



May 2025

THE MCRE-MINDER

VOL. 2, ISSUE 3

2025 Coding Updates

I. New Schemas [AJCC Version 9, 2025+]

- Lung
- Thymus
- Diffuse Pleural Mesothelioma
- Nasopharynx

Reference: ACS, Cancer Programs, Version 9 Cancer Staging Systems, 2025

II. Reportability - Histology/Behavior Changes (2025+)

- **AJCC ICD-O** - No changes
- **Hematopoietic and Lymphoid Neoplasms** *Polymorphic* Post-Transplant Lymphoproliferative Disorder (PTLD) (**9971/1**), has a **Behavior Change** applicable for **2025+ only**

Note: *Polymorphic* Post-Transplant Lymphoproliferative Disorder is coded to **9971/1**. Polymorphic is the PTLD type **not accompanied** by another hematopoietic neoplasm. Beginning **1/1/2025**, **behavior** for *Polymorphic* PTLD (any site) will be **reportable** as **9971/3**.

Reference: Hematopoietic and Lymphoid Neoplasm Database, Polymorphic Post Transplant Lymphoproliferative Disorder (PTLD)/9971/3

III. Surgery Codes (2025+)

No new surgery codes

IV. SSDI (2025+)

- **Hematopoietic and Lymphoid Manual and Database - New SSDI:** *Post-Treatment Lymphoproliferative Disorder (PTLD) (applicable for **2025+ only**)

EOD Schemas with the new PTDL SSDI:

- Lymphoma (00790)
- Lymphoma-CLL/SLL (00795)
- Plasma Cell Disorders (00822)
- Plasma Cell Myeloma (00821)
- Primary Cutaneous Lymphoma (00812)

NOTE: * **Neither** the *new* **PTLD SSDI** **nor** the Heme Rules M14, PH1 apply to *Polymorphic* PTLD (**9971/1**). It applies to the following *PTLD histologies: Monomorphic PTLD, Classic Hodgkin lymphoma-PTLD type, and PTLD, NOS.

References: (SSDI Manual, V3.2, Lymphoma and Plasma Cell Neoplasms, PT-LD, pp 447-448; Hematopoietic Coding Manual, Multiple Primary Rules, Rules M14, p. 34, and Primary Site and Histology Rules, PH1, p.43.)

- **New SSDI: Lung: PD-L1** (applicable for **2025+ only**)
PD-L1 is a biomarker identified by the PD-L1 Assay test, which is done on a **tissue specimen**. The biomarker absence or presence determines if patients with **non-small cell lung ca (NSCLC)** will benefit from check-point inhibitor drugs (immunotherapy).

Reference: SSDI Manual, v3.2, Lung, PD-L1, p.157

- **New SSDI Code - Colon and Rectum's** pre-existing **BRAF Mutational Analysis** **SSDI** **New Code 3** captures the presence of abnormal (mutated)/detected, *K1A1549: BRAF* gene fusion.

Reference: SSDI Manual, V3.2, Lung PD-L1, p. 157

V. Solid Tumor Rules, 2025 Update

Individual site-specific sections for Solid Tumor Rules (STR) are no longer available. Beginning in 2025, the Solid Tumor Rules (STR) are *available only in a combined file*, which is accessible via the *new Table of Contents*. Recommended: Download **The Solid Tumor Rules, 2025 Update**. Do not use the online site-specific sections version.

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V. Solid Tumor Rules, 2025 Update (continued)

- The STR General Instructions have a *new section*, titled “Annual Updates,” with info about when and how to use the rules.
- The terminology, “MPH 2007” and “STR 2018,” *have been removed* from **The Solid Tumor Rules, 2025 Update**. The rules (i.e., MPH or STR) to use for a specific diagnosis year are listed in a *new Table*, titled “*Solid Tumor Rules Site Groups by Diagnosis Year*” found in the **General Instructions** section.

Table numbers and titles were added to all STR tables.

- Refer to the Solid Tumor Rules, 2025 Update Change Log to understand the changes, not to replace the rules.

New 2025 Solid Tumor Rules for the following schemas:

- **Head & Neck: 2 new H rules** (regarding coding histology when ex-pleomorphic adenoma dx AND histological type of malignant component is given)
- **Non-malignant CNS: 1 new M rule** (regarding primary count when an original dx of low-grade glioma recurs in residual tumor with a more specific histology)
- **Urinary: 1 new H rule** (regarding coding histology to combined large cell carcinoma 8013/ when histology is large cell neuroendocrine ca & any other *carcinoma* type – excludes sarcoma)

Reference: Solid Tumor Rules, 2025 Update

VI. Pediatric Data Collection System (PDCS)

The PDCS is a new data collection system based on the *Toronto Childhood Cancer Staging Guidelines*, resembling SEER EOD, that was created to collect Pediatric staging and SSDI information for cases diagnosed in 2024+. The four (4) main data items are: Pediatric Primary tumor, Pediatric Nodes, Pediatric Mets, and schema-dependant SSDIs. Beginning January 2025, limited PDCS implementation is required for select facilities in SEER states for ages 0-19 (required) and Adolescents and Young Adults ages 20-39 (optional); some additional facilities volunteered to collect this data for patients aged 0-39. You can view the PDSC online on SEER*RSA for use with cases diagnosed 2025+. (<https://staging.seer.cancer.gov/>).

References: Solid Tumor Rules, 2025 Update; SEER Registry Operations, Staging, More Staging Resources, Pediatric Data Collection System and Staging Manual; NAACCR Central Registry Standards, Pediatric Data Collection System ([Pediatric Resources](#))

VII. Cancer PathChart (CPC)

The Cancer PathChart’s goal is to improve data quality by updating standards for the validity of various site/histology/behavior code combinations and associated terminology designated as Impossible, Unlikely, or Valid. The CPC *does not* replace the Solid Tumor Rules. At this time, CPC applies to cases diagnosed in 2024. Presently, not all combinations have been reviewed. For 2025, the organ systems reviewed were: respiratory tract, thorax, soft tissue, male genital system, urinary system, and CNS.

References:

Solid Tumor Rules, 2025, General Instructions; SEER Registry Operations, Cancer PathCHART - Tumor Site-Histology Surveillance Standards Initiative

Additional References

NAACCR References for V25 Updates: NAACCR Education, V25 Updates: Solid Tumor Rules, SSDIs, and More! Video Recording; NAACCR Central Registry Standards, 2025 Implementation Guidelines and Recommendations

STORE Manual 2025, STORE 2025 Summary of Changes, pp.1-11

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