

CANCER REPORTING IN CALIFORNIA: ABSTRACTING AND CODING PROCEDURES FOR HOSPITALS - California Cancer Reporting System Standards, Volume I

SUMMARY OF YEAR 2027 DATA CHANGES

This document provides a summary of data changes for 2027 for hospitals, abstracting vendors, and regional registry data collectors. CCR will be adopting these changes, unless otherwise noted in this document. The updated CCR Volume I and Volume II for 2027 will be available as soon as possible, after receiving standard setter finalized requirements and documentation. This document is divided into sections – Data Item Changes (New, Revised, Retired and Other data item changes), ICDO-3.2 Updates, Reportability, Staging and Other updates.

The following implementation guidance and reference materials are provided to help registries and software vendors prepare for the 2027 updates.

1. Review the [NAACCR 2027 Implementation Guidelines and Recommendations](#) for guidance on the 2027 implementation, as well as the updated [NAACCR Recommended Abbreviations for Abstractors](#).
2. Plan and align for implementation of updates to California Cancer Reporting standards effective for cases diagnosed January 1, 2027 including [Volume I: Abstracting and Coding Procedures](#) and [Volume II – Standards for Automated Reporting](#), consistent with the current NAACCR data change cycle. The January 1, 2027 date represents when users should begin applying the updated standards and is not tied to the publication date of the manuals.
3. Most standard setter manuals have been updated for 2027, and any remaining updates will be available shortly. Links to these manuals are available in the [References](#) Section of this document.

NAACCR ADDITIONS (New Data Items):

NAACCR Data Standards and Data Dictionary, version 27 includes 51 new data items: 44 SSDIs, 1 demographic, 4 Geocoding/Census, and 2 Follow-up/Recurrence/Death data items. NAACCR Data Standards and Data Dictionary, version 27 as follows:

- 2 Follow-up/Recurrence/Death Data Items (required by the CCR for 2027+):
 - Date of Cancer Status Following First Course of TX [NAACCR #1768]
 - Cancer Status Following First Course of TX [NAACCR #1769]
- 44 Site-Specific Data Items (SSDIs) - The Rectal Tumor Location and Minor Salivary Tumor Location data items are required by the CCR. The remaining 42 Thoracic Nodal Station data items are not required by the CCR; however, they are required by the CoC for all CoC-accredited facilities beginning with 2027 diagnoses.
 - Rectal Tumor Location [NAACCR #3965]
 - Minor Salivary Tumor Location [NAACCR #3966]
 - Thoracic Nodal Station 1L Examined [NAACCR #3967]
 - Thoracic Nodal Station 1L Positive [NAACCR #3968]
 - Thoracic Nodal Station 1R Examined [NAACCR #3969]

- Thoracic Nodal Station 1R Positive [NAACCR #3970]
- Thoracic Nodal Station 2L Examined [NAACCR #3971]
- Thoracic Nodal Station 2L Positive [NAACCR #3972]
- Thoracic Nodal Station 2R Examined [NAACCR #3973]
- Thoracic Nodal Station 2R Positive [NAACCR #3974]
- Thoracic Nodal Station 3a Examined [NAACCR #3975]
- Thoracic Nodal Station 3a Positive [NAACCR #3976]
- Thoracic Nodal Station 3p Examined [NAACCR #3977]
- Thoracic Nodal Station 3p Positive [NAACCR #3978]
- Thoracic Nodal Station 4L Examined [NAACCR #3979]
- Thoracic Nodal Station 4L Positive [NAACCR #3980]
- Thoracic Nodal Station 4R Examined [NAACCR #3981]
- Thoracic Nodal Station 4R Positive [NAACCR #3982]
- Thoracic Nodal Station 5 Examined [NAACCR #3983]
- Thoracic Nodal Station 5 Positive [NAACCR #3984]
- Thoracic Nodal Station 6 Examined [NAACCR #3985]
- Thoracic Nodal Station 6 Positive [NAACCR #3986]
- Thoracic Nodal Station 7 Examined [NAACCR #3987]
- Thoracic Nodal Station 7 Positive [NAACCR #3988]
- Thoracic Nodal Station 8L Examined [NAACCR #3989]
- Thoracic Nodal Station 8L Positive [NAACCR #3990]
- Thoracic Nodal Station 8R Examined [NAACCR #3991]
- Thoracic Nodal Station 8R Positive [NAACCR #3992]
- Thoracic Nodal Station 9L Examined [NAACCR #3993]
- Thoracic Nodal Station 9L Positive [NAACCR #3994]
- Thoracic Nodal Station 9R Examined [NAACCR #3995]
- Thoracic Nodal Station 9R Positive [NAACCR #3996]
- Thoracic Nodal Station 10L Examined [NAACCR #3997]
- Thoracic Nodal Station 10L Positive [NAACCR #3998]
- Thoracic Nodal Station 10R Examined [NAACCR #3999]
- Thoracic Nodal Station 10R Positive [NAACCR #4000]
- Thoracic Nodal Station 11L Examined [NAACCR #4001]
- Thoracic Nodal Station 11L Positive [NAACCR #4002]
- Thoracic Nodal Station 11R Examined [NAACCR #4003]
- Thoracic Nodal Station 11R Positive [NAACCR #4004]
- Thoracic Nodal Station 12L-14L Examined [NAACCR #4005]
- Thoracic Nodal Station 12L-14L Positive [NAACCR #4006]
- Thoracic Nodal Station 12R-14R Examined [NAACCR #4007]
- Thoracic Nodal Station 12R-14R Positive [NAACCR #4008]
- 1 New Demographic Data Item - Required at Central Registry, not required/collected by facilities.
 - Over-ride Sex Assigned at Birth [NAACCR #2079]
 - IMPORTANT NOTE:** For CCR/Regional use only
- 4 Derived Geocoding and Census Data Items - Required at Central Registry, not required/collected by facilities.
 - Geo Addr at DX--No Street [NAACCR #105]

- Geo Addr at DX--City [NAACCR #106]
- Geo Addr at DX--State [NAACCR #107]
- Geo Addr at DX--Postal Code [NAACCR #108]

Additional information about the above new data items are outlined below; for complete details refer to [NAACCR Data Standards and Data Dictionary](#), version 27 and the [SSDI Manual](#) located on the NAACCR website.

Site-Specific Data Items (SSDIs) - New Items List

Stage/Prognostic Factors

NAACCR Name	Source of Standard	Schema	NAACCR Item #	Field Length
Rectal Tumor Location (Stage/Prognostic Factors) Identifies the location of the tumor as above, below, or straddling the peritoneal reflection based on the operative report or imaging	AJCC	Rectum (09202)	3965	1
Minor Salivary Tumor Location (Stage/Prognostic Factors) Determines the anatomical location of the minor salivary gland once the cancer has been assigned to the Minor Salivary Gland schema	NAACCR	Minor Salivary Glands (09083)	3966	4
Thoracic Nodal Stations 1-14 R/L Examined (21 data items, listed in pages 1-2) (Stage/Prognostic Factors) Records the station examined rather than the number of lymph nodes removed	CoC	Lung (09360)	3967-4008	1
Thoracic Nodal Stations 1-14 R/L Positive (21 data items, listed in pages 1-2) (Stage/Prognostic Factors) Records the positive lymph node stations rather than the number of lymph nodes positive	CoC	Lung (09360)	3967-4008	1

Follow-Up - New Items List

NAACCR Name	Source of Standard	NAACCR Item #	Field Length
Date of Cancer Status Following First Course of TX	CoC	1768	8
Cancer Status Following First Course of TX	CoC	1769	1

Geocoding/Census - New Items List (derived at Central Registry)

<u>NAACCR Name</u>	<u>Source of Standard</u>	<u>NAACCR Item #</u>	<u>Field Length</u>
Geo Addr at DX--No Street	NAACCR	105	60
Geo Addr at DX--City	NAACCR	106	50
Geo Addr at DX--State	NAACCR	107	2
Geo Addr at DX--Postal Code	NAACCR	108	9

Demographics - New Items List (CCR/Regional use only)

<u>NAACCR Name</u>	<u>Source of Standard</u>	<u>NAACCR Item #</u>	<u>Field Length</u>
Over-ride Sex Assigned at Birth IMPORTANT Note: California continues to collect the Sex Data Item from facilities rather than the Sex Assigned at Birth Data Item, which is derived. <i>This is a difference from Standard Setters.</i> This Over-Ride will only be applied at the Central Registry.	NAACCR	2079	1

NAACCR CHANGES (Revised Data Items):

Listed below are revisions made in the NAACCR Data Standards and Data Dictionary for 2027.

Name Changes:

- The following three data items have been renamed.

<u>OLD Name</u>	<u>NEW Name</u>
Type of Recurrence--1st [NAACCR #1880]	Disease Follow-up or 1st Recurrence/Progression [NAACCR #1880]
Date of First Recurrence--1st [NAACCR #1860]	Date Disease Follow up/1st Recurrence/Progression [NAACCR #1860]
Lymph Nodes Positive Axillary Level I-II [NAACCR #3882]	Lymph Nodes Positive Axillary [NAACCR #3882]

Detailed Changes by Data Item:

- AJCC TNM Clin T [NAACCR #1001], AJCC TNM Path T [NAACCR #1011], AJCC TNM Post Therapy Clin (yc) T [NAACCR #1062] and AJCC TNM Post Therapy Path (yp) T [NAACCR #1021]:**
Field length expanded to 18 in order to allow for new values in the Breast Version 9 Protocol.
- Class of Case [NAACCR# 610]:**
Removed codes 11 and 12. Cases diagnosed at the reporting facility will no longer need to be differentiated from hospital versus a physician's office.
 - Beginning with cases diagnosed 1/1/2027 codes 11 and 12 may be used only for cases diagnosed prior to diagnosis year 2027.

- **Date Disease Follow up/1st Recurrence/Progression [NAACCR #1860]:**
 - Name changed, see [Name Changes](#) section above.
 - Records the most current date on which the patient's disease status was followed up and corresponds to the information identified in Disease Follow-up/First Recurrence/Progression. *Previously did not record follow up status in this data item.*
- **Diagnostic Confirmation [NAACCR #490]:**

Diagnostic Confirmation Code 3 (Positive histology PLUS: Positive immunophenotyping AND/OR Positive genetic studies) for Hematopoietic Neoplasms ONLY (9590-9993) is being discontinued.

 - All Heme cases with a code of 3 with diagnostic confirmation will be converted to 1 for all years at the central registry.
- **Disease Follow-up or 1st Recurrence/Progression [NAACCR #1880]:**
 - Name changed, see [Name Changes](#) section above.
 - Definition updated - Identifies the patient's current disease status until first recurrence, progression, or death. *Previously only recorded the first recurrence.*
 - Codes have been condensed from 33 codes to 11.
 - Allowable values for diagnosis year 2027 and later: 00, 04, 06, 10, 20, 40, 70, 80, 88, 98, and 99.
 - For list of allowable values for cases diagnosed prior to 2027, see STORE 2026.
 - NEW codes for diagnosis year 2027 and later:
 - 80 - Patient has never been disease-free and has documentation of progression of disease.
 - 98 - Physician documented recurrence but collected as a new primary per Solid Tumor Rules.
- **HER2 IHC Summary [NAACCR #3850] and HER2 ISH Summary [NAACCR #3854]:**

These two Breast schema SSDI's will be collected again for cases diagnosed in 2027 and later. These will be required by CCR for CoC facilities ONLY.

 - They have not been required by standard setters since 2021.
 - Coding instructions have been updated, but allowable values have not changed.
 - For cases diagnosed in 2021-2026, these data items may be set to blank.
- **High Risk Cytogenetics [NAACCR #3857]:**

Codes 2 and 3 have been added for Plasma Cell Myeloma and may be used for all cases; however, no review or data conversion is recommended.

 - Code 2 - Gain/amplification of 1q21
 - Code 3 - Documentation states "high-risk cytogenetics" AND the cytogenetics are NOT listed in Code 1 or 2 OR
The cytogenetics are UNKNOWN if listed in Code 1 or 2
- **Lymph Nodes Positive Axillary [NAACCR #3882]:**
 - Name changed, see [Name Changes](#) section above.
 - This data item now includes breast regional node levels I, II and III axillary nodes.
- **Macroscopic Evaluation of the Mesorectum [NAACCR #3950]:**

This field will now be categorized as an SSDI and will only apply to Rectum 8th and V9 (00202, 09202).
- **Microsatellite Instability (MSI) [NAACCR #3890]:**

Existing data item now added to Kidney Renal Pelvis (00610).

- For Kidney Renal Pelvis and Ureter cases diagnosed prior to January 1, 2027, Microsatellite Instability must be left blank.
- NEW code 3 - Added to indicate an indeterminate or equivocal test result. The new code allows these results to be separated from previously coded (9) unknown value.
 - This code change will be applied to all MSI schemas for cases diagnosed 2027 and later ONLY.
- **Mitotic Rate Melanoma [NAACCR #3893] and Ulceration [NAACCR #3936]:**
These fields have been added to Melanoma Conjunctiva V9 (09660) for 2027 and later.
- **Neoadjuvant Therapy [NAACCR #1632], Neoadjuvant Therapy – Clinical Response [NAACCR #1633], and Neoadjuvant Therapy – Treatment Effect [NAACCR #1634]:**
SEER's Neoadjuvant data items, which were implemented in 2021 and have been in the SEER Manual, are being categorized as SSDIs and moved to the Specific Data Items (SSDI) Manual.
 - These data items will no longer be coded for the Hematopoietic Schemas and the Summary Stage schemas.
 - The codes for the SSDI Neoadjuvant Data Items will be changed to align with the general setup for the SSDIs.
Example: No neoadjuvant therapy will now be coded as 7.
 - Neoadjuvant Therapy – Clinical Response has been changed to length 2.
 - All data for 2021+ will need to be converted when the software is updated.
 - See the [NAACCR Implementation Guidelines](#) page: NAACCR 2027 Conversion Specifications and Staging Schema Redefine.
- **PD-L1 [NAACCR #1174]:**
PD-L1 for Lung V9 has been revised, and the coding has been simplified.
 - Laboratory values are no longer collected; only the interpretation/result is captured.
 - The values were shortened from a length of 5 to a length of 1.
 - All existing data will need to be converted.
 - See the [NAACCR Implementation Guidelines](#) page: NAACCR 2027 Conversion Specifications and Staging Schema Redefine.
- **Response to Neoadjuvant Therapy [NAACCR #3922]:**
This Breast schema SSDI has been revised to align with the general Neoadjuvant Therapy data items.
 - The data will need to be converted when the software is updated.
 - See the [NAACCR Implementation Guidelines](#) page: NAACCR 2027 Conversion Specifications and Staging Schema Redefine.
- **Secondary Diagnosis 1-10 [NAACCR #3780-3798]:**
Removed coding restrictions and allows all valid ICD-10-CM codes for cases diagnosed 2027 and later.
 - This change does not apply to cases diagnosed prior to 2027. A list of valid [ICD-10-CM codes](#) is available at <https://www.cdc.gov/nchs/icd/icd-10-cm/>.
- **Schema Discriminator 1 [NAACCR# 3926]:**
In order to differentiate how Primary Site C069 (Mouth, NOS/Minor Salivary Gland) is being used, this field has been added to the following Schemas:
 - Mouth Other (00077)
 - Minor Salivary Glands (09083)

Coding System Data Changes – Allowable Values - New Codes Added:

- **NAACCR Record Version [NAACCR #50]:**
 - Code 270 added for 2027 version 27.
- **Morph Coding Sys--Current [NAACCR #470] and Morph Coding Sys--Original [NAACCR #480]:**
 - There are no ICD-O-3 changes for 2027; no new codes have been added to the Morph Coding Sys fields.
- **Schema ID Version Current [NAACCR #2117] and Schema ID Version Original [NAACCR #2118]:**
 - Code 3.4 is added for Schema ID Version Current and Schema ID Version Original in 2027.
 - Schema ID Version Current should be updated to the new value for all cases in the database diagnosed January 1, 2018, or later when the system is updated to include the new EOD 2018 version.
 - Schema ID Version Original should be set to the version in use when the case is collected. While this version is required for the 2027 diagnosis year, if a 2018-2026 case is collected after the system is updated, the schema ID Version Original should be set to 3.4.
- **AJCC Cancer Surveillance API Version Current [NAACCR #2158] and AJCC Cancer Surveillance API Version Original [NAACCR #2159]:**
 - Code 09.05.00.0001 is added for AJCC Cancer Surveillance DLL Version Current and AJCC Cancer Surveillance API Version Original in 2027.
 - AJCC Cancer Surveillance DLL Version Current should be updated to the new value for all cases in the database diagnosed January 1, 2018, or later when the system is updated to NAACCR v27.
 - AJCC Cancer Surveillance DLL Version Original should be set to the version in use when the case is collected. While this version is required for the 2027 diagnosis year, if a 2018-2026 case is collected after the system is updated, the AJCC Cancer Surveillance DLL Version Original should be set to 09.05.00.0001.
- **AJCC API Version Current [NAACCR #2156] and AJCC API Version Original [NAACCR #2157]:**
 - Code 09.05.00 is added for AJCC API Version Current and AJCC API Version Original in 2027.
 - AJCC API Version Current should be updated to the new value for all cases in the database diagnosed January 1, 2018, or later when the system is updated to NAACCR v27.
 - AJCC API Version Original should be set to the version in use when the case is collected. While this version is required for the 2027 diagnosis year, if a 2018-2026 case is collected after the system is updated, the AJCC API Version Original should be set to 09.05.00.
- **Pediatric ID Version Current [NAACCR#1133] and Pediatric ID Version Original [NAACCR#1134]:**
 - Code 1.4 is added for Pediatric ID Version Current and Pediatric ID Version Original in 2027.
 - Pediatric ID Version Current should be updated to the new value for all cases containing PDCS values in the database, diagnosed January 1, 2018, or later,

when the system is updated to the new PDCS version.

Note: As collection of these fields was not required at any level until January 1, 2026, it is likely that cases diagnosed in 2018-2024 will not have these fields.

- Pediatric ID Version Original should be set to the version in use when the case is collected. While this version is required for the 2027 diagnosis year, if a 2018-2026 case is collected after the system is updated, the Pediatric ID Version Original should be set to 1.4.

Note: The versioning of the AJCC API and DLL may be updated after the release of the 2027 Implementation Guidelines. See [Cancer Staging System Products](#) for the latest version number(s).

NAACCR RETIRED (Retired Data Items):

There are no data items that are retired with the v27 Data Dictionary.

A data item that is retired remains in the NAACCR Data Dictionary as a retired data item and the data item number is not reused. Retired means that the data item is not maintained by a standard setting agency and is no longer in the data transmission layout; however, it does not impact the data previously collected and stored in a registry database.

ICDO-3.2 Updates:

Refer to the updated 2027 ICD-O-3.2 - Coding Updates and the [2027 ICD-O-3.2 Implementation Guidelines](#) for new terminology, behavior changes, reportability updates, and required coding practices.

In addition, the previous two coding tables (one organized numerically and one alphabetically) have been replaced with a single Excel spreadsheet containing all 2027 updates, including:

- New ICD-O codes and associated terms
- ICD-O codes with changes in behavior
- New preferred and related terminology

Users can sort and filter the spreadsheet by morphology code, WHO term, reportability, remarks, and WHO Blue Book reference.

Cancer PathCHART Site/Morphology Validation Lists:

The Cancer PathCHART ICD-O-3 Site Morphology Validation Lists (CPC SMVL) are comprehensive tables that replace the ICD-O-3 SEER Site/Histology Validation List (the basis of the Primary Site, Morphology-Type, Beh ICDO3 (SEER IF25) (edit tag: N1254) edit) as well as the list of impossible site and morphology code combinations included in the Primary Site, Morphology-Imposs ICDO3 (SEER IF38) (edit tag: N0446) edit. Applicable for diagnosis years 2024, 2025, 2026, and 2027, the fall 2026 release of the Cancer PathCHART ICD-O-3 Site Morphology Validation Lists will be freely available to cancer registration software vendors and any other end users in easily consumed, computer-readable formats (e.g., Excel, CSV, XML, JSON), along with associated release notes from the Cancer PathCHART website [Cancer PathCHART Product Downloads and Timelines](#).

Updated cancer site and morphology code combination validity standards are being implemented in a

stepwise fashion by year of diagnosis as follows.

- For cases diagnosed in 2023 and earlier, the 2023 ICD-O-3 SEER Site/Histology Validation List (the basis for the Primary Site, Morphology-Type, Beh ICDO3 (SEER IF38) (edit tag: N0446) edit) will be used to check site and morphology code combinations.
- For cases diagnosed on January 1, 2024, and later:
 - The CPC SMVLs will serve as the basis for the Primary Site, Morphology-Type, Beh ICDO3 2024 (N7040) edit, which checks for valid, unlikely, and impossible site, histology, and behavior code combinations based on diagnosis year.
 - For any sites/organ systems yet to be reviewed by CPC, the 2023 standards will continue to be applied.
- The 2027 CPC SMVL - Released for implementation on January 1, 2027, for cases diagnosed beginning in 2027 and incorporate updates to tumor site-morphology combination validity status.

CPC*Search:

[CPC*Search](#) is an interactive webtool that allows cancer registrars and other users to search the [2024 Cancer PathCHART ICD-O-3 Site Morphology Validation List \(CPC*SMVL\)](#) by tumor site, histology, and behavior terms and associated codes. This tool should not be the primary resource for determining site, histology, and behavior code combinations. Before using CPC*Search, registrars should rereview the medical record to confirm primary site, histology, and behavior code combinations; consult the [SEER Hematopoietic and Lymphoid Neoplasm Database](#) for hematolymphoid morphologies and the [Solid Tumor Rules](#) for all other tumors; and then use CPC*Search to confirm site, histology, and behavior code combinations. Registrars are encouraged to take remaining questions to the pathologist or oncologist/hematologist. If the registrar still has a question, they should submit it to [Ask a SEER Registrar](#). An additional use is to explore similar terms that are different entities in another organ system. For example, 8550/3 acinar cell carcinoma is impossible in the prostate, but 8140/3 acinar adenocarcinoma is valid in the prostate.

Refer to the NAACCR [Data Standards and Data Dictionary v27](#) and the [2027 ICD-O-3.2 Implementation Guidelines](#) for additional information.

Reportability, Staging and Other Updates:

Reportability:

- Reportability for cases diagnosed January 1, 2027 and forward, is based on the ICD-O-Third Edition, Second Revision Morphology (ICD-O-3.2). There are no code changes for ICD-O-3 but, there are new and related terms added, as well as changes to behavior and reportability for cases diagnosed in 2027.
 - [List of new terms and histology codes with changes to behavior](#)
- Reportable terms have been added to the [2027 SEER Program Manual](#), including updates to [Appendix E.1](#) and the addition of [Appendix E.3](#), which provides examples of reportable and non-reportable conditions.

Note: As part of the 2027 data changes, SEER has introduced a new appendix, [Appendix E.3](#), which includes examples of reportable and non-reportable intraepithelial neoplasia, dysplasia, and hyperplasia terms that were removed from the 2027 SEER Program Manual.

- New and revised reportable terms and behavior codes have also been incorporated into the [Solid Tumor Rules](#) and the [Hematopoietic Manual](#).
- For cases diagnosed in 2027 and later, the applicable standards are included in the 2027 CPC SMVL. CPC SMVL files are available through the [Cancer PathCHART ICD-O-3 Site Morphology Validation List](#).
- These terms will be added to the CCR Volume 1 Reportability Guide only when CCR reporting requirements differ from those of the national standard setters. Currently, no such differences are anticipated for the 2027 update.
- **Highlights of Reportability Updates and Revisions:**

The changes highlighted below are notable updates from the SEER Program and Staging Manual and SEER Appendix E and should not be interpreted as a complete listing of all changes. Users should consult the full documents for comprehensive details regarding all revisions.

 - Thyroid Category VI - Bethesda System for Reporting Thyroid Category VI is reportable.
 - All gastrointestinal stromal tumors (GIST) are reportable as behavior /3 including GIST described with terms such as benign, borderline, indolent, low risk score, NOS, or behavior unknown as of 01/01/2021.
 - Thymomas are coded as behavior /3 unless stated to be benign as of 01/01/2021.
 - Reportability instructions for coding prostate and liver cases have changed. These changes were implemented immediately in 2026 to all incoming prostate and liver cases.
 - Cases with a PI-RADS or LI-RADS report with scores 4 or 5 are no longer reportable alone.
 - PI-RADS and/or LI-RADS confirmed with a biopsy or physician statement are reportable to the CCR. The date of the biopsy or definitive physician statement is the date of diagnosis.
 - There is no recommendation to review older cases. Apply this rule on prostate or liver cases you abstract going forward.
 - Cerebral Cavernous Malformation - Cavernous malformation is reportable as of 01/01/2027 forward. Like cavernous angioma, cerebral cavernous malformation is a related term for cavernoma.
 - Additional Reportable Examples added to SEER Appendix E.3
 - Barrett's esophagus with high grade dysplasia
 - Conjunctival squamous intraepithelial neoplasia (conjunctival intraepithelial neoplasia and carcinoma in situ)
 - Conjunctival squamous intraepithelial neoplasia with moderate dysplasia
 - Conjunctival squamous intraepithelial neoplasia with severe dysplasia
 - Esophageal glandular dysplasia (intraepithelial neoplasia), high grade (C15_)
 - Esophageal squamous intraepithelial neoplasia, high-grade

- Focal hyperplasia with atypia (C54_)
- High grade dysplasia of head and neck
- HPV-associated oral epithelial dysplasia (HPVOED), high grade (C00-C06)
- Intestinal pancreatic intraepithelial neoplasia (C25_)
- Keratinizing dysplasia, severe (carcinoma in situ) (C00-C06)
- Laryngeal intraepithelial neoplasia I (LIN I) (C32_)
- Non-invasive pancreatobiliary papillary neoplasm with high grade dysplasia (C241)
- Non-invasive pancreatobiliary papillary neoplasm with high grade intraepithelial neoplasia (C241)
- Non-keratinizing dysplasia, severe (carcinoma in situ) (C00-C06)
- Papillary neoplasm, pancreatobiliary type, with high grade intraepithelial neoplasia (C241)
- Papillary mucinous neoplasm, intraductal with high grade dysplasia
- Penile intraepithelial neoplasia (PeIN), differentiated
- Penile intraepithelial neoplasia, HPV-associated, high-grade (C60_)

Staging:

The CCR Staging requirements for cases diagnosed January 1, 2027 forward follow standard setter changes for 2027 and are as follows:

- **Extent of Disease (EOD)** required by all facilities.
 - New EOD Schemas added to align with AJCC V9:

New EOD Schemas – Introduced in 2027

<u>Schema Name</u>	<u>Schema ID</u>	<u>Diagnosis Year +</u>
Breast	09480	2027 +
Colon and Rectosigmoid Junction	09201	2027 +
Conjunctiva	09650	2027 +
Lacrimal Gland	09690	2027 +
Melanoma Conjunctiva	09660	2027 +
Minor Salivary Glands	09082	2027 +
Rectum	09202	2027 +

- Existing Schema changes:
 - The existing related schemas have “[8th: 2018-2026]” appended to the name (for example, [8th: Breast 2018-2026]) and their schema IDs remain unchanged. The schemas based on the 8th edition continue to be used for cases diagnosed from January 1, 2018, through December 31, 2026.
 - Minor Salivary Glands (09082) is a brand new schema and Summary Stage 2018 chapter for 2027.
 - Schema Colon and Rectum was split into 2 schemas for 8th edition based schemas and existing cases must be updated. This change is to align with the AJCC version 9 protocol split of Colon and Rectum.

- There are now two schemas for 8th edition:
 - Colon and Rectosigmoid Junction (2018-2026) (00201)
 - Rectum (2018-2026) (00202).

The schema was split solely on primary site.

- For additional information and coding instructions, please see the [SEER Extent of Disease Manual](#) located on the SEER website.
- **Pediatric Data Collection System (PDCS)** required by all facilities if available for cases diagnosed January 1, 2026, and for participating registries only for the 2024 and 2025 diagnosis years.
 - Beginning 1/1/2027 forward all applicable pediatric cases between the age of 0-39 are required.
 - Previously, applicable pediatric cases between the age of 0-19 were required and 20-39 were optional.
 - Some Pediatric fields were modified slightly to improve clarity or to address questions that were raised. These changes are applicable to cases diagnosed January 1, 2018, and forward. Registrars are not required to update previously coded information.
 - For additional information and coding instructions, please see the [Pediatric Data Collection System and Staging Manual](#) located on the NAACCR website.
- **Summary Stage** directly coded required by all facilities.
 - *Updates to the 2027 Summary Stage Manual align with changes introduced in the NAACCR Data Standards and Data Dictionary, Version 27.*
 - For additional information and coding instructions, please see the [Summary Stage Manual](#) located on the SEER website.
- **AJCC TNM** directly assigned by CoC facilities for:
 - AJCC TNM 8th Edition (cases diagnosed 2018 +) and
 - AJCC TNM Version 9 Protocols to go into effect with cases diagnosed January 1, 2027, and forward:

New AJCC TNM Version 9 Protocol – Introduced in 2027

AJCC Protocol	AJCC ID	Diagnosis Year +
Breast	9019	2027 +
Colon	9020	2027 +
Rectum	9021	2027 +
Conjunctival Carcinoma	9022	2027 +
Conjunctival melanoma	9023	2027 +
Lacrimal Gand Carcinoma	9024	2027 +

- These Version 9 protocols replace the current AJCC 8th edition chapters for these disease sites.

Note: Any non CoC facilities who voluntarily collect AJCC TNM please follow rules and requirements provided by AJCC.

- Site Specific Data Items (SSDIs) are required from all facilities unless specified in CCR's Volume I,

[Appendix F - Site-Specific Data Items \(SSDIs\).](#)

- For additional information and coding instructions, please see the [Site-Specific Data Items \(SSDI\) Manual](#) located on the NAACCR website.
- **Grade** is required from all facilities.
 - For additional information and coding instructions, please see the [Grade Manual](#) located on the NAACCR website.

Other:

- **Site-Specific Data Items:**
 - 2027 updates to the [Site Specific Data Items \(SSDI\) Manual](#) will align with changes introduced in the NAACCR Data Standards and Data Dictionary, Version 27.
 - Some SSDI codes and code descriptions are changed to reflect changes in clinical management and/or staging and to improve clarity or to address questions that were raised in the various forums. Code changes for SSDIs are applicable to cases diagnosed January 1, 2018, and forward, but registrars will not be required to update previously coded information.
 - Changes to SSDIs are incorporated in the SEER Staging REST API/library. Other than updating the staging API that you use, there is no need for action for these types of changes. They are documented in the change log which can be accessed on the [Site-Specific Data Items \(SSDI\)/Grade](#) page. Also, the [SSDI Manual](#), Version 3.4 provides changes to existing notes, codes, and code descriptions.
 - See the version 3.4 SSDI Manual [Change Log](#) document for list of changes included in this release.
- **Soft Tissue Schema Redfine:**

The schema redefine is an effort which recategorizes certain site and histology combinations from one schema (i.e., Soft Tissue) to another (i.e., site based). Through the conversion program, applicable cases will be reassigned to the appropriate schema based on their histology codes. The number of conversions specifications is substantial, but the actual volume of records affected by the schema redefine is expected to be minimal and no manual review is required. While manual review is not anticipated, some minor edit errors may occur due to cases being reassigned to different schemas. Any data quality issues present prior to conversion will persist afterward. The conversion process does not correct pre-existing problems. The conversion specifications [2027 Conversion Specifications and Staging Schema Redefine](#) located on the NAACCR page [Reference Page & Implementation Guidelines](#), in an excel spreadsheet.
- **Solid Tumor Rules:**
 - For 2027, the histology tables for the cutaneous melanoma site group will be updated to align with Cancer PathCHART standards. Also, for 2027, morphologies in the 5th edition World Health Organization Classification of Endocrine and Neuroendocrine Tumors book will be updated to be valid in Cancer PathCHART.
 - Corresponding terms and codes will be updated in the Solid Tumor Rules histology tables for endocrine organ sites.
 - The addition of new terminology, clarifications to equal/equivalent terms, and clarifications to terms that are not equal/equivalent comprise most of the changes for 2027.

- Major enhancements to recurrence-related guidance, including updated definitions, definitive recurrence language, a new recurrence rule, and associated Solid Tumor Rule changes.
 - Removal of Thyroid Rule M7 in Other Sites.
 - New Pre-Histology Rules Processing – Before applying the Histology Rules, identify the working histology(ies) in priority order and refine them to ensure the correct histology is selected for rule application.
 - See the 2027 Revision History for the [Solid Tumor Rules 2027 Update](#) for details.
- **Hematopoietic and Lymphoid Manual and Database updates.**
- Changes to Hematopoietic were minimal and mostly included typos. A few clarifications were added to the manual regarding first course of treatment.
 - See the [Hematopoietic Manual](#) for a complete listing of changes.

References:

The following manuals are appropriate reference documents for cases diagnosed 1/1/2026 and forward.

- [Cancer Reporting in California: Abstracting and Coding Procedures for Hospitals](#)
- [American Joint Commission on Cancer \(AJCC\)](#)
 - AJCC 8th Edition Cancer Staging Manual
 - AJCC Version 9 Cancer Staging Protocols
- [2027 Standards for Oncology Registry Entry \(STORE\) Manual](#)
- [SEER Program Coding and Staging Manual 2027](#)
- [Pediatric Data Collection System \(PDCS\)](#)
- [Solid Tumor Rules](#)
- [Site-Specific Data Item \(SSDI\) Manual](#)
- [Grade Coding Instructions and Tables](#)
- [The Hematopoietic and Lymphoid Neoplasm Database](#)
- [SEER Summary Stage 2018 Manual](#)
- [Extent of Disease \(EOD\) 2018 General Coding Instructions](#)