Tumor Size Summary

<table>
<thead>
<tr>
<th>Organization</th>
<th>Field Name</th>
<th>ID</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>KCR</td>
<td>Tumor Size Summary (TumorSizeSummary)</td>
<td>30933</td>
<td>yes</td>
</tr>
<tr>
<td>NAACCR</td>
<td>Tumor Size Summary</td>
<td>756</td>
<td>yes</td>
</tr>
</tbody>
</table>

Field length: 3

Instructions for Coding

Note: All measurements should be in millimeters (mm).

Record size in specified order:

1. Size measured on the surgical resection specimen, when surgery is administered as the first definitive treatment, i.e., no pre-surgical treatment administered.
   a. If there is a discrepancy among tumor size measurements in the various sections of the pathology report, code the size from the synoptic report (also known as CAP protocol or pathology report checklist). If only a text report is available, use: final diagnosis, microscopic, or gross examination, in that order.
      • Example: Chest x-ray shows 3.5 cm mass; the pathology report from the surgery states that the same mass is malignant and measures 2.8 cm. Record tumor size as 028 (28 mm).
      • Example: Pathology report states lung carcinoma is 2.1 cm x 3.2 cm x 1.4 cm. Record tumor size as 032 (32 mm).
2. If neoadjuvant therapy followed by surgery, do not record the size of the pathologic specimen. Code the largest size of tumor prior to neoadjuvant treatment; if unknown code size as 999.
   • Example: Patient has a 2.2 cm mass in the oropharynx; fine needle aspiration of mass confirms squamous cell carcinoma. Patient receives a course of neoadjuvant combination chemotherapy. Pathologic size after total resection is 2.8 cm. Record tumor size as 022 (22 mm).
3. If no surgical resection, then largest measurement of the tumor from physical exam, imaging, or other diagnostic procedures prior to any other form of treatment.
4. If 1, 2, and 3 do not apply, the largest size from all information available within four months of the date of diagnosis, in the absence of disease progression.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>No mass/tumor found</td>
</tr>
<tr>
<td>001</td>
<td>1 mm or described as less than 1 mm</td>
</tr>
<tr>
<td>002-988</td>
<td>Exact size in millimeters (2mm-988mm)</td>
</tr>
<tr>
<td>989</td>
<td>989 millimeters or larger</td>
</tr>
<tr>
<td>990</td>
<td>Microscopic focus or foci only and no size of focus is given</td>
</tr>
<tr>
<td>998</td>
<td>SITE-SPECIFIC CODES</td>
</tr>
<tr>
<td></td>
<td>Alternate descriptions of tumor size for specific sites:</td>
</tr>
<tr>
<td></td>
<td>Familial/multiple polyposis:</td>
</tr>
<tr>
<td></td>
<td>Rectosigmoid and rectum (C19.9, C20.9)</td>
</tr>
<tr>
<td></td>
<td>Colon (C18.0, C18.2-C18.9)</td>
</tr>
<tr>
<td></td>
<td>If no size is documented:</td>
</tr>
<tr>
<td></td>
<td>Circumferential:</td>
</tr>
<tr>
<td></td>
<td>Esophagus (C15.0-C15.5, C15.8 C15.9)</td>
</tr>
<tr>
<td></td>
<td>Diffuse; widespread: 3/4s or more; linitis plastica:</td>
</tr>
<tr>
<td></td>
<td>Stomach and Esophagus GE Junction (C16.0-C16.6, C16.8-C16.9)</td>
</tr>
<tr>
<td></td>
<td>Diffuse, entire lung or NOS:</td>
</tr>
<tr>
<td></td>
<td>Lung and main stem bronchus (C34.0-C34.3, C34.8-C34.9)</td>
</tr>
<tr>
<td></td>
<td>Diffuse:</td>
</tr>
<tr>
<td></td>
<td>Breast (C50.0-C50.6, C50.8-C50.9)</td>
</tr>
</tbody>
</table>
Instructions for Coding

Note: All measurements should be in millimeters (mm).

Record size in specified order:

1. Size measured on the surgical resection specimen, when surgery is administered as the first definitive treatment, i.e., no pre-surgical treatment administered.
   a. If there is a discrepancy among tumor size measurements in the various sections of the pathology report, code the size from the synoptic report (also known as CAP protocol or pathology report checklist). If only a text report is available, use: final diagnosis, microscopic, or gross examination, in that order.

Example:
Chest x-ray shows 3.5 cm mass; the pathology report from the surgery states that the same mass is malignant and measures 2.8 cm. Record tumor size as 028 (28 mm).

Example:
Pathology report states lung carcinoma is 2.1 cm x 3.2 cm x 1.4 cm. Record tumor size as 032 (32 mm).

2. If neoadjuvant therapy followed by surgery, do not record the size of the pathologic specimen. Code the largest size of tumor prior to neoadjuvant treatment; if unknown code size as 999.

Example: Patient has a 2.2 cm mass in the oropharynx; find needle aspiration of mass confirms squamous cell carcinoma. Patient receives a course of neoadjuvant combination chemotherapy. Pathologic size after total resection is 2.8 cm. Record tumor size as 022 (22 mm).

3. If no surgical resection, then largest measurement of the tumor from physical exam, imaging, or other diagnostic procedures prior to any other form of treatment (See Coding Rules below).

4. If 1, 2, and 3 do not apply, the largest size from all information available within four months of the date of diagnosis, in the absence of disease progression.

Coding Rules:

1. Tumor size is the diameter of the tumor, not the depth or thickness of the tumor.

2. Recording less than/greater than Tumor Size:
   a. If tumor size is reported as less than x mm or less than x cm, the reported tumor size should be 1 mm less; for example if size is <10 mm, code size as 009. Often these are given in cm such as < 1 cm which is coded as 009, < 2 cm is coded as 019, < 3 cm is coded as 029, < 4 cm is coded as 039, < 5 cm is coded as 049. If stated as less than 1 mm, use code 001.
   b. If tumor size is reported as more than x mm or more than x cm, code size as 1 mm more; for example if size is >10 mm, size should be coded as 011. Often these are given in cm such as > 1 cm, which is coded as 011, > 2 cm is coded as 021, > 3 cm is coded as 031, > 4 cm is coded as 041, > 5 cm is coded as 051. If described as anything greater than 989 mm (98.9 cm) code as 989.
   c. If tumor size is reported to be between two sizes, record tumor size as the midpoint between the two: i.e., add the two sizes together and then divide by two (“between 2 and 3 cm” is coded as 025).

3. Rounding: Round the tumor size only if it is described in fractions of millimeters. If the largest dimension of a tumor is less than 1 millimeter (between 0.1 and 0.9 mm), record size as 001 (do not round down to 000). If tumor size is greater than 1 millimeter, round tenths of millimeters in the 1-4 range down to the nearest whole millimeter, and round tenths of millimeters in the 5-9 range up to the nearest whole millimeter. Do not round tumor size expressed in centimeters to the nearest whole centimeter (rather, move the decimal point one space to the right, converting the measurement to millimeters).

Examples:
Breast cancer described as 6.5 millimeters in size. Round up Tumor Size as 007.
Cancer in polyp described as 2.3 millimeters in size. Round down Tumor Size as 002.
Focus of cancer described as 1.4 mm in size. Round down as 001.
5.2 mm breast cancer. Round down to 5 mm and code as 005.

4. Priority of imaging/radiographic techniques: Information on size from imaging/radiographic techniques can be used to code size when there is no more specific size information from a pathology or operative report, but it should be taken as low priority, over a physical exam.

5. Tumor size discrepancies among imaging and radiographic reports: If there is a difference in reported tumor size among imaging and radiographic techniques, unless the physician specifies which imaging is most accurate, record the largest size in the record, regardless of which imaging technique reports it.
6. Always code the size of the primary tumor, not the size of the polyp, ulcer, cyst, or distant metastasis. However, if the tumor is described as a “cystic mass,” and only the size of the entire mass is given, code the size of the entire mass, since the cysts are part of the tumor itself.

7. Record the size of the invasive component, if given.
   a. If both an in situ and an invasive component are present and the invasive component is measured, record the size of the invasive component even if it is smaller.
      Example: Tumor is mixed in situ and invasive adenocarcinoma, total 3.7 cm in size, of which 1.4 cm is invasive. Record tumor size as 014 (14 mm)
   b. If the size of the invasive component is not given, record the size of the entire tumor from the surgical report, pathology report, radiology report or clinical examination.
      Example: A breast tumor with infiltrating duct carcinoma with extensive in situ component; total size 2.3 cm. Record tumor size as 023 (23 mm).
      Example: Duct carcinoma in situ measuring 1.9 cm with an area of invasive ductal carcinoma. Record tumor size as 019 (19 mm).

8. Record the largest dimension or diameter of tumor, whether it is from an excisional biopsy specimen or the complete resection of the primary tumor.
   Example: Tumor is described as 2.4 x 5.1 x 1.8 cm in size. Record tumor size as 051 (51 mm).

9. Record the size as stated for purely in situ lesions.

10. Disregard microscopic residual or positive surgical margins when coding tumor size. Microscopic residual tumor does not affect overall tumor size. The status of primary tumor margins may be recorded in a separate data item.

11. Do not add the size of pieces or chips together to create a whole; they may not be from the same location, or they may represent only a very small portion of a large tumor. However, if the pathologist states an aggregate or composite size (determined by fitting the tumor pieces together and measuring the total size), record that size. If the only measurement describes pieces or chips, record tumor size as 999.

12. Multifocal/multicentric tumors: If the tumor is multi-focal or if multiple tumors are reported as a single primary, code the size of the largest invasive tumor or if all of the tumors are in situ, code the size of the largest in situ tumor.

13. Tumor size code 999 is used when size is unknown or not applicable. Sites/morphologies where tumor size is not applicable are listed here.
   Hematopoietic, Reticuloendothelial, and Myeloproliferative neoplasms: histology codes 9590-9992
   Kaposi Sarcoma
   Melanoma Choroid
   Melanoma Ciliary Body
   Melanoma Iris

14. Document the information to support coded tumor size in the appropriate text data item of the abstract.