| Part | Code | Schema | CS Table | ID | Category | Change | Reason/Comment | Workload Impact |
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| I | Page 30 | | CS Tumor Size/Ext Eval | | | Add to code 1: including surgical observation without biopsy. Add (US) to ultrasonography in instruction #5. | Match with Standard Tables in Part II | None |
| I | Page 31 | | CS Tumor Size/Ext Eval | | | Replace code 50 with "51" in example for #3a to read "extension code 51, maps to T4" | Correct the typo, there is no code 50. | None |
| I | Page 32, 43, and 49 | | Coding Instructions for CS Data Elements – CS Tumor Size/Ext Eval, CS Reg Nodes Eval, and CS Mets Eval | | | Replace #4 in CS TS/Ext Eval, #2 in Reg Nodes Eval, #2 in CS Mets Eval with: For sites and histologies for which no TNM schema has been defined, such as brain or Kaposi sarcoma, this field is always coded 9, Not Applicable. (See Table 6 in the General Instructions.) For any sites and histologies not listed in Table 6, code to the value that best reflects the diagnostic methods used, whether or not a stage is actually calculated for an individual case. In other words, do not use code 9 when a case has a histology that is excluded from staging but the site does have a TNM schema defined, for example, a sarcoma of the breast. In those cases, use code 9 only when the nature of the diagnostic methods is actually unknown. | Clarify instructions on how to code Eval when there is no schema or when there is a schema but the stage cannot be derived. | None |
| I | Pages 32, 44, and 50 | | Coding Instructions for CS Data Elements – CS Tumor Size/Ext Eval, CS Reg Nodes Eval, and CS Mets Eval | | | Add: The Eval fields should be coded based on how the information was obtained, even if the information in the related field (Tumor Size, Regional Nodes, or Mets at Dx) is unknown. For example, even if it is not possible to determine the tumor size or extension and the Extension field is coded as 99, the registrar still knows what procedures were used to try to determine those fields. In other words, just because the tumor size is coded 999, the Eval field does not have to be coded 9. | Instructions needed on how to code Eval when related field is unknown | None |
| I | Page 32 | | CS Tumor Size/Ext Eval | | | Replace the first sentence in #7 with "For most schemas, Code 3 is considered pathologic staging." | Clarify that this is the rule for most but not all schemas. | None |
| I | Page 43 and 44 | | CS Reg Nodes Eval | | | Add to code 1: including surgical observation without biopsy. Take 2nd ultrasonography out of instruction #4. | Match with Standard Tables in Part II | None |
| I | Page 49 | | CS Mets Eval | | | Add to code 1: including surgical observation without biopsy. Take 2nd ultrasonography out of instruction #4. | Match with Standard Tables in Part II | None |
| I | Page 49 | | CS Mets Eval | | | New instructions for coding CS Mets Eval. Eval is based on how the highest M category was determined. Tissue that is negative does not meet the criteria for pathologic staging. | New instructions on coding CS Mets Eval to allow for proper mapping and clinical/pathologic classification. Ensures a pM0 is not derived. | None |
| I | Page 81 | | Appendix 5 | | | Histology Code Groupings for CS, Hematopoietic list. Remove the second code 976. | This is a duplicate. | None |
| II | 00 - 14 | Head/Neck | SSF2 | kpa | Notes 1, 2, and 3 | Replace Note 1 with: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code extracapsular extension in any nodes coded in CS Mets at DX in this field. | Clarify the interpretation of extracapsular extension in lymph nodes both clinically and pathologically. | None |

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| | | | | | | Renumber Note 2 to Note 3.<br>Add new Note 2: A statement of the presence or absence of extracapsular extension in a pathology report takes priority over clinical assessment. However, if the pathology report contains no statement about extracapsular extension, either positive or negative, the clinical assessment should be coded. If nodes are involved but there is neither a clinical assessment of extranodal extension nor a statement about it in the pathology report, use code 999. | | |
| II | 13 | Hypo-pharynx | CS Extension | bar | Note | Replace note with: If there is fixation of hemilarynx or larynx, code to 55, not 15 or 45. | Add clarification regarding coding. | None |
| II | 13 | Hypo-pharynx | CS Extension | bar | Codes 15, 20, 45, 51, and 60 | Add Code 15 with mapping to * RE RE:<br>Code 10 with tumor fixation<br>Change Code 20, replace "involves adjacent subsite(s)" with "invades more than one subsite of hypopharynx"<br>Add Code 45 with mapping to * RE RE:<br>Code 20, 30, or 40 with tumor fixation<br>Change Code 51, add a first line: OBSOLETE: converted to 45<br>Change Code 60, remove in the second line the word "and", move subcutaneous fat to a new line and capitalize the word Subcutaneous | Add new codes to match with AJCC staging definitions. | 0-1 cases per 3 years<br><br>this subset of affected codes represents 0.1% of all cases |
| II | 13 | Hypo-pharynx | CS Extension | bar | Footnote | Replace footnote with: * For Extension codes 10, 15, 20, 30, 40, 45, 50, and 51 ONLY, the T category is assigned based on the value of CS Tumor Size and CS Extension as shown in the Specific Extension with Size Table for this site. | Describes new mapping. | None |
| II | 16 | Stomach | CS Lymph Nodes | dak | Note 2 | Change Note to Note 1.<br>Add Note 2: If information about named regional lymph nodes is available, use codes 10, 40, 42, or 50, rather than codes 60, 65, or 70. | Add clarification regarding the new codes. | None |
| II | | Stomach | CS Lymph Nodes | dak | Codes 60, 65, and 70 | Add codes "60 Stated as N1, mapping N1 RN RN," code "65 Stated as N2, mapping N2 RN RN," and code "70 Stated as N3, mapping N3 RN RN."<br>Change footnote codes "10-80 ONLY" to "10-50 and 80 ONLY." | Add additional codes for physician statement of N staging. The footnote changes for correct mapping. | None |
| II | 16 | Stomach | SSF1 | jax | New Code 888 | New table of codes and definitions added.<br>Change code 888 adding the word OBSOLETE at the beginning. | Collect clinical assessment of regional nodes for all cases. | None |
| II | 16 | Stomach | Extra Tables | xcq xcr | New | New extra tables for lymph node mapping. | New extra tables needed for mapping. | None |
| II | 18 | Colon | CS Lymph Nodes | dan | Note 4 | Add Note 4: The number of positive regional nodes is required to calculate the correct N category for this site. Codes 40 and 45 are for use when this number is not available, but the pathology report assigns an N1 or N2 category. If information about the number of positive nodes is available, use codes 10, 20, or 30 | Add clarification regarding the new codes. | None |

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| | | | | | | rather than codes 40 or 45. The actual number of involved nodes will be coded in Reg LN Pos. | | |
| II | 18 | Colon | CS Lymph Nodes | dan | Codes 40 and 45 | Add codes "40 Stated as N1 pathologic, mapping N1 RN RN," and code "45 Stated as N2 pathologic, mapping N2 RN RN." Change footnote codes "10-80 ONLY" to "10-30 and 80 ONLY." | Add additional codes for physician statement of N staging. The footnote changes for correct mapping. | None |
| II | 18 | Colon | SSF2 | kag | New Code 888 | New table of codes and definitions added. Change code 888 adding the word OBSOLETE at the beginning. | Collect clinical assessment of regional nodes for all cases. | None |
| II | 18 | Colon | Lymph Nodes Number Positive | xbe | | Delete this table. | Replaced by new Extra Tables. | None |
| II | 18 | Colon | Extra Tables | xcs xct | New | New extra tables for lymph node mapping. | New extra tables needed for mapping. | None |
| II | 20 | Rectum | CS Lymph Nodes | dax | Note 3 | Add Note 3: The number of positive regional nodes is required to calculate the correct N category for this site. Codes 40 and 45 are for use when this number is not available, but the pathology report assigns an N1 or N2 category. If information about the number of positive nodes is available, use codes 10, 20, or 30 rather than codes 40 or 45. The actual number of involved nodes will be coded in Reg LN Pos. | Add clarification regarding the new codes. | None |
| II | 20 | Rectum | CS Lymph Nodes | dax | Codes 40 and 45 | Add codes 40 Stated as N1 pathologic, mapping N1 RN RN," and code "45 Stated as N2 pathologic, mapping N2 RN RN." Change footnote codes "10-80 ONLY" to "10-30 and 80 ONLY." | Add additional codes for physician statement of N staging. The footnote changes for correct mapping. | None |
| II | 20 | Rectum | SSF2 | kah | New Code 888 | New table of codes and definitions added. Change code 888 adding the word OBSOLETE at the beginning. | Collect clinical assessment of regional nodes for all cases. | None |
| II | 20 | Rectum | Extra Tables | xcu xcv | New | New extra tables for lymph node mapping. | New extra tables needed for mapping. | None |
| II | 34 | Lung | CS Extension | baj | Note 6 | Delete CS Ext Note 6A and 6B. Add CS Ext Note 6A: According to the AJCC Manual 6th Edition (page 171): "Most pleural effusions associated with lung cancers are due to tumor. However, there are a few patients in whom multiple cytopathologic examinations of pleural fluid are negative for tumor. In these cases, fluid is non-bloody and is not an exudate. … When these elements and clinical judgment dictate that the effusion is not related ot the tumor, the effusion should be excluded as a staging element and the patient should be staged T1, T2, or T3." For lung cases only, a single negative cytology is not sufficient to disregard the pleural effusion. Add CS Ext Note 6B: Assume that a pleural effusion is not due to tumor if a resection is done. | Clarification on pleural effusion. | None |
| II | 34 | Lung | CS Extension | baj | Code 57 | Add new CS Extension Code "57 Stated as T3, NOS maps to T3 RE RE." | Add additional codes for physician statement of T3. | None |
| II | 40 | Bone | CS Mets at Dx | hav | Code 40 | Change first line code 40 to: Distant metastases except distant lymph nodes or "lung only" | This code is used for lung and other metastasis as described. | None |

| | | | | | | Add additional line after first line: Distant metastasis to lung plus other sites except distant lymph nodes. | | |
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| II | 40 | Bone | CS Mets at Dx | hav | Code 50 | Change first line to read: "(10) + ((30) or (40)) " | The combination of nodes with either lung only or other mets. | None |
| II | 50 | Breast | CS Lymph Nodes | daj | Notes | Replace Note 3 with: If no lymph nodes were removed for evaluation (Reg Nodes Eval code 0, 1, or 9), or if neoadjuvant therapy was given and clinical lymph node involvement is as extensive or more extensive than pathologic lymph node involvement (Reg Nodes Eval code 5), then use only the following codes for clinical evaluation of regional nodes: 0, 29, 51, 60, 74, 75, 76, 77, 78, 80, and 99. Do not use codes 29 and 51 under any other circumstances (Reg Nodes Eval 2, 3, 6, or 8).<br>Remove Note 4.<br>Renumber Note 5 and 6, to 4 and 5.<br>Change codes in new Note 5: Codes 13-52 | Add clarification of new codes. | None |
| II | 50 | Breast | CS Lymph Nodes | daj | Code 28, 29, 30, 50, 52, 52, 71 and 73 | Change code 28 adding the word OBSOLETE at the beginning.<br>Add code 29: Clinically stated only as N2, NOS (clinical assessment because of neoadjuvant therapy or no pathology), mapping **, RN, RN<br>Add code 30: Pathologically stated only as N2 NOS; no information on which nodes were involved, mapping **, RN, RN<br>Change code 50 adding the word OBSOLETE at the beginning.<br>Add code 51:<br>Fixed/matted ipsilateral axillary nodes clinically (clinical assessment because of neoadjuvant therapy or no pathology)<br>Stated clinically as N2a, NOS (clinical assessment because of neoadjuvant therapy or no pathology), mapping **, RN, RN<br>Add code 52: Fixed/matted ipsilateral axillary nodes clinically with pathologic involvement of lymph nodes at least one metastasis greater than 2mm, mapping **, RN, RN<br>Codes 71 and 73: replace the ** with N1b in the mapping column. | Codes for clinical assessment of nodes and correct mapping.<br>Codes 71 and 73 are not dependant on the number of axillary lymph nodes to determine N mapping. | 0-1 cases per 3 years<br><br>this subset of affected codes represents 0.1% of all cases |
| II | 50 | Breast | CS Lymph Nodes | daj | Footnote | Replace Footnote ** with: For codes 25, 26, 28, 29, 30, 50, 51, 52, 60, and 72 ONLY, the N category is assigned based on the values of Site-Specific Factor 3 (Number of Positive Ipsilateral Axillary Lymph Nodes) and CS Reg Nodes Eval. If the Eval code is 2 (p), 3 (p), 6 (y), or 8 (a), the N category is determined by reference to the Lymph Nodes Pathologic Evaluation Table. If the Eval code is 0 (c), 1(c), 5(c), or 9 (c), the N category is determined by reference to the Lymph Nodes Clinical Evaluation Table. If the Eval field is not coded, the N category is determined by reference to the Lymph Nodes Positive Axillary Node Table. | Add clarification of new codes. | None |
| II | 50 | Breast | SSF1 | jag | Notes | Add Note 1:<br>A. In cases where ER and PR are reported on more than one tumor specimen, record the highest value (if any sample is | Clarification on coding. | None |

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| | | | | | | positive, record as positive).<br>B. If neoadjuvant therapy is given, record the assay from tumor specimens prior to neoadjuvant therapy.<br>C. If neoadjuvant therapy is given and there are no ER or PR results from pre-treatment specimens, report the findings from post-treatment specimens.<br>Add Note 2:<br>In general, ER/PR is only done on one sample. In cases where it is done on more than one sample, there is not necessarily any reason to think that the most accurate is the test done on the "largest" tumor specimen. Clinically, treatment will be based on any positive test - in other words, given the benefit and minimal toxicity of hormonal therapy, most patients will be given the "benefit of the doubt" and given hormonal therapy if any ER test is positive. | | |
| II | 50 | Breast | SSF2 | kac | Notes | Add Note 1:<br>A. In cases where ER and PR are reported on more than one tumor specimen, record the highest value (if any sample is positive, record as positive).<br>B. If neoadjuvant therapy is given, record the assay from tumor specimens prior to neoadjuvant therapy.<br>C. If neoadjuvant therapy is given and there are no ER or PR results from pre-treatment specimens, report the findings from post-treatment specimens.<br>Add Note 2:<br>In general, ER/PR is only done on one sample. In cases where it is done on more than one sample, there is not necessarily any reason to think that the most accurate is the test done on the "largest" tumor specimen. | Clarification on coding. | None |
| II | 50 | Breast | Extra Tables | xcw<br>xcx<br>xcy | New | New extra tables for lymph node mapping. | New extra tables needed for mapping. | None |
| II | 50 | Breast | Histology Exclusion Table | ppd | 9020/3 | Malignant phyllodes, 9020/3, will be removed from the histology exclusion table. | This histology can be AJCC staged. | None |
| II | 53 | Cervix | CS Tumor Size | aac | Note 1 | Add Note 1: Code the largest measurement of horizontal spread or surface diameter in this field. Depth of invasion is coded in CS Extension. | Clarification that size is diameter and not depth of invasion. | None |
| II | 53 | Cervix | CS TS/Ext Eval | cah | Note 1 | Add Note 1: If a cone biopsy removes all of the tumor, (for example, negative margins) code CS TS/Ext eval as 3. If there is residual tumor after a cone biopsy, (for example, positive margins) code CS TS/Ext eval as 1. | Clarification for cone biopsies. | None |
| II | 56 | Ovary | CS Extension | bbg | Note 8 | Add a new note as #8 in CS Extension: In some registries benign/borderline ovarian tumors are reportable by agreement. If the tumor being reported is benign or borderline, code CS Extension to 99. | Instructions for those registries that collect benign/borderline ovarian cases. | None |

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| II | 56 | Ovary | Histology Exclusion Table | pad | 9000/3 | Malignant Brenner tumor, 9000/3, will be removed from the histology exclusion table. | This histology can be AJCC staged. | None |
| II | 57 | Fallopian Tube | CS Extension | bbh | Notes 2, 4, 5, and 6 | Note 2, change 71 to 66.<br>Add Note 4: Both extension to and discontinuous metastasis to any of the following PELVIC organs is considered FIGO Stage II and coded in the range 35-66: adnexae, NOS; bladder, bladder serosa; broad ligament (mesovarium); cul-de-sac; fallopian tubes; parametrium; pelvic peritoneum; pelvic wall; rectum; sigmoid colon; sigmoid mesentery; ureter; uterus; uterine serosa.<br>Add Note 5: Both extension to and discontinuous metastasis to any of the following ABDOMINAL organs is considered FIGO Stage III and coded in the range 69-78: abdominal mesentery; diaphragm; gallbladder; infracolic omentum; kidneys; large intestine except rectum and sigmoid colon; liver (peritoneal surface); omentum; pancreas; pericolic gutter; peritoneum, NOS; small intestine; spleen; stomach; ureters.<br>Add Note 6: From the AJCC Manual 6th Edition (page 285): "It may be preferable to classify a patient as TX (primary tumor cannot be assessed) if inadequate staging biopsies and/or a lack of peritoneal cytology make it inaccurate to classify the patient with confidence as early stage (Stage T3a/IIIA has not been excluded by adequate staging biopsies)." | Change to reflect the new codes. Clarification on coding pelvic and abdominal organs. | None |
| II | 57 | Fallopian Tube | CS Extension | bbh | Codes 35, 40, 50, 60, 61, 65, 66, 69, 70, 71, 72, 73, 75, 76, 77, 78, and 99 | Code 35, after "malignant cells in" add "ascites or"<br>Code 40, 50, 60, and 65, add to the end of the first line "(but no malignant cells in ascites or peritoneal washings)"<br>Code 50, replace "Peritoneum" with "Adjacent peritoneum"<br>Add Code 61: (60) + (50) T2b D RE<br>Code 65, add "Broad ligament, contralateral" and "Mesosalpinx, contralateral" to the list of sites in alphabetical order, and delete "Small intestine"<br>Add Code 66 with mapping to T2c D D:<br>Pelvic extension (codes 35-65)<br>WITH malignant cells in ascites or peritoneal washings<br>FIGO Stage IIC<br>Add Code 68 with mapping to T3NOS D D:<br>Peritoneal implants or metastasis(size of metastases not stated; unknown if microscopic or macroscopic)<br>Omentum<br>Small intestine<br>FIGO Stage III<br>Add Code 69 with mapping to T3a D D:<br>Microscopic peritoneal implants or metastasis:<br>Omentum<br>Small intestine<br>FIGO Stage IIIA | Add explanation and new codes to correctly describe the extension. | 0-1 cases per 3 years<br><br>this subset of affected codes represents 0.1% of all cases |

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| | | | | | | Code 70, add a first line: OBSOLETE: converted to 68<br>Code 71, add a first line: OBSOLETE: converted to 66<br>Add Code 72 with mapping to T3b D D:<br>Macroscopic peritoneal implants or metastasis less than or equal to 2cm<br>Omentum<br>Small intestine<br>FIGO Stage IIIB<br>Add Code 73 with mapping to T3c D D:<br>Macroscopic peritoneal implants or metastasis greater than 2cm<br>Omentum<br>Small intestine<br>FIGO Stage IIIC<br>Code 75, add to the end of the first line "(size of metastases not stated; unknown if microscopic or macroscopic), except code 68 (See Note 5)"<br>Code 76, end of the first line add ", except code 69 (See Note 5)"<br>Code 77, end of the first line add ", except code 72 (See Note 5)"<br>Code 78, end of the first line add ", except code 73 (See Note 5)"<br>Code 99, end of the second line add "(See Note 6)" | | |
| II | 61 | Prostate | CS Extension – Clinical Extension | bbo | Notes 1 and 2 | Add to the end of Note 1: , including cases diagnosed at autopsy.<br>Current Note 2: A-D renamed as B-F.<br>Add to Note 2:<br>A. A clinically inapparent tumor is one that is neither palpable nor reliably visible by imaging. An apparent tumor is palpable or visible by imaging.<br>Do not infer inapparent or apparent tumor based on the registrar's interpretation of terms in the DRE or imaging reports. A physician assignment of cT1 or cT2 is a clear statement of inapparent or apparent respectively. Code to 30 (which maps to T2 NOS) in the absence of a clear physician's statement of inapparent or apparent.<br>Add to Note 2C after the first sentence: To decide among codes 20-24, use only physical exam or imaging information, and not biopsy information.<br>Add to Note 2C at the end: Use code 24 if the physician assigns cT2 without a subcategory of a, b, or c. | Instructions on coding clinically inapparent vs apparent tumor. There is no list of terms that may be used in Collaborative Staging.<br><br>Correct the mapping based on the Eval field. | None |
| II | 61 | Prostate | CS Extension – Clinical Extension and SSF3 | bbo<br><br>lab | Note 9 | Replace Note 9 with:<br>For the extension fields for this site, the mapping values for TNM, SS77, and SS2000 and the associated c, p, y, or a indicator (staging basis) are assigned based on the values in CS Extension, CS TS/Eval, and Site-Specific Factor 3. The calculation is performed differently depending on whether clinical information or pathological information takes precedence in a specific case. Note that for prostate, AJCC pathologic staging usually requires | Provide coding instructions for correct mapping. | None |

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| | | | | | | a prostatectomy. Pathologic staging information from a prostatectomy takes precedence EXCEPT when neoadjuvant treatment has been given and the clinical staging information is either AS extensive or MORE extensive than the pathologic information. The Collaborative Staging algorithm implements this logic as described below. Some combinations of codes may be errors. The CS algorithm will still calculate stage outputs if possible, and another edit program will need to identify the errors for correction.<br>FOR CALCULATION OF DERIVED AJCC T FOR INVASIVE CANCERS<br>(If the value of Site-Specific Factor 3 (Pathologic Extension) is 000 (in situ cancer on a prostatectomy specimen), see the In Situ logic below.)<br>If the value of Site-Specific Factor 3 is greater than 000 (invasive cancer on prostatectomy, or prostatectomy not done or unknown), AND if the TS/Ext-Eval code is 0, 1, 2, 3, 5, 8, or 9, then the mapping value for Derived AJCC T is taken from the CS Extension (Clinical Extension) mapping, and the staging basis indicator is taken from the TS/Ext Eval mapping.<br>If the value of Site-Specific Factor 3 is greater than 000 and less than 095 (invasive cancer on prostatectomy), AND if the TS/Ext-Eval code is 4 or 6, then the mapping value for Derived AJCC T is taken from SSF3 mapping, and the staging basis indicator is taken from the TS/Ext Eval mapping.<br>If the value of Site-Specific Factor 3 is greater than 000 and less than 095 (invasive cancer on prostatectomy), AND if the TS/Ext-Eval code is blank or not collected, then the mapping value for Derived AJCC T is taken from the SSF3 mapping, and the staging basis indicator is not derived.<br>If the value of Site-Specific Factor 3 is 095 or greater (prostatectomy not done or unknown), AND if the TS/Ext-Eval code is 4 or 6, then the mapping value for Derived AJCC T is taken from the CS Extension (Clinical Extension) mapping, and the staging basis indicator is taken from the TS/Ext Eval mapping. (This combination of codes is probably in error.)<br>If the value of Site-Specific Factor 3 is 095 or greater (prostatectomy not done or unknown), AND if the TS/Ext-Eval code is blank or not collected, then the mapping value for Derived AJCC T is taken from the CS Extension (Clinical Extension) mapping, and the staging basis indicator is not derived.<br>FOR CALCULATION OF DERIVED AJCC T FOR IN SITU CANCERS<br>If the value of Site-Specific Factor 3 (Pathologic Extension) is | | |

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| | | | | | | 000 (in situ), and if the value of CS Extension (Clinical Extension) is greater than 00 and less than 95 (not in situ), then the mapping value for Derived AJCC T is taken from the CS Extension (Clinical Extension) mapping, and the staging basis indicator is taken from the CS TS/Ext Eval mapping (but if the Eval field is blank, no staging basis will be derived). If the value of Site-Specific Factor 3 is 000 (in situ) and the value of CS Extension code is 00 (in situ) or 95 or greater, the mapping value is taken from the Site-Specific Factor 3 mapping, and the T category is identified as a pT (but if the Eval field is blank, no staging basis will be derived).<br>FOR CALCULATION OF SS77 AND SS2000<br>If the value of Site-Specific Factor 3 (Pathologic Extension) is greater than 000 and less than 095 (i.e., prostatectomy was done, extension information is available for staging, and invasive tumor was present in the prostatectomy specimen), then the mapping values for SS77 and 2000 are taken from the Site-Specific Factor 3 mapping.<br>If the value of Site-Specific Factor 3 (Pathologic Extension) is 095 or greater (meaning that prostatectomy was not performed, or it was performed but the information is not usable for staging), then the mapping values for SS77 and SS2000 are taken from the CS Extension (Clinical Extension) mapping.<br>If the value of Site-Specific Factor 3 (Pathologic Extension) is 000 (in situ), and if the value of CS Extension (Clinical Extension) is greater than 00 and less than 95 (not in situ), then the SS77 and SS2000 mapping values are taken from the CS Extension (Clinical Extension) mapping. If both Site-Specific Factor 3 and CS Extension indicate in situ (codes 000 and 00 respectively), then the mapping values are taken from the Site-Specific Factor 3. | | |
| II | 61 | Prostate | CS Extension – Clinical Extension | bbo | Codes 13, 14, 15, 21, 22, 23 | Add to code 13: Stated as cT1a.<br>Add to code 14: Stated as cT1b.<br>Add to code 15: Stated as cT1c.<br>Add to code 21: Stated as cT2a.<br>Add to code 22: Stated as cT2b.<br>Add to code 23: Stated as cT2c. | Allow registrars to code based on physician statement. | None |
| II | 61 | Prostate | CS Extension – Clinical Extension | bbo | Code 24 | Add before Stage B NOS “Stated as cT2 without subcategory a, b, or c” | Instructions on how to code cT2. | None |
| II | 61 | Prostate | CS TS/Ext Eval | cab | Note 3 | Replace “see Note 8” with “see Note 9” | Referencing the wrong note. | None |
| II | 61 | Prostate | CS Mets at Dx | hal | Code 12 | Remove indenting from inguinal, retroperitoneal, scalene and supraclavicular so they line up with cervical. Correct spelling of Cloquet.<br>12 Distant lymph node(s):<br>Aortic, NOS: | Realign node names since those indented are not a subset of cervical nodes. Correct spelling. | None |

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| | | | | | | Lateral (lumbar)<br>Para-aortic<br>Periaortic<br>Cervical<br>Inguinal, NOS<br>Deep, NOS<br>Node of Cloquet or Rosenmuller<br>(highest deep inguinal)<br>Superficial (femoral)<br>Retroperitoneal, NOS<br>Scalene (inferior deep cervical)<br>Supraclavicular (transverse cervical)<br>Distant lymph node(s), NOS | | |
| II | 61 | Prostate | SSF3 | lab | Code 060 | Replace "(See Note 6)" with "(See Note 7)" | Reference the correct note. | None |
| II | 62 | Testis | CS Extension | bdh | Code 10 | Replace “or NOS” at end of first line with “not stated” | The “or” was a typo, the intent is invasion NOS or invasion not stated. | None |
| II | 67 | Bladder | CS Extension | bcb | Notes 2 and 3 | Replace “For bladder cases only,” with “For papillary transitional cell carcinomas of the bladder,” | Clarify the cases that utilize this note. | None |
| II | 67 | Bladder | CS Extension | bcb | Code 01 | Replace (See Note 1) with (See Notes 1 and 2) | Reference both applicable notes. | None |
| II | 77 and other | Lymphoma | CS Extension | bch | Note 1 | Replace the first 3 words in Note 1 with “For lymphoma” | Correct note to indicate that E applies to all lymphomas. | None |
| II | 77 and other | Lymphoma | SSF 2 | kae | Code 020 | Change code 020 mapping of the modifier from B to A. | Correct the mapping from B to A. | None |
| II | 77 and 42 | Lymphoma And HemeRetic | Site Code List | | Site Code List | The schema selection will be modified for both Lymphoma and HemeRetic to reflect the following change:<br>Add to Lymphoma schema at top of page that this is used for histology codes 9823 and 9827, except when the primary site is C420, C421 or C424.<br>Add to HemeRetic schema at top of page and in text list so that these histology codes use this schema for only the primary sites listed: 9823 [C420, C421, or C424 ONLY], and 9827 [C420, C421, or C424 ONLY]<br>Reassigned cases must be recoded, and instructions are provided in this release. | Designate the proper schemas for histologies 9823 and 9827, since historically they were directed to HemeRetic. If the primary site is C420, C421 or C424 the case will use the HemeRetic schema. If the primary site is anything else, the Lymphoma schema will be used. | 0-1 cases per 3 years<br><br>this subset represents 0.5% of all cases for these histology codes |
| II | 80 | Other & Ill-Defined | Applicable Site Code List | | Site Code List | Insert “Lymph nodes of” before each site C77.0 through C77.5 | Correct site code list. | None |
| II | Page 558 | Standard Table | CS TS/Ext Eval | | Code 3 | Add before second sentence “Evaluation based on” | Match with Part I instructions. | None |
| II | All | All | Entire Part II Manual | | | Typographical mistakes were fixed in various chapters. | Editing. | None |
| On line | | All | Online introduction page | | | Remove from first page of each schema in public html, top line “Collaborative Stage Data Set - Revised xx/xx/20xx FINAL.” | The current dates are the top line of each table within the schema. | None |
| Web | | All | Files on Web | | | The default/unknown values tables are updated. | Values are updated for this version. | None |