Tumor Size Summary

Item #	Length	Allowable Values	Required Status	Date Revised
756	3	000-990, 998, 999	2016+	01/16, 2/21, 01/22

Description

This data item records the most accurate measurement of a solid primary tumor, usually measured on the surgical resection specimen.

Rationale

Tumor size is one indication of the extent of disease. As such, it is used by both clinicians and researchers. Tumor size that is independent of stage is also useful for quality assurance efforts.

Coding Instructions

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.
   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 from 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 (22mm).
3. If no surgical resection, then largest measurement of the tumor from the imaging, physical exam, or other diagnostic procedures in this order of priority 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 1millimeter, 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). For breast cancer, please follow the AJCC 8th Edition, Breast Chapter.

   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 the tumor size when there is no more specific size information from pathology or operative report. It should be taken as a lower priority, but 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.

> i. *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.
    Primary sites: C420, C421, C423-C424, C770-C779 or C809
    - Hematopoietic, Reticuloendothelial, and Myeloproliferative neoplasms: histology codes 9590-9993
        - *Excludes* cases collected in the following schemas: Lymphoma Ocular Adnexa, Primary Cutaneous Lymphomas, Mycosis Fungoides and lymphomas that are collected in the Brain, CNS Other and Intracranial Gland Schemas
    - Kaposi Sarcoma
    - Melanoma Choroid
    - Melanoma Ciliary Body
    - Melanoma Iris
14. Tumor size code 000 is used for the following schema:
    > ii. Schema is Cervical Lymph Nodes and Unknown Primary 00060
    > iii. Occult Cervical Lymph Node (See STORE, Overview of Coding Principles, page 44).
15. Document the information to support coded tumor size in the appropriate text data item of the abstract.

16. Tumor size is also important for staging for the following sites/schemas and schema IDs:
    Schema (Schema ID)

00760	Adrenal Gland
00210	Anus
00260	Bile Duct Distal
00230	Bile Ducts Intrahepat
00381	Bone Appendicular Skeleton
00383	Bone Pelvis
00480	Breast
00076	Buccal Mucosa
00520	Cervix
00650	Conjunctiva
00541	Corpus Sarcoma
00150	Cutaneous Carcinoma of Head and Neck
00074	Floor of Mouth
00430	GIST
00073	Gum
00112	Hypopharynx
00600	Kidney Parenchyma
00690	Lacrimal Gland
00071	Lip
00220	Liver
00360	Lung
00080	Major Salivary Glands
00460	Merkel Cell Skin
00077	Mouth Other
00770	NET Adrenal Gland
00320	NET Appendix
00330	NET Colon and Rectum
00340	NET Pancreas
00290	NET Stomach
00700	Orbital Sarcoma
00111	Oropharynx (p16-)
00100	Oropharynx HPV-Mediated (p16+)
00075	Palate Hard
00280	Pancreas
00812	Primary Cutaneous Lymphomas (excluding Mycosis Fungoides)
00440	Retroperitoneum
00640	Skin Eyelid
00400	Soft Tissues Head and Neck
00410	Soft Tissues Trunk and Extremities
00730	Thyroid
00740	Thyroid Medullary
00072	Tongue Anterior
00510	Vagina
00500	Vulva

Code	Label
000	No mass/tumor found
001	1 mm or described as less than 1 mm
002-988	Exact size in millimeters (2 mm to 988 mm)
989	989 millimeters or larger
990	Microscopic focus or foci only and no size of focus is given
998	SITE-SPECIFIC CODES Alternate descriptions of tumor size for specific sites: Familial/multiple polyposis: Rectosigmoid and rectum (C19.9, C20.9) Colon (C18.0, C18.2-C18.9) If no size is documented: Circumferential: Esophagus (C15.0-C15.5, C15.8-C15.9) Diffuse; widespread: 3/4s or more; linitis plastica: Stomach and Esophagus GE Junction (C16.0-C16.6, C16.8-C16.9) Diffuse, entire lung or NOS: Lung and main stem bronchus (C34.0-C34.3, C34.8-C34.9) Diffuse: Breast (C50.0-C50.6, C50.8-C50.9)
999	Unknown; size not stated Not documented in medical record Size of tumor cannot be assessed Not applicable