Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland Multiple Primary Rules – Matrix C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)

Note: Benign and borderline intracranial and CNS tumors have a separate set of rules.

- * Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
- ** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
UNKN	NOWN IF SINGLE	OR MULTIPLE TUM	Tumor(s) not described as metastasis			
M1	Brain			Invasive (/3) and either a benign (/0) or uncertain/borderline (1) tumor		Multiple**
M2					Use this rule only after all information sources have been exhausted.	Single*
SING	LE TUMOR		Tumor not described as metastasis			
M3	Single				The tumor may overlap onto or extend into adjacent/contiguous site or subsite	Single*
	FIPLE TUMORS ble tumors may be a si	ingle primary or multiple	Tumors not described as metastases			
M4	Brain			Invasive (/3) and either a benign (/0) or uncertain/borderline (1) tumor		Multiple**
M5	Tumors with topography codes different at the second (Cxxx) and/or third (Cxxx) character					Multiple**
M6	<u>-</u>	Glioblastoma or glioblastoma multiforme (9440) following a glial tumor (See Chart 1)				Single*

Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland Multiple Primary Rules – Matrix

C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753 (Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M7		Tumors with histology codes on the same branch in Chart 1 or Chart 2			Recurrence, progression or any reappearance of histologies on the same branch in Chart 1 or Chart 2 is always the same disease process. <i>Example:</i> Patient has astrocytoma. Ten years later the patient is diagnosed with glioblastome multiforme. This is a progression or recurrence of the earlier astrocytoma.	Single*
M8		Tumors with histology codes on different branches in Chart 1 or Chart 2				Multiple**
M9		Tumors with histology codes different at the first (<u>x</u> xxx), second (x <u>x</u> xx), or third (xx <u>x</u> x) number				Multiple**
M10	Does not meet any o	of the above criteria			 I: Neither timing nor laterality is used to determine multiple primaries for malignant intracranial and CNS tumors. Example: The patient is treated for an anaplastic astrocytoma (9401) in the right parietal lobe. Three months later the patient is diagnosed with a separate anaplastic astrocytoma in the left parietal lobe. This is one primary because laterality is not used to determine multiple primary status. 2: Multi-centric brain tumors which involve different lobes of the brain that do not meet any of the above criteria are the same disease process. 	Single*