

Change Log for SSDI and Grade v3.2

This document shows the changes that were made to the SSDI manual and the Grade manual for the SEER*RSA version 3.2 release on October 1, 2024

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Table 1: New SSDIs, Version 3.2

Data Item # and Description	Schema(s)	Comments
PD-L1	Lung (V9-2025+)	For diagnosis years 2025+ only
PTLD (Post Lymphoproliferative Neoplasm)	Lymphoma (2018+), Lymphoma-CLL/SLL (2018+), Plasma Cell Disorders (2018+), Plasma Cell Myeloma (2018+), Primary Cutaneous Lymphomas (2018+)	For diagnosis years 2025+ only

Table 2: Changes to Schemas, Version 3.2

Schema	Applicable Years	Comments
Lung Version 9	2025+	AJCC's Lung, Version 9, will be used with 2025+ diagnosis There are now two EOD Lung schemas in SEER*RSA <ul style="list-style-type: none">• EOD Lung 8th: 2018-2024 (Schema ID: 00360)• EOD Lung V9: 2025+ (Schema ID: 09360) Summary Stage chapter: Lung (2018+)
Nasopharynx Version 9	2025+	AJCC's Nasopharynx, Version 9, will be used with 2025+ diagnosis There are now two EOD Nasopharynx schemas in SEER*RSA <ul style="list-style-type: none">• EOD Nasopharynx 8th: 2018-2024 (Schema ID: 00090)• EOD Nasopharynx V9: 2025+ (Schema ID: 09090) Summary Stage chapter: Nasopharynx (2018+)
Pleura Mesothelioma Version 9	2025+	AJCC's Pleural Mesothelioma, Version 9, will be used with 2025+ diagnosis There are now two EOD Pleural Mesothelioma schemas in SEER*RSA <ul style="list-style-type: none">• EOD Pleural Mesothelioma 8th: 2018-2024 (Schema ID: 00370)• EOD Pleural Mesothelioma V9: 2025+ (Schema ID: 09370) Summary Stage chapter: Pleural Mesothelioma (2018+)
Thymus Version 9	2025+	AJCC's Thymus, Version 9, will be used with 2025+ diagnosis There are now two EOD Thymus schemas in SEER*RSA <ul style="list-style-type: none">• EOD Thymus 8th: 2018-2024 (Schema ID: 00350)• EOD Thymus V9: 2025+ (Schema ID: 09350) Summary Stage chapter: Thymus (2018+)

Schema	Applicable Years	Comments
Soft Tissue Abdomen and Thoracic, 8 th edition	2025+	Primary Site C340-C349, histology 8982 was removed from this schema for 2025 and later. This is now found in Lung Version 9
Soft Tissue Abdomen and Thoracic, 8 th edition	2025+	Primary site C379, histology 8980, was removed from this schema for 2025 and later. This is now found in Thymus, V9

Table 3: Changes to SSDI Manual (General Instructions), Version 3.2

-None

General update to SEER*RSA/SSDI manual

Version 3.2

In 2024, a project was implemented to be able to populate the SSDI manual directly from the SEER API (in other words, a separate WORD version of the manual does not need to be maintained). This was done for several reasons 1) to avoid discrepancies between SEER*RSA and the SSDI manual, and 2) not as many documents will have to be maintained, and 3) save time for those who are maintaining SEER*RSA and the SSDI manual.

In order to do this, changes have been implemented into SEER*RSA and how the SSDI manual is set up.

Version 3.2 in SEER*RSA and the SSDI manual will now have the same information. Currently, there is some information that is in the manual only. This includes Description/Definition, Rationale, Additional Information, and Coding guidelines.

Some of the “Notes” that are currently shown in each SSDI have now moved to Coding Guidelines. In addition, for some SSDIs, notes have been removed because they are a duplicate from what is in the description/definition.

The Notes have also been reformatted. For each note, there is a short header before the note that will provide the registrar with what the note is about. This has been done to help registrar’s find what they are looking for more quickly.

For the 2024 release, the SSDI manual has been maintained separately from SEER*RSA; however, starting with the 2025 updates, the SSDI manual will be generated from the SEER*API. This is how the Summary Stage manual has been generated since 2018. Since the SSDI manual will be generated from the SEER*API, this will eliminate the chance for SEER*RSA and the SSDI manual being out of sync.

All those changes are not included in this change log, because every SSDI was impacted. These changes were format changes, not content changes.

The information in this change log are for content changes only. These content changes are documented in the new format.

The codes and code descriptions were not affected.

Table 4: Changes to current SSDIs, Version 3.2

Schema ID/Name	Data Item # and Description	Original Text	Updated Text
09721: Brain, Version 9	3816: Brain Molecular Markers		<p>New Note under Coding Guidelines</p> <ul style="list-style-type: none"> • Code 86 when there is a Benign (/0) or Borderline (/1) tumor <ul style="list-style-type: none"> ○ This includes microscopically or non-microscopically confirmed cases ○ <i>Exception:</i> 9421/1 (see codes 19-20 when microscopically confirmed) <ul style="list-style-type: none"> ▪ If codes 19 or 20 don't apply, or not microscopically confirmed, code 99
00200: Colon and Rectum	3823: Circumferential Resection Margin	<p>Note 5: The CRM may be referred to as</p> <ul style="list-style-type: none"> • Circumferential radial margin • Circumferential resection margin • Mesenteric (mesocolon) (mesorectal) margin • Radial margin • Soft tissue margin 	<p>Now found in Additional Information under "other names"</p> <p>Other names include circumferential radial margin, mesenteric (mesocolon) (mesorectal) margin, mesenteric excision plane, pericolonic resection margin, radial margin, soft tissue margin. "</p>
00200: Colon and Rectum	3940: BRAF Mutational Analysis	N/A	<p>New Code 3: Abnormal (mutated)/detected, KIAA1549-BRAF</p>

Schema ID/Name	Data Item # and Description	Original Text	Updated Text
00360: Lung	3937: Visceral and Parietal Pleural Invasion	Note 2: A surgical resection must be done to determine if the visceral and/or parietal pleural is involved	<p>Note 2: Criteria for coding</p> <ul style="list-style-type: none"> A surgical resection must be done to determine if the visceral and/or parietal pleural is involved. Exception: In situ tumors (/2) can be coded 0 based on biopsy or surgical resection Do not use imaging findings to code this data item
00470: Melanoma Skin	3961: Clinical Width Margin	<p>Note 3</p> <ul style="list-style-type: none"> Do not add margins together If multiple wide excisions are performed, code the clinical margin width from the procedure with the largest margin 	<p>Note 3</p> <ul style="list-style-type: none"> Do not add margins together If multiple wide excisions are performed, code the clinical margin width from the procedure with the largest margin If a range is listed, code the lower range <ul style="list-style-type: none"> Example: Clinical Width Margin documented as 1-1.2 cm. Code 1 cm
00671: Melanoma Iris, 00672: Melanoma Choroid and Ciliary Body	3821: Chromosome 3 status	<p>Code 3</p> <p>Loss of chromosome 3, NOS</p>	<p>Code 3</p> <p>Loss of chromosome 3, NOS</p> <p>Loss of BAP1 expression</p>
00790: Lymphoma, 00795: Lymphoma-CLL/SLL	3812: B Symptoms	<p>Note 2</p> <ul style="list-style-type: none"> Fevers: Unexplained fever with temperature above 38 degrees C 	<p>Note 2</p> <ul style="list-style-type: none"> Fevers: Unexplained fever with temperature above 38 degrees C (100.4 F)

Schema ID/Name	Data Item # and Description	Original Text	Updated Text
00790: Lymphoma, 00795: Lymphoma-CLL/SLL	3812: B Symptoms	Code 1 Unexplained fever (above 38 degrees C)	Code 1 Unexplained fever (above 38 degrees C) (100.4 F)
00580: Prostate	3898: Number of Cores Positive	<p>Note 2: Record the number of positive prostate core biopsies from the first prostate core biopsy diagnostic for cancer. If positive cores are identified and the number of positive cores not specifically documented, code X6.</p> <ul style="list-style-type: none"> • Information from the first core biopsy is preferred since the physician is usually examining the entire prostate. If a second core biopsy is done, this is usually done on a specified area, so more cores will be found to be positive. <p>Note 3: If the pathology report contains a summary of the number of cores positive and examined, use the summary provided. If Summary Report is not available and multiple biopsy cores are obtained on the same day, the number of cores positive should be added.</p> <ul style="list-style-type: none"> • Do not include cores of other area like seminal vesicles 	<p>Note 2: Priority order</p> <ul style="list-style-type: none"> • Final diagnosis <ul style="list-style-type: none"> ○ If the core biopsy pathology report contains a summary of the number of cores positive, use the summary provided ○ Do not include cores of other areas like seminal vesicles • Gross description <ul style="list-style-type: none"> ○ Information from the gross description of the core biopsy pathology report can be used to code this data item when the final diagnosis is not available and the gross findings provide the actual number of cores and not pieces, chips, fragments, etc. • Physician statement (see Note 1)

Schema ID/Name	Data Item # and Description	Original Text	Updated Text
00580: Prostate	3897: Number of Cores Examined	<p>Note 2: Record the number of prostate core biopsies examined from the first prostate core biopsy diagnostic for cancer. If the number of cores examined is not specifically documented, code X6.</p> <ul style="list-style-type: none"> • Information from the first core biopsy is preferred since the physician is usually examining the entire prostate. If a second core biopsy is done, this is usually done on a specified area, so more cores will be found to be positive. <p>Note 3: If the pathology report contains a summary of the number of cores positive and examined, use the summary provided. If Summary Report is not available and multiple biopsy cores are obtained on the same day, the number of cores examined should be added.</p> <ul style="list-style-type: none"> • Do not include cores of other area like seminal vesicles • Information from the gross description of the core biopsy pathology report can be used to code this data item when the gross findings provide the actual number of cores and not pieces, chips, fragments, etc. 	<p>Note 2: Priority order</p> <ul style="list-style-type: none"> • Final diagnosis <ul style="list-style-type: none"> ○ If the core biopsy pathology report contains a summary of the number of cores examined from all specimens, use the summary provided ○ Do not include cores of other areas like seminal vesicles • Gross description <ul style="list-style-type: none"> ○ Information from the gross description of the core biopsy pathology report can be used to code this data item when the final diagnosis is not available and the gross findings provide the actual number of cores and not pieces, chips, fragments, etc. • Physician statement (see Note 1)

Schema ID/Name	Data Item # and Description	Original Text	Updated Text
00580: Prostate	3839: Gleason Patterns Pathological		<p>New note:</p> <p>Note 7: Active surveillance, then Radical Prostatectomy</p> <ul style="list-style-type: none"> Code X9 when first course of treatment is active surveillance, but a radical prostatectomy is done at a later date due to disease progression or the patient changed their mind
00580: Prostate	3841: Gleason Score Pathological 3842: Gleason Tertiary Pattern		<p>New note:</p> <p>Note 5: Active surveillance, then Radical Prostatectomy</p> <ul style="list-style-type: none"> Code X9 when first course of treatment is active surveillance, but a radical prostatectomy is done at a later date due to disease progression or the patient changed their mind

Table 5: Changes to Grade Manual, Version 3.2

Grade Table #	Schema(s)	Original Text	Updated Text
06	Appendix	N/A	<p>New Note 4 (Clinical, Grade Post-Therapy Clinical) & New Note 5 (Pathological, Grade Post-Therapy Pathological)</p> <p>Assign Grade 1 for LAMN tumors, and Grade 2 for HAMN tumors.</p> <p>Note: This was confirmed with AJCC physician experts</p> <p>Rest of notes renumbered</p>
12	Breast	Notes 4, 5, 6 (Clinical, Post-therapy yc) Notes 5, 6, 7 (Pathological, Post-therapy yp)	Extensive restructure of these notes. See grade manual 3.2.
13	Cervix Sarcoma, Corpus Carcinoma and Carcinosarcoma, Corpus Sarcoma		<p>New Note 3 (Clinical, Post Therapy Clinical) & New Note 4 (Pathological, Post Therapy Pathological)</p> <p>Note 3: For endometrioid carcinomas only</p> <ul style="list-style-type: none"> • If “low grade” is documented, code 2 (FIGO Grade 2) • If “high grade” is documented, code 3 (FIGO Grade 3) <p>Rest of notes renumbered</p>
New-27	Pleural Mesothelioma, V9, 2025+		Whole new grade definition for Pleural Mesothelioma