



# **Cancer Reporting in California**

## **Appendix K.2**

### **STORE Surgery Codes for 2023 +**

#### **California Cancer Reporting System Standards, Volume I: Abstracting and Coding Procedures**

##### **Twenty-Second Edition**

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## Appendix K.2: STORE Surgery Codes

The histologies specified in this appendix apply only to Surgery codes for cases diagnosed January 1, 2023 and forward.

### Historical Surgery Code References:

- For coding surgery for cases diagnosed prior to January 1, 2022, please see [Appendix K.1: STORE Surgery Codes for 2010-2022](#).
- For coding surgery for cases diagnosed prior to January 1, 2010, please see the [FORDS: Revised for 2009](#).
- For coding surgery for cases diagnosed prior to January 1, 2003, please see the [ROADS Manual](#).

### Guidelines:

- Click on the Site in the navigation column for STORE Surgery Codes for cases diagnosed January 1, 2023 and forward.

## K.2: ANUS

For cases diagnosed on or after January 1, 2023

### C210-C218

#### SURGERY OF PRIMARY SITE

**SEER Note:** Do not code infrared coagulation as treatment.

Code	Description
A000	None; no surgery of primary site; autopsy only

No specimen sent to pathology from surgical event A100, A120, and A150.

Code	Description
A100	Local tumor destruction, NOS
A120	Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
A150	Thermal ablation

Specimen sent to pathology from surgical events A200-A630.

Code	Description
A200	Local tumor excision, NOS
A260	Polypectomy
A270	Excisional biopsy <b>Any combination of A200, A260, or A270 WITH</b>
A220	Electrocautery

**SEER Note:** Margins of resection may have microscopic involvement.

Code	Description
A600	Abdominal perineal resection, NOS (APR)
A610	APR and sentinel node excision
A620	APR and unilateral inguinal lymph node dissection
A630	APR and bilateral inguinal lymph node dissection <b>Note:</b> The lymph node dissection should also be coded under Scope of Regional Lymph Node Surgery or Scope of Regional Lymph Node Surgery at This Facility
A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate only

## K.2: BLADDER

For cases diagnosed on or after January 1, 2023

### C670-C679

#### SURGERY OF PRIMARY SITE

Reference [Appendix M](#) for a list of Q-Tips which may be related to this topic.

Code	Description
A000	None; no surgery of primary site; autopsy only

No specimen sent to pathology from surgical event A100-A160.

Code	Description
A100	Local tumor destruction, NOS
A110	Photodynamic therapy (PDT)
A120	Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
A130	Cryosurgery
A140	Laser
A150	Intravesical therapy
A160	Bacillus Calmette-Guerin (BCG) or other immunotherapy <b>Note:</b> Also code the introduction of immunotherapy in the immunotherapy items. If immunotherapy is followed by surgery of the type coded A200-A800, code surgery instead and code the immunotherapy only as immunotherapy <b>Clarification:</b> Use code A160 if local tumor destruction occurs via the use of BCG and more extensive surgery is not performed. When BCG is administered via Intravesical Therapy, also use code A160. In addition, also code the item under "Immunotherapy" as code 01 <b>SEER Note:</b> Code BCG as both surgery and immunotherapy

Specimen sent to pathology from surgical events A200-A800.

Code	Description
A200	Local tumor excision, NOS
A260	Polypectomy
A270	Excisional biopsy <b>Any combination of A200, A260, or A270 WITH</b> <b>Clarification:</b> the following codes INCLUDE local tumor excision, polypectomy or excisional biopsy <b>SEER Note:</b> Code TURB as A270
A210	Photodynamic therapy (PDT)
A220	Electrocautery

A230	Cryosurgery
A240	Laser ablation
A250	Laser excision
A300	Partial cystectomy
A500	Simple/total/complete cystectomy
A600	Complete cystectomy with reconstruction <b>SEER Note:</b> Use code A710 for cystoprostatectomy. Use code A710 for cystectomy with hysterectomy
A610	Radical cystectomy PLUS ileal conduit
A620	Radical cystectomy PLUS continent reservoir or pouch, NOS
A630	Radical cystectomy PLUS abdominal pouch (cutaneous)
A640	Radical cystectomy PLUS in situ pouch (orthotopic) <b>Note:</b> When the procedure is described as a pelvic exenteration for males, but the prostate is not removed, the surgery should be coded as a cystectomy (code A600-A640)
A700	Pelvic exenteration, NOS
A710	Radical cystectomy including anterior exenteration <b>Note:</b> For females, includes removal of bladder, uterus, ovaries, entire vaginal wall, and entire urethra. For males, includes removal of the prostate. When a procedure is described as a pelvic exenteration for males, but the prostate is not removed, the surgery should be coded as a cystectomy (code A600-A640) <b>SEER Note:</b> Use code A710 for cystoprostatectomy. Use code A710 for cystectomy with hysterectomy <b>SEER Note:</b> If a cystectomy is done and the prostatectomy/hysterectomy is not done, any organs other than the bladder removed during the procedure should be coded Surgical Procedure of Other Site If cystectomy done along with prostatectomy/hysterectomy, all pelvic organs removed during procedure are included in A700-A740 Any non-pelvic organs or tissues removed during procedure should be coded Surg Proc of Other Site
A720	Posterior exenteration <b>Note:</b> For females, also includes removal of vagina, rectum and anus. For males, also includes prostate, rectum and anus
A730	Total exenteration <b>Note:</b> Includes all tissue and organs removed for an anterior and posterior exenteration <b>SEER Note:</b> Includes removal of all pelvic contents and pelvic lymph nodes. The lymph node dissection should also be coded under Scope of Regional Lymph Node Surgery
A740	Extended exenteration

	<b>Note:</b> Includes pelvic blood vessels and/or bony pelvis
A800	Cystectomy, NOS
A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate only

## K.2: BONES, PERIPHERAL NERVES AND SOFT TISSUES

For cases diagnosed on or after January 1, 2023

**BONES, JOINTS, AND ARTICULAR CARTILAGE C400-C419**

**APERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM C470-C479**

**CONNECTIVE, SUBCUTANEOUS, AND OTHER SOFT TISSUES C490-C499**

### SURGERY OF PRIMARY SITE

Code	Description
A000	None; no surgery of primary site; autopsy only
A190	Local tumor destruction or excision, NOS <b>Note:</b> Unknown whether a specimen was sent to pathology for surgical events coded A190 (principally for cases diagnosed prior to January 1, 2003)

No specimen sent to pathology from surgical event A150.

Code	Description
A150	Local tumor destruction

Specimen sent to pathology from surgical events A250-A540.

Code	Description
A250	Local excision
A260	Partial resection
A300	Radical excision or resection of lesion WITH limb salvage
A400	Amputation of limb
A410	Partial amputation of limb
A420	Total amputation of limb
A500	Major amputation, NOS
A510	Forequarter, including scapula
A520	Hindquarter, including ilium/hip bone
A530	Hemipelvectomy, NOS
A540	Internal hemipelvectomy
A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate only

## K.2: BRAIN

For cases diagnosed on or after January 1, 2023

**Meninges C700-C709, Brain C710-C719,  
Spinal Cord, Cranial Nerves and Other Parts of Central Nervous System  
C720-C729**

### SURGERY OF PRIMARY SITE

**Do not code** laminectomies for spinal cord primaries.

Code	Description
A000	None; no surgery of primary site; autopsy only

No specimen sent to pathology from surgical event A100.

Code	Description
A100	Tumor destruction, NOS <b>SEER Note:</b> Local tumor destruction, NOS; laser interstitial thermal therapy (LITT) - code A100 if no specimen sent to pathology <b>Note:</b> Do not record stereotactic radiosurgery (SRS), Gamma knife, Cyber knife, or Linac radiosurgery as surgical tumor destruction. All of these modalities are recorded in the radiation treatment fields

Specimen sent to pathology from surgical events A200-A550.

Code	Description
A200	Local excision of tumor, lesion or mass; excisional biopsy <b>SEER Note:</b> Assign code A200 for stereotactic biopsy of brain tumor
A210	Subtotal resection of tumor, lesion or mass in brain
A220	Resection of tumor of spinal cord or nerve

Codes A300-A550 are not applicable for spinal cord or spinal nerve primary sites.

Code	Description
A300	Radical, total, gross resection of tumor, lesion or mass in brain
A400	Partial resection of lobe of brain, when the surgery cannot be coded as A200-A300
A550	Gross total resection of lobe of brain (lobectomy)
A900	Surgery, NOS <b>SEER Note:</b> Laser interstitial thermal therapy (LITT) - code A900 if specimen sent pathology
A990	Unknown if surgery performed; death certificate only



## K.2: BREAST

For cases diagnosed on or after January 1, 2023

### C500-C509

#### SURGERY OF PRIMARY SITE

Reference [Appendix M](#) for a list of Q-Tips which may be related to this topic.

Code	Description
A000	None; no surgery of primary site; autopsy only
A190	Local tumor destruction, NOS <b>Note:</b> No specimen was sent to pathology for surgical events coded A190 (principally for cases diagnosed prior to January 1, 2003)

**SEER Note:** When a patient has a procedure coded to A200-A240 (e.g., lumpectomy) with reconstruction, code only the procedure (e.g., lumpectomy, code A220) as the surgery.

**SEER Note:** Assign code A220 when a patient has a lumpectomy and an additional margin excision during the same procedure.

**Note:** According to the Commission on Cancer, re-excision of the margins intraoperatively during same surgical event does not require additional resources; it is still A220. Subsequent re-excision of lumpectomy margins during separate surgical event requires additional resources: anesthesia, op room, and surgical staff; it qualifies for code A230.

[Specimen sent to pathology for surgical events coded A200-A800.](#)

Code	Description
A200	Partial mastectomy, NOS; less than total mastectomy, NOS <b>Note:</b> Procedures coded A200-A240 remove the gross primary tumor and some of the breast tissue (breast-conserving or preserving). There may be microscopic residual tumor
A210	Partial mastectomy WITH nipple resection
A220	Lumpectomy or excisional biopsy
A230	Reexcision of the biopsy site for gross or microscopic residual disease
A240	Segmental mastectomy (including wedge resection, quadrantectomy, tylectomy)
A300	Subcutaneous mastectomy <b>Note:</b> A subcutaneous mastectomy (nipple sparing mastectomy) is removal of breast tissue w/o nipple and areolar complex or overlying skin. It's performed to facilitate immediate reconstruction. Consider cases coded A300 to have undergone reconstruction

**SEER Note:** Code Goldilocks mastectomy in Surgery of Primary Site 2023. Breast surgery code A300 seems to be the best available choice for "Goldilocks" mastectomy. It is essentially a skin-sparing mastectomy with breast reconstruction. The choice between code A300 and codes in the A400-A490 range depends on the extent of the breast removal. Review the operative report carefully and assign the code that best reflects the extent of the breast removal.

Code	Description
A400	Total (simple) mastectomy, NOS
A410	WITHOUT removal of uninvolved contralateral breast
A430	Reconstruction, NOS
A440	Tissue
A450	Implant
A460	Combined (tissue and implant)
A420	WITH removal of uninvolved contralateral breast
A470	Reconstruction, NOS
A480	Tissue
A490	Implant
A750	Combined (tissue and implant)

**SEER Note:** “Tissue” for reconstruction is defined as human tissue such as muscle (latissimus dorsi or rectus abdominis) or skin in contrast to artificial prostheses (implants). Placement of a tissue expander at the time of original surgery indicates that reconstruction is planned as part of the first course of treatment.

**SEER Note:** Assign code A430 for a simple mastectomy with tissue expanders and acellular dermal matrix/AlloDerm. The tissue expander indicates preparation of reconstruction. The acellular dermal matrix/AlloDerm is not coded because, while they often accompany and implant procedure, they are not the principle element of reconstructive procedures. The principle elements would be tissue from the patient and/or prosthetics (e.g., gel implants).

A total (simple) mastectomy removes all breast tissue, the nipple, and areolar complex. An axillary dissection is not done, but sentinel lymph nodes may be removed.

For **single** primaries involving both breasts, use code A760.

**SEER Note:** Example of single primary with removal of involved contralateral breast--Inflammatory carcinoma involving both breasts. Bilateral simple mastectomies. Code Surgery of Primary Site 2023 as A760.

If **contralateral breast** reveals a **second primary**, each breast is abstracted separately. The surgical procedure is coded A410 for the first primary. The surgical code for the contralateral breast is coded to the procedure performed on that site.

**SEER Note:** Placement of a tissue expander at the time of original surgery means that reconstruction is planned as part of the first course of treatment. When an expander is placed, code the mastectomy and reconstruction.

Reconstruction that is planned as part of first course treatment is coded A430-A490 or A750, regardless of whether it is done at the time of mastectomy or later.

**SEER Note:** Reconstruction may be done at the same time as the mastectomy or may be done later. Code A430-A490, or A750 if the operative report or medical record states reconstruction will be done later, or if a tissue expander is inserted during the mastectomy procedure. Tissue expander insertion precedes reconstruction.

Code	Description
A760	Bilateral mastectomy for a single tumor involving both breasts, as for bilateral inflammatory carcinoma

**SEER Note:** Assign code A760 for a more extensive bilateral mastectomy. Assign code 0 in Surgical Procedure of Other Site.

For a simple bilateral mastectomy, assign code A410 with code 1 in Surgical Procedure of Other Site.

Code	Description
A500	Modified radical mastectomy, NOS <b>Note:</b> A modified radical mastectomy is the removal of all breast tissue, the nipple, the areolar complex, and variable amounts of breast skin in continuity with the axilla. The specimen may or may not include a portion of the pectoralis major muscle
A510	WITHOUT removal of uninvolved contralateral breast
A530	Reconstruction, NOS
A540	Tissue
A550	Implant
A560	Combined (tissue and implant)
A520	WITH removal of uninvolved contralateral breast
A570	Reconstruction, NOS
A580	Tissue
A590	Implant
A630	Combined (tissue and implant)

**SEER Note:** "In continuity with" or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen. "Tissue" for reconstruction is defined as human tissue such as muscle (latissimus dorsi or rectus abdominis) or skin in contrast to artificial prostheses (implants). Placement of a tissue expander at the time of original surgery indicates that reconstruction is planned as part of the first course of treatment.

Code the most invasive, extensive, or definitive surgery in Surgery of Primary Site 2023.

**Note:** Assign code A510 or A520 if a patient has an excisional biopsy and axillary dissection followed by a simple mastectomy during the first course of therapy. Code the cumulative result of the surgeries, which is a modified radical mastectomy in this case.

If **contralateral breast** reveals a **second primary**, each breast is abstracted separately. The surgical procedure is coded A510 for the first primary. The surgical code for the contralateral breast is coded to the procedure performed on that site.

Code	Description
A600	Radical mastectomy, NOS
A610	WITHOUT removal of uninvolved contralateral breast

A640	Reconstruction, NOS
A650	Tissue
A660	Implant
A670	Combined (tissue and implant)
A620	WITH removal of uninvolved contralateral breast
A680	Reconstruction, NOS
A690	Tissue
A730	Implant
A740	Combined (tissue and implant)

**SEER Note:** Involves removal of breast tissue, nipple, areolar complex, variable amount of skin, pectoralis minor, and/or pectoralis major. Includes en bloc axillary dissection. "Tissue" for reconstruction is defined as human tissue such as muscle (latissimus dorsi or rectus abdominis) or skin in contrast to artificial prostheses (implants). Placement of a tissue expander at the time of original surgery indicates that reconstruction is planned as part of the first course of treatment.

Code	Description
A700	Extended radical mastectomy
A710	WITHOUT removal of uninvolved contralateral breast
A720	WITH removal of uninvolved contralateral breast

**SEER Note:** Involves removal of breast tissue, nipple, areolar complex, variable amount of skin, pectoralis minor, and/or pectoralis major. Includes removal of internal mammary nodes and en bloc axillary dissection.

Code	Description
A800	Mastectomy, NOS
A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate only

## K.2: CERVIX UTERI

For cases diagnosed on or after January 1, 2023

### C530-C539

#### SURGERY OF PRIMARY SITE

**SEER Note: Do not code** dilation and curettage (D&C) as Surgery of Primary Site 2023 for **invasive cancers**.

Code	Description
A000	None; no surgery of primary site; autopsy only

Specimen sent to pathology from surgical events A100-A170.

Code	Description
A100	Local tumor destruction, NOS
A110	Photodynamic therapy (PDT)
A120	Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
A130	Cryosurgery
A140	Laser
A150	Loop Electrocautery Excision Procedure (LEEP)
A160	Laser ablation
A170	Thermal ablation

Specimen sent to pathology from surgical events A200-A740.

Code	Description
A200	Local tumor excision, NOS <b>SEER Note:</b> Margins of resection may have microscopic involvement. Procedures in code A200 include but are not limited to: cryosurgery, electrocautery, excisional biopsy, laser ablation, or thermal ablation
A260	Excisional biopsy, NOS
A270	Cone biopsy
A240	Cone biopsy WITH gross excision of lesion
A290	Trachelectomy; removal of cervical stump; cervicectomy <b>Any combination of A200, A240, A260, A270 or A290 WITH</b>
A210	Electrocautery
A220	Cryosurgery
A230	Laser ablation or excision
A250	Dilatation and curettage; endocervical curettage (for in situ only)

A280	Loop electrocautery excision procedure (LEEP)
A300	Total hysterectomy (simple, pan-) WITHOUT removal of tubes and ovaries <b>Note:</b> Total hysterectomy removes both the corpus and cervix uteri and may also include a portion of vaginal cuff
A400	Total hysterectomy (simple, pan-) WITH removal of tubes and/or ovary <b>Note:</b> Total hysterectomy removes both the corpus and cervix uteri and may also include a portion of vaginal cuff
A500	Modified radical or extended hysterectomy; radical hysterectomy; extended radical hysterectomy
A510	Modified radical hysterectomy
A520	Extended hysterectomy
A530	Radical hysterectomy; Wertheim procedure
A540	Extended radical hysterectomy
A600	Hysterectomy, NOS, WITH or WITHOUT removal of tubes and ovaries
A610	WITHOUT removal of tubes and ovaries
A620	WITH removal of tubes and ovaries
A700	Pelvic exenteration, NOS
A710	Anterior exenteration <b>Note:</b> Includes bladder, distal ureters, and genital organs WITH their ligamentous attachments and pelvic lymph nodes <b>SEER Note:</b> Do not code removal of pelvic lymph nodes under Surgical Procedure of Other Site
A720	Posterior exenteration <b>Note:</b> Includes rectum and rectosigmoid WITH ligamentous attachments and pelvic lymph nodes <b>SEER Note:</b> Do not code removal of pelvic lymph nodes under Surgical Procedure of Other Site
A730	Total exenteration <b>Note:</b> Includes removal of all pelvic contents and pelvic lymph nodes <b>SEER Note:</b> Do not code removal of pelvic lymph nodes under Surgical Procedure of Other Site
A740	Extended exenteration <b>Note:</b> Includes pelvic blood vessels or bony pelvis
A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate only

## K.2: COLON

For cases diagnosed on or after January 1, 2023

### C180-C189

#### SURGERY OF PRIMARY SITE

**Note:** Code removal/surgical ablation of single or multiple liver metastases under the data item Surgical Procedure of Other Site .

**SEER Note:** Do not code a colostomy, with no colon tissue removed, as surgery. If colostomy is the only procedure performed, assign surgery code A000.

**SEER Note:** Code circumferential resection margin (CRM) when assigning surgery codes A300-A800. CRM is not applicable for other surgery codes for this site.

Code	Description
A000	None; no surgery of primary site; autopsy only

No specimen sent to pathology from surgical event A100 and A120.

Code	Description
A100	Local tumor destruction, NOS
A120	Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

Specimen sent to pathology from surgical events A200-A800.

Code	Description
A200	Local tumor excision, NOS
A260	Polypectomy, NOS
A270	Excisional biopsy
A280	Polypectomy-endoscopic
A290	Polypectomy-surgical excision <b>Any combination of A200, A260, A270, A280 or A290 WITH</b>
A220	Electrocautery <b>SEER Note:</b> Code A220 above combines A200 Local tumor excision, NOS, A260 Polypectomy, NOS, A270 Excisional biopsy, A280 Polypectomy-endoscopic, or A290 Polypectomy-surgical excision WITH A220 Electrocautery
A300	Partial colectomy, segmental resection <b>SEER Note:</b> Code A300 includes but is not limited to the following procedures: Appendectomy (for an appendix primary only), enterocolectomy, ileocolectomy, partial colectomy, NOS, partial resection of transverse colon and flexures, and segmental resection (such as cecectomy or sigmoidectomy). Note that the removal of a short portion of the distal ileum is not "removal of a contiguous organ"
A320	PLUS resection of contiguous organ; example: small bowel, bladder

A400	Subtotal colectomy/hemicolectomy (total right or left colon and a portion of transverse colon) <b>SEER Note:</b> Code A400 includes extended (but less than total) right or left colectomy. Note that the removal of a short portion of the distal ileum is not “removal of a contiguous organ”
A410	PLUS resection of contiguous organ; example: small bowel, bladder
A500	Total colectomy (removal of colon from cecum to the rectosigmoid junction; may include a portion of the rectum) <b>SEER Note:</b> Removal of a short portion of the distal ileum is not “removal of a contiguous organ”
A510	PLUS resection of contiguous organ; example: small bowel, bladder
A600	Total proctocolectomy (removal of colon from cecum to the rectosigmoid junction, including the entire rectum) <b>SEER Note:</b> Commonly used for familial polyposis or polyposis coli
A610	PLUS resection of contiguous organ; example: small bowel, bladder <b>SEER Note:</b> Removal of a short portion of the distal ileum is not “removal of a contiguous organ”
A700	Colectomy or coloproctectomy with resection of contiguous organ(s), NOS (where there is not enough information to code A320, A410, A510, or A610) <b>Note:</b> Code A700 includes: Any colectomy (partial, hemicolectomy, or total) WITH a resection of any other organs in continuity with the primary site. Other organs may be partially or totally removed. Other organs may include, but are not limited to, oophorectomy, partial proctectomy, rectal mucosectomy, or pelvic exenteration <b>SEER Note:</b> "In continuity with" or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen
A800	Colectomy, NOS
A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate only



## K.2: CORPUS UTERI

For cases diagnosed on or after January 1, 2023

### C540-C559

#### SURGERY OF PRIMARY SITE

**SEER Note:** Do not code dilation and curettage (D&C) as Surgery of Primary Site 2023 for invasive cancers.

Code	Description
A000	None; no surgery of primary site; autopsy only
A190	Local tumor destruction or excision, NOS <b>Note:</b> Unknown whether a specimen was sent to pathology for surgical events coded A190 (principally for cases diagnosed prior to January 1, 2003)

No specimen sent to pathology from surgical event A100-A160.

Code	Description
A100	Local tumor destruction, NOS
A110	Photodynamic therapy (PDT)
A120	Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
A130	Cryosurgery
A140	Laser
A150	Loop Electrocautery Excision Procedure (LEEP)
A160	Thermal ablation

Specimen sent to pathology from surgical events A200-A790.

Code	Description
A200	Local tumor excision, NOS; simple excision, NOS <b>Clarification:</b> Procedures in code A200 include but are not limited to: cryosurgery, electrocautery, excisional biopsy, laser ablation, thermal ablation <b>SEER Note:</b> Margins of resection may have microscopic involvement
A240	Excisional biopsy
A250	Polypectomy
A260	Myomectomy <b>Any combination of A200, A240 or A260 WITH</b>
A210	Electrocautery
A220	Cryosurgery
A230	Laser ablation or excision

A300	Subtotal hysterectomy/supracervical hysterectomy/fundectomy WITH or WITHOUT removal of tube(s) and ovary(ies) <b>SEER Note:</b> For these procedures, the cervix is left in place
A310	WITHOUT tube(s) and ovary(ies)
A320	WITH tube(s) and ovary(ies)
A400	Total hysterectomy (simple, pan-) WITHOUT removal of tube(s) and ovary(ies) <b>Note:</b> Removes both the corpus and cervix uteri. It may also include a portion of vaginal cuff
A500	Total hysterectomy (simple, pan-) WITH removal of tube(s) and/or ovary(ies) <b>Note:</b> Removes both the corpus and cervix uteri. It may also include a portion of vaginal cuff
A600	Modified radical or extended hysterectomy; radical hysterectomy; extended radical hysterectomy
A610	Modified radical hysterectomy
A620	Extended hysterectomy
A630	Radical hysterectomy; Wertheim procedure <b>SEER Note:</b> Use code A630 for "Type III" hysterectomy
A640	Extended radical hysterectomy
A650	Hysterectomy, NOS, WITH or WITHOUT removal of tube(s) and ovary(ies)
A660	WITHOUT removal of tube(s) and ovary(ies)
A670	WITH removal of tube(s) and ovary(ies)
A750	Pelvic exenteration, NOS
A760	Anterior exenteration <b>Note:</b> Includes bladder, distal ureters, and genital organs WITH their ligamentous attachments and pelvic lymph nodes <b>SEER Note:</b> Do not code removal of pelvic lymph nodes under Surgical Procedure of Other Site
A770	Posterior exenteration <b>Note:</b> Includes rectum and rectosigmoid WITH ligamentous attachments and pelvic lymph nodes <b>SEER Note:</b> Do not code removal of pelvic lymph nodes under Surgical Procedure of Other Site
A780	Total exenteration, <b>Note:</b> Includes removal of all pelvic contents and pelvic lymph nodes <b>SEER Note:</b> Do not code removal of pelvic lymph nodes under Surgical Procedure of Other Site
A790	Extended exenteration <b>Note:</b> Includes pelvic blood vessels or bony pelvis

A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate only

## K.2: ESOPHAGUS

For cases diagnosed on or after January 1, 2023

### C150-C159

#### SURGERY OF PRIMARY SITE

Code	Description
A000	None; no surgery of primary site; autopsy only

No specimen sent to pathology from surgical event A100-A140.

Code	Description
A100	Local tumor destruction, NOS
A110	Photodynamic therapy (PDT)
A120	Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
A130	Cryosurgery
A140	Laser

Specimen sent to pathology from surgical events A200-A800.

Code	Description
A200	Local tumor excision, NOS
A260	Polypectomy
A270	Excisional biopsy <b>Any combination of A200, A260, or A270 WITH</b>
A210	Photodynamic therapy (PDT)
A220	Electrocautery
A230	Cryosurgery
A240	Laser ablation
A250	Laser excision
A300	Partial esophagectomy
A400	Total esophagectomy, NOS
A500	Esophagectomy, NOS WITH laryngectomy and/or gastrectomy, NOS <b>SEER Note:</b> Codes A500-A550 include partial esophagectomy, total esophagectomy, or esophagectomy, NOS
A510	WITH laryngectomy
A520	WITH gastrectomy, NOS
A530	WITH partial gastrectomy
A540	WITH total gastrectomy

A550	Combination of A510 WITH any of A520–A540
A800	<p>Esophagectomy, NOS</p> <p><b>SEER Note:</b> Code a transhiatal esophagectomy depending on the extent of the esophagectomy. Read all of the operative report and the entire pathology report carefully. If a partial esophagectomy was performed, assign code A300. If a total esophagectomy was performed, assign code A400. If you do not have enough information to determine whether a partial or a total esophagectomy was performed, assign code A800. The transhiatal esophagectomy does not usually include removal of a portion of the stomach, but if a portion of stomach is removed, assign code A520 or A530. If the entire stomach was removed (not likely) assign code A540. Use text fields to record the details</p>
A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate only

**K.2:  
HEMATOPOIETIC/RETICULOENDOTHELIAL/IMMUNOPROLIFERATIVE/MYELOPROLIFERATIVE DISEASE**

**For cases diagnosed on or after January 1, 2023**

**C420, C421, C423, C424 for all histologies**

**SURGERY OF PRIMARY SITE**

<b>Code</b>	<b>Description</b>
A980	All hematopoietic, reticuloendothelial, immunoproliferative, myeloproliferative disease sites and/or histologies, WITH or WITHOUT surgical treatment <b>Note:</b> Surgical procedures for hematopoietic, reticuloendothelial, immunoproliferative, myeloproliferative primaries are to be recorded using the data item Surgical Procedure of Other Site
A990	Death certificate only <b>CCR Note:</b> For CCR use only

## K.2: KIDNEY, RENAL, PELVIS, AND URETER

For cases diagnosed on or after January 1, 2023

### Kidney C649, Renal Pelvis C659, Ureter C669

#### SURGERY OF PRIMARY SITE

Code	Description
A000	None; no surgery of primary site; autopsy only

No specimen sent to pathology from surgical event A100-A150.

Code	Description
A100	Local tumor destruction, NOS
A110	Photodynamic therapy (PDT)
A120	Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
A130	Cryosurgery
A140	Laser
A150	Thermal ablation

Specimen sent to pathology from surgical events A200-A800.

Code	Description
A200	Local tumor excision, NOS <b>Clarification:</b> The following codes include local tumor excision, polypectomy or excisional biopsy
A260	Polypectomy
A270	Excisional biopsy <b>Any combination of A200, A260, or A270 WITH</b> <b>Clarification:</b> The following codes include local tumor excision, polypectomy or excisional biopsy
A210	Photodynamic therapy (PDT)
A220	Electrocautery
A230	Cryosurgery
A240	Laser ablation
A250	Laser excision
A300	Partial or subtotal nephrectomy (kidney or renal pelvis) or partial ureterectomy (ureter) <b>Note:</b> Procedures coded A300 include, but are not limited to: Segmental resection Wedge resection

A400	Complete/total/simple nephrectomy-for kidney parenchyma; nephroureterectomy <b>Note:</b> Includes bladder cuff for renal pelvis or ureter
A500	Radical nephrectomy <b>Note:</b> Code A500 may include removal of a portion of vena cava, adrenal gland(s), Gerota's fascia, perinephric fat, or partial/total ureter
A700	Any nephrectomy (simple, subtotal, complete, partial, total, radical) in continuity with the resection of other organ(s) (colon, bladder) <b>Note:</b> The other organs, such as colon or bladder, may be partially or totally removed <b>SEER Note:</b> "In continuity with" or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen
A800	Nephrectomy, NOS; Ureterectomy, NOS
A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate only



## K.2: LARYNX

For cases diagnosed on or after January 1, 2023

### C320-C329

#### SURGERY OF PRIMARY SITE

Code	Description
A000	None; no surgery of primary site; autopsy only

No specimen sent to pathology from surgical event A100-A150.

Code	Description
A100	Local tumor destruction, NOS
A110	Photodynamic therapy (PDT)
A120	Electrocautery: fulguration (includes use of hot forceps for tumor destruction)
A130	Cryosurgery
A140	Laser
A150	Stripping

Specimen sent to pathology from surgical events A200-A800.

Code	Description
A200	Local tumor excision, NOS
A260	Polypectomy
A270	Excisional biopsy <b>Any combination of A200, A260, or A270 WITH</b> <b>Clarification:</b> The following codes include local tumor excision, polypectomy or excisional biopsy
A210	Photodynamic therapy (PDT)
A220	Electrocautery
A230	Cryosurgery
A240	Laser ablation
A250	Laser excision
A280	Stripping
A300	Partial excision of the primary site, NOS; subtotal/partial laryngectomy NOS; hemilaryngectomy NOS <b>SEER Note:</b> Vertical laryngectomy: Removal of involved true vocal cord, ipsilateral false vocal cord, intervening ventricle, ipsilateral thyroid and may include removal of the arytenoids <b>Note:</b> Supraglottic laryngectomy: Conservative surgery intended to preserve the laryngeal function. Standard procedure involves removal of epiglottis, false vocal

	cords, aryepiglottic folds, arytenoid cartilages, ventricle, upper one third of thyroid cartilage, and/or thyroid membrane. The true vocal cords and arytenoids remain in place to allow vocalization and deglutition
A310	Vertical laryngectomy
A320	Anterior commissure laryngectomy
A330	Supraglottic laryngectomy
A400	Total or radical laryngectomy, NOS
A410	Total laryngectomy ONLY
A420	Radical laryngectomy ONLY <b>SEER Note:</b> Radical laryngectomy: includes removal of adjacent sites. Do not code the removal of adjacent sites in Surgical Procedure of Other Site
A500	Pharyngolaryngectomy
A800	Laryngectomy, NOS
A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate only

## K.2: LIVER and INTRAHEPATIC BILE DUCTS

For cases diagnosed on or after January 1, 2023

### C220-C221

#### SURGERY OF PRIMARY SITE

Code	Description
A000	None; no surgery of primary site; autopsy only

No specimen sent to pathology from surgical event A100-A170.

Code	Description
A100	Local tumor destruction, NOS
A110	Photodynamic therapy (PDT)
A120	Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
A130	Cryosurgery
A140	Laser
A150	Alcohol (Percutaneous Ethanol Injection-PEI) <b>SEER Note:</b> Code A150 Alcohol (Percutaneous Ethanol Injection-PEI) can also be described as an "intratumoral injection of alcohol" or "alcohol ablation"
A160	Heat-Radio-frequency ablation (RFA)
A170	Other (ultrasound, acetic acid)

Specimen sent to pathology from surgical events A200-A750.

Code	Description
A200	Wedge or segmental resection, NOS
A210	Wedge resection
A220	Segmental resection, NOS <b>SEER Note:</b> Codes A230-A250 mean one, two or three wedges or segments of the liver were removed
A230	One
A240	Two
A250	Three
A260	Segmental resection AND local tumor destruction
A300	Lobectomy, NOS <b>SEER Note:</b> Code A300 is also referred to as simple lobectomy
A360	Right lobectomy
A370	Left lobectomy

A380	Lobectomy and local tumor destruction
A500	Extended lobectomy, NOS (extended: resection of a single lobe plus a segment of another lobe)
A510	Right lobectomy
A520	Left lobectomy
A590	Extended lobectomy and local tumor destruction
A600	Hepatectomy, NOS
A610	Total hepatectomy and transplant
A650	Excision of a bile duct (for an intra-hepatic bile duct primary only)
A660	Excision of an intrahepatic bile duct PLUS partial hepatectomy
A750	Extrahepatic bile duct and hepatectomy WITH transplant
A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate only

## K.2: LUNG

For cases diagnosed on or after January 1, 2023

### C340-C349

#### SURGERY OF PRIMARY SITE

Code	Description
A000	None; no surgery of primary site; autopsy only
A190	Local tumor destruction or excision, NOS <b>Note:</b> Unknown whether a specimen was sent to pathology for surgical events coded A190 (used principally for cases diagnosed prior to January 1, 2003)

No specimen sent to pathology from surgical event A120, A130, and A150.

Code	Description
A150	Local tumor destruction, NOS
A120	Laser ablation or cryosurgery
A130	Electrocautery; fulguration (includes use of hot forceps for tumor destruction) <b>SEER Note:</b> Assign code A150 for radiofrequency ablation (RFA)

Specimen sent to pathology from surgical events A200-A800.

Code	Description
A200	Excision or resection of less than one lobe, NOS
A230	Excision, NOS
A240	Laser excision
A250	Bronchial sleeve resection ONLY
A210	Wedge resection
A220	Segmental resection, including lingulectomy
A300	Resection of [at least one] lobe or bilobectomy, but less than the whole lung (partial pneumonectomy, NOS) <b>SEER Note:</b> Assign code A300 when lymph node dissection is not performed, but lymph nodes are obtained as part of the lobectomy specimen <b>Note:</b> The lymph node dissection should also be coded under Scope of Regional Lymph Node Surgery or Scope of Regional Lymph Node Surgery at This Facility
A330	Lobectomy WITH mediastinal lymph node dissection <b>Note:</b> The lymph node dissection should also be coded under Scope of Regional Lymph Node Surgery
A450	Lobectomy or bilobectomy extended, NOS
A460	WITH chest wall
A470	WITH pericardium

A480	WITH diaphragm
A550	Pneumonectomy, NOS <b>SEER Note:</b> Code A550 includes the following procedures: complete pneumonectomy, sleeve pneumonectomy, standard pneumonectomy, total pneumonectomy, resection of whole lung.
A560	WITH mediastinal lymph node dissection (radical pneumonectomy) <b>Note:</b> The lymph node dissection should also be coded under Scope of Regional Lymph Node Surgery or Scope of Regional Lymph Node Surgery at This Facility <b>CCR Note:</b> Peribronchial or hilar lymph nodes are not included in any of the lung surgery codes. If peribronchial or hilar nodes are dissected as part of a surgical procedure which involves the destruction, excision or resection of the primary tumor then the extent of the nodal dissection is recorded in the item "Scope of Regional Lymph Node Surgery" and the number of nodes dissected is recorded as part of the cumulative Regional Lymph Nodes Examined"
A650	Extended pneumonectomy
A660	Extended pneumonectomy plus pleura or diaphragm
A700	Extended radical pneumonectomy <b>SEER Note:</b> An extended radical pneumonectomy is a radical pneumonectomy (including removal of mediastinal nodes) and the removal of other tissues or nodes <b>Note:</b> The lymph node dissection should also be coded under Scope of Regional Lymph Node Surgery <b>CCR Note:</b> Peribronchial or hilar lymph nodes are not included in any of the lung surgery codes. If peribronchial or hilar nodes are dissected as part of a surgical procedure which involves the destruction, excision or resection of the primary tumor then the extent of the nodal dissection is recorded in the item "Scope of Regional Lymph Node Surgery" and the number of nodes dissected is recorded as part of the cumulative "Regional Lymph Nodes Examined"
A800	Resection of lung, NOS
A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate ONLY

## K.2: LYMPH NODES

For cases diagnosed on or after January 1, 2023

### C770-C779

#### SURGERY OF PRIMARY SITE

Code	Description
A000	None; no surgery of primary site; autopsy only
A190	Local tumor destruction or excision, NOS <b>Note:</b> Unknown whether a specimen was sent to pathology for surgical events coded to A190 (principally for cases diagnosed prior to January 1, 2003)

No specimen sent to pathology from surgical event A150.

Code	Description
A150	Local tumor destruction, NOS

Specimen sent to pathology from surgical events A250-A620.

Code	Description
A250	Local tumor excision, NOS <b>Note:</b> Less than a full chain; includes an excisional biopsy of a single lymph node <b>SEER Note:</b> The use of code A250 in Surgery of Primary Site 2023 is for a primary in one and only one lymph node. The single involved lymph node is removed by an excisional biopsy only. CDC-NPCR, CoC, and SEER are in agreement on the wording of code A250
A300	Lymph node dissection, NOS
A310	One chain
A320	Two or more chains
A400	Lymph node dissection, NOS, PLUS splenectomy
A410	One chain
A420	Two or more chains
A500	Lymph node dissection, NOS, and partial/total removal of adjacent organ(s)
A510	One chain
A520	Two or more chains
A600	Lymph node dissection, NOS, and partial/total removal of adjacent organ(s) PLUS splenectomy (Includes staging laparotomy for lymphoma)
A610	One chain
A620	Two or more chains
A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate only

## K.2: ORAL CAVITY

For cases diagnosed on or after January 1, 2023

Lip C000-C009, Base of Tongue C019, Other Parts of Tongue C020-C029, Gum C030-C039, Floor of Mouth C040-C049, Palate C050-C059, Other Parts of Mouth C060-C069

### SURGERY OF PRIMARY SITE

Code	Description
A000	None; no surgery of primary site; autopsy only

No specimen sent to pathology from surgical event A100-A140.

Code	Description
A100	Local tumor destruction, NOS
A110	Photodynamic therapy (PDT)
A120	Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
A130	Cryosurgery
A140	Laser

Specimen sent to pathology from surgical events A200-A430.

Code	Description
A200	Local tumor excision, NOS <b>SEER Note:</b> Codes A200-A270 include shave and wedge resection
A260	Polypectomy
A270	Excisional biopsy <b>Any combination of A200, A260, or A270 WITH</b> <b>Clarification:</b> The following codes include local tumor excision, polypectomy or excisional biopsy
A210	Photodynamic therapy (PDT)
A220	Electrocautery
A230	Cryosurgery
A240	Laser ablation
A250	Laser excision
A300	Wide excision, NOS <b>Note:</b> Code A300 includes: Hemiglossectomy and Partial glossectomy
A400	Radical excision of tumor, NOS <b>Note:</b> Codes A400-A430 include Total glossectomy and Radical glossectomy
A410	Radical excision of tumor only



A420	Combination of A410 WITH resection in continuity with mandible (marginal, segmental, hemi-, or total resection)
A430	Combination of A410 WITH resection in continuity with maxilla (partial, subtotal, or total resection) <b>SEER Note:</b> "In continuity with" or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen
A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate only

## K.2: OVARY

For cases diagnosed on or after January 1, 2023

### C569

#### SURGERY OF PRIMARY SITE

Code	Description
A000	None; no surgery of primary site; autopsy only

No specimen sent to pathology from surgical event A170.

Code	Description
A170	Local tumor destruction, NOS

Specimen sent to pathology from surgical events A250-A800.

Code	Description
A250	Total removal of tumor or (single) ovary, NOS
A260	Resection of ovary (wedge, subtotal, or partial) ONLY, NOS; unknown if hysterectomy done
A270	WITHOUT hysterectomy
A280	WITH hysterectomy <b>SEER Note:</b> Also use code A280 for current unilateral (salpingo-) oophorectomy with previous history of hysterectomy
A350	Unilateral (salpingo-) oophorectomy; unknown if hysterectomy done
A360	WITHOUT hysterectomy
A370	WITH hysterectomy <b>SEER Note:</b> Also use code A370 for current unilateral (salpingo-) oophorectomy with previous history of hysterectomy
A500	Bilateral (salpingo-) oophorectomy; unknown if hysterectomy done
A510	WITHOUT hysterectomy
A520	WITH hysterectomy <b>SEER Note:</b> Also use code A520 for current bilateral (salpingo-) oophorectomy with previous history of hysterectomy
A550	Unilateral or bilateral (salpingo-) oophorectomy WITH OMENTECTOMY, NOS, partial or total, unknown if hysterectomy done
A560	WITHOUT hysterectomy
A570	WITH hysterectomy <b>SEER Note:</b> Also use code A570 for current unilateral (salpingo-) oophorectomy with previous history of hysterectomy
A600	Debulking; cytoreductive surgery, NOS

	<p><b>Note:</b> Debulking is a partial or total removal of the tumor mass and can involve the removal of multiple organ sites. It may include removal of ovaries and/or the uterus (a hysterectomy). The pathology report may or may not identify ovarian tissue. A debulking is usually followed by another treatment modality such as chemotherapy</p> <p><b>SEER Note:</b> Debulking or cytoreductive surgery is implied by the following phrases in the operative report, pathology report, discharge summary, or consultation. (This is not intended to be a complete list. Other phrases may also imply debulking.)</p> <ul style="list-style-type: none"> <li>• Adjuvant treatment pending surgical reduction of tumor</li> <li>• Ovaries, tubes buried in tumor</li> <li>• Tumor burden</li> <li>• Tumor cakes</li> <li>• Very large tumor mass</li> </ul> <p><b>Note:</b> Do not code debulking or cytoreductive surgery based on: multiple biopsies alone, the mention of “multiple tissue fragments” or “removal of multiple implants.” Multiple biopsies and multiple specimens confirm the presence or absence of metastasis</p>
A610	WITH colon (including appendix) and/or small intestine resection (not incidental)
A620	WITH partial resection of urinary tract (not incidental)
A630	Combination of A610 and A620
A700	Pelvic exenteration, NOS
A710	<p>Anterior exenteration</p> <p><b>Note:</b> Includes bladder, distal ureters, and genital organs WITH their ligamentous attachments and pelvic lymph nodes</p> <p><b>SEER Note:</b> Do not code removal of pelvic lymph nodes under Surgical Procedure of Other Site</p>
A720	<p>Posterior exenteration</p> <p><b>Note:</b> Includes rectum and rectosigmoid WITH ligamentous attachments and pelvic lymph nodes</p> <p><b>SEER Note:</b> Do not code removal of pelvic lymph nodes under Surgical Procedure of Other Site</p>
A730	<p>Total exenteration</p> <p><b>Note:</b> Includes removal of all pelvic contents and pelvic lymph nodes</p> <p><b>SEER Note:</b> Do not code removal of pelvic lymph nodes under Surgical Procedure of Other Site</p>
A740	<p>Extended exenteration</p> <p><b>Note:</b> Includes pelvic blood vessels or bony pelvis</p>
A800	(Salpingo-) oophorectomy, NOS
A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate only

## K.2: PANCREAS

For cases diagnosed on or after January 1, 2023

### C250-C259

#### SURGERY OF PRIMARY SITE

Code	Description
A000	None; no surgery of primary site; autopsy only
A250	Local excision of tumor, NOS
A300	Partial pancreatectomy, NOS; example: distal
A350	Local or partial pancreatectomy and duodenectomy, NOS
A360	WITHOUT distal/partial gastrectomy
A370	WITH partial gastrectomy (Whipple)
A400	Total pancreatectomy
A600	Total pancreatectomy and subtotal gastrectomy or duodenectomy
A700	Extended pancreatoduodenectomy
A800	Pancreatectomy, NOS
A900	Surgery, NOS <b>SEER Note:</b> Assign code A900 for NanoKnife, or irreversible electroporation (IRE)
A990	Unknown if surgery performed; death certificate only

## K.2: PAROTID and OTHER UNSPECIFIED GLANDS

For cases diagnosed on or after January 1, 2023

### Parotid Gland C079, Major Salivary Glands C080-C089

#### SURGERY OF PRIMARY SITE

Code	Description
A000	None; no surgery of primary site; autopsy only

No specimen sent to pathology from surgical event A100-A140.

Code	Description
A100	Local tumor destruction, NOS
A110	Photodynamic therapy (PDT)
A120	Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
A130	Cryosurgery
A140	Laser

Specimen sent to pathology from surgical events A200-A800.

Code	Description
A200	Local tumor excision, NOS
A260	Polypectomy
A270	Excisional biopsy <b>Any combination of A200, A260, or A270 WITH</b>
A210	Photodynamic therapy (PDT)
A220	Electrocautery
A230	Cryosurgery
A240	Laser ablation
A250	Laser excision
A300	Less than total parotidectomy, NOS; less than total removal of major salivary gland, NOS <b>SEER Note:</b> Codes A300-A800 include major salivary gland, NOS <b>SEER Note:</b> Codes A300-A360 are with or without superficial lobe
A310	Facial nerve spared
A320	Facial nerve sacrificed
A330	Superficial lobe ONLY, NOS
A340	Facial nerve spared
A350	Facial nerve sacrificed

A360	Deep lobe (total), NOS
A370	Facial nerve spared
A380	Facial nerve sacrificed
A400	Total parotidectomy, NOS; total removal of major salivary gland, NOS <b>SEER Note:</b> Codes A400-A800 include submandibulectomy; submaxillectomy
A410	Facial nerve spared
A420	Facial nerve sacrificed
A500	Radical parotidectomy, NOS; radical removal of major salivary gland, NOS
A510	WITHOUT removal of temporal bone
A520	WITH removal of temporal bone
A530	WITH removal of overlying skin (requires graft or flap coverage)
A800	Parotidectomy, NOS
A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate only

## K:2 PHARYNX

For cases diagnosed on or after January 1, 2023

Tonsil C090-C099, Oropharynx C100-C109, Nasopharynx C110-C119, Pyriform Sinus C129, Hypopharynx C130-C139, Pharynx C140

### SURGERY OF PRIMARY SITE

Code	Description
A000	None; no surgery of primary site; autopsy only

No specimen sent to pathology from surgical event A100-A150.

Code	Description
A100	Local tumor destruction, NOS
A110	Photodynamic therapy (PDT)
A120	Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
A130	Cryosurgery
A140	Laser
A150	Stripping

Specimen sent to pathology from surgical events A200-A520.

Code	Description
A200	Local tumor excision, NOS
A260	Polypectomy
A270	Excisional biopsy <b>Any combination of A200, A260 or A270 WITH</b>
A210	Photodynamic therapy (PDT)
A220	Electrocautery
A230	Cryosurgery
A240	Laser ablation
A250	Laser excision
A280	Stripping
A300	Pharyngectomy, NOS
A310	Limited/partial pharyngectomy; tonsillectomy, bilateral tonsillectomy
A320	Total pharyngectomy
A400	Pharyngectomy WITH laryngectomy OR removal of contiguous bone tissue, NOS (does NOT include total mandibular resection) <b>SEER Note:</b> Code A400 includes mandibulectomy (marginal, segmental, hemi-, and/or laryngectomy) NOS. Contiguous bone tissue refers to the mandible

	<b>SEER Note:</b> Use code A400 when the patient had a pharyngectomy and maybe some sort of mandibulectomy and/or maybe a laryngectomy, but the exact procedures are not clear. Use code A410 when the patient had pharyngectomy and laryngectomy but no mandibulectomy. Use code A420 when the patient had pharyngectomy and mandibulectomy but no laryngectomy. Use code A430 when it is known that the patient had both a mandibulectomy and laryngectomy in addition to the pharyngectomy
A410	WITH laryngectomy (laryngopharyngectomy)
A420	WITH bone (mandibulectomy)
A430	WITH both A410 and A420
A500	Radical pharyngectomy (includes total mandibular resection), NOS
A510	WITHOUT laryngectomy
A520	WITH laryngectomy
A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate only



## K.2: PROSTATE

For cases diagnosed on or after January 1, 2023

### C619

#### SURGERY OF PRIMARY SITE

**Note:** Do not code an orchiectomy in this field. For prostate primaries, orchiectomies are coded in the data item Hematologic Transplant and Endocrine Procedures.

Code	Description
A000	None; no surgery of primary site; autopsy only
A180	Local tumor destruction or excision, NOS <b>Note:</b> Unknown whether a specimen was sent to pathology for surgical events coded A180 or A190 (principally for cases diagnosed prior to January 1, 2003)
A190	Transurethral resection (TURP), NOS

No specimen sent to pathology from surgical event A100-A170.

Code	Description
A100	Local tumor destruction, NOS
A140	Cryoprostectomy
A150	Laser ablation <b>SEER Note:</b> Assign code A150 for Niagara laser photovaporization of the prostate. Code Transurethral Microwave Thermotherapy (TUMT) as A160. Code High Intensity Focused Ultrasonography (HIFU) as A170. Code Transurethral Needle Ablation (TUNA) as A170
A160	Hyperthermia
A170	Other method of local tumor destruction <b>CCR Note:</b> HIFU is a procedure that heats and destroys tissue

Specimen sent to pathology from surgical events A200-A800.

Code	Description
A200	Local tumor excision, NOS
A210	Transurethral resection (TURP), NOS, with specimen sent to pathology
A220	TURP—cancer is incidental finding during surgery for benign disease <b>SEER Note:</b> Assign code A220 for aqua ablation water jet (or other tumor destruction procedure), described on pathology as a TURP, that identified adenocarcinoma as an incidental finding. Use text to document details
A230	TURP—patient has suspected/known cancer <b>Any combination of A200, A210, or A230 WITH</b>

A240	Cryosurgery
A250	Laser <b>SEER Note:</b> Assign code A250 for Holmium laser enucleation of the prostate when a specimen is sent to pathology
A260	Hyperthermia
A300	Subtotal, segmental, or simple prostatectomy, which may leave all or part of the capsule intact <b>SEER Note:</b> May include suprapubic prostatectomy
A500	Radical prostatectomy, NOS; total prostatectomy, NOS <b>Note:</b> Includes excised prostate, prostatic capsule, ejaculatory ducts, seminal vesicles(s) and may include a narrow cuff of bladder neck
A700	Prostatectomy WITH resection in continuity with other organs; pelvic exenteration <b>Note:</b> A700 Prostatectomy WITH resection in continuity with other organs; pelvic exenteration Surgeries coded A700 are any prostatectomy WITH resection in continuity with any other organs. The other organs may be partially or totally removed. Procedures may include, but are not limited to cystoprostatectomy, radical cystectomy, and prostatectomy <b>SEER Note:</b> "In continuity with" or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen
A800	Prostatectomy, NOS
A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate only

## K.2: RECTOSIGMOID

For cases diagnosed on or after January 1, 2023

### C199

#### SURGERY OF PRIMARY SITE

**Note:** Code removal/surgical ablation of single or multiple liver metastases under the data item Surgical Procedure of Other Site

**SEER Note:** Code circumferential resection margin (CRM) when assigning surgery codes A270, A300-A800. CRM is not applicable for other surgery codes for this site.

Code	Description
A000	None; no surgery of primary site; autopsy only

No specimen sent to pathology from surgical event A100 and A120.

Code	Description
A100	Local tumor destruction, NOS
A120	Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

Specimen sent to pathology from surgical events A200-A800.

Code	Description
A200	Local tumor excision, NOS
A260	Polypectomy
A270	Excisional biopsy <b>Any combination of A200, A260, or A270 WITH</b>
A220	Electrocautery
A300	Segmental resection; partial proctosigmoidectomy, NOS
A310	PLUS resection of contiguous organs; example: small bowel, bladder <b>Note:</b> Procedures coded A300 include, but are not limited to: <ul style="list-style-type: none"><li>• Anterior resection</li><li>• Hartmann operation</li><li>• Low anterior resection (LAR)</li><li>• Partial Colectomy, NOS</li><li>• Rectosigmoidectomy, NOS</li><li>• Sigmoidectomy</li></ul>
A400	Pull through WITH sphincter preservation (colo-anal anastomosis) <b>SEER Note:</b> Procedures coded A400 include but are not limited to: Altemeier's operation; Duhamel's operation; Soave's submucosal resection; Swenson's operation; Turnbull's operation
A500	Total proctectomy

	<b>SEER Note:</b> Procedures coded A500 include but are not limited to: abdominoperineal resection (A&P resection); anterior/posterior resection (A/P resection)/Miles' operation; Rankin operation
A510	Total colectomy <b>SEER Note:</b> Removal of the colon from cecum to rectosigmoid or portion of rectum
A550	Total colectomy WITH ileostomy, NOS
A560	Total colectomy WITH ileorectal reconstruction
A570	Total colectomy WITH other pouch; example: Koch pouch
A600	Total proctocolectomy, NOS <b>SEER Note:</b> Combination of A500 and A510
A650	Total proctocolectomy WITH ileostomy, NOS
A660	Total proctocolectomy WITH ileostomy and pouch <b>Note:</b> Removal of the colon from cecum to the rectosigmoid or a portion of the rectum
A700	Colectomy or proctocolectomy resection in continuity with other organs; pelvic exenteration <b>SEER Note:</b> Procedures that may be part of an en bloc resection include, but are not limited to: an oophorectomy and a rectal mucosectomy. Code A700 includes any colectomy (partial, hemicolectomy or total) with an en bloc resection of any other organs. The "other organs" may be partially or totally resected. "In continuity with" or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen
A800	Colectomy, NOS; Proctectomy, NOS
A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate only

## K.2: RECTUM

For cases diagnosed on or after January 1, 2023

### C209

#### SURGERY OF PRIMARY SITE

**Note:** Code removal/surgical ablation of single or multiple liver metastases under the data item Surgical Procedure of Other Site.

**SEER Note:** Code circumferential resection margin (CRM) when assigning surgery codes A270, A300-A800. CRM is not applicable for other surgery codes for this site.

Code	Description
A000	None; no surgery of primary site; autopsy only

No specimen sent to pathology from surgical event A100 and A120.

Code	Description
A100	Local tumor destruction, NOS
A120	Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

Specimen sent to pathology from surgical events A200-A800.

Code	Description
A200	Local tumor excision, NOS
A260	Polypectomy
A270	Excisional biopsy <b>Any combination of A200, A260, or A270 WITH</b>
A220	Electrocautery
A280	Curette and fulguration
A300	Segmental resection; partial proctectomy, NOS <b>Note:</b> Procedures coded A300 include, but are not limited to: <ul style="list-style-type: none"><li>• Anterior resection</li><li>• Hartmann operation</li><li>• Low anterior resection (LAR)</li><li>• Transsacral rectosigmoidectomy</li></ul>
A400	Pull through WITH sphincter preservation (colo-anal anastomosis) <b>SEER Note:</b> Procedures coded A400 include but are not limited to: Altemeier's operation; Duhamel's operation; Soave's submucosal resection; Swenson's operation; Turnbull's operation
A500	Total proctectomy

	<p><b>Note:</b> Procedure coded A500 includes, but is not limited to, abdominoperineal resection</p> <p><b>SEER Note:</b> In code A500, abdominoperineal resection is also called A &amp; P resection, anterior/posterior (A/P) resection; Miles' operation, Rankin's operation</p>
A600	Total proctocolectomy, NOS
A700	<p>Proctectomy or proctocolectomy with resection in continuity with other organs; pelvic exenteration</p> <p><b>SEER Note:</b> "In continuity with" or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen</p>
A800	Proctectomy, NOS
A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate only

## K.2: SKIN

For cases diagnosed on or after January 1, 2023

### C440-C449

#### SURGERY OF PRIMARY SITE

All 2023 site specific surgery codes begin with a letter A except for skin which start with a letter B to indicate a significant change in coding.

**Note:** Priority order for sources used to assign surgery codes: Operative report, statement from a physician, description of the surgical procedure on a pathology report, results of the pathology report. Code based on the description of the procedure.

**Note:** Do not code based on margin status documented in the pathology report.

- Procedures described in B200-B240 are **always** coded as surgery, regardless of margin status (positive/negative). This is a change for cases diagnosed 01/01/2023 forward.
- Procedures described as wide excisions are coded B500-B540 regardless of the margin status or size of the margins on the pathology report.

For more information, see [STORE](#), Appendix M: Case Studies for Coding Melanoma in STORE v23.

Melanoma procedure questions should be directed to the CAnswer Forum STORE at <https://cancerbulletin.facs.org/forums/forum/fords-national-cancer-data-base/store>

Code	Description
B000	None; no surgery of primary site; autopsy only

No specimen sent to pathology from surgical event B100-B140.

Code	Description
B100	Local tumor destruction, NOS
B110	Photodynamic therapy (PDT)
B120	Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
B130	Cryosurgery
B140	Laser

Specimen sent to pathology from surgical events B200-B600.

Code	Description
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B200	Local tumor excision, NOS; Excisional biopsy, NOS
B220	Shave Biopsy, NOS
B230	Punch Biopsy, NOS
B240	Elliptical Biopsy (aka fusiform)
B300	Mohs Surgery NOS
B310	Mohs surgery performed on the same day (all Mohs procedures performed during the same day)
B320	Mohs surgery performed on different days (slow Mohs)(each Mohs procedure performed on different day)
B500	Biopsy (NOS) of primary tumor followed wide excision of the lesion; Wide Excision NOS, Re-excision <b>Note:</b> An incisional biopsy would be a needle or core biopsy of the primary tumor. An incisional biopsy would be coded as a Surgical Diagnostic and Staging Procedure
B510	Incisional Biopsy followed by wide excision
B520	Shave Biopsy followed by wide excision
B530	Punch Biopsy followed by wide excision
B540	Elliptical Biopsy (aka fusiform) followed by wide excision
B600	Major amputation
B900	Surgery, NOS
B990	Unknown if surgery performed; death certificate ONLY



## K.2: SPLEEN

For cases diagnosed on or after January 1, 2023

### Spleen C422

#### SURGERY OF PRIMARY SITE

**Note:** Lymph Nodes surgery codes have been moved to a separate scheme.

Code	Description
A000	None; no surgery of primary site; autopsy only
A190	Local tumor destruction or excision, NOS <b>Note:</b> Unknown whether a specimen was sent to pathology for surgical events coded A190 (principally for cases diagnosed prior to January 1, 2003)

[Specimen sent to pathology for surgical events A210-A800.](#)

Code	Description
A210	Partial splenectomy
A220	Total splenectomy
A800	Splenectomy, NOS
A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate only

## K.2: STOMACH

For cases diagnosed on or after January 1, 2023

### C160-C169

#### SURGERY OF PRIMARY SITE

Code	Description
A000	None; no surgery of primary site; autopsy only

No specimen sent to pathology from surgical event A100-A140.

Code	Description
A100	Local tumor destruction, NOS
A110	Photodynamic therapy (PDT)
A120	Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
A130	Cryosurgery
A140	Laser

Specimen sent to pathology from surgical events A200-A800.

Code	Description
A200	Local tumor excision, NOS
A260	Polypectomy
A270	Excisional biopsy <b>Any combination of A200, A260, or A270 WITH</b> <b>Clarification:</b> The following codes <b>include</b> local tumor excision, polypectomy (NOS, endoscopic or surgical excision) or excisional biopsy
A210	Photodynamic therapy (PDT)
A220	Electrocautery
A230	Cryosurgery
A240	Laser ablation
A250	Laser excision
A300	Gastrectomy, NOS (partial, subtotal, hemi-) <b>Note:</b> Code A300 includes: Partial gastrectomy, including a sleeve resection of the stomach Billroth I: anastomosis to duodenum (duodenostomy) Billroth II: anastomosis to jejunum (jejunostomy)
A310	Antrectomy, lower (distal-less than 40% of stomach)***
A320	Lower (distal) gastrectomy (partial, subtotal, hemi-)
A330	Upper (proximal) gastrectomy (partial, subtotal, hemi-)

A400	Near-total or total gastrectomy, NOS <b>Note:</b> A total gastrectomy may follow a previous partial resection of the stomach
A410	Near-total gastrectomy
A420	Total gastrectomy
A500	Gastrectomy, NOS WITH removal of a portion of esophagus <b>Note:</b> Codes A500-A520 are used for gastrectomy resection when only portions of esophagus are included in procedure
A510	Partial or subtotal gastrectomy
A520	Near total or total gastrectomy
A600	Gastrectomy with a resection in continuity with the resection of other organs, NOS*** <b>Note:</b> Codes A600–A630 are used for gastrectomy resections with organs other than esophagus. Portions of esophagus may or may not be included in the resection <b>SEER Note:</b> Codes A600-A630 may include omentectomy among the organs/tissues removed. “In continuity with” or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen
A610	Partial or subtotal gastrectomy, in continuity with the resection of other organs***
A620	Near total or total gastrectomy, in continuity with the resection of other organs***
A630	Radical gastrectomy, in continuity with the resection of other organs***
A800	Gastrectomy, NOS
A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate only

\*\*\* Incidental splenectomy NOT included.

## K.2: TESTIS

For cases diagnosed on or after January 1, 2023

### C620-C629

#### SURGERY OF PRIMARY SITE

Code	Description
A000	None; no surgery of primary site; autopsy only

No specimen sent to pathology from surgical event A120.

Code	Description
A120	Local tumor destruction, NOS

Specimen sent to pathology from surgical events A200-A800.

Code	Description
A200	Local or partial excision of testicle
A300	Excision of testicle WITHOUT cord <b>SEER Note:</b> Orchiectomy not including spermatic cord
A400	Excision of testicle WITH cord or cord not mentioned (radical orchiectomy) <b>SEER Note:</b> Orchiectomy with or without spermatic cord
A800	Orchiectomy, NOS (unspecified whether partial or total testicle removed)
A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate only

## K.2: THYROID GLAND

For cases diagnosed on or after January 1, 2023

### C739

#### SURGERY OF PRIMARY SITE

Reference [Appendix M](#) for a list of Q-Tips which may be related to this topic.

<b>Code</b>	<b>Description</b>
A000	None; no surgery of primary site; autopsy only

No specimen sent to pathology from surgical event A130.

<b>Code</b>	<b>Description</b>
A130	Local tumor destruction, NOS

Specimen sent to pathology from surgical events A200-A800.

<b>Code</b>	<b>Description</b>
A250	Removal of less than a lobe, NOS
A260	Local surgical excision
A270	Removal of a partial lobe ONLY
A200	Lobectomy and/or isthmectomy
A210	Lobectomy ONLY
A220	Isthmectomy ONLY
A230	Lobectomy WITH isthmus
A300	Removal of a lobe and partial removal of the contralateral lobe
A400	Subtotal or near total thyroidectomy
A500	Total thyroidectomy
A800	Thyroidectomy, NOS
A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate only

## K.2: OTHER SITES

For cases diagnosed on or after January 1, 2023

**C142-C148, C170-C179, C239, C240-C249, C260-C269, C300-C301, C310-C319, C339, C379, C380-C388, C390-C399, C480-C488, C510-C519, C529, C570-C579, C589, C600-C609, C630-C639, C680-C689, C690-C699, C740-C749, C750-C759**

### SURGERY OF PRIMARY SITE

Code	Description
A000	None; no surgery of primary site; autopsy only

No specimen sent to pathology from surgical event A100-A140.

Code	Description
A100	Local tumor destruction, NOS
A110	Photodynamic therapy (PDT)
A120	Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
A130	Cryosurgery
A140	Laser <b>SEER Note:</b> Assign code A140 for laser hyperthermia of eye for retinoblastoma

Specimen sent to pathology from surgical events A200-A600.

Code	Description
A200	Local tumor excision, NOS
A260	Polypectomy
A270	Excisional biopsy <b>Any combination of A200, A260, or A270 WITH</b>
A210	Photodynamic therapy (PDT)
A220	Electrocautery
A230	Cryosurgery
A240	Laser ablation
A250	Laser excision
A300	Simple/partial surgical removal of primary site
A400	Total surgical removal of primary site; enucleation
A410	Total enucleation (for eye surgery only)
A500	Surgery stated to be "debulking"

A600	Radical surgery; partial or total removal of the primary site WITH a resection in continuity (partial or total removal) with other organs <b>SEER Note:</b> "In continuity with" or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen
A900	Surgery, NOS
A990	Unknown if surgery performed; death certificate only

**K.2: UNKNOWN and ILL DEFINED PRIMARY SITES**  
**For cases diagnosed on or after January 1, 2023**

**C760-C768, C809**

**SURGERY OF PRIMARY SITE**

<b>Code</b>	<b>Description</b>
A980	All unknown and ill-defined disease sites, WITH or WITHOUT surgical treatment <b>Note:</b> Surgical procedures for unknown and ill-defined primaries are to be recorded using the data item Surgical Procedure of Other Site or Surgical Procedure/Other Site at This Facility
A990	Death certificate only <b>SEER Note:</b> A990 Death certificate only