary Level I-II
 Multigene Signature Method
 Multigene Signature Results
 Oncotype Dx Recurrence Score-DCIS
 Oncotype Dx Recurrence Score-Invasive
 Oncotype Dx Risk Level-DCIS
 Oncotype Dx Risk Level-Invasive
 Progesterone Receptor Percent Positive or Range
 Progesterone Receptor Summary
 Progesterone Receptor Total Allred Score
 Response to Neoadjuvant Therapy

The following SSDI must be blank for diagnosis date 2018-2020.

HER2 Overall Summary
 Ki-67

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21 metafile

- Description, logic updated, HER2 Overall Summary, Ki-67 checked 2018 through 2020

NAACCR v21B

- Logic corrected, statement for Progesterone Receptor Summary removed from 2018-2020 logic

SSDI for Breast/Digestive, Blank for Other Schemas (NAACCR)**SSDI for Breast/Digestive, Blank for Other Schemas
(NAACCR)**

Agency: NAACCR

Last changed: 07/11/2020 13:13:13

*Edit Tag N6244***Description**

This edit verifies that Site-Specific Data Items that are defined for Esophagus Squamous, Schema ID 00161, Esophagus Other, Schema ID 00169, Stomach, Schema ID 00170, and Breast, Schema ID 00480, as of diagnosis date 2021, are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2021, blank, invalid.
- b. Schema ID is blank, 00480, 00161, 00169, 00170.

If Schema ID is not 00480 (Breast) 00161 (Esophagus Squamous), 00169 (Esophagus) or 00170 (Stomach), the following Site-Specific Data Item must be blank:

HER2 Overall Summary

Administrative Notes

New edit - NAACCR v21 metafile

SSDI for Breast/NET, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 05/01/2022 22:30:39

Edit Tag N6245

SSDI for Corpus Uteri, Blank for Other Schemas (NAACCR)**Description**

This edit verifies that Site-Specific Data Items that are defined for NET Stomach 00290, NET Duodenum 00301, NET Ampulla of Vater 00302, NET Jejunum and Ileum 00310, NET Appendix 00320, NET Colon and Rectum 00330, NET Pancreas 00340, and Breast 00480) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2021, blank, invalid.
- b. Schema ID is blank, 00290, 00301, 00302, 00310, 00320, 00330, 00340, 00480

If Schema ID is not 00480 (Breast) 00290 (NET Stomach), 00301 (NET Duodenum), 00302 (NET Ampulla of Vater), 00310 (NET Jejunum and Ileum), 00320 (NET Appendix), 00330 (NET Colon and Rectum) or 00340 (NET Pancreas). the following Site-Specific Data Item must be blank:

Ki-67

Administrative Notes

New edit - NAACCR v21 metafile

SSDI for Corpus Uteri, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 02/21/2021 17:22:57

Edit Tag N4004

Description

This edit verifies that Site-Specific Data Items that are defined for Corpus Carcinoma (Schema ID 00530), Corpus Sarcoma (Schema ID 00541), and Corpus Adenosarcoma (Schema ID 00542) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank.

If Schema ID is not 00528 (Cervix Sarcoma), 00530 (Corpus Carcinoma), 00541 (Corpus Sarcoma) or 00542 (Corpus Adenosarcoma), the following Site-Specific Data Items must be blank:

Number of Positive Para-Aortic Nodes

SSDI for Esophagus, Blank for Other Schemas (NAACCR)

Number of Examined Para-Aortic Nodes
Number of Positive Pelvic Nodes
Number of Examined Pelvic Nodes
Peritoneal Cytology

NOTE: FIGO Stage, also collected for these schemas, is included in another edit

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description, logic updated to add Schema ID 00528

SSDI for Esophagus, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 04/15/2018 15:51:22

Edit Tag N3996

Description

This edit verifies that Site-Specific Data Items that are defined for Esophagus and GE Junction (Squamous) (Schema ID 00161) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank or 00161.

If Schema ID is not 00161 (Esophagus and GE Junction (Squamous)), the following Site-Specific Data Item must be blank:

Esophagus and EGJ Tumor Epicenter

SSDI for GIST, Blank for Other Schemas (NAACCR)*Administrative Notes*

New edit - NAACCR v18 metafile

SSDI for GIST, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 04/15/2018 15:15:59

Edit Tag N4001

Description

This edit verifies that Site-Specific Data Items that are defined for GIST (Schema ID 00430) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank or 00430.

If Schema ID is not 00430 (GIST), the following Site-Specific Data Item must be blank:

KIT Gene Immunohistochemistry

Administrative Notes

New edit - NAACCR v18 metafile

SSDI for Head & Neck, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 08/14/2018 20:45:41

Edit Tag N3995

Description

This edit verifies that Site-Specific Data Items that are defined for Head and

SSDI for Head & Neck, Blank for Other Schemas (NAACCR)

Neck schemas (see list of Schema IDs below) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank.

If Schema ID is not 00060 (Cervical Nodes, Unknown Primary) or 00140 (Melanoma Head and Neck), the following Site-Specific Data Items must be blank:

- LN Head and Neck Levels I-III
- LN Head and Neck Levels IV-V
- LN Head and Neck Levels VI-VII
- LN Head and Neck Other

If Schema ID is not 00071 (Lip)
 00072 (Tongue Anterior)
 00073 (Gum)
 00074 (Floor of Mouth)
 00075 (Palate Hard)
 00076 (Buccal Mucosa)
 00077 (Mouth Other)
 00100 (Oropharynx p16+)
 00111 (Oropoharynx p16-)
 00112 (Hypopharynx)

the following SSDI item must be blank:

SEER Site-Specific Fact 1

if Schema ID is not 00060 (Cervical Nodes, Unknown Primary)
 00071 (Lip)
 00072 (Tongue Anterior)
 00073 (Gum)
 00074 (Floor of Mouth)
 00075 (Palate Hard)
 00076 (Buccal Mucosa)
 00077 (Mouth Other)
 00080 (Major Salivary Glands)
 00090 (Nasopharynx)
 00100 (Oropharynx p16+)
 00111 (Oropoharynx p16-)
 00112 (Hypopharynx)
 00121 (Maxillary Sinus)
 00122 (Nasal Cavity and Ethmoid Sinus)
 00130 (Larynx Other)
 00131 (Larynx Supraglottic)
 00132 (Larynx Glottic)
 00133 (Larynx Subglottic)
 00140 (Melanoma Head and Neck)

the following Site-Specific Data Items must be blank:

- Extranodal Extension Head and Neck Clinical
- Extranodal Extension Head and Neck Pathological

If Schema ID is not 00060 (Cervical Nodes, Unknown Primary)
 00071 (Lip)

SSDI for HemeRetic, Blank for Other Schemas (NAACCR)

00072 (Tongue Anterior)
00073 (Gum)
00074 (Floor of Mouth)
00075 (Palate Hard)
00076 (Buccal Mucosa)
00077 (Mouth Other)
00080 (Major Salivary Glands)
00090 (Nasopharynx)
00100 (Oropharynx p16+)
00111 (Oropoharynx p16-)
00112 (Hypopharynx)
00121 (Maxillary Sinus)
00122 (Nasal Cavity and Ethmoid Sinus)
00130 (Larynx Other)
00131 (Larynx Supraglottic)
00132 (Larynx Glottic)
 00133 (Larynx Subglottic)
00140 (Melanoma Head and Neck)
00150 (Cutaneous Carcinoma Head and Neck)

the following Site-Specific Data Item must be blank:

LN Size

Administrative Notes

New edit - NAACCR v18 metafile

SSDI for HemeRetic, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 07/21/2018 16:30:42

Edit Tag N4013

Description

This edit verifies that Site-Specific Data Items that are defined for HemeRetic (Schema ID 00830) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank or 00830.

If Schema ID is not 00830 (HemeRetic), the following Site-Specific Data Item must

SSDI for Kidney, Blank for Other Schemas (NAACCR)

be blank:

JAK2

Administrative Notes

New edit - NAACCR v18 metafile

SSDI for Kidney, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 04/15/2018 15:06:08

Edit Tag N3993*Description*

This edit verifies that Site-Specific Data Items that are defined for Kidney Parenchyma (Schema ID 00600) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank or 00600.

If Schema ID is not 00600 (Kidney Parenchyma), the following Site-Specific Data Items must be blank:

Invasion Beyond Capsule
Ipsilateral Adrenal Gland Involvement
Major Vein Involvement
Sarcomatoid Features

SSDI for Lacrimal Gland, Blank for Other Schemas (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

SSDI for Lacrimal Gland, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 04/15/2018 16:25:45

Edit Tag N4009

Description

This edit verifies that Site-Specific Data Items that are defined for Lacrimal Gland (Schema ID 00690) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank or 00690.

If Schema ID is not 00690 (Lacrimal Gland), the following Site-Specific Data Item must be blank:

Adenoid Cystic Basaloid Pattern

NOTE: Perineural Invasion, also collected for this schema, is included in another edit

Administrative Notes

New edit - NAACCR v18 metafile

SSDI for Liver & Biliary, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 05/26/2018 17:03:45

Edit Tag N3994

Description

This edit verifies that Site-Specific Data Items that are defined for Liver (Schema ID 00220), Intrahepatic Bile Duct (Schema ID 00230), and Bile Duct

SSDI for Lung & Pleura, Blank for Other Schemas (NAACCR)

Perihilar (Schema ID 00250) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank.

If Schema ID is not 00220 (Liver), the following Site-Specific Data Items must be blank:

AFP Pretreatment Interpretation
AFP Pretreatment Lab Value
Bilirubin Pretreatment Total Lab Value
Bilirubin Pretreatment Unit of Measure
Creatinine Pretreatment Lab Value
Creatinine Pretreatment Unit of Measure
International Normalized Ratio Prothrombin Time

If Schema ID is not 00220 (Liver) or 00230 (Intrahepatic Bile Duct), the following Site-Specific Data Item must be blank:

Fibrosis Score

if Schema ID is not 00230 (Intrahepatic Bile Duct), the following Site-Specific Data Item must be blank:

Tumor Growth Pattern

If Schema ID is not 00230 (Intrahepatic Bile Duct) or 00250 (Bile Duct Perihilar), the following Site-Specific Data Item must be blank:

Primary Sclerosing Cholangitis

Administrative Notes

New edit - NAACCR v18 metafile

SSDI for Lung & Pleura, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 04/15/2020 19:29:34

Edit Tag N3998

Description

This edit verifies that Site-Specific Data Items that are defined for Lung

SSDI for Lymphoma, Blank for Other Schemas (NAACCR)

(Schema ID 00360) and Pleural Mesothelioma (Schema ID 00370) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank.

If Schema ID is not 00360 (Lung), the following Site-Specific Data Items must be blank:

ALK Rearrangement
EGFR Mutational Analysis
Separate Tumor Nodules
Visceral and Parietal Pleural Invasion

If Schema ID is not 00370 (Pleural Mesothelioma), the following Site-Specific Data Item must be blank:

Pleural Effusion

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Description, logic updated to include ALK Rearrangement and EGFR Mutational analysis only allowed for Schema ID 00360

SSDI for Lymphoma, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 06/05/2021 11:50:10

Edit Tag N4011

Description

This edit verifies that Site-Specific Data Items that are defined for Lymphoma (Schema ID 00790) and Lymphoma CLL/SLL (Schema ID 00795) are blank (not coded) for all other schemas.

SSDI for Mycosis Fungoides, Blank for Other Schemas (NAACCR)

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank.

If Schema ID is not 00790 (Lymphoma) and 00795 (Lymphoma, CLL/SLL), the following Site-Specific Data Items must be blank:

- B Symptoms
- HIV Status
- NCCN International Prognostic Index (IPI)

If Schema ID is not 00795 (Lymphoma, CLL/SLL), the following Site-Specific Data Items must be blank:

- Adenopathy
- Anemia
- Derived Rai Stage
- Lymphocytosis
- Organomegaly
- Thrombocytopenia

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description, logic updated, Derived RAI Stage added, must be blank if not Schema ID 00795

**SSDI for Mycosis Fungoides, Blank for Other Schemas
(NAACCR)**

Agency: NAACCR

Last changed: 07/21/2018 16:30:57

Edit Tag N4018

SSDI for Ophthalmic Melanoma, Blank for Other Schemas (NAACCR)**Description**

This edit verifies that Site-Specific Data Items that are defined for Mycosis Fungoides (Schema ID 00811) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank or 00811.

If Schema ID is not 00811 (Mycosis Fungoides), the following Site-Specific Data Item must be blank:

Peripheral Blood Involvement

Administrative Notes

New edit - NAACCR v18 metafile

SSDI for Ophthalmic Melanoma, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 05/26/2018 17:04:05

Edit Tag N4007

Description

This edit verifies that Site-Specific Data Items that are defined for Conjunctival Melanoma (Schema ID 00660) and Uveal Melanoma (Schema IDs 00671 and 00672) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank.

If Schema ID is not 00660 (Conjunctival Melanoma), 00671 (Melanoma of Iris), and 00672 (Melanoma of Choroid and Ciliary Body), the following Site-Specific Data Item must be blank:

Measured Thickness

SSDI for Ovary, Fallopian Tube, Primary Peritoneal, Blank for Other Schemas (NAACCR)

If Schema ID is not 00671 (Melanoma of Iris) and 00672 (Melanoma of Choroid and Ciliary Body), the following Site-Specific Data Items must be blank:

Chromosome 3 Status
Chromosome 8q Status
Extravascular Matrix Patterns
Measured Basal Diameter
Microvascular Density
Mitotic Count Uveal Melanoma

Administrative Notes

New edit - NAACCR v18 metafile

SSDI for Ovary, Fallopian Tube, Primary Peritoneal, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 07/21/2018 16:31:10

Edit Tag N4005

Description

This edit verifies that Site-Specific Data Items that are defined for Ovary (Schema ID 00551, Fallopian Tube (Schema ID 00552), and Primary Peritoneal Carcinoma (Schema ID 00552) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank.

If Schema ID is not 00551 (Ovary), 00552 (Fallopian Tube), or 00553 (Primary Peritoneal Carcinoma), the following Site-Specific Data Items must be blank:

CA-125 Pretreatment Interpretation
Residual Tumor Volume Post Cytoreduction

NOTE: FIGO Stage, also collected for these schemas, is included in another edit

SSDI for Pancreas, Blank for Other Schemas (NAACCR)*Administrative Notes*

New edit - NAACCR v18 metafile

SSDI for Pancreas, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 07/11/2020 13:17:50

Edit Tag N6371

Description

This edit verifies that Site-Specific Data Items that are defined for Pancreas (Schema ID 00280) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2021, blank, invalid.
- b. Schema ID is blank or 00280

If Schema ID is not 00280 (Pancreas), the following Site-Specific Data Item must be blank:

CA19-9 PreTX Lab Value

Administrative Notes

New edit - NAACCR v21 metafile

SSDI for Placenta, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 04/15/2018 16:26:19

Edit Tag N4006

SSDI for Plasma Cell Myeloma, Blank for Other Schemas (NAACCR)**Description**

This edit verifies that Site-Specific Data Items that are defined for Placenta (Schema ID 00560) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank or 00560.

If Schema ID is not 00560 (Placenta), the following Site-Specific Data Item must be blank:

Gestational Trophoblastic Prognostic Scoring Index

NOTE: FIGO Stage, also collected for this schema, is included in another edit

Administrative Notes

New edit - NAACCR v18 metafile

SSDI for Plasma Cell Myeloma, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 05/26/2018 17:04:23

Edit Tag N4012

Description

This edit verifies that Site-Specific Data Items that are defined for Plasma Cell Myeloma (Schema ID 00821) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank or 00821.

If Schema ID is not 00821 (Plasma Cell Myeloma), the following Site-Specific Data Items must be blank:

High Risk Cytogenetics
Serum Albumin Pretreatment Level
Serum Beta-2 Microglobulin Pretreatment Level

SSDI for Prostate, Blank for Other Schemas (NAACCR)

NOTE: LDH Pretreatment level, also collected for this schema, is included in another edit.

Administrative Notes

New edit - NAACCR v18 metafile

SSDI for Prostate, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 05/08/2019 20:00:53

Edit Tag N3991

Description

This edit verifies that Site-Specific Data Items that are defined for Prostate (Schema ID 00580) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank or 00580.

If Schema ID is not 00580 (Prostate), the following Site-Specific Data Items must be blank:

- Gleason Patterns Clinical
- Gleason Patterns Pathological
- Gleason Score Clinical
- Gleason Score Pathological
- Gleason Tertiary Pattern
- Number of Cores Examined
- Number of Cores Positive
- PSA (Prostatic Specific Antigen) Lab Value

Administrative Notes

New edit - NAACCR v18 metafile

EditWriter 5

1275

05/01/2023 02:04 PM

SSDI for Retinoblastoma, Blank for Other Schemas (NAACCR)

Modifications

NAACCR v18D

- Description, logic updated, check on Prostate Pathological Extension removed from edit

SSDI for Retinoblastoma, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 04/15/2018 16:22:35

*Edit Tag N4008***Description**

This edit verifies that Site-Specific Data Items that are defined for Retinoblastoma (Schema ID 00680) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank or 00680.

If Schema ID is not 00680 (Retinoblastoma), the following Site-Specific Data Item must be blank:

Heritable Trait

Administrative Notes

New edit - NAACCR v18 metafile

SSDI for Skin, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 13:52:34

*Edit Tag N4002***Description**

This edit verifies that Site-Specific Data Items that are defined for Cutaneous Squamous Cell Carcinoma of Head and Neck (Schema ID 00150), Merkel Cell (Schema ID 00460) and Melanoma of Skin (Schema ID 00470), and are blank (not coded) for

SSDI for Skin, Blank for Other Schemas (NAACCR)

all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank.

If Schema ID is not 00150 (Cutaneous Squamous Cell Carcinoma Head and Neck), the following Site-Specific Data Item must be blank:

High Risk Histologic Features

If Schema ID is not 00460 (Merkel Cell), the following Site-Specific Data Items must be blank:

LN Isolated Tumor Cells (ITC)
Profound Immune Suppression

If Schema ID is not 00470 (Melanoma of Skin), the following Site-Specific Data Items must be blank:

Breslow Tumor Thickness
Clinical Margins Width
LDH Lab Value
LDH Upper Limits of Normal
Mitotic Rate Melanoma
Ulceration

NOTE: LN Size and Perineural Invasion, also collected for Cutaneous Carcinoma of Head and Neck, are included in other edits.

NOTE: Extranodal Extension Clin (non-Head and Neck) and Extranodal Extension Path (non-Head and Neck), also collected for Merkel Cell, are included in another edit.

NOTE: LDH Level, also collected for Melanoma of Skin, is included in another edit.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21
EditWriter 5

SSDI for Soft Tissue, Blank for Other Schemas (NAACCR)

- Description, logic updated, LDH Pretreatment Lab Value changed to LDH Lab Value

NAACCR v23

- Added Clinical Margin Width to 00470

SSDI for Soft Tissue, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 06/06/2021 21:05:45

Edit Tag N4000

Description

This edit verifies that Site-Specific Data Items that are defined for Soft Tissues (Schema IDs 00400, 00410, 00421, 00422, 00440, and 00450) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank.

If Schema ID is not

00400	Soft Tissues Head and Neck
00410	Soft Tissues Trunk and Extremities
00421	Soft Tissues Abdomen and Thorax
00422	Heart, Mediastinum, Pleura
00440	Soft Tissues Retroperitoneum
00450	Soft Tissues Unusual
00459	Soft Tissue Other

the following Site-Specific Data Item must be blank:

Bone Invasion

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22

- Description, logic updated, 00450 changed to Soft Tissue Rare, 00459 Soft Tissue Other added

SSDI for Testis, Blank for Other Schemas (NAACCR)

SSDI for Testis, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 04/15/2018 15:05:06

Edit Tag N3992

Description

This edit verifies that Site-Specific Data Items that are defined for Testis (Schema ID 00590) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank or 00590.

If Schema ID is not 00590 (Testis), the following Site-Specific Data Items must be blank:

- AFP Post-Orchiectomy Lab Value
- AFP Post-Orchiectomy Range
- AFP Pre-Orchiectomy Lab Value
- AFP Pre-Orchiectomy Range
- hCG Post-Orchiectomy Lab Value
- hCG Post-Orchiectomy Range
- hCG Pre-Orchiectomy Lab Value
- hCG Pre-Orchiectomy Range
- LDH Post-Orchiectomy Range
- LDH Pre-Orchiectomy Range
- S Category Clinical
- S Category Pathological

Administrative Notes

New edit - NAACCR v18 metafile

SSDI for Vulva, Vagina, Cervix, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 07/29/2022 14:47:55

Edit Tag N4003

SSDI for Vulva, Vagina, Cervix, Blank for Other Schemas (NAACCR)**Description**

This edit verifies that Site-Specific Data Items that are defined for Vulva (Schema ID 00500), Vagina (Schema ID 00510), Cervix (Schema IDs 00520, 09520), are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank.

If Schema ID is not 00500 (Vulva), the following Site-Specific Data Item must be blank:

LN Laterality

if Schema ID is not 09520 (Cervix, V9), the following Site-Specific Data Item must be blank for 2021-2022:

p16

if Schema ID is not 00500 (Vulva) or 00510 (Vagina), the following Site-Specific Data Items must be blank:

LN Assessment Method Femoral-Inguinal
LN Status Femoral-Inguinal

If Schema ID is not 00500 (Vulva), 00510 (Vagina), 00520 (Cervix 8th), or 09520 (Cervix V9), the following Site-Specific Data Items must be blank:

LN Assessment Method Pelvic
LN Status Pelvic

If Schema ID is not 00510 (Vagina), 00520 (Cervix 8th), or 09520 (Cervix, v9), the following Site-Specific Data Items must be blank:

LN Distant Assessment Method
LN Distant: Mediastinal, Scalene
LN Assessment Method Para-Aortic
LN Status Para-Aortic

NOTE: FIGO Stage, also collected for these schemas, is included in another edit

SSDI LDH Level, Blank for Other Schemas (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modification**NAACCR v21**

- Description, logic updated, Schema ID 09520 added

NAACCR v22

- Description, logic updated, p16 must be blank if not Cervix 9th Ed; LN Status Femoral-Inguinal must be blank if not Vulva, Vagina; LN Status Pelvic must be blank if not Vulva, Vagina, Cervix; LN Status Para-Aortic must be blank if not Vagina, Cervix
- Description, logic updated, LN Status Femoral-Inguinal, Para-Aortic, Pelvic removed

NAACCR v22B

- Logic corrected, LN Assessment Femoral-Inguinal blank for other than Vulva and Vagina.
- Logic corrected, LN Assessment Para-Aortic blank for other than Vagina and Cervix

NAACCR v23

- Description, logic updated, p16 checked for 09520 for 2021-2022.

SSDI LDH Level, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 02/18/2020 20:41:50

Edit Tag N4016

Description

This edit verifies that the Site-Specific Data Item LDH Level is blank for schemas for which it is not collected. This SSDI is collected for Melanoma of Skin (Schema ID 00470) and Plasma Cell Myeloma (Schema ID 00821).

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank.

If Schema ID is not 00470 (Melanoma of Skin) and 00821 (Plasma Cell Myeloma), the following Site-Specific Data Item must be blank:

LDH Level

SSDI Perineural Invasion, Blank for Other Schemas (NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Name changed from SSDI LDH Pretreatment Level, Blank for Other Schemas (NAACCR)
- Description, logic updated, LDH Pretreatment Level changed to LDH Level

SSDI Perineural Invasion, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 08/18/2018 09:20:38

Edit Tag N4014

Description

This edit verifies that the Site-Specific Data Item Perineural Invasion is blank for schemas for which it is not collected. This SSDI is collected for Cutaneous Carcinoma of Head and Neck (Schema ID 00150), Colon and Rectum (Schema ID00200), Skin of Eyelid (Schema ID 00640), and Lacrimal Gland (Schema ID 00690).

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank.

If Schema ID is not 00150 (Cutaneous Carcinoma of Head and Neck), 00200 (Colon and Rectum), 00640 (Skin of Eyelid), and 00690 (Lacrimal Gland), the following Site-Specific Data Item must be blank:

Perineural Invasion

Administrative Notes

New edit - NAACCR v18 metafile

SSDIs, Benign Brain and CNS (NAACCR)

Agency: NAACCR

Last changed: 05/20/2022 22:53:41

Edit Tag N6077

Summ Stg 2000, Site, Hist ICDO3, Rpt Srce (NAACCR)**Description**

This edit verifies that SSDIs for Brain and CNS are coded consistently with Behavior ICD-O-3 codes 0 and 1 (benign and borderline).

1. The edit is skipped for the following conditions:
 - a. Diagnosis date is less than 2019, blank (unknown), or invalid.
 - b. Behavior Code ICD-O-3 is blank.
 - c. Schema ID not = 00721, 00722, 09721, 09722
3. If Chromosome 1p: Loss of Heterozygosity (LOH) is coded 6 (Benign or borderline tumor),
Behavior Code ICD-O-3 must = 0 (benign) or 1 (borderline).
4. If Chromosome 19q: Loss of Heterozygosity (LOH) is coded 6 (Benign or borderline tumor),
Behavior Code ICD-O-3 must = 0 (benign) or 1 (borderline).
5. If Methylation of O6-Methylguanine-Methyltransferase is coded 6 (Benign or borderline tumor),
Behavior Code ICD-O-3 must = 0 (benign) or 1 (borderline).
6. If Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline),
Chromosome 1p: Loss of Heterozygosity (LOH) must be coded 6 (benign or borderline) or 8 (not applicable), or blank
7. If Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline),
Chromosome 19q: Loss of Heterozygosity (LOH) must be coded 6 (benign or borderline) or 8 (not applicable), or blank
8. If Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline),
Methylation of O6-Methylguanine-Methyltransferase must be coded 6 (benign or
borderline) or 8 (not applicable), or blank

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v23

- Description, logic updated, 09721, 09722 added to schemas checked in edit

Summ Stg 2000, Site, Hist ICDO3, Rpt Srce (NAACCR)

Agency: NAACCR

Last changed: 11/01/2016

Edit Tag N1616

Description

This edit is skipped if any of the fields are blank; it is also skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

Summ Stg 2000, Site, Hist ICDO3, Rpt Srce (NAACCR)

If case is death certificate only (Type of Reporting Source = 7) then SEER Summary Stage 2000 must equal 9.

This edit allows a SEER Summary Stage 2000 code of 0-5, 7, 9 for all Primary Sites and Histologic Type ICD-O-3 codes with the following exceptions:

Kaposi Sarcoma of All Sites
(M-9140)

Allowable values: 1-4, 7, 9

Hodgkin and Non-Hodgkin Lymphoma of All Sites

[M-9590-9699, 9702-9729, 9735, 9738, 9811-9818,9837] (excluding C441, C690, C695-C696)

[M-9823, 9827] [excluding C420, C421, C424, C441, C690, C695-C696 (see Hematopoietic group for these primary sites)]

Allowable values: 1, 5, 7, 9 with the following exception:

If primary site is C77.8, then SEER Summary Stage 2000 must not=1

Lymphoma Ocular Adnexa

C441, C690, C695-C696

M-9590-9699, 9702-9738, 9811-9818, 9820-9837

Allowable values: 1, 5, 7, 9

Multiple Myeloma and Plasma Cell Neoplasms of All Sites

[M-9731, 9732, 9734] (Excluding C441, C690, C695-C696)

M-9731 - Allowable values: 1, 7, 9

M-9732 - Allowable value: 7

M-9734 - Allowable values: 1, 5, 7, 9

Hematopoietic and Myeloproliferative Neoplasms of All Sites

M-9740, 9750-9752, 9755-9758, 9930

Allowable values: 1, 7, 9

M-9764

If diagnosis year is less than 2010: Allowable values: 1, 7, 9

If diagnosis year = 2010 or later: Allowable values: 7

M-9731-9992 for all sites not included in the above lymphoma and multiple myeloma groups

Allowable value: 7

Heart, Mediastinum

C380-C383, C388

Allowable values: 1-5, 7, 9

Pleura

C384

Allowable values: 1-5, 7, 9

Other and Ill-Defined Respiratory Sites and Intrathoracic Organs

C390, C398-C399

Allowable values: 1-5, 7, 9

Bones, Joints, and Articular Cartilage

C400-C403, C408-C409, C410-C414, C418-C419

Allowable values: 1-5, 7, 9

Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum

Summ Stg 2000, Site, Hist ICDO3, Rpt Srce (NAACCR)

C440-C449, C510-C512, C518-C519, C600-C601, C608-C609, C632
(M-9700-9701)

Allowable values: 1-5, 7, 9

Peripheral Nerves and Autonomic Nervous System; Connective, Subcutaneous, and Other Soft Tissues

C470-C476, C478-C479, C490-C496, C498-C499

Allowable values: 1-5, 7, 9

Retroperitoneum and Peritoneum

C480-C482, C488

Allowable values: 1-5, 7, 9

Retinoblastoma

C692, C699

(M-9510-9514)

Allowable values: 1-5, 7, 9

Brain and Cerebral Meninges

C700, C710-C719

Allowable values: 1, 5, 7, 9

Other Parts of Central Nervous System

C701, C709, C720-C725, C728-C729

Allowable values: 1, 5, 7, 9

Pituitary Gland, Craniopharyngeal Duct, Pineal Gland

C751-C753

Allowable values: 0-2, 5, 7, 9

Breast

C500-C509

If Histologic Type ICD-O-3 = 8530 (inflammatory carcinoma), then SEER Summary Stage 2000 must = 2,4,5, 7, or 9.

Otherwise SEER Summary Stage 2000 must = 0-5, 7, or 9.

Other and Ill-Defined Sites, Unknown Primary Site

C760-C765, C767-C768, C809, C42 and C77

- excluding 9140, 9590-9596, 9650-9699, 9702-9719, 9727-9729, 9731-9992

Allowable values: 9

Administrative Notes

Modifications:

NAACCR v11.1A

02/2007

Deleted: "If Histologic Type ICD-O-3 is in the range of 8800-9055, 9110-9136, 9141-9508, or 9520-9582, then SEER Summary Stage 2000 must not = 0."

(These histology ranges are now allowed to be coded with a behavior of 2 (in situ) in the edit "Morphology--Type/Behavior ICDO3 (SEER MORPH)" as long as the case has been reviewed and the Over-ride Histology flag has been set to 1 or 3.)

NAACCR v12.2A

- Description and logic modified for Hodgkin and Non-Hodgkin Lymphoma, Lymphoma Ocular Adnexa, Multiple Myeloma and Plasma Cell Neoplasms, and Hematopoietic and Myeloproliferative Neoplasms.

Summary Stage 2000 (NAACCR)

- Added more descriptive error messages

NAACCR v16B

- Corrected Description and Edit Logic for Breast, histology 8530, Inflammatory carcinoma: valid codes for Summary Stage 2000 are 2,4, 5, 7, or 9 (1 and 3 no longer valid)

- Updated Description and Edit Logic to allow 9811-9818, 9837 with primary site codes C420, C421, and C424 to be coded as either hematopoietic or lymphoid malignancy, according to agreement reached between SEER and COC.(Valid Summary Stage codes for lymphoma include valid codes for hematopoietic malignancy.)

NAACCR v16D

- Error message corrected for C700-C729

Summary Stage 2000 (NAACCR)

Agency: NAACCR

Last changed: 12/11/2021 11:00:12

Edit Tag N0438

Description

This field is allowed to be blank because the item was not required until 2001. Another edit (Summary Stage 2000, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is 2001-2003 or 2015 or later. Central registries should include both edits in their edit set.

Must be a valid SEER Summary Stage 2000 code (0-5, 7-9) or blank.

If diagnosis year >= 2004, 8 is valid for SEER Summary 2000.

Administrative Notes

Modifications

NAACCR v15

- Updated description: "Another edit (Summary Stage 2000, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is 2001-2003 or 2015 or later."

NAACCR v23

- Description, logic updated, 8 added as valid code for SEER Summary Stage 2000 for 2004+ diagnoses.

Summary Stage 2000, Date of Diagnosis (NAACCR)

Agency: NAACCR

Last changed: 05/26/2018 20:57:00

Edit Tag N0437

Description

This edit is skipped if Date of Diagnosis is blank or invalid.

Summary Stage 2018 (NAACCR)

If year of Date of Diagnosis is 2001-2003 or 2015 through 2017, SEER Summary Stage 2000 cannot be blank.

If year of Date of Diagnosis is 2018+, SEER Summary Stage 2000 must be blank.

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v15

- Updated to require SEER Summary Stage 2000 for cases diagnosed 2015 and later

NAACCR v18

- Description, logic updated to require Summary Stage 2000 for cases diagnosed 2015 through 2017, to require that Summary Stage 2000 be blank for 2018+

Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 01/02/2021 16:49:56

Edit Tag N2812

Description

Must be a valid Summary Stage 2018 code (0-4, 7-9) or blank.

This field is allowed to be blank because the item was not required before 2018. Other edits verify that the data item is reported according to standard setter requirements by date of diagnosis.

0	In situ
1	Localized only
2	Regional by direction extension only
3	Regional lymph nodes only
4	Regional by BOTH direct extension AND regional lymph nodes
7	Distant site(s)/node(s) involved
8	Benign, borderline
9	Unknown if extension or metastasis (unstaged, unknown or unspecified) Death certificate only (DCO) case

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21B

EditWriter 5

1287

05/01/2023 02:04 PM

Summary Stage 2018, Date of DX (NAACCR)

- Description updated, definitions for codes added

Summary Stage 2018, Date of DX (NAACCR)

Agency: NAACCR

Last changed: 04/18/2018 20:51:52

Edit Tag N2830

Description

The purpose of this edit is to verify that directly assigned Summary Stage 2018 is entered (not blank) for cases diagnosed 2018 and later.

This edit is skipped if year of Date of Diagnosis is blank or invalid.

1. If year of Date of Diagnosis is pre-2018, then Summary Stage 2018 must be blank.
2. If year of Date of Diagnosis is 2018+, then Summary Stage 2018 must not be blank.

Administrative Notes

New edit - NAACCR v18 metafile

This edit differs from the SEER edit of the same name in requiring Summary Stage 2018 be entered for cases diagnosed 2018 and later.

Summary Stage 2018, EOD Tumor/Nodes/Mets, Prostate (SEER)

Agency: SEER

Last changed: 08/07/2021 14:46:21

Edit Tag N6208

Description

This edit checks consistency of coding between Summary Stage 2018 for in situ and invasive cases, and EOD Primary Tumor, Prostate Pathological Extension, EOD Regional Nodes, and EOD Mets for Schema ID 00580, Prostate.

- . This edit is skipped if any of the following conditions is true:
- a. Diagnosis date is invalid, blank (unknown), or before 2019.
 - b. Schema ID is blank or not 00580
 - c. Summary Stage 2018 is blank
 - d. EOD Primary Tumor, EOD Prostate Pathological Extension, EOD Regional Nodes,
and EOD Mets are all blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)

Summary Stage 2018, HemeRetic, Histology (NAACCR)

2. If Summary Stage 2018 = 0 (in situ)
 - EOD Primary Tumor must = 000 (in situ) and EOD Prostate Pathological Extension must = 000 (in situ), 800 (no evidence of primary tumor), 900 (no prostatectomy or autopsy performed), 950 (prostatectomy not part of first course of treatment) or 999 (unknown extension)
 - OR
 - EOD Primary Tumor must = 800 (no evidence of primary tumor) or 999 (unknown extension) and EOD Prostate Pathological Extension must = 000 (in situ)
 - AND
 - EOD Regional Nodes must = 000 and EOD Mets must = 00
3. If Summary Stage 2018 = 1 (localized) or 2 (regional by direct extension)
 - EOD Primary Tumor must not = 000 or 800 or 999
 - or EOD Prostate Pathological Extension must not = 000, 800, 900, 950, or 999
 - AND
 - EOD Regional Nodes must = 000 or 999 and EOD Mets must = 00
4. If Summary Stage 2018 = 3 (regional to lymph nodes)
 - EOD Regional Nodes must not = 000 or 999
 - AND EOD Mets must = 00
5. If Summary Stage 2018 = 4 (regional by direct extension and nodal involvement)
 - EOD Primary Tumor must not = 000, 800, or 999
 - or EOD Prostate Pathological Extension must not = 000, 800, 900, 950, or 999
 - AND
 - EOD Regional Nodes must not = 000 or 999 and EOD Mets must = 00
5. If EOD Mets = 10-70,
 - Summary Stage 2018 must = 7.

Administrative Notes

New edit - NAACCR v21 metafile

This edit and N6141 replace N5029, a new edit in v18D and deleted in v21.

Modifications

NAACCR v22

- Logic corrected for Summary Stage 2018 = 0,2 EOD Primary Tumor and EOD Prostate Pathologic Extension statements combined into one OR statement for evaluation

- Logic corrected for Summary Stage 2018 = 1,2 and Summary Stage 2018 = 4, EOD Primary Tumor and EOD Prostate Pathologic Extension combined into one OR statement for evaluation

Summary Stage 2018, HemeRetic, Histology (NAACCR)

Agency: NAACCR

Last changed: 06/28/2022 18:31:00

Summary Stage 2018, Lymphoma, Primary Site (NAACCR)**Edit Tag N6318****Description**

This edit verifies that Summary Stage 2018 is coded consistently with histologies allowing localized disease and histologies requiring systemic disease for Schema ID 00830, HemeRetic

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2018, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00830
 - c. Summary Stage 2018 is blank
 - d. Histologic Type ICD-O-3 is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If Histologic Type ICD-O-3 is in the following list, Summary Stage 2018 must = 1, 7, or 9.

9740	Mast cell sarcoma
9749	Erdheim-Chester disease (2021+)
9751	Langerhans cell histiocytosis, disseminated
9755	Histiocytic sarcoma
9756	Langerhans cell sarcoma
9757	Interdigitating dendritic cell sarcoma
9758	Follicular dendritic cell sarcoma
9759	Fibroblastic reticular cell tumor
9930	Myeloid sarcoma
9971	Polymorphic PTLD (2018-2020 only, nonreportable 2021+)
3. For all other histologies, Summary Stage 2018 must = 7.

Administrative Notes

New edit - NAACCR v21 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip for pre-2021 changed to skip for pre-2018.

NAACCR v23

- Description, logic updated, skip added for Type of Reporting Source = 7

- Description, logic updated, separate statements for Type of Reporting Source = 7 for Histologic Type ICD-O-3 removed

Summary Stage 2018, Lymphoma, Primary Site (NAACCR)

Agency: NAACCR

Last changed: 06/28/2022 18:35:23

Edit Tag N6310

Summary Stage 2018, Plasma Cell Disorders, Histology (NAACCR)**Description**

This edit verifies that Summary Stage 2018 is coded correctly for Primary Sites C421 and C778 for Schema IDs 00790, Lymphoma and 00795, Lymphoma CLL/SLL

1. This edit is skipped for any of the following conditions:
 - a. Diagnosis date is pre-2021, blank (unknown), or invalid
 - b. Schema ID is blank or not 00790 or 00795
 - c. Primary Site is blank
 - d. Summary Stage 2018 is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If Primary Site = C421,
Summary Stage 2018 must = 7
3. If Primary Site = C778, Summary Stage 2018 must = 2, 7, or 9

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v23

- Description, logic updated, skip added for Type of Reporting Source = 7
- Description, logic updated, separate statement for Type of Reporting Source = 7 for primary site removed

**Summary Stage 2018, Plasma Cell Disorders, Histology
(NAACCR)**

Agency: NAACCR

Last changed: 07/14/2022 00:36:10

Edit Tag N6313

Description

This edit verifies that Summary Stage 2018 is coded correctly by histology for Schema ID 00822, Plasma Cell Disorder

1. This edit is skipped for any of the following conditions:
 - a. Diagnosis date is pre-2018, blank (unknown), or invalid
 - b. Schema ID is blank or not 00822
 - c. Histologic Type ICD-O-3 is blank
 - d. Summary Stage 2018 is blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If Histologic Type ICD-O-3 = 9731 (Plasmacytoma NOS)
Summary Stage 2018 must = 1 or 9
3. If Histologic Type ICD-O-3 = 9734 (Plasmacytoma Extramedullary,
Summary Stage 2018 must = 1, 3, or 9

Summary Stage 2018, Plasma Cell Myeloma, Histology (NAACCR)

4. If Histologic Type ICD-O-3 = 9671 (Lymphoplasmacytic Lymphoma) or 9761 (Waldenstrom Macroglobulinemia),
Summary Stage 2018 must = 7

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v23

- Description, logic updated, skip added for Type of Reporting Source = 7
- Description, logic updated, separate statements for Type of Reporting Source = 7 for 3 Histologic Type ICD-O-3 codes removed
- Description, logic updated, skip for pre-2021 changed to skip for pre-2018
- Description updated, 9761 added as histology requiring code 7

Summary Stage 2018, Plasma Cell Myeloma, Histology (NAACCR)

Agency: NAACCR

Last changed: 06/28/2022 18:27:30

Edit Tag N6316

Description

This edit verifies that Summary Stage 2018 is coded correctly for Schema ID 00821, Plasma Cell Myeloma.

1. This edit is skipped for any of the following conditions:
 - a. Diagnosis date is pre-2018, blank (unknown), or invalid
 - b. Schema ID is blank or not 00821
 - c. Summary Stage 2018 is blank
 - d. Type of Reporting Source = 7 (Death Certificate Only)
2. Summary Stage 2018 must = 7

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip for pre-2021 changed to skip for pre-2018.

Summary Stage 2018, Regional Nodes Positive (NAACCR)

NAACCR v23

- Description, logic updated, skip added for Type of Reporting Source = 7
- Description, logic updated, separate statement for Type of Reporting Source = 7 removed

Summary Stage 2018, Regional Nodes Positive (NAACCR)

Agency: NAACCR

Last changed: 08/03/2022 16:39:49

*Edit Tag N6104***Description**

This edit checks that Summary Stage 2018 is coded consistently with Regional Nodes Positive.

1. This edit is skipped for any of the following conditions:
 - a. Diagnosis date is pre-2018, blank (unknown), or invalid
 - b. Summary Stage 2018 is blank
 - c. Regional Nodes Positive is blank
 - d. Type of Reporting Source = 7 (death certificate only)
2. If Regional Nodes Positive = 01-97, Summary Stage 2018 must not = 0, 1, 2, 9

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v18D metafile

- Description corrected to note that edit checks that Summary Stage 2018 is coded consistently with Regional Nodes Positive.
- Error message corrected

NAACCR v21

- Logic updated, "dd" added to INLIST statement to require 2 digits

NAACCR v22B

- Description, logic updated, skip added for type of reporting source = 7 (DCO)

NAACCR v23

- Description corrected, skip for Schema ID removed
- Description, logic changed, skip for pre-2019 changed to skip for pre-2018.
- Description, logic changed, 9 added to SS2018 codes not allowed with positive nodes

Summary Stage 2018, Schema ID (NAACCR)

Summary Stage 2018, Schema ID (NAACCR)

Agency: NAACCR

Last changed: 03/01/2023 11:00:22

*Edit Tag N4900***Description**

1. This edit is skipped for any of the following conditions:
 - a. Diagnosis date is pre-2018, blank (unknown), or invalid
 - b. Schema ID is blank
 - c. Summary Stage 2018 is blank

2. This edit checks that Summary Stage 2018 is correct by Schema ID. The data item may be blank because it was not required before 2018.

The allowable values for Summary Stage 2018 are 0, 1, 2, 3, 4, 7, and 9 for all Schema IDs except for those listed below. The sites and histologies for each schema are listed in the edit _SYS Schema ID, Primary Site, Histology, Behavior (NAACCR).

00060 Cervical Lymph Nodes and Unknown Primary
Summary Stage 2018:

3, 7, 9

00370 Pleural Mesothelioma
1, 2, 3, 4, 7, 9 [2018-2022]
0, 1, 2, 3, 4, 7, 9 [2023+]

00381 Bone Appendicular
00382 Bone Spine
00383 Bone Pelvis

Summary Stage 2018:
1, 2, 3, 4, 7, 9

00400 Soft Tissues Head and Neck
Summary Stage 2018:
1, 2, 3, 4, 7, 9

00410 Soft Tissue Trunk and Extremities
Summary Stage 2018:
1, 2, 3, 4, 7, 9

00421 Soft Tissue Abdomen and Thorax
00422 Heart, Mediastinum, Pleura

Summary Stage 2018:
1, 2, 3, 4, 7, 9

00440 Retroperitoneum

Summary Stage 2018, Schema ID (NAACCR)

Summary Stage 2018:

1, 2, 3, 4, 7, 9

00450 Soft Tissue Rare

Summary Stage 2018:

1, 2, 3, 4, 7, 9

00458 Kaposi Sarcoma

Summary Stage 2018:

1, 2, 3, 4, 7, 9

00459 Soft Tissue Other

Summary Stage 2018:

1, 2, 3, 4, 7, 9

00541 Corpus Sarcoma

00542 Corpus Adenosarcoma

Summary Stage 2018:

1, 2, 3, 4, 7, 9

00680 Retinoblastoma

Summary Stage 2018:

1, 2, 3, 4, 7, 9

00700 Orbital Sarcoma

Summary Stage 2018:

1, 2, 3, 4, 7, 9

00710 Lymphoma Ocular Adnexa

Summary Stage 2018:

1, 2, 3, 4, 7, 9

00721 Brain and Spinal Cord [8th: 2018-2022]

00722 CNS Other [8th: 2018-2022]

Summary Stage 2018:

1, 2, 7, 8, 9

09721 Brain and Spinal Cord Other [V9: 2023+]

09722 CNS Other [V9: 2023+]

Summary Stage 2018:

1, 2, 7, 8, 9

00723 Intracranial Gland [8th: 2018-2022]

Summary Stage 2018:

0, 1, 2, 7, 8, 9

Summary Stage 2018, Schema ID (NAACCR)

09723 Intracranial Gland [V9: 2023+]
Summary Stage 2018:
0, 1, 2, 7, 8, 9

09724 Brain and Spinal Cord Medulloblastoma [9V9: 2023+]
Summary Stage 2018:
1, 2, 7, 8, 9

00790 Lymphoma
00795 Lymphoma-CLL/SLL
Summary Stage 2018:
1, 2, 7, 9

00811 Mycosis Fungoides
00812 Primary Cutaneous Lymphomas (excluding MF and SS)
Summary Stage 2018:
1, 2, 3, 4, 7, 9

00821 Plasma Cell Myeloma
Summary Stage 2018:
7, 9

00822 Plasma Cell Disorder
Summary Stage 2018:
1, 3, 7, 9

00830 HemeRetic
Summary Stage 2018:
1, 7, 9

99999 Ill-Defined Other
Summary Stage 2018:
9

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v21**

- Description updated, 00821, Plasma Cell Myeloma, Summary Stage 2018 values changed from 1,3,7,9 to 7,9

NAACCR v21B

EditWriter 5

1296

05/01/2023 02:04 PM

Surgery 03-2022, Phase I Rad, Surg/Rad Seq (SEER)

- Reference table updated, 09520 added

NAACCR v22

- Reference table updated, 00528 added

- Description updated, 00450 changed to Soft Tissue Rare, 00459 Soft Tissue Other added

NAACCR v23

- Description updated, Schema IDs 00721, 00722, 00723 identified as 8th: 2018-2022, and Schema IDs 09721,09722, 09723, 09724 added identified as V9: 2023+

- Logic updated, table lookup in SumStage1809 determined by first 2 digits in Version 9 Schema IDs (09) rather than list of Version 9 Schema IDs

-Description updated, 00370 Pleural Mesothelioma now has code 0, so removed from list of schemas that differ from 0,1,2,3,4,7,9

NAACCR v23A

- Description, logic updated, 0 allowed for Pleural Mesothelioma for 2023+

Surgery 03-2022, Phase I Rad, Surg/Rad Seq (SEER)

Agency: SEER

Last changed: 02/15/2023 19:14:22

Edit Tag N4929

Description

1. This edit is skipped for the following conditions:

a. Any of the three surgery code fields (RX Summ--Surg Prim Site 03-2022, RX Summ--

Scope Reg LN Sur, RX Summ--Surg Oth Reg/Dis) is blank.

b. Diagnosis date < 2018 or > 2022.

If surgery was performed and if radiation was given (Phase I Radiation Treatment Modality = 01-16,98), then RX Summ--Surg/Rad Seq must specify sequence (codes 2-7, 9). Surgery is considered "performed" if ANY of the following three conditions are true:

1. RX Summ--Surg Prim Site 03-2022 = 10-90
2. RX Summ--Scope Reg LN Sur:
 - 2 (if Regional Nodes Examined = 01-98, 2018-2020)
 - 2 (2021+)
 - 3-7
3. RX Summ--Surg Oth Reg/Dis = 1-5

If [surgery was not performed or no radiation was given (Phase I Radiation Treatment Modality = 00 or 99), then RX Summ--Surg/Rad Seq must specify no (0).

Surgery

is considered "not performed" if ALL of the following three conditions are true:

1. RX Summ--Surg Prim Site 03-2022 = 00, 98, or 99
2. RX Summ--Scope Reg LN Sur:

For cases diagnosed 2018 or later:

0 (for all cases)

For cases diagnosed 2021 or later:

Surgery 03-2022, Rad, Surg/Rad Seq (COC)

0-1 for all cases

3. RX Summ--Surg Oth Reg = 0

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v21

- Description, logic updated, Phase I Radiation Treatment Modality code 98 added to codes meaning radiation performed
- Logic updated, "dd" added to INLIST statements to require 2 digits

NAACCR v21A

- Description, logic updated to skip for <2018 rather than < 2019.
- Description, logic updated for v21, RX Summ--Scope Reg LN Sur code of 1 not considered surgery performed for 2018+ diagnoses, code 1 = no surgery performed for 2021+ diagnoses;
- Description, logic corrected, code 2 with Regional Nodes Examined 00, 99 not edited as "no treatment"; code 2 without reference to Regional Nodes Examined edited as treatment for 2021+

NAACCR v22

- Name changed from Surgery Rad, Phase I Rad Surg (SEER)

NAACCR v22B

- Description, logic updated, code 99 added to RX Summ--Surg Prim Site and code 99 to Phase I Radiation Treatment Modality requiring sequence code of 0

NAACCR v23

- Description, logic updated, edit skipped for dx year > 2022
- Logic updated, INLIST replaced by AT
- Description, logic updated, 98 added as indicating no surgery
- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022
- Name changed from Surgery, Phase I Rad, Surg/Rad/Seq (SEER)

NAACCR v23A

- Logic corrected, AT(#S"Phase I Radiation Treatment Modality", "0099",1)!=0),",1" changed to ",2"

Surgery 03-2022, Rad, Surg/Rad Seq (COC)

Agency: COC

Last changed: 07/09/2022 21:34:20

Edit Tag N0423

Surgery 03-2022, Rad, Surg/Rad Seq (COC)**Description**

This edit is skipped if any of the surgery fields are blank.
This edit is skipped for diagnosis date greater than 2022.

A. If surgery was performed and if radiation was given (Reason No Radiation = 0), then RX

Summ--Surg/Rad Seq must

specify sequence(codes 2-7, 9).Surgery is considered "performed" if ANY of the following three

conditions are true:

1. RX Summ--Surg Prim Site 03-2022 = 10-90
2. RX Summ--Scope Reg LN Sur:
 - For cases diagnosed prior to 2012:
 - 1-7
 - For cases diagnosed 2012-2017:
 - 1
 - 2 (only if Regional Nodes Examined = 01-98)
 - 3-7
 - For cases diagnosed 2018-2020)
 - 2 (if Regional Nodes Examined = 01-98)
 - 3-7
 - For cases diagnosed 2021 or later:
 - 2
 - 3-7
3. RX Summ--Surg Oth Reg/Dis = 1-5

B. If surgery was not performed or no radiation was given (Reason for No Radiation = 1,2,5-7, 9), then RX Summ--Surg/Rad Seq must specify no (0). Surgery is considered "not performed" if ALL of the following three conditions are true:

1. RX Summ--Surg Prim Site 03-2022 = 00, 99
2. RX Summ--Scope Reg LN Sur:
 - For cases diagnosed prior to 2012:
 - 0
 - For cases diagnosed 2012 -2017:
 - 0 (for all cases)
 - 2 (only if Regional Nodes Examined = 00 or 99)
 - For cases diagnosed 2018-2020:
 - 0
 - For cases diagnosed 2021+
 - 0, 1
3. RX Summ--Surg Oth Reg = 0

C. Surgery is also considered not performed if ALL of the following three conditions are true:

1. RX Summ--Surg Prim Site 03-2022 = 98 (coded for hematopoietic, ill-defined and unknown sites)
2. RX Summ--Scope Reg LN Sur: 9
3. RX Summ--Surg Oth Reg = 0

Administrative Notes

Modifications:

Surgery 03-2022, Rad, Surg/Rad Seq (COC)

NAACCR v12.2

- Added code 7 to list of codes indicating surg/rad sequence.
- Reworked parentheses in edit logic.

NAACCR v12.2C

- Modified so that definition of "surgery performed" for RX Summ--Scope Reg LN Sur is 1-7 for cases diagnosed pre-2012, and 1, 2 (only if Regional Nodes Examined = 01-98), 3-7, for cases diagnosed 2012 and later. This is because code 2, as of 2012, can mean that a SLNBx was attempted but the patient failed to map and no nodes were removed.
- When determining whether surgery was "not performed", RX Summ--Scope Reg LN Sur codes of 0 (for all years of diagnosis) and 2 (for cases diagnosed 2012 and later with Reg Nodes Examined of 00 or 99) are considered "no regional lymph node surgery".
- Codes indicating surgery of other regional or distant sites corrected: changed from RX Summ--Surg Oth Reg codes 1-8 to 1-5.

NAACCR v18

- Edit modified to skip if invalid diagnosis date rather than return error message.
- Edit modified to check on Reason for No Radiation = 0 for radiation given

NAACCR v18C

- Description updated to read ALL instead of ANY for condition C
- Description, logic modified to change Reason for No Radiation = 0 to = 1,2,5-9 in condition B
- Admin Note for v18 modified, "check on Phase I Radiation Primary Treatment Volume = 01-99" deleted. Edit ony checks on Reason for No Radiation = 0 for radiation given

NAACCR v18D

- Description, logic updated, codes for Reason No Radiation indicating radiation not administered changed to 1, 2, 5-7

NAACCR v21A

- Description, logic updated for v21, RX Summ--Scope Reg LN Sur code of 1 not considered surgery performed for 2018+ diagnoses; code 1 edited as no treatment for 2021+ diagnosis;
- Description, logic corrected, code 2 with Regional Nodes Examined 00, 99 not edited as no treatment for 2018+ diagnosis; code 2 without reference to Regional Nodes Examined edited as treatment for 2021+ diagnosis.

NAACCR v22B

- Description, logic updated, code 99 added to RX Summ--Surg Prim Site and 9 to Reason for No Radiation requiring sequence code of 0

NAACCR v23

Surgery 03-2022, Reason No Surg (COC)

- Description, logic updated, edit skipped for dx year > 2022
- Logic updated, INLIST replaced with AT
- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022
- Name changed from Surgery, Rad, Surg/Rad Seq (COC)

Surgery 03-2022, Reason No Surg (COC)

Agency: COC

Last changed: 07/09/2022 21:35:04

Edit Tag N0424**Description**

This edit is skipped if any of the fields are blank.
This edit is skipped if diagnosis date is blank (unknown), invalid, or after 2022.

If surgery of the primary site was performed (RX Summ--Surg Prim Site 03-2022 = 10-90), Reason for No Surgery must = 0 (surgery performed).

If surgery of the primary site was not performed (RX Summ--Surg Prim Site 03-2022 = 00 or 98, Reason for No Surgery must not = 0 (surgery performed).

If RX Summ--Surg Prim Site 03-2022 = 99 (unknown), Reason for No Surgery cannot be 0 (surgery performed).

Administrative Notes

Modifications:

NAACCR v11.1

02/2007

Added the following check: If RX Summ--Surg Prim Site = 99 (unknown), Reason for No Surgery cannot be 0 (surgery performed).

NAACCR v23

- Description, logic updated, edit skipped for dx year > 2022
- Logic updated, INLIST replaced by AT
- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022
- Name changed from Surgery, Reason No Surg (COC)

Surgery 03-2022, RX Date Surgery, Primary Site (NAACCR)

Agency: NAACCR

Last changed: 07/14/2022 14:27:39

Edit Tag N5021

Surgery 03-2022, RX Date Surgery, Primary Site (NAACCR)**Description**

This edit verifies that surgery fields, by Schema ID and/or Primary Site, are coded consistently with surgery date fields.

This edit is skipped if any of the following conditions is true:

1. Date of Diagnosis is blank and less than 2018 or greater than 2022.
2. Schema ID is blank
3. RX Summ--Surg Prim Site 03-2022 is blank
4. RX Summ--Scope Reg LN Sur is blank
5. RX Summ--Surg Oth Reg/Dis is blank.

This edit compares the three surgery code fields (RX Summ--Surg Prim Site 03-2022, RX Summ--Scope Reg LN Sur, RX Summ--Surg Oth Reg/Dis) against the date of first surgical procedure (RX Date Surgery). If all of the three fields show that no surgery was performed, then the date must be blank. If RX date is coded, then one of the surgery fields must indicate that surgery was performed.

The edit works as follows:

1. If surgery was not performed, then RX Date Surgery must be blank. Surgery is considered

"not performed" if all of the following three conditions are true:

1. RX Summ--Surg Prim Site 03-2022 = 00 (none) or 98 (not applicable)
2. RX Summ--Scope Reg LN Sur = not applicable for the following:

Primary Site code = C420, C421, C423, C424, C589, C700-C709,
C710-C729, C751-C753, C761-C768, C770-C779, C809
Schema ID 99999, C760

RX Summ--Scope Reg LN Sur = 1 (for diagnosis date 2021+)

RX Summ--Scope Reg LN Sur = 0 (none) for all other cases

3. RX Summ--Surg Oth Reg/Dis = 0 (none)

2. If RX Date Surgery is not blank, a surgery field must indicate surgery performed.

Surgery is considered "performed" if any of the following three conditions are true:

1. RX Summ--Surg Prim Site 03-2022 = 10-90
2. RX Summ--Scope Reg LN Sur = 2 (only if Regional Nodes Examined = 01-98 for diagnosis date 2018-2020)

RX Summ--Scope Reg LN Sur = 2 (for diagnosis date 2021+)
3-7

3. RX Summ--Surg Oth Reg/Dis = 1-5

NOTE: RX Summ--Scope Reg LN Sur = surgery not performed for diagnosis date 2021+.

Surgery 03-2022, RX Date Surgery, Primary Site (NAACCR)

For prior years, RX Summ--Scope Reg LN Sur = 1 accepted as surgery if only code indicating surgery performed.

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v21**

- Description, logic updated, Schema ID 00721, 00722, 00723, 00821, 00830, 99999 removed from list where RX Summ--Scope Reg LN Sur = 9
- Description, logic updated, C589 added to list where RX Summ--Scope Reg LN Sur = 9
- Description, logic updated, RX Summ--Scope Reg LN Sur code "1" not edited as treatment 2021+

NAACCR v21A

- Description, logic updated, RX Summ--Scope Reg LN Sur code "1" edited as "no treatment" for 2021+;
- Description, logic corrected, code "2" edited as "treatment" for 2021+

NAACCR v22A

- Description, logic updated, for Scope of Nodes code required to be 9, "C770-C779 only" removed from 00790 and 00795, Schema ID 99999 excluding C422 added

NAACCR v22B

- Name changed from Surgery, RX Date Surgery, Schema ID (COC)
- Agency changed from COC to NAACCR
- Description, logic updated, Scope of Nodes = 9 meaning no surgery limited to list of primary site codes.
- Skip added for Schema IDs with exclusions for 2018-2021

NAACCR v23

- Logic updated, date flag removed. Edit checks that surgery is coded if date is not blank; edit checks that date is blank if surgery is not coded.
- Description, logic updated, edit skipped for dx year > 2022
- Logic updated, INLIST replaced by AT
- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022
- Name changed from Surgery, RX Date Surgery, Primary Site (NAACCR)
- Description, logic updated, skip for < 2019 changed to skip for < 2018; skip for Schema IDs with exclusions removed
- Description, logic update, Scope of Nodes 9 required for Schema ID 99999, C760

Surgery 2023, Phase I Rad, Surg/Rad Seq (SEER)**Surgery 2023, Phase I Rad, Surg/Rad Seq (SEER)**

Agency: SEER

Last changed: 10/03/2022 19:57:43

*Edit Tag N6780***Description**

1. This edit is skipped for the following conditions:
 - a. Any of the three surgery code fields (RX Summ--Surg Prim Site, RX Summ--Scope Reg LN Sur, RX Summ--Surg Oth Reg/Dis) is blank.
 - b. Diagnosis date < 2023

If surgery was performed and if radiation was given (Phase I Radiation Treatment Modality = 01-16,98), then RX Summ--Surg/Rad Seq must specify sequence (codes 2-7, 9). Surgery is considered "performed" if ANY of the following three conditions are true:

1. RX Summ--Surg Prim Site 2023 = A100-A900, B100-B900
2. RX Summ--Scope Reg LN Sur = 2-7
3. RX Summ--Surg Oth Reg/Dis = 1-5

If [surgery was not performed or no radiation was given (Phase I Radiation Treatment Modality = 00 or 99), then RX Summ--Surg/Rad Seq must specify no (0). Surgery

is considered "not performed" if ALL of the following three conditions are true:

1. RX Summ--Surg Prim Site 2023 = A000, A980, A990, B000, B990
2. RX Summ--Scope Reg LN Sur = 0, 1
 RX Summ--Scope Reg LN Sur = 9 and one of the following is true:
 - a. Primary Site = C420, C421, C423, C424, C589, C700-C709, C710-C729, C751-C753, C761-C768, C770-C779, C809
 - b. Schema ID 99999, C760
3. RX Summ--Surg Oth Reg = 0

Administrative Notes

New edit - NAACCR v23 metafile

Modifications

NAACCR v23A

- Logic updated, evaluation of unknown Phase I Radiation Treatment Modality, "0099",1 changed to "0099",2

Surgery 2023, Rad, Surg/Rad Seq (COC)

Agency: COC

Last changed: 01/17/2023 11:01:39

Edit Tag N6781

Surgery 2023, Reason No Surg (COC)**Description**

This edit is skipped if any of the surgery fields are blank.
This edit is skipped for diagnosis date before 2023.

A. If surgery was performed and if radiation was given (Reason No Radiation = 0), then RX

Summ--Surg/Rad Seq must

specify sequence(codes 2-7, 9).Surgery is considered "performed" if ANY of the following three

conditions are true:

1. RX Summ--Surg Prim Site 2023 = A100-A900, B100-B900
2. RX Summ--Scope Reg LN Sur = 2-7
3. RX Summ--Surg Oth Reg/Dis = 1-5

B. If surgery was not performed or no radiation was given (Reason for No Radiation = 1,2,5-7, 9), then RX Summ--Surg/Rad Seq must specify no (0).

Surgery is considered "not performed" if ALL of the following three conditions are true:

1. RX Summ--Surg Prim Site 2023 = A000, A990, B900, B990
2. RX Summ--Scope Reg LN Sur = 0, 1

RX Summ--Scope Reg LN Sur = 9 and one of the following is true:

a. Primary Site = C420, C421, C423, C424, C589, C700-C709,C710-C729, C751-C753, C761-

C768, C770-C779, C809

b. Schema ID 99999, C760

3. RX Summ--Surg Oth Reg = 0

C. Surgery is also considered not performed if ALL of the following three conditions are true:

1. RX Summ--Surg Prim Site 2023 = A980 (coded for hematopoietic, ill-defined and unknown sites)
2. RX Summ--Scope Reg LN Sur: 9
3. RX Summ--Surg Oth Reg = 0

Administrative Notes

6781 New edit - NAACCR v23 metafile

Modifications

NAACCR v23A

- Logic corrected, "OR AT (#S"Reason for No Radiation","0")!=0" changed to "AND AT(#S"Reason for No Radiation","0")!=0"

Surgery 2023, Reason No Surg (COC)

Agency: COC

Last changed: 08/22/2022 17:56:36

Edit Tag N6783

Surgery 2023, RX Date Surgery, Primary Site (NAACCR)**Description**

This edit is skipped if any of the fields are blank.

This edit is skipped if diagnosis date is blank (unknown), invalid, or before 2023.

If surgery of the primary site was performed (RX Summ--Surg Prim Site 2023 = A100-A900, B100-B900),

Reason for No Surgery must = 0 (surgery performed).

If surgery of the primary site was not performed (RX Summ--Surg Prim Site 2023 = A000, A980, B000

Reason for No Surgery must not = 0 (surgery performed).

If RX Summ--Surg Prim Site 2023 = A990 or B990 (unknown), Reason for No Surgery cannot be 0 (surgery performed).

Administrative Notes

New edit - NAACCR v23 metafile

Surgery 2023, RX Date Surgery, Primary Site (NAACCR)

Agency: NAACCR

Last changed: 01/31/2023 09:29:50

Edit Tag N6784

Description

This edit verifies that surgery fields, by Schema ID and/or Primary Site, are coded consistently with surgery date fields.

This edit is skipped if any of the following conditions is true:

1. Date of Diagnosis is blank and less than 2023
2. Schema ID is blank
3. RX Summ--Surg Prim Site is blank
4. RX Summ--Scope Reg LN Sur is blank
5. RX Summ--Surg Oth Reg/Dis is blank.

This edit compares the three surgery code fields (RX Summ--Surg Prim Site, RX Summ--Scope

Reg

LN Sur, RX Summ--Surg Oth Reg/Dis) against the date of first surgical procedure (RX Date

Surgery).

If all of the three fields show that no surgery was performed, then the date

must be blank.

If RX date is coded, then one of the surgery fields must indicate that surgery was

performed.

The edit works as follows:

1. If surgery was not performed, then RX Date Surgery must be blank. Surgery is considered

"not performed" if all of the following three conditions are true:

Systemic RX, Surgery 03-2022, Systemic/Sur Seq (COC)

1. RX Summ--Surg Prim Site 2023 = A000, B000 (none) or A980 (not applicable)
2. RX Summ--Scope Reg LN Sur = not applicable for the following:

Primary Site code = C420, C421, C423, C424, C589, C700-C709,
C710-C729, C751-C753, C761-C768, C770-C779, C809

Schema ID 99999, C760

RX Summ--Scope Reg LN Sur = 0 or 1

3. RX Summ--Surg Oth Reg/Dis = 0 (none)

2. If RX Date Surgery is not blank, at least one of the following three conditions must be true:

1. RX Summ--Surg Prim Site 2023 = A100-A900, B100-B900
2. RX Summ--Scope Reg LN Sur = 2-7
3. RX Summ--Surg Oth Reg/Dis = 1-5

Administrative Notes

New edit - NAACCR v23 metafile

Modifications

NAACCR v23A

- Logic corrected, "(AT(#{S}RX Summ--Scope Reg LN Sur", "01")!=0", "01") changed to "01",1)"

- Description, logic updated. Requirement for date of surgery if surgery performed changed to requirement for surgery to be coded if date is not blank

Systemic RX, Surgery 03-2022, Systemic/Sur Seq (COC)

Agency: COC

Last changed: 08/23/2022 18:36:36

Edit Tag N0759

Description

This edit is skipped if any of the fields are blank.

This edit is skipped for diagnosis date blank (unknown), invalid, or after 2022.

1. If surgery was performed AND if systemic therapy was given, then RX Summ--Systemic/Sur Seq must specify a sequence (codes 2-7, 9).

A. Surgery is considered performed if ANY of the following three conditions are true:

1. RX Summ--Surg Prim Site 03-2022 = 10-90
2. RX Summ--Scope Reg LN Sur:
 - For cases diagnosed prior to 2012:
 - 1-7

Systemic RX, Surgery 03-2022, Systemic/Sur Seq (COC)

For cases diagnosed 2012-2017:

- 1
- 2 (only if Regional Nodes Examined = 01-98)
- 3-7

For cases diagnosed 2018-2020:

- 2 (if Regional Nodes Examined = 01-98)
- 3-7

For cases diagnosed 2021+:

- 2
- 3-7

- 3. RX Summ--Surg Oth Reg/Dis = 1-5

B. Systemic therapy is considered performed if ANY of the following four conditions are true:

- 1. RX Summ--BRM = 01
- 2. RX Summ--Chemo = 01-03
- 3. RX Summ--Hormone = 01
- 4. RX Summ--Transplnt/Endocr = 10-40

2. If surgery was not performed OR there was no systemic therapy, then RX Summ--Systemic/Sur Seq must = 0 (no systemic therapy and/or surgical procedures).

A. Surgery is considered not performed if ALL of the following conditions are true:

- 1. RX Summ--Surg Prim Site 03-2022 = 00, 99
- 2. RX Summ--Scope Reg LN Sur:
 - For cases diagnosed prior to 2012: 0
 - For cases diagnosed 2012-2017: 0 (for all cases)
 - 2 (only if Regional Nodes Examined 00 or 99 for cases diagnosed 2012-2020)
 - For cases diagnosed 2018-2020: 0
 - For cases diagnosed 2021 or later: 0-1 (for all cases)
- 3. RX Summ--Surg Oth Reg = 0

B. Surgery is also considered not performed if ALL of the following conditions are true:

- 1. RX Summ--Surg Prim Site 03-2022 = 98 (coded for hematopoietic, ill-defined and unknown sites)
- 2. RX Summ--Scope Reg LN Sur: 9
- 3. RX Summ--Surg Oth Reg = 0

C. Systemic therapy is considered not performed if ALL of the following four conditions are true:

- 1. RX Summ--BRM = 00, 82-88, 99
- 2. RX Summ--Chemo = 00, 82-88, 99
- 3. RX Summ--Hormone = 00, 82-88, 99
- 4. RX Summ--Transplnt/Endocr = 00, 82-88, 99

Systemic RX, Surgery 03-2022, Systemic/Sur Seq (COC)***Administrative Notes***

In the SEER*Edits software, the title of this edit is: IF160

Modifications:

NACR110C

09/06/06

The edit was updated to treat systemic treatment (RX Summ--BRM, RX Summ--Chemo, RX Summ--Hormone, and RX Summ--Transplnt/Endocr)

code 88

(recommended, but unknown if administered) the same as the code 00 (none).

NACR111

09/2006

The name of the data item RX Summ--Systemic Sur Seq was changed to RX Summ--Systemic/Sur Seq.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

NAACCR v12.2

- Added code 7 to list of codes indicating systemic/surg sequence.
- Reworked parentheses in edit logic.

NAACCR v12.2C

- Modified so that definition of "surgery performed" for RX Summ--Scope Reg LN Sur is 1-7 for cases diagnosed pre-2012, and 1, 2 (only if Regional

Nodes Examined = 01-98), 3-7 for cases diagnosed 2012 and later. This is because code 2, as of 2012, can mean that a SLNBx was attempted but the

patient failed to map and no nodes were removed.

- When determining whether surgery was "not performed", RX Summ--Scope Reg LN Sur codes of 0 (for all years of diagnosis) and 2 (for cases diagnosed 2012 and later with Reg Nodes Examined of 00 or 99) are considered "no regional lymph node surgery".

- Codes indicating surgery of other regional or distant sites corrected: changed from 1-8 to 1-5.

NAACCR v13:

- The description was corrected: In steps 2.A, 2.B and 2.C, "not performed if ANY of the following conditions are true" changed to "not performed if ALL of the following conditions are true".

NAACCR v13A:

- Modified edit logic so that when determining if RX Summ--Scope Reg LN Sur codes are

Systemic RX, Surgery 2023, Systemic/Sur Seq (COC)

considered "surgery performed" for 2012+ cases, instead of just checking codes 1, 3-7, it now also considers code 2 as "surgery performed" if Regional Nodes Examined = 01-98. (Description was correct; logic was wrong.)

NAACCR v21

- Description, logic updated, RX Summ--Scope Reg LN Sur code "1" not edited as treatment for 2021+

NAACCR v21A

- Description, logic updated for v21, RX Summ--Scope Reg LN Sur code of 1 not considered surgery performed for 2018-2020

diagnoses, RX Summ--Scope Reg LN Sur code of 1 = no surgery performed for 2021+ diagnoses

- Description, logic updated, RX Summ--Scope Reg LN Sur: code 2 with Regional Nodes Examined 00, 99 removed as "no treatment" for 2018+;

code 2 without reference to Regional Nodes Examined edited as treatment for 2021+

- Logic corrected, RX Summ--Scope Reg LN Sur 3-7 treatment for dx_year > 2020 changed to dx_year >= 2018

NAACCR v21B

- Logic modified, "dd" added to INLIST statements

NAACCR v22B

- Description, logic updated, code 99 added for RX Summ--Surg Prim Site, RX Summ--Chemo, RX Summ--Hormone, RX Summ--BRM, and RX Summ--Transplnt/Endocr requiring sequence code 0

NAACCR v23

- Description, logic updated, edit skipped for dx year > 2022

- Logic corrected, INLIST replaced by AT

- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022

- Name changed from Systemic RX, Surgery, Systemic/Sur Seq (COC)

- Logic corrected. Scope of Nodes 2 with Regional Nodes Examined 00, 99, for dx years 2012 to 2017 = no surgery, dx years changed to 2012-2020

Systemic RX, Surgery 2023, Systemic/Sur Seq (COC)

Agency: COC

Last changed: 08/22/2022 17:56:36

Edit Tag N6785

Description

This edit is skipped if any of the fields are blank.

This edit is skipped for diagnosis date blank (unknown), invalid, or before 2023.

1. If surgery was performed AND if systemic therapy was given, then RX Summ--

Telephone (SEER)

Systemic/Sur Seq must specify a sequence (codes 2-7, 9).

A. Surgery is considered performed if ANY of the following three conditions are true:

1. RX Summ--Surg Prim Site 2023 = A100-A900, B100-B900
2. RX Summ--Scope Reg LN Sur = 2-7
3. RX Summ--Surg Oth Reg/Dis = 1-5

B. Systemic therapy is considered performed if ANY of the following four conditions are true:

1. RX Summ--BRM = 01
2. RX Summ--Chemo = 01-03
3. RX Summ--Hormone = 01
4. RX Summ--Transplnt/Endocr = 10-40

2. If surgery was not performed OR there was no systemic therapy, then RX Summ--Systemic/Sur Seq must = 0 (no systemic therapy and/or surgical procedures).

A. Surgery is considered not performed if ALL of the following conditions are true:

1. RX Summ--Surg Prim Site 2023= A000, A990, B000, B990
2. RX Summ--Scope Reg LN Sur = 0, 1
RX Summ--Scope Reg LN Sur = 9 and one of the following is true:
 - a. Primary Site = C420, C421, C423, C424, C589, C700-C709, C710-C729, C751-C753, C761-C768, C770-C779, C809
 - b. Schema ID 99999, C760
3. RX Summ--Surg Oth Reg = 0

B. Surgery is also considered not performed if ALL of the following conditions are true:

1. RX Summ--Surg Prim Site 2023 = A980 (coded for hematopoietic, ill-defined and unknown sites)
2. RX Summ--Scope Reg LN Sur: 9
3. RX Summ--Surg Oth Reg = 0

C. Systemic therapy is considered not performed if ALL of the following four conditions are true:

1. RX Summ--BRM = 00, 82-88, 99
2. RX Summ--Chemo = 00, 82-88, 99
3. RX Summ--Hormone = 00, 82-88, 99
4. RX Summ--Transplnt/Endocr = 00, 82-88, 99

Administrative Notes

New edit - NAACCR v23 metafile

Telephone (SEER)

Agency: SEER

Last changed: 05/16/2020 12:30:53

Edit Tag N0173

Testis Serum Markers Post-Orchiectomy 03-2022, Lab Value (NAACCR)**Description**

Must be a 10-digit number.

Administrative Notes

Modifications

NAACCR v21

- Name changed from Telephone (COC)
- Agency changed from COC to SEER

Testis Serum Markers Post-Orchiectomy 03-2022, Lab Value (NAACCR)

Agency: NAACCR

Last changed: 07/14/2022 11:13:21

Edit Tag N6123

Description

This edit verifies that the testis tumor marker lab value SSDIs are coded consistently with surgery code.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019 or after 2021, blank (unknown), or invalid.
 - b. Schema ID not = 00590
 - c. The following SSDIs are blank or not applicable:
 - AFP Post-Orchiectomy Lab Value
 - hCG Post-Orchiectomy Lab Value
 - d. RX Summ--Surg Prim Site 03-2022 is blank
2. If RX Summ--Surg Prim Site 03-2022 = 00 (no surgery of primary site), 12 (local tumor destruction NOS (no specimen sent to pathology), or 20 (local excision of testicle),
 - Then the data items must be coded as follows (no orchiectomy performed):

AFP Post-Orchiectomy Lab Value	XXXXX.9
hCG Post-Orchiectomy Lab Value	XXXXX.9

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

EditWriter 5

1312

05/01/2023 02:04 PM

Testis Serum Markers Post-Orchiectomy 03-2022, Range (NAACCR)

NAACCR v23

- Description, logic updated, edit skipped for dx year > 2022
- Name changed from Testis Serum Markers Post-Orchiectomy, Lab Value (NAACCR)

Testis Serum Markers Post-Orchiectomy 03-2022, Range (NAACCR)

Agency: NAACCR

Last changed: 07/09/2022 12:06:27

*Edit Tag N3031***Description**

This edit verifies that the testis tumor marker range SSDIs are coded consistently with surgery code.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2019 or after 2022, blank (unknown), or invalid.
 - b. Schema ID not = 00590
 - c. The following SSDIs are blank or not applicable:

AFP Post-Orchiectomy Range
 hCG Post-Orchiectomy Range
 LDH Post-Orchiectomy Range
 S Category Pathological

- d. RX Summ--Surg Prim Site 03-2022 is blank

2. If Primary Site Surgery = 00 (no surgery of primary site), 12 (local tumor destruction NOS (no specimen sent to pathology), or 20 (local excision of testicle),
 Then the data items must be coded as follows (no orchiectomy performed):

AFP Post-Orchiectomy Range	9
hCG Post-Orchiectomy Range	9
LDH Post-Orchiectomy Range	9
S Category Pathological	9

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v23

- Description, logic updated, edit skipped for dx year > 2022

Testis Serum Markers Post-Orchiectomy 2023, Lab Value (NAACCR)

- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022
- Name changed from Testis Serum Markers Post-Orchiectomy, Range (NAACCR)

Testis Serum Markers Post-Orchiectomy 2023, Lab Value (NAACCR)

Agency: NAACCR

Last changed: 02/23/2023 17:58:31

*Edit Tag N6786***Description**

This edit verifies that the testis tumor marker lab value SSDIs are coded consistently with surgery code.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2023, blank (unknown), or invalid.
 - b. Schema ID not = 00590
 - c. The following SSDIs are blank or not applicable:
 - AFP Post-Orchiectomy Lab Value
 - hCG Post-Orchiectomy Lab Value
 - d. RX Summ--Surg Prim Site 2023 is blank
 - e. Type of Reporting Source = 7 (death certificate only)
2. If Primary Site Surgery = A000 (no surgery of primary site), A120 (local tumor destruction NOS (no specimen sent to pathology), or A200 (local excision of testicle),

Then the data items must be coded as follows (no orchiectomy performed):

AFP Post-Orchiectomy Lab Value	XXXXX.9
hCG Post-Orchiectomy Lab Value	XXXXX.9

Administrative Notes

New edit - NAACCR v23 metafile

Testis Serum Markers Post-Orchiectomy 2023, Range (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Text--Dx Proc--Lab Tests (GCCS)**Edit Tag N6787****Description**

This edit verifies that the testis tumor marker range SSDIs are coded consistently with surgery code.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2023, blank (unknown), or invalid.
 - b. Schema ID not = 00590
 - c. The following SSDIs are blank or not applicable:
 - AFP Post-Orchiectomy Range
 - hCG Post-Orchiectomy Range
 - LDH Post-Orchiectomy Range
 - S Category Pathological
 - d. RX Summ--Surg Prim Site 2023 is blank
 - e. Type of Reporting Source = 7 (death certificate only)
2. If RX Summ--Surg Prim Site 2023 = A000 (no surgery of primary site), A120 (local tumor destruction NOS (no specimen sent to pathology), or A200 (local excision of testicle),
 - Then the data items must be coded as follows (no orchiectomy performed):
 - AFP Post-Orchiectomy Range 9
 - hCG Post-Orchiectomy Range 9
 - LDH Post-Orchiectomy Range 9
 - S Category Pathological 9

Administrative Notes

New edit - NAACCR v23 metafile

Text--Dx Proc--Lab Tests (GCCS)

Agency: GCCS

Last changed: 06/25/2018 16:27:30

Edit Tag GA031

Description

Text--Dx Proc--Lab Tests cannot be blank.

Text--Dx Proc--Op (GCCS)

Agency: GCCS

Last changed: 06/25/2018 16:27:44

Text--Dx Proc--Path (GCCS)*Edit Tag* GA032*Description*

Text--Dx Proc--Op cannot be blank.

Text--Dx Proc--Path (GCCS)

Agency: GCCS

Last changed: 06/25/2018 16:27:52

Edit Tag GA033*Description*

Text--Dx Proc--Path cannot be blank.

Text--Dx Proc--Path, Diagnostic Confirm (NAACCR)

Agency: NAACCR

Last changed: 04/16/2020 18:13:46

Edit Tag N0402*Description*

If Diagnostic Confirmation equals 1, 2, 3, or 4, the first 79 characters of Text--Dx Proc--Path cannot all be blank. Text must be entered within those 79 characters, text does not need to fill all 79 characters.

Administrative Notes

Modifications:

NACR110C

07/19/06

Updated to check the first 79 characters of Text--Dx Proc--Path when verifying that text is not blank; the previously used field, Text--Dx Proc--Path-80, has been deleted since it is not a NAACCR standard data item.

NAACCR v12.0

- Added code 3 (positive histology PLUS positive immunophenotyping AND/OR positive genetic studies) to list of Diagnostic Confirmation codes requiring text in Text--Dx Proc--Path.

NAACCR v12.2C

- Error message updated

NAACCR v21

- Description updated to clarify that text must be entered within the 79 characters, it does not need to fill all 79 characters.

Text--Dx Proc--PE (GCCS)**Text--Dx Proc--PE (GCCS)**

Agency: GCCS

Last changed: 06/25/2018 16:28:00

Edit Tag GA034*Description*

Text--Dx Proc--PE cannot be blank.

Text--Dx Proc--Scopes (GCCS)

Agency: GCCS

Last changed: 06/25/2018 16:28:08

Edit Tag GA035*Description*

Text--Dx Proc--Scopes cannot be blank.

Text--Dx Proc--X-ray/Scan (GCCS)

Agency: GCCS

Last changed: 06/25/2018 16:28:47

Edit Tag GA036*Description*

Text--Dx Proc--X-ray/Scan cannot be blank.

Text--Histology Title (NAACCR)

Agency: NAACCR

Last changed: 04/05/1999

Edit Tag N0403*Description*

Text--Histology Title cannot be blank.

Text--Primary Site Title (NAACCR)

Agency: NAACCR

Last changed: 05/18/1999

Edit Tag N0404*Description*

Text--Primary Site Title cannot be blank.

Text--Staging (GCCS)

Agency: GCCS

Last changed: 06/25/2018 16:28:54

Edit Tag GA037

Thrombocytopenia, Date DX (NAACCR)**Description**

Text--Staging cannot be blank.

Thrombocytopenia, Date DX (NAACCR)

Agency: NAACCR

Last changed: 02/05/2022 16:04:09

Edit Tag N2745**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

This edit is skipped if Primary Site is blank.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Thrombocytopenia code or blank:

0: Thrombocytopenia not present
 Platelets (Plt) >= 100,000/microliter
 Physician states Rai Stage 0-III

1: Thrombocytopenia present
 Platelets (Plt) < 100,000/microliter

5: Not applicable: Primary site is not C421

6: Lab value unknown, physician states thrombocytopenia is present

Physician states Rai Stage IV

7: Test done, results not in chart

9: Not documented in medical record

Thrombocytopenia not assessed or unknown if assessed

No Rai Stage is documented in the record and there is no documentation of thrombocytopenia

Another edit, Thrombocytopenia, Schema ID, Required (NAACCR), checks that the item

is coded by Schema ID if required by a standard setter.

The data item is required for AJCC staging and EOD Derived Stage Group.

3. Code 5 must be used if primary site not C421

4. Codes 0, 1, 6, 7, and 9 must be used if primary site = C421

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

Thrombocytopenia, Schema ID, Required (NAACCR)

NAACCR v22

- Description, logic updated, code 5 added
- Description updated for codes 0, 6, 9
- Description, logic updated, valid codes specified for C421 and other primary sites

NAACCR v22B

- Error message corrected to SSDI not valid for primary site, rather than not valid for diagnosis date

Thrombocytopenia, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

*Edit Tag N2935***Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Thrombocytopenia is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00795: Lymphoma (CLL/SLL)

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566

TNM Clin Descriptor (COC)

(Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

TNM Clin Descriptor (COC)

Agency: COC

Last changed: 11/09/2010

Edit Tag N0144

Description

Must be a valid TNM Clin Descriptor code (0-3, 5, 9, blank).

Administrative Notes

Modifications:

NAACCR v12.0

- Modified to no longer allow code 4.

NAACCR v12.1

- Modified to no longer allow code 6 [M & Y (Multiple primary tumors and initial multimodality therapy)].

TNM Clin Descriptor, Date of Diagnosis (SEER)

Agency: SEER

Last changed: 10/05/2018 12:47:31

Edit Tag N2015

Description

This edit is skipped if year of Date of Diagnosis is blank or invalid

If year of Date of Diagnosis is greater than 2015 and less than 2018, TNM Descriptor cannot be blank.

Administrative Notes

New edit - added to NAACCR v15 metafile.

In the SEER*Edits software, the title of this edit is: IF529

This edit differs from the COC edit of the same name as follows:

- This edit is skipped if year of Date of Diagnosis is less than 2015; the COC version is never skipped.

This edit differs from the NPCR version as follows:

TNM Clin Descriptor, Histologies - Ed 7 (COC)

- This edit is skipped if year of Date of Diagnosis is less than 2015; the NPCR version is skipped if year of Date of Diagnosis is less than 2014.

NAACCR v16

- Updated to not allow blanks for cases diagnosed > 2015

NAACCR v18

- Description, logic modified to check if year of Date of Diagnosis is greater than 2015 and less than 2018, TNM Clin Descriptor cannot

be blank

- Valid codes removed from description, checked in other edit

TNM Clin Descriptor, Histologies - Ed 7 (COC)

Agency: COC

Last changed: 02/07/2018 22:11:11

Edit Tag N2223**Description**

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. TNM Clin Descriptor is blank
4. TNM Clin Descriptor not = 1, 2, 5

This edit verifies that TNM Clin Descriptor codes 1 [E (Extranodal, lymphomas only)], 2 [S (Spleen, lymphomas only)], and 5 [E & S (Extranodal and spleen, lymphomas only)] are coded only for lymphoma cases.

If TNM Clin Descriptor = 1, 2, 5 and case is not a lymphoma as specified below, an error is generated.

Ocular Adnexal Lymphoma:

Primary Site:

C441, C690, C695-C696

Histologic Type ICD-O-3

9590-9699, 9702-9738, 9811-9818, 9820-9837

Primary Cutaneous Lymphomas:

Primary Site:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologic Type ICD-O-3:

9700, 9701

Neoplasms manifesting as leukemia or lymphoma:

Primary Site:

TNM Clin M, Date of Diagnosis (COC)

C000-C419, C422-C423,
 C440, C442-C689,
 C691-C694, C698-C809
 Histologic Type ICD-O-3:
 9823, 9827, 9811-9818, 9837

Primary Site:
 C420, C421, C424
 Histologic Type ICD-O-3:
 9811-9818, 9837

Other lymphomas:
 Primary Site:
 All except C441, C690, C695-C696
 Histologic Type ICD-O-3
 9590-9699, 9702-9727, 9735, 9737-9738

Administrative Notes

New edit - added to NAACCR v16 metafile
 SEER IF599

Modifications

NAACCR v16A
 - Error message corrected, field out of order

NAACCR v16B
 - Description and Edit Logic modified to include histologies 9811-9818, 9837, with primary site C420, C421, and C424 as lymphoma, according to agreement reached between SEER and COC. Valid TNM Clin Descriptor codes may be coded (but are not required) for these sites and histologies.

NAACCR v16D
 - Administrative note for v16B corrected to read that histology 9837 (previously identified as 9827) was included as lymphoma for primary site C420, C421, C424.

TNM Clin M, Date of Diagnosis (COC)

Agency: COC

Last changed: 04/03/2018 23:30:33

Edit Tag N2225

Description

This edit is skipped if any of the following conditions is true:

1. Diagnosis date < 2016 or > 2017, blank (unknown), or invalid.
2. TNM Clin M is blank.
3. TNM Edition Number not = 07, U7

Must be a valid code for TNM Clin M and must be left-justified. Subcategory letters must be uppercase, "c" or "p" in code must be lowercase. May be blank.

TNM Clin N, Date of Diagnosis (COC)

The following codes are valid for AJCC 7th TNM edition, 2016 and 2017 diagnosis year:

```

c0
c0I+
c1
c1A
c1B
c1C
c1D
c1E
p1
p1A
p1B
p1C
p1D
p1E
88

```

Administrative Notes

New edit for v16
SEER IF545

Modifications

NAACCR v16

- Edit logic corrected, expressions using 2,4 changed to 2,3 (start from second character and read for 3 characters, for a 4-character data item).

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7

NAACCR v16E

- Corrected Match expression to test for "c0I!+"

NAACCR v18

- Modified description to include valid for 2017 diagnosis and skip for > 2017, modified logic to skip for dx_year > 2017

TNM Clin N, Date of Diagnosis (COC)

Agency: COC

Last changed: 04/03/2018 23:31:01

Edit Tag N2227

Description

This edit is skipped if any of the following conditions is true:

TNM Clin N, Digestive, Assess Nodes SSF (COC)

1. Diagnosis date < 2016 or > 2017, blank, (unknown), or invalid.
2. TNM Clin N is blank.
3. TNM Edition Number not = 07, U7

Must be a valid code for TNM Clin N and must be left justified. Subcategory letters must be uppercase, "c" in code must be lowercase. May be blank.

The following codes are valid for AJCC 7th edition, 2016 and 2017 diagnosis year:

cX
c0
c0A
c0B
c1
c1A
c1B
c1C
c2
c2A
c2B
c2C
c3
c3A
c3B
c3C
c4
88

Administrative Notes

New edit for v16

SEER IF546

Modifications

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7

NAACCR v18

- Modified description to include valid for 2017 diagnosis and skip for > 2017, modified logic to skip for dx_year > 2017

TNM Clin N, Digestive, Assess Nodes SSF (COC)

Agency: COC

Last changed: 04/08/2018 12:49:56

Edit Tag N2229

TNM Clin N, Digestive, Assess Nodes SSF (COC)

Description

The edit verifies consistency between the CS Site-Specific Factor coding Clinical Assessment of Lymph Nodes, and the assigned TNM Clin N category.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/Histology group is not included in list below (not 10A,10B,011,012,13A,13B,014,17A,17C).
5. TNM Clin N is blank or 88
6. SSF coding nodes assessment is blank or 988
7. TNM Edition Number not = 07, U7

(Site/histology group is determined before skips 4 and 6 are applied.)

TNM Clin N may be blank. If entered, it will be edited site-specifically. Code 400, clinically positive regional node(s), NOS, will be accepted with any TNM Clin N value except cN0 for site/histology groups 10A,10B,11,12,13A, and 14.

The site-specific TNM Clinical N values with the corresponding codes in the Site-Specific Factor used to collect the information are listed below. The number next to each site title indicates the respective chapter in the AJCC Cancer Staging Manual, Edition 7. The list includes only those digestive site/histology groups where assessment of clinical N is coded separately in a site-specific factor.

The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

10. Esophagus and Esophagus Gastric Junction

- 10A. Esophagus
- 10B. Esophagus Gastric Junction

TNM N Clin:	X		0	1	2
	3				
SSF 1:		999, 400	000	100, 400	200, 400 300, 400

11. Stomach

TNM N Clin:	X		0	1	2
	3	3A		3B	
SSF 1:		999, 400	000	100, 400	200, 400 300, 400 310, 400 320, 400

12. Small Intestine

TNM N Clin:	X		0	1	2
SSF 2:		999, 400	000	100, 400	200, 400

13. Appendix

- 13A. Appendix: Carcinoma

TNM N Clin:	X		0	1	2
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TNM Clin N, Digestive, Assess Nodes SSF (COC)

SSF 2:	999, 400	000	100, 400	200, 400
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13B. Appendix: Carcinoid

TNM N Clin:	X	0	1
SSF 2:	999	000	100, 200, 400

14. Colon and Rectum

TNM N Clin:	X	0	1	1A	1B
	2	2A	2B		
SSF 2:	999, 400	000	100, 400	010, 400	020, 400
	200, 400	110, 400	120, 400		

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

TNM N Clin:	X	0	1
SSF 1:	999	000	100, 200, 300, 400

17C. NET: Colon and Rectum

TNM N Clin:	X	0	1
SSF 2:	999	000	100, 200, 400

Administrative Notes

New edit - added to NAACCR v16 metafile.
SEER IF600

Modifications**NAACCR v16B**

- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

NAACCR v16C

- Description, edit logic modified to not fail when TNM Clin C = cX and CS SSF 1 or 2 = 400 for site/histology groups

10A,10B,11,12,13A,13B, and 14. If number of nodes involved is unknown and number is required to assign TNM Clin N, TNM Clin N = cX is appropriate

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7.

- Description modified to delete statement in first paragraph that code 400 accepted with any value except cN0, cNX.

- Site/histo group 13B, Appendix Carcinoid, separated from site/histo group 13A, Appendix Carcinoma, in description and logic.

NAACCR v18

- Error message changed from 6039 to 6018

TNM Clin Stage Group, 2016 (COC)

TNM Clin Stage Group, 2016 (COC)

Agency: COC

Last changed: 04/03/2018 23:29:14

*Edit Tag N2421***Description**

Must be a valid code for TNM Clin Stage Group and must be left-justified. Letters must be uppercase.

This edit is skipped if any of the following conditions is true:

- 1.Diagnosis date < 2016 or > 2017, blank (unknown), or invalid.
- 2.TNM Clin Stage Group is blank
- 3.TNM Edition Number not = 07, U7

The following codes are valid for 2016 and 2017 diagnosis year:

0
0A
0S
0IS
1
1A
1A1
1A2
1B
1B1
1B2
1C
1S
2
2A
2A1
2A2
2B
2C
3
3A
3B
3C
3C1
3C2
4
4A
4A1
4A2
4B
4C
88
99
OC

TNM Clin Stage Group, SSF 2 Lymphoma (COC)***Administrative Notes***

New for NAACCR v16 metafile
SEER IF559

Modifications

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7
- In the SEER*Edits software, the title of this edit is IF559

NAACCR v18

- Modified description to include valid for 2017 diagnosis and skip for > 2017, modified logic to skip for dx_year > 2017

TNM Clin Stage Group, SSF 2 Lymphoma (COC)

Agency: COC

Last changed: 02/07/2018 22:11:11

Edit Tag N2231***Description***

Purpose: This edit verifies that TNM Clin Stage and CS SSF 2, Systemic Symptoms at Diagnosis, are coded consistently for lymphoma.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Clin Stage Group is blank
5. CS Site-Specific Factor 2 is blank or 988
6. TNM Edition Number not = 07, U7

The edit is evaluated for site/histology groups 57A and 57C. The site/histology groups are identified by site and histology in the edit Primary Site, AJCC Stage Group 2016 - Ed 7 (COC), Primary Site, Stage Group 2016 - Ed 7 (NPCR), and Primary Site, Stage Group 2016 - Ed 7 (SEER).

1. If TNM Clin Stage Group = 1A, 2A, 3A, or 4A,
then CS SSF 2 must = 000 (No B symptoms) or 020 (Pruritis)
2. If TNM Clin Stage Group = 1B, 2B, 3B, or 4B,
then CS SSF 2 must = 010 (any B symptoms) or 030 (any B symptoms + pruritis)
3. If TNM Clin Stage Group = 1, 2, 3, or 4
then CS SSF 2 must = 999 (unknown or no information)

Administrative Notes

New TNM Edit for NAACCR v16

EditWriter 5

1328

05/01/2023 02:04 PM

TNM Clin Staged By, Date of Diagnosis (SEER)

SEER IF621

Modifications

NAACCR v16A

- SEER IF621

- Corrected Description and Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code

NAACCR v16B

- Description updated to reference 3 edits where site/histology groups are identified: Primary Site, AJCC Stage Group 2016 - Ed 7 (COC), Primary Site, Stage Group 2016 - Ed 7 (NPCR), and Primary Site, Stage Group 2016 - Ed 7 (SEER).

- Description and Edit Logic updated to include checks for stage groups 4, 4A, and 4B against CS-Site-Specific Factor 2 for histologies 9811-9818, 9837 with primary sites C420, C421, and C424, site/histology group 57C. These site/histologies can be coded as either hematopoietic or lymphoid malignancy according to agreement reached between SEER and COC.

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7

- SEER IF261 in modification for NAACCR v16A changed to SEER IF621

TNM Clin Staged By, Date of Diagnosis (SEER)

Agency: SEER

Last changed: 01/28/2022 21:27:54

*Edit Tag N2018**Description*

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2015 or greater than 2017, blank (unknown), or invalid
2. TNM Clin Staged By [990] is blank and year of Date of Diagnosis = 2015
3. Registry ID = 0000001566 (Texas)

Must be a valid TNM Clin Staged By[990]code (00, 10, 11, 12, 13, 14, 15, 20, 30, 40, 50, 60, 88, 99).

Codes

00	Not staged
10	Physician NOS or physician type not specified in codes 11-15
11	Surgeon
12	Radiation Oncologist
13	Medical Oncologist
14	Pathologist
15	Multiple Physicians; tumor board, etc.
20	Cancer registrar
30	Cancer registrar and physician
40	Nurse, physician assistant, or other non-physician medical staff
50	Staging assigned at another facility
60	Staging by Central Registry

TNM Clin T, Clin Size, Site Spec - Ed 7 (SEER)

88 Case is not eligible for staging
 99 Staged but unknown who assigned stage

Administrative Notes

New edit - added to NAACCR v15 metafile.

In the SEER*Edits software, the title of this edit is: IF530

Modifications:**NAACCR v15A**

- Corrected error message

NAACCR v16

- Updated to two-character field

NAACCR v18

- Description, logic modified to skip for year of diagnosis greater than 2017

NAACCR v22B

- Description, logic modified, edit skipped for Registry ID 0000001566 (Texas)

TNM Clin T, Clin Size, Site Spec - Ed 7 (SEER)

Agency: SEER

Last changed: 02/07/2018 22:11:11

Edit Tag N2238

Description

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Site/Histology where Clin T is not dependent on clinical tumor size
6. TNM Clin T is blank or 88
7. Tumor Size Clinical is blank or 999
8. TNM Edition Number not = 07, U7

Skip 7 applied after determination of site/histology group

TNM Clin T may be blank. If entered, it will be edited site-specifically. A cT category entered in TNM Clin T will be compared to Tumor Size Clinical. An edit failure will be returned if the clinical tumor size is outside the range of tumor size for the listed cT category. "989", "989 millimeters or larger", is the highest possible size for Tumor Size Clinical. 990 (microscopic focus) will be accepted for c1 (c1A, c1MI) for all sites/histologies included in this edit.

The site-specific TNM Clinical T values with the corresponding clinical tumor size in millimeters are listed below. The number next to each site title indicates the

TNM Clin T, Clin Size, Site Spec - Ed 7 (SEER)

respective chapter in the AJCC Cancer Staging Manual, Edition 7. The list includes only those sites/histology groups where clinical T is based on clinical tumor size. The site/histology groups are identified by site and histology in the edits Primary Site, AJCC Stage Group 2016 - Ed 7 (COC), Primary Site, Stage Group 2016 - Ed 7 (NPCR), and Primary Site, Stge Group 2016 - Ed 7 (SEER). Subdivision of the 4A site/histology group, Oropharynx and Hypopharynx, was required for this edit; the site codes for Hypopharynx were removed to site group 4E.

3. Lip and Oral Cavity

TNM T:	1	2	3
Tumor Size Clin	001-020, 990	021-040	041-989

4. Pharynx

4A. Oropharynx and Hypopharynx

Division for T category:

4A. Oropharynx only

Sites: C019, C024, C051-C052, C090-C091, C098-C099, C100, C102-C104, C108-C109

TNM T:	1	2
Tumor Size Clin	001-020, 990	021-040

4E. Hypopharynx

Sites: C129, C130-C139

TNM T:	1
Tumor Size Clin	001-020, 990

4D. Oropharynx

TNM T:	1	2
Tumor Size Clin	001-020, 990	021-040

7. Major Salivary Glands

TNM T:	1	2
Tumor Size Clin	001-020, 990	021-040

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

8D. Thyroid: Medullary

TNM T:	1	1A	1B
	2		
Tumor Size Clin	001-020, 990	001-010, 990	011-020
			021-040

13. Appendix

13B. Appendix: Carcinoid

TNM T:	1	1A	1B
Tumor Size Clin	001-020, 990	001-010, 990	011-020

TNM Clin T, Clin Size, Site Spec - Ed 7 (SEER)

15. Anus

TNM T:	1	2	3
Tumor Size Clin	001-020, 990	021-050	051-989

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric
16B. GIST: Small Intestine

TNM T:	1	2	3	
4				
Tumor Size Clin	001-020, 990	021-050	051-100	101-989

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach
17B. NET: Small Intestine

TNM T:	1
Tumor Size Clin	001-010, 990

17D. NET: Ampulla

TNM T:	1	2
Tumor Size Clin	001-010, 990	011-989

24. Exocrine and Endocrine Pancreas

TNM T:	1	2
Tumor Size Clin	001-020, 990	021-989

25. Lung

TNM T:	1	1A	1B	
2A		2B		
Tumor Size Clin	001-030, 990	001-020, 990	021-030	001-050,
990	051-070			

27. Bone

TNM T:	1	2
Tumor Size Clin	001-080, 990	081-989

28. Soft Tissue Sarcoma

TNM T:	1	2
Tumor Size Clin	001-050, 990	051-989

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

TNM T:	1
Tumor Size Clin	001-020, 990

TNM Clin T, Clin Size, Site Spec - Ed 7 (SEER)

30. Merkel Cell Carcinoma

TNM T:	1	2	3
Tumor Size Clin	001-020, 990	021-050	051-989

32. Breast

TNM T:	1	1M	1A
	1B	1C	2
Tumor Size Clin	001-020, 990	001-001, 990	001-005, 990
	011-020	021-050	005-010
	3		
	051-989		

43. Kidney

TNM T:	1	1A	1B
	2	2A	2B
Tumor Size Clin	001-070, 990	001-040, 990	041-070
	071-100	101-989	071-989

47. Adrenal

47A. Adrenal Cortex
47B. Adrenal Cortical Carcinoma

TNM T:	1	2
Tumor Size Clin	001-050, 990	051-989

49. Conjunctiva

TNM T:	1	2
Tumor Size Clin	001-005, 990	006-989

53. Carcinoma of the Lacrimal Gland

TNM T:	1	2	3
Tumor Size Clin	001-020, 990	021-040	041-989

54. Sarcoma of the Orbit

TNM T:	1	2
Tumor Size Clin	001-015, 990	016-989

Administrative Notes

New edit - added to NAACCR v15 metafile
SEER IF616

Modifications

TNM Clin T, Date of Diagnosis (COC)

NAACCR v16A

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, to Edit Logic

NAACCR v16B

- Fields out of order for error messages, corrected.
- Description updated to reference 3 edits where site/histology groups are identified: Primary Site, AJCC Stage Group 2016 - Ed 7 (COC), Primary Site, Stage Group 2016 - Ed 7 (NPOCR), and Primary Site, Stage Group 2016 - Ed 7 (SEER).
- Description corrected to show size range of 001-050, 990 for group 025, c2A, Lung.
- Edit logic updated to pass 990 for c2A, Lung
- Table referenced by edit updated to include size range of 001-050 for c2A, Lung.
- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7
- Logic formatting corrected(edit returns not changed)

TNM Clin T, Date of Diagnosis (COC)

Agency: COC

Last changed: 04/03/2018 23:40:10

*Edit Tag N2232***Description**

This edit is skipped if any of the following conditions is true:

1. Diagnosis date < 2016 or > 2017, blank (unknown), or invalid.
2. TNM Clin T is blank.
3. TNM Edition Number not = 07, U7

Must be a valid code for TNM Clin T and must be left-justified. Subcategory letters must be uppercase, "c" or "p" in code must be lowercase. May be blank.

The following codes are valid for AJCC 7th edition, 2016 and 2017 diagnosis year:

cX
c0
c1
c1A
c1A1
c1A2
c1B
c1B1
c1B2
c1C
c1D
c1MI
c2

TNM Clin T, Histology, Grade, Thyroid (COC)

c2A
c2A1
c2A2
c2B
c2C
c2D
c3
c3A
c3B
c3C
c3D
c4
c4A
c4B
c4C
c4D
c4E
pA
pIS
pISU
pISD
88

Administrative Notes

New edit for v16

This edit differs from the SEER version of the edit in that it allows p4 (for Testis)

Modifications**NAACCR v16**

- Edit logic corrected, expressions using 2,4 changed to 2,3 (start from second character and read for 3 characters, for a 4-character data item).

NAAACCR v16B

- Description and logic updated, p4 removed as valid value

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7

NAACCR v18

- Modified description to include valid for 2017 diagnosis year and skip for > 2017, modified logic to skip for dx_year > 2017

TNM Clin T, Histology, Grade, Thyroid (COC)

Agency: COC

Last changed: 04/04/2018 20:15:21

Edit Tag N2234

TNM Clin T, N, M, In Situ (COC)**Description**

This edit verifies that TNM Clin T is coded consistently for anaplastic carcinomas of the thyroid when TNM Path T is blank. Anaplastic carcinomas are identified by stated grade of 4 or histologic type with implied grade of 4.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
 2. Type of Reporting Source = 7 (Death Certificate Only)
 4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
 5. Site is not C739
 6. TNM Clin T is blank or 88
 7. Grade is blank
- A. If Primary Site is Thyroid (C73.9), histology is 8000-8019, 8022-8029, 8033-8576, 8940-8950, 8980-8981, Grade = 4, and TNM Path T is blank
then TNM Clin T must = c4, c4A, or c4B
- A. If Primary Site is Thyroid (C73.9), histology is 8020, 8021, 8030, 8031, or 8032 (implied grade of 4) and TNM Path T is blank
then TNM Clin T must = c4, c4A, or c4B

Administrative Notes

New edit - added to NAACCR v16 metafile
SEER IF569

Modifications

NAACCR v18
- Name changed, (CoC) to (COC)

TNM Clin T, N, M, In Situ (COC)

Agency: COC

Last changed: 05/17/2018 20:20:11

Edit Tag N2443

Description

The purpose of this edit is to verify that TNM Clin N, TNM Clin M, and TNM Clin Stage Group are coded consistently for cases where TNM Clin T indicates an in situ tumor (TNM Clin T = pIS, pA, pISU, pISD, or pA).

This edit enforces the statement in the AJCC manual on page 12: "Carcinoma in situ (CIS) is an exception to the stage grouping guidelines. By definition, CIS has not involved any structure in the primary organ that would allow tumor cells to spread to regional nodes or distant sites.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016 or greater than 2017, blank (unknown), or invalid
2. Type of Reporting Source = 7

TNM Clin T, N, M, In Situ (COC)

3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Clin T is not = pIS, pA, pISU, pISD, or pA
5. TNM Edition Number not = 07, U7

If the case is reviewed and accepted as coded (Over-ride TNM Tis = 1) no further editing is done. See "Additional Information" in this description.

If TNM Clin T = pIS, pA, pISU, or pISD:

TNM Clin N must = c0, c0A, c0B (no clinically positive nodes)
 TNM Clin M must = c0, c0I+ (metastasis clinically negative)
 TNM Clin Stage Group must = 0, 0A, or 0IS (stage group clinical = in situ)

Only TNM Clin N and TNM Clin M are edited for the following TNM groups. In situ carcinomas are recognized by AJCC, but there is no stage grouping.

49. Carcinoma of Conjunctiva
50. Malignant Melanoma of Conjunctiva

This edit is skipped for the following TNM groups (AJCC does not recognize or does not stage in situ tumors for these sites, though in situ may be assigned by a pathologist):

7. Major Salivary Glands
8. Thyroid Gland (08A-08F)
9. Mucosal Melanoma Head and Neck
- 13B. Appendix, Carcinoid
16. GIST
17. NET Small Intestine and Ampulla of Vater, NET Colon and Rectum (17B, 17C)
18. Liver
- 36B. Corpus Sarcoma
- 36C. Corpus Adenosarcoma
- 37A. Ovary
39. Gestational Trophoblastic Tumors
41. Prostate
43. Kidney
47. Adrenal (47A, 47B)
- 51A. Melanoma of Choroid
- 51B. Melanoma of Iris
53. Carcinoma of the Lacrimal Gland
54. Sarcoma of the Orbit
- 57B. Primary Cutaneous Lymphoma

Additional Information:

As noted above, "Carcinoma in situ (CIS) is an exception to the stage grouping guidelines. By definition, CIS has not involved any structure in the primary organ that would allow tumor cells to spread to regional nodes or distant sites. Therefore, pTis cN0 cM0 should be reported as both clinical and pathologic stage 0." Traditional registry coding rules have recommended that registrars assign at least a category of T1 to cases where in situ behavior is found on pathologic examination of tissue from the primary site but other findings indicate regional or distant involvement, based on the concept that primary tumor invasion must be present but not identified.

AJCC is interested in identifying such cases where in situ behavior on pathologic examination of the primary site is accompanied by findings of regional nodal or distant involvement, and the AJCC consultant recommends coding Tis with relevant N and M categories and unknown stage group. An over-ride has been added to this

TNM Clin T, SSF 2 Melanoma Conjunctiva (COC)

edit to allow this coding.

First check that T, N, and M values are coded correctly. Review all pathology reports and verify T, N, and M categories with the staging physician. Also contact the AJCC forum for staging questions or consult published training materials for guidance on handling specific case circumstances. If, after careful review and consultation, the coding that generated an edit failure is determined to be correct, set the Over-ride TNM Tis to 1 and rerun the edit.

Administrative Notes

New edit - added to NAACCR v16B metafile

Modifications**NAACCR v16D**

- Added skip if TNM Edition Number not = 07,U7
- Modified logic, format of character string, e.g. "cxxb", 2,3
- In the SEER*Edits software the title of this edit is IF623
- Logic corrected to skip for site/histo group 009, Mucosal Melanoma of Head and Neck
- Logic corrected for invalid MATCH pattern If (not MATCH (#S"TNM Clin M", "c0, c0{!+}")) (does not account for trailing blanks in field). Replaced with INLIST (no match mask).

NAACCR v18

- Description updated, "Only TNM Clin and TNM Clin M edited for the following TNM groups", changed to "Only TNM Clin N and TNM Clin M edited for the following TNM groups."
- Over-ride TNM Tis added to over-ride edit if codes reviewed and confirmed correct, allowing coding of in situ tumor with metastases to nodes or distant sites.
- Description, logic updated to skip if diagnosis date > 2017.

TNM Clin T, SSF 2 Melanoma Conjunctiva (COC)

Agency: COC

Last changed: 04/04/2018 20:16:01

Edit Tag N2235

Description

Purpose: This edit verifies that TNM Clin T is coded consistently with CS SSF 2 for Melanoma of Conjunctiva (Quadrants).

This edit is skipped if any of the following conditions is true:

1. Diagnosis date prior to 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology is not Melanoma of Conjunctiva
5. TNM Clin T is blank or 88

TNM Clin T, SSF 3 Soft Tissue (COC)

6. CS Site-Specific Factor 2 is blank or 988
7. TNM Edition Number not = 07, U7

This edit is evaluated only for melanoma of conjunctiva, site/histology group 50. Sites, histologies included in this group are identified in the edit Primary Site, AJCC Stage Group - Ed 7.

Melanoma of Conjunctiva:

1. If CS SSF 2 = 010 (Less than or equal to 1 quadrant involved), or 015 (Stated as clinical T1a, Stated as clinical T2a, Stated as clinical T2c)
TNM Clin T must = c1A, c2A, or c2C.
2. If CS SSF 2 = 020 (More than 1 but less than or equal to 2 quadrants involved), 025 (Stated as clinical T1b, Stated as clinical T2b, Stated as clinical T2d)
TNM Clin T must = c1B, c2B, c2D.
3. If CS SSF 2 = 030 (More than 2 but less than or equal to 3 quadrants involved)
TNM Clin T must = c1C, c2B, or c2D.
4. If CS SSF 2 = 035 (Stated as clinical T1c)
TNM Clin T must = c1C
5. If CS SSF 2 = 040 (Greater than 3 quadrants involved)
TNM Clin T must = c1D, c2B, or c2D.
6. If CS SSF 2 = 045 (Stated as clinical T1d)
TNM Clin T must = c1D

Administrative Notes

New edit - added to NAACCR v16 metafile.
SEER IF606

Modifications

NAACCR v16D
- Added skip if TNM Edition Number not = 07,U7
- Modified logic, format of character string, e.g. "cxxb", 2,3

NAACCR v18
- Name changed, (CoC) to (COC)

TNM Clin T, SSF 3 Soft Tissue (COC)

Agency: COC

Last changed: 07/25/2019 23:20:32

Edit Tag N2236

Description

Purpose: This edit verifies that TNM Clin T is coded consistently with CS SSF 3 for Soft Tissue Sarcoma (Bone Invasion).

TNM Clin T, Surgery, Prostate (COC)

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Clin T is blank or 88
5. CS SSF 3 is blank or 988.
6. TNM Edition Number not = 07, U7

This edit is evaluated only for soft tissue sarcomas, site/histology group 28.

Sites,

histologies included in this group are identified in the edit Primary Site, Stage Group 2016 - Ed

7.

For soft tissue sarcoma, if CS SSF 3 = 010 (Bone invasion present/identified on imaging), TNM

Clin T must not = c1A or c2A (superficial tumor).

Administrative Notes

New edit - added to NAACCR v16 metafile.

SEER IF607

Modifications**NAACCR v16D**

- Added skip if TNM Edition Number not = 07,U7
- Modified logic, format of character string, e.g. "cxxb",2,3

NAACCR v18

- Name changed, (CoC) to (COC)

NAACCR v18D

- Description, logic changed, if SSF3 = bone invasion, TNM clin T must not = c1A or c2A (superficial tumor); previously logic was that TNM clin T must = c1B or c2B

TNM Clin T, Surgery, Prostate (COC)

Agency: COC

Last changed: 06/19/2022 14:01:32

Edit Tag N2237

Description

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Clin T is blank or 88
5. RX Summ--Surg Prim Site is blank

TNM Edition Number, Date of Diagnosis (NPCR)

```

If Primary Site = C619
  and Histologic Type ICD-O-3 = 8000-8110, 8140-8576, 8940-8950, 8980-8981
Then
  If TNM Clin T = c1A or c1B (codes indicating TURP was done)
  Then
    RX Summ--Surg Prim Site must not = 00 or 99

```

Administrative Notes

New edit - added to NAACCR v16 metafile
IF570

Modifications

NAACCR v16D
- Modified format of character string, e.g. "cxb",2,3

NAACCR v18
- Name changed, (CoC) to (COC)

TNM Edition Number, Date of Diagnosis (NPCR)

Agency: NPCR

Last changed: 10/05/2018 13:30:32

Edit Tag N1810***Description***

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than or equal to 2014 or greater than 2017 blank (unknown), or invalid
2. TNM Edition Number = blank and Diagnosis Year is 2015.
3. Year of Date of Diagnosis is 2016-2017 and Type of Reporting Source is 6 or 7 and TNM Edition Number is blank.

TNM Edition Number may be blank if diagnosis year is prior to 2016 or greater than 2017.

If diagnosis year is 2015 and TNM Edition Number is not blank, then it must equal 07 or 88 (not applicable).

If diagnosis year is 2016-2017, TNM Edition number may not be blank and it must equal 07 or 88 (not applicable) unless type of reporting source equals 6 or 7. If type of reporting source is 6 or 7 and diagnosis year is 2016-2017, then TNM edition number must be blank, 07, or 88.

Administrative Notes

New edit - added to NAACCR v14 metafile.

This NPCR edit differs from the COC edit of the same name as follows:

TNM Groups Not Stageable - Insitu (COC)

1. This edit is skipped if year of Date of Diagnosis is less than 2014
2. The only allowable codes for TNM Edition are 07, 88, or blanks.

Modifications:

NAACCR v14A

- Edit logic fixed so that edit will be skipped if TNM Edition Number is blank

NAACCR V16

- Updated to reflect 2016 requirements. If diagnosis year is 2016 TNM Edition number may not be blank and it must equal 07 or 88 (not applicable) unless type of reporting source equals 6 or 7. If type of reporting source is 6 or 7 and diagnosis year is 2016, then TNM edition number must be blank, 07, or 88.

NAACCR v16D

- Description, logic modified to require TNM Edition numbers for 2016-2017

NAACCR v16D

- Edit logic checks for empty date of diagnosis

NAACCR v18

- Modified to skip if year of date of diagnosis is less than or equal to 2014.
- Logic format changed, INLIST statements replaced with AT
- Modified to skip for diagnosis date 2018+

NAACCR v18B

- Edit logic corrected to fail if TNM Edition Number = blank when date of diagnosis 2016-2017 and Type Reporting Source not 6, 7

TNM Groups Not Stageable - Insitu (COC)

Agency: COC

Last changed: 08/11/2020 20:14:00

*Edit Tag N2239***Description**

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016 or greater than 2017, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death certificate only)
3. Behavior Code ICD-O-3 = 0 (benign), 1 (borderline), or 3 (invasive)

For following TNM Groups, if Behavior Code ICD-O-3 is 2, then TNM Clin T, TNM Clin N, TMN Clin M, TNM Clin Stage Group, TNM Path T, TNM Path N, TNM Path M, and TNM Path Stage Group must all

TNM Items, DX Post 2017 (NAACCR)

= 88. AJCC does not consider these cases stageable.

- 7. Major Salivary Glands
- 8. Thyroid Gland (08A-08F)
- 9. Mucosal Melanoma of the Head and Neck
- 13B. Appendix: Carcinoid
- 16. GIST (16A-16B)
- 17B. NET: Small Intestine and Ampulla of Vater
- 17C. NET: Colon and Rectum
- 18. Liver
- 36B. Corpus Sarcoma
- 36C. Corpus Adenosarcoma
- 37A. Ovary
- 39. Gestational Trophoblastic Tumors
- 41. Prostate
- 43. Kidney
- 47. Adrenal (47A, 47B)
- 51A. Melanoma of Choroid
- 51B. Melanoma of Iris
- 53. Carcinoma of the Lacrimal Gland
- 54. Sarcoma of the Orbit
- 57B. Primary Cutaneous Lymphomas

Administrative Notes

New edit - added to NAACCR v16 metafile
SEER IF601

Modifications**NAACCR v16A**

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Changed default error message to 3612, added Primary Site value to list of fields returned by error message.
- Corrected logic to edit for site/histology groups 36B and 36C rather than 36A and 36B.
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, to Edit Logic

NAACCR v16B

- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

NAACCR v18

- Name changed, (CoC) to (COC)
- Description, logic updated to skip if diagnosis year > 2017

TNM Items, DX Post 2017 (NAACCR)

Agency: NAACCR

Last changed: 02/28/2019 21:09:20

Edit Tag N4903

TNM M, Mets at DX, Melanoma of Skin (COC)**Description**

If year of Date of Diagnosis is blank or invalid, this edit is skipped.

If year of Date of Diagnosis is greater than 2017, then the following TNM data items

must be blank:

TNM Clin T
TNM Clin N
TNM Clin M
TNM Clin Stage Group
TNM Clin Descriptor
TNM Path T
TNM Path N
TNM Path M
TNM Path Stage Group
TNM Path Descriptor

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v18C

- TNM Clin Staged By, TNM Path Staged by removed from edit

TNM M, Mets at DX, Melanoma of Skin (COC)

Agency: COC

Last changed: 04/04/2018 20:17:51

Edit Tag N2240

Description

Purpose: This edit verifies that TNM Clin M and TNM Path M are coded consistently with Mets at DX-Lung for Melanoma of Skin.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Primary site/histology is not melanoma of skin.
5. TNM Clin M and TNM Path M are blank or 88
6. Mets at DX-Lung is blank
7. TNM Edition Number not = 07, U7

For melanoma of skin:

TNM M, SSF 3 Kidney (COC)

- A. If Mets at DX-Lung = 1 (lung metastasis),
then TNM Clin M must = c1B or p1B (Metastasis to lung) or higher, or
TNM Path M must = c1B or p1B or higher.
- B. If Mets at Dx-Lung = 0 (no lung metastasis) or 9 (unknown if lung metastasis)
then TNM Clin M must not = c1B or p1B, and TNM Path M must not = c1B or p1B
- C. If TNM Clin M = c1B or p1B or TNM Path M = c1B or p1B
then Mets at DX-Lung must = 1

Administrative Notes

New edit - added to NAACCR v16 metafile.
IF571

Modifications

NAACCR v16D
- Added skip if TNM Edition Number not = 07,U7

NAACCR v18
- Extra space removed from edit name, (CoC) to (COC)

TNM M, SSF 3 Kidney (COC)

Agency: COC

Last changed: 02/07/2018 22:11:11

Edit Tag N2241

Description

Purpose: This edit verifies that TNM Clin M and TNM Path M are coded consistently with CS SSF 3, Ipsilateral Adrenal Gland Involvement, for Kidney parenchyma.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology group is not 043, Kidney
5. TNM Clin M and TNM Path M are blank or 88
6. CS SSF 3 is blank or 988
7. TNM Edition Number not = 07, U7

The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

For Kidney, SSF 3:

- A. If SSF 3 = 020 (Noncontiguous involvement of ipsilateral adrenal gland) or 030 (Noncontiguous plus contiguous involvement of ipsilateral adrenal gland)
then TNM Clin M must = p1 or TNM Path M must = p1 (Distant metastasis, microscopically confirmed).

TNM M, SSF 4 Melanoma of Skin (COC)***Administrative Notes***

New edit - added to NAACCR v16 metafile.
SEER IF608

Modifications

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7
- Description corrected, pM1 defined as Distant metastasis, microscopically confirmed.

NAACCR v18

- Name changed, extra space removed

TNM M, SSF 4 Melanoma of Skin (COC)

Agency: COC

Last changed: 04/04/2018 20:18:20

Edit Tag N2242***Description***

Purpose: This edit verifies that TNM Clin M and TNM Path M are coded consistently with CS SSF 4 for Melanoma of Skin (Serum Lactate Dehydrogenase).

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Primary site/histology is not melanoma of skin.
5. TNM Clin M and TNM Path M are blank or 88
6. CSSF 4 is blank or 988.
7. TNM Edition Number not = 07, U7

For melanoma of skin:

If CS SSF 4 = 010, 020, 030, (elevated LDH)
then TNM Clin M and TNM Path M must not = c1A, c1B, p1A, or p1B (Metastasis without elevated LDH).

Administrative Notes

New edit - added to NAACCR v16 metafile.
IF572

Modifications

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7

TNM M, SSF 4 Uveal Melanoma (COC)

NAACCR v18

- Name changed, extra space removed, (CoC) to (COC)

TNM M, SSF 4 Uveal Melanoma (COC)

Agency: COC

Last changed: 04/04/2018 20:18:38

*Edit Tag N2243***Description**

Purpose: This edit verifies that TNM Clin M and TNM Path M are coded consistently with SSF 4 for Uveal Melanoma (Size of Largest Metastasis).

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Primary site/histology is not uveal melanoma
5. TNM Clin M and TNM Path M are blank or 88
6. SSF 4 is blank or 988
7. TNM Edition Number not = 07, U7

For uveal melanoma:

- A. If CS Site-Specific Factor 4 = 000 (no metastatic disease)
then TNM Clin M and TNM Path M must not = c1, c1A, c1B, c1C, p1, p1A, p1B, or p1C
- B. If CS Site-Specific Factor 4 = 001-030 (size of metastasis in mm), or 991 (described as less than 3cm)
then TNM Clin M or TNM Path M must = c1A or p1A
- C. If CS Site-Specific Factor 4 = 031-080 (size of metastasis in mm), or 992 (described as less than 8 cm),
then TNM Clin M or TNM Path M must = c1B or p1B
- D. If CS Site-Specific Factor 4 = 081 - 980 (size of metastasis in mm), or 993 (described as greater than 8cm),
then TNM Clin M or TNM Path M must = c1C or p1C

Administrative Notes

New edit - added to NAACCR v16 metafile.

IF573

Modifications

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7

NAACCR v18

EditWriter 5

1347

05/01/2023 02:04 PM

TNM N, Size Nodes, Site Spec - Ed 7 (COC)

- Name changed, extra space removed, comma after SSF 4 removed, (CoC) to (COC)

TNM N, Size Nodes, Site Spec - Ed 7 (COC)

Agency: COC

Last changed: 05/07/2019 21:08:10

Edit Tag N2244

Description

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Site/Histology where numeric value for size of nodes is not collected
6. TNM Clin N and TNM Path N are both blank or 88
7. TNM Edition Number not = 07, U7
8. SSF1 for site/histo groups 3-7 = 988, SSF16 for site/histo group 29 = 988

Skip for numbers 5, 8 applied after determination of site/histology group

TNM Clin N and TNM Path N may be blank. If one or both of these are entered, the field(s) will

be edited site-specifically. A cN or pN category will be compared to the appropriate site-

specific factor for the site/histology. The edit will first compare the number of nodes to pN

category entered in TNM Path N, and then to cN category entered in TNM Clin N. The edit

comparisons will proceed as follows:

1. If TNM PATH N is empty:
 - a. TNM Clin N and Site-Specific Factor: Pass, edit passes
 - b. TNM Clin N and Site-Specific Factor: Fail, edit fails
2. If TNM Path N is coded:
 - a. TNM Path N and Site-Specific Factor: Pass, edit passes.
 - b. TNM Path N and Site-Specific Factor: Fail
 1. If TNM Clin N is empty, edit fails
 2. If TNM Clin N is coded:
 - a. TNM Clin N and Site-Specific Factor: Pass, edit passes
 - b. TNM Clin N and Site-Specific Factor: Fail, edit fails

"980", "980 millimeters or larger", is the largest possible size for nodes.

Nonspecific size

values are converted to numeric values for purposes of the edit. The edit passes if size of

nodes is coded "999", unknown.

The site-specific TNM N values with the corresponding size of nodal metastasis/size of nodes,

and the Site-Specific Factor used to collect the information, are listed below. The number next

TNM N, Size Nodes, Site Spec - Ed 7 (COC)

to each site title indicates the respective chapter in the AJCC Cancer Staging Manual, Edition

7. The list includes only those sites/histology groups where pathologic N is based on the size

of regional nodal metastasis/nodes. The site/histology groups are identified by site and

histology in the edits Primary Site, AJCC Stage Group 2016 - Ed 7 (COC), Primary Site, Stage

Group 2016 - Ed 7 (NPCR), and Primary Site, Stge Group 2016 - Ed 7 (SEER).

NOTE: Size of lymph nodes is also involved in assignment of N category for Vulva, Renal

Pelvis/Ureter, and Urethra, but this information is not collected in a separate site-specific

factor. Node size is collected as a code rather than a numeric value in a site-specific factor

for Testis.

3. Lip and Oral Cavity

SSF 1

TNM N:	0	1	2	3
2A	2B	2C	3	
Size of Nodes	000	001-030	001-060	031-060
060	001-060	061-980		001-

4. Pharynx

4A. Oropharynx and Hypopharynx

4D. Oropharynx

SSF 1

TNM N:	0	1	2	3
2A	2B	2C	3	
Size of Nodes	000	001-030	001-060	031-060
060	001-060	061-980		001-

4B. Nasopharynx

4C. Nasopharynx

SSF 1

TNM N:	0	1	2	3A
Size of Nodes	000	001-060	001-060	061-980

5. Larynx

5A. Supraglottis, Subglottis, Other

5B. Glottis

SSF 1

TNM N:	0	1	2	2A
2B	2C	3		
Size of Nodes	000	001-030	001-060	031-060
060	001-060	061-980		001-

6. Nasal Cavity and Paranasal Sinuses

TNM N, Size Nodes, Site Spec - Ed 7 (COC)

SSF 1
 TNM N: 0 1 2 2A
 2B 2C 3
 Size of Nodes 000 001-030 001-060 031-060 001-
 060 001-060 061-980

7. Major Salivary Glands

SSF 1
 TNM N: 0 1 2 3
 2A 2B 2C
 Size of Nodes 000 001-030 001-060 031-060 001-
 060 001-060 061-980

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

SSF 16
 TNM N: 0 1 2 3
 2A 2B 2C
 Size of Nodes 000 001-030 001-060 031-060 001-
 060 001-060 061-980

Administrative Notes

New edit - added to NAACCR v15 metafile

Modifications**NAACCR v16A**

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, to Edit Logic

NAACCR v16B

- Description updated to reference 3 edits where site/histology groups are identified: Primary Site, AJCC Stage Group 2016 - Ed 7 (COC), Primary Site, Stage Group 2016 - Ed 7 (NPOCR), and Primary Site, Stage Group 2016 - Ed 7 (SEER).
- In the SEER*Edits software, the title of this edit is: IF617
- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7
- Added to description, edit passes if size of nodes coded "999"
- Reformatted logic statements for greater clarity (edit returns not changed)
- Corrected logic excluding site/histo group 04A from conversion of nonspecific codes to numeric size values for table lookup

NAACCR v18C

TNM N, SSF 3 Melanoma of Skin (COC)

- TNM N0 with Size of Nodes coded 000 added to description for each site/histo group
- Description, logic modified to skip if SSF1 = 988 for site/histo groups 3-7, to skip if SSF16 = 988 for site/histo group 29
- Description, edit logic modified to fail if values outside listed N and SSF1 values entered

NAACCR v18D

- Description modified, for groups 4B and 4C, TNM 3 changed to TNM 3A
- Description, edit logic modified to no longer fail if values outside listed N and SSF1 values entered

TNM N, SSF 3 Melanoma of Skin (COC)

Agency: COC

Last changed: 04/08/2018 20:26:43

*Edit Tag N2245***Description**

Purpose: This edit verifies that TNM Clin N and TNM Path N are coded consistently with CS SSF 3 for Melanoma (Clinical Status of Lymph Nodes).

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Primary site/histology is not Melanoma of Skin.
5. TNM Clin N is blank
6. TNM Clin N and TNM Path N are 88
7. CS SSF 3 is blank or 988
8. TNM Edition Number not = 07, U7
9. TNM Path Descriptor = 4, 6

For melanoma of skin:

- A. If CS SSF 3 = 005 (Clinically negative nodes and no pathologic exam or pathologic exam negative or unknown if pathologic exam),
then TNM Clin N must = c0 and TNM Path N must = c0, p0, p2C,pX, or blank (no pathologic exam or unknown if performed, no pathologic node metastasis, pathologically identified satellite metastasis only)
- B. If CS SSF 3 = 010 (Clinically occult (microscopic) lymph node metastasis only)
then TNM Clin N must = c0 (no regional lymph node metastasis) and TNM Path N must = pX, p1A, p2A, or p3 or blank
- C. If CS SSF 3 = 043 (Clinically apparent nodal metastasis in 1 regional node),
then TNM Clin N must = c1
- D. If CS SSF 3 = 045 (Clinically apparent nodal metastasis in 2-3 regional nodes)
then TNM Clin N must = c2
- E. If CS SSF 3 = 048 (Clinically apparent nodal metastasis in 4+ regional nodes)
then TNM Clin N must = c3

TNM N, SSF 3 Merkel Cell (COC)

- G. If CS SSF 3 = 100 (Clinically apparent in transit metastasis with or without occult lymph node metastasis
then TNM Clin N must = c2C
- H. If CS SSF 3 = 999 (Unknown clinically if nodes involved)
then TNM Clin N must = cX

Administrative Notes

New edit - added to NAACCR v16 metafile.
SEER IF574

Modifications**NAACCR v16B**

- p2C added as allowable value for TNM Path N if SSF 3 = 005
- Logic corrected, for SSF3 = 100, TNM Clin N must = c2C

NAACCR v16C

- Edit description, logic modified to allow pX and p3 as values with CS SSF 3 = 010. If nodes are clinically occult, number of pathologic nodes may be unknown or greater than 3
- Edit description, logic modified to not require c1 with CS SSF 3 = 050 (If number of involved nodes is not specified, TNM Clin N may = cX.

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7
- Added skip if TNM Path Descriptor = 4,6
- Added skip if TNM Clin N only = blank. TNM Path N = blank skipped for checks on SSF 3 codes 005 and 010

NAACCR v16E

- p2C inadvertently removed as allowable for TNM Path N if SSF 3 = 005 in NAACCR v16D, added back

NAACCR v18

- Name changed, extra space removed, (CoC) to (COC)

TNM N, SSF 3 Merkel Cell (COC)

Agency: COC

Last changed: 04/04/2018 20:19:17

Edit Tag N2246

Description

Purpose: This edit verifies that TNM Clin N and TNM Path N are coded consistently with CS SSF 3 for Merkel Cell (Clinical Status of Lymph Nodes).

TNM N, SSF 3 Merkel Cell (COC)

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Primary site/histology is not Merkel cell.
5. TNM Clin N is blank
6. TNM Clin N and TNM Path N are 88
7. CS SSF 3 is blank or 988
8. TNM Edition Number not = 07, U7
9. TNM Path Descriptor = 4,6

For Merkel cell:

- A. If CS SSF 3 = 005 (Clinically negative nodes and no pathologic exam or pathologic exam negative or unknown if pathologic exam) then TNM Clin N must = c0 and TNM Path N must = c0, p0, p2, pX, or blank (no pathologic exam or unknown if performed, no pathologic node metastasis, unknown pathologic nodal involvement, (occult) in transit metastasis)
- B. If CS SSF 3 = 010 (Clinically occult (microscopic) lymph node metastasis only) then TNM Clin N must = c0 (no regional lymph node metastasis) and TNM Path N must = p1A, p2, or blank.
- C. If CS SSF 3 = 020 (Clinically apparent nodal metastasis) then TNM Clin N must = c1
- D. If CS SSF 3 = 100 (Clinically apparent in transit metastasis with or without occult lymph node metastasis) or 150 (Clinically apparent in transit metastasis and clinically apparent nodal metastasis) then TNM Clin N must = c2
- E. If CS SSF 3 = 999 (Unknown clinically if nodes involved) then TNM Clin N must = cX

Administrative Notes

New edit - added to NAACCR v16 metafile.

IF575

Modifications**NAACCR v16D**

- Added skip if TNM Edition Number not = 07,U7
- Added skip if TNM Path Descriptor = 4,6
- Added skip if TNM Clin N only = blank. TNM Path N = blank skipped for checks on SSF 3 codes 005 and 010

NAACCR v18

TNM N, SSF 3, 5 Corpus Uteri (COC)

- Name changed, extra space removed, (CoC) to (COC)
- Description and edit logic modified to allow TNM Path N = p2 when SSF 3 = 005 or 010, to allow for identification of occult in transit metastases on pathologic examination

TNM N, SSF 3, 5 Corpus Uteri (COC)

Agency: COC

Last changed: 04/04/2018 20:19:54

*Edit Tag N2247***Description**

Purpose: This edit verifies that TNM Path N and TNM Clin N are coded consistently with nodal information in CS Site-Specific Factors 3 (Number of Positive Pelvic Nodes) and 5 (Number of Positive Para-Aortic Nodes) for Corpus Uteri.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology group not 36A, Corpus Uteri CarcinomaS
5. TNM Path N and TNM Clin N are blank or 88
6. CS Site-Specific Factors 3 and 5 are blank or 988.
7. TNM Edition Number not = 07, U7

The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

For Corpus Uteri:

1. If CS Site-Specific Factors 3 and 5 = 000 (all nodes examined negative), TNM Path N must = p0 or blank.
2. If CS Site-Specific Factor 3 or 5 = 001-090, 095, 097 (positive nodes), TNM Clin N and TNM Path N must not both indicate no nodes involved.
3. If both CS Site-Specific Factors 3 and 5 = 098 (no nodes examined) or 999 (unknown if nodes positive) TNM Path N must = blank, pX, or c0.

Administrative Notes

New edit for v16 metafile
SEER IF576

Modifications

NAACCR v16D
- Added skip if TNM Edition Number not = 07,U7

NAACCR v18

EditWriter 5

1354

05/01/2023 02:04 PM

TNM N, SSF 4, 6 Fallopian Tube (COC)

- Name changed, (CoC) to (COC)

TNM N, SSF 4, 6 Fallopian Tube (COC)

Agency: COC

Last changed: 04/04/2018 20:20:22

*Edit Tag N2248***Description**

Purpose: This edit verifies that TNM Path N and TNM Clin N are coded consistently with nodal information in CS Site-Specific Factors 4 (Number of Positive Pelvic Nodes) and 6 (Number of Positive Para-Aortic Nodes) for Fallopian Tube.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology group not 038, Fallopian Tube
5. TNM Path N and TNM Clin N are blank or 88
6. CS Site-Specific Factors 4 and 6 are blank or 988.
7. TNM Edition Number not = 07, U7

The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

For Fallopian Tube:

1. If TNM Path N = p0,
CS Site-Specific Factors 4 and 6 must = 000 (all nodes examined negative) or 098 (no nodes examined).
2. If CS Site-Specific Factor 4 or 6 = 001-090, 095, 097 (positive nodes),
TNM Clin N and TNM Path N must not both indicate no nodes involved.
3. If TNM Path N = c0,
CS Site-Specific Factors 4 and 6 must = 098 (no nodes examined) or 999 (unknown if nodes positive).

Administrative Notes

New edit for v16 metafile
SEER IF577

Modifications

NAACCR v16D

EditWriter 5

1355

05/01/2023 02:04 PM

TNM N, SSF 5 Testis (COC)

- Added skip if TNM Edition Number not = 07,U7

NAACCR v18

- Description, logic modified to account for findings involving inguinal nodes, which are regional nodes for Fallopian tube but are not

included in Site-Specific Factors 4 and 6. Logic statement 1 modified from "If SSF 4 and 6 = 000, TNM Path N must = p0 or blank",

to "if TNM Path N = p0, SSF 4 and 6 must = 000 or 098." Logic statement 2 retained. Logic statement 3 modified from "If both SSF 4

and 6 = 098 or 999, TNM Path N must = blank, pX, or c0", to "If TNM Path N = c0, SSF 4 and 6 must = 098 or 999."

- Name changed, (CoC) to (COC)

TNM N, SSF 5 Testis (COC)

Agency: COC

Last changed: 04/04/2018 20:20:47

Edit Tag N2249

Description

Purpose: This edit verifies that TNM Clin N and TNM Path N are coded consistently with CS SSF 5 for Testis (Size of Metastasis in Lymph Nodes).

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Primary site/histology is not site/histology group 42, Testis
5. TNM Clin N and TNM Path N are blank or 88
6. CS SSF 5 is blank or 988
7. TNM Edition Number not = 07, U7
8. TNM Path Descriptor = 4, 6

Site, histologies for site/histology group 42 are identified in the edit Primary Site, Stage Group 2016 - Ed 7.

For Testis:

A. If CS SSF 5 = 000 (no lymph node metastasis)
then TNM Clin N must not = c1, c2, or c3 and TNM Path N must not = p1, p2, or p3 (regional lymph node metastasis)

B. If CS SSF 5 = 010 (Lymph node metastasis mass 2cm or less without pathologic extranodal extension, stated as N1)
then TNM Clin N must = c1 (Metastasis with lymph node mass 2cm or less in greatest dimension or multiple lymph nodes none more than 2cm in greatest dimension) or TNM Path N must = p1 (Metastasis with lymph node mass 2cm or less in greatest dimension and less than or equal to 5 nodes positive, none more than 2cm in greatest dimension).

C. If CS SSF 5 = 020 (Lymph node metastasis mass more than 2cm but not more than 5cm in greatest dimension or pathologic extranodal extension of tumor, stated as N2)

TNM Path Descriptor (COC)

then TNM Clin N must = c2 (Metastasis with lymph node mass more than 2cm but not more than 5cm in greatest dimension or multiple lymph nodes any one mass greater than 2cm but not more than 5cm in greatest dimension) or TNM Path N must = p2 (Metastasis with lymph node mass more than 2cm but not more than 5cm in greatest dimension or more than 5 nodes positive none more than 5cm or evidence of extranodal extension of tumor)

D. If CS SSF 5 = 030 (Lymph node metastasis mass more than 5cm in greatest dimension, stated as N3)

then TNM Clin N must = c3 or TNM Path N must = p3 (metastasis with a lymph node mass more than 5cm in greatest dimension)

E. If CS SSF 5 = 999 (Regional lymph nodes involved, size of lymph node mass not stated, unknown if regional nodes involved)

then TNM Clin N must not = c0 and TNM Path N must not = p0 (TNM Clin N and TNM Path N must not both indicate no involvement of lymph nodes)

Administrative Notes

New edit - added to NAACCR v16 metafile.

SEER IF578

Modifications

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7

- Added skip if TNM Path Descriptor = 4,6

- Description modified, "stated as" values added to code definitions

- Description, Edit logic modified, if SSF 5 = 999, both TNM Clin N must not = c0 and TNM Path N must not = p0 (TNM Clin N and TNM

Path N must not both indicate no involvement of lymph nodes)

NAACCR v18

- Name changed, extra space removed, (CoC) to (COC)

TNM Path Descriptor (COC)

Agency: COC

Last changed: 05/26/2016

Edit Tag N0143

Description

Must be a valid TNM Path Descriptor code (0-6, 9, blank).

Administrative Notes

-v16 updates

no changes

TNM Path Descriptor, Date of Diagnosis (SEER)

Agency: SEER

Last changed: 04/04/2018 00:35:43

TNM Path M, Date of Diagnosis (COC)***Edit Tag N2016******Description***

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is blank (unknown), or invalid

If year of Date of Diagnosis is greater than 2015 and less than 2018, then TNM Path Descriptor cannot be blank.

Administrative Notes

New edit - added to NAACCR v15 metafile.

In the SEER*Edits software, the title of this edit is: IF533

This edit differs from the COC edit of the same name as follows:

- This edit is skipped if year of Date of Diagnosis is less than 2015; the COC version is never skipped.

This edit differs from the NPCR version as follows:

- This edit is skipped if year of Date of Diagnosis is less than 2015; the NPCR version is skipped if year of Date of Diagnosis is less than 2014.

NAACCR v18

- Description, logic modified to include dx_year < 2018 in check for empty

TNM Path M, Date of Diagnosis (COC)

Agency: COC

Last changed: 04/09/2018 21:07:30

Edit Tag N2252***Description***

This edit is skipped if any of the following conditions is true:

1. Diagnosis date < 2016 or > 2017, blank (unknown), or invalid.
2. TNM Path M is blank.
3. TNM Edition Number not = 07, U7

Must be a valid code for TNM Path M and must be left-justified. Subcategory letters must be uppercase, "c" or "p" in code must be lowercase. May be blank.

The following codes are valid for AJCC 7th edition, 2016 and 2017 diagnosis year:

c0
c0I+
c1
c1A

TNM Path N, Date of Diagnosis (COC)

c1B
 c1C
 c1D
 c1E
 p1
 p1A
 p1B
 p1C
 p1D
 p1E
 88

Administrative Notes

New edit for v16
 SEER IF548

Modifications

NAACCR v16A
 - c0I+ and 88 added to Description as allowable values for TNM Path M

NAACCR v16D
 - Added skip if TNM Edition Number not = 07,U7
 - Edit logic: Corrected MATCH mask for code C0I+ (removed trailing blank)

NAACCR v18
 - Modified description to include valid for 2017 diagnosis year and skip for > 2017, modified logic to skip for dx_year > 2017

TNM Path N, Date of Diagnosis (COC)

Agency: COC

Last changed: 07/04/2018 16:51:32

Edit Tag N2254

Description

This edit is skipped if any of the following conditions is true:

- 1.Diagnosis date < 2016 or > 2017, blank (unknown), or invalid.
- 2.TNM Path N is blank.
- 3.TNM Edition not = 07,U7

Must be a valid code for TNM Path N and must be left justified. Subcategory letters must be upper case, "c" or "p" in code must be lowercase. May be blank.

The following codes are valid for AJCC 7th edition, 2016 and 2017 diagnosis year:

pX
 p0

TNM Path N, Date of Diagnosis (COC)

p0I-
p0I+
p0M-
p0M+
p1
p1A
p1B
p1C
p1M
p1MI
p2
p2A
p2B
p2C
p3
p3A
p3B
p3C
p4
cX
c0
c0A
c0B
c1
c1A
c1B
c1C
c2
c2A
c2B
c2C
c3
c3A
c3B
c3C
c4
88
p0A
p0B

Administrative Notes

New edit for v16
SEER IF549

Modifications**NAACCR v16A**

- Added p0A, p0B to description, edit logic. Codes allowed by COC and SEER for Melanoma of Conjunctiva for pathologic N.

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7

NAACCR v16E

TNM Path N, Reg Nodes Ex - Ed 7 (COC)

- Added c1, c2 to valid values, to allow c1 and c2 to be used for pathologic staging for site/histo group 36A

NAACCR v18

- Added all cN codes as valid

- Modified description to include valid for 2017 diagnosis year and skip for > 2017, modified logic to skip for dx_year > 2017

- Administrative Note for v16E changed, from "Added c1, c2 to valid values, to allow c1 to be used for pathologic staging for site/histo groups 16A,16B,27,28,and 36A; to allow c2 to be used for pathologic staging for site/histo group 36A".

TNM Path N, Reg Nodes Ex - Ed 7 (COC)

Agency: COC

Last changed: 10/05/2018 10:00:50

Edit Tag N2256

Description

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 6 (Autopsy Only) or 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Path N is blank or 88
5. Regional Nodes Examined = blank
6. TNM Edition Number is not 07, U7

IF Regional Nodes Examined = 00 or 99

Then

TNM Path N must = pX, c0, or blank

The following TNM site/histology groups/Path N codes are exceptions to the above and will not generate errors:

Chapter 14: Colon and Rectum

TNM Path N = p1C (tumor deposits)

Chapter 30: Merkel Cell Carcinoma

TNM Path N = p2 (in transit metastases)

Chapter 31: Melanoma of the Skin

TNM Path N = p2C (satellite nodules)

Chapter 32: Breast

TNM Path N = p2B (clinically detected internal mammary lymph nodes in the absence of axillary lymph node metastases)

Chapter 36A: Corpus Uteri Carcinoma

TNM Path N = c1 or c2 (clinical N allowed in path N field)

Chapter 52: Retinoblastoma

TNM Path N, Reg Nodes Pos - Ed 7 (COC)

TNM Path N = p2 (distant nodes)

Chapter 55: Ocular Adnexal Lymphoma

TNM Path N = p3 or p4 (codes indicating distant nodes)

Administrative Notes

New edit - added to NAACCR v16 metafile
SEER IF579

Modifications**NAACCR v16A**

- Error message updated to read, if Regional Nodes Examined = 00 or 99, TNM Path N must = pX, c0, or blank

NAACCR v16E**NAACCR v18**

- Description, logic updated to pass for exceptions where TNM Path N value assigned for involvement other than regional nodes (p1C

for

Colon and Rectum, p2C for Melanoma of Skin, p2 for Merkel Cell Carcinoma, p2 for Retinoblastoma, and p3 and p4 for Ocular

Adnexal

Lymphoma), and also where TNM Path N value allowed to be assigned for clinical nodal involvement (c1 and c2 for Corpus Uteri

Carcinoma, and p2B for Breast).

- Name changed, (CoC) to (COC)

NAACCR v18B

- Description, logic updated to skip if TNM Edition Number not 07, U7

TNM Path N, Reg Nodes Pos - Ed 7 (COC)

Agency: COC

Last changed: 11/29/2018 21:19:36

Edit Tag N2257***Description***

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016 or greater than 2017, blank (unknown), or invalid
2. Case is autopsy only (Type of Reporting Source = 6) or death certificate only (Type of Reporting Source = 7)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

TNM Path N, Reg Nodes Pos - Ed 7 (COC)

4. TNM Path N is blank or 88
5. Regional Nodes Positive is blank
6. TNM Edition Number is not 07, U7

At least one positive lymph node is required if TNM Pathologic N is 1 or higher.

If the second character of TNM Path N = 1, 2, or 3, indicating metastasis in at least one lymph node

Then

Regional Nodes Positive must not = 00 (all nodes examined are negative), 98 (no nodes were examined), 99 (unknown whether nodes are positive)

The following TNM site/histology groups/Path N codes are exceptions to the above and will not generate errors:

Chapter 14: Colon and Rectum

TNM Path N = p1C (tumor deposits)

Chapter 30: Merkel Cell Carcinoma

TNM Path N = p2 (in transit metastases)

Chapter 31: Melanoma of the Skin

TNM Path N = p2C (satellite nodules)

Chapter 32: Breast

TNM Path N = p2B (clinically detected internal mammary lymph nodes in absence of axillary lymph node metastases)

Chapter 36A: Corpus Uteri Carcinoma

TNM Path N = c1 or c2 (clinical N allowed in path N field)

Chapter 52: Retinoblastoma

TNM Path N = p2 (distant nodes)

Chapter 55: Ocular Adnexal Lymphoma

TNM Path N = p3 or p4 (codes indicating distant nodes)

Administrative Notes

New edit - added to NAACCR v16 metafile

SEER IF580

Modifications

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7

- Modified logic, format of character string, e.g. "pxxb", 2,3

NAACCR v18

TNM Path N, Reg Nodes Pos,Ex, Breast - Ed 7 (COC)

- Description, logic updated to pass for exceptions where TNM Path N value assigned for clinical nodal involvement (c1 and c2 for Corpus Uteri Carcinoma, and p2B for Breast).

NAACCR v18A

- Description, logic modified to skip for diagnosis date > 2017

NAACCR v18C

- Description modified to skip for diagnosis date > 2017, only logic updated in v18A

TNM Path N, Reg Nodes Pos,Ex, Breast - Ed 7 (COC)

Agency: COC

Last changed: 04/04/2018 20:23:07

Edit Tag N2258

Description

This edit verifies that nodes are examined for "0I-", "0I+", "0M-", and "0M+" categories, and that ITCs are not considered positive nodes for breast.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Site/histology group is not 032 (Breast)
4. TNM Path N is blank or 88
5. Regional Nodes Positive is blank
6. Regional Nodes Examined is blank
7. TNM Edition Number not = 07, U7
8. TNM Path Descriptor = 4,6

```
If TNM Path N = p0I+, p0I-, p0M+, p0M-
    then Regional Nodes Examined must not = 00, 99 (no nodes examined or unknown
if     nodes examined)
    Regional Nodes Positive must = 00 (all nodes examined are negative)
```

Administrative Notes

New edit - added to NAACCR v16 metafile
SEER IF581

Modifications

NAACCR v16A

- Error message corrected, field out of order

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7
- Added skip if TNM Path Descriptor = 4,6
- Corrected MATCH mask for p0I+, p0I-, p0M+, p0M- to accommodate EDITS50 regular expressions processor.

TNM Path N, SSF 3, 4, 5 Breast (COC)

NAACCR v18

- Name changed, (CoC) to (COC)

TNM Path N, SSF 3, 4, 5 Breast (COC)

Agency: COC

Last changed: 08/05/2018 18:33:34

*Edit Tag N2260***Description**

Purpose: This edit verifies for primary site of breast that pathologic TNM N must be consistent with CS SSF 3 (Number of positive ipsilateral level I-II Axillary Lymph Nodes), CS SSF 4 (Immunohistochemistry of Regional Lymph Nodes), and CS SSF 5 (Molecular Studies of Regional Lymph Nodes).

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology group not = 032, Breast.
5. TNM Path N is blank or 88.
6. TNM Path Descriptor = 4 or 6 (classification after neoadjuvant treatment)
7. TNM Edition Number not = 07, U7

The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

For CS Site-Specific Factor 3:

1. If TNM Path N = p0, p0I-, p0I+, p0M-, p0M+,
then CS SSF 3 must = 000 (All ipsilateral axillary nodes examined negative).
2. If TNM Path N = c0 or pX,
then CS SSF 3 must = 097 (Positive nodes, number unspecified), 098 (No axillary nodes examined), or 099 (Unknown if axillary nodes are positive).

For CS Site-Specific Factor 4, CS Site-Specific Factor 5:

3. TNM Path N is compared to the combination of CS SSF 4 and CS SSF 5 using a table lookup. Findings on molecular studies (CS SSF 5) are given precedence to findings on IHC studies (CS SSF 4). An error is generated if the combination of CS SSF 4 and CS SSF 5 do not support the assigned pN category. If either CS SSF 4 or CS SSF 5 is coded 988, TNM N is compared to the

TNM Path N, SSF 4 Colon (COC)

value of the CS SSF not coded 988. If both are coded 988, the edit check is skipped. If either CS SSF 4 or CS SSF 5 is blank (not coded), TNM N is compared to the value of the coded CS SSF. If both are blank, the edit check is skipped.

Four situations not handled by table lookup are included in the edit logic:

The edit passes for TNM Path N = pX, CS SSF 4 = 987, CS SSF 5 = 987.

The edit passes for TNM Path N = p0I+, CS SSF 4 = 987, CS SSF 5 = 987

The edit passes for TNM Path N = pX, TNM Clin N = c0, CS SSF 4 = 000, CS SSF 5 = 000

The edit passes for TNM Path N = c0, CS SSF 4 = 000, CS SSF 5 = 000.

Administrative Notes

TNM New edit for v16 metafile
SEER IF582

Modifications**NAACCR v16A**

- Description updated to note that two situations not handled by table lookup are included in the edit logic:

The edit passes for TNM Path N = pX, CS SSF 4 = 987, CS SSF 5 = 987.

The edit passes for TNM Path N = c0, CS SSF 4 = 000, CS SSF 5 = 000.

- Logic updated to pass when path N = c0, SSF4 = 000, SSF 5 = 000

NAACCR v16B

- Edit description, logic modified to pass if TNM Path Descriptor = 4 or 6

NAACCR v16C

- Description modified to note that third situation not handled by table lookup is included in edit logic:

The edit passes for TNM Path N = pX, TNM Clin N = c0, CS SSF 4 = 000, CS SSF 5 = 000

- Logic updated to pass when TNM Path N = pX, TNM Clin N = c0, CS SSF4 = 000, CS SSF 5 = 000

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7

- Modified description, logic to include 097 as allowable code with TNM Path N of c0 or pX

NAACCR v18

- Modified description, logic to pass for TNM Path N = p0I+, CS SSF 4 = 987, CS SSF 5 = 987

TNM Path N, SSF 4 Colon (COC)

Agency: COC

Last changed: 04/04/2018 20:23:29

Edit Tag N2261

Description

Purpose: This edit verifies that TNM Path N is coded consistently with CS SSF 4 for Colon and Rectum (Tumor Deposits).

TNM Path Stage Group, 2016 (COC)

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Primary site/histology group is not 14, Colorectal.
5. TNM Path N is blank or 88
6. CS SSF 4 is blank or 988.
7. TNM Edition Number not = 07, U7
8. TNM Path Descriptor = 4,6

For Colon and Rectum:

- A. If SSF 4 = 000 (no tumor deposits) ,
then TNM Path N must not = p1C (Tumor deposit(s) in the subserosa, mesentery, or nonperitonealized pericolic or perirectal tissues without regional nodal metastasis).
- B. If TNM Path N = p1C,
then CS SSF 4 must not = 000 (none), 998 (no surgical resection of primary site), or 999 (unknown or no information).
- C. If TNM Path N = p0,
then CS SSF 4 must = 000, 998, or 999.

Administrative Notes

New edit - added to NAACCR v16 metafile.
SEER IF583

Modifications

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7
- Added skip if TNM Path Descriptor = 4,6

NAACCR v18

- Name changed, (CoC) to (COC)

TNM Path Stage Group, 2016 (COC)

Agency: COC

Last changed: 04/03/2018 23:32:25

Edit Tag N2423

Description

Must be a valid code for TNM Path Stage Group and must be left-justified. Letters must be uppercase.

This edit is skipped if any of the following conditions is true:

TNM Path Stage Group, 2016 (COC)

- 1.Diagnosis date < 2016 or > 2017, blank (unknown), or invalid.
- 2.TNM Path Stage Group is blank
- 3.TNM Edition Number not = 07, U7

The following codes are valid for 2016 and 2017 diagnosis year:

0
0A
0S
0IS
1
1A
1A1
1A2
1B
1B1
1B2
1C
1S
2
2A
2A1
2A2
2B
2C
3
3A
3B
3C
3C1
3C2
4
4A
4A1
4A2
4B
4C
88
99
OC

Administrative Notes

New for NAACCR v16 metafile
SEER IF560

Modifications

NAACCR v16D
- Added skip if TNM Edition Number not = 07,U7
- Added SEER IF560 to Administrative Notes

NAACCR v18

TNM Path Stage Group, Prim Site, Surg - Ed 7 (COC)

- Modified description to include valid for 2017 diagnosis year and skip for > 2017, modified logic to skip for dx_year > 2017

TNM Path Stage Group, Prim Site, Surg - Ed 7 (COC)

Agency: COC

Last changed: 06/19/2022 14:01:32

*Edit Tag N2262***Description**

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Case is autopsy only (Type of Reporting Source = 6) or death certificate only (Type of Reporting Source = 7)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Path Stage Group is blank or 88
5. RX Summ--Surg Prim Site is blank
6. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

Definitive surgical resection is required for TNM Path Stage Group 0, 0IS, and 0A.

A. For all site/histology groups except Urinary Bladder (Chapter 45):

If TNM Path Stage Group = 0, 0IS, 0A

Then

RX Summ--Surg Prim Site must be equal to or greater than 20
and not equal 99 (unknown)

B. For TNM site/histology group Urinary Bladder:

If TNM Path Stage Group = 0IS or 0A

Then

RX Summ--Surg Prim Site must be equal to or greater than 30
and not equal 99 (unknown)

Administrative Notes

New edit - added to NAACCR v16 metafile
SEER IF584

Modifications

NAACCR v18

- Name changed, (CoC) to (COC), added space before (COC)

TNM Path Staged By, Date of Diagnosis (SEER)

Agency: SEER

Last changed: 01/29/2022 13:38:23

Edit Tag N2017

EditWriter 5

1369

05/01/2023 02:04 PM

TNM Path Staged By, Date of Diagnosis (SEER)**Description**

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2015 or greater than 2017, blank (unknown), or invalid
2. TNM Path Staged By [930] is blank and year of Date of Diagnosis is 2015
3. Registry ID = 0000001566 (Texas)

Must be a valid TNM Path Staged By [930] code
(00,10,11,12,13,14,15,20,30,40,50,60,88,99).

Codes

00	Not staged
10	Physician NOS or physician type not specified in codes 11-15
11	Surgeon
12	Radiation Oncologist
13	Medical Oncologist
14	Pathologist
15	Multiple Physicians; tumor board, etc.
20	Cancer registrar
30	Cancer registrar and physician
40	Nurse, physician assistant, or other non-physician medical staff
50	Staging assigned at another facility
60	Staging by Central Registry
88	Case is not eligible for staging
99	Staged but unknown who assigned stage

Administrative Notes

New edit - added to NAACCR v15 metafile.

In the SEER*Edits software, the title of this edit is: IF534

This edit differs from the COC edit of the same name as follows:

- This edit checks for valid codes (0-9) only if Diagnosis year is 2015 or later and the field is not blank; the COC version requires the field only for cases diagnosed 2007 and earlier and does not check for valid codes. It checks for valid codes in a separate single-field edit.

NAACCR v16

- Updated to two-character field

NAACCR v18

- Description, logic modified to skip for year of diagnosis greater than 2017

NAACCR v22B

- Description, logic modified, edit skipped for Registry ID 0000001566 (Texas)

TNM Path T, Date of Diagnosis (COC)

TNM Path T, Date of Diagnosis (COC)

Agency: COC

Last changed: 09/18/2018 22:06:33

Edit Tag N2263

Description

This edit is skipped if any of the following conditions is true:

1. Diagnosis date < 2016 or > 2017, blank (unknown), or invalid
2. TNM Path T is blank.
3. TNM Edition Number not = 07, U7

Must be a valid code for TNM Path T and must be left-justified. Subcategory letters must be uppercase, "p" in code must be lowercase. May be blank.

The following codes are valid for AJCC 7th edition, 2016 and 2017 diagnosis year:

pX
p0
pIS
pISU
pISD
pA
p1
p1A
p1A1
p1A2
p1B
p1B1
p1B2
p1C
p1D
p1MI
p2
p2A
p2A1
p2A2
p2B
p2C
p2D
p3
p3A
p3B
p3C
p3D
p4
p4A
p4B
p4C
p4D
p4E
cX
c0
c1
c1A
c1A1

TNM Path T, Date of Diagnosis (COC)

c1A2
c1B
c1B1
c1B2
c1C
c1D
c1MI
c2
c2A
c2A1
c2A2
c2B
c2C
c2D
c3
c3A
c3B
c3C
c3D
c4
c4A
c4B
c4C
c4D
c4E
88

Administrative Notes

New edit for v16
SEER IF550

Modifications**NAACCR v16**

- Edit logic corrected, expressions using 2,4 changed to 2,3 (start from second character and read for 3 characters, for a 4-character data item).

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7

NAACCR v18

- Added all cT codes as valid
- Modified description to include valid for 2017 diagnosis and skip for > 2017, modified logic to skip for dx_year > 2017

NAACCR v18A

- Logic corrected to skip for diagnoses year > 2017

TNM Path T, Depth, Melanoma - Ed 7 (COC)

TNM Path T, Depth, Melanoma - Ed 7 (COC)

Agency: COC

Last changed: 05/26/2018 10:44:25

Edit Tag N2265

Description

This edit verifies consistency between CS Site-Specific Factor 1 coding Depth and the assigned TNM Path T category for Melanoma of Skin and Melanoma of Conjunctiva.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/Histology where Tumor Depth is not recorded as a staging factor (not 31, 50). (Site/histology group is determined before the skip is applied.)
5. TNM Path T is blank or 88
6. Tumor Depth (in CS SSF 1) is blank, "999", unknown, or "988", not applicable.
7. TNM Edition Number not = 07, U7
8. TNM Path Descriptor = 4,6

(Site/histology group is determined before skips 4 and 6 are applied.)

TNM Path T may be blank. If entered, it will be edited site-specifically. A pT category entered in TNM Path T will be compared to the tumor depth coded in a site-specific factor. An edit failure will be returned if the tumor depth is outside the range for the listed pT category. "980", "980 millimeters or larger", is the largest possible size. Nonspecific size values are converted to numeric values for purposes of the edit.

The site-specific TNM Pathologic T values with the corresponding codes in the Site-Specific Factor used to collect the information are listed below. The number next to each site title indicates the respective chapter in the AJCC Cancer Staging Manual, Edition 7. The list includes only those melanomas where pathologic T is based on tumor depth coded in a site-specific factor. For both Melanoma of Skin and Melanoma of Conjunctiva, the measurement is coded in hundredths of millimeters.

The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

31. Melanoma of the Skin

SSF 1

TNM T Path:	1	1A	1B	2
2A	2B	3	3A	3B
Tumor Depth	001-100	001-100	001-100	101-200
101-200	101-200	201-400	201-400	201-400
400	4	4A	4B	
	401-980	401-980	401-980	

50. Melanoma of Conjunctiva

SSF 1

TNM Path T, N, M, In Situ (COC)					
TNM T Path:	1A	2C	1B	1C	2A
Tumor Depth	001-050	051-150	151-980	001-050	
	051-150	151-980			

Administrative Notes

New edit - added to NAACCR v15 metafile
SEER IF622

Modifications

NAACCR v16A

- Updated description with correct tumor depth values for Melanoma of Skin: T1, T1A, T1B: 001-100. T2, T2A, T2B: 101-200. T3, T3A, T3B: 201-400. T4, T4A, T4B: 401-980
- Corrected mapping for values of tumor depth to path T in table referenced by logic: T1, T1A, T1B: 001-100. T2, T2A, T2B: 101-200. T3, T3A, T3B: 201-400. T4, T4A, T4B: 401-980
- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Edit identified as SEER IF622
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, to Edit Logic
- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7
- Added skip if TNM Path Descriptor = 4,6
- Corrected tumor depth values for T3 in description, 201-400

NAACCR v18

- Name changed, (CoC) to (COC), space before -, ICDO3 removed

TNM Path T, N, M, In Situ (COC)

Agency: COC

Last changed: 05/17/2018 21:07:13

Edit Tag N2442

Description

The purpose of this edit is to verify that TNM Path N, TNM Path M, and TNM Path Stage Group are coded consistently for cases where TNM Path T indicates an in situ tumor (TNM Path T = pIS, pA, pISU, pISD, or pA).

This edit enforces the statement in the AJCC manual on page 12: "Carcinoma in situ (CIS) is an exception to the stage grouping guidelines. By definition, CIS has not involved any structure in the primary organ that would allow tumor cells to spread to regional nodes or distant sites. Therefore, pTis cN0 cM0 should be

TNM Path T, N, M, In Situ (COC)

reported as both clinical and pathologic stage 0." The statement on page 499 for bladder takes precedence for this site: "Pathologic staging is based on the histologic review of the radical or partial cystectomy specimen."

If the Over-ride TNM Tis is set to '1', no further checking is done. See "Additional Information" in this description.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016 or greater than 2017, blank (unknown), or invalid
2. Type of Reporting Source = 7
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Path T is not = pIS, pA, pISU, pISD, or pA
5. TNM Edition Number not = 07,U7
5. TNM Path Descriptor = 4, 6

1. If TNM Path T = pIS, pA, pISU, or pISD:

- A. If TNM site/histology group = Bladder:

TNM Path N must = p0 (negative nodes pathologically), c0 (clinically negative nodes), or blank (criteria not met for pathologic staging of bladder)

TNM Path M must = c0 (no clinically positive metastasis), or blank (criteria not met for pathologic staging of bladder)

TNM Path Stage Group must = 0IS or 0A (codes indicating in situ/noninvasive based on pathologic evaluation of T and N) or 99 (criteria not met for pathologic staging of bladder).

- B. For all other AJCC groups:

TNM Path N must = p0, p0I-, p0I+, p0M-, p0M+ (negative nodes pathologically), or c0 (clinically negative nodes).

TNM Path M must = c0, c0I+ (no clinically positive metastasis)

TNM Path Stage Group must = 0, 0A, or 0IS (codes indicating pathologic stage group based on AJCC instructions for pTis) or 99

Only TNM Path N and TNM Path M are edited for the following TNM groups. In situ carcinomas are recognized by AJCC, but there is no stage grouping.

49. Carcinoma of Conjunctiva
50. Malignant Melanoma of Conjunctiva

This edit is skipped for the following TNM groups (AJCC does not recognize or does not stage in situ tumors for these sites, though in situ may be assigned by a pathologist):

7. Major Salivary Glands
8. Thyroid Gland (08A-08F)
9. Mucosal Melanoma Head and Neck
- 13B. Appendix, Carcinoid
16. GIST
17. NET Small Intestine and Ampulla of Vater, NET Colon and Rectum (17B, 17C)
18. Liver
- 36B. Corpus Sarcoma
- 36C. Corpus Adenosarcoma
- 37A. Ovary
39. Gestational Trophoblastic Tumors
41. Prostate

TNM Path T, N, M, In Situ (COC)

43. Kidney
 47. Adrenal (47A, 47B)
 51A. Melanoma of Choroid
 51B. Melanoma of Iris
 53. Carcinoma of the Lacrimal Gland
 54. Sarcoma of the Orbit
 57B. Primary Cutaneous Lymphoma

Additional Information:

As noted above, "Carcinoma in situ (CIS) is an exception to the stage grouping guidelines. By definition, CIS has not involved any structure in the primary organ that would allow tumor cells to spread to regional nodes or distant sites. Therefore, pTis cN0 cM0 should be reported as both clinical and pathologic stage 0." Traditional registry coding rules have recommended that registrars assign at least a category of T1 to cases where in situ behavior is found on pathologic examination of tissue from the primary site but other findings indicate regional or distant involvement, based on the concept that primary tumor invasion must be present but not identified.

AJCC is interested in identifying such cases where in situ behavior on pathologic examination of the primary site is accompanied by findings of regional nodal or distant involvement, and the AJCC consultant recommends coding Tis with relevant N and M categories and unknown stage group. An over-ride has been added to this edit to allow this coding.

First check that T, N, and M values are coded correctly. Review all pathology reports and verify T, N, and M categories with the staging physician. Also contact the AJCC forum for staging questions or consult published training materials for guidance on handling specific case circumstances. If, after careful review and consultation, the coding that generated an edit failure is determined to be correct, set the Over-ride TNM Tis to 1 and rerun the edit.

Administrative Notes

New edit - added to NAACCR v16 metafile
 SEER IF605

Modifications

NAACCR v16A

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440.
- Description and logic updated to skip edit for Carcinoma of Conjunctiva, Melanoma of Conjunctiva.
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, to Edit Logic

NAACCR v16B

- Name changed from TNM T,N,M, In Situ (CoC) to TNM Path T,N,M, In Situ (COC)
- Description and Edit Logic updated to allow TNM Clin T to be blank and TNM Clin Stage Group to equal 99 when TNM Path T is in situ. This logic assumes that In situ carcinoma was not diagnosed clinically and is an incidental finding at surgery.

TNM Path T, Path Size, Site Spec - Ed 7 (SEER)

- Logic statements requiring that TNM Clin N, TNM Clin M, and TNM Clin Stage Group are also coded consistently with TNM Path T =
in situ removed from edit; consistency of coding for TNM Clin fields checked in another edit, TNM Clin T,N,M, In Situ (COC).
- Description and logic updated to edit Carcinoma of Conjunctiva and Melanoma of Conjunctiva for TNM Path N and TNM Path M and
only skip for TNM Path Stage Group
- Error messages updated to be more specific about coding problems
- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

NAACCR v16D

- Description, logic modified to skip if TNM Edition Number not = 07,U7
- Description, edit logic modified to omit comparison between clin TNM and stage group and path TNM and stage group values.
- Modified logic, format of character string, e.g. "pxxb", 2,3
- Logic corrected to skip for group 009, Mucosal Melanoma of Head and Neck
- Description, logic modified to not include pNX as allowable code for in situ carcinomas
- Corrected MATCH patterns (they were not precise enough for EDITS50)

NAACCR v18

- Typo corrected in second paragraph, cliical changed to clinical.
- Over-ride TNM Tis added to over-ride edit if codes reviewed and confirmed correct, allowing coding of in situ tumor with
metastases to nodes or distant sites.
- Description, logic updated to pass for diagnosis date > 2017

TNM Path T, Path Size, Site Spec - Ed 7 (SEER)

Agency: SEER

Last changed: 02/07/2018 22:11:11

*Edit Tag N2267***Description**

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Site/Histology where Path T is not dependent on pathologic tumor size
6. TNM Path T is blank or 88
7. Tumor Size Pathologic is blank or 999
8. TNM Edition Number not = 07, U7

TNM Path T may be blank. If entered, it will be edited site-specifically. A pT category entered in TNM Path T will be compared to Tumor Size Pathologic. An edit failure will be returned if the pathologic tumor size is outside the range of tumor size for the listed pT category. "989", "989 millimeters or larger", is the

TNM Path T, Path Size, Site Spec - Ed 7 (SEER)

highest possible size for Tumor Size Pathologic. 990 (microscopic focus) will be accepted for p1 (p1A, p1MI) for all sites/histologies included in this edit.

The site-specific TNM Pathologic T values with the corresponding clinical tumor size in millimeters are listed below. The number next to each site title indicates the respective chapter in the AJCC Cancer Staging Manual, Edition 7. The list includes only those sites/histology groups where pathologic T is based on pathologic tumor size. The site/histology groups are identified by site and histology in the edits Primary Site, AJCC Stage Group 2016 - Ed 7 (COC), Primary Site, Stage Group 2016 - Ed 7 (NPCR), and Primary Site, Stage Group 2016 - Ed 7 (SEER). Subdivision of the 4A site/histology group, Oropharynx and Hypopharynx, was required for this edit; the site codes for Hypopharynx were removed to site group 4E.

3. Lip and Oral Cavity

TNM T:	1	2	3
Tumor Size Path	001-020, 990	021-040	041-989

4. Pharynx

4A. Oropharynx and Hypopharynx

Division for T category:

4A. Oropharynx only

Sites: C019, C024, C051-C052, C090-C091, C098-C099, C100, C102-C104, C108-C109

TNM T:	1	2
Tumor Size Path	001-020, 990	021-040

4E. Hypopharynx

Sites: C129, C130-C139

TNM T:	1
Tumor Size Path	001-020, 990

4D. Oropharynx

TNM T:	1	2
Tumor Size Path	001-020, 990	021-040

7. Major Salivary Glands

TNM T:	1	2
Tumor Size Path	001-020, 990	021-040

8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

8D. Thyroid: Medullary

TNM T:	1	1A	1B
	2		
Tumor Size Path	001-020, 990	001-010, 990	011-020
			021-040

13. Appendix

TNM Path T, Path Size, Site Spec - Ed 7 (SEER)

13B. Appendix: Carcinoid

TNM T:	1		1A	1B
Tumor Size Path	001-020, 990	001-010, 990	011-020	

15. Anus

TNM T:	1		2	3
Tumor Size Path	001-020, 990	021-050	051-989	

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

16B. GIST: Small Intestine

TNM T:	1		2	3
	4			
Tumor Size Path	001-020, 990	021-050	051-100	101-989

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

17B. NET: Small Intestine

TNM T:	1			
Tumor Size Path	001-010, 990			

17D. NET: Ampulla

TNM T:	1		2	
Tumor Size Path	001-010, 990	011-989		

24. Exocrine and Endocrine Pancreas

TNM T:	1		2	
Tumor Size Path	001-020, 990	021-989		

25. Lung

TNM T:	1		1A	1B
	2A		2B	
Tumor Size Path	001-030, 990	001-020, 990	021-030	001-050,
	990 051-070			

27. Bone

TNM T:	1		2	
Tumor Size Path	001-080, 990	081-989		

28. Soft Tissue Sarcoma

TNM T:	1		2	
Tumor Size Path	001-050, 990	051-989		

TNM Path T, Path Size, Site Spec - Ed 7 (SEER)

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

TNM T: 1
 Tumor Size Path 001-020, 990

30. Merkel Cell Carcinoma

TNM T: 1 2 3
 Tumor Size Path 001-020, 990 021-050 051-989

32. Breast

TNM T: 1 1M 1A
 Tumor Size Path 1B 1C 2
 001-020, 990 001-001, 990 001-005, 990 005-010
 011-020 021-050
 3
 051-989

43. Kidney

TNM T: 1 1A 1B
 2 2A 2B
 Tumor Size Path 001-070, 990 001-040, 990 041-070 071-989
 071-100 101-989

47. Adrenal

47A. Adrenal Cortex
 47B. Adrenal Cortical Carcinoma

TNM T: 1 2
 Tumor Size Path 001-050, 990 051-989

49. Conjunctiva

TNM T: 1 2
 Tumor Size Path 001-005, 990 006-989

53. Carcinoma of the Lacrimal Gland

TNM T: 1 2 3
 Tumor Size Path 001-020, 990 021-040 041-989

54. Sarcoma of the Orbit

TNM T: 1 2
 Tumor Size Path 001-015, 990 016-989

TNM Path T, Primary Site, Surgery - Ed 7 (COC)***Administrative Notes***

New edit - added to NAACCR v15 metafile
SEER IF618

Modifications**NAACCR v16A**

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, to Edit Logic

NAACCR v16B

- Description updated to reference 3 edits where site/histology groups are identified: Primary Site, AJCC Stage Group 2016 - Ed 7 (COC), Primary Site, Stage Group 2016 - Ed 7 (NPOCR), and Primary Site, Stage Group 2016 - Ed 7 (SEER).
- Description corrected to show size range of 001-050, 990 for group 025, p2A, Lung.
- Edit logic updated to pass 990 for p2A, Lung
- Table referenced by edit updated to include size range of 001-050 for p2A, Lung
- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7
- Logic formatting corrected(edit returns not changed)

TNM Path T, Primary Site, Surgery - Ed 7 (COC)**Agency: COC****Last changed: 06/19/2022 14:01:32*****Edit Tag N2266******Description***

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Case is autopsy only (Type of Reporting Source = 6) or death certificate only (Type of Reporting Source = 7)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Path T is blank or 88
5. RX Summ--Surg Prim Site is blank
6. TNM Edition Number not = 07, U7

Definitive surgical resection is required for TNM Path T except for the highest T category.

A. For the following TNM groups and specified TNM Path T codes, RX Summ--Surg Prim Site must be equal to or greater than 20 and not equal 99 (unknown):

TNM Path T, Primary Site, Surgery - Ed 7 (COC)

1. TNM groups in List 1 (highest pT = 4B):
TNM Path T = p1-p4A
2. TNM groups in List 2 (highest pT = 3C or 4)
TNM Path T = p1-p3B
3. TNM groups in List 3 (highest pT = 4D):
TNM Path T = p1-p4C
4. TNM group Placenta (Chapter 39), the highest pT = 2:
TNM Path T = p1
5. TNM group Bone (Chapter 27)
TNM group Vulva (Chapter 33), the highest pT = 3:
TNM Path T = p1-p2
6. TNM group Soft Tissue (Chapter 28), the highest pT = 2B:
TNM Path T = p1-p2A
7. TNM group Kidney (Chapter 43), the highest pT = 4:
TNM Path T = p1-p3C
8. TNM group Retinoblastoma (Chapter 52), the highest pT = 4B:
TNM Path T = p1-p4A
9. TNM group Carcinoma of the Lacrimal Gland (Chapter 53), the highest pT = 4C:
TNM Path T = p1-p4B
10. TNM group Ciliary Body and Choroid (Chapter 51A), the highest pT = 4E:
TNM Path T = p1-p4D

B. For the following TNM groups and specified TNM Path T codes, RX Summ--Surg Prim Site must be equal to or greater than 30 and not equal 99 (unknown):

1. TNM group Prostate (Chapter 41), the highest pT = 4. Prostate is an exception to the rule regarding definitive surgical resection being required for TNM Path T except for the highest T category. AJCC does not allow pathologic staging for T1, and allows pathologic staging based on biopsy for T3 and T4. Definitive surgical resection is required for T2, T2A, T2B, and T2C.

TNM Path T = p2 - p2C

2. TNM group Urinary Bladder (Chapter 45), the highest pT = 4B:
TNM Path T = p1-p4A

C. For TNM group Testis (Chapter 42), for p0, p1, p2, p3, RX Summ--Surg Prim Site must be equal to or greater than 40 and not equal 99 (unknown).

LIST 1 - Highest pT = 4B *****
- The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual,

TNM Path T, Primary Site, Surgery - Ed 7 (COC)

Edition 7.

- 3. Lip and Oral Cavity
- 4. Pharynx
 - 4A. Oropharynx and Hypopharynx
 - 4D. Oropharynx
- 5. Larynx
 - 5A. Supraglottis, Subglottis, Other
 - 5B. Glottis
- 6. Nasal Cavity and Paranasal Sinuses
- 7. Major Salivary Glands
- 8. Thyroid Gland
 - 8A. Thyroid: Papillary/follicular, age less than 045
 - 8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999
 - 8C. Thyroid: Papillary/follicular, age equal 999 (unknown)
 - 8D. Thyroid: Medullary
 - 8E. Thyroid: Anaplastic
 - 8F. Thyroid: Anaplastic
- 9. Mucosal Melanoma of the Head and Neck
- 10. Esophagus and Esophagus Gastric Junction
 - 10A. Esophagus
 - 10B. Esophagus Gastric Junction
- 11. Stomach
- 13A. Appendix: Carcinoma
- 14. Colon and Rectum
- 31. Melanoma of the Skin
- 51. Malignant Melanoma of Uvea
 - 51B. Iris

LIST 2 - Highest pT = p3C or p4 *****
 where next highest is no greater than 3B

- 4. Pharynx
 - 4B. Nasopharynx
 - Sites: C110, C112-C113, C118-C119
 - 4C. Nasopharynx
 - Sites: C111
 - Discriminator (CS Site-Specific Factor25):010
- 12. Small Intestine
- 13. Appendix
 - 13B. Appendix: Carcinoid
- 15. Anus
- 16. Gastrointestinal Stromal Tumor (GIST)
 - 16A. GIST: Gastric
 - 16B. GIST: Small Intestine
- 17. Neuroendocrine Tumors (NET)
 - 17A. NET: Stomach
 - 17B. NET: Small Intestine and Ampulla of Vater
 - 17C. NET: Colon and Rectum
- 20. Gallbladder
- 21. Perihilar Bile Ducts
- 22. Distal Bile Duct
- 23. Ampulla of Vater
- 24. Exocrine and Endocrine Pancreas
- 25. Lung
- 26. Pleural Mesothelioma
- 29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

TNM Path T, Primary Site, Surgery - Ed 7 (COC)

30. Merkel Cell Carcinoma
 34. Vagina
 35. Cervix Uteri
 36. Corpus Uteri
 36A. Corpus Uteri: Carcinomas
 36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma
 36C. Corpus Uteri: Adenosarcoma
 37. Ovary and Peritoneal Carcinomas
 37A. Ovary
 Sites: C569
 37B. Peritoneal Carcinomas
 Sites: C481-C482, C488 (Sex = 2,female) and
 Discriminator (CS Site-Specific Factor 25) = 002
 38. Fallopian Tube
 40. Penis
 42. Testis
 44. Renal Pelvis and Ureter
 46. Urethra
 46A. Urethra - Female
 46B. Urethra - not Female
 47. Adrenal
 47A. Adrenal Cortex
 47B. Adrenal Cortical Carcinoma
 48. Carcinoma of the Eyelid
 50. Malignant Melanoma of the Conjunctiva
 54. Sarcoma of the Orbit
 57. Lymphoid Neoplasms
 57B. Primary Cutaneous Lymphomas

LIST 3 - Highest pT = p4D *****

32. Breast
 49. Conjunctiva

Administrative Notes

New edit - added to NAACCR v16 metafile

Modifications**NAACCR v16A**

- Logic corrected to use table AC7G2016.DBF in lookup for site/histology groups

NAACCR v16B

- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

NAACCR v16C

- In the SEER*Edits software the title of this edit is IF602

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7

TNM Path T, SSF 1 Retinoblastoma (COC)

- Modified logic, format of character string, e.g. "pxxb", 2,3
- Evaluation of Liver, site/histo group 18, and Intrahepatic Bile Ducts, site/histo group 19, removed from edit. Pathologic staging criteria do not include evaluation of surgically resected specimen.

NAACCR v18

- Corrected logic for A.2 list 2, to break list of site/grp at 35, to correctly handle identification of site/histology groups in INLIST statements, required for edit in EW4. Original list was handled correctly in EW5.

NAACCR v18A

- Site/histology group 55 removed from edit, change made in v18, documented in v18A

TNM Path T, SSF 1 Retinoblastoma (COC)

Agency: COC

Last changed: 04/04/2018 20:25:07

*Edit Tag N2268***Description**

Purpose: This edit verifies that TNM Path T is coded consistently with CS SSF 1, Extension Evaluated at Eucleation, for Retinoblastoma.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Primary site/histology is not Retinoblastoma (C69.2).
5. TNM Path T is blank or 88
6. CS SSF 1 is blank
7. TNM Edition Number not = 07, U7

For Retinoblastoma, SSF 1:

A. If SSF 1 = 300 (tumor confined to retina), 410 (tumor cells in vitreous body without optic nerve invasion and without choroidal invasion), 430 (tumor confined to subretinal space without optic nerve invasion and without choroidal invasion), 435 (tumor confined to eye NOS without optic nerve invasion and without choroidal invasion)

then TNM Path T must = p1 (tumor confined to eye with no optic nerve or choroidal invasion)

B. If SSF 1 = 440 (tumor invades optic nerve up to but not through level of lamina cribrosa without invasion of choroid), 460 (tumor invades choroid focally without invasion of optic nerve), 465 (stated as pT2a with no other information on extension)

then TNM Path T must = p2A (Tumor superficially invades optic nerve head but does not extend past lamina cribrosa or tumor exhibits focal choroidal invasion)

C. If SSF 1 = 470 (tumor invades optic nerve up to but not through level of lamina cribrosa with focal invasion of choroid)

TNM Path T, SSF 1 Retinoblastoma (COC)

then TNM Path T must = p2B (tumor superficially invades optic nerve head but does not extend past lamina cribrosa and exhibits focal choroidal invasion)

D. If SSF 1 = 490 (tumor with minimal optic nerve and/or choroidal invasion NOS)
then TNM Path T must = p2 (tumor with minimal optic nerve and/or choroidal invasion)

E. If SSF 1 = 540 (tumor invades optic nerve through the level of lamina cribrosa but not to line of resection without massive invasion of choroid), 550 (tumor massively invades choroid without invasion of optic nerve through level of lamina cribrosa), 560 (tumor with significant optic nerve and/or choroidal invasion)
then TNM Path T must = p3A (tumor invades optic nerve past lamina cribrosa but not to surgical resection line or tumor exhibits massive choroidal invasion)

F. If SSF 1 = 570 (tumor invades optic nerve through level of lamina cribrosa but not to line of resection with massive invasion of choroid)
then TNM Path T must = p3B (tumor invades optic nerve past lamina cribrosa but not to surgical resection line and exhibits massive choroidal invasion)

G. If SSF 1 = 590 (tumor with significant optic nerve and/or choroidal invasion NOS)
then TNM Path T must = p3 (tumor with significant optic nerve and/or choroidal invasion)

H. If SSF 1 = 725 (invasion of optic nerve to resection line without extraocular extension)
then TNM Path T must = p4A (tumor invades optic nerve to resection line but no extra-ocular extension identified)

I. If SSF 1 = 745 (extraocular extension without invasion of optic nerve to resection line), 755 (extraocular extension without invasion of optic nerve to resection line including extension to brain), 810 (stated as pT4 NOS with no other information on extension)
then TNM Path T must = p4 (Tumor invades optic nerve to resection line or exhibits extra-ocular extension elsewhere)

J. If SSF 1 = 765 (invasion of optic nerve to resection line with extraocular extension), 775 (invasion of optic nerve to resection line with extraocular extension to brain), 790 (stated as [T4b with no other information on extension)
then TNM Path T must = p4B (tumor invades optic nerve to resection line and extra-ocular extension identified)

K. If SSF 1 = 950 (no evidence of primary tumor)
then TNM Path T must = p0

L. If SSF 1 = 999 (enucleation performed, extension unknown)
then TNM Path T must = pX

M. If SSF 1 = 960 (unknown if enucleation performed), 970 (no enucleation performed)
then TNM Path T must = pX or blank

Administrative Notes

New edit - added to NAACCR v16 metafile.
SEER IF585

Modifications

NAACCR v16D
- Added skip if TNM Edition Number not = 07,U7

NAACCR v18
- Name changed, (CoC) to (COC)

TNM Path T, SSF 1, 2, 3 Kidney (COC)

TNM Path T, SSF 1, 2, 3 Kidney (COC)

Agency: COC

Last changed: 04/08/2018 12:47:46

*Edit Tag N2269***Description**

Purpose: This edit verifies that TNM Path T is coded consistently with CS SSF 1, Invasion

Beyond Capsule, CS SSF 2, Vein Involvement, and CS SSF 3, Ipsilateral Adrenal Gland Involvement, for Kidney parenchyma.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Primary site is not site/histology group 043 (Kidney)
5. TNM Path T is blank or 88
6. TNM Edition Number not = 07, U7
7. TNM Path Descriptor = 4,6

For Kidney, SSF 1:

- A. If SSF 1 = blank or 988, edit checks are skipped.
- B. If SSF 1 = 000 (Invasion beyond capsule not present/not identified and SSF 2 = 000 (Vein involvement not present/not identified), then TNM Path T must = p1, p1A, p1B, p2, p2A,p2B, or pX (tumor limited to kidney or unknown)
- C. If SSF 1 = 010 (Lateral invasion, Perinephric fat), 020 (Medial invasion, Renal sinus, Perisinus fat), 030 (020 + 010), 991 (Invasion beyond capsule NOS) then TNM Path T must = p3 (Tumor extends into major veins or perinephric tissues) or higher.
- D. IF SSF 1 = 998 (No surgical resection of primary site), then TNM Path T must = pX or blank.

For Kidney, SSF 2:

- A. If SSF 2 = blank or 988, edit checks are skipped.
- B. If SSF 2 = 010 (Involvement of renal vein only) then TNM Path T must = p3 (Tumor extends into major veins or perinephric tissue) or higher.
- C. If SSF 2 = 020 (Involvement of Inferior vena cava below the diaphragm), 040 (Involvement of IVC NOS), 050 (Involvement of IVC below diaphragm plus involvement of renal vein), or 070 (Involvement of IVC NOS plus involvement of renal vein) then TNM Path T must = p3b (Tumor grossly extends into vena cava below diaphragm) or higher

TNM Path T, SSF 1, 2, 3 Kidney (COC)

D. If SSF 2 = 030 (Involvement of IVC above diaphragm), 060 (Involvement of IVC above diaphragm plus involvement of renal vein), 080 (Involvement of IVC above diaphragm plus involvement of IVC below diaphragm), or 090 (Involvement of IVC above diaphragm plus involvement of IVC below diaphragm plus involvement of renal vein)
 then TNM Path T must = p3c (Tumor grossly extends into vena cava above diaphragm or invades wall of vena cava) or higher.

E. If SSF 2 = 998 (No surgical resection of primary site),
 then TNM Path T must = pX or blank

For Kidney, SSF 3:

A. If SSF 3 = blank or 988, edit checks are skipped

B. If SSF 3 = 010 (Contiguous involvement of ipsilateral adrenal gland), 030 (Noncontiguous plus contiguous involvement of ipsilateral adrenal gland), or 040 (Involvement of ipsilateral adrenal gland, not stated whether contiguous or noncontiguous)
 then TNM Path T must = p4 (Tumor invades beyond Gerota's fascia including contiguous extension into the ipsilateral adrenal gland)

Administrative Notes

New edit - added to NAACCR v16
 SEER IF586

Modifications**NAACCR v16A**

- Logic corrected to include mapping of p3 to CS Site-Specific Factor 2 value of 030
- Logic corrected to include mapping of p3C, p4, pX to CS Site-Specific Factor 2 value of 060

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7
- Added skip if TNM Path Descriptor = 4,6

NAACCR v18

- Description, logic updated, statement B for SSF 1, SSF2 condition added: If SSF 1 = 000 (Invasion beyond capsule not present/not identified and SSF 2 = 000 (Vein involvement not present/not identified)

NAACCR v18

- Error message changed from 6039 to 6018

TNM Path T, SSF 2, 7 Melanoma Skin (COC)

TNM Path T, SSF 2, 7 Melanoma Skin (COC)

Agency: COC

Last changed: 02/07/2018 22:11:11

*Edit Tag N2270***Description**

Purpose: This edit verifies that TNM Path T is coded consistently with CS SSF 2, Ulceration, and CS SSF 7, Primary Tumor Mitotic Count/Rate for Melanoma of Skin. For pT1B, the edit verifies that either ulceration is present or mitotic rate is greater than or equal to 1 mitosis per square millimeter.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology is not Melanoma of Skin
5. TNM Path T is blank or 88
6. CS SSF 2 and CS SSF 7 are blank or 988
7. TNM Edition Number not = 07, U7
8. TNM Path Descriptor = 4,6

For Melanoma of Skin, CS SSF 2:

- A. If TNM Path T = p1A, p2A, p3A, p4A (without ulceration)
then SSF 2 must = 000 (no ulceration present)
- B. If TNM Path T = p2B, p3B, p4B (with ulceration)
then SSF 2 must = 010 (ulceration present)
- C. If TNM Path T = p1B (with ulceration or mitosis >1/sq mm)
then SSF 2 must = ulceration or
SSF 7 must = positive mitoses

[Implemented in edit logic as
SSF 2 must not = 000 (without ulceration)
and SSF 7 must not = 000 (no mitoses), 990 (stated as < 1 mitosis/sq
mm),
or 998 (no histologic examination of primary site)]

Administrative Notes

New edit - added to NAACCR v16 metafile.
SEER IF587

Modifications

NAACCR v16D
- Added skip if TNM Edition Number not = 07,U7
- Added skip if TNM Path Descriptor = 4,6
- Modified logic, format of character string, e.g. "pxxb", 2,3

TNM Path T, SSF 3 Prostate (COC)

NAACCR v18

- Name changed, extra space removed

TNM Path T, SSF 3 Prostate (COC)

Agency: COC

Last changed: 04/04/2018 20:25:46

*Edit Tag N2271***Description**

Purpose: This edit verifies that TNM Path T is coded consistently with CS SSF 3, Pathologic Extension, for Prostate.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Primary site/histology group is not 041 (Prostate)
5. TNM Path T is blank or 88
6. CS SSF 3 is blank
7. TNM Edition Number not = 07, U7

For Prostate, SSF 3:

- A. If SSF 3 = 000 (In situ, intraepithelial, noninvasive)
then TNM Path T must = 88 (not eligible for staging)
- B. If SSF 3 = 200 (Involves one lobe/side, NOS), 300 (Localized NOS), 320 (Invasion into but not beyond prostatic capsule), 400 (No extracapsular extension but specific margins involved)
then TNM Path T must = p2 (Organ confined)
- C. If SSF 3 = 210 (Involves one half of one lobe/side or less), 330 (Invasion into but not beyond prostatic capsule plus involves one half of one lobe/side or less), 402 (No extracapsular extension but specific margins involved plus involves one half of one lobe/side or less)
then TNM Path T must = p2A (unilateral, one-half of one side or less)
- D. If SSF 3 = 220 (Involves more than one half of one lobe/side but not both lobes/sides), 340 (Invasion into but not beyond prostatic capsule plus involves more than one half of one lobe/side but not both lobes/sides), 404 (No extracapsular extension but specific margins involved plus involves more than one half of one lobe/side but not both lobes/sides)
then TNM Path T must = p2B (unilateral, involving more than one-half of side but not both sides)
- E. If SSF 3 = 230 (Involves both lobes/sides), 350 (Invasion into but not beyond prostatic capsule plus involves both lobes/sides), 406 (No extracapsular extension but specific margins involved plus involves both lobes/sides)
then TNM Path T must = p2C (Bilateral disease)
- F. If SSF 3 = 495 (Stated as pT3 NOS with no other information on pathologic extension)
then TNM Path T must = p3 (tumor extends through prostate capsule)
- G. If SSF 3 = 415 (Extension to periprostatic tissue), 420 (unilateral extracapsular extension), 430 (bilateral extracapsular extension), 480 (extracapsular extension and specific margins involved), 482 (microscopic bladder

TNM Stage, Date Dx,Type Report Source (NPCR)

neck involvement), 483 (stated as pT3a with no other information on pathologic extension)

then TNM Path T must = p3A (Extraprostatic extension or microscopic invasion of bladder neck)

H. If SSF 3 = 485 (extension to seminal vesicles), 490 (extension to seminal vesicles plus microscopic bladder neck involvement)

then TNM Path T must = p3B (Seminal vesicle invasion)

I. If SSF 3 = 500 (extension to or fixation to adjacent structures other than seminal vesicles), 510 (extraprostatic urethra), 520 (levator muscle, skeletal muscle, ureter), 600 (extension to or fixation to pelvic wall or pelvic bone), 700 (further contiguous extension), 750 (stated as pT4 with no other information on pathologic extension)

then TNM Path T must = p4 (Tumor is fixed or invades adjacent structures other than seminal vesicles)

J. If SSF 3 = 950 (no evidence of primary tumor)

then TNM Path T must = p0

K. If SSF 3 = 990 (Prostatectomy done, extension not stated), 985 (Autopsy performed but extension unknown)

then TNM Path T must = pX

L. If SSF 3 = 960 (Unknown if prostatectomy done), 970 (no prostatectomy done within first course of treatment), 980 (prostatectomy performed but not considered first course of treatment)

then TNM Path T must = pX, p3, p3A, p3B, p4, or blank

Administrative Notes

New edit - added to NAACCR v16_EC metafile.

SEER IF588

Modifications**NAACCR v16C**

- Edit description, logic updated to allow TNM Path T to equal 3, 3A, 3B, or 4 when SSF 3 is code 960, 970, or 980. AJCC allows assignment of pT3 and pT4 under certain circumstances without prostatectomy.

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7

NAACCR v18

- Name changed, (CoC) to (COC)

TNM Stage, Date Dx,Type Report Source (NPCR)

Agency: NPCR

Last changed: 08/11/2020 20:14:16

Edit Tag N2359

Description

This edit checks that TNM Clin Stage Group and TNM Path Stage Group are not blank for date of diagnosis 2016 and greater. TNM Clin Stage Group and TNM Path Stage Group are allowed to be

TNM T, Breast, Infram Carcinoma (COC)

blank if Type of Report Source = 6 (autopsy only) or 7 (death certificate only).

This edit is skipped if any of the following conditions is true:

Year of Date of Diagnosis is less than 2016 or greater than 2017, blank, or invalid.

Administrative Notes

New Edit for NAACCR v16

Modifications

NAACCR v16A

- Description updated to remove skip for blank Histologic Type ICD-O-3, add skip if date of diagnosis is blank

NAACCR v18

- Description, logic modified to skip if diagnosis year > 2017.

- Failure on invalid date changed to skip

TNM T, Breast, Infram Carcinoma (COC)

Agency: COC

Last changed: 04/04/2018 20:26:10

Edit Tag N2272

Description

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Primary Site not = C500-C509
5. TNM Clin T and TNM Path T are both blank, 88

If Histologic Type ICD-O-3 = 8530 (inflammatory carcinoma)
Then

TNM Clin T must = c4D or TNM Path T must = p4D

Administrative Notes

New edit - added to NAACCR v16 metafile
SEER IF589

Modifications

NAACCR v16D

- EC removed from Administrative Note

TNM T, Clin and Path Stage, Behavior 2 (COC)

NAACCR v18

- Name changed, (CoC) to (COC)

TNM T, Clin and Path Stage, Behavior 2 (COC)

Agency: COC

Last changed: 05/17/2018 21:13:16

*Edit Tag N2274***Description**

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016 or greater than 2017, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Edition Number not = 07, U7

Note: The number next to each TNM group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The subheadings (A, B, etc) refer to site/histology groups listed in the edit Primary Site, Stage Group 2016 - Ed 7.

A. For the following TNM Group/TNM Clin T or TNM Path T code combinations, Behavior Code ICD-O-3 may = 2 or 3. These TNM Group/TNM Clin T or TNM Path T code combinations are passed (excluded from further editing). If TNM Path T is blank, the edit checks the values in TNM Clin T. If TNM Path T is not blank, the edit checks the values in TNM Path T.

1. TNM Group Breast (32):

TNM Clin T = pIS and Histologic Type ICD-O-3 = 8540,8541, and 8543 (codes indicating Paget disease).

TNM Path T = pIS and Histologic Type ICD-O-3 = 8540,8541, and 8543 (codes indicating Paget disease).

2. TNM Group Penis (40):

TNM Clin T = pA (verrucous carcinoma)

TNM Path T = pA (verrucous carcinoma)

3. TNM Group Urinary Bladder (45):

TNM Clin T = pIS (tumors described as "confined to mucosa")

TNM Path T = pIS (tumors described as "confined to mucosa")

B. For all other TNM Groups except Colon and Rectum (14), Carcinoma of Appendix (13A), NET Stomach (17A), Melanoma of Conjunctiva (50)

1. If TNM Path T is blank,

if TNM Clin T = pA, pIS, pISU, pISD, and TNM Clin Stage Group = 0,0A,0S, or 0IS

then Behavior Code ICD-O-3 must = 2.

2. If TNM Path T = pA, pIS, pISU, pISD, and TNM Path Stage Group = 0,0A,0s, or

0IS and TNM Path Descriptor is not = 4 or 6 (Codes indicating pathologic staging after multimodality treatment)

TNM T, Clin and Path Stage, Behavior 3 (COC)

Then Behavior Code ICD-O-3 must = 2

Note: The four exceptions listed in B are site/histology groups where AJCC maps an extension considered "invasive" by ICD-O-3 to a "Tis" category.

Administrative Notes

New edit - added to NAACCR v16 metafile
SEER IF603

Modifications**NAACCR v16B**

- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7
- Modified logic, format of character string, e.g. "pxxb", 2,3
- IF604 in Administrative Notes corrected to IF603
- Description, logic updated to delete occult carcinoma of Lung from list of site/histologies which can be coded with behavior /2 or /3

NAACCR v18

- Description, logic modified to require in situ stage group as well as in situ T category for behavior code /2.
- Name changed, (CoC) to (COC)
- Description, logic modified to skip if diagnosis year > 2017

TNM T, Clin and Path Stage, Behavior 3 (COC)

Agency: COC

Last changed: 05/17/2018 21:14:34

Edit Tag N2275

Description

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016 or greater than 2017, blank (unknown), or invalid.
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. All TNM fields are coded 88 (AJCC staging not applicable)
 - TNM Clin T = 88
 - TNM Clin N = 88
 - TNM Clin M = 88
 - TNM Clin Stage Group = 88
 - TNM Path T = 88
 - TNM Path N = 88
 - TNM Path M = 88
 - TNM Path Stage Group = 88

TNM T, Clin and Path Stage, Behavior 3 (COC)

5. If all of the following conditions are true, fields have probably been defaulted and the

edit is skipped:

TNM Clin T = cX
 TNM Clin N = cX
 TNM Clin M = cX
 TNM Clin Stage Group = 99
 TNM Path T = pX
 TNM Path N = pX
 TNM Path M = pX, cX
 TNM Path Stage Group = 99

6. TNM Edition Number not = 07, U7

Not in situ, Behavior ICD-O-3 = 3

Note: The edit will pass if TNM Clin T, TNM Clin Stage Group, TNM Path T, and TNM Path Stage

Group are blank. The edit will not pass if some but not all of these 4 fields are coded 88.

For all TNM Groups:

A. If TNM Path T and TNM Path Stage Group are empty:

If TNM Clin T is not pIS, pA, pISU, pISD
 and TNM Clin Stage Group is not 0, 0A, 0IS
 Then Behavior Code ICD-O-3 must = 3.

B. If TNM Path T and TNM Path Stage Group are not empty:

If TNM Path T is not pIS, pA, pISU, pISD
 and TNM Clin Stage Group is not 0, 0A, 0IS
 and TNM Path Stage Group is not 0, 0A, 0IS
 Then Behavior Code ICD-O-3 must = 3

Administrative Notes

New edit - added to NAACCR v16 metafile. EC
 SEER IF590

Modifications**NAACCR v16B**

- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7

NAACCR v18

- Name changed, (CoC) to (COC)
 - Description, logic modified to skip if diagnosis year > 2017

TNM T, Deep Sites Soft Tissue (COC)

TNM T, Deep Sites Soft Tissue (COC)

Agency: COC

Last changed: 07/21/2018 16:43:33

*Edit Tag N2276***Description**

Purpose: This edit verifies that TNM T is coded as deep tumor for certain Soft Tissue Sarcoma sites: heart/mediastinum, peritoneum, and retroperitoneum.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Clin T and TNM Path T are blank or 88
5. TNM Edition Number not = 07, U7

For soft tissue sarcoma:

If site = C380-C383, C388 (8800-8820, 8823-8935, 8940-9136, 9142-9582),
 C481-C482, C488 (8800-8820,8823-8934, 8940-9136, 9142-9582 (not female),
 C481-C482, C488 (8800-8820, 8823-8921, 9120-8136, 9142-9582 (female
 only), or
 C480 (8800-8820, 8823-8934, 8940-9136, 9140-9582)
 then TNM Clin T must = c1B, c2B, cX or blank,
 and TNM Path T must = p1B, p2B,pX, or blank if TNM Path Descriptor not = 4 or 6
 (neoadjuvant treatment given).

Administrative Notes

New edit - added to NAACCR v16 metafile.
 SEER IF604

Modifications

NAACCR v16D
 - Added skip if TNM Edition Number not = 07,U7
 - SEER IF605 in Administrative Notes corrected to IF604

NAACCR v18
 - Check on TNM Path T skipped if TNM Path Descriptor = 4 or 6

TNM T, Descriptor, SSF 1 Thyroid (COC)

Agency: COC

Last changed: 04/04/2018 20:27:26

Edit Tag N2277

TNM T, N, M - No Primary Found (COC)**Description**

Purpose: This edit verifies that CS Site-Specific Factor 1 (Solitary vs Multifocal Tumor) is coded consistently with TNM Clin Descriptor and TNM Path Descriptor for Thyroid.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology group is not 08A-F (thyroid)
5. TNM Clin T and TNM Path T are blank or 88
6. CS SSF 1 is blank or 988.
7. TNM Clin Descriptor and TNM Path Descriptor are blank
8. TNM Edition Number not = 07, U7

The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

For Thyroid:

- A. if CS SSF 1 = 010 (Solitary tumor),
then TNM Clin Descriptor or TNM Path Descriptor must = 0 (none).
3. If CS SSF 1 = 020, (Multifocal tumor),
then TNM Clin Descriptor must = 3 (M, multiple primary tumors in a single site) or TNM Path Descriptor must = 3 (M, multiple primary tumors in a single site) or 6 (M&Y, multiple primary tumors and initial multimodality therapy).
- C. If TNM Clin Descriptor and TNM Path Descriptor = 0 (none)
then CS SSF 1 must = 010 (Solitary tumor)
- D. If TNM Clin Descriptor = 3 (Multiple primary tumors in a single site) and TNM Path Descriptor = 3 (multiple tumors in a single site) or 6 (Multiple primary tumors and initial multimodality therapy)
then CS SSF 1 must = 020 (Multifocal tumor)

Administrative Notes

New edit - added to NAACCR v16 metafile.
SEER IF591

Modifications

NAACCR v16D
- Added skip if TNM Edition Number not = 07,U7

NAACCR v18
- Name changed, (CoC) to (COC)

TNM T, N, M - No Primary Found (COC)

Agency: COC

Last changed: 05/17/2018 21:16:25

TNM T, N, M - No Primary Found (COC)**Edit Tag N2278****Description**

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016 or greater than 2017, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit requires that there is some evidence for tumor involvement of nodal or metastatic sites if there is no evidence of primary tumor.

For all site/histology groups:

If there is no evidence of primary tumor clinically and no pathologic assessment of tumor, nodes or metastasis must be known clinically or pathologically:

If TNM Clin T = c0

Then

TNM Clin N, TNM Clin M, TNM Path T, TNM Path N and TNM Path M must not all equal c/p0, c/pX, or blank

If there is no evidence of primary tumor on pathologic examination, there must be some other evidence of tumor clinically or pathologically:

If TNM Path T = p0

Then

TNM Clin T, TNM Clin N, TNM Clin M, TNM Path N and TNM Path M must not all equal c/p0, c/pX, or blank

Administrative Notes

New edit - added to NAACCR v16 metafile
SEER IF592

Modifications

NAACCR v16D

- Edit logic reworked to correct MATCH masks. Wrote a replacement implementation using AT() function; much more readable and maintainable. See KB notes in logic.

NAACCR v18

- Name changed, (CoC) to (COC)
- Description, logic modified to skip for diagnosis year > 2017

TNM T, SSF 1 Conjunctiva (COC)

TNM T, SSF 1 Conjunctiva (COC)

Agency: COC

Last changed: 04/04/2018 20:28:02

*Edit Tag N2281***Description**

Purpose: This edit verifies that TNM Clin T and TNM Path T are coded consistently with CS SSF 1, Tumor Size, for Conjunctiva.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology is not carcinoma of conjunctiva
5. TNM Clin T and TNM Path T are both blank or 88
6. CS Site-Specific Factor 1 is blank or 88
7. TNM Edition Number not = 07, U7

"980", "980 millimeters or larger", is the largest possible size for CS SSF 1. 990 = microscopic focus. "991" = described as less than 5mm, stated as T1. "992" = described as greater than 5mm, stated as T2.

The site-specific TNM T values as coded in CS SSF 1 are listed below.

49. Conjunctiva

TNM T:	1	2
Tumor Size Summ	001-050, 990-991	051-980, 992

- A. If CS SSF 1 is within the range for T1:
- If TNM Path T is empty, TNM Clin T must not = c2.
 - If TNM Clin T is empty, TNM Path T must not = p2.
 - If both coded, both TNM Path T and TNM Clin T must not = 2.
- B. If CS SSF 1 is within the range for T2:
- If TNM Path T is empty, TNM Clin T must not = c1.
 - If TNM Clin T is empty, TNM Path T must not = p1.
 - If both coded, both TNM Path T and TNM Clin T must not = 1.

Administrative Notes

New edit - added to NAACCR v16 metafile
SEER IF593

Modifications

NAACCR v16D
- Added skip if TNM Edition Number not = 07,U7

NAACCR v18
- Name changed, (CoC) to (COC)

EditWriter 5

1399

05/01/2023 02:04 PM

TNM T, SSF 1, 2 Lung (COC)

TNM T, SSF 1, 2 Lung (COC)

Agency: COC

Last changed: 04/04/2018 20:28:24

*Edit Tag N2282***Description**

Purpose: This edit verifies that TNM Clin T and TNM Path T are coded consistently with CS SSF 1, Separate Tumor Nodules Ipsilateral Lung, and CS SSF 2, Pleural/Elastic Layer Invasion by H&E or Elastic Stain

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/Histology group is not 025, Lung
5. TNM Clin T and TNM Path T are blank or 88
6. TNM Edition Number not = 07, U7

The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

For Lung CS Site Specific Factor 1:

A. If CS SSF 1 = 010 (separate tumor nodules in ipsilateral lung, same lobe) or 040 (separate tumor nodules ipsilateral lung unknown if same or different lobe),
then TNM Clin T must = c3 (tumor with separate tumor nodule(s) in the same lobe) or higher, or TNM Path T must = p3 or higher.

B. If CS SSF 1 = 020 (separate tumor nodules in ipsilateral lung, different lobe) or 030 (separate tumor nodules ipsilateral lung same and different lobes),
then TNM Clin T must = c4 (tumor with separate tumor nodule(s) in a different ipsilateral lobe), or TNM Path T must = p4.

For Lung CS Site Specific Factor 2:

A. If CS SSF 2 = 010 (PL1), 020 (PL2), or 040 (invasion of pleura NOS),
then TNM Clin T must = c2 (invades visceral pleura (PL1 or PL2) or higher, or TNM Path T must = p2 or higher

B. If CS SSF 2 = 030 (PL3),
then TNM Clin T must = c3 (invades parietal pleura (PL3) or higher, or TNM Path T must = p3 or higher.

Administrative Notes

New edit - added to NAACCR v16 metafile.
SEER IF594

Modifications

NAACCR v16D

TNM T, SSF 10 Bile Ducts Intrahepatic (COC)

- Added skip if TNM Edition Number not = 07,U7

NAACCR v18

- Name changed, (CoC) to (COC)

TNM T, SSF 10 Bile Ducts Intrahepatic (COC)

Agency: COC

Last changed: 04/04/2018 20:28:47

Edit Tag N2283

Description

Purpose: This edit verifies that TNM Clin T and TNM Path T are coded consistently with CS SSF 10, Tumor Growth Pattern, for Bile Ducts Intrahepatic.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/Histology group is not 019, Bile Ducts Intrahepatic
5. TNM Clin T and TNM Path T are blank or 88
6. Site-Specific Factor 10 is blank or 988
7. TNM Edition Number not = 07, U7

The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

For Bile Ducts Intrahepatic:

- A. If TNM Clin T = c4 or TNM Path T = p4 (tumor with periductal invasion)
then CS SSF 10 must = 010 (presence of periductal component)
- B. If CS SSF 10 = 010 (presence of periductal component)
then TNM Clin T must = c4 or TNM Path T must = p4 (tumor with periductal invasion).

Administrative Notes

New edit - added to NAACCR v16 metafile.
SEER IF595

Modifications

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7

NAACCR v18

- Name changed, extra space removed, (CoC) to (COC)

TNM T, SSF 12, Tumor Size, Carcinoma of Skin (COC)

TNM T, SSF 12, Tumor Size, Carcinoma of Skin (COC)

Agency: COC

Last changed: 04/08/2018 12:46:37

*Edit Tag N2417***Description**

Purpose: This edit verifies that TNM Clin T, TNM Path T, and tumor size are coded consistently with CS SSF 12, High Risk Features, for Cutaneous CA of Skin.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/Histology group is not 029, Cutaneous Ca of Skin
5. TNM Clin T and TNM Path T are blank or 88
6. CS Site-Specific Factor 12 is blank or 988
7. TNM Edition Number not = 07, U7
8. TNM Path Descriptor = 4,6

The site/histology groups are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7.

For Cutaneous CA of skin:

A. If TNM T = 1 (Tumor 2cm or less in greatest dimension with less than 2 high risk features)
 then CS SSF 12 must = 000 (No high risk features), 001 (1 high risk feature), 991 (stated as less than 2 high risk features), 993 (stated as high risk features NOS), or 999 (Unknown or no information).

B. If TNM T = 2 (Tumor greater than 2cm in greatest dimension or tumor any size with 2 or more high risk features) and Tumor Size = 001-020
 Then CS SSF 12 must = 002 (2 high risk features), 003 (3 high risk features), 004 (4 high risk features), 005 (5 high risk features), or 992 (stated as 2 or more high risk features).

The edit will check TNM Path T. If TNM Path T is empty, the edit will check TNM Clin T. For TNM Path T, the edit will check for size values in Tumor Size Pathologic and Tumor Size Summary. For TNM Clin T, the edit will check for size values in Tumor Size Clinical and Tumor Size Summary.

Administrative Notes

New edit - added to NAACCR v16 metafile.
 SEER IF620

Modifications

NAACCR v16D
 - Added skip if TNM Edition Number not = 07,U7
 - Added skip if TNM Path Descriptor = 4,6
 - SEER IF620 added to Administrative Notes

TNM T, SSF 6 Breast (COC)

NAACCR v18

- Error message changed from 6039 to 6018

TNM T, SSF 6 Breast (COC)

Agency: COC

Last changed: 05/26/2018 10:45:55

*Edit Tag N2285***Description**

Purpose: This edit checks for Primary Site of Breast that pathologic TNM T is consistent with CS SSF 6 (Size of Tumor-Invasive Component).

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology group is not 032, Breast.
5. TNM Path T is blank or 88
6. CS Site-Specific Factor 6 is blank or 988
7. TNM Edition Number not = 07,U7
7. TNM Path Descriptor = 4 or 6

For Breast:

- A. If CS SSF 6 = 010 (Entire tumor reported as in situ),
then TNM Path T must = pIS.
- B. If TNM Path T = pIS
then CS SF 6 must = 010

Administrative Notes

New edit for v16 metafile

SEER IF597

Modifications

NAACCR v16D

- Logic updated to pass if SSF 6 = 988 (changed from 88)
- Description, logic updated to skip if TNM Descriptor = 4 or 6.
- Description, logic updated to exclude check on TNM Clin T, and to require that if TNM Path T = pIS, SSF 6 must = 010.
- Deleted checks on SSF 6 codes 020,030,040,050,060
- Added skip if TNM Edition Number not = 07,U7
- Added skip if TNM Path Descriptor = 4,6

NAACCR v18

- Name changed, (CoC) to (COC), c after SSF 6 removed

TNM T, SSF 6 Skin of Eyelid (COC)

TNM T, SSF 6 Skin of Eyelid (COC)

Agency: COC

Last changed: 04/04/2018 20:28:57

*Edit Tag N2286***Description**

Purpose: This edit verifies that TNM Clin T and TNM Path T are coded consistently with CS SSF 6 for Skin of Eyelid (Perineural Invasion).

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology group is not 048, Skin of Eyelid
5. TNM Clin T and TNM Path T are blank or 88
6. CS SSF 6 is blank or 988
7. TNM Edition Number not = 07, U7

For skin of eyelid:

if CS SSF 6 = 010 (Perineural invasion present/identified),
 then TNM Clin T must equal c3a (Any T with perineural invasion) or higher
 (c3B, c4), or TNM Path T must equal p3a or higher (p3B, p4).

Administrative Notes

New edit - added to NAACCR v16 metafile.
 SEER IF596

Modifications

NAACCR v16D
 - Added skip if TNM Edition Number not = 07,U7

NAACCR v18
 - Name changed, (CoC) to (COC)

Tobacco Use Smoking Status, Date DX (NPCR)

Agency: NPCR

Last changed: 05/05/2022 18:11:25

*Edit Tag N6595***Description**

This edit is skipped if Date of Diagnosis is blank (unknown) or invalid.

1. This data item must be blank for pre-2022 diagnoses.

Total Dose (COC)

2. Must be a valid Tobacco Use Smoking Status code or blank.
- 0: Never smoker
 - 1: Current smoker
 - 2: Former smoker
 - 3: Smoker, current status unknown
 - 9: Unknown if ever smoked

Administrative Notes

New edit - NAACCR v22 metafile

Modifications

NAACCR v23

-Description updated for code 1

Total Dose (COC)

Agency: COC

Last changed: 08/04/2022 22:48:11

Edit Tag N2561

Description

This data item identifies the total radiation dose administered to the patient across all phases during the first course of treatment. The unit of measure is centiGray (cGy).

1. The data item may be blank. Other edits checks that the item is recorded according to standard setter requirements by date.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Total Dose: 000000-999999.

000000: No radiation treatment; diagnosed at autopsy.

000001-999997: Actual total dose delivered in cGy

999998: Not applicable, radioisotopes administered to the patient, or the patient was treated with mixed modalities (e.g. external beam and brachytherapy)

999999: Radiation therapy was administered, but the total dose is unknown
Unknown whether radiation therapy was administered

Administrative Notes

New edit - added to NAACCR v18 metafile

Modifications

NAACCR v21

EditWriter 5

1405

05/01/2023 02:04 PM

Tumor Deposits, Colorectal, Behavior (NAACCR)

- Description updated, "brachytherapy" removed from description for code 999998

NAACCR v23

- Description updated for all codes

Tumor Deposits, Colorectal, Behavior (NAACCR)

Agency: NAACCR

Last changed: 03/06/2023 18:36:44

Edit Tag N6158

Description

This edit verifies that the Tumor Deposits SSDI is coded consistently with Behavior Code ICD-O-3 code 2 for Schema ID 00200, Colon and Rectum.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00200
 - c. Tumor Deposits is blank or X8 (not applicable)
 - d. Behavior Code ICD-O-3 is blank
 - e. Type of Reporting Source is 7 (Death Certificate Only)
2. If Tumor Deposits = 01-99, X1 (100 or more deposits), or X2 (tumor deposits, number unknown)
then Behavior Code ICD-O-3 must not = 2

Administrative Notes

New edit - NAACCR v21 metafile

Tumor Deposits, Colorectal, EOD Regional Nodes (SEER)

Agency: SEER

Last changed: 04/03/2019 14:28:04

Edit Tag N3960

Description

This edit verifies that Tumor Deposits SSDI is coded consistently with EOD Regional Nodes.

1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
 - b. Schema ID is not 00200
 - c. Tumor Deposits is blank or X8 (not applicable)
 - d. EOD Regional Nodes is blank
2. If Tumor Deposits = 00 (no tumor deposits) or X9 (not assessed),

Tumor Deposits, Colorectal, EOD Regional Nodes, Regional Nodes Positive (SEER)

EOD Regional Nodes must not = 200 (tumor deposits without nodal involvement)

3. If Tumor Deposits = 01-99, X1, or X2 (tumor deposits),
EOD Regional Nodes must = 200 (tumor deposits), 300, or 800 (regional nodes).

Administrative Notes

New edit - NAACCR v18C metafile

Tumor Deposits, Colorectal, EOD Regional Nodes, Regional Nodes Positive (SEER)

Agency: SEER

Last changed: 07/11/2020 22:38:35

Edit Tag N6155

Description

This edit verifies that the Tumor Deposits SSDI and EOD Regional Nodes are coded consistently with Regional Nodes Positive for Schema ID 00200, Colon and Rectum.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00200
 - c. Tumor Deposits is blank or = X8 (not applicable)
 - d. EOD Regional Nodes is blank
 - e. Regional Nodes Positive is blank
 - f. Type of Reporting Source is 7 (Death Certificate Only)
2. If Tumor Deposits = 01-99, X1 (100 or more deposits), or X2 (tumor deposits, number unknown), and EOD Regional Nodes = 200 (tumor deposits without regional nodal metastasis),
then Regional Nodes Positive must = 00, 98, or 99.

Administrative Notes

New edit - NAACCR v21 metafile

Tumor Deposits, Colorectal, Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 12/18/2021 12:54:22

Edit Tag N5043

Description

This edit verifies that the Tumor Deposits SSDI is coded consistently

Tumor Deposits, Colorectal, Surgery 03-2022 (SEER)

with Summary Stage 2018.

1. The edit is skipped for the following conditions:
 - a. Diagnosis date is before 2019, blank (unknown), or invalid.
 - b. Schema ID not = 00200.
 - c. Tumor Deposits is blank or X8 (not applicable).
 - d. Summary Stage 2018 is blank
 - e. Type of Reporting Source = 7 (death certificate only)

2. The edit verifies that if Tumor Deposits is coded 01-99, X1, or X2 (tumor deposits identified), Summary Stage 2018 must not = 0, 1, or 2 (in situ, local, or regional by direct extension only).

Administrative Notes

New edit - NAACCR v18C metafile

NAACCR v21

- Logic updated, "dd" added to INLIST statement to require 2 digits

NAACCR v22B

- Description, logic updated, skip added for type of reporting source = 7 (DCO)

Tumor Deposits, Colorectal, Surgery 03-2022 (SEER)

Agency: SEER

Last changed: 07/09/2022 12:06:27

Edit Tag N6084

Description

This edit verifies that Tumor Deposits SSDI is coded consistently with RX Summ--Surg Prim Site 03-2022.

1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less than 2019 or greater than 2022, blank (unknown), or invalid
 - b. Schema ID is not 00200
 - c. Tumor Deposits is blank or X8 (not applicable)
 - d. RX Summ--Surg Prim Site 03-2022 is blank
 - e. Type of Reporting Source = 6 (Autopsy Only) or 7 (Death Certificate Only)
 - f. Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis

2. If RX Summ--Surg Prim Site = 00 (no surgery), 10-14 (tumor destruction

Tumor Deposits, Colorectal, Surgery 2023 (COC)

without pathology specimen), or 20-29 (local excision)
Tumor Deposits must = X9 (no surgical resection of primary site)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications**NAACCR v22**

- Description, logic updated, skip added for Type of Reporting Source = 6, Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis, Type of Reporting Source = 7 (Death Certificate Only)
- Name changed from Tumor Deposits, Colorectal, Surgery (NAACCR)
- Agency changed from NAACCR to SEER

NAACCR v23

- Description, logic updated, edit skipped for dx year > 2022
- Description, logic updated, RX Summ--Surg Prim Site changed to RX Summ--Surg Prim Site 03-2022
- Name changed from Tumor Deposits, Colorectal, Surgery (SEER)

Tumor Deposits, Colorectal, Surgery 2023 (COC)

Agency: COC

Last changed: 08/22/2022 17:56:36

Edit Tag N6788

Description

This edit verifies that Tumor Deposits SSDI is coded consistently with RX Summ--Surg Prim Site 2023.

1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less than 2023, blank (unknown), or invalid
 - b. Schema ID is not 00200
 - c. Tumor Deposits is blank or X8 (not applicable)
 - d. RX Summ--Surg Prim Site 2023 is blank
 - e. Class of Case = 38 (Autopsy Only)
 - f. Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis
2. If RX Summ--Surg Prim Site 2023 = A000 (no surgery), A100-A120 (tumor destruction without pathology specimen), or A200-A290 (local excision) Tumor Deposits must = X9 (no surgical resection of primary site)

Tumor Deposits, Date DX (NAACCR)***Administrative Notes***

New edit - NAACCR v23 metafile

This edit differs from the SEER edit of the same name in skipping for Class of Case 38.

Tumor Deposits, Date DX (NAACCR)

Agency: NAACCR

Last changed: 08/15/2018 22:02:46

Edit Tag N2692

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Tumor Deposits code or blank:
 - 00: No tumor deposits
 - 01-99: 01-99 Tumor Deposits
(Exact number of Tumor Deposits)
 - X1: 100 or more Tumor Deposits
 - X2: Tumor Deposits identified, number unknown
 - X8: Not applicable: Information not collected for this case
 - X9: Not documented in medical record
 - Cannot be determined by the pathologist
 - Pathology report does not mention tumor deposits
 - No surgical resection done
 - Tumor Deposits not assessed or unknown if assessed

3. Numeric values must be right-justified and zero-filled.

Another edit, Tumor Deposits, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Tumor Deposits, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2992

Tumor Growth Pattern, Date DX (NAACCR)**Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)

2. This edit verifies that Tumor Deposits is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00200: Colon and Rectum

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Tumor Growth Pattern, Date DX (NAACCR)

Agency: NAACCR

Last changed: 02/18/2020 19:26:33

Edit Tag N2723

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Tumor Growth Pattern code or blank:

Tumor Growth Pattern, Schema ID, Required (SEER)

- 1: Mass-forming
 - 2: Periductal infiltrating
 - 3: Mixed mass-forming and periductal infiltrating
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
 - Radiology and/or pathology report does not mention tumor growth pattern
 - Cannot be determined by the pathologist
- Tumor Growth Pattern not assessed or unknown if assessed

Another edit, Tumor Growth Pattern, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v21

- Description updated for code 9

Tumor Growth Pattern, Schema ID, Required (SEER)

Agency: SEER

Last changed: 02/06/2022 14:56:44

Edit Tag N6653

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018 or post 2021, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2020 and Registry ID = 0000001565 (Illinois) or 0000001566 (Texas)

Data item not required by SEER for cases diagnosed 2022+.

2. For 2018-2021, this edit verifies that Tumor Growth Pattern is not "8" (not applicable) and
 - not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00230: Intrahepatic Bile Ducts

Tumor Record Number (GCCS)***Administrative Notes***

New edit - NAACCR v22 metafile

Edit based on N2966, modified to reflect new requirements for SEER in 2022

Modifications

NAACCR v22B

- Error message corrected to show data item required 2018-2021

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

Tumor Record Number (GCCS)

Agency: GCCS

Last changed: 06/25/2018 16:29:06

Edit Tag GA038

Description

Must be a valid Tumor Record Number code: 01-99. Field may be blank.

Tumor Record Number, Date of Diagnosis (GCCS)

Agency: GCCS

Last changed: 06/25/2018 16:29:14

Edit Tag GA039

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If the Vendor Name begins with "AP" (the record was created in Abstract Plus), this edit is skipped.

If year of Date of Diagnosis is 2014 or later, then Tumor Record Number cannot be blank.

Tumor Size 998, Schema ID (SEER)

Agency: SEER

Last changed: 08/05/2021 18:22:25

Edit Tag N6129

Tumor Size 999, Schema ID, Primary Site (SEER)**Description**

This edit is skipped if Diagnosis date < 2019, empty (unknown), or in error.

This edit is skipped if Type of Reporting Source = 7 (Death Certificate Only)

1. If Tumor Size Summary, Tumor Size Clinical, or Tumor Size Pathologic is coded
998, Schema ID must =

- 00161 - Esophagus (including GE junction) Squamous
- 00169 - Esophagus (including GE junction) (excluding Squamous)
- 00170 - Stomach
- 00200 - Colon and Rectum
- 00290 - NET Stomach
- 00330 - NET Colon and Rectum
- 00360 - Lung
- 00370 - Pleural Mesothelioma
- 00400 - Soft Tissue Head and Neck
- 00410 - Soft Tissue Trunk and Extremities
- 00421 - Soft Tissue Abdomen and Thoracic
- 00430 - GIST
- 00450 - Soft Tissue Rare
- 00459 - Soft Tissue Other
- 00470 - Melanoma Skin
- 00480 - Breast

Administrative Notes

New edit NAACCR v18D

Modifications

NAACCR v21

- Description, logic updated, Added 00480

NAACCR v22

- Description, logic updated, 00450 changed to Soft Tissue Rare, 00459 Soft Tissue Other added

- Name changed from Tumor Size 998, Schema ID (NAACCR)

- Agency changed from NAACCR to SEER

- Description, logic updated, skip added for Type of Reporting Source = 7, DCO

Tumor Size 999, Schema ID, Primary Site (SEER)

Agency: SEER

Last changed: 06/26/2021 11:43:22

Edit Tag N6130

Tumor Size Clinical (SEER)**Description**

1. This edit is skipped for any of the following:
 - a. if Diagnosis date < 2019, empty (unknown), or in error.
 - b. Schema ID is blank
 - c. Primary Site is blank or C422

1. Tumor Size Summary, Tumor Size Clinical, and Tumor Size Pathologic must be 999 or blank if Schema ID =
 - 00458 - Kaposi Sarcoma
 - 00671 - Melanoma Iris
 - 00672 - Melanoma Choroid and Ciliary Body
 - 00790 - Lymphoma
 - 00795 - Lymphoma-CLL/SLL
 - 00821 - Plasma Cell Myeloma
 - 00822 - Plasma Cell Disorders
 - 00830 - HemeRetic
 Any with Primary Site code = C420, C421, C423, C424, C770-C779, C809

Administrative Notes

New edit NAACCR v18D

Modifications**NAACCR v21**

- Description, logic updated, removed 00710 from schemas requiring Tumor Size = 999
- Description, logic updated, added any case with primary site = C420,C421,C423,C424,C770-779,C809 requiring Tumor Size = 999
- Description, logic updated, added skip for C422
- Description, logic updated, added skip for blank Schema ID, blank Primary Site
- Description, logic updated, removed skip for 9731, 9734, 9930
- Name changed from Tumor Size 999, Schema ID (NAACCR)

NAACCR v22

- Name changed from Tumor Size 999, Schema ID, Primary Site (NAACCR)
- Agency changed from NAACCR to SEER

Tumor Size Clinical (SEER)

Agency: SEER

Last changed: 01/02/2021 16:31:43

Edit Tag N2143

Description

Must be a valid three-digit number (000-990, 998, 999) or blank.

Tumor Size Clinical, Date of Diagnosis (SEER)

000 No mass/tumor found
 001 1 mm or described as less than 1 mm (0.1cm or less than 0.1cm)
 992-988 Exact size in millimeters (2 mm to 988 mm) (0.2 to 98.8 cm)
 989 989 millimeters or larger (98.9 cm or larger)
 990 Microscopic focus or foci only and no size of focus is given
 998 Alternate descriptions of tumor size for specific sites
 Familial/multiple polyposis: Rectosigmoid, Rectum, Colon
 If no size documented:
 Circumferential: Esophagus
 Diffuse, widespread, three-fourths or mmore, linitis
 plastica:
 Stomach, GE Junction
 Diffuse, Entire lung or NOS: Lung, Mainstem bronchus
 Diffuse: Breast

999 Unknown; size not stated
 Not document in patient record
 Size of tumor cannot be assessed
 The only measurement(s) describes pieces or chips
 Not applicable

Administrative Notes

New Edit for NAACCR v16

Modifications

NAACCR v21B

- Description updates, definitions for codes added

Tumor Size Clinical, Date of Diagnosis (SEER)**Agency: SEER****Last changed: 01/27/2022 20:34:19*****Edit Tag N2144******Description***

If year of Date of Diagnosis is blank, this edit is skipped.
 If year of Date of Diagnosis is 2016-2017 and Registry ID is 0000001561 (Idaho) this edit is skipped.
 If year of Date of Diagnosis is 2016-2018 and Registry ID is 0000001563 (Massachusetts) or 0000001562 (New York), this edit is skipped.
 If year of Date of Diagnosis is 2016-2020 and Registry ID = 0000001565 (Illinois) or 0000001566 (Texas), this edit is skipped.

If year of Date of Diagnosis is greater than 2015, then Tumor Size Clinical cannot be blank.

If year of Date of Diagnosis is less than 2016, Tumor Size Clinical must be blank

Tumor Size Clinical, Primary Site (SEER)***Administrative Notes***

New edit for v16 metafile
SEER IF551

Modifications**NAACCR v18**

- Name changed, extra space removed

NAACCR v18D

- Diagnosis, logic modified, edit skipped if year of diagnosis 2016-2017 and Registry ID =0000001561 (Idaho), 0000001562 (New York), or 0000001563 (Massachusetts).

NAACCR v21

- Diagnosis, logic modified,edit skipped if year of diagnosis 2016-2018 and Registry ID = 0000001562 (New York), or 0000001563 (Massachusetts).

NAACCR v21A

- Description updated, "New Jersey" changed to "New York", registry ID 0000001562.

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2016 and <= 2020

Tumor Size Clinical, Primary Site (SEER)

Agency: SEER

Last changed: 05/18/2016

Edit Tag N2327

Description

If Tumor Size Clinical[752] is coded 998, primary site must be coded C199, C209, C180, C182-C189, C150-C155, C158, C159, C160-C166, C168, C169, C340-C343, C348, C349, C500-C506, C508, C509. (Sites listed in NAACCR Data Dictionary)

Administrative Notes

New edit for v16, EC

In the SEER*Edits software, the title of this edit is: IF552

Tumor Size Clinical, TNM Clin T (SEER)

Agency: SEER

Last changed: 05/18/2018 23:20:20

Edit Tag N2289

Tumor Size Pathologic (SEER)**Description**

This edit is skipped if any of the following conditions is true:

- 1.Diagnosis date < 2016 or > 2017, blank (unknown), invalid, or blank.
- 2.Type of Reporting Source = 7 (Death Certificate Only)
- 3.Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
- 4.TNM Clin T is blank or 88
- 5.Tumor Size Clinical is blank.

If Tumor Size Clinical is coded 000, TNM Clin T must be coded c0.
If TNM Clin T is coded c0, Tumor Size Clinical must be coded 000.

Administrative Notes

New edit for v16

In the SEER*Edits software, the title of this edit is: IF553

Modifications

NAACCR v18

- Description, logic updated to skip if diagnosis date > 2017

Tumor Size Pathologic (SEER)

Agency: SEER

Last changed: 01/02/2021 16:40:03

Edit Tag N2145

Description

Must be a valid three-digit number (000-990, 998, 999) or blank.

000	No mass/tumor found
001	1 mm or described as less than 1 mm (0.1cm or less than 0.1cm)
992-988	Exact size in millimeters (2 mm to 988 mm) (0.2 to 98.8 cm)
989	989 millimeters or larger (98.9 cm or larger)
990	Microscopic focus or foci only and no size of focus is given
998	Alternate descriptions of tumor size for specific sites
	Familial/multiple polyposis: Rectosigmoid, Rectum, Colon
	If no size documented:
	Circumferential: Esophagus
	Diffuse, widespread, three-fourths or mmore, linitis
	plastica:
	Stomach, GE Junction
	Diffuse, Entire lung or NOS: Lung, Mainstem bronchus
	Diffuse: Breast
999	Unknown; size not stated
	Not document in patient record
	Size of tumor cannot be assessed
	No excisional biopsy or tumor resection done
	The only measurement(s) describes pieces or chips
	Not applicable

Tumor Size Pathologic, Date of Diagnosis (SEER)***Administrative Notes***

New Edit for NAACCR v16

Modifications

NAACCR v21B

- Description updates, definitions for codes added

Tumor Size Pathologic, Date of Diagnosis (SEER)

Agency: SEER

Last changed: 02/27/2023 20:11:38

Edit Tag N2407

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is 2016-2017 and Registry ID is 0000001561 (Idaho), 0000001562 (New

York), or 0000001563 (Massachusetts), this edit is skipped.

If year of Date of Diagnosis is 2016-2020 and Registry ID = 0000001565 (Illinois) or 0000001566

(Texas), this edit is skipped.

If year of Date of Diagnosis is greater than 2015, then Tumor Size Pathologic cannot be blank.

If year of Date of Diagnosis is less than 2016, then Tumor Size Pathologic must be blank.

Administrative Notes

New edit for v16 metafile

SEER IF554

Modifications

NAACCR v18

- Name changed, extra space removed

NAACCR v18D

- Description, logic updated, added skip for Registry ID 0000001561 (Idaho), 0000001562 (New York), and 0000001563 (Massachusetts)

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2016 and <= 2020

NAACCR v23A

EditWriter 5

1419

05/01/2023 02:04 PM

Tumor Size Pathologic, Primary Site (SEER)

- Logic corrected, skip for Idaho, New York, Massachusetts for 2016-2017

Tumor Size Pathologic, Primary Site (SEER)

Agency: SEER

Last changed: 05/18/2016

Edit Tag N2328

Description

If Tumor Size Pathologic is coded 998, primary site must be coded C199, C209, C180, C182-C189, C150-C155, C158, C159, C160-C166, C168, C169, C340-C343, C348, C349, C500-C506, C508, C509. (Sites listed in NAACCR Data Dictionary)

Administrative Notes

New edit for v16, EC

In the SEER*Edits software, the title of this edit is: IF555

Tumor Size Pathologic, SSF 6 Breast (SEER)

Agency: SEER

Last changed: 05/17/2018 21:19:45

Edit Tag N2425

Description

Purpose: This edit checks for Primary Site of Breast that Tumor Size Pathologic is consistent with CS SSF 6 (Size of Tumor-Invasive Component).

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016 or greater than 2017, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology group is not 032, Breast.
5. Tumor Size Pathologic is blank
6. CS Site-Specific Factor 6 is blank or 988
7. TNM Edition Number not = 07, U7

For Breast:

If CS SSF 6 = 060 (Invasive and in situ components present, unknown size of tumor), then Tumor Size Pathologic must be coded 999 or blank

Administrative Notes

New edit for v16 metafile
SEER IF598

Modifications

Tumor Size Pathologic, TNM Path T (SEER)

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7

NAACCR v18

- Name changed, extra space removed

- Description, logic updated to skip for diagnosis year > 2017

Tumor Size Pathologic, TNM Path T (SEER)

Agency: SEER

Last changed: 05/17/2018 21:21:52

Edit Tag N2291**Description**

This edit is skipped if any of the following conditions is true:

- 1.Diagnosis date < 2016 or > 2017, blank (unknown), or invalid.
- 2.Type of Reporting Source = 7 (Death Certificate Only)
- 3.Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
- 4.TNM Path T is blank or 88
- 5.Tumor Size Pathologic is blank.

If Tumor Size Pathologic is coded 000, TNM Path T must be coded p0.
 If TNM Path T is coded p0, Tumor Size Pathologic must be coded 000.

Administrative Notes

New edit for v16

In the SEER*Edits software, the title of this edit is: IF556

Modifications

NAACCR v18

- Description, logic updated to skip if diagnosis date > 2017

Tumor Size Summary (NPCR)

Agency: NPCR

Last changed: 01/02/2021 16:41:51

Edit Tag N2147**Description**

Must be a valid three-digit number (000-990, 998, 999) or blank.

000	No mass/tumor found
001	1 mm or described as less than 1 mm (0.1cm or less than 0.1cm)
992-988	Exact size in millimeters (2 mm to 988 mm) (0.2 to 98.8 cm)
989	989 millimeters or larger (98.9 cm or larger)

Tumor Size Summary, Date of Diagnosis (NPCR)

990 Microscopic focus or foci only and no size of focus is given
 998 Alternate descriptions of tumor size for specific sites
 Familial/multiple polyposis: Rectosigmoid, Rectum, Colon
 If no size documented:
 Circumferential: Esophagus
 Diffuse, widespread, three-fourths or more, linitis plastica:
 Stomach, GE Junction
 Diffuse, Entire lung or NOS: Lung, Mainstem bronchus
 Diffuse: Breast

999 Unknown; size not stated
 Not document in patient record
 Size of tumor cannot be assessed
 The only measurement(s) describes pieces or chips
 Not applicable

Administrative Notes

New Edit for NAACCR v16

Modifications

NAACCR v21B

- Description updates, definitions for codes added

Tumor Size Summary, Date of Diagnosis (NPCR)

Agency: NPCR

Last changed: 06/15/2016

Edit Tag N2148

Description

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2015, then Tumor Size Summary cannot be blank.

Administrative Notes

Added to the v16 metafile

Tumor Size Summary, Primary Site (COC)

Agency: COC

Last changed: 07/19/2019 01:16:43

Edit Tag N2292

Description

This edit is skipped if any of the following conditions is true:

1. Diagnosis date < 2016 or empty (unknown) or greater than 2018.

Tumor Size, EOD Regional Nodes, Mets (SEER)

2.Tumor Size Summary is empty.

If Tumor Size Summary is coded 998, primary site must be coded C199, C209, C180, C182-C189, C150-C155, C158, C159, C160-C166, C168, C169, C340-C343, C348, C349, C500-C506, C508, C509. (Sites listed in NAACCR Data Dictionary)

Administrative Notes

New edit for v16

Modifications

NAACCR v18

- Description updated, C180 added to list of sites where tumor size can be coded 998

NAACCR v18D

- Description, logic modified, pass if diagnosis year > 2018

Tumor Size, EOD Regional Nodes, Mets (SEER)

Agency: SEER

Last changed: 08/11/2020 20:15:04

Edit Tag N6134

Description

This edit checks consistency of coding between Tumor Size codes of 000 and EOD Regional Nodes and EOD Mets data items. If all Tumor Size codes indicate 000 (no primary tumor), tumor must be identified in either regional nodes or metastases.

1. This edit is skipped if any of the following conditions is true:
 - a. Diagnosis date is invalid, blank (unknown), or before 2021.
 - b. Schema ID is blank or =00458, 00671, 00672, 00790, 00795, 00821, 00822, 00830 (Schema IDs where Tumor Size must = 999)
 - c. EOD Regional Nodes and EOD Mets are both blank.
 - d. Tumor Size Clinical, Tumor Size Pathologic, and Tumor Size Summary are all blank
 - e. Type of Reporting Source = 7 (Death Certificate Only)
2. If both Tumor Size Clinical and Tumor Size Pathologic = 000 (no evidence of primary tumor), both EOD Regional Nodes and EOD Mets must not indicate no involvement
3. If Tumor Size Summary = 000 (no evidence of primary tumor), both EOD Regional Nodes and EOD Mets must not indicate no involvement

Tumor Sz Clin, Tumor Sz Path, Tumor Sz Summ (GCCS)**Administrative Notes**

New edit - NAACCR v21 metafile

Tumor Sz Clin, Tumor Sz Path, Tumor Sz Summ (GCCS)

Agency: GCCS

Last changed: 06/25/2018 16:29:28

Edit Tag GA040

Description

Purpose: This edit verifies that Tumor Size Clinical, Tumor Size Pathologic, and Tumor Size Summary are coded consistently.

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid.
2. Tumor Size Clinical or Tumor Size Pathologic or Tumor Size Summary is blank.
3. Tumor Size Summary is 999.

Tumor Size Clinical and Tumor Size Pathologic cannot both be 999 if Tumor Size Summary is not 999.

Type of Reporting Source (GCCS)

Agency: GCCS

Last changed: 06/25/2018 16:29:36

Edit Tag GA041

Description

Must be a valid Type of Reporting Source code (1-6,8).

Codes

- 1 Hospital inpatient; Managed health plans with comprehensive, unified medical records
- 2 Radiation Treatment Centers or Medical Oncology Centers (hospital-affiliated or independent)
- 3 Laboratory only (hospital-affiliated or independent)
- 4 Physician's office/private medical practitioner (LMD)
- 5 Nursing/convalescent home/hospice
- 6 Autopsy only
- 8 Other hospital outpatient units/surgery centers

Ulceration, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2701

Ulceration, Schema ID, Required (NAACCR)**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnose
2. Must be a valid Ulceration code or blank:
 - 0: Ulceration not identified/not present
 - 1: Ulceration present
 - 8: Not applicable: Information not collected for this case
 - 9: Not documented in medical record
 - Cannot be determined by the pathologist
 - Pathology report does not mention ulceration
 - Ulceration not assessed or unknown if assessed

Another edit, Ulceration, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter. This data item is required for EOD Derived Stage Group.

Administrative Notes

New edit - NAACCR v18 metafile

Ulceration, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Edit Tag N2967

Description

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Ulceration is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

This data item is required for EOD Derived Stage Group.

Required for Schema ID:

00470: Melanoma of Skin

Unknown Site, Laterality (SEER IF138)***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications**NAACCR v22B**

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Unknown Site, Laterality (SEER IF138)

Agency: SEER

Last changed: 06/27/2008

Edit Tag N0407

Description

This edit verifies that an unknown Primary Site (C809) has a Laterality of 0.

Administrative Notes

In the SEER*Edits software, the title of this edit is: IF138

Modifications:**NAACCR v11.3**

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER*Edits software.

Visceral and Parietal Pleural Invasion, Date DX (NAACCR)

Agency: NAACCR

Last changed: 04/20/2022 20:20:42

Edit Tag N2671

Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

Visceral and Parietal Pleural Invasion, Lung, Behavior (NAACCR)

2. Must be a valid Visceral and Parietal Pleural Invasion code or blank:

- 0: No evidence of visceral pleural invasion, not identified
Tumor does not completely traverse the elastic layer of the pleura
Stated as PL0
 Primary tumor is in situ
 Non-invasive neoplasm (behavior /2)
 No evidence of primary tumor
- 4: Invasion of visceral pleura present, NOS; stated as PL1 or PL2
- 5: Tumor invades into or through the parietal pleural OR chest wall;
 stated as PL3
- 6: Tumor extends to pleura, NOS; not stated if visceral or parietal
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
 No surgical resection of primary site is performed
 Visceral and Parietal Pleural Invasion not assessed or unknown if assessed
 or cannot be determined

Another edit, Visceral and Parietal Pleural Invasion, Schema ID, Required (NAACCR), checks that the item is coded correctly by Schema ID if required by a standard setter.

Administrative Notes

New edit - NAACCR v18 metafile

Modifications**NAACCR v21**

- Description, logic updated: codes 1, 2, and 3 deleted, code 5 added
- Description updated for code 4

NAACCR v23

- Description updated for code 0

Visceral and Parietal Pleural Invasion, Lung, Behavior (NAACCR)

Agency: NAACCR

Last changed: 08/22/2022 17:56:36

Edit Tag N6164

Description

This edit verifies that the Visceral and Parietal Pleural Invasion SSDI is coded consistently with Behavior Code ICD-O-3 code 2 for Schema ID 00360, Lung.

1. The edit is skipped for the following conditions:
 - a. Date of Diagnosis before 2021, blank (unknown), or invalid.
 - b. Schema ID is blank or not 00360
 - c. Visceral and Parietal Pleural Invasion is blank or = 8 (not applicable)
 - d. Behavior Code ICD-O-3 is blank

Visceral and Parietal Pleural Invasion, Lung, EOD Primary Tumor (SEER)

e. Type of Reporting Source is 7 (Death Certificate Only)

2. If Behavior Code ICD-O-3 = 2 (in situ),
then Visceral and Parietal Pleural Invasion must = 0 (No evidence of visceral pleural invasion) or 9 (Not documented in medical record)
3. If diagnosis year \geq 2023, code 0 defined as non-invasive neoplasm behavior /2.
Code 9 removed as allowable value for behavior /2

Administrative Notes

New edit - NAACCR v21 metafile

Modifications

NAACCR v23

- Description, logic updated, code 9 not allowed with behavior /2 for 2023+

Visceral and Parietal Pleural Invasion, Lung, EOD Primary Tumor (SEER)

Agency: SEER

Last changed: 08/11/2020 20:15:26

Edit Tag N3062

Description

Purpose: This edit verifies that Visceral and Parietal Pleura Invasion SSDI is coded consistently with EOD Primary Tumor for Lung.

1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
 - b. Schema ID is not 00360
 - c. Visceral and Parietal Pleura Invasion is blank or 8 (not applicable)
 - d. EOD Primary Tumor is blank
2. If Visceral and Parietal Pleura Invasion = 4 (invasion of visceral pleura), or 6 (invasion of pleura NOS)
then EOD Primary Tumor must = 450-700 (visceral pleura or higher), or 999 (unknown extension)
3. If Visceral and Parietal Pleura Invasion = 5 (invasion of parietal pleura)
then EOD Primary Tumor must = 500-700 (parietal pleura or higher) or 999 (unknown extension)

Visceral and Parietal Pleural Invasion, Lung, Summary Stage 2018 (NAACCR)***Administrative Notes***

New edit - NAACCR v18C metafile

Modifications

NAACCR v21

- Name changed from Visceral and Parietal Pleura Invasion, Lung, EOD Primary Tumor (SEER)
- Description, logic updated, codes 1 and 2 removed from statement 2, code 3 replaced with code 5 in statement 3

Visceral and Parietal Pleural Invasion, Lung, Summary Stage 2018 (NAACCR)

Agency: NAACCR

Last changed: 12/18/2021 15:46:26

Edit Tag N6063

Description

Purpose: This edit verifies that Visceral and Parietal Pleura Invasion SSDI is coded consistently with Summary Stage 2018 for Lung.

1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
 - b. Schema ID is not 00360
 - c. Visceral and Parietal Pleura Invasion is blank or 8 (not applicable)
 - d. Summary Stage 2018 is blank
 - e. Type of Reporting Source = 7 (death certificate only)
2. If Visceral and Parietal Pleura Invasion = 4 (invasion of visceral pleura), 5 (invasion of parietal pleura) or 6 (invasion of pleura NOS) then Summary Stage 2018 must = not = 0, 1, or 3 (in situ, local, regional by nodal involvement only)

Administrative Notes

New edit - NAACCR v18C metafile

Modifications

NAACCR v21

- Description, logic updated, codes 1 and 2 removed from statement 2, code 3 replaced by code 5
- Name changed from Viseral and Parietal Pleura Invasion, Lung, Summary Stage 2018

Visceral and Parietal Pleural Invasion, Lung, Surg Prim Site 2023 (COC)
(NAACCR)

NAACCR v22B

- Description, logic updated, skip added for type of reporting source = 7 (DCO)

Visceral and Parietal Pleural Invasion, Lung, Surg Prim Site 2023 (COC)

Agency: COC

Last changed: 08/22/2022 17:56:36

Edit Tag N6713

Description

Purpose: This edit verifies that Visceral and Parietal Pleural Invasion SSDI is coded consistently with RX Summ--Surg Prim Site for Lung.

1. This edit is skipped if any of the following conditions is true:
 - a. Year of Date of Diagnosis is less than 2023, blank (unknown), or invalid
 - b. Schema ID is not 00360
 - c. Visceral and Parietal Pleural Invasion is blank or 8 (not applicable)
 - d. RX Summ--Surg Prim Site 2023 is blank
 - e. Class of Case = 38 (Autopsy Only)
 - f. Vital Status = 0 and Date of Last Contact within 5 months of Date of Diagnosis

2. If RX Summ--Surg Prim Site 2023 = A000 (no surgery), A120-A150 (tumor destruction without pathology specimen), Visceral and Parietal Pleural Invasion must = 9 (no surgical resection of primary site is performed)

Administrative Notes

New edit - NAACCR v23 metafile

This differs from SEER edit in skipping for Class of Case = 38.

Visceral and Parietal Pleural Invasion, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 04/26/2022 08:43:35

Vital Status (COC)**Edit Tag N2872****Description**

1. The edit is skipped for any of the following conditions:
 - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
 - b. Schema ID is blank.
 - c. Type of Reporting Source = 7 (Death Certificate Only)
 - d. Year of Date of Diagnosis is 2018-2022 and Registry ID = 0000001565 (Illinois)
 - e. Year of Date of Diagnosis is 2018-2021 and Registry ID = 0000001566 (Texas)
2. This edit verifies that Visceral and Parietal Pleural Invasion is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00360: Lung

Administrative Notes

New edit - NAACCR v18 metafile

Modifications

NAACCR v22B

- Description, logic updated, skip added for Registry ID 0000001565 (Illinois) or 0000001566 (Texas) if diagnosis date >= 2018 and <= 2020

NAACCR v23

- Description, logic updated, skip for Illinois changed to 2018-2022, skip for Texas changed to 2018-2021

Vital Status (COC)

Agency: COC

Last changed: 08/10/2021 19:45:37

Edit Tag N0090**Description**

Must be a valid Vital Status code (0,1).

0 Dead

Vital Status (COC)

1 Alive

Administrative Notes

This edit differs from the SEER edit of the same name in that the Vital Status code used to indicate "dead" = 0. SEER uses a code of 4 in Vital Status to indicate "dead".

Modifications**NAACCR v21B**

- Description updated, definitions of codes added

NAACCR v22

- Update to Administrative Notes, SEER changed code for Vital Status from 4 to 0 in v18