台 灣 癌 症 登 記 中 心 通 知

急件

發件人： 台灣癌症登記中心
電　話： 02-2351-1708
傳　真： 02-2351-1733
地　址： 100 台北郵政 84-310 信箱

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收文者： 所有申報醫院

副本收文者：衛生福利部國民健康署、台灣癌症登記學會、資拓宏宇國際股份有限公司

主　題： 檢送「癌症登記長表摘錄手冊114年版v.1」勘誤表，請查照辦理。

☑ 急件　☑ 請檢閱　□請加註　□請回覆　□請回收

一、本案係依衛生福利部國民健康署委託「台灣癌症登記工作計畫」辦理。

二、因應手冊說明會後之意見回饋，增修「台灣癌症登記長表摘錄手冊－114 年版 v.1」部分內容，詳細說明請參閱下頁 **114 年 v.1 版手冊勘誤表**，並已同步公告於台灣癌症登記中心網站 https://twcr.tw/?page_id=1809。

台灣癌症登記中心
Taiwan Cancer Registry

114 年 v.1 版手冊勘誤表 **2026/1/23 增修**

欄位 3.6 臨床 M

新增編碼 1C2 及其定義。(p.141)

編碼	定義
1C2	M1c(2)

欄位 3.12 病理 M

新增編碼 1C2，CC2 及其定義。(p.150)

編碼	定義
1C2	M1c(2)
CC2	M1c(2)〔手術中或手術後發現但未有病理證實的 M1c(2)〕

欄位 7.7 同癌家族病史

新增範例。(p.333)

編碼	案例
999999	個案為乳癌，病歷上僅描述有同癌家族史，無其他資訊。
999999	個案為直腸癌，病歷上描述一等親因癌症過世。
900000	個案為大腸癌，病歷上記載 Father: cancer。
000000	個案為肺癌，病歷上描述 no family history。

附錄 B：特定部位編碼指引及手術編碼

Oral Cavity

編碼 400-430 改為 400-440。 (p.347)

400 Radical excision of tumor, NOS
- 410 Radical excision of tumor ONLY
- 420 Combination of 410 WITH resection in continuity with mandible (marginal, segmental, hemi-, or total resection)
- 430 Combination of 410 WITH resection in continuity with maxilla (partial, subtotal, or total resection)
- 440 Combination of 410 WITH resection in continuity with mandible and maxilla (marginal, segmental, hemi-, or total resection)

[**SEER Note:** "In continuity with" or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

Codes 400–440 include:
Total glossectomy
Radical glossectomy

Breast

原編碼 530-560 改為 511-514；570-590，630 改為 521-524；640-670 改為 611-614；680，690，730-740 改為 621-624。新增編碼 711-714 與 721-724，詳細內容及其定義如下。 (p.370)

Breast
C500–C509
(Except for 9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, and 9975-9993)

If contralateral breast reveals a second primary, each breast is abstracted separately.

Codes
000 None; no surgery of primary site; autopsy ONLY

200 Partial mastectomy, NOS; less than total mastectomy, NOS; lumpectomy, segmental mastectomy, quadrantectomy, tylectomy, with or without nipple resection
Note: Use code 200 when there is a previous positive biopsy (either core or FNA).

210 Excisional breast biopsy - Diagnostic excision, no pre-operative biopsy proven diagnosis of cancer.
Note: Use code 210 when a surgeon removes the (positive) mass and there was no biopsy (either core or FNA) done prior to the mass being removed.
An excisional biopsy can occur when the nodule was previously not expected to be cancer.

215 Excisional breast biopsy, for atypia
Note: Use code 215 when patient has biopsy that shows atypical ductal hyperplasia (ADH), an excision is then performed, and pathology shows in situ or invasive cancer. The excisional breast biopsy for ADH diagnosed the cancer, not the core biopsy.
An excisional breast biopsy removes the entire tumor and/or leaves only microscopic margins.
This surgical code was added for situations when atypia tissue is excised and found to be reportable. Approx. 10-15% of excised atypia are cancer and reportable.

240 Re-excision of margins from primary tumor site for gross or microscopic residual disease when less than total mastectomy performed.

290 Central lumpectomy, only performed for a prior diagnosis of cancer, which includes removal of the nipple areolar complex.
Note: Use code 290 when the nipple areolar complex needs to be removed for patients with Paget disease or cancer directly involving the nipple areolar complex.
A central lumpectomy removes the nipple areolar complex, whereas a lumpectomy does not.
Central lumpectomy and central portion lumpectomy, central portion excision, central partial mastectomy are interchangeable terms.

300 Skin-sparing mastectomy
310 WITHOUT removal of uninvolved contralateral breast
311 Reconstruction, NOS
312 Tissue
313 Implant
314 Combined (tissue and implant)
320 WITH removal of uninvolved contralateral breast
321 Reconstruction, NOS
322 Tissue
323 Implant
324 Combined (tissue and implant)

Note: A skin-sparing mastectomy removes all breast tissue and the nipple areolar complex and preserves native breast skin. It is performed with and without sentinel node biopsy or axillary lymph node dissection (ALND).

[**SEER Note:** Code Goldilocks mastectomy in Surgery of Primary Site. Breast surgery codes 300, 310-314, 320-324 are the best available choices for "Goldilocks" mastectomy. It is essentially a skin-sparing mastectomy with breast reconstruction. The choice between codes in the 300-324 range and codes in the 400-424 range depends on the extent of the breast removal and the contralateral breast removal. Review the operative report carefully and assign the code that best reflects the extent of the breast removal.]

400 Nipple-sparing mastectomy
- 410 WITHOUT removal of uninvolved contralateral breast
  - 411 Reconstruction, NOS
    - 412 Tissue
    - 413 Implant
    - 414 Combined (tissue and implant)
- 420 WITH removal of uninvolved contralateral breast
  - 421 Reconstruction, NOS
    - 422 Tissue
    - 423 Implant
    - 424 Combined (tissue and implant)

Note: A nipple-sparing mastectomy removes all breast tissue but preserves the nipple areolar complex and breast skin. It is performed with and without sentinel node biopsy or ALND.

500 Areolar-sparing mastectomy
- 510 WITHOUT removal of uninvolved contralateral breast
  - 511 Reconstruction, NOS
    - 512 Tissue
    - 513 Implant
    - 514 Combined (tissue and implant)
- 520 WITH removal of uninvolved contralateral breast
  - 521 Reconstruction, NOS
    - 522 Tissue
    - 523 Implant
    - 524 Combined (tissue and implant)

Note: An areolar-sparing mastectomy removes all breast tissue and the nipple but preserves the areola and breast skin. It is performed with and without sentinel node biopsy or ALND.

[**SEER Note:** Code the most invasive, extensive, or definitive surgery in Surgery of Primary Site ~~2023~~]
Assign code 510-514 or 520-524 if a patient has an excisional biopsy followed by an areolar-sparing mastectomy during the first course of therapy. Code the cumulative result of the surgeries, which is an areolar-sparing mastectomy in this case.]

600 Total (simple) mastectomy
- 610 WITHOUT removal of uninvolved contralateral breast
  - 611 Reconstruction, NOS
    - 612 Tissue
    - 613 Implant
    - 614 Combined (tissue and implant)
- 620 WITH removal of uninvolved contralateral breast
  - 621 Reconstruction, NOS
    - 622 Tissue
    - 623 Implant
    - 624 Combined (tissue and implant)

[**SEER Note:** "Tissue" for reconstruction is defined as human tissue such as muscle (latissimus dorsi or rectus abdominis) or skin in contrast to artificial prostheses (implants).
Placement of a tissue expander at the time of original surgery indicates that reconstruction is planned as part of the first course of treatment.]

Note: A total (simple) mastectomy removes all breast tissue, the nipple, areolar complex, and breast skin. It is performed with and without sentinel node biopsy or ALND. Use code 600, 610-614, 620-624 if patient had a modified radical mastectomy.

700 Radical mastectomy, NOS

710 WITHOUT removal of uninvolved contralateral breast

711 Reconstruction, NOS

712 Tissue

713 Implant

714 Combined (tissue and implant)

720 WITH removal of uninvolved contralateral breast

721 Reconstruction, NOS

722 Tissue

723 Implant

724 Combined (tissue and implant)

760 Bilateral mastectomy for a single tumor involving both breasts, as for bilateral inflammatory carcinoma.

A radical mastectomy removes all breast tissue, the nipple areolar complex, breast skin, and pectoralis muscle. It is performed with level I-III ALND.

[**SEER Note:** Assign code 760 for a more extensive bilateral mastectomy for a single primary involving both breasts. Assign code 0 in Surgical Procedure of Other Site.]

800 Mastectomy, NOS (including extended radical mastectomy)

Specimen sent to pathology for surgical events coded 200-800.

900 Surgery, NOS

990 Unknown if surgery performed; death certificate ONLY

附錄 D：分級/分化摘錄原則

因應 AJCC 第九版新增 Epithelioid mesothelioma 之分級分化規則，附錄 D 新增 Grade 23，適用於 114 年起診斷之個案；若仍依 AJCC 第八版分期者，則維持使用 Grade 02。(p.404)

Grade 23

ICD-O T-/M-Code	Schema Name	AJCC 9 Chapter	Code	Grade Definition
C38.4	Diffuse Pleural Mesothelioma	37	1	G1: Well differentiated
			2	G2: Moderately differentiated
			3	G3: Poorly differentiated
			4	G4: Undifferentiated, anaplastic
			L	Nuclear grade I with or without necrosis OR Nuclear grade II without necrosis
			H	Nuclear grade II with necrosis OR Nuclear grade III with or without necrosis
			9	Grade cannot be assessed (GX); Unknown

Note 1: Codes L, H only for epithelioid mesothelioma.

Note 2: Codes 1-4 for diffuse mesothelioma, sarcomatoid mesothelioma, desmoplastic mesothelioma and biphasic mesothelioma.