Surgery of Primary Site 2023

Item length: 4

Organization	Description	ID	Required
KCR	Surgery of Primary Site 2023	50460	Yes
NAACCR	RX Summ--Surg Prim Site 2023	1291	Yes

Surgery of Primary Site 2023, effective 01/01/2023, describes a surgical procedure that removes and/or destroys tissue of the primary site that is performed as part of the initial diagnostic and staging work-up or first course of therapy.

Site- specific surgery codes are included under Appendix C of the SEER Manual and Appendix A of the STORE Manual

Code	Description
A000	None; no surgical procedure of primary site; diagnosed at autopsy only
A100-A190	Site-specific codes. Tumor destruction; no pathologic specimen or unknown whether there is a pathologic specimen
A200-A800	Site-specific codes. Resection; pathologic specimen
A900	Surgery, NOS. A surgical procedure to the primary site was done, but no information on the type of surgical procedure is provided.
A980	Special codes for hematopoietic neoplasms; ill-defined sites; and unknown primaries (See site-specific codes for the sites and histologies), except death certificate only
A990	Unknown if surgery performed

Use the **entire operative report** as the primary source document to determine the best surgery of primary site code. The body of the operative report will designate the surgeon's planned procedure as well as a description of the

procedure that was actually performed. The pathology report may be used to complement the information appearing in the operative report, but the operative report takes precedence.

Coding Instructions

1. Code A000 or B000 when

a. No surgery was performed on the primary site, OR

b. First course of treatment was active surveillance/watchful waiting, OR

c. Case was diagnosed at autopsy

Note: Codes A000 and B000 exclude all sites and histologies that would be coded as A980. (See Coding Instruction 11 below.)

2. Use the site-specific coding scheme corresponding to the primary site or histology

3. Code the most **invasive, extensive, or definitive** surgery if the patient has multiple surgical procedures of the primary site even if there is no residual tumor found in the pathologic specimen from the more extensive surgery

Example: Patient has a needle biopsy of prostate that is positive for adenocarcinoma. The patient chooses to have a radical prostatectomy. The pathologic examination of the prostatectomy specimen shows no residual tumor. Code the radical prostatectomy.

4. Code an **excisional biopsy**, even when documented as **incisional**, when

a. All disease is removed **(margins free)**, OR

b. All gross disease is removed and there is only microscopic residual at the margin

Note 1: Do ***not*** code an incisional biopsy as an excisional biopsy when there is macroscopic residual disease.

5. Code total **removal of the primary site** when a previous procedure resected a portion of the site and the current surgery removed the rest of the organ. The previous procedure may have been cancer directed or non-cancer directed surgery.

Example: Left thyroidectomy for suspicious nodules. Path showed papillary carcinoma. Completion thyroidectomy was performed. Code surgery of primary site as total thyroidectomy (A500).

6. Assign the code that reflects the **cumulative effect** of ***all*** surgeries to the primary site.

a. When a previous surgical procedure to remove a portion of the primary site is followed by surgery to remove the remainder of the primary site, code the total or final results. Do not rely on registry software to perform this task.

Example: The patient underwent a partial mastectomy and sentinel lymph node biopsy, followed by an axillary lymph node dissection for the first right breast primary in 2011. The separate 2020 right breast primary was treated with a total mastectomy and removal of one involved axillary lymph node.

The operative report only refers to this as a non-sentinel lymph node, with no mention of other axillary findings. Cumulatively, this patient has undergone a modified radical mastectomy since there were likely no remaining axillary lymph nodes. For the 2020 primary, code the cumulative effect of the

surgery done in 2011 plus the surgery performed in 2020. Use text fields on both abstracts to record the details.

7. Code the removal of regional or distant tissue/organs when they are resected in continuity with the primary site (en bloc) and that regional organ/tissue is listed in the Surgery of Primary Site 2023 codes. Specimens from an en bloc resection may be submitted to pathology separately.

Example: Code an en bloc removal when the patient has a hysterectomy and an omentectomy.

8. Code surgery for extra-lymphatic lymphoma using the site-specific surgery coding scheme for the primary site. Do not use the lymph node scheme.

9. Assign the surgery code(s) that best represents the extent of the surgical procedure that was actually carried out when surgery is aborted. If the procedure was aborted before anything took place, assign code A000. See 1.a. above.

10. Code A800, B800, A900, or B900 only when there is no specific information

11. Code A980 for the following primary sites unless the case is death certificate only (see #13 below)

a. Any case coded to C420, C421, C423, C424, C760-C768, or C809

12. When **Surgery of Primary Site 2023** is coded A980

a. Code *Surgical Margins of the Primary Site* (#1320) to 9

b. Code *Reason for No Surgery of Primary Site* (#1340) to 1

13. Code A990 or B990 for death certificate only (DCO) cases or if patient record does not state whether a surgical procedure of the primary site was performed (i.e., is unknown)

14. Leave blank for diagnosis years 2003-2022