

# ARKANSAS CENTRAL CANCER REGISTRY

## UPDATES

Many facilities transitioned from reporting on the short form to the long form in July 2025. The long form in Web Plus has more data item fields. All fields must have data entered before submitting the abstract in Web Plus, including **text!** This means that you must enter information into all fields, not only the fields with an asterisk. Cases that do not have text will require a new abstract to be submitted.

This quarterly data quality newsletter will focus on Extent of Disease (EOD) which is required on the long form.

## DATA QUALITY SPOTLIGHT: EOD

### What is EOD?

Extent of Disease (EOD) is a set of three data items that describe how far a cancer has spread at the time of diagnosis. EOD 2018 is effective for cases diagnosed in 2018 and later.

In each EOD schema, valid values, definitions, and registrar notes are provided for:

- EOD Primary Tumor
- EOD Lymph Nodes
- EOD Mets
- Summary Stage 2018
- Site-Specific Data Items (SSDIs) including grade pertinent to the schema

Source: [https://staging.seer.cancer.gov/eod\\_public/home/3.2/](https://staging.seer.cancer.gov/eod_public/home/3.2/)

According to the EOD 2018 v3.2 General Coding Instructions manual, EOD uses all information available in the medical record; in other words, it is a combination of the most precise clinical and pathological documentation of the extent of disease.

EOD should include all information available **within four months of diagnosis** in the absence of disease progression or upon completion **of surgery(ies)** in first course of treatment, whichever is longer.

([https://seer.cancer.gov/tools/staging/eod/2018\\_EOD-General-Instructions\\_2024.pdf](https://seer.cancer.gov/tools/staging/eod/2018_EOD-General-Instructions_2024.pdf))



## DATA QUALITY FOCUS AREA

### EOD Schema: Melanoma of the Skin

#### EOD Primary Tumor

##### **Note 1: Clark level versus pathological description:**

- If there is a discrepancy between the Clark level and the pathological description of extent (invasion into the layers of the dermis), use the higher (more extensive) code.

##### **Note 2: Code greatest extent:**

- Code the greatest extent of invasion from any procedure performed on the lesion, whether it is described as a biopsy or an excision.
- For example, if a punch biopsy with involvement of Clark level IV is followed by a re-excision with residual tumor involving Clark level II, code 300 (Clark level IV).

##### **Note 3: Satellite lesions/nodules:**

- Satellite lesions/nodules or in-transit metastases are coded in EOD Regional Nodes.

##### **Note 4: Breslow's depth only available:**

- If a Breslow's depth is given in the pathology report and there is **no other indication of involvement**, the following guidelines may be used (**Note:** If a physician documents a different Clark's level then provided by these guidelines, go with the physician's Clark level).
  - o Code 000: Level I (In situ)
  - o Code 100: Level II (< 0.75 mm Breslow's depth)
  - o Code 200: Level III (0.76 mm to 1.50 mm Breslow's depth)
  - o Code 300: Level IV (> 1.50 mm Breslow's depth)

##### **Note 5: Additional data items for staging:**

- In addition to EOD Primary Tumor, the following data items are also collected to determine the extent of the primary tumor:
  - o Breslow's Thickness [NAACCR Data Item #3817] and
  - o Ulceration [NAACCR Data Item #3936]

#### **Default**

999

#### **NAACCR Item**

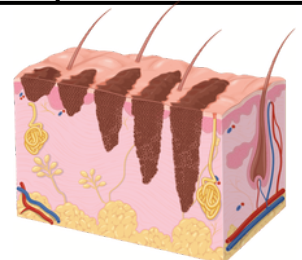
[NAACCR #772](#)



Code	Description	SS2018 T
000	In situ, intraepidermal, intraepithelial, noninvasive (Basement membrane of the epidermis is intact) Clark level I	In-Situ (0)
100	Papillary dermis invaded Clark level II	Localized (1)
200	Papillary-reticular dermal interface invaded Clark level III	Localized (1)
300	Reticular dermis invaded Clark level IV	Localized (1)
400	Skin/dermis, NOS Localized, NOS	Localized (1)
500	Subcutaneous tissue (through entire dermis) Clark level V	Regional by Direct Extension (2)
700	Bone Skeletal muscle Underlying cartilage Further contiguous extension	Distant (7)
800	No evidence of primary tumor Regressed melanoma (complete)	Unknown (9)
999	Unknown; extension not stated Primary tumor cannot be assessed Not documented in medical record Death Certificate Only	Unknown (9)

**Source:**

[https://staging.seer.cancer.gov/eod\\_public/input/3.2/melanoma\\_skin/eod\\_primary\\_tumor/?breadcrumbs=\(~schema\\_list~\), \(~view\\_schema~,~melanoma\\_skin~\)](https://staging.seer.cancer.gov/eod_public/input/3.2/melanoma_skin/eod_primary_tumor/?breadcrumbs=(~schema_list~), (~view_schema~,~melanoma_skin~))



## **EOD Regional Nodes**

### **Note 1: Regional nodes and nodes, NOS**

- Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in EOD Mets.

### **Note 2: Coding no regional lymph node involvement:**

- Code 000 may be used when:
  - o Pathology report **only** with a localized tumor based on Breslow's depth and/or Clark's level (see EOD Primary Tumor or Summary Stage) AND
  - o No information on regional lymph nodes or mets.
- **Note:** If the tumor is noted to be regional or distant based on Breslow's depth and/or Clark's (see EOD Primary Tumor, EOD Mets or Summary Stage) then you cannot assume that the nodes are negative and would need to assign 999.

### **Note 3: Criteria for coding nodes:**

- Codes 100-750 are based on the following criteria:
  - o How the nodes were determined
    - Clinically occult (not clinically apparent) and found to be positive on microscopic examination (e.g., on sentinel lymph node procedure)
    - Clinically detected (clinically apparent) WITH or WITHOUT microscopic confirmation
  - o Number of nodes involved
  - o Presence of in-transit, satellite or microsatellite mets (see Note 4)

### **Note 4: Isolated tumor cells:**

- Isolated tumor cells (ITCs) are defined as single tumor cells or small clusters not greater than 0.2 mm, usually detected by immunohistochemical (IHC) or molecular methods.  
ITCs do not usually show evidence of malignant activity (e.g., proliferation or stromal reaction).
- Lymph nodes with isolated tumor cells (ITCs) are counted as positive lymph nodes.

### **Note 5: In-transit, satellite and/or microsatellite metastasis:**

- In-transit, satellite, and/or microsatellite metastasis are metastasis that have occurred via lymphatic or angiolymphatic spread.
- Satellite nodules are subcutaneous metastasis that occur within 2 cm of the primary tumor.
- Microsatellite metastasis are microscopic cutaneous metastasis found adjacent or deep to a primary melanoma tumor.
  - o Code 300 if there are in-transit, satellite, and/or microsatellite metastasis WITHOUT regional lymph node involvement.
  - o Code 500 if there are in-transit, satellite, and/or microsatellite metastasis WITH 1 positive lymph node.
  - o Code 700 if there are in-transit, satellite, and/or microsatellite metastasis WITH 2 or more positive lymph nodes.



**Note 6: Bilateral or contralateral nodes:**

- Bilateral or contralateral nodes are classified as regional nodes for head, neck, and truncal tumors with bidirectional drainage to primary nodal basins, as shown on lymphoscintigraphy.
- Truncal tumors may also drain to both cephalad and caudal primary nodal basins as shown on lymphoscintigraphy.
  - o Clinical assessment of bilateral/contralateral or cephalad/caudal regional nodal involvement is required for tumors where lymphoscintigraphy is not performed.

**Note 7: Nodal basins:**

- Contiguous or secondary nodal basins are the next nodal drainage basins beyond the primary nodal basins and are coded as regional nodes.

**Note 8: Regional lymph nodes for skin:**

- Single, Multiple, Ipsilateral, Bilateral, or Contralateral lymph nodes.

**Skin of head and neck (C000-C002, C006, C440-C444)**

- Levels I-VII
- Axillary (neck only, C444)
- Cervical, NOS
- Deep cervical, NOS
- Facial (buccinator, buccal, nasolabial)
- Internal jugular, NOS
- Parapharyngeal
- Parotid (infraauricular, intraparotid, periparotid, preauricular)
- Retroauricular (mastoid)
- Retropharyngeal
- Suboccipital

**Skin of trunk (C445)**

- Upper trunk
  - o Axillary
  - o Cervical
  - o Internal mammary
  - o Supraclavicular
- Lower trunk
  - o Superficial inguinal (femoral)

**Skin of upper limb and shoulder (C446)**

- Axillary
- Cervical
- Epitrochlear for hand/forearm
- Internal mammary (parasternal)



- Spinal accessory for shoulder
- Supraclavicular (transverse cervical)

### **Skin of lower limb and hip (C447)**

- Femoral (superficial inguinal)
- Inguinal
- Popliteal for heel and calf

### **Vulva (C510-C512, C518-C519)**

- Deep inguinal, NOS
- Femoral
- Inguinal, NOS
- Inguinofemoral (groin)
- Node of Cloquet or Rosenmuller (highest deep inguinal)
- Superficial inguinal (femoral)

### **Penis (C600-C602, C608-C609)**

- Iliac, NOS
  - o External
  - o Internal (hypogastric, obturator)
- Inguinal, NOS
  - o Node of Cloquet or Rosenmuller (highest deep inguinal)
  - o Superficial [femoral]
- Pelvic, NOS

### **Scrotum (C632)**

- Iliac, NOS
  - o External
  - o Internal (hypogastric), NOS
- Obturator
- Inguinal, NOS
  - o Deep inguinal, NOS
- Node of Cloquet or Rosenmuller (highest deep inguinal)
  - o Superficial inguinal (femoral)

### **Note 9: Lymph nodes, NOS**

- Code 800 if regional lymph nodes are involved, but there is no indication which ones are involved.

### **Default**

999

### **NAACCR Item**

[NAACCR #774](#)



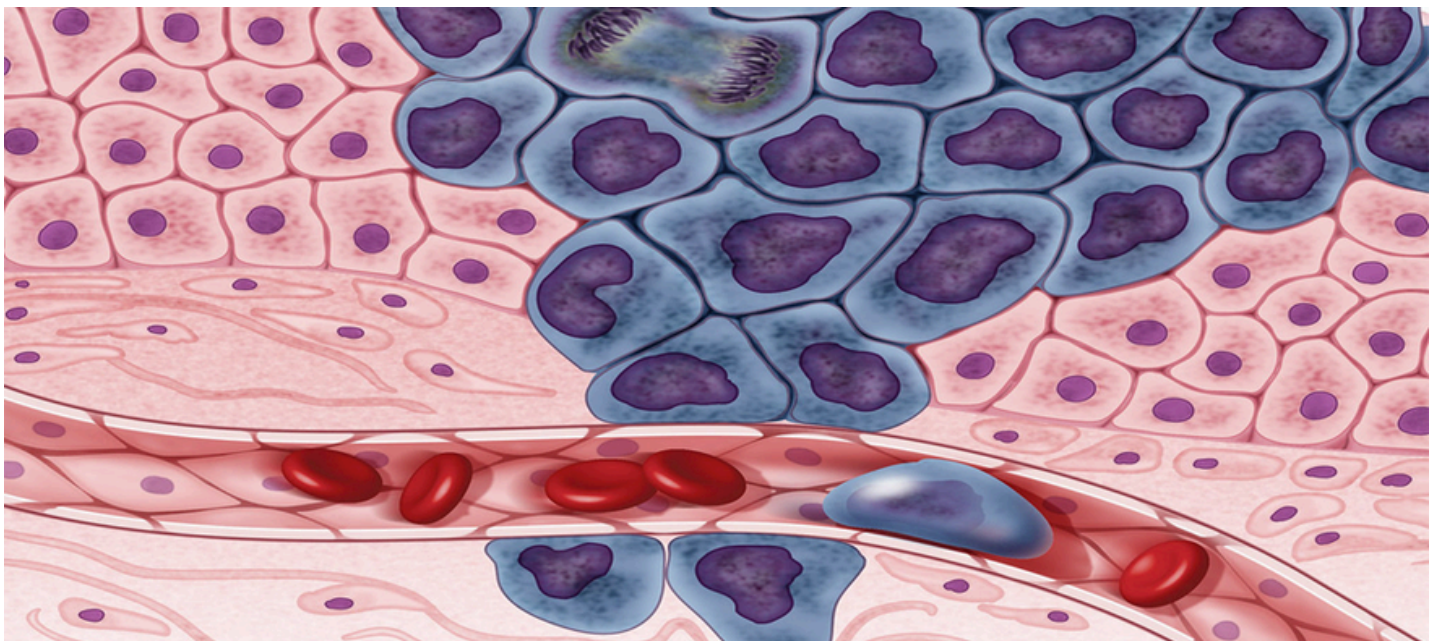
Code	Description	SS2018
000	No regional lymph node involvement	NONE
100	One clinically occult <ul style="list-style-type: none"> <li>WITHOUT in-transit, satellite, and/or microsatellite metastasis</li> </ul>	Regional lymph nodes (3)
200	One clinically detected node <ul style="list-style-type: none"> <li>WITHOUT in-transit, satellite, and/or microsatellite metastasis</li> </ul>	RN
300	No clinically occult or detected nodes <ul style="list-style-type: none"> <li>WITH in-transit, satellite, and/or microsatellite metastasis <ul style="list-style-type: none"> <li>o WITHOUT involved lymph nodes</li> </ul> </li> </ul>	RN
350	One involved node UNKNOWN how detected <ul style="list-style-type: none"> <li>WITHOUT in-transit, satellite, and/or microsatellite metastasis</li> </ul>	RN
400	Two or three clinically occult <ul style="list-style-type: none"> <li>WITHOUT in-transit, satellite, and/or microsatellite metastasis</li> </ul>	RN
450	Two or three involved nodes WITH 1 or greater clinically detected <ul style="list-style-type: none"> <li>WITHOUT in-transit, satellite, and/or microsatellite metastasis</li> </ul>	RN
500	One clinically occult or detected node <ul style="list-style-type: none"> <li>WITH in-transit, satellite, and/or microsatellite metastasis</li> </ul>	RN
550	Two or three involved nodes UNKNOWN how detected <ul style="list-style-type: none"> <li>WITHOUT in-transit, satellite, and/or microsatellite metastasis</li> </ul>	RN
600	Four or more clinically occult <ul style="list-style-type: none"> <li>WITHOUT in-transit, satellite, and/or microsatellite metastasis</li> </ul>	RN



Code	Description	SS2018
650	Four or more positive WITH 1 or greater clinically detected <ul style="list-style-type: none"> <li>• OR any number of matted nodes</li> <li>• WITHOUT in-transit, satellite, and/or microsatellite metastasis</li> </ul>	RN
700	Two or more clinically occult or detected <ul style="list-style-type: none"> <li>• WITH in-transit, satellite, and/or microsatellite metastasis</li> <li>• WITH or WITHOUT matted nodes</li> </ul>	RN
750	Four or more involved nodes UNKNOWN how detected <ul style="list-style-type: none"> <li>• UNKNOWN if matted nodes <ul style="list-style-type: none"> <li>o WITHOUT in-transit, satellite, and/or microsatellite metastasis</li> </ul> </li> </ul>	RN
800	Regional lymph node(s), NOS Lymph node(s), NOS	RN
999	Unknown; regional lymph node(s) not stated Regional lymph node(s) cannot be assessed Not documented in medical record Death Certificate Only	U

**Source:**

[https://staging.seer.cancer.gov/eod\\_public/input/3.2/melanoma\\_skin/eod\\_regional\\_nodes/?breadcrumbs=\(~schema\\_list~\),\(~view\\_schema~,~melanoma\\_skin~\)](https://staging.seer.cancer.gov/eod_public/input/3.2/melanoma_skin/eod_regional_nodes/?breadcrumbs=(~schema_list~),(~view_schema~,~melanoma_skin~))





## EOD Distant Metastases (EOD Mets)

### **Note 1: LDH and Metastatic disease:**

- For cases with positive metastases, Serum LDH is an additional data item that is predictor of survival outcome.
- Serum LDH is coded in data item LDH (Lactate Dehydrogenase) Level [#3869].

### **Note 2: Distant metastasis:**

- Use code 70 when the only information is “distant metastasis, NOS,” and there is no documentation regarding the specific metastases.
- If there are specific metastasis documented that are not listed in codes 10, 20, 30, or 40, assign code 50 for “other specified distant metastasis.”

### **Default**

00

### **NAACCR Item**

[NAACCR #776](#)

Code	Description	SS2018 M
00	No distant metastasis Unknown if distant metastasis	NONE
10	Distant lymph node(s), NOS <ul style="list-style-type: none"><li>• Axillary (lower trunk)</li><li>• Femoral (cephalad/caudal) (upper trunk)</li><li>• Iliac (leg/hip)</li></ul>	Distant (7)
20	Distant metastasis (excluding Lung, CNS) <ul style="list-style-type: none"><li>• Bone (excluding contiguous extension)</li><li>• Skeletal muscle (excluding contiguous extension)</li><li>• Skin or subcutaneous tissue beyond regional lymph nodes</li><li>• Underlying cartilage (excluding contiguous extension)</li></ul> WITH or WITHOUT distant lymph node(s) (code 10)	Distant (7)
30	Lung metastasis <ul style="list-style-type: none"><li>• WITH or WITHOUT metastasis in codes 10 or 20</li></ul>	Distant (7)

Code	Description	SS2018 M
50	Distant metastasis to non-CNS visceral sites <ul style="list-style-type: none"> <li>• Visceral metastasis, NOS</li> <li>• Other specified metastases</li> <li>• Carcinomatosis</li> </ul> WITH or WITHOUT metastasis to sites in codes 10, 20 or 30	Distant (7)
60	CNS Metastasis <ul style="list-style-type: none"> <li>• WITH or WITHOUT metastasis in codes 10, 20, 30, or 50</li> </ul>	Distant (7)
70	Distant metastasis, NOS	Distant (7)
99	Death Certificate Only	Unknown (9)

Source:

[https://staging.seer.cancer.gov/eod\\_public/input/3.2/melanoma\\_skin/eod\\_mets/?breadcrumbs=\(~schema\\_list~\),\(~view\\_schema~,~melanoma\\_skin~\)](https://staging.seer.cancer.gov/eod_public/input/3.2/melanoma_skin/eod_mets/?breadcrumbs=(~schema_list~),(~view_schema~,~melanoma_skin~))

### REMINDER - TEXT – TEXT – TEXT!

It is so important that you include complete descriptions of clinical history, diagnostic work-up, labs, imaging, scopes, diagnosis, and treatment information. The only way we can validate the accuracy of the data is by having that text available. Always include dates and succinct details of the information you're entering in the abstract. If insufficient text is noted, we need to send the case back (follow-back) to you so you can complete the text fields. This requires a new and complete case to be abstracted and submitted back to us, as we do not have the ability to accept Modified Records (record type M). Ensuring text is included in the initial submission saves time!



**Vital Records & Statistics Branch/Arkansas Central Cancer Registry**  
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