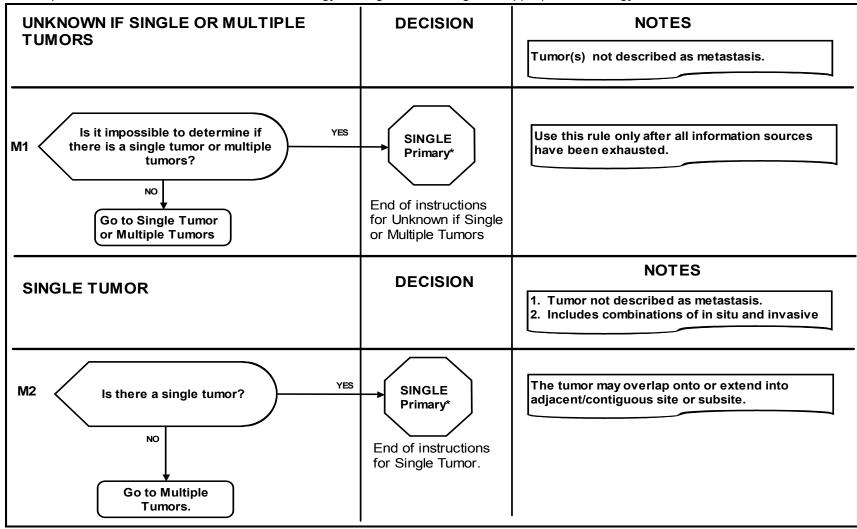
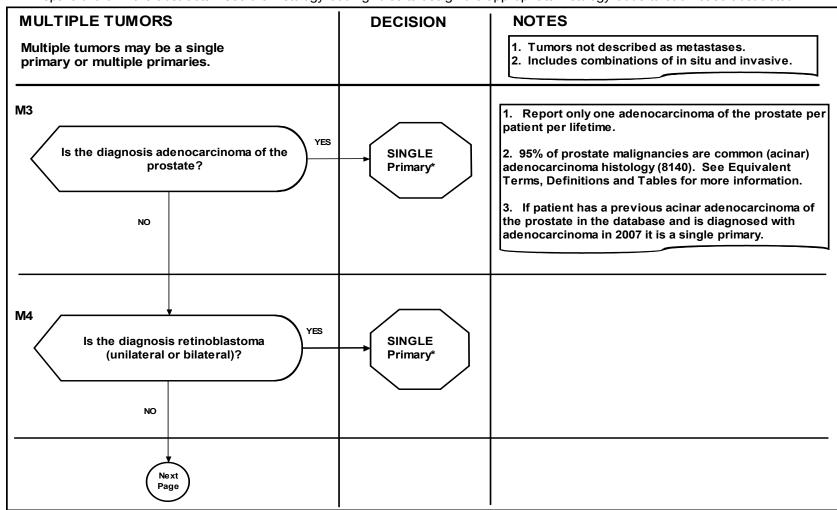


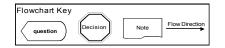
- * Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
- ** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



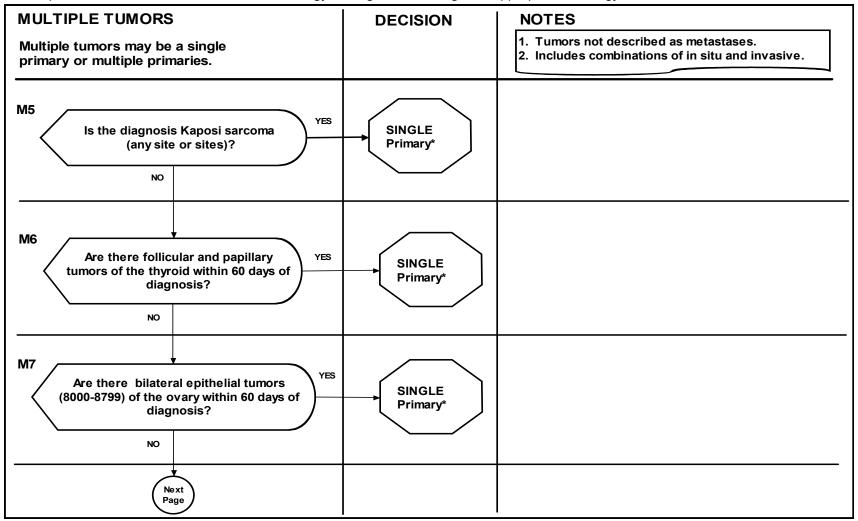
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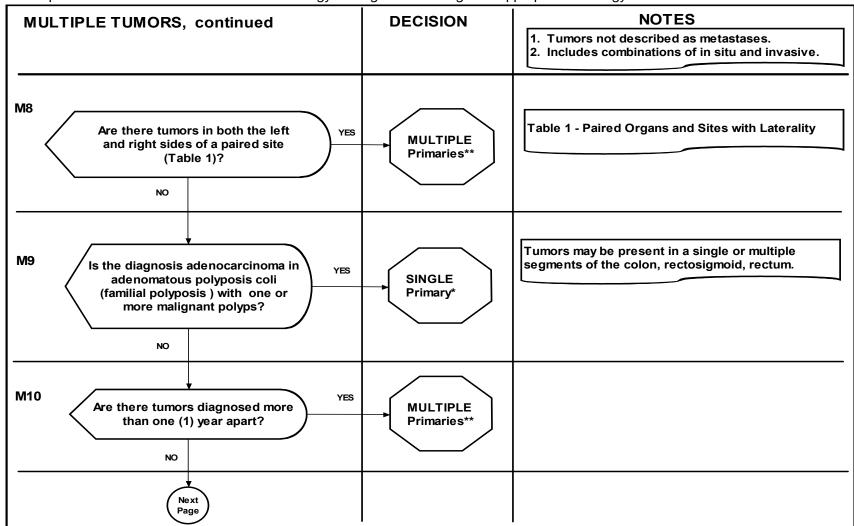


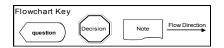


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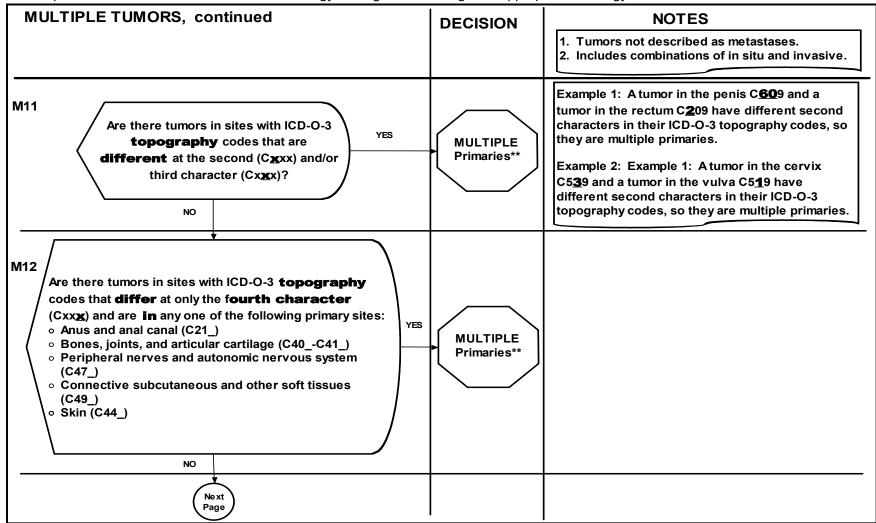
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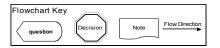






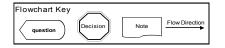
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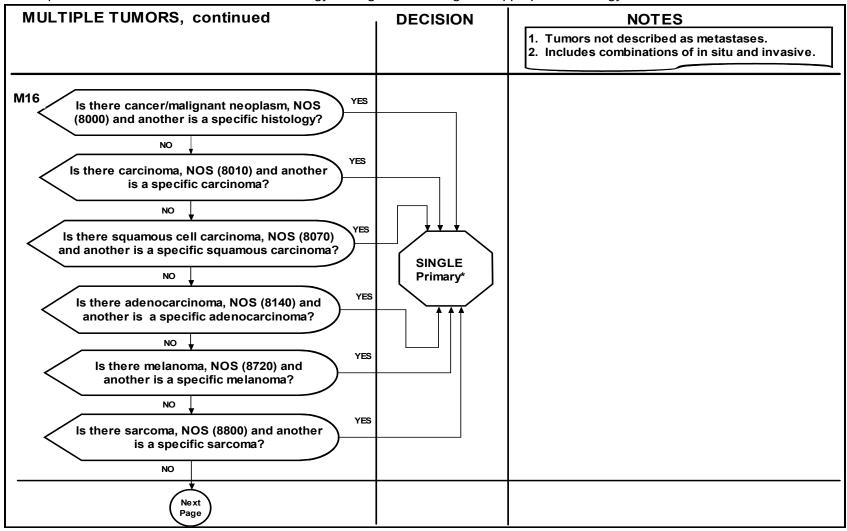


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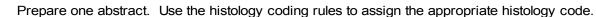
MULTIPLE TUMORS, continued	DECISION	NOTES 1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.
Is there a frank in situ or malignant adenocarcinoma and an in situ or malignant tumor in a polyp? NO	SINGLE Primary*	
M14 Are there multiple in situ and/or malignant polyps? NO	SINGLE Primary*	Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.
Is there an invasive tumor following an in situ tumor more than 60 days after diagnosis?	MULTIPLE Primary**	The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.
Next Page		



- * 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.



(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



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

Flowchart Key

