

SEER Program Coding and Staging Manual 2025 - Summary of Changes, January 2025 Update

This table lists the changes in the 2025 manual by page number.

| Page | Section | Data Item | Change | Notes/Comments |
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| Cover | Cover page | | | Updated cover information. |
| 9 | Preface | Summary of Changes | Listing of major changes updated | Revised the section with the list of major changes including additions, deletions, and modifications made to the 2025 manual and appendices. See manual. |
| 10 | Preface | 2025 Changes | Listing of additional 2025 changes updated | Revised the list of 2025 cancer coding and staging changes in addition to the SEER manual. See manual. |
| 11 | Preface | Collection and Storage of Dates | Text and links edited | Edited sentence and updated NAACCR links: See the NAACCR Implementation Guidelines and NAACCR website for further information regarding the updated data exchange standard. |
| 11 | Preface | SEER Site-Specific Factors 1 - 6 | Text removed | Deleted last sentence in the narrative section. |
| 27 | Basic Record Identification | SEER Participant | Registry removed | Removed Wisconsin from the Table of SEER Core Registries. The registry is in the Table of SEER Research Support Registries. |
| 14 | Reportability | Reportable Diagnosis List | Item 1.a.i-1.a.ix revised | Added 1.a.i. Post Transplant Lymphoproliferative Disorder (PTLD) 9971/1 is reportable as 9971/3 as of 01/01/2025. Deleted 1.a.v. through 1.a.ix. as listed in the 2024 manual. |

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| 14 | Reportability | Reportable Diagnosis List | Item 1.a.vi revised | <p>Revised 1.a.vi (was 1.a.x in the 2024 manual):</p> <ul style="list-style-type: none"> Removed text from Examples: See 1.b.ii for PIN III <p>Added:</p> <ul style="list-style-type: none"> Conjunctival intraepithelial neoplasia with severe dysplasia, or Grade III, squamous intraepithelial neoplasia Grade II of conjunctiva High grade dysplasia of esophagus, stomach, small intestine High grade squamous dysplasia of larynx High grade squamous intraepithelial lesion (HGSIL) of the anus High grade vulvar intraepithelial neoplasia <p>Edited:</p> <ul style="list-style-type: none"> Differentiated vulvar intraepithelial neoplasia (VIN) or differentiated exophytic vulvar intraepithelial lesion (DEVIL) Endometrioid intraepithelial neoplasia (atypical hyperplasia, EIN) Esophageal intraepithelial neoplasia (dysplasia), high grade or Grade III Penile intraepithelial neoplasia, grade III or high grade dysplasia (PeIN III) (C600-C609) <p>Deleted:</p> <ul style="list-style-type: none"> Pancreatic intraepithelial neoplasia(PanIN II) (C250-C259) <p>Renumbered subsequent lettering.</p> |
| 16 | Reportability | Reportable Diagnosis List | Item 1.b.i revised | Revised 1.b.i. to extend the applicable histology codes to include 8085 and 8086 for: Papillary and squamous cell carcinoma (SCC) (8050-8086). |
| 16 | Reportability | Reportable Diagnosis List | Item 1.b.i Note added | Added Note 2 : SCC of sites coded to C44 (for example, C442 located in the head or neck) is not reportable. Do not use AJCC staging to determine reportability. Follow cancer registry instructions for reportability. |
| 16 | Reportability | Reportable Diagnosis List | Item 1.b.iii revised | Added PIN II: Prostatic intraepithelial neoplasia (PIN II and PIN III) (C619). |
| 16 | Reportability | Reportable Diagnosis List | Item 1.b.v revised | <p>Added topography codes:</p> <p>High grade dysplasia in colorectal sites (C180-C189, C199, and C209).</p> |

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| 22 | Reportability | Ambiguous Terms for Reportability | Example revised | Revised Example 4 : Esophageal biopsy with diagnosis of “focal areas suspicious for adenocarcinoma in situ.” Diagnosis on partial esophagectomy specimen “with foci of low grade dysplasia; no invasive carcinoma identified.” |
| 24 | Changing Information on the Abstract | | Dates in example revised | Updated the dates in the example under #4: |
| 25 | Determining Multiple Primarys | Hematopoietic and Lymphoid Neoplasms | Text revised | Updates were made to the <i>Hematopoietic and Lymphoid Neoplasm Coding Manual</i> and <i>Database</i> for 2025 cases. |
| 27 | Section I: Basic Record Identification | SEER Participant | Tables edited | Table of SEER Core Registries Deleted Massachusetts Cancer Registry and Wisconsin Cancer Reporting System Table of SEER Research Support Registries Added Massachusetts Cancer Registry |
| 32 | Section I: Basic Record Identification | NAACCR Record Version | Code added | Added code 250 and description, 2025 Version 25. |
| 52 | Section III: Demographic Information | County at Diagnosis Geocode 2020 | Data item added | See manual. |
| 60 | Section III: Demographic Information | State at Diagnosis Geocode 2020 | Data item added | See manual. |
| 64 | Section III: Demographic Information | Census Tract 2020 | Data item added | See manual. |
| 67 | Section III: Demographic Information | Census Tract Certainty 2020 | Data item added | See manual. |

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| 82 | Section III: Demographic Information | Race 1, 2, 3, 4, 5 | Text edited | Removed 'photographs' from the second introductory paragraph. |
| 83 | Section III: Demographic Information | Race 1, 2, 3, 4, 5 | Text edited | Priorities for Coding Multiple Races Added: List all races for the patient in this priority order. |
| 83 | Section III: Demographic Information | Race 1, 2, 3, 4, 5 | Text edited | Revised #2 and added two examples under Priorities for Coding Multiple Races : 2. Codes 02-32, 96-97 take priority over code 01 and 98 Example 1: Patient is described as White and Black. Code Race 1 as 02 (Black or African American), Race 2 as 01 (White). Example 2: Patient is described as White, Chinese, Korean, Black, and Hawaiian. Code Race 1 as 07 (Native Hawaiian), Race 2 as 04 (Chinese), Race 3 as 08 (Korean), Race 4 as 02 (Black or African American), and Race 5 as 01 (White). |
| 83 | Section III: Demographic Information | Race 1, 2, 3, 4, 5 | Text edited | Revised #3 and 3.a under Priorities for Coding Multiple Races : 3. Code the specific race before the non-specific race when both a specific race code and a non-specific race code apply. a. When more than five race fields are needed for specific race codes, omit the non-specific race code. i. Codes 04-06, and 08-17 take priority over code 96 ii. Codes 16-17 take priority over code 15 iii. Codes 20-32 take priority over code 97 iv. Codes 01-32 and 96-97 take priority over code 98 v. Code 98 takes priority over code 99 |
| 84 | Section III: Demographic Information | Race 1, 2, 3, 4, 5 | Coding Instruction 1.a revised | Revised Coding Instruction 1.a (replaced 15 with 14): a. See Coding Instruction 14, Exception, for the only situation in which name is taken into account when coding race |
| 84 | Section III: Demographic Information | Race 1, 2, 3, 4, 5 | Coding Instruction 5 revised | Updated Coding Instruction 5: Use the associated text field to document when no race information is available |

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| 84 | Section III: Demographic Information | Race 1, 2, 3, 4, 5 | Coding Instruction 7 revised | Updated Coding Instruction 7: Code race as 02 (Black or African American) when the stated race is African American or Black |
| 84 | Section III: Demographic Information | Race 1, 2, 3, 4, 5 | Coding Instruction 8 revised | Updated Coding Instruction 8. Assign code 03 for any person stated to be a. Native Alaskan (western hemisphere) OR b. American Indian, whether from North, Central, South, or Latin America Note: Information from IHS linkage can be used to override unknown race. Code 03 can be added based on IHS linkage. Follow the priority rules for recording race above. |
| 84 | Section III: Demographic Information | Race 1, 2, 3, 4, 5 | Coding Instruction 9 revised | Revised Coding Instruction 9: Code the race based on birthplace information when the race is recorded as Mongolian or Asian and the place of birth is recorded as China, Japan, the Philippines, or another Asian nation Example 1: Race is recorded as Asian and the place of birth is recorded as Japan. Code race as 05 (Japanese) because it is more specific than 96. Example 2: The person describes himself as an Asian-American born in Laos. Code race as 11 (Laotian) because it is more specific than 96. |
| 84 | Section III: Demographic Information | Race 1, 2, 3, 4, 5 | Coding Instruction 11 revised | Updated Coding Instruction 11: Do not use code 98 alone for “multi-racial.” If multi-racial is the only information available, assign code 99. See Coding Examples below. |

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| 84 | Section III: Demographic Information | Race 1, 2, 3, 4, 5 | Coding Instruction 14 exception and examples revised | Updated Coding Instruction14: Exception: Code Race 1 through Race 5 as 99 (Unknown by patient) when patient’s name is incongruous with the race inferred on the basis of nationality. Example 1: Patient’s birthplace is listed as England. Patient’s name is Siddhartha Rao. Do not use country of birth to code the patient as White. Use other information to code the race. If no additional information is available, code Race 1 through Race 5 as 99 (Unknown). Example 2: Patient’s birthplace is Ethiopia. Patient’s name is Ping Chen. Do not use country of birth to code the patient as Black. Use other information to code the race. If no additional information is available, code Race 1 through Race 5 as 99 (Unknown). |
| 85 | Section III: Demographic Information | Race 1, 2, 3, 4, 5 | Coding Instruction 16 added | Added Coding Instruction16: Do not use patient photographs or images from social media to code race |
| 85 | Section III: Demographic Information | Race 1, 2, 3, 4, 5 | Coding Example 6 revised | Revised Coding Example 6: Patient describes herself as multi-racial (nothing more specific) and nursing notes say “African-American.” Code Race 1 as 02 (Black or African American). Code Race 2 as 98 (Some other race). Code Race 3 through Race 5 as 88. |
| 86 | Section III: Demographic Information | Race 1, 2, 3, 4, 5 | Coding Example 13 revised | Revised Coding Example 13: <i>Race 1</i> is coded by one facility as 02 (Black or African American) and <i>Race 1</i> is coded by a different facility as 03 (American Indian or Alaska Native); no further documentation is provided. When consolidating records at the central cancer registry, code <i>Race 1</i> as 02 (Black or African American) and <i>Race 2</i> as 03 (American Indian or Alaska Native). If the patient is identified as Native American via the IHS linkage, follow usual procedures. |

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| 86 | Section III: Demographic Information | Race 1, 2, 3, 4, 5 | Coding Example 14 revised | Revised Coding Example 14: Patient is from Guyana. Patient's race is coded differently in multiple source records using codes such as 02 (Black or African American) for Race 1 or 98 (Some other race) or 15 (Asian Indian, NOS or Pakistani, NOS), for example; no further documentation is provided. When consolidating records at the central cancer registry, record all races reported in the appropriate priority order. |
| 86 | Section III: Demographic Information | Race 1, 2, 3, 4, 5 | Coding Example 15 revised | Coding Example 15: Electronic medical record indicates patient is "Native Hawaiian or Other Pacific Islander." Look for other descriptions of the patient's race. When no other information is available, assign 07, Native Hawaiian, in <i>Race 1</i> and assign 97, Pacific Islander, NOS in <i>Race 2</i> . |
| 86 | Section III: Demographic Information | Race 1, 2, 3, 4, 5 | Coding Example 16 revised | Coding Example 16: Patient is "Belgian." Medical record indicates "non-Hispanic, other race." Patient appears white on scanned driver's license photo. Assign race code 01 for white. "Belgium" is classified as "European" in Appendix D and European is included under the descriptions for white. Do not use photo to verify race. |
| 88 | Section III: Demographic Information | Spanish Surname or Origin | Code Descriptions 4, 6, and 7 revised | Revised the following code descriptions: Code 4: South or Central American (except Brazil) [See below for lists of countries in Central and South America] Code 6: Spanish, NOS; Hispanic, NOS; Latino, NOS There is evidence, other than surname or birth surname (maiden name), that the person is Hispanic but he/she cannot be assigned to any of the categories 1-5. Spanish surname only (effective with diagnosis on or after 01/01/1994) Code 7: The only evidence of the person's Hispanic origin is the surname or birth surname (maiden name) and there is no evidence that he/she is not Hispanic. |
| 88 | Section III: Demographic Information | Spanish Surname or Origin | Coding Instructions 2.d and 2.e revised | Revised Coding Instruction 2: 2.d: Information about life history and/or primary language spoken at home found in the abstracting process 2.e: A last name or birth surname (maiden name) found on a list of Hispanic/Spanish names |

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| 88 | Section III: Demographic Information | Spanish Surname or Origin | Coding Instruction 3 added | Added Coding Instruction 3: Assign code 0 for Brazil |
| 88 | Section III: Demographic Information | Spanish Surname or Origin | Coding Instruction 4 revised | 4. Assign code 6 when there is more than one ethnicity/origin (multiple codes), such as Mexican (code 1) and Dominican Republic (code 8). There is no hierarchy among the codes 1-4 or 8. |
| 89 | Section III: Demographic Information | Spanish Surname or Origin | Coding Instruction 5 revised | 5. Assign code 7 when the only evidence of the patient's Hispanic origin is a surname or birth surname (maiden name) and there is no evidence that the patient is not Hispanic. Code 7 is ordinarily for central registry use only. |
| 89 | Section III: Demographic Information | Spanish Surname or Origin | Coding Instruction 8 added | 8. When consolidating records at the central registry a. Prefer code 1 over code 5 when both are submitted with a birthplace of Mexico b. Prefer code 2, 3, 4, or 8 over 5 |
| 89 | Section III: Demographic Information | Spanish Surname or Origin | List of countries in Central and South America added | See manual. |
| 91 | Section III: Demographic Information | NHIA Derived Hispanic Origin | Text revised | Third introductory paragraph revised: Persons are also included as Hispanic/Latino(a) when they are female cases with heavily Hispanic birth surnames (maiden names); female cases with missing maiden names and heavily Hispanic last names; female cases with generally Hispanic, moderately Hispanic, occasionally Hispanic, or indeterminate maiden names and heavily Hispanic last names. |
| 94 | Section III: Demographic Information | Primary Payer at Diagnosis | Examples added to code definition 61 | <i>Medicare with supplement, NOS</i> Patient has Medicare and another type of unspecified insurance to pay costs not covered by Medicare. (See also, codes 63 and 64.). Example: Patient is known to have Medicare with a supplement, but the type of Medicare supplement is unknown. |

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| 94 | Section III: Demographic Information | Primary Payer at Diagnosis | Examples added to code definition 62 | <i>Medicare – Administered through a Managed Care Plan</i> Patient is enrolled in Medicare through a Managed Care plan (e.g., HMO or PPO). The Managed Care plan pays for all incurred costs. Example: Patient has a Medicare managed plan (also known as Medicare C or Medicare Advantage). The Medicare managed care plan takes the place of original Medicare plan and will be listed as the first and usually only insurance as a HMO, PPO, etc. |
| 94 | Section III: Demographic Information | Primary Payer at Diagnosis | Examples added to code definition 63 | <i>Medicare with private supplement</i> Patient has Medicare and private insurance to pay costs not covered by Medicare. Example: Patient has Medicare A (inpatient) and B (outpatient and durable medical equipment) with a private supplement to cover costs outside of Medicare A and B. Medicare will be listed on the patient’s face sheet as the first insurance with the commercial insurance (Medicare supplement) listed second. If Medicare is listed first with Medicaid listed second, capture under code 64. |
| 97 | Section III: Demographic Information | Tobacco Use Smoking Status | Coding Instruction 8 added | Leave blank for cases diagnosed prior to 2022. |
| 98 | Section IV: Description of this Neoplasm | Pathology Reports introduction | Text added | Sentence added to the paragraph: In this context, a “re-read” is the same as a consult pathology report. |
| 101 | Section IV: Description of this Neoplasm | Date of Diagnosis | Coding Instruction 1 revised | Added to Coding Instruction 1: Medical practitioner includes physician, physician assistant, nurse practitioner, nurse midwife, residents, fellows, medical trainees, and licensed recognized medical practitioner as determined by a state. |
| 101 | Section IV: Description of this Neoplasm | Date of Diagnosis | Coding Instructions examples--dates revised | Updated dates in Examples used in several Coding Instructions. See manual. |

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| 103 | Section IV: Description of this Neoplasm | Date of Diagnosis | Cases Diagnosed Before Birth examples revised | Updated dates in the Example. |
| 104 | Section IV: Description of this | Tumor Record Number | Introductory paragraph revised | Tumor Record Number is used to uniquely identify a tumor. It is auto-assigned in SEER*DMS when the Consolidated Tumor Case (CTC) is created. It never changes and is not reused if the tumor is deleted or replaced. Since the tumor record never changes, there are cases where the tumor record numbers are not in sequential order according to diagnosis date. Tumor Record Number does not change the way the sequence number changes. It is increasingly important to track a specific tumor over time for linkage purposes. |
| 107 | Section IV: Description of this Neoplasm | Sequence Number-- Central | Coding Instruction 6 examples--date revised | Non-Malignant Coding Instruction 6: Updated the date in the example. |
| 109 | Section IV: Description of this Neoplasm | Primary Site | Coding Instruction for Solid Tumors 2.b revised | Revised Coding Instruction 2.b: Site of origin may be indicated by terms such as "tumor arose from...," "tumor originated in...," "tumor emanated from..." or similar statements |
| 109 | Section IV: Description of this Neoplasm | Primary Site | Coding Instruction for Solid Tumors 2.d revised | Revised Coding Instruction 2.d: Tumors may involve many sites. The primary site code should reflect the site where the tumor arose rather than all of the sites of involvement. |

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| 109 | Section IV: Description of this Neoplasm | Primary Site | Coding Instruction for Solid Tumors 4.b added | <p>Added Coding Instruction 4.b:</p> <p>Single tumor overlapping a reportable site and a non-reportable site: Determine the site of origin or the site with the greatest involvement</p> <ul style="list-style-type: none"> i. If the site of origin/site with greatest involvement is the reportable site, report the case and assign the appropriate topography code ii. If the site of origin/site with greatest involvement is the non-reportable site, do not report the case iii. If the site of origin/site with greatest involvement cannot be determined, do not report the case because you cannot confirm reportability <p>Example: Squamous cell carcinoma overlapping skin and vermillion of upper lip. If the site of origin is the vermillion, report the case. If the site of origin cannot be determined and more than 50% of the lesion is on the vermillion, report the case. If less than 50% of the lesion is on the vermillion, do not report the case. If the site with the greatest involvement cannot be determined, do not report the case.</p> |
| 110 | Section IV: Description of this Neoplasm | Primary Site | Coding Instruction 5 revised | <p>Revised Coding Instruction 5:</p> <p>Code the site of the invasive tumor when there is an invasive tumor and in situ tumor in different subsites of the same anatomic site</p> |
| 111 | Section IV: Description of this Neoplasm | Primary Site | Coding Instruction 9 updated | <p>Added sites to Coding Instruction 9, Site-specific coding guidelines in Appendix C for primary site coding:</p> <p>Kidney, Lymphoma, Melanoma, Renal Pelvis and Ureter, Tongue, Urethra</p> |

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| 111-112 | Section IV: Description of this Neoplasm | Primary Site | Coding Instruction 16 and table updated | Revised Coding Instruction 16: In the absence of any additional information about the primary site, assign the codes listed for these primary sites/histologies and record in a text field as appropriate Added to the table that contains a list of primary sites and their codes to be used in the absence of any additional information about the primary site: Mastoid or mastoid complex C301 Septum pellucidum C719 Pterygomandibular raphé C069 |
| 115 | Section IV: Description of this Neoplasm | Laterality | Coding Instruction 4.a revised | Revised Coding Instruction 4.a: Both ovaries involved simultaneously with a single histology ; a single primary according to the Solid Tumor Rules |
| 119 | Section IV: Description of this Neoplasm | Diagnostic Confirmation | Coding Instruction 11 added | Added Coding Instruction 11: Do not include liquid biopsy as a diagnostic confirmation method. Liquid biopsies are not diagnostic. They are used for screening and detection of minimal residual disease. |
| 121 | Section IV: Description of this Neoplasm | Histologic Type ICD-O-3 | Text added | There are no ICD-O-3.2 updates for 2025. |
| 126 | Section IV: Description of this Neoplasm | Cancer PathCHART Site - Morphology Combination Standards | Section revised | Updated information in this section. See manual. |
| 134 | Section IV: Description of this Neoplasm | Tumor Size Summary | Coding instruction 5.b exception revised | Updated data item name in Exception to rounding rules for BREAST primaries . |

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| 135 | Section IV: Description of this Neoplasm | Tumor Size Summary | Coding instruction 12.a.i deleted | Deleted Coding Instruction 12. a. i. Neoadjuvant therapy has been administered <i>and</i> the resection shows no residual tumor |
| 142 | Section V: Stage of Disease at Diagnosis | Extent of Disease Mets | Data item name revised | Changed the name of the data item, Extent of Disease Metastasis, to Extent of Disease Mets. |
| 150 | Section VI: Stage-related Data Items | Lymphovascular Invasion | Coding instruction 9.b revised | Revised Coding Instruction 9.ba: For non-malignant brain (intracranial) and CNS tumors including C751, C752, and C753 |
| 165 | Section VI: Stage-related Data Items | SEER Site- specific Factor 1 | Coding instruction 4 revised | Revised Coding Instruction 4 and Note added: Codes 10-51 are hierarchical; use the highest code that applies (51 is highest, 10 is lowest) Note: This instruction conflicts with SEER*RSA which says 10 is highest, 51 is lowest. SEER*RSA will be corrected in a later version, possibly version 3.3 as 3.2 is being released for 2025. |
| 166 | Section VI: Stage-related Data Items | Additional Stage-related Data Items/ SSDIs | Introductory text revised | Revised introductory paragraphs to update information for 2025. See manual. |
| 167 | Section VI: Stage-related Data Items | Additional Stage-related Data Items | Table 6 added with new data items | Added Table 6: Site-specific Data Items Implemented in 2025. See manual. 1172: Post Transplant Lymphoproliferative Disorder-PTLD (EOD Lymphoma, Lymphoma, CLL/SLL) 1174: PD-L1 (Lung) 3940: BRAF Mutational Analysis (Colon and Rectum) (Code added to an existing SSDI) <i>2025 Implementation Guidelines: Within the Colon and Rectum schema, code 3 was added to capture abnormal (mutated)/detected, *KIAA1549: BRAF* gene fusion.</i> |

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| 167 | Section VI: Stage-related Data Items | Additional Stage-related Data Items | Table 7 added for new schemas | Added Table 7: Schemas Added for 2025. See manual. 09090 Nasopharynx [V9: 2025+] 09350 Thymus [V9: 2025+] 09360 Lung [V9: 2025+] 09370 Pleural Mesothelioma [V9: 2025+] |
| 177 | Section VII: First Course of Therapy | Date Therapy Initiated | Coding instruction 4 dates in example revised added | See manual. |
| 181 | Section VII: First Course of Therapy | Surgery of Primary Site 2023 | Codes updated | Added B codes to the General Coding Structure table. |
| 181 | Section VII: First Course of Therapy | Surgery of Primary Site 2023 | Text revised | Deleted a sentence in the first paragraph below the General Coding Structure table, above the coding instructions: If information from post operative imaging adds to what is known about the surgery performed, information from imaging may be used to assign the most accurate surgery code possible. Added a second paragraph: Information from imaging may be used to assign the most accurate surgery code possible when information from post-operative imaging adds to what is known about the surgery performed. Example: Craniotomy for brain tumor resection. No additional information regarding surgical procedure is available. Post-operative MRI states “there is a cavity with blood product from the gross total resection.” Use this information to assign a more specific surgery of primary site code. |
| 182 | Section VII: First Course of Therapy | Surgery of Primary Site 2023 | Coding Instruction 5 example revised | Edited Coding Instruction 5 example: Example: Left thyroidectomy for suspicious nodules. Path showed papillary carcinoma. Completion thyroidectomy was performed. Code surgery of primary site as total thyroidectomy (B500). |

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| 182 | Section VII: First Course of Therapy | Surgery of Primary Site 2023 | Coding Instruction 10 added | Added Coding Instruction 10: Assign the code that best represents the procedure that was actually performed. Avoid assigning a code based on the procedure that was intended to be performed. |
| 186 | Section VII: First Course of Therapy | Surgical Margins of the Primary Site 2023 | Coding Instruction 1.b added | Added Coding Instruction 1.b: The entire organ is removed for localized disease, such as a hysterectomy performed for a localized endometrial cancer case unless there is information to the contrary |
| 187 | Section VII: First Course of Therapy | Surgical Margins of the Primary Site 2023 | Coding Instruction 7.c added | Added Coding Instruction 7.c: When patient has a transurethral biopsy of bladder tumor (TURBT) and surgical margins are not mentioned in the TURBT report. The operative report may mention no residual tumor. |
| 209 | Section VII: First Course of Therapy | Radiation Treatment Modality--Phase I, II, and III | Text modified | Edited the bulleted reference: Refer to the current STandards for Oncology Registry Entry (STORE) Manual and the CTR Guide to Coding Radiation Therapy Treatment in the STORE (see 2025 STORE Manual, Appendix R) |
| 212 | Section VII: First Course of Therapy | Radiation External Beam Planning Technique-- Phase I, II, III | Text modified | Edited the bulleted reference: Refer to the current STandards for Oncology Registry Entry (STORE) Manual and the CTR Guide to Coding Radiation Therapy Treatment in the STORE (see 2025 STORE Manual, Appendix R) |
| 219 | Section VII: First Course of Therapy | Chemotherapy | Dates in Example 1 updated | Updated dates in Example 1 following the note under Important update effective for diagnosis date January 1, 2013 forward . See manual. |

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| 219 | Section VII: First Course of Therapy | Chemotherapy | Coding Instruction 2 deleted | Deleted Coding Instruction #2: 2. When chemotherapeutic agents are used as radiosensitizers or radioprotectants, they are given at a much lower dosage and do not affect the cancer. Radiosensitizers and radioprotectants are classified as ancillary drugs. See SEER*Rx. Do not code as chemotherapy. Review the radiation-oncology progress notes for information about radiosensitizing chemotherapy. Note: Do not assume that a chemo agent given with radiation therapy is a radiosensitizer. Seek additional information. Compare the dose given to the dose normally given for treatment. For additional information, see <ul style="list-style-type: none"> The National Cancer Institute Physician Data Query (PDQ), Health Professional Version AND/OR <ul style="list-style-type: none"> The National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology |
| 219 | Section VII: First Course of Therapy | Chemotherapy | Coding Instruction 3.a (now 2.a) revised | Updated Coding Instruction 3.a (now 2.a): This is a continuation of the first course of therapy when the chemotherapeutic agent that is substituted belongs to the same group (alkylating agents, antimetabolites, inhibitors, natural products, targeted therapy, taxanes, or other miscellaneous) |
| 221 222 223 | Section VII: First Course of Therapy | Chemotherapy | Chemotherapeu tic Agents subcategories added | Added Inhibitors and Taxanes to the list of subcategories of chemotherapeutic agents. Added section that describes Inhibitors. Added section that describes Taxanes. |
| 225 | Section VII: First Course of Therapy | Hormone Therapy | Coding Instruction 2 and example added | Added Coding Instruction 2 and example: 2. Code as treatment for both primaries when the patient receives hormone therapy for one primary that could also affect the other primary Example: Patient is diagnosed with infiltrating duct carcinoma in the right breast and ductal carcinoma in situ in the left breast. Both primaries are hormone positive. Code the hormone therapy for both primaries in this case (simultaneous bilateral breast primaries).c |

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| 230 | Section VII: First Course of Therapy | Immunotherapy | Date in example updated | Updated dates in the example following the note under Important update effective for diagnosis date January 1, 2013 forward. See manual. |
| 234 | Section VII: First Course of Therapy | Hematologic Transplant and Endocrine Procedures | Coding Instruction 5 revised | Updated Coding Instruction 5: Assign code 20 for all stem cell transplants |
| 234 | Section VII: First Course of Therapy | Hematologic Transplant and Endocrine Procedures | Coding Instruction 5.b added | Added Coding Instruction 5.b: Autologous stem cell transplant |
| 237 | Section VII: First Course of Therapy | Neoadjuvant Therapy | Introductory section revised | Revised introduction, third paragraph: For the purposes of this data item, neoadjuvant therapy is defined as systemic treatment (chemotherapy, endocrine/hormone therapy, targeted therapy, immunotherapy, or biological therapy) and/or radiation therapy to improve local therapy and long-term outcomes during first course of treatment before planned surgical resection. |
| 238 | Section VII: First Course of Therapy | Neoadjuvant Therapy | Definition revised | Surgical resection: For purposes of this data item, surgical resection is defined as the most definitive surgical procedure that removes some or all of the primary tumor or site. For many sites, this would be Surgical Codes A300-A800 or B300-B800; however, there are some sites where surgical codes less than A300 or B300 could be used, for example, code B290 for Breast (central lumpectomy). |
| 239 | Section VII: First Course of Therapy | Neoadjuvant Therapy | Coding Instruction 1.b and Example revised; two examples added | Revised Coding Instruction 1.b and Example 1; added Examples 2 and 3: b. When surgical resection of the primary site is not part of planned first course of treatment Example 1: Patient with has unresectable lung cancer and (no surgical resection is planned), only chemotherapy and radiation are planned. Example 2: Patient with stage IV metastatic disease is placed on systemic treatment; primary site resection is not recommended as part of first course treatment. Example 3: Patient has chemotherapy and radiation as part of the treatment plan but there is no decision on or mention of a planned surgery. |

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| 240 | Section VII: First Course of Therapy | Neoadjuvant Therapy | Coding Instruction 2.b Examples 3 and 4 revised | Revised Coding Instruction 2.b Examples 3 and 4: Example 3: Patient diagnosed with pancreatic cancer; 6 cycles of chemotherapy recommended. Upon completion of last cycle, patient developed heart issues due to the chemotherapy. Planned surgical resection not performed due to risk factors and patient placed on hospice. Example 4: Patient completed neoadjuvant therapy, surgery recommended as part of the treatment plan, but patient refused any further treatment or patient died prior to surgical resection. |
| 240 | Section VII: First Course of Therapy | Neoadjuvant Therapy | Coding Instruction 2.c added | Added Coding Instruction 2.c: When the patient starts neoadjuvant therapy on one chemotherapy regimen and the regimen is changed due to either poor tolerance or lack of response, as long as the patient completes the full course of treatment |
| 242 | Section VII: First Course of Therapy | Neoadjuvant Therapy— Clinical Response | Coding Guidelines revised | Revised Coding Guidelines, second paragraph: <i>Neoadjuvant Therapy--Clinical Response</i> is evaluated after primary systemic and/or radiation therapy is completed or started but stopped due to situations such as disease progression or death, and prior to surgical resection. It is based on clinical history, physical examination, biopsies, imaging studies, and other diagnostic work up. Do not use information from the surgical pathology report to code this data item. |
| 244 | Section VII: First Course of Therapy | Neoadjuvant Therapy— Clinical Response | Coding Instruction 5.a Note 2 revised | Note 2: Assign code 3 when the managing/treating physician documents that the patient progressed after neoadjuvant therapy was started even if the neoadjuvant therapy was not completed. Use text fields for documentation. |
| 245 | Section VII: First Course of Therapy | Neoadjuvant Therapy— Clinical Response | Coding Instruction 10.a revised | Revised Coding Instruction 10.a: Assign code 8 a. When neoadjuvant therapy done, and clinical response is not documented, or is unknown, or is not clearly stated such as complete or partial (codes 1 – 5) |

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| 246 | Section VII: First Course of Therapy | Neoadjuvant Therapy-- Treatment Effect | Definition revised | Surgical resection: For purposes of this data item, surgical resection is defined as the most definitive surgical procedure that removes some or all of the primary tumor or site. For many sites, this would be Surgical Codes A300-A800 or B300-B800; however, there are some sites where surgical codes less than A300 or B300 could be used, for example, code B290 for Breast (central lumpectomy). |
| 247 | Section VII: First Course of Therapy | Neoadjuvant Therapy-- Treatment Effect | Note 3 revised | Note 3: Code 7 includes <ul style="list-style-type: none"> • Patients who complete or who start but do not complete neoadjuvant treatment without subsequent surgical resection • Patients who complete or who start but do not complete neoadjuvant treatment and expire before surgical treatment |
| 254 | Section VIII: Follow Up | Date of Last Cancer (tumor) Status | Coding Instruction 1 revised | Revised Coding Instruction 1: Code the month, day, and the year of the last known cancer status (Cancer, use the date of death to indicate the date of last known cancer status and cancer status for this tumor |
| 254 | Section VIII: Follow Up | Date of Last Cancer (tumor) Status | Coding Instruction 2 revised | Revised Coding Instruction 2: Use information from a health care provider, the patient's physician, or other official source such as a death certificate. Do not use information from an unofficial source such as a family member, friend, or other non-official source. |
| 254 | Section VIII: Follow Up | Date of Last Cancer (tumor) Status | Coding Instruction 3 revised | Revised Coding Instruction 3: Use the date of death as the Date of Last Cancer (Tumor) Status for deceased patients and use all entries on the death certificate to code Cancer Status |
| 256 | Section VIII: Follow Up | Cancer Status | Coding Instruction 1.a and 1.b added | Revised Coding Instruction 1; added 1.a and 1b: 1. Assign code 1 when a. There is no indication or evidence of this tumor, for example, the patient is in remission for a hematopoietic disease b. Patient is on maintenance therapy that continues for years and that is the only information that suggests cancer may be present Example: Patients receiving long-term hormone therapy for breast or thyroid cancer |

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| 256 | Section VIII: Follow Up | Cancer Status | Coding Instruction 3 added | Added Coding Instruction 3: Use all entries on the death certificate to code Cancer Status for deceased patients |
| 263 | Section VIII: Follow Up | Date of Last Follow-Up or of Death | Text added | Added sentence to Transmitting Dates : Transmit only known or estimated year of last follow-up or death; blanks will not be accepted for year. |
| | Appendix A | County Codes | References information updated | Updated dates references accessed. |
| | Appendix B | Country and State Codes | Edits made | Updated dates references accessed. Made editorial changes to the names of countries: Changed Bonaire, Saint Eustatius and Saba to Bonaire, Sint Eustatius and Saba. Changed Curacao to Curaçao. Re-added Zambia and Zimbabwe to Appendix B1 (were dropped in 2024). |
| | Appendix C: Site Specific Coding Modules | Coding Guidelines: Breast | Guidelines edited | Added diagrams and examples to the breast coding guidelines for subsites C508 and C509 |
| | Appendix C: Site Specific Coding Modules | Coding Guidelines: Esophagus | Guidelines edited | Revised text in First Course Treatment : Do not code radiofrequency ablation (RFA) for Barrett's esophagus as treatment HALO 90 ultra RFA of Barrett's esophagus is used to reduce progression of high-grade dysplasia to esophageal cancer. It is not used to treat esophageal cancer. |
| | Appendix C: Site Specific Coding Modules | Coding Guidelines: Kidney | Guidelines edited | Revised text in Primary Site : Urothelial cell carcinoma originates in the urethra, bladder, ureters, and renal pelvis. Code the primary site to renal pelvis (C659) when urothelial cell carcinoma originates in the "kidney." |

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| | Appendix C: Site Specific Coding Modules | Coding Guidelines: Lymphoma | Guidelines edited | Updated data item to: Surgery of Primary Site 2023 (NAACCR ID #1291) Do not code in Surgery of Primary Site 2023 when multiple nodes are involved and only one is removed. Code as a biopsy. |
| | Appendix C: Site Specific Coding Modules | Coding Guidelines: Melanoma Skin | Guidelines edited | Updated title to Melanoma Skin. Updated topography sites and histology to C000-C002, C006, C440-C449, C500, C510-C512, C518-C519, C600-C602, C608-C609, C632 with Histology 8720-8790. |
| | Appendix C: Site Specific Coding Modules | Coding Guidelines: Melanoma Skin | Guidelines edited | Edited one of the examples for coding <i>Breslow Tumor Thickness</i> : When thickness/depth is stated as greater than 9.9 mm, code AX.0. |
| | Appendix C: Site Specific Coding Modules | Coding Guidelines: Renal Pelvis and Ureter | Guidelines edited | Revised text in Primary Site : Urothelial cell carcinoma originates in the urethra, bladder, ureters, and renal pelvis. Code the primary site to renal pelvis (C659) when urothelial cell carcinoma originates in the “kidney.” |
| | Appendix C: Site Specific Coding Modules | Coding Guidelines: Thyroid | Guidelines edited | Removed from Generic Thyroid Drug Names : Methimazole and Propylthiouracil. Removed from Thyroid Drugs Brand Names : Naturethroid, Tapazole, and Westhroid. |
| | Appendix C: Site Specific Coding Modules | Coding Guidelines: Urethra | Guidelines edited | Revised text in Primary Site : Urothelial cell carcinoma originates in the urethra, bladder, ureters, and renal pelvis. Code the primary site to renal pelvis (C659) when urothelial cell carcinoma originates in the “kidney.” |

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| | Appendix C: Site Specific Coding Modules | Neoadjuvant Therapy-- Treatment Effect: Bone, Breast, Colon, Lung, Other Schemas, Ovary, Pleural Mesothelioma, Prostate, Thymus | Guidelines edited | Revised paragraph in the <i>Neoadjuvant Therapy--Treatment Effect</i> coding documents: Surgical resection: For purposes of this data item, surgical resection is defined as the most definitive surgical procedure that removes some or all of the primary tumor or site, with or without lymph nodes and/or distant metastasis. For many sites, this would be Surgical Codes A300-A800 or B300-B800; however, there are some sites where surgical codes less than A300 or B300 could be used, for example, Code B290 for Breast (central lumpectomy). |
| | Appendix C: Site Specific Coding Modules | Surgery Codes: Brain | Code A200 Note updated | Added a sentence to Code A200 SEER Note: Assign code A200 for stereotactic biopsy of brain tumor. This includes a Stealth or StealthStation guided needle biopsy, a type of stereotactic biopsy. |
| | Appendix C: Site Specific Coding Modules | Surgery Codes: Breast | Text edited | Revised first introductory sentence: Code the surgical resection code for breast primaries performed with diagnosis date of 01/01/2024 or later. |
| | Appendix C: Site Specific Coding Modules | Surgery Codes: Colon | Code revised | Added language to B100 and added a note. B100 Local tumor destruction, NOS, any form of local tumor destruction, includes electrocautery, and/or fulguration Note: B100 includes electrocautery; fulguration (includes use of hot forceps for tumor destruction). |
| | Appendix C: Site Specific Coding Modules | Surgery Codes: Colon | Code deleted | Deleted B120 Obsolete (code combined with B100) |
| | Appendix C: Site Specific Coding Modules | Surgery Codes: Colon | Note revised | Removed text from B220 Electrocautery note: Rarely used. |

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| | Appendix C: Site Specific Coding Modules | Surgery Codes: Lung | SEER Note added | Added a SEER Note to Code B200: Assign code B200 for cryodebulking. |
| | Appendix D | Race and Nationality Descriptions | References and list updated | Updated dates that references were accessed. Added Reference 3. Revised the reference citation under Code 03 American Indian and Alaska Native to Reference 1.a. Removed Negro from Code 02 Black or African American . Deleted Oriental and replaced Asian with Asian (NOS) (Code 96) from Asian Race Codes . Deleted Hispanic from the Code 99 (Unknown)/Other Race Descriptions ; it appears in Code 01 White . |
| | Appendix E | E.1 Reportable Examples | Reportable example #23 revised | Updated #23: Added <i>Anal intraepithelial neoplasia (AIN), grade II</i> to the list of Intraepithelial neoplasia examples (Diagnosis/Condition column). Edited the Notes column: Added 'C' to topography code: Carcinoma in situ (CIS) arising in cervix (C53_) and perianal skin (C445). Revised AIN to: <i>AIN II and AIN III (8077)</i> arising in perianal skin (C445) Added <i>Squamous intraepithelial neoplasia, high grade of colon and rectum</i> . |
| | Appendix E | E.1 Reportable Examples | Reportable example #28 added | Added Bosniak IV cystic renal mass: Bosniak Classification of cystic renal masses, version 2019, IV designation is reportable unless there is information to disprove the Bosniak designation. |
| | Appendix E | E.1 Reportable Examples | Reportable example #29 revised | Added <i>Cavernous angioma is a related term for cavernous hemangioma</i> to the Notes for #29 Hemangioma, NOS (9120/0) and cavernous hemangioma (9121/0). |
| | Appendix E | E.2 Non- Reportable Examples | Non-Reportable example #32 revised | #32 High grade dysplasia (8148/2) in gastrointestinal sites other than stomach, small intestine, and esophageal primary sites. The non-reportable gastrointestinal sites include colorectal primaries (C180-C189, C199, and C209). |

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| | Appendix E | E.2 Non-Reportable Examples | Non-Reportable examples added | <p>Added to Appendix E.2: Non Reportable Examples:</p> <ul style="list-style-type: none"> #37 Atypical lentiginous melanocytic proliferation #38 Malignant tumorlet, NOS in the lung #39 Conjunctival intraepithelial neoplasia, NOS #40 Ductal intraepithelial neoplasia type 1a #41 Endometrial hyperplasia with focal atypia #42 Pancreatic intraepithelial neoplasia (PanIN) low grade (formerly PanIN-I, PanIN-2, PanIN grade II), PanIN, NOS #43 Pancreatic neuroendocrine microadenoma #44 Vaginal intraepithelial neoplasia (VaIN or VAIN), NOS #45 Vulvar intraepithelial neoplasia, NOS |