Appendix D

Codes for:

Surgery of Primary Site -- At This Facility

and

Surgery of Primary Site -- Summary

Note: In this appendix, odd-numbered pages are on the left so that codes for cancer types spreading over two pages will face each other, and extra blank pages need not be inserted at the front.
**LIP and ORAL CAVITY**

- C00.0 - C00.9 Lip
- C01.9 Base of Tongue
- C02.0 - C02.9 Other Parts of Tongue
- C03.0 - C03.9 Gum
- C04.0 - C04.9 Floor of Mouth
- C05.0 - C05.9 Palate
- C06.0 - C06.9 Other Parts of Mouth

For all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989

[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

00 No surgery of primary site; Autopsy-only case

No specimen is sent to pathology from procedures coded 10-14:

10 Local tumor destruction, NOS
   11 Photodynamic therapy (PDT)
   12 Electrocautery; Fulguration; Hot forceps (used for tumor destruction)
   13 Cryosurgery
   14 Laser

**Shave and Wedge Resections** are included in procedures coded 20-27, and a specimen is sent to pathology from these procedures:

20 Local tumor excision, NOS
   26 Polypectomy
   27 Excisional biopsy
      21 Photodynamic therapy (PDT) that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      22 Electrocautery that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      23 Cryosurgery that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      24 Laser ablation that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      25* Laser excision that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)

30 Wide excision, NOS; Hemiglossectomy; Partial glossectomy

* The MCR has followed the SEER Program Coding Manual in indenting code 25 and inferring that it includes 20, 26 or 27 procedures. The FORDS Manual presents the 25 indented at the level of codes 26 and 27 and therefore is probably not including procedures 20, 26 and 27 in category 25.
Radical Glossectomy and Total Glossectomy are included in procedures coded 40-43:

40  Radical excision of tumor, NOS
41  Radical excision of tumor only
42  Combination of 41 with an en bloc* mandibulectomy (a resection in continuity with the mandible, including a marginal, segmental, hemi-, or total mandibulectomy)
43  Combination of 41 with an en bloc* maxillectomy (a resection in continuity with the maxilla, including a partial, subtotal or total maxillectomy)

* "En bloc" or "resection in continuity with" means that all these tissues were removed in the same surgery, but not necessarily in a single piece or specimen.

90  Primary site surgery, NOS

99  Unknown if primary site surgery performed;
    Death certificate-only case
PAROTID GLAND and MAJOR SALIVARY GLANDS

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989

[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

00 No surgery of primary site;
   Autopsy-only case

No specimen is sent to pathology from procedures coded 10-14:
10 Local tumor destruction, NOS
   11 Photodynamic therapy (PDT)
   12 Electrocautery;
      Fulguration;
      Hot forceps (used for tumor destruction)
   13 Cryosurgery
   14 Laser

A specimen is sent to pathology from procedures coded 20-27:
20 Local tumor excision, NOS
   26 Polypectomy
   27 Excisional biopsy
      21 Photodynamic therapy (PDT) that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      22 Electrocautery that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      23 Cryosurgery that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      24 Laser ablation that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      25* Laser excision that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)

30 Less than total parotidectomy, NOS;
   Less than total removal of major salivary gland, NOS
      31 with facial nerve spared
      32 with facial nerve sacrificed
      33 Superficial lobe removed only
      34 with facial nerve spared
      35 with facial nerve sacrificed
      36 Deep lobe (total) removed (with or without the superficial lobe)
      37 with facial nerve spared
      38 with facial nerve sacrificed

* The MCR has followed the SEER Program Coding Manual in indenting code 25 and inferring that it includes 20, 26 or 27 procedures. The FORDS Manual presents the 25 indented at the level of codes 26 and 27 and therefore is probably not including procedures 20, 26 and 27 in category 25.
40 Total parotidectomy, NOS;
   Total removal of major salivary gland, NOS;
   Total submandibulectomy;
   Total submaxillectomy
       41 with facial nerve spared
       42 with facial nerve sacrificed

50 Radical parotidectomy, NOS;
   Radical removal of major salivary gland, NOS;
   Radical submandibulectomy;
   Radical submaxillectomy
       51 without removal of temporal bone
       52 with removal of temporal bone
       53 with removal of overlying skin (requiring a graft or flap coverage)

80 Parotidectomy, NOS;
   Removal of major salivary gland, NOS;
   Removal of submandibular gland;
   Removal of submaxillary gland

90 Surgery, NOS

99 Unknown if primary site surgery performed;
   Death certificate-only case
PHARYNX

C09.0 - C09.9  Tonsil
C10.0 - C10.9  Oropharynx
C11.0 - C11.9  Nasopharynx
C12.9         Pyriform Sinus
C13.0 - C13.9  Hypopharynx
C14.0         Pharynx

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

00  No surgery of primary site;
    Autopsy-only case

No specimen is sent to pathology from procedures coded 10-15:

10  Local tumor destruction, NOS
   11  Photodynamic therapy (PDT)
   12  Electrocautery;
       Fulguration;
       Hot forceps (used for tumor destruction)
   13  Cryosurgery
   14  Laser
   15  Stripping

A specimen is sent to pathology from procedures coded 20-28:

20  Local tumor excision, NOS
   26  Polypectomy
   27  Excisional biopsy
       21  Photodynamic therapy (PDT) that includes local tumor excision (20), polypectomy (26) or
           excisional biopsy (27)
       22  Electrocautery that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
       23  Cryosurgery that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
       24  Laser ablation that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
       25* Laser excision that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
       28* Stripping that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)

30  Pharyngectomy, NOS
   31  Limited pharyngectomy;
       Partial pharyngectomy;
       Bilateral tonsillectomy;
       Tonsillectomy, NOS
   32  Total pharyngectomy

* The MCR has followed the SEER Program Coding Manual in indenting codes 25 and 28 and inferring that they
  include 20, 26 or 27 procedures. The FORDS Manual presents the 25 and 28 indented at the level of codes 26 and 27
  and therefore is probably not including procedures 20, 26 and 27 in these categories.
40 Pharyngectomy with laryngectomy and/or mandibulectomy*, NOS
   41 Pharyngectomy with laryngectomy (laryngopharyngectomy) but no mandibulectomy
   42 Pharyngectomy with mandibulectomy (i.e., with removal of contiguous mandible bone tissue, but not a total mandibular resection) but no laryngectomy
   43 Pharyngectomy with laryngectomy and mandibulectomy (41 and 42)
* includes a marginal mandibulectomy, segmental mandibulectomy or hemimandibulectomy; but not a total mandibular resection; Use 40 for a pharyngectomy with perhaps some type of mandibulectomy (and/or perhaps a laryngectomy), but the exact procedures aren't clear to you.

50 Radical pharyngectomy, NOS (includes a total mandibular resection)
   51 without laryngectomy
   52 with laryngectomy

90 Surgery, NOS

99 Unknown if primary site surgery performed;
   Death certificate-only case
**ESOPHAGUS**
C15.0 - C15.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

00 No surgery of primary site;
   Autopsy-only case

No specimen is sent to pathology from procedures coded 10-14:

10 Local tumor destruction, NOS
   11 Photodynamic therapy (PDT)
   12 Electrocautery;
      Fulguration;
      Hot forceps (used for tumor destruction)
   13 Cryosurgery
   14 Laser

A specimen is sent to pathology from procedures coded 20-27:

20 Local tumor excision, NOS
   26 Polypectomy
   27 Excisional biopsy
      21 Photodynamic therapy (PDT) that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      22 Electrocautery that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      23 Cryosurgery that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      24 Laser ablation that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      25* Laser excision that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)

30 Partial esophagectomy

40 Total esophagectomy, NOS

50 Esophagectomy*, NOS with laryngectomy and/or gastrectomy, NOS
   51 Esophagectomy with laryngectomy
   52 Esophagectomy with gastrectomy, NOS
   53 Esophagectomy with a partial gastrectomy
   54 Esophagectomy with a total gastrectomy
   55 Combination of esophagectomy, laryngectomy and gastrectomy (51 with any of 52-54)

* The "esophagectomy" in 50-55 may be a partial esophagectomy, total esophagectomy, or an esophagectomy, NOS.

* The MCR has followed the SEER Program Coding Manual in indenting code 25 and inferring that it includes 20, 26 or 27 procedures. The FORDS Manual presents the 25 indented at the level of codes 26 and 27 and therefore is probably not including procedures 20, 26 and 27 in category 25.
80  Esophagectomy, NOS

90  Surgery, NOS

99  Unknown if primary site surgery performed;
    Death certificate-only case
**STOMACH**
C16.0 - C16.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989

[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

00 No surgery of primary site;
   Autopsy-only case

No specimen is sent to pathology from procedures coded 10-14:
10 Local tumor destruction, NOS
   11 Photodynamic therapy (PDT)
   12 Electrocautery;
      Fulguration;
      Hot forceps (used for tumor destruction)
   13 Cryosurgery
   14 Laser

A specimen is sent to pathology from procedures coded 20-27:
20 Local tumor excision, NOS
   26 Polypectomy
   27 Excisional biopsy
      21 Photodynamic therapy (PDT) that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      22 Electrocautery that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      23 Cryosurgery that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      24 Laser ablation that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      25* Laser excision that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)

30 Gastrectomy, NOS (partial, subtotal or hemigastrectomy);
   Sleeve resection of stomach;
   Billroth I (anastomosis to duodenum, or duodenostomy);
   Billroth II (anastomosis to jejunum, or jejunostomy)
   31 Antrectomy, lower (distal, resection of < 40% of the stomach) (An incidental splenectomy is not included here.)
   32 Lower (distal) gastrectomy (partial, subtotal or hemigastrectomy)
   33 Upper (proximal) gastrectomy (partial, subtotal or hemigastrectomy)

40 Near-total or total gastrectomy, NOS (If a previous partial gastric resection is followed by the removal of the remaining stomach, code as 40-42.)
   41 Near-total gastrectomy
   42 Total gastrectomy

* The MCR has followed the SEER Program Coding Manual in indenting code 25 and inferring that it includes 20, 26 or 27 procedures. The FORDS Manual presents the 25 indented at the level of codes 26 and 27 and therefore is probably not including procedures 20, 26 and 27 in category 25.
Gastrectomy, NOS, with removal of a portion of the esophagus only
51 Partial or subtotal gastrectomy with a portion of the esophagus
52 Near-total or total gastrectomy with a portion of the esophagus

Procedures coded 60-63 are for gastric resections that include organs other than just the esophagus. Portions of the esophagus may be included in these resections. A portion of the duodenum may be included. An omentectomy may be included. An incidental splenectomy is not included here:

60 Gastrectomy with en bloc* resection of other organ(s), NOS
61 Partial or subtotal gastrectomy with en bloc* resection of other organ(s)
62 Near total or total gastrectomy with en bloc* resection of other organ(s)
63 Radical gastrectomy with en bloc* resection of other organ(s)
* The other organ(s) are removed in continuity with the stomach during the same surgical procedure, but not necessarily in a single piece or specimen; also known as a resection in continuity with the other organ(s).

80 Gastrectomy, NOS

90 Surgery, NOS

99 Unknown if primary site surgery performed;
   Death certificate-only case
**COLON**

C18.0 - C18.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989

[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

**Note:** Code the removal or surgical ablation of single or multiple liver metastases in the "Surgical Procedure of Other Site" data items.

00  No surgery of primary site;
     Autopsy-only case

No specimen is sent to pathology from procedures coded 10-14:

10  Local tumor destruction, NOS
    11  Photodynamic therapy (PDT)
    12  Electrocautery;
        Fulguration;
        Hot forceps (used for tumor destruction)
    13  Cryosurgery
    14  Laser

A specimen is sent to pathology from procedures coded 20-29:

20  Local tumor excision, NOS
    27  Excisional biopsy
    26  Polypectomy, NOS
    28  Endoscopic polypectomy
    29  Surgical excision polypectomy
        21  Photodynamic therapy (PDT) that includes local tumor excision (20), excisional biopsy (27) or polypectomy (26, 28, 29)
        22  Electrocautery that includes local tumor excision (20), excisional biopsy (27) or polypectomy (26, 28, 29)
        23  Cryosurgery that includes local tumor excision (20), excisional biopsy (27) or polypectomy (26, 28, 29)
        24  Laser ablation that includes local tumor excision (20), excisional biopsy (27) or polypectomy (26, 28, 29)
        25* Laser excision that includes local tumor excision (20), excisional biopsy (27) or polypectomy (26, 28, 29)

* The MCR has followed the SEER Program Coding Manual in indenting code 25 and inferring that it includes 20 and 26-29 procedures. The FORDS Manual presents the 25 indented at the level of codes 26-29 and therefore is probably not including procedures 20 and 26-29 in category 25.
Procedures coded 30 and 32 include, but are not limited to:
- Appendectomy (for an appendix primary only)
- Enteroectomy
- Ileocolectomy
- Partial colectomy, NOS
- Partial resection of transverse colon and flexures
- Segmental resection (for example, cecectomy or sigmoidectomy)

30 Partial colectomy, but less than hemicolecetomy;
   Segmental resection
   32 Partial colectomy or segmental resection with the resection of a contiguous organ (e.g., small bowel or bladder; but removal of a short portion of the distal ileum is not considered a contiguous organ removal)

40 Subtotal colectomy;
   Hemicolecetomy (total right or left colectomy with a portion of the transverse colon);
   Greater than hemicolecetomy but less than total colectomy
   41 Subtotal colectomy/hemicolecetomy with the resection of a contiguous organ (e.g., small bowel or bladder; but not a short portion of the distal ileum)

50 Total colectomy (removal of the colon from cecum to rectosigmoid junction); may also include a portion of the rectum
   51 Total colectomy with the resection of a contiguous organ (e.g., small bowel or bladder; but not a short portion of the distal ileum)

60 Total proctocolectomy (removal of the colon from cecum to rectosigmoid junction and removal of the entire rectum; commonly used for familial polyposis or polyposis coli)
   61 Total proctocolectomy with the resection of a contiguous organ (e.g., small bowel or bladder; but not a short portion of the distal ileum)

Procedures coded 70 include any colectomy (partial, hemi- or total) with a resection of any other organs in continuity with the primary site (en bloc). The other organ(s) may be partially or totally removed. Such procedures include, but are not limited to, oophorectomy, partial proctectomy, rectal mucosectomy, and pelvic exenteration. The organs are removed during a single surgery but not necessarily in one piece or specimen.

70 Colectomy or coloproctectomy with resection of contiguous organ(s), NOS (not enough information about what was removed to code as 32, 41, 51 or 61)

80 Colectomy, NOS

90 Surgery, NOS

99 Unknown if primary site surgery performed;
   Death certificate-only case
**RECTOSIGMOID JUNCTION**  
C19.9

For all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989  
[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

**Note:** Code the removal or surgical ablation of single or multiple liver metastases in the "Surgical Procedure of Other Site" data items.

00  No surgery of primary site;  
     Autopsy-only case

No specimen is sent to pathology from procedures coded 10-14:

10  Local tumor destruction, NOS  
    11  Photodynamic therapy (PDT)  
    12  Electrocautery;  
        Fulguration;  
        Hot forceps (used for tumor destruction)  
    13  Cryosurgery  
    14  Laser ablation

A specimen is sent to pathology from procedures coded 20-27:

20  Local tumor excision, NOS  
    26  Polypectomy  
    27  Excisional biopsy  
    21  Photodynamic therapy (PDT) that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)  
    22  Electrocautery that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)  
    23  Cryosurgery that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)  
    24  Laser ablation that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)  
    25  * Laser excision that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)

Procedures in codes 30 and 31 include, but are not limited to:

   Anterior resection  
   Hartmann's operation  
   Low anterior resection (LAR)  
   Partial colectomy, NOS  
   Rectosigmoidectomy, NOS  
   Sigmoidectomy

30  Wedge or segmental resection;  
    Partial proctosigmoidectomy, NOS  
31  Wedge or segmental resection or partial proctosigmoidectomy with the resection of contiguous organ(s) (e.g., small bowel, bladder)

* The MCR has followed the SEER Program Coding Manual in indenting code 25 and inferring that it includes 20, 26 or 27 procedures. The FORDS Manual presents the 25 indented at the level of codes 26 and 27 and therefore is probably not including procedures 20, 26 and 27 in category 25.
Procedures coded 40 include, but are not limited to:
- Altemeier's operation
- Duhamel's operation
- Soave's submucosal resection
- Swenson's operation
- Turnbull's operation
- Pull through with sphincter preservation (colo-anal anastomosis)

Procedures coded 50 include, but are not limited to:
- Abdominoperineal resection (A & P resection)
- Anterior/posterior resection (A/P resection) / Miles' operation
- Rankin's operation
- Total proctectomy

Procedures coded 51 include:
- Total colectomy (removal of the colon from cecum to rectosigmoid junction; a portion of the rectum may also be removed)

Procedures coded 55 include:
- Total colectomy with ileostomy, NOS
- Total colectomy with ileorectal reconstruction
- Total colectomy with other pouch (for example, Koch pouch)

Procedures coded 60 include:
- Total proctocolectomy, NOS (removal of colon from cecum to rectosigmoid junction and the entire rectum; combination of 50 and 51)
- Total proctocolectomy with ileostomy, NOS
- Total proctocolectomy with ileostomy and pouch

Procedures coded 70 include:
- Colectomy or proctocolectomy with a resection in continuity with other organs (en bloc);
- Pelvic exenteration

Procedures coded 80 include:
- Colectomy, NOS
- Proctectomy, NOS

Procedures coded 90 include:
- Surgery, NOS

Procedures coded 99 include:
- Unknown if primary site surgery performed;
- Death certificate-only case
RECTUM
C20.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

Note: Code the removal or surgical ablation of single or multiple liver metastases in the "Surgical Procedure of Other Site" data items.

00 No surgery of primary site;
   Autopsy-only case

No specimen is sent to pathology from procedures coded 10-14:
10 Local tumor destruction, NOS
   11 Photodynamic therapy (PDT)
   12 Electrocautery;
      Fulguration;
      Hot forceps (used for tumor destruction)
   13 Cryosurgery
   14 Laser

A specimen is sent to pathology from procedures coded 20-28:
20 Local tumor excision, NOS
   27 Excisional biopsy
   26 Polypectomy
      21 Photodynamic therapy (PDT) that includes local tumor excision (20), excisional biopsy (27) or polypectomy (26)
      22 Electrocautery that includes local tumor excision (20), excisional biopsy (27) or polypectomy (26)
      23 Cryosurgery that includes local tumor excision (20), excisional biopsy (27) or polypectomy (26)
      24 Laser ablation that includes local tumor excision (20), excisional biopsy (27) or polypectomy (26)
      25* Laser excision that includes local tumor excision (20), excisional biopsy (27) or polypectomy (26)
      28* Curette and fulguration that includes local tumor excision (20), excisional biopsy (27) or polypectomy (26)

Procedures coded 30 include, but are not limited to:
   Anterior resection
   Hartmann's operation
   Low anterior resection (LAR)
   Trans-sacral rectosigmoidectomy
30 Wedge or segmental resection;
   Partial proctectomy, NOS

* The MCR has followed the SEER Program Coding Manual in indenting codes 25 and 28 and inferring that they include 20, 26 or 27 procedures. The FORDS Manual presents the 25 and 28 indented at the level of codes 26 and 27 and therefore is probably not including procedures 20, 26 and 27 in these categories.
Procedures coded 40 include, but are not limited to:
- Altermeyer's operation
- Duhamel's operation
- Soave's submucosal resection
- Swenson's operation
- Turnbull's operation

40  Pull through with sphincter preservation (colo-anal anastomosis)

Procedures coded 50 include, but are not limited to:
- Abdominoperineal resection (A & P resection, A/P resection)
- Miles' procedure
- Rankin's operation

50  Total proctectomy

60  Total proctocolectomy, NOS

In procedures coded 70, all of the tissues are removed in one surgical procedure, but not necessarily in one piece or specimen.

70  Proctectomy or proctocolectomy with resection in continuity with other organs (en bloc);
    Pelvic exenteration

80  Proctectomy, NOS

90  Surgery, NOS

99  Unknown if primary site surgery performed;
    Death certificate-only case
ANUS and ANAL CANAL
C21.0 - C21.8
for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

00 No surgery of primary site;
Autopsy-only case

No specimen is sent to pathology from procedures coded 10-15:
10 Local tumor destruction, NOS
   11 Photodynamic therapy (PDT)
   12 Electrocautery;
      Fulguration;
      Hot forceps (used for tumor destruction)
   13 Cryosurgery
   14 Laser
   15 Thermal ablation

A specimen is sent to pathology from procedures coded 20-27. Margins may have microscopic involvement.
20 Local tumor excision, NOS
   26 Polypectomy
   27 Excisional biopsy
      21 Photodynamic therapy (PDT) that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      22 Electrocautery that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      23 Cryosurgery that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      24 Laser ablation that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      25* Laser excision that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)

60 Abdominal perineal resection, NOS (APR, Miles' procedure)
   61 APR with sentinel node excision
   62 APR with unilateral inguinal lymph node dissection
   63 APR with bilateral inguinal lymph node dissection

(Note: For procedures coded 61-63, also include the node removal in the "Scope of Regional Lymph Node Surgery" fields.)

90 Surgery, NOS

99 Unknown if primary site surgery performed;
Death certificate-only case

* The MCR has followed the SEER Program Coding Manual in indenting code 25 and inferring that it includes 20, 26 or 27 procedures. The FORDS Manual presents the 25 indented at the level of codes 26 and 27 and therefore is probably not including procedures 20, 26 and 27 in category 25.
LIVER and INTRAHEPATIC BILE DUCTS
C22.0, C22.1

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

00 No surgery of primary site;
   Autopsy-only case

No specimen is sent to pathology from procedures coded 10-17:
10 Local tumor destruction, NOS;
   • text removed April 2006
11 Photodynamic therapy (PDT)
12 Electrocautery;
   Fulguration;
   Hot forceps (for tumor destruction)
13 Cryosurgery
14 Laser
15 Alcohol (percutaneous ethanol injection, PEI; intratumoral injection of alcohol; alcohol ablation)
16 Heat;
   Radiofrequency ablation (RFA)
17 Other (for example, ultrasound or acetic acid)

A specimen is sent to pathology from procedures coded 20-26:
20 Wedge resection, NOS;
   Segmental resection, NOS
21 Wedge resection
22 Segmental resection, NOS
   • 23 Segmental resection of one segment
   • 24 Segmental resection of two segments
   • 25 Segmental resection of three segments
   • 26 Segmental resection and local tumor destruction

30 Simple lobectomy;
   Lobectomy, NOS
36 Right lobectomy
37 Left lobectomy
38 Lobectomy and local tumor destruction

50 Extended lobectomy (resection of a single lobe plus a segment of another lobe), NOS
51 Extended right lobectomy
52 Extended left lobectomy
59 Extended lobectomy and local tumor destruction

60 Hepatectomy, NOS
61 Total hepatectomy and transplant

LIVER and INTRAHEPATIC BILE DUCTS [cont.]
65  Excision of a bile duct (for an intrahepatic bile duct primary only)
66  Excision of a bile duct plus a partial hepatectomy

75  Bile duct and hepatectomy with a transplant

90  Surgery, NOS

99  Unknown if primary site surgery performed;
    Death certificate-only case

Notes about chemoembolization (also called transarterial chemoembolization, TACE):
This involves infusing concentrated Chemotherapy agents into a branch of the hepatic artery along with
particles to physically block the blood vessels feeding a tumor area within the liver (or sometimes the
pancreas). If the embolization blockage is good, then the Chemotherapy agents don't circulate widely as in
regular Systemic Therapy; the tumor area is starved of its blood supply and is "soaked" in high-dose
Chemotherapy. A resection may then become possible.
SEER and the COC have continued to seemingly disagree about how to code this. As of April 2006, COC is
saying to code chemoembolization as Chemotherapy and they don't want the physical embolization to be
considered treatment at all. SEER used to consider regular physical embolization to be Other Therapy, but
SEER is now saying to code chemoembolization (and regular physical embolization) as a destructive Surgery
(code 10 above if liver is the primary site, or code 1 in Surgery of Other Sites if a liver metastasis is being
targeted), and as of July 2007 they also say that if the specific Chemotherapy agents infused are known then
they may be coded under Chemotherapy. The MCR doesn't know what to do right now, so follow either the
COC rule and code chemoembolization as Chemotherapy, or follow the SEER rule and code it as Surgery (of
Primary Site or of Other Sites), or code it in both places. And of course, the procedure may be Palliative Care
rather than curative treatment.
[Apparently radioactive particles may also be delivered to the tumor in this way (radioembolization) and we
also don't yet know what to do about coding this.]

notes added April 2006, one phrase added July 2007
for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>No surgery of primary site; Autopsy-only case</td>
</tr>
<tr>
<td>25</td>
<td>Local excision of tumor, NOS</td>
</tr>
<tr>
<td>30</td>
<td>Partial pancreatectomy, NOS (for example, a distal pancreatectomy)</td>
</tr>
<tr>
<td>35</td>
<td>Local or partial pancreatectomy and duodenectomy</td>
</tr>
<tr>
<td>36</td>
<td>without a distal or partial gastrectomy</td>
</tr>
<tr>
<td>37</td>
<td>with a partial gastrectomy (Whiple procedure)</td>
</tr>
<tr>
<td>40</td>
<td>Total pancreatectomy</td>
</tr>
<tr>
<td>60</td>
<td>Total pancreatectomy with subtotal gastrectomy or duodenectomy</td>
</tr>
<tr>
<td>70</td>
<td>Extended pancreatectoduodenectomy</td>
</tr>
<tr>
<td>80</td>
<td>Pancreatectomy, NOS</td>
</tr>
<tr>
<td>90</td>
<td>Surgery, NOS</td>
</tr>
<tr>
<td>99</td>
<td>Unknown if primary site surgery performed; Death certificate-only case</td>
</tr>
</tbody>
</table>
LARYNX
C32.0 - C32.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

00 No surgery of primary site;
   Autopsy-only case

No specimen is sent to pathology from procedures coded 10-15:
10 Local tumor destruction, NOS
   11 Photodynamic therapy (PDT)
   12 Electrocautery;
      Fulguration;
      Hot forceps (for tumor destruction)
   13 Cryosurgery
   14 Laser
   15 Stripping

A specimen is sent to pathology from procedures coded 20-28:
20 Local tumor excision, NOS
   26 Polypectomy
   27 Excisional biopsy
      21 Photodynamic therapy (PDT) that includes local tumor excision (20), polypectomy (26) or
         excisional biopsy (27)
      22 Electrocautery that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      23 Cryosurgery that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      24 Laser ablation that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      25* Laser excision that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      28* Stripping that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)

30 Partial excision of the primary site, NOS;
   Subtotal or partial laryngectomy, NOS;
   Hemilaryngectomy, NOS
   31 Vertical laryngectomy (removal of involved true vocal cord, ipsilateral false vocal cord, intervening
      ventricle, and ipsilateral thyroid; may include removal of the arytenoids)
   32 Anterior commissure laryngectomy
   33 Supraglottic laryngectomy (a conservative surgery preserving laryngeal function; removal of
      epiglottis, false vocal cords, aryepiglottic folds, arytenoid cartilage, ventricle, upper third of thyroid
      cartilage, and thyroid membrane; but the true vocal cords and arytenoids are not removed)

40 Total or radical laryngectomy, NOS
   41 Total laryngectomy only
   42 Radical laryngectomy only (includes the removal of adjacent sites; do not also code adjacent site
      removal in the "Surgery of Other Sites" fields for a radical laryngectomy)

* The MCR has followed the SEER Program Coding Manual in indenting codes 25 and 28 and inferring that they
  include 20, 26 or 27 procedures. The FORDS Manual presents the 25 and 28 indented at the level of codes 26 and 27
  and therefore is probably not including procedures 20, 26 and 27 in these categories.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>Pharyngolaryngectomy</td>
</tr>
<tr>
<td>80</td>
<td>Laryngectomy, NOS</td>
</tr>
<tr>
<td>90</td>
<td>Surgery, NOS</td>
</tr>
<tr>
<td>99</td>
<td>Unknown if primary site surgery performed;</td>
</tr>
<tr>
<td></td>
<td>Death certificate-only case</td>
</tr>
</tbody>
</table>
BRONCHUS and LUNG  
C34.0 - C34.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

00 No surgery of primary site;  
   Autopsy-only case

19 Local tumor destruction or excision, NOS; unknown if a specimen was sent to pathology (code mainly used before 2003)

   No specimen is sent to pathology from procedures coded 15, 12 and 13:
   15 Local tumor destruction, NOS;  
      Photodynamic therapy (PDT);  
         Radiofrequency ablation (RFA)  
           12 Cryosurgery;  
              Laser ablation  
           13 Electrocautery;  
              Fulguration;  
              Hot forceps (for tumor destruction)

   A specimen is sent to pathology from procedures coded 20-25:
   20 Excision or resection of less than one lobe, NOS  
      23 Excision, NOS  
      24 Laser excision  
      25 Bronchial sleeve resection only  
      21 Wedge resection  
      22 Segmental resection (includes lingulectomy)

   30 Resection of at least one lobe, but less than the whole lung (lobectomy, bilobectomy or partial pneumonectomy, NOS)  
      33 Lobectomy with mediastinal lymph node dissection (Also code the node dissection in the "Scope of Regional Lymph Node Surgery" fields.)

   45 Extended lobectomy/bilobectomy, NOS  
      46 with chest wall  
      47 with pericardium  
      48 with diaphragm

   55 Pneumonectomy, NOS (resection of entire lung);  
      Complete pneumonectomy;  
      Sleeve pneumonectomy;  
      Standard pneumonectomy;  
      Total pneumonectomy  
      56 Pneumonectomy with mediastinal lymph node dissection (i.e., radical pneumonectomy) (Also code the node dissection in the "Scope of Regional Lymph Node Surgery" fields.)
65 Extended pneumonectomy
   66 with pleura or diaphragm removal

70 Extended radical pneumonectomy (radical pneumonectomy, including removal of mediastinal nodes, with the removal of other tissues or nodes) (Also code the node dissection in the "Scope of Regional Lymph Node Surgery" fields.)

80 Resection of lung, NOS

90 Surgery, NOS

99 Unknown if primary site surgery performed
   Death certificate-only case
BONES, JOINTS and ARTICULAR CARTILAGE
C40.0 - C40.9, C41.0 - C41.9
for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

00 No surgery of primary site;
   Autopsy-only case

19 Local tumor destruction or excision, NOS; unknown if a specimen was sent to pathology

15 Local tumor destruction; no specimen is sent to pathology

25 Local excision; specimen is sent to pathology

26 Partial resection; specimen is sent to pathology

30 Radical excision or resection of lesion with limb salvage

40 Amputation of limb
   41 Partial amputation of limb
   42 Total amputation of limb

50 Major amputation, NOS
   51 Forequarter amputation, including scapula
   52 Hindquarter amputation, including ilium/hip bone
   53 Hemipelvectomy, NOS
   54 Internal hemipelvectomy

90 Surgery, NOS

99 Unknown if primary site surgery performed;
   Death certificate-only case
BLOOD, BONE MARROW, and RETICULOENDOTHELIAL SYSTEM
C42.0, C42.1, C42.3, C42.4
for all ICD-O-3 Histologic Type Codes

98 Use this code whether or not any primary site surgery took place, unless a death certificate-only case.

99 Death certificate-only case

Surgical procedures for these primary sites are recorded in the "Surgical Procedure of Other Site" data items.

Spleen
C42.2
for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

00 No surgery of primary site;
   Autopsy-only case

19 Local tumor destruction, NOS; no specimen sent to pathology or unknown if specimen sent
   Local tumor excision, NOS; no specimen sent to pathology or unknown if specimen sent

21 Partial splenectomy

22 Total splenectomy

80 Splenectomy, NOS

90 Surgery, NOS

99 Unknown if primary site surgery performed;
   Death certificate-only case
SKIN
C44.0 - C44.9
for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

00 No surgery of primary site; Autopsy-only case

No specimen is sent to pathology from procedures coded 10-14:

10 Local tumor destruction, NOS
   11 Photodynamic therapy (PDT); UVB phototherapy for mycosis fungoides
   12 Electrocautery;
      Fulguration;
      Hot forceps (used for tumor destruction)
   13 Cryosurgery
   14 Laser ablation

Codes 20-27 include biopsies that remove the entire tumor (even if they were only meant to be incisional biopsies), leaving macroscopically clear margins (with margins < 1 cm, or margin size unknown). When a biopsy is followed by a larger surgery, use codes larger than 27. A specimen is sent to pathology from procedures coded 20-27:

20 Local tumor excision, NOS
   26 Polypectomy
   27 Excisional biopsy
      21 UVB phototherapy for mycosis fungoides or photodynamic therapy (PDT) that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      22 Electrocautery that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      23 Cryosurgery that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      24 Laser ablation that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      25* Laser excision that includes local tumor excision (20), polypectomy (26) or excisional biopsy (27)

Codes 30-33 include less than a wide excision with margins of < 1 cm or margin size unknown. For a wide excision or re-excision with unknown margin size, also use codes 30-33. When a wide excision or re-excision has microscopically clear margins > 1 cm, use codes 45-47.

30 Biopsy of the primary tumor followed by a gross excision of the lesion (both not necessarily done under the same anesthesia)
   31 Shave biopsy followed by a gross excision of the lesion
   32 Punch biopsy followed by a gross excision of the lesion
   33 Incisional biopsy followed by a gross excision of the lesion
   34 Mohs’ surgery, NOS
   35 Mohs’ surgery with margin ≤ 1 cm
   36 Mohs’ surgery with margin > 1 cm

* The MCR has followed the SEER Program Coding Manual in indenting code 25 and inferring that it includes 20, 26 or 27 procedures. The FORDS Manual presents the 25 indented at the level of codes 26 and 27 and therefore is probably not including procedures 20, 26 and 27 in category 25.
Wide excision or re-excision of lesion or minor (local) amputation*, NOS with margins > 1 cm**
(Margins must be microscopically negative.)
46 with margins > 1 cm and \( \leq 2 \) cm
47 with margins > 2 cm

* Local amputation is the surgical resection of digits, ear, eyelid, lip or nose.
** If margins are \( \leq 1 \) cm, or if there is residual microscopic disease, use the most appropriate code from 20 - 36.

Major amputation, NOS

Surgery, NOS

Unknown if primary site surgery performed;
Death certificate-only case
**Peripheral Nerves and Soft Tissues**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C47.0 - C47.9</td>
<td>Peripheral Nerves and Autonomic Nervous System</td>
</tr>
<tr>
<td>C49.0 - C49.9</td>
<td>Connective, Subcutaneous, and Other Soft Tissues</td>
</tr>
</tbody>
</table>

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989

[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

00  No surgery of primary site; Autopsy-only case

19  Local tumor destruction or excision, NOS; unknown if a specimen was sent to pathology

15  Local tumor destruction; no specimen is sent to pathology

25  Local excision; specimen is sent to pathology

26  Partial resection; specimen is sent to pathology

30  Radical excision or resection of lesion with limb salvage

40  Amputation of limb
    41  Partial amputation of limb
    42  Total amputation of limb

50  Major amputation, NOS
    51  Forequarter amputation, including scapula
    52  Hindquarter amputation, including ilium/hip bone
    53  Hemipelvectomy, NOS
    54  Internal hemipelvectomy

90  Surgery, NOS

99  Unknown if primary site surgery performed; Death certificate-only case
**BREAST**

**C50.0 - C50.9**

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989

[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

---

**00** No surgery of primary site;
Autopsy-only case

**19** Local tumor destruction, NOS; no specimen sent to pathology **(mainly used for pre-2003 diagnoses)**

Procedures coded **20-24** remove the gross primary tumor and some breast tissue (a breast-conserving or breast-preserving procedure). There may be *microscopic* residual tumor.

**20** Partial mastectomy, NOS;
Less than total mastectomy, NOS

**21** Partial mastectomy with nipple resection

**22** Lumpectomy or excisional biopsy

**23** Re-excision of the biopsy site for gross or microscopic residual disease

**24** Segmental mastectomy;
Wedge resection;
Quadrantectomy;
Tylectomy

**30** Subcutaneous mastectomy (the removal of some breast tissue *without* the nipple, areolar complex and overlying skin) **(This procedure is rarely performed to treat malignancies.)**

**40** Total simple mastectomy, NOS (removes all breast tissue, nipple and areolar complex; axillary node dissection is not done, but sentinel nodes may be taken)

**41** Simple mastectomy without removal of *uninvolved* contralateral breast

**42** Simple mastectomy with removal of *uninvolved* contralateral breast

**43** with reconstruction, NOS

**44** using human tissue (such as muscle or skin)

**45** using implant (artificial)

**46** using tissue and implant

**47** with reconstruction, NOS

**48** using human tissue (such as muscle or skin)

**49** using implant (artificial)

**75** using tissue and implant

If the contralateral breast is involved:

for a single primary (that is, the contralateral breast has distant disease), removal of the contralateral breast would be coded in the "Surgery of Other Site" fields and code **41** might be the appropriate code for the primary site surgery;

if an independent second primary is discovered in the contralateral breast, code the surgeries for each primary independently (that is, the primary site surgery could be coded **46** on both abstracts if two simple mastectomies with combination reconstruction were performed).
Modified radical mastectomy [removes all breast tissue, nipple, areolar complex and amounts of breast skin in continuity with the axilla (en bloc); may include part of pectoralis major muscle] All must be removed in one procedure, but not necessarily in one piece/specimen. If some nodes were taken (e.g., sentinel nodes) but a true axillary node dissection was not done, use a code from the group 40-49, 75. If it's unclear whether the node surgery should be counted as a dissection (e.g., only 1-2 axillary nodes taken), just rely on the surgeon's description of whether it was a simple or modified radical mastectomy.

Modified radical mastectomy without removal of uninvolved contralateral breast

53 with reconstruction, NOS
54 using human tissue (such as muscle or skin)
55 using implant (artificial)
56 using tissue and implant

Modified radical mastectomy with removal of uninvolved contralateral breast

57 with reconstruction, NOS
58 using human tissue (such as muscle or skin)
59 using implant (artificial)
63 using tissue and implant

For single primaries only, code removal of involved contralateral breast in the "Surgery of Other Site" fields. If the contralateral involvement is a second primary, use 51 for the first primary and code the other primary's surgery independently.

Radical mastectomy, NOS (removal of all breast tissue, nipple, areolar complex, variable amounts of skin, pectoralis minor and major muscles, with an en bloc axillary node dissection) The nodes must be taken in the same procedure but not necessarily in a single piece or specimen. If some nodes were taken (such as sentinel nodes) but an axillary node dissection was not done, use a code from the group 40-49, 75.

Radical mastectomy without removal of uninvolved contralateral breast

64 with reconstruction, NOS
65 using human tissue (such as muscle or skin)
66 using implant (artificial)
67 using tissue and implant

Radical mastectomy with removal of uninvolved contralateral breast

68 with reconstruction, NOS
69 using human tissue (such as muscle or skin)
73 using implant (artificial)
74 using tissue and implant

For single primaries only, code removal of an involved contralateral breast in the "Surgery of Other Sites" fields. For a second primary in the contralateral breast, code the surgery for each primary independently.

Extended radical mastectomy (removal of all breast tissue, nipple, areolar complex, variable amounts of skin, pectoralis minor and internal mammary nodes with an en bloc axillary node dissection) The nodes must be removed in the same procedure but not necessarily in the same specimen.

Extended radical mastectomy without removal of uninvolved contralateral breast

72 Extended radical mastectomy with removal of uninvolved contralateral breast

For single primaries only, code removal of an involved contralateral breast in the "Surgery of Other Site" fields; if the contralateral involvement is a second primary, code the surgery for each independently.

Mastectomy, NOS

Surgery, NOS

Unknown if primary site surgery performed; Death certificate-only case
CERVIX UTERI
C53.0 - C53.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

00 No surgery of primary site;
   Autopsy-only case

No specimen is sent to pathology from procedures coded 10-17:
10 Local tumor destruction, NOS
   11 Photodynamic therapy (PDT)
   12 Electrocautery (but not LEEP);
      Fulguration;
      Hot forceps (used for tumor destruction)
   13 Cryosurgery
   14 Laser (not ablation)*
   15 Loop electrocautery excision procedure (LEEP)
   16 Laser ablation*
   17 Thermal ablation
   * To distinguish between codes 14 and 16: Both involve laser use with no pathology specimen obtained. Use 16 when the record specifies "ablation" with laser, and use 14 when simple destruction not termed "ablation" occurs via the laser. If laser is used without a "destruction" vs. "ablation" distinction (laser use, NOS) and no pathology specimen is obtained, assume that the laser use was simply destructive and use 14.

A specimen is sent to pathology from procedures coded 20-29:
20 Local tumor excision, NOS
   21 Electrocautery that includes local tumor excision (20), an excisional biopsy (26), cone biopsy (27, 24) or trachelectomy (29)
   22 Cryosurgery that includes local tumor excision (20), an excisional biopsy (26), cone biopsy (27, 24) or trachelectomy (29)
   23 Laser ablation or laser excision that includes local tumor excision (20), an excisional biopsy (26), cone biopsy (27, 24) or trachelectomy (29)
   25* Dilation (dilatation) and curettage (D&C); endocervical curettage (for in situ only)
   28 Loop electrocautery excision procedure (LEEP)
   * For invasive cervical cancers, a D&C is usually coded as an incisional biopsy (02) under Surgical Diagnostic/Staging Procedures. A D&C is not usually coded as Surgery of Primary Site for invasive tumors unless the curette is used to perform an excisional biopsy. 25 would normally be used only for in-situ disease in registries recording such cancers.

30 Total hysterectomy (simple, pan-) without removal of tubes and ovaries (removal of the corpus and cervix uteri; a portion of the vaginal cuff may be included)
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>Total hysterectomy (simple, pan-) with removal of tubes and/or ovary</td>
</tr>
<tr>
<td>50</td>
<td>Modified radical, radical, extended or extended radical hysterectomy</td>
</tr>
<tr>
<td>51</td>
<td>Modified radical hysterectomy</td>
</tr>
<tr>
<td>52</td>
<td>Extended hysterectomy</td>
</tr>
<tr>
<td>53</td>
<td>Radical hysterectomy; Wertheim procedure</td>
</tr>
<tr>
<td>54</td>
<td>Extended radical hysterectomy</td>
</tr>
<tr>
<td>60</td>
<td>Hysterectomy, NOS (with or without removal of tubes and ovaries)</td>
</tr>
<tr>
<td>61</td>
<td>Hysterectomy without removal of tubes and ovaries</td>
</tr>
<tr>
<td>62</td>
<td>Hysterectomy with removal of tubes and ovaries</td>
</tr>
<tr>
<td>70</td>
<td>Pelvic exenteration, NOS</td>
</tr>
<tr>
<td>71</td>
<td>Anterior exenteration (includes removal of bladder, distal ureters, and genital organs with their ligamentous attachments and pelvic lymph nodes) [Do NOT code the pelvic (distant) node removal in the &quot;Surgery of Other Sites&quot; fields.]</td>
</tr>
<tr>
<td>72</td>
<td>Posterior exenteration (includes removal of rectum and rectosigmoid with ligamentous attachments and pelvic lymph nodes) [Do NOT code the pelvic (distant) node removal in the &quot;Surgery of Other Site&quot; fields.]</td>
</tr>
<tr>
<td>73</td>
<td>Total exenteration (includes removal of all pelvic contents and pelvic lymph nodes) [Do NOT code the pelvic (distant) node removal in the &quot;Surgery of Other Site&quot; fields.]</td>
</tr>
<tr>
<td>74</td>
<td>Extended exenteration (includes removal of pelvic blood vessels or bony pelvis)</td>
</tr>
<tr>
<td>90</td>
<td>Surgery, NOS</td>
</tr>
<tr>
<td>99</td>
<td>Unknown if primary site surgery performed; Death certificate-only case</td>
</tr>
</tbody>
</table>
CORPUS UTERI and UTERUS, NOS
C54.0 - C54.9, C55.9
for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

For invasive uterine cancers, dilation (dilatation) and curettage is usually coded as an incisional biopsy (02) under Surgical Diagnostic/Staging Procedures. A D&C is not usually coded as Surgery of Primary Site for invasive tumors (unless the curette is used to perform an excisional biopsy).

00 No surgery of primary site;
      Autopsy-only case

19 Local tumor destruction or excision, NOS (unknown if a specimen was sent to pathology) (mainly for pre-2003 diagnoses)

No specimen is sent to pathology from procedures coded 10-16:

10 Local tumor destruction, NOS
   11 Photodynamic therapy (PDT)
   12 Electrocautery (but not LEEP);
      Fulguration;
      Hot forceps (used for tumor destruction)
   13 Cryosurgery
   14 Laser
   15 Loop electrocautery excision procedure (LEEP)
   16 Thermal ablation

Procedures in code 20 include, but are not limited to:
   Cryosurgery
   Electrocautery
   Excisional biopsy
   Laser ablation
   Thermal ablation

A specimen is sent to pathology from procedures coded 20-26. Margins of resection may have microscopic involvement.

20 Local tumor excision, NOS;
   Simple excision, NOS
24 Excisional biopsy, NOS
25 Polypectomy
26 Myomectomy
   21 Electrocautery that includes local tumor or simple excision (20), excisional biopsy (24),
      polypectomy (25) or myomectomy (26)
   22 Cryosurgery that includes local tumor or simple excision (20), excisional biopsy (24),
      polypectomy (25) or myomectomy (26)
   23 Laser ablation or laser excision that includes local tumor or simple excision (20), excisional
      biopsy (24), polypectomy (25) or myomectomy (26)
30 Subtotal hysterectomy / supracervical hysterectomy / fundectomy [with or without removal of tube(s) and ovary(ies)]; The cervix is not removed.
31 without removal of tube(s) and ovary (ies)
32 with removal of tube(s) and ovary (ies)

40 Total hysterectomy (simple, pan-) without removal of tube(s) and ovary (ies) (removal of corpus and cervix uteri) A portion of the vaginal cuff may be included.

50 Total hysterectomy (simple, pan-) with removal of tube(s) and/or ovary (ies)

60 Modified radical or extended hysterectomy; Radical or extended radical hysterectomy
61 Modified radical hysterectomy
62 Extended hysterectomy
63 Radical hysterectomy; Type III hysterectomy; Wertheim procedure
64 Extended radical hysterectomy

65 Hysterectomy, NOS [with or without removal of tube(s) and ovary(ies)]
66 Hysterectomy without removal of tube(s) and ovary(ies)
67 Hysterectomy with removal of tube(s) and ovary(ies)

75 Pelvic exenteration, NOS
76 Anterior exenteration (includes removal of bladder, distal ureters, and genital organs with their ligamentous attachments and pelvic lymph nodes) (The pelvic node removal is NOT coded in the "Scope of Regional Lymph Node Surgery" fields.)
77 Posterior exenteration (includes removal of rectum and rectosigmoid with ligamentous attachments and pelvic lymph nodes) (The pelvic node removal is NOT coded in the "Scope of Regional Lymph Node Surgery" fields.)
78 Total exenteration (includes removal of all pelvic contents and pelvic lymph nodes) (Do NOT code the pelvic node removal in the "Scope of Regional Lymph Node Surgery" fields.)
79 Extended exenteration (includes removal of pelvic blood vessels or bony pelvis)

90 Surgery, NOS

99 Unknown if primary site surgery performed; Death certificate-only case
OVARY
C56.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

00  No surgery of primary site;  
    Autopsy-only case

17  Local tumor destruction, NOS  (no specimen sent to pathology)

A specimen is sent to pathology from procedures coded 25-28:

25  Total removal of tumor or single ovary, NOS
    26  Resection (wedge, subtotal or partial) of ovary only, NOS; unknown if a hysterectomy was done
    27  without a hysterectomy
    28  with a hysterectomy

35  Unilateral (salpingo-)oophorectomy; unknown if a hysterectomy was done
    36  Unilateral oophorectomy without a hysterectomy
    37  Unilateral oophorectomy with a hysterectomy or with history of a hysterectomy

50  Bilateral (salpingo-)oophorectomy; unknown if a hysterectomy was done
    51  Bilateral oophorectomy without a hysterectomy
    52  Bilateral oophorectomy with a hysterectomy or with history of a hysterectomy

55  Unilateral or bilateral (salpingo-)oophorectomy with omentectomy, NOS (partial or total), unknown if a hysterectomy was done
    56  without a hysterectomy
    57  with a hysterectomy

60  Debulking*;
    Cytoreductive surgery, NOS
    61  with removal of colon (including appendix) and/or small intestine resection (not incidental)
    62  with partial resection of urinary tract (not incidental)
    63  Debulking of tumor with colon removal, partial resection of urinary tract, and/or small intestine resection (61 and 62)

* Debulking is partial or total removal of the tumor mass and may involve the removal of multiple organs. It may include removal of ovaries and/or uterus (a hysterectomy). The pathology report may or may not specifically identify ovarian tissue. Debulking is usually followed by another treatment modality, such as Chemotherapy. Do not count multiple biopsies alone as debulking. Do not assume that mention of “multiple tissue fragments” or “removal of multiple implants” alone implies debulking. Some terms which imply that a debulking was done follow:

  adjuvant treatment pending surgical reduction of tumor
  ovaries, tubes buried in tumor
  tumor burden
  tumor cakes
  very large tumor mass
Pelvic exenteration, NOS

71 Anterior exenteration (includes removal of bladder, distal ureters, and genital organs with their ligamentous attachments and pelvic lymph nodes) (The pelvic node removal is NOT coded in the "Scope of Regional Lymph Node Surgery" fields.)

72 Posterior exenteration (includes removal of rectum and rectosigmoid with ligamentous attachments and pelvic lymph nodes) The pelvic node removal is NOT coded in the "Scope of Regional Lymph Node Surgery" fields.

73 Total exenteration (includes removal of all pelvic contents and pelvic lymph nodes) The pelvic node removal is NOT coded in the "Scope of Regional Lymph Node Surgery" fields.

74 Extended exenteration (includes removal of pelvic blood vessels or bony pelvis)

80 (Salpingo-) oophorectomy, NOS

90 Surgery, NOS

99 Unknown if primary site surgery performed; Death certificate-only case
**PROSTATE GLAND**  
**C61.9**

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989  
[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

**Note:** Do not code an orchiectomy in this field. For prostate primaries, bilateral orchiectomies are recorded as endocrine surgery in the data item "Hematologic Transplant and Endocrine Procedures".

00 No surgery of primary site; 
   Autopsy-only case

18 Local tumor destruction, NOS (unknown if a specimen was sent to pathology)

19 Transurethral resection (TURP), NOS (unknown if a specimen was sent to pathology) *(mainly for pre-2003 diagnoses)*

No specimen is sent to pathology from procedures coded 10-17:

10 Local tumor destruction or excision, NOS  
   14 Cryoprostatectomy  
   15 Laser ablation  
   16 Hyperthermia;  
   Transurethral microwave thermotherapy (TUMT)  
   17 Other method of local destruction or excision;  
   High intensity focused ultrasonography (HIFU);  
   Transurethral needle ablation (TUNA)

A specimen is sent to pathology from procedures coded 20-26:

20 Local tumor excision, NOS  
   21 Transurethral resection (TURP), NOS  
   22 TURP where cancer was an incidental finding during surgery for benign disease  
   23 TURP where the patient had suspected or known cancer  
   24 Cryosurgery with local tumor excision (20) or TURP (21-23)  
   25 Laser with local tumor excision (20) or TURP (21-23)  
   26 Hyperthermia with local tumor excision (20) or TURP (21-23)

30 Subtotal, segmental or simple prostatectomy (all or part of the prostatic capsule may remain)

50 Total prostatectomy, NOS;  
   Radical prostatectomy, NOS (excision of prostate, prostatic capsule, ejaculatory ducts and seminal vesicle(s); may include a narrow cuff of the bladder neck)

70 Prostatectomy with resection in continuity with other organs* (en bloc);  
   Pelvic exenteration

* The other organs may be partially or totally removed. They must be removed in the same procedure, but not necessarily in a single piece or specimen. Procedures that may involve an en bloc resection include, but are not limited to: cystoprostatectomy, radical cystectomy and prostatectomy.
Prostatectomy, NOS

Surgery, NOS

Unknown if primary site surgery performed;
  Death certificate-only case
**TESTIS**  
**C62.0 - C62.9**

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989  
[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

- **00** No surgery of primary site;  
  Autopsy-only case

- **12** Local tumor destruction, NOS (no specimen is sent to pathology)

- **20** Local or partial excision of testicle (specimen is sent to pathology)

- **30** Excision of testicle, NOS without cord;  
  _Orchiectomy not including spermatic cord_

- **40** Excision of testicle, NOS with cord;  
  Excision of testicle, NOS with no mention of the cord;  
  _Orchiectomy with or without spermatic cord;_  
  Radical orchiectomy

- **80** Orchiectomy, NOS (unknown if partial or total testicle was removed)

- **90** Surgery, NOS

- **99** Unknown if primary site surgery performed;  
  Death certificate-only case
**KIDNEY, RENAL PELVIS and URETER**
C64.9, C65.9, C66.9

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989

[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

00 No surgery of primary site;
   Autopsy-only case

**No specimen** is sent to pathology from procedures coded 10-15:

10 Local tumor destruction, NOS
   11 Photodynamic therapy (PDT)
   12 Electrocautery;
      Fulguration;
      Hot forceps (for tumor destruction)
   13 Cryosurgery
   14 Laser
   15 Thermal ablation;
      Radiofrequency ablation (RFA)

**A specimen is sent** to pathology from procedures coded 20-27:

20 Local tumor excision, NOS
   26 Polypectomy
   27 Excisional biopsy
      21 Photodynamic therapy (PDT) with local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      22 Electrocautery with local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      23 Cryosurgery with local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      24 Laser ablation with local tumor excision (20), polypectomy (26) or excisional biopsy (27)
      25* Laser excision with local tumor excision (20), polypectomy (26) or excisional biopsy (27)

Procedures coded 30 include, but are not limited to, segmental resection and wedge resection. Resection margins are grossly negative. There may be microscopic involvement.

30 Partial or subtotal nephrectomy (for kidney or renal pelvis primary);
   Partial ureterectomy (for ureter primary)

40 Complete, total or simple nephrectomy (for kidney parenchyma);
   Nephroureterectomy (for renal pelvis or ureter) (includes bladder cuff removal)

50 Radical nephrectomy (may include removal of a portion of the vena cava, adrenal gland(s), Gerota's fascia, perinephric fat, or partial / total ureter)

* The MCR has followed the SEER Program Coding Manual in indenting code 25 and inferring that it includes 20, 26 or 27 procedures. The FORDS Manual presents the 25 indented at the level of codes 26 and 27 and therefore is probably not including procedures 20, 26 and 27 in category 25.
70  Any nephrectomy (simple, subtotal, complete, partial, simple, total, radical) in continuity with (en bloc)
the resection of other organ(s) (such as colon or bladder)
The other organs may be partially or totally removed. They must be removed in the same procedure but not necessarily
in one specimen.

80  Nephrectomy, NOS;
    Ureterectomy, NOS

90  Surgery, NOS

99  Unknown if primary site surgery performed;
    Death certificate-only case
D - 47

**BLADDER**  
**C67.0 - C67.9**

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989  
[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

00  No surgery of primary site;  
    Autopsy-only case

**No specimen is sent to pathology from procedures coded 10-16:**

10  Local tumor destruction, NOS  
    11  Photodynamic therapy (PDT)  
    12  Electrocautery;  
        Fulguration;  
        Hot forceps (for tumor destruction);  
        **Transurethral resection of bladder (TURB) (destruction only)**  
    13  Cryosurgery  
    14  Laser  
    15  Intravesical therapy, NOS (If this surgical procedure is delivering a Chemotherapy agent or "Other Therapy" agent, also code this under Chemotherapy or Other Therapy.)  
    16  Bacillus Calmette-Guérin (BCG) installation or other Immunotherapy agent (Also code this under Immunotherapy.)

A **specimen is sent** to pathology from procedures coded 20-27:

20  Local tumor excision, NOS  
    26  Polypectomy  
    27  Excisional biopsy;  
        **Transurethral resection of bladder (TURB) (with pathology specimen)**  
    21  Photodynamic therapy (PDT) with local tumor excision (20), polypectomy (26) or excisional biopsy (27)  
    22  Electrocautery with local tumor excision (20), polypectomy (26) or excisional biopsy (27)  
    23  Cryosurgery with local tumor excision (20), polypectomy (26) or excisional biopsy (27)  
    24  Laser ablation with local tumor excision (20), polypectomy (26) or excisional biopsy (27)  
    25* Laser excision with local tumor excision (20), polypectomy (26) or excisional biopsy (27)

30  Partial cystectomy

50  Simple cystectomy;  
    Complete cystectomy;  
    Total cystectomy

* The MCR has followed the SEER Program Coding Manual in indenting code 25 and inferring that it includes 20, 26 or 27 procedures. The FORDS Manual presents the 25 indented at the level of codes 26 and 27 and therefore is probably not including procedures 20, 26 and 27 in category 25.
60 Radical cystectomy;
   Cystoprostatectomy (for a male patient only; includes removal of the bladder and prostate with or without
   urethrectomy) If a radical cystectomy is performed on a female, use code 71.
61 Cystoprostatectomy with ilial conduit
62 Cystoprostatectomy with continent reservoir or pouch, NOS
63 Cystoprostatectomy with abdominal pouch (cutaneous)
64 Cystoprostatectomy with in-situ pouch (orthotopic)

70 Pelvic exenteration, NOS
    71 Radical cystectomy (for a female patient only; includes removal of the bladder, uterus, ovaries, the
       entire vaginal wall and entire urethra);
       Anterior exenteration
       If a radical cystectomy is performed on a male, use code 60.
72 Posterior exenteration
73 Total exenteration (includes removal of all pelvic contents and pelvic lymph nodes) (Also code the
   pelvic node removal in the "Scope of Regional Lymph Node Surgery" fields.)
74 Extended exenteration (includes removal of pelvic blood vessels or bony pelvis)

80 Cystectomy, NOS

90 Surgery, NOS

99 Unknown if primary site surgery performed;
   Death certificate-only case
CENTRAL NERVOUS SYSTEM

C70.0 - C70.9 Meninges
C71.0 - C71.9 Brain
C72.0 - C72.9 Other Parts of Central Nervous System

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

Do not code laminectomies for spinal cord primaries. Stereotactic radiosurgery used for tumor destruction in these sites should be coded as Radiation Therapy rather than surgery.

00 No surgery of primary site;
   Autopsy-only case

10 Local tumor destruction, NOS (No specimen is sent to pathology.)

A specimen is sent to pathology from procedures coded in 20:

20 Local excision of tumor, lesion or mass;
   Excisional biopsy of tumor, lesion or mass

40 Partial resection, NOS

55 Gross total resection

90 Surgery, NOS

99 Unknown if primary site surgery performed;
   Death certificate-only case
THYROID GLAND
C73.9
for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

00  No surgery of primary site;
    Autopsy-only case

13  Local tumor destruction, NOS (no specimen was sent to pathology)

A specimen is sent to pathology from procedures coded 25-27:
25  Removal of less than a lobe, NOS
26  Local surgical excision
27  Removal of a partial lobe only

20  Lobectomy and/or isthmectomy
21  Lobectomy only
22  Isthmectomy only
23  Lobectomy with isthmus

30  Removal of a lobe and partial removal of the contralateral lobe

40  Subtotal thyroidectomy;
    Near-total thyroidectomy

50  Total thyroidectomy

80  Thyroidectomy, NOS

90  Surgery, NOS

99  Unknown if primary site surgery performed;
    Death certificate-only case
ILL-DEFINED PRIMARY SITE
C76.0 - C76.8
for all ICD-O-3 Histologic Types

98  Use this code whether or not any surgery took place, unless a death certificate-only case.

99  Death certificate-only case

Surgical procedures for a case with an ill-defined primary site are recorded in the "Surgical Procedure of Other Sites" data items.
LYMPH NODES
C77.0 - 77.9
for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

Lymph node chains are subsites of lymph node regions. Use information pertaining to lymph node chains to code lymph node surgery, and use lymph node region information for staging.

00 No surgery of primary site;
   Autopsy-only case

19 Local tumor destruction or excision, NOS (unknown if a specimen was sent to pathology)

15 Local tumor destruction, NOS (No specimen was sent to pathology)

25 Local tumor excision, NOS;
   Lymph node biopsy* (less than a full chain); (that is, excisional biopsy)

30 Lymph node dissection, NOS
   31 Dissection of one chain
   32 Dissection of multiple chains

40 Lymph node dissection, NOS with a splenectomy
   41 Dissection of one chain plus splenectomy
   42 Dissection of multiple chains plus splenectomy

50 Lymph node dissection, NOS and partial/total removal of adjacent organ(s)
   51 Dissection of one chain plus partial or total removal of adjacent organ(s)
   52 Dissection of multiple chains plus partial or total removal of adjacent organ(s)

60 Lymph node dissection, NOS and partial/total removal of adjacent organ(s) with splenectomy (includes a staging laparotomy)
   61 Dissection of one chain plus splenectomy and partial or total removal of adjacent organ(s)
   62 Dissection of multiple chains plus splenectomy and partial or total removal of adjacent organ(s)

90 Surgery, NOS

99 Unknown if primary site surgery performed;
   Death certificate-only case

* The COC's rules for using these Appendix D surgery codes for C77 primary sites have seemed confusing and inconsistent over time, and the SEER Manual does not help clarify the rules. (SEER may even have different rules.) This is the MCR's best understanding of the COC rules as of July 2007:

When C77. is the primary site, the removal (excisional biopsy or dissection) of a lymph node or nodes is coded as Surgery of Primary Site if that entirely removes all lymphoma from the body. That is, these Appendix D codes should be used for C77 lymphomas of very limited extent that are treated surgically.

Ordinarily, however, lymph node biopsies for C77 primary sites are merely done to stage or obtain a specific cell type, and such lymph node removal should be coded as a Surgical Diagnostic/Staging Procedure. If there is an incisional biopsy of a node, (as is usual for a fine needle aspiration biopsy or needle biopsy), that is also coded as a Surgical Diagnostic/Staging Procedure. A "lymph node biopsy", NOS usually does refer to removal of a node or less than a chain.

UNKNOWN PRIMARY SITE
C80.9
for all ICD-O-3 Histologic Types

98 Use this code whether or not any surgery took place, unless a death certificate-only case.

99 Death certificate-only case

Surgical procedures for a case with an unknown primary site are recorded in the "Surgical Procedure of Other Sites" data items.
HEMATOPOIETIC, RETICULOENDOTHELIAL, IMMUNOPROLIFERATIVE AND MYELOPROLIFERATIVE DISEASES

ICD-O-3 Histologic Types:

9750
9760-9764
9800-9820
9826
9831-9920
9931-9964
9980-9989

for all primary sites

98  Use this code whether or not any primary site surgery took place, unless a death certificate-only case.

99  Death certificate-only case

Surgical procedures for these diseases are recorded in the "Surgical Procedure of Other Site" data items.
**ALL OTHER PRIMARY SITES**

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</table>

for all ICD-O-3 Histologic Types except 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989
[Use code 98 for the excepted histologies listed above (or 99 for any death certificate-only case).]

---

00  No surgery of primary site;  
     Autopsy-only case

No specimen is sent to pathology from procedures coded 10-14:

10  Local tumor destruction, NOS
    11  Photodynamic therapy (PDT)
    12  Electrocautery;  
         Fulguration;  
         Hot forceps (for tumor destruction)
    13  Cryosurgery
    14  Laser
A specimen is sent to pathology from procedures coded 20-27:

20 Local tumor excision, NOS
26 Polypectomy
27 Excisional biopsy

21 Photodynamic therapy (PDT) with local tumor excision (20), polypectomy (26) or excisional biopsy (27)
22 Electrocautery with local tumor excision (20), polypectomy (26) or excisional biopsy (27)
23 Cryosurgery with local tumor excision (20), polypectomy (26) or excisional biopsy (27)
24 Laser ablation with local tumor excision (20), polypectomy (26) or excisional biopsy (27)
25* Laser excision with local tumor excision (20), polypectomy (26) or excisional biopsy (27)

30 Simple surgical removal of the primary site;
Partial surgical removal of the primary site

40 Total surgical removal of the primary site;
Enucleation
41 Total enucleation (for eye surgeries only)

50 Surgical debulking

60 Radical surgery [partial or total removal of the primary site with a resection in continuity* (partial or total removal) with other organ(s) (en bloc)]

* The removal must be done in one procedure but not necessarily in a single specimen.

90 Surgery, NOS

99 Unknown if primary site surgery performed;
Death certificate-only case

* The MCR has followed the SEER Program Coding Manual in indenting code 25 and inferring that it includes 20, 26 or 27 procedures. The FORDS Manual presents the 25 indented at the level of codes 26 and 27 and therefore is probably not including procedures 20, 26 and 27 in category 25.