

Data Items
Effective with cases diagnosed 1/1/2012

IX.

Data Items

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Ambiguous Terminology

Item Length: 1
NAACCR Item #: 442
NAACCR Name: Ambiguous Terminology

This data item identifies all cases, including DCO and autopsy-only cases that are accessioned based only on ambiguous terminology (see the list of “ambiguous terms” below). Registrars are required to collect cases with ambiguous terminology and it is advantageous to be able to identify those cases in the database.

| Code | Label | Definition | Time Frame | Examples |
|------|--|--|---|--|
| 0 | Conclusive term | A conclusive diagnosis was made within 60 days of the original diagnosis. Case was accessioned based on conclusive terminology. Includes all diagnostic methods such as clinical diagnosis, cytology, pathology, etc. | Within 60 days of the date of initial diagnosis. | <ol style="list-style-type: none"> 1. Adenocarcinoma in TURP chips. 2. Mammogram suspicious for DCIS. Excisional biopsy 1 week later positive for DCIS. |
| 1 | Ambiguous term only | <p>The case was accessioned based only on ambiguous terminology. No conclusive terminology was documented during the 60 days following the initial diagnosis. Includes all diagnostic methods except cytology.</p> <p><i>Note:</i> Cytology is excluded because registrars are not required to collect cases with ambiguous terms describing a cytology diagnosis.</p> | N/A | <ol style="list-style-type: none"> 1. Chest MRI shows a malignant-appearing lesion in the right upper lobe. Patient refused further workup or treatment. 2. Pt with elevated PSA admitted for TRUS. Pathology final diagnosis: consistent with adenocarcinoma. No further information is available |
| 2 | Ambiguous term followed by conclusive term | The case was originally assigned a code 1 (was accessioned based only on ambiguous terminology). More than 60 days after the initial diagnosis, a conclusive diagnosis was made by any diagnostic method including clinical diagnosis, cytology, pathology, autopsy, etc. | More than sixty (60) days after the date of diagnosis | Biopsy of the thyroid reads: most likely thyroid cancer. Coded 1 in Ambiguous Terminology (Ambiguous term only). Three months later a biopsy is positive for papillary follicular cancer. Change the code to 2, (Ambiguous term followed by conclusive term). |

(Table continues)

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| Code | Label | Definition | Time Frame | Examples |
|------|--------------|--|------------|---|
| 9 | Unknown term | There is no information about ambiguous terminology. | N/A | <p>Code 9 should seldom be used because the registrar knows why s/he reported the case</p> <ul style="list-style-type: none"> There was a conclusive diagnosis of malignancy (assign code 0 or 2) <p>OR</p> <ul style="list-style-type: none"> The reportable histology was described by one of the ambiguous terms, such as probable or most likely (assign code 1) |

Definitions

| Phrase | Definition | Examples |
|-------------------------------|---|---|
| Ambiguous terminology | Terms mandated as reportable when used in a diagnosis. See the reportable list below for a complete listing of those terms. See reportability section of this manual, the 2012 Hematopoietic Manual , or the FORDS Manual for detailed instructions on how to use the list. | <p>Clinical: physician's statement that patient most likely has lung cancer.</p> <p>Laboratory tests: CBC suspicious for leukemia.</p> <p>Pathology: prostate biopsy compatible with adenocarcinoma</p> |
| Conclusive terminology | A clear and definite statement of cancer. The statement may be from a physician (clinical diagnosis); or may be from a laboratory test, autopsy, cytologic findings, and/or pathology | <p>Clinical: physician's statement that the patient has lung cancer.</p> <p>Laboratory tests: CBC diagnostic of acute leukemia.</p> <p>Cytologic findings: FNA (fine needle aspiration) with findings of infiltrating duct carcinoma of the breast.</p> <p>Pathology: colon biopsy showing adenocarcinoma</p> |

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Ambiguous terms that are reportable

Apparent(ly)
Appears
Comparable with
Compatible with
Consistent with
Favor(s)
Malignant appearing
Most likely
Presumed
Probable
Suspect(ed)
Suspicious (for)
Typical (of)

Coding Instructions

1. Use code **0** when a case is accessioned based on conclusive terminology. The diagnosis is based on clear and definite terminology describing the malignancy within 60 days of the original diagnosis.

Note: Usually the patient undergoes a diagnostic work-up because of a suspicion of cancer (ambiguous terminology). For example, a mammogram may show calcifications suspicious for intraductal carcinoma; the date of the mammogram is the date of initial diagnosis. When there is a clear and definite diagnosis within 60 days of that mammogram (date of initial diagnosis) such as the pathology from an excisional biopsy showing intraductal carcinoma, assign code 0.

2. Use code **1** when a case is accessioned based on ambiguous terminology and no definitive terminology is used to describe the malignancy within 60 days of the date of initial diagnosis. The ambiguous terminology diagnosis may be from a pathology report, a radiology report, an imaging report, or on the medical record.
3. Change the code from code 1 to code **2** when a case was accessioned based on ambiguous terminology and was confirmed as a definite cancer (definitive terminology in a pathology report, cytology report, or a clinical diagnosis) more than 60 days after the initial diagnosis.

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- a. Follow-back to a physician or subsequent readmission (following the initial 60 day period) may eventually confirm cancer. Assign code **2**.

Example: Prostate biopsy with diagnosis of probable adenocarcinoma. Two years later, another biopsy is performed with diagnosis of prostate adenocarcinoma. Assign code 2 (Ambiguous term followed by conclusive term).

4. Leave this data item blank for cases diagnosed prior to 01/01/2007.

Note: Cases accessioned based on ambiguous terminology (code **1**) should be excluded from case selection in research studies. Direct patient contact is not recommended.

Rationale for Collection

For over 30 years, the SEER Program has required reporting of cases diagnosed by ambiguous terminology. The cases reported include those diagnosed by x-rays, scans, clinical diagnosis, cytology, and pathology. In 2007, the data item “Ambiguous Terminology” was added to the data set to identify those cases diagnosed by ambiguous terminology in order to

- Better understand how frequently these terms are used for diagnosis
- Determine whether
 - these cases are later confirmed using definitive terminology, and/or
 - there are cases in the database that are never confirmed using conclusive terminology, and/or
 - there are cases for which there is a long interval between ambiguous diagnosis and conclusive diagnosis
- Exclude these cases from studies involving patient contact
- Identify cases for which patient contact and follow-up should be avoided
- Identify cases that should be deleted from the database if the cancer diagnosis is ruled out
- Identify for statistical analysis
 - outliers in survival data as those diagnosed only by ambiguous terminology
 - those sites most frequently diagnosed using ambiguous terminology

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Date of Conclusive Terminology

Item Length: 8
NAACCR Item #: 443
NAACCR Name: Date of Conclusive DX

For those cases originally accessioned based on ambiguous terminology only, this data item documents the date of a definite statement of malignancy. The abstractor will change the code for the data item “Ambiguous Terminology” from a 1 to a 2 and enter the date that the malignancy was described definitively in Date of Conclusive Terminology.

Date of Conclusive Terminology must be transmitted in the YYYYMMDD format. Date of Conclusive Terminology may be recorded in the transmission format, or recorded in the traditional format (MMDDYYYY) and converted electronically to the transmission format.

Transmitting Dates

Transmit date fields in the year, month, day format (YYYYMMDD). Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Common Formats

YYYYMMDD Complete date is known
YYYYMM Year and month are known/estimated; day is unknown
YYYY Year is known/estimated; month and day cannot be estimated or are unknown

Transmit Instructions

1. Transmit date fields in the year, month, day format (YYYYMMDD).
2. Leave the year, month and/or day blank when they cannot be estimated or are unknown.
3. Most SEER registries collect the month, day, and year of conclusive terminology. When the full date (YYYYMMDD) is transmitted, the seventh and eighth digits (day) will be deleted when the data are received by SEER.

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Codes for Year

Code the four-digit year of conclusive terminology

Codes for Month

| Code | Description |
|-------------|--------------------|
| 01 | January |
| 02 | February |
| 03 | March |
| 04 | April |
| 05 | May |
| 06 | June |
| 07 | July |
| 08 | August |
| 09 | September |
| 10 | October |
| 11 | November |
| 12 | December |

Codes for Day

| Code |
|-------------|
| 01 |
| 02 |
| 03 |
| .. |
| .. |
| 31 |

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Coding Instructions

1. Leave this field blank for cases diagnosed prior to 01/01/2007
2. Special codes for use with traditional date format
 - a. 00000000 Accessioned based on ambiguous terminology only (Code 1 in data item “Ambiguous Terminology”)
 - b. 88888888 Not applicable. The case was accessioned based on conclusive diagnosis (Code 0 in data item “Ambiguous Terminology”)
 - c. 99999999 Unknown date; unknown if diagnosis was based on ambiguous terminology or conclusive terminology (Code 9 in data item “Ambiguous Terminology”)

Estimating Dates

Estimating the **month**

1. Code “spring of” to April
2. Code “summer” or “middle of the year” to July
3. Code “fall” or “autumn” as October
4. For “winter of,” try to determine whether the physician means the first of the year or the end of the year and code January or December as appropriate. If no determination can be made, use whatever information is available to calculate the month.
5. Code “early in year” to January
6. Code “late in year” to December
7. Use whatever information is available to calculate the month
8. Code the month of admission when there is no basis for estimation
9. Leave month blank if there is no basis for approximation

Estimating the **year**

1. Code “a couple of years” to two years earlier
2. Code “a few years” to three years earlier
3. Use whatever information is available to calculate the year
4. Code the year of admission when there is no basis for estimation

Data Items
Effective with cases diagnosed 1/1/2010

Date of Conclusive Diagnosis Flag

Item Length: 2
NAACCR Item #: 448
NAACCR Name: Date Conclusive DX Flag

Date flag fields were added beginning with diagnoses on or after 1/1/2010 as part of an initiative to standardize date fields. Date flags replace nondate information that had previously been transmitted in date fields. Coding 9's to indicate "unknown" for year, month or day is an example of nondate information that was previously transmitted in date fields.

| Code | Label | Definition |
|-------------|-------------------------|--|
| | Blank | A valid date value is provided in Date of Conclusive Diagnosis |
| 10 | No information | No information whatsoever can be inferred |
| 11 | Not applicable | No proper value is applicable in this context |
| 12 | Unknown | A proper value is applicable but not known |
| 15 | Temporarily unavailable | Accessioned based on ambiguous terminology only |

Coding Instructions

1. Leave this item blank if Date of Conclusive Diagnosis has a full or partial date recorded
2. Assign code 10 when it is unknown whether the diagnosis was based on ambiguous terminology (Ambiguous Terminology coded 9 and Date of Conclusive Diagnosis is blank)
3. Assign code 11 when the case was diagnosed originally, or within 60 days of initial diagnosis, using **unambiguous** terminology (Ambiguous Terminology coded 0)
4. Assign code 12 when the date of conclusive diagnosis cannot be determined. The case was originally diagnosed using ambiguous terminology, was conclusively diagnosed more than 60 days later, and the date of conclusive diagnosis is unknown (Ambiguous Terminology coded 2 and Date of Conclusive Diagnosis is blank).
5. Assign code 15 when the case was diagnosed using ambiguous terminology and no conclusive (unambiguous) diagnosis followed (Ambiguous Terminology coded 1)

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Multiplicity Counter

Item Length: 2
NAACCR Item #: 446
NAACCR Name: Multiplicity Counter

This data item is used to count the number of tumors (multiplicity) reported as a single primary. Do not count metastatic tumors. Use the [Multiple Primary and Histology Coding Rules](#) manual multiple primary rules for the specific site to determine whether the tumors are a single primary or multiple primaries.

Code Description

| | |
|----|---|
| 00 | No primary tumor identified (effective for cases diagnosed 1/1/11 and forward) |
| 01 | One tumor only |
| 02 | Two tumors present; bilateral ovaries involved with cystic carcinoma |
| 03 | Three tumors present |
| .. | |
| .. | |
| 88 | Information on multiple tumors not collected/not applicable for this site |
| 89 | Multicentric, multifocal, number unknown (effective for cases diagnosed 1/1/11 and forward) |
| 99 | Unknown if multiple tumors; not documented |

Coding Instructions

1. Code the number of tumors being abstracted as a **single** primary.
2. Update this data item only once.

Example: A single tumor is found at initial diagnosis. Record 01 in multiplicity counter. A subsequent tumor is determined to be the same primary. Change multiplicity counter to 02. Do not update this data item again even if additional tumors are identified.

3. Use any part of the medical record to obtain information on the number of tumors.
 - a. Source of information is **not** limited to the pathology report final diagnosis.
 - b. The pathology report is the most accurate source of information for some primary sites, for example, a breast primary.
 - c. It is necessary to use other sources such as scans, operative reports, or documentation in the medial record
 - i. For primary sites such as urinary, head and neck, etc.

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- ii. When the operative report and pathology report are not available.
4. Do **not** count tumors documented as metastases.
 5. Include foci in the multiplicity counter when there is a tumor or tumors with separate **measured** single or multiple foci.
 - a. Ignore/do not count **unmeasured** foci.
 - b. Record the number of foci that are measured when the tumor description is multifocal or multicentric.
 - c. See instruction number 11 for coding multifocal or multicentric tumors with unmeasured foci.
 6. Do **not** include measured satellite lesions in the multiplicity counter.
 7. Use code **00** when the primary tumor is not found.

Example 1: Metastatic melanoma with an unknown primary site

Example 2: Axillary nodes with metastatic duct carcinoma; no primary tumor found in breast

8. Use code **01** when
 - a. There is a single tumor in the primary site.
 - b. There is a single tumor with separate **unmeasured** foci of tumor.

Example 1: Pathology from colon resection shows a 3 cm adenocarcinoma in the ascending colon. Biopsy of liver shows a solitary metastatic lesion compatible with the colon primary. Record 01 in Multiplicity Counter (do not count the metastatic lesion).

Example 2: Pathology from mastectomy shows a 2 cm invasive duct carcinoma with foci of duct carcinoma in situ. No measurement is given for any of the foci of in situ duct carcinoma. Record 01 in Multiplicity Counter.

9. Use code **02** when
 - a. The tumor description is multifocal or multicentric and there are **two** measured foci.
 - b. There is a **single tumor** with separate multiple foci and **one** focus is measured.
 - c. There is a single tumor at initial diagnosis and a subsequent tumor is determined to be the same primary.

Example 1: The patient has a 2 cm infiltrating duct carcinoma in the LIQ and a 1 cm infiltrating duct carcinoma in the UIQ of the left breast. Accession as a single primary in accordance with the multiple primary rules, and code 02 in Multiplicity Counter.

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Example 2: A single breast primary composed of both in situ tumor and invasive tumor. Measurements are provided for both the invasive and in situ tumors. Code the multiplicity counter 02 because there are individual measurements for each of these tumors.

Example 3: Pathology report for debulking: Cystadenocarcinoma, right and left ovaries. Biopsy of peritoneal implants positive for metastatic cystadenocarcinoma. Code 02 (Two tumors present; bilateral ovaries involved with cystadenocarcinoma). Do not include tumors stated to be metastases in the multiplicity counter.

10. Use codes **00-87** and code **99** for solid tumors including the following sites and histologies

- a. Follicular dendritic cell sarcoma, extranodal (9758)
- b. Histiocytic sarcoma (9755)
- c. Ill-defined sites (C760-C768)
- d. Interdigitating dendritic cell sarcoma (9757)
- e. Kaposi sarcoma (9140)
- f. Langerhans cell histiocytosis (9751)
- g. Langerhans cell sarcoma (9756)
- h. Lymphoma, extranodal primary site (9590-9729, 9735-9738)
- i. Malignant histiocytosis (9750)
- j. Mast cell sarcoma (9740)
- k. Myeloid sarcoma (9930)
- l. Plasmacytoma, extramedullary (9734) (not occurring in bone)
- m. Plasmacytoma, solitary (9731) (occurring in bone)

11. Use code **88** for

- a. Immunoproliferative disease and certain other hematopoietic neoplasms (9732, 9733, 9741, 9742, 9759, 9760, 9761, 9762, 9764, 9950, 9960, 9961, 9962, 9965, 9966, 9967, 9971, 9975, 9980, 9982, 9983, 9984, 9985, 9986, 9987, 9989, 9991, 9992)
- b. Leukemia (9800-9920, 9931-9948, 9963, 9964)
- c. Lymphoma, lymph node(s) or bone marrow primary site (9590-9729, 9735-9738)
- d. Unknown primary (C809) (except DCO. See code 99)

12. Use code **89** when the tumor description is multicentric or multifocal **AND** the number of tumors is unknown

Example 1: Operative report for TURB mentions multifocal bladder tumors. Pathology report: Papillary transitional cell carcinoma present in tissue from bladder neck, dome, and posterior wall. Record 89 in Multiplicity Counter.

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Example 2: Multicentric carcinoma of the thyroid. Code the number of tumors if known. When the number of tumors is not stated, count the number of measured nodules. If the nodules are not measured, code 89.

13. Use code **99** when

- a. The original pathology report is not available and the documentation does not specify whether there was a single or multiple tumors in the primary site.
- b. The tumor is described only as diffuse or disseminated.
- c. The operative or pathology report describes multiple tumors but does not give an exact number.
- d. It is unknown if there is a single tumor or multiple tumors and the multiple primary rules instructed you to default to a single tumor.
- e. There is a prostate primary **AND**
 - a. The number of tumors is not specified, including those with positive biopsy results in different lobes of the prostate
Example: Prostate, positive biopsies of both lobes. No statement to indicate whether there is one or more nodules. Code the multiplicity counter 99.
OR
 - b. The only information available for clinically inapparent prostate cancer is positive needle biopsies
- f. The case is a DCO

14. Leave this field blank for cases diagnosed prior to 01/01/2007.

Coding Examples

Example 1: Patient has an excisional biopsy of the soft palate. The pathology shows clear margins. Record 01 in the Multiplicity Counter. Within six months another lesion is excised from the soft palate. Use the head and neck multiple primary rules to determine this tumor is not accessioned as a second primary. Change the Multiplicity Counter to code 02 to reflect the fact that there were two separate tumors abstracted as a single primary.

Example 2: CT of chest shows two lesions in the left lung and a single lesion in the right lung. Biopsy of the right lung lesion shows adenocarcinoma. No other workup is done. Review the multiple primary rules for lung. The case is abstracted as a single primary. For lung ONLY, the tumors in the contralateral lung are assumed to be the same primary. Enter the number 03 in the data item Multiplicity Counter.

Date of Multiple Tumors

Item Length: 8
NAACCR Item #: 445
NAACCR Name: Date of Multiple Tumors

This data item is used to identify the month, day and year the patient is diagnosed with multiple tumors **reported as a single primary**. Date of multiple tumors is intended to capture the date that multiple tumors were discovered. Use the multiple primary rules for that specific site to determine whether the tumors are a single primary or multiple primaries.

Date of Multiple Tumors must be transmitted in the YYYYMMDD format. Date of Multiple Tumors may be recorded in the transmission format, or recorded in the traditional format (MMDDYYYY) and converted electronically to the transmission format.

Transmitting Dates

Transmit date fields in the year, month, day format (YYYYMMDD). Leave the year, month and/or day blank when they cannot be estimated or are unknown.

Common Formats

YYYYMMDD Complete date is known
YYYYMM Year and month are known/estimated; day is unknown
YYYY Year is known/estimated; month and day cannot be estimated or are unknown

Transmit Instructions

1. Transmit date fields in the year, month, day format (YYYYMMDD).
2. Leave the year, month and/or day blank when they cannot be estimated or are unknown.
3. Most SEER registries collect the month, day, and year. When the full date (YYYYMMDD) is transmitted, the seventh and eighth digits (day) will be deleted when the data are received by SEER.

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Codes for Year

Code the four-digit year

Codes for Month

| Code | Description |
|-------------|--------------------|
| 01 | January |
| 02 | February |
| 03 | March |
| 04 | April |
| 05 | May |
| 06 | June |
| 07 | July |
| 08 | August |
| 09 | September |
| 10 | October |
| 11 | November |
| 12 | December |

Codes for Day

| Code |
|-------------|
| 01 |
| 02 |
| 03 |
| .. |
| .. |
| 31 |

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Coding Instructions

1. Record the date of diagnosis when multiple tumors are identified at the initial diagnosis.

Example 1: The patient has multiple tumors: a 2 cm infiltrating duct in the lower inner quadrant and a 1 cm infiltrating duct carcinoma in the upper inner quadrant of the left breast. According to the breast multiple primary rules, these tumors are accessioned as a single primary. Enter the date of diagnosis in Date of Multiple Tumors.

Example 2: Operative report for TURB (transurethral resection of bladder) mentions multiple bladder tumors. Pathology report: Papillary transitional cell carcinoma present in tissue from bladder neck, dome, and posterior wall. According to the Bladder, Renal Pelvis, and Ureter multiple primary rules these tumors are accessioned as a single primary. Enter the date of diagnosis in Date of Multiple Tumors.

2. Record the date of diagnosis when
 - a. The primary tumor cannot be found (code 00 in Multiplicity Counter).
 - b. The number of tumors is described as multicentric or multifocal and the number of tumors is unknown (code 89 in Multiplicity Counter).
 - c. The number of tumors is unknown (code 99 in Multiplicity Counter).
 - d. It is unknown whether there is a single tumor or there are multiple tumors (code 99 in Multiplicity Counter).

Example: Prostate biopsy performed 10/20/12, both lobes involved with tumor, unknown how many tumors. Enter the date of diagnosis (the date of the biopsy in this case) in Date of Multiple Tumors.

3. Record the earliest date that multiple tumors were diagnosed when subsequent tumor(s) are counted as the same primary.

Example 1: Patient has an excisional biopsy of a single tumor in the soft palate on January 2, 2012. The pathology shows clear margins. Record 01 in Multiplicity Counter. On July 10, 2012 another tumor is excised from the soft palate. The multiple primary rules for head and neck state that this tumor is the same primary. Change the 01 in Multiplicity Counter to 02 and enter the date the second tumor was diagnosed (July 10, 2012) in Date of Multiple Tumors.

Example 2: A single primary composed of multiple tumors of the breast is diagnosed on 02/23/12. Additional breast tumors diagnosed on 08/15/12 are determined to be the same primary. Date of multiple tumors is February 23, 2012. Do not update using the later date since multiple tumors were present initially.

Example 3: January 10, 2012 a core biopsy showed invasive ductal carcinoma in a solitary 2cm tumor, right breast, UOQ. January 20, 2012 path from a right total mastectomy showed the 2 cm invasive ductal carcinoma in the UOQ and one additional 0.5 cm invasive ductal

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carcinoma in the LOQ. Enter January 20, 2012, the date that the second tumor was found, in Date of Multiple Tumors. Enter 02 in multiplicity counter.

Note: It is very likely that the second tumor was present at the initial diagnosis, but it wasn't discovered until mastectomy. Date of multiple tumors is intended to capture the date that multiple tumors were discovered.

4. Leave this field blank for cases diagnosed prior to 01/01/2007.

Death Certificate Only (DCO) Cases

See the [NAACCR Death Clearance Manual](#) for coding instructions

Estimating Dates

Estimating the month

1. Code "spring of" to April
2. Code "summer" or "middle of the year" to July
3. Code "fall" or "autumn" as October
4. For "winter of," try to determine whether the physician means the first of the year or the end of the year and code January or December as appropriate. If no determination can be made, use whatever information is available to calculate the month.
5. Code "early in year" to January
6. Code "late in year" to December
7. Use whatever information is available to calculate the month
8. Code the month of admission when there is no basis for estimation
9. Leave month blank if there is no basis for approximation

Estimating the year

1. Code "a couple of years" to two years earlier
2. Code "a few years" to three years earlier
3. Use whatever information is available to calculate the year
4. Code the year of admission when there is no basis for estimation

Data Items
Effective with cases diagnosed 1/1/2010

Date of Multiple Tumors Flag

Item Length: 2
NAACCR Item #: 439
NAACCR Name: Date of Mult Tumors Flag

Date flag fields were added beginning with diagnoses on or after 1/1/2010 as part of an initiative to standardize date fields. Date flags replace nondate information that had previously been transmitted in date fields. Coding 99999999 to indicate “unknown” is an example of nondate information that was previously transmitted in date fields.

| Code | Label | Definition |
|-------------|-------------------------|---|
| | Blank | A valid date value is provided in Date of Multiple Tumors |
| 11 | Not applicable | No proper value is applicable in this context |
| 12 | Unknown | A proper value is applicable but not known |
| 15 | Temporarily unavailable | Information is not available at this time, but it is expected that it will be available later |

Coding Instructions

1. Leave this item blank when Date of Multiple Tumors has a full or partial date recorded
2. Assign code 11 when Multiplicity Counter is coded 88
3. Assign code 12 when the date of multiple tumors cannot be determined, and it is known that there are multiple tumors for this primary
4. Assign code 15 when Multiplicity Counter is coded 01
5. Change code 15 to blank or another code **the first time** the patient is diagnosed with multiple tumors that are determined to be the same primary; i.e. when Multiplicity Counter code is changed from 01 to 02-87 or 89.

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Type of Multiple Tumors Reported as One Primary

Item Length: 2
NAACCR Item #: 444
NAACCR Name: Mult Tum Rpt as One Prim

This data item is used to identify the type of multiple tumors that are abstracted as a single primary. Ignore metastatic tumors for this data item.

| Code | Label | Description | Example(s) / Notes |
|-------------|-----------------------|---|--|
| 00 | Single tumor | All single tumors . Includes single tumors with both in situ and invasive components | Code 01 in the Multiplicity Counter |
| 10 | Multiple benign | At least two benign tumors in same organ/primary site | Use this code for nonmalignant tumors in intracranial and CNS sites. May also be used for reportable-by-agreement cases. |
| 11 | Multiple borderline | At least two borderline tumors in the same organ/primary site | Use this code for nonmalignant tumors in intracranial and CNS sites. May also be used for reportable-by-agreement cases. |
| 12 | Benign and borderline | At least one benign AND at least one borderline tumor in the same organ/primary site | Use this code for nonmalignant tumors in intracranial and CNS sites. May also be used for reportable-by-agreement cases. |
| 20 | Multiple in situ | At least two in situ tumors in the same organ/primary site | Cystoscopy report documents multiple (or multicentric / multifocal) bladder tumors. Pathology: Flat transitional cell carcinoma of bladder. |

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| Code | Label | Description | Example(s) / Notes |
|------|--------------------------|--|---|
| 30 | In situ and invasive | One or more in situ tumor(s) AND only one invasive tumor in the same organ/primary site | 1. A single breast primary composed of in situ tumor(s) and invasive tumor(s) 2. Multiple polyps, some with non-invasive adenocarcinoma and some with invasive adenocarcinoma, all in the same segment of the colon |
| 31 | Polyp and adenocarcinoma | One or more polyps with either <ul style="list-style-type: none"> • In situ carcinoma or • invasive carcinoma AND one or more frank adenocarcinoma(s) in the same segment of colon, rectosigmoid, and/or rectum | |
| 32 | FAP with carcinoma | Diagnosis of familial polyposis (FAP) AND carcinoma (in situ or invasive) is present in at least one of the polyps | |
| 40 | Multiple invasive | At least two invasive tumors in the same organ, may also have one or more in situ tumors | 1. Lung primary with multiple nodules identified on scans. Only one nodule is biopsied. For lung only , it is assumed that all of the tumors are the same histology and that all are invasive. 2. Bladder tumors described as multicentric or multifocal. Pathology from TURB is invasive urothelial carcinoma. |
| 80 | Unk in situ or invasive | Multiple tumors present in the same organ/primary site, unknown if in situ or invasive | |
| 88 | NA | Information on multiple tumors not collected/not applicable for this site | Code 88 in Multiplicity Counter |
| 99 | Unk | Unknown | Code 00 or 99 in Multiplicity counter "Disseminated" or "Diffuse" with no further information DCO cases |

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