

**DATA STANDARDS AND QUALITY CONTROL
MEMORANDUM
DSQC #2008-06**

CATEGORY: CLARIFICATION
SUBJECT: Coding Surgery of Primary Site for Lymph Nodes
EFFECTIVE: Cases Diagnosed 1/1/2008 forward

The ACoS CoC, NPCR CDC, and SEER NCI have collaborated to clarify and refine coding directives for coding Surgery of Primary Site for Lymph Nodes and are jointly issuing the following statement:

FROM: The American College of Surgeons (ACoS) Commission on Cancer (CoC), the Centers for Disease Control and Prevention, National Program of Cancer Registries (CDC-NPCR), and the National Cancer Institute (NCI) Surveillance, Epidemiology, and End Results (SEER) Program

RE: **Surgery of Primary Site for Lymph Nodes C770–C779 (Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989): Code 25**

Use code 25 in SURG PRIM SITE when only one lymph node is involved and the single involved lymph node is removed by an excisional biopsy.

CDC-NPCR, CoC, and SEER are in agreement on the wording of code 25:

Local tumor excision, NOS

Less than a full chain, includes an excisional biopsy of a single lymph node.

Action: The wording in the SEER Coding Manual will be changed to match the FORDS 2007.

Rationale: A surgical procedure to a single lymph node when the single lymph node is the primary is usually done for diagnostic purposes. CoC collects this information as code '02' in the field RX HOSP—DX/STG PROC and/or RX SUMM—DX/STG PROC when the biopsy is an incisional or needle biopsy, or aspiration. Any central registry that wants to continue to collect information on incisional and needle biopsies or aspiration of a single lymph node should collect the information in the field RX SUMM—DX/STG PROC which is NOT required by either SEER or NPCR.

Timing for change: This is not a change for COC. For NPCR and SEER, this change will take effect for cases diagnosed 2008+.

NOTE: Registrars are not required to recode previously submitted cases.