This document shows the changes that were made to the SSDI manual and the Grade manual for the SEER*RSA version 1.5 release on 2/22/19.

| List of Changes to SSDI Manual, Version 1.5 | | | |
|---|---|---|---|
| **Manual Section** | **Page** | **Original Text** | **Updated Text** |
| NEW SECTION: ***Recording Lab Values when "less than" or "great than" are used*** | 19 | | Record the lab value as one less than stated when a value is reported as "less than X."<br>• Example 1: PSA stated as less than 5. Record 4.9<br>• Example 2: hCG lab value resulting findings of <1. Record 0.9<br>• Example 3: ER Percent Positive stated as less than 60%. Record 059 (59%)<br><br>Record the value as one more than stated when value is reported as "more than X."<br>• Example 1: CEA stated as greater than 7. Record 7.1<br>Example 2: PR Percent Positive greater than 75%. Record 076 (76%) |
| **Reporting Results of *HER2* Testing by In Situ Hybridization (dual-probe assay)** | 184 | | Note: TP52, SMSCR and RARA are gene genes that are also on chromosome 17. However, they are not close to the centromere, and thus can be used to assess borderline/equivocal fish results (ratios) when the centromeric probe for chromosome 17 (CEP17) performance may be problematic. Although these may be helpful in some cases, they are not the same as the CEP17 result or the ratio determined from CEP17. There should always be a prior CEP17 result when these other results are found in the chart. If one of these tests (TP52, SMSCR, RARA, or others) are used and a dual probe copy number/ratio are documented, record that results in the appropriate data item.<br><br>D17Z1 is the CEP17 probe used in the Vysis (Abbot) FISH kit. So, for the HER2 data items, D17Z1 and CEP17 are to be treated as the same thing. |

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| Residual Tumor Volume Post Cytoreduction | 256 | Table<br>Code 98: No cytoreduction surgery performed | Table<br>Code 98: No cytoreduction surgery performed |
| Alpha-fetoprotein (AFP) Testis-Additional Information | 288 | **Measurements:** micrograms/liter (µg/L or ug/L) is equivalent to nanograms per milliliter (ng/ml) | **Measurements:** micrograms/liter (µg/L or ug/L) is equivalent to nanograms per milliliter (ng/ml)<br>• **If measurements are given in IU/ml, use the following conversion:**<br>○ **1 ng/mL = 0.83 IU/mL** |
| RISS Stage (Plasma Cell Myeloma)-Required for Staging | 385 | | • **Note**: RISS stage is not applicable for the descriptions of multiple myeloma that are listed in the SSDI Schema Discriminator 1: Plasma Cell Myeloma Terminology. If you have coded 1 or 9 for this Schema Discriminator, the four data items listed above are BLANK. |
| RISS Stage (Plasma Cell Myeloma)-Required for Staging | 385 | **The RISS stages are**<br>• **Stage I:** Beta-2-microglobulin <3.5 mg/L and albumin ≥3.5 g/dL<br>• **Stage II:** Not R-ISS I or III<br>• **Stage III:** Abnormalities by I-FISH (defined as presence of del (17p) and/or translocation t (4/14) and/or translocation t(14;16) | **The RISS stages are**<br>• **Stage I:** Serum Beta-2-microglobulin <3.5 mg/L and serum albumin ≥ 3.5 g/dL and no high-ris cytogenetics and Normal LDH<br>• **Stage II:** Not R-ISS I or III<br>• **Stage III:** Serum Beta-2-microglobulin ≥ 5.5 mg/L and high-risk cytogenetics and/or high LDH |

| List of Changes to SSDIs, Version 1.5 | | | |
|---|---|---|---|
| **Data Item #** | **Data Item Description** | **Original Text** | **Updated Text** |
| 3805 | AFP Post-Orchiectomy Lab Value | **Note 5:** If the pre-orchiectomy AFP was normal, a post-orchiectomy AFP may not be performed. In this case, code XXXXX.9 should be recorded.<br><br>**Note 6:** If the only information available is a statement of elevated or normal, code XXXXX.9.<br><br>**Note 7:** The same laboratory test should be used to record information in AFP Post-Orchiectomy Range [NAACCR Data Item #3806]. | **Note 5:** If the lab value is expressed in IU/ml, use the following conversion: 1 ng/mL = 0.83 IU/mL.<br>○ To calculate ng from IU/mL, divide the value for IU by 0.83.<br>○ *Example*: 10 IU/mL: 10/0.83 = 12.04 ng/mL; 5 IU/mL: 5/0.83= 6.02 ng/mL<br><br>**Note 6:** If the pre-orchiectomy AFP was normal, a post-orchiectomy AFP may not be performed. In this case, code XXXXX.9 should be recorded.<br><br>**Note 7:** If the only information available is a statement of elevated or normal, code XXXXX.9.<br>**Note 8:** The same laboratory test should be used to record information in AFP Post-Orchiectomy Range [NAACCR Data Item #3806]. |
| 3806 | AFP Post-Orchiectomy Range | **Note 5:** If the pre-orchiectomy AFP was normal, a post-orchiectomy AFP may not be performed. In this case, code 9 should be recorded.<br><br>**Note 6:** The same laboratory test should be used to record information in AFP Post-Orchiectomy Lab Value [NAACCR Data Item #3805]. | **Note 5:** If the lab value is expressed in IU/ml, use the following conversion: 1 ng/mL = 0.83 IU/mL<br>○ To calculate ng from IU/mL, divide the value for IU by 0.83.<br>○ *Example*: 10 IU/mL: 10/0.83 = 12.04 ng/mL; 5 IU/mL: 5/0.83= 6.02 ng/mL<br><br>**Note 6:** If the pre-orchiectomy AFP was normal, a post-orchiectomy AFP may not be performed. In this case, code 9 should be recorded. |

| List of Changes to SSDIs, Version 1.5 | | | |
|---|---|---|---|
| **Data Item #** | **Data Item Description** | **Original Text** | **Updated Text** |
| | | | **Note 7:** The same laboratory test should be used to record information in AFP Post-Orchiectomy Lab Value [NAACCR Data Item #3805]. |
| 3807 | AFP Pre-Orchiectomy Lab Value | **Note 4:** The same laboratory test should be used to record information in AFP Pre-Orchiectomy Range [NAACCR Data Item #3808]. | **Note 4:** If the lab value is expressed in IU/ml, use the following conversion: 1 ng/mL = 0.83 IU/mL<br>○ To calculate ng from IU/mL, divide the value for IU by 0.83.<br>○ *Example*: 10 IU/mL: 10/0.83 = 12.04 ng/mL; 5 IU/mL: 5/0.83= 6.02 ng/mL<br><br>**Note 5:** The same laboratory test should be used to record information in AFP Pre-Orchiectomy Range [NAACCR Data Item #3808]. |
| 3808 | AFP Pre-Orchiectomy Range | **Note 4:** The same laboratory test should be used to record information in AFP Pre-Orchiectomy Lab Value [NAACCR Data Item #3807]. | **Note 4:** If the lab value is expressed in IU/ml, use the following conversion: 1 ng/mL = 0.83 IU/mL<br>○ To calculate ng from IU/mL, divide the value for IU by 0.83.<br>○ *Example*: 10 IU/mL: 10/0.83 = 12.04 ng/mL; 5 IU/mL: 5/0.83= 6.02 ng/mL<br><br>**Note 5:** The same laboratory test should be used to record information in AFP Pre-Orchiectomy Lab Value [NAACCR Data Item #3807]. |
| 3820 | CEA Pretreatment Lab Value | **Note 5:** For an uncertain value, record the stated closest value. | **Note 5**<br>Removed. See update to general instructions, page 17 |

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|---|---|---|---|
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| | | • ***Example:*** Code a value stated as "less than 0.5 ng/ml" as 0.5. | Remaining notes renumbered |
| 3828 | Estrogen Receptor Total Allred Score | **Note 3:** The Allred system looks at what percentage of cells test positive for hormone receptors, along with how well the receptors show up after staining (this is called "intensity"). This information is then combined to score the sample on a scale from 0 to 8. The higher the score, the more receptors were found and the easier they were to see in the sample.<br>• The registrar should not calculate the intensity score unless both components are available (proportion score and intensity) | **Note 3:** The Allred system looks at what percentage of cells test positive for hormone receptors, along with how well the receptors show up after staining (this is called "intensity"). This information is then combined to score the sample on a scale from 0 to 8. The higher the score, the more receptors were found and the easier they were to see in the sample.<br>• The registrar should not calculate the Allred score unless both components are available (proportion score and intensity)<br>• See the "Allred Score for Estrogen and Progesterone Receptor Evaluation" table in the SSDI manual for assistance in determining the Allred Score |
| 3857 | High Risk Cytogenetics | | **Note 5:** If Schema Discriminator 1: Plasma Cell Myeloma Terminology is coded to 1 or 9, leave this SSDI blank. |
| 3866 | KRAS | **Note 4:** Information on **presence** of perineural invasion can be taken from either a biopsy or resection. Absence of perineural invasion can only be taken from a surgical resection pathology report. **(Added in ERROR in Version 1.4)** | **Note 4:** Results from nodal or metastatic tissue may be used for KRAS. |
| 3869 | LDH Pretreatment Level (Melanoma Skin) | | **Note 4:** The same laboratory test should be used to record information in LDH Upper |

| List of Changes to SSDIs, Version 1.5 | | | |
|---|---|---|---|
| **Data Item #** | **Data Item Description** | **Original Text** | **Updated Text** |
| | | | Limits of Normal [NAACCR Data Item #3870] and LDH Pretreatment Lab Value [NAACCR Data Item #3932] |
| 3869 | LDH Pretreatment Level (Plasma Cell Myeloma) | | **Note 5:** If Schema Discriminator 1: Plasma Cell Myeloma Terminology is coded to 1 or 9, leave this SSDI blank. |
| 3870 | LHD Upper Limits of Normal | **Note 3:** The same laboratory test should be used to record information LDH Pretreatment Lab Value [NAACCR Data Item # 3869] | **Note 3:** The same laboratory test should be used to record information in LDH Pretreatment Lab Value [NAACCR Data Item # 3869] and LDH Pretreatment Lab Value [NAACCR Data Item #3932]. |
| 3871 | LN Assessment Method Femoral-Inguinal | **Note 3:** The assessment results are recorded in Lymph Nodes Status: Femoral-Inguinal, Para-aortic and Pelvic [NAACCR Data Item #3884]. | **Note 3:** If there is no mention of femoral-inguinal lymph node involvement in the workup, and the status data item: *LN Status Femoral-Inguinal, Para-aortic, Pelvic* does not indicate positive femoral-inguinal nodes, code 0.<br><br>**Note 4:** The assessment results are recorded in LN Status Femoral-Inguinal, Para-aortic and Pelvic [NAACCR Data Item # 3884]. |
| 3872 | LN Assessment Method Para-Aortic | **Note 3:** The assessment results are recorded in Lymph Nodes Status: Femoral-Inguinal, Para-aortic and Pelvic [NAACCR Data Item #3884]. | **Note 3:** If there is no mention of para-aortic lymph node involvement in the workup, and the status data item: *LN Status Femoral-Inguinal, Para-aortic, Pelvic* does not indicate positive para-aortic nodes, code 0.<br><br>**Note 4**: The assessment results are recorded in LN Status Femoral-Inguinal, Para-aortic and Pelvic [NAACCR Data Item # 3884]. |
| 3873 | LN Assessment Method Pelvic | **Note 3:** The assessment results are recorded in Lymph Nodes Status: Femoral- | **Note 3:** If there is no mention of pelvic lymph node involvement in the workup, and the |

| List of Changes to SSDIs, Version 1.5 | | | |
|---|---|---|---|
| **Data Item #** | **Data Item Description** | **Original Text** | **Updated Text** |
| | | Inguinal, Para-aortic and Pelvic [NAACCR Data Item #3884]. | status data item: *LN Status Femoral-Inguinal, Para-aortic, Pelvic* does not indicate positive pelvic nodes, code 0.<br><br>**Note 4:** The assessment results are recorded in LN Status Femoral-Inguinal, Para-aortic and Pelvic [NAACCR Data Item # 3884]. |
| 3890 | Microsatellite Instability (MSI) | | **Added to Note 3**<br>MMR proficient (pMMR or MMR-P) should be coded as a 0 |
| 3895 | Multigene Signature Results | **Note 5:** PAM50 (Prosigna) is a single numeric score of 1-100. If the score is available, record the score. If only the risk level is available, record that. | **Note 5:** PAM50 (Prosigna) is a single numeric score of 0-100. If the score is available, record the score. If only the risk level is available, record that. |
| 3897 | Number of Cores Examined | **Note 3:** If the pathology report contains a summary of the number of cores positive and examined, use the summary provided. If Summary Report is not available and multiple biopsy cores are obtained on the same day, the number of cores examined should be added. | **Note 3**: If the pathology report contains a summary of the number of cores positive and examined, use the summary provided. If Summary Report is not available and multiple biopsy cores are obtained on the same day, the number of cores examined should be added.<br>• Do not include cores of other area like seminal vesicles<br>• Information from the gross description of the core biopsy pathology report can be used to code this data item when the gross findings provide the actual number of cores and not pieces, chips, fragments, etc. |
| 3898 | Number of Cores Positive | **Note 3:** If the pathology report contains a summary of the number of cores positive and examined, use the summary provided. | **Note 3**: If the pathology report contains a summary of the number of cores positive and examined, use the summary provided. If |

| List of Changes to SSDIs, Version 1.5 | | | |
|---|---|---|---|
| **Data Item #** | **Data Item Description** | **Original Text** | **Updated Text** |
| | | If Summary Report is not available and multiple biopsy cores are obtained on the same day, the number of cores examined should be added. | Summary Report is not available and multiple biopsy cores are obtained on the same day, the number of cores examined should be added.<br>• Do not include cores of other area like seminal vesicles |
| 3908 | Percent Necrosis Post Neoadjuvant | **Note 3:** Code XXX.9 if surgical resection of the primary site after neoadjuvant therapy is performed and there is no mention of percent necrosis. | **Note 3:** Code XXX.9 if:<br>• Surgical resection of the primary site after neoadjuvant therapy is performed and there is no mention of percent necrosis<br>• Surgical resection of the primary site is the initial therapy; therefore, no neoadjuvant therapy was performed |
| 3909 | Perineural Invasion | | **Note 4:** Code 9 if surgical resection of the primary site is performed and there is no mention of perineural invasion. |
| 3916 | Progesterone Receptor Total Allred Score | **Note 3:** The Allred system looks at what percentage of cells test positive for hormone receptors, along with how well the receptors show up after staining (this is called "intensity"). This information is then combined to score the sample on a scale from 0 to 8. The higher the score, the more receptors were found and the easier they were to see in the sample.<br><br>The registrar should not calculate the intensity score unless both components are available (proportion score and intensity) | **Note 3:** The Allred system looks at what percentage of cells test positive for hormone receptors, along with how well the receptors show up after staining (this is called “intensity”). This information is then combined to score the sample on a scale from 0 to 8. The higher the score, the more receptors were found and the easier they were to see in the sample.<br>• The registrar should not calculate the Allred score unless both components are available (proportion score and intensity)<br>• See the “Allred Score for Estrogen and Progesterone Receptor Evaluation” |

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|---|---|---|---|
| **Data Item #** | **Data Item Description** | **Original Text** | **Updated Text** |
| | | | table in the SSDI manual for assistance in determining the Allred Score |
| 3920 | PSA (Prostatic Specific Antigen) Lab Value | **Note 3:** 3rd bullet<br>For an uncertain value, record the stated closest value. For example, code a value stated as "less than 5.0 ng/ml" as 4.9. | **Note 3:** 3rd bullet<br>Removed. See update to general instructions, page 17 |
| 3923 | S Category Clinical | **Note 4:** All three lab values are needed for S0-S2. Only one elevated test is needed to assign S3. If any individual test is not available and none of the available tests results meets the S3 criterion for that test, assign code 9 (SX). | **Note 4:** All three lab values are needed for S0-S1. Only one elevated test is needed to assign S2-3. If any individual test is not available and none of the available tests results meets the S2-3 criterion for that test, assign code 9 (SX). |
| 3924 | S Category Pathological | **Note 5:** All three lab values are needed for S0-S2. Only one elevated test is needed to assign S3. If any individual test is not available and none of the available tests results meets the S3 criterion for that test, assign code 9 (SX). | **Note 5:** All three lab values are needed for S0-S1. Only one elevated test is needed to assign S2-3. If any individual test is not available and none of the available tests results meets the S2-3 criterion for that test, assign code 9 (SX). |
| 3930 | Serum Albumin Pretreatment Level | | **Note 5:** If Schema Discriminator 1: Plasma Cell Myeloma Terminology is coded to 1 or 9, leave this SSDI blank. |
| 3931 | Serum Beta-2 Microglobulin Pretreatment Level | | **Note 5:** If Schema Discriminator 1: Plasma Cell Myeloma Terminology is coded to 1 or 9, leave this SSDI blank. |
| 3932 | LDH Pretreatment Lab Value | **Note 3:** The same laboratory test should be used to record information in LDH Upper Limits of Normal [NAACCR Data Item # 3870] | **Note 3:** The same laboratory test should be used to record information in LDH Pretreatment Level [NAACCR Data Item #3869] and LDH Upper Limits of Normal [NAACCR Data Item # 3870]. |

| List of Changes to Grade Manual, version 1.5 | | | |
|---|---|---|---|
| **Data Item #** | **Data Item Description** | **Original Text** | **Updated Text** |
| 3843 | Grade Clinical<br>Esophagus only | **Esophagus only**<br><br>**Note 6:** If you are assigning an AJCC 8th edition stage group<br>• Grade is required to assign stage group<br>• An unknown grade may result in an unknown stage group | **Esophagus only**<br>**Note 6 removed. Grade is not needed for Clinical stage** |
| 3845 | Grade Post Therapy<br>Esophagus only | **Esophagus only**<br>**Note 5:** If you are assigning an AJCC 8th edition stage group<br>• Grade is required to assign stage group<br>• An unknown grade may result in an unknown stage group | **Esophagus only**<br>**Note 6 removed. Grade is not needed for Post therapy stage** |