

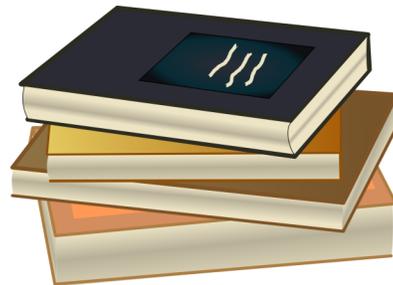


V26 Updates—What's New in 2026

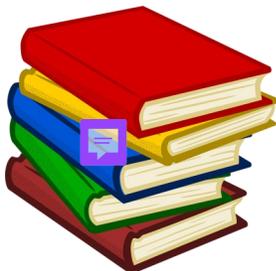
MANUAL USAGE GUIDELINES

For all cases 2018 forward, use the most current version:

- Site Specific Data Item (SSDI)**
- Summary Stage 2018 (SSS 2018)**
- Extent of Disease (EOD)**
- Solid Tumor Rules**



Select manual version determined by diagnosis date of case being abstracted:



**SEER Program Coding and Staging
Standards for Oncology Registry Entry
(STORE)**

Sources: NAACCR V26 Updates Webinar, NAACCR 2026 Implementation Guidelines, SSDI Manual, Solid Tumor Rules, STORE

<https://www.naacr.org/implementation-guidelines/>



V26 Updates—What's New in 2026

V26 RETIRED DATA ITEMS

V26 RETIRED DATA ITEMS		
ITEM #	ITEM NAME	SOURCE OF STANDARD
3110	Comorbid/Complications 1	CoC
3120	Comorbid/Complications 2	CoC
3130	Comorbid/Complications 3	CoC
3140	Comorbid/Complications 4	CoC
3150	Comorbid/Complications 5	CoC
3160	Comorbid/Complications 6	CoC
3161	Comorbid/Complications 7	CoC
3162	Comorbid/Complications 8	CoC
3163	Comorbid/Complications 9	CoC
3164	Comorbid/Complications 10	CoC
3645	NPCR Derived AJCC 8 TNM Clinical Stage Group	NPCR
3646	NPCR Derived AJCC 8 TNM Pathological Stage Group	NPCR
3647	NPCR Derived AJCC 8 TNM Post Therapy Stage Group	NPCR
1120	Pediatric Stage	CoC
1130	Pediatric Staging System	CoC
1140	Pediatric Staged By	CoC
220	Sex	SEER/CoC

NEW DATA ITEM

SEX ASSIGNED AT BIRTH [225]

Sex Assigned at Birth [225] replacing the existing data item Sex [220] for all cases regardless of diagnosis year. Data in Sex [220] will be converted to populate Sex Assigned at Birth [225] on V26 conversion

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V26 Updates—What's New in 2026

AMERICAN JOINT COMMITTEE ON CANCER (AJCC)

AJCC VERSION 9 CHANGES

Major Salivary Glands

(V9) NEW GRADE TABLE #28

(Jan 1, 2026 forward)

PREVIOUS GRADE

A, B, C, D, 9

NEW

REVISED GRADE

L, M, H, 9

AJCC - SCHEMA NAME CHANGES

(applied back to 2018 and changed in all locations to reflect new terminology)

CURRENT NAME	REVISED NAME
Oropharynx HPV - Mediated	Oropharynx HPV - Associated

CURRENT NAME	REVISED NAME
Oropharynx (p16)	Oropharynx HPV - Independent

SITE SPECIFIC DATA ITEM (SSDI)

SSDI - SPREAD THROUGH AIR SPACES - LUNG

(January 1, 2026 forward)

Record the score directly from the synoptic pathology report.

- If STAS not documented in the synoptic report, code 9
- If there is no surgical resection performed, code 9
- Must be BLANK if diagnosis year is before 2026

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V26 Updates—What's New in 2026

SITE SPECIFIC DATA ITEM (SSDI)

SSDI - RESIDUAL CANCER BURDEN

BREAST

(Jan 1, 2026 forward)

Record the score directly from the synoptic pathology report. This score measures the amount of cancer remaining in the breast and regional lymph nodes after neoadjuvant therapy and surgical resection.

(record all three characters after decimal point)

- If no score in the synoptic pathology report, code X.999
- If patient did not undergo neoadjuvant therapy, or no surgical resection after neoadjuvant therapy, code X.777
- Must leave BLANK if diagnosis year is before 2026

SSDI - RESIDUAL CANCER

BURDEN CLASS

BREAST

(Jan 1, 2026 forward)

Record the class directly from the synoptic pathology report.

- If the class is not stated in the synoptic report, code 9
- If there is no neoadjuvant therapy, or no surgical resection after neoadjuvant therapy, code 7
- Must be BLANK if diagnosis year is before 2026

SSDI - PROSTATE SPECIFIC ANTIGEN

Rules for Recording Laboratory Values:

- **Note: This is a change in the rules for Version 3.3 of the SSDI manual from the PSA had to be within 3 months and prior to the date of diagnosis AND within 3 months of the diagnostic biopsy**
- This change can be applied for cases diagnosed 2018+. There is no recommendation or expectation that registrars will review older cases.

Example:

4/15/25 PSA, 6.4. 5/2/25 MRI done, which confirms prostate cancer. No diagnostic biopsy done.

- **Code PSA 6.4 based on the 4/15/25 PSA which was done within 3 months of the date of diagnosis and no diagnostic biopsy was done**

Example:

5/17/25 PSA, 8.5. Date of diagnosis 6/6/25 based on MRI. Patient seeks a second opinion. Returns to physician in November 2025. 11/19/25 PSA, 8.6. 11/21/25 needle core biopsy.

- **Code PSA 8.6 based on the 11/19/25 PSA which was done prior to and within 3 months of the diagnostic biopsy**



SITE SPECIFIC DATA ITEM (cont.)

SSDI - PROSTATE: NUMBER of CORES EXAMINED / POSITIVE

(For all Cases January 1, 2018 forward)

- Note 4: If there is a targeted biopsy or a region of interest (ROI) biopsy performed, **count as 1 core positive/1 core examined, regardless of how many cores are actually taken from the targeted/ROI location.** (*Ignore fragments, if fragments are noted in ROI biopsy*)

TARGETED BIOPSY OR REGION OF INTEREST is NOT the same as a standard Bx

When doing a targeted or ROI biopsy, the region being biopsied is suspected of cancer (based on an MRI). Since the area is targeted, there will be many more cores removed. Recording all these cores would be inflating the numbers.

If there are multiple targeted biopsies or multiple region of interest biopsies performed, count each one as 1 core positive/1 core examined.

Example:

Standard/systematic core biopsy done, 3/8 cores positive. Two targeted biopsies done, one 5/11 cores positive and the other 7/10 cores positive.

Total cores positive would be 5 (3 from standard bx + 2 from the two targeted biopsies)

Total cores examined would be 10 (8 from standard bx + 2 from the two targeted biopsies)

Example:

Standard/systematic core biopsy done, 2/16 cores positive, targeted biopsy done, 6/8 cores positive.

Total cores positive would be 3 (2 from the standard bx + 1 from the targeted biopsy)

Total cores examined would be 17 (16 from the standard bx + 1 from the targeted biopsy)

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SITE SPECIFIC DATA ITEM (cont.)

HEAD AND NECK - EXTRA NODAL EXTENSION

New term for extra nodal extension:

- cENE - CLINICAL
- **iENE - IMAGING**
- pENE - PATHOLOGICAL

Now able to code ENE from imaging - if imaging states ENE you are able to code ENE

HEAD & NECK ENE- CLINICAL

Terminology - coding Clinical ENE

Code 1 New term: Unquestionable

Definitive and unquestionable have the **same** meaning

Code 1 is used for imaging ENE only

HEAD & NECK ENE - PATHOLOGICAL

Microscopic ENE has changed to Minor ENE

Note 4: Minor and Major ENE-

Minor ENE is defined as less than or equal to 2 mm

Major ENE is defined as greater than 2 mm (Matted lymph nodes and soft tissue metastasis are considered major ENE)

Use minor and major when you are NOT given an actual measurement

HEAD & NECK - LYMPH NODE SIZE

Coding LN Size:

Note 2: Criteria for coding LN size: The metric is the size of the **largest tumor deposit in the lymph node, not the size of the overall lymph node that is involved.**

For larger nodes, the **size of the deposit becomes essentially the size of the overall lymph node** as the nodes become almost entirely overtaken with tumor.

If pathology reports the size of a deposit and the size of the overall lymph node **SEPARATELY; CODE THE SIZE OF THE LARGEST DEPOSIT.**

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