TUMOR SIZE

Item Length: 3 Allowable Values: 000-990, 999 Required Data Set

Tumor Size records the largest dimension, or the diameter of the primary tumor.

Conversion/Rounding

- Except for melanomas of the skin, vulva, penis, scrotum and conjunctiva, record tumor size in whole millimeters. A millimeter (mm) is one-tenth of a centimeter (cm), so a 20 mm (or 2 cm) tumor is coded 020.
- The depth of invasion of melanomas of the skin, vulva, penis, scrotum and conjunctiva is recorded in HUNDREDTHS of millimeters. A melanoma with a depth of .5 mm is recorded 050, and a 1 mm depth is recorded 100.

General Size Rules

- Record the exact size of the primary tumor. If a tumor is found but the size rounds to less than 001, record 001
- Code 999 is reserved for Unknown size, Not applicable, or Not documented in patient record.
- Always code the size of the tumor, not the size of the polyp, ulcer, cyst, or metastasis.
- Record the largest dimension or diameter of tumor, whether it is from a biopsy specimen or the complete resection of the primary tumor.
- Do not record tumor size for a needle biopsy specimen, code this 999.
- If both an *in situ* and an invasive component are present, and each is measured, record the size of the invasive component even if it is smaller.
- If only one size is given for a mixed *in situ* and invasive tumor, then code size as Unknown (999).
- For purely *in situ* lesions, code the size as stated.
- Do **not** code size of tumor if the patient has been pretreated with neoadjuvant chemotherapy, hormone therapy, immunotherapy, or radiation therapy (use clinical size or 999, as applicable).
- In general, record tumor size from the pathology report if it is available.
- Information on size from imaging/radiographic techniques can be used to code size, but it should be taken as low priority, just above a physical exam.
- Do **not** add 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.
- If an excisional biopsy is performed and residual tumor at time of resection of the primary is found to be larger than the excisional biopsy, then code the size of the residual tumor.
- If size is not recorded, then code 999.

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TUMOR SIZE

(Continued)

Code	Description
000	Indicates no mass or no tumor found, i.e., when a tumor of a stated primary site is not found, but the tumor has metastasized.
001–988	Exact size in millimeters.
989	989 millimeters or larger.
990	Microscopic focus or foci only; no size is given.
999	Unknown; size not stated; not stated in patient record.

Note: For the following histologies or sites, size is not applicable. Record as code 999.

Hematopoietic neoplasms Immunoproliferative diseases Letterer-Siwe's disease Leukemia Multiple myeloma Myeloproliferative diseases Reticuloendotheliosis Unknown and ill-defined primary sites (C76.0–76.5, C76.7–76.8, C80.9, C42.– and C77.–)