Multiple Primary and Histology Coding Rules

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Surveillance Epidemiology and End Results Program
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Multiple Primary and Histology Coding Rules

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The 2007 Multiple Primary and Histology Coding Rules

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III. Preface

The 2007 Multiple Primary and Histology (MP/H) Coding Rules present the first site-specific multiple primary and histology rules developed to promote consistent and standardized coding by cancer registrars. This project was sponsored by the National Cancer Institute (NCI) Surveillance Epidemiology and End Results (SEER) Program. In January 2003, the Multiple Primary and Histology Task Force was formed to tackle problems identified in existing rules. The MP/H Task Force was a diverse group with membership from all but two SEER regions, the American College of Surgeons (ACoS) Commission on Cancer (CoC), the American Joint Committee on Cancer (AJCC), the Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR), the National Cancer Registrars Association (NCRA), North American Association of Central Cancer Registries (NAACCR), 15 central registry representatives, and Canadian Cancer Registries. Physician guidance by specialty pathologists and clinicians was integral to the review and revision process. Regular consultation with the editors of ICD-O-3 clarified ICD-O-3 codes and ensured that the new rules accurately reflect the ICD-O-3 editors' intent and purpose.

The 2007 MP/H Rules include site-specific rules for lung, breast, colon, melanoma of the skin, head and neck, kidney, renal pelvis/ureter/bladder, and malignant brain. A separate set of rules addresses the specific and general rules for malignant solid tumors originating in all other sites. The multiple primary rules guide and standardize the process of determining the number of primaries. The histology rules contain detailed histology coding instructions. For example, there are instructions and guidance for identifying histologic lineages, differentiating between general (NOS) terms and specific histologic types, and correctly assigning mixed and combination codes.

The rules are available in three formats: flowchart, matrix and text. The different formats were developed to meet the needs of registrars who have different learning styles.

The MP/H Task Force also developed three new data items that complement these rules, Multiplicity Counter, Date of Multiple Tumors, and Type of Multiple Tumors Reported as One Primary.

The rules are available in this stand-alone manual and also in the *2007 SEER Coding and Staging Manual*.

A cadre of instructors has been trained to provide in-person education on using the new rules to registrars. Web-based cancer registrar education is available on the SEER training website, http://seer.cancer.gov/. Multiple primary and histology issues are covered in several modules, and a 2007 MP/H rules module will be added. Continuing education units can be requested from the National Cancer Registrars Association. Recorded training webcasts will be available for viewing and provide another option for mass training of registrars who cannot attend an in-person workshop.

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IV.
General Instructions and Histology Type ICD-O-3

EQUIVALENT OR EQUAL TERMS

Adenocarcinoma, glandular carcinoma
Multicentric, multifocal
Tumor, mass, lesion, neoplasm

DEFINITIONS

***Note*: Use these terms and definitions for all reportable cases except lymphoma and leukemia primaries (M9590-9989).**

Bilateral: Relating to the right **and** left sides of the body or of a body structure; bilaterality is **not** an indication of single or multiple primaries.

Clinical Diagnosis: A diagnosis that is not microscopically confirmed. It may be based on information from diagnostic imaging or the clinician"s expertise.

Contiguous tumor: A single tumor that involves, invades, or bridges adjacent or connecting sites or subsites.

Focal: An adjective meaning limited to one specific area. A focal cancer is limited to one specific area or organ. The area may be microscopic **or** macroscopic.

Foci: Plural of focus.

Focus: A term used by pathologists to describe a group of cells that can be **seen only by a microscope**. The cells are noticeably different from the surrounding tissue either by their appearance, chemical stain, or other testing.

Laterality: Indication of which side of a **paired organ/site** a tumor is located. (See Paired organ/site)

Most representative specimen: The pathologic specimen from the surgical procedure that removed the most **tumor** tissue.

Multiple primaries: More than one reportable case.

Overlapping tumor: The involved sites are adjacent (next to each other) and the tumor is contiguous.

Paired organ/site: There are two sides, one on the left side of the body and one on the right side of the body. (See Laterality)

Recurrence: This term has two meanings:

1. The reappearance of disease that was thought to be cured or inactive (in remission). Recurrent cancer starts from cancer cells that were not removed or destroyed by the original therapy.
2. A new occurrence of cancer arising from cells that have nothing to do with the earlier (first) cancer. A new or another occurrence, incidence, episode, or report of the same disease (cancer) in a general sense – a new occurrence of cancer.

Single primary: One reportable case.

Unilateral: Relating to one side of the body or one side of a body structure.

DETERMINING MULTIPLE PRIMARIES FOR SOLID MALIGNANT TUMORS

Note: The rules do not apply to hematopoietic primaries (lymphoma and leukemia) of any site or to the reportable benign or borderline intracranial or CNS tumors.

A. General Information

1. Use these rules to determine the number of reportable primaries. Do **not** use these rules to determine case reportablility, stage, or grade.
2. The 2007 multiple primary and histology coding rules **replace all previous** multiple primary and histology coding **rules**.
3. The rules are **effective** for cases **diagnosed January 1, 2007** and after. Do not use these rules to abstract cases diagnosed prior to January 1, 2007.
4. Read the **General Instructions** and the **site-specific Equivalent Terms and Definitions** before using the multiple primary rules.
5. The multiple primary and histology coding rules are available in **three formats**: flowchart, text, and matrix. The **rules are identical**, only the formats differ. Use the rules in the format that is easiest for you to follow.
6. **Notes** and **examples** are included with some of the rules to **highlight key points** or to add **clarity** to the rules.
7. **Do not use** a physician"s statement to decide whether the patient has a recurrence of a previous cancer or a new primary. Use the multiple primary rules as written **unless** a **pathologist compares** the present tumor to the "original" tumor and states that this tumor is a recurrence of cancer from the previous primary.
8. Use the Determining Multiple Primaries: Hematopoietic Primaries (Lymphoma and Leukemia) rules and table "Definitions of Single and Subsequent Primaries for Hematologic Malignancies" to determine single versus multiple primaries for lymphoma and leukemia cases.

B. How to Use the Multiple Primary Rules

1. Use the **Multiple Primary** rules to **make a decision on the number of primary malignancies** to be abstracted for reportable solid malignant tumors.
2. Use the site-specific rules for the following primary sites:
   - Brain, malignant (intracranial and CNS)
   - Breast

- Colon
- Head and neck
- Kidney
- Lung
- Malignant melanoma of the skin
- Renal pelvis, ureter, bladder, and other urinary

3. Use the **Other Sites rules** for solid malignant tumors that occur in primary sites not covered by the site-specific rules.
4. Each module (Unknown if Single or Multiple Tumors, Single Tumor, Multiple Tumors) is an independent, complete set of coding rules. To determine which set of primary site rules to use:
   a. When there is no tumor in the primary site, only metastatic lesions are present:
      I. Use the primary site documented by a physician and use the multiple primary and histology coding rules for that primary site.
      II. If no primary site is documented, code the primary site as unknown and use the general multiple primary and histology coding rules. Use the "Unknown if Single or Multiple Tumors" module to determine multiple primaries and the "Single Tumor" module for coding histology.
   b. To choose the appropriate module (Unknown if Single or Multiple Tumors, Single Tumor, Multiple Tumors),
      I. Use the multiple primary and histology coding rules for the primary site
      II. Determine the number of tumors
         i. Do not count metastatic lesions
         ii. When the tumor is only described as multicentric or multifocal and the number of tumors is not mentioned, use the "Unknown if Single or Multiple Tumors" module
         iii. When there is a tumor or tumors with separate microscopic foci, ignore the separate microscopic foci and use the "Single Tumor" or "Multiple Tumor" modules as appropriate
         iv. When the patient has a single tumor, use the "Single Tumor" module.
         v. If there are multiple tumors, use the "Multiple Tumor" module.
      III. See the Equivalent Terms and Definitions for Head and Neck for guidance in coding the primary site
      IV. Use the primary site documented by the physician on the medical record
5. If a **single primary**, prepare **one abstract**.
6. If there are **multiple primaries**, prepare **two or more abstracts**.
7. Rules are in hierarchical order within each module (Unknown if Single or Multiple Tumors, Single Tumor, and Multiple Tumors). Use the first rule that applies and

STOP

Histologic Type ICD-O-3

Item Length: 4
NAACCR Item #: 522
NAACCR Name: Histologic Type ICD-O-3

The data item Histologic Type ICD-O-3 describes the microscopic composition of cells and/or tissue for a specific primary. The tumor type or histology is a basis for staging and determination of treatment options. It affects the prognosis and course of the disease.

The *International Classification of Diseases for Oncology*, Third Edition (ICD-O-3) is the standard reference for histology codes for tumors diagnosed in 2001 and later. Do not record the „M‟ that precedes the histology code. See sections *Coding Guidelines for Topography and Morphology.* and *Summary of Principal Rules for Using the ICD-O*, Third Edition for guidance in using the ICD-O-3.

Information about the 2007 Histology Coding Rules

Note: Do not use these rules to determine case reportability.

1. The 2007 multiple primary rules **replace all previous** multiple primary **rules**.
2. The rules are **effective** for cases **diagnosed January 1, 2007** and after. Do not use these rules to abstract cases diagnosed prior to January 1, 2007.
3. The histology coding rules are available in **three formats**: flowchart, text, and matrix. The **rules are identical**, only the formats differ. Use the set of rules in the format that is easiest for you to follow.
4. **Notes** and **examples** are included with some of the rules to **highlight key points** or to add **clarity** to the rules.
5. Rules are in **hierarchical** order within each section (Single Tumor and Multiple Tumors Abstracted as a Single Primary).

How to Use the Rules

1. Read the **General Instructions**.
2. Read the **site-specific Equivalent Terms and Definitions**.
3. Use these rules to make a decision on coding the histology for all reportable solid malignant tumors.
4. Use the multiple primary rules to determine whether the patient has a single or multiple primaries before coding the histology.
5. Code the histology for **each** primary in a **separate abstract.**
6. Use the **site-specific rules** for the following primary sites:
    - Brain, malignant (intracranial and CNS)
    - Breast
    - Colon
    - Head and neck
    - Kidney
    - Lung
    - Malignant melanoma of the skin

- Renal pelvis, ureter, bladder, and other urinary

7. Use the **Other Sites rules** for all solid malignant tumors that occur in primary sites **not included** in the site-specific rules.
8. Determine whether the patient has a single tumor or multiple tumors that will be abstracted as a single primary
    a. Do not count metastatic tumors
    b. When the tumor is described as multifocal or multicentric, use the Multiple Tumors module
    c. When there is a tumor or tumors with separate foci of tumor do not count the foci
    d. Only count the tumors that will be used to prepare that abstract. For example, when there are two tumors that will be abstracted as multiple primaries, you would use the Single Tumor modules to determine the histology code for each of the abstracts.
9. **Each section** (Single Tumor and Multiple Tumors Abstracted as a Single Primary) is an independent, **complete set of coding rules**. For example, if the patient has multiple tumors, that will be abstracted as a single primary start with the first rule under the heading Multiple Tumors Abstracted as a Single Primary. Do not use any of the rules under the header Single Tumor.
10. Use the first rule that applies and

STOP

Priority order for using Documents to Code Histology

Medical records frequently include multiple pathology reports and references to histologic diagnosis. Use the following instructions to identify which reports best represent the histology to be coded.

1. Pathology report:
    a. From the **most representative** tumor specimen examined
    b. From the **final diagnosis**
    Note 1: Use information from **addenda** and **comments** associated with the final diagnosis to code the histology.
    Note 2: A **revised/amended diagnosis** replaces the original final diagnosis. Code the histology from the revised/amended diagnosis.
    Note 3: The new rules **limit** the information **to the final diagnosis**. The old rules allowed coding from information in the microscopic description. You will only use information from the microscopic portion of the pathology report when instructed to do so in one of the site-specific rules.
2. Cytology report.
3. When you do not have either a pathology report or cytology report:
    a. Documentation in the medical record that references pathology or cytology findings
    b. From mention of type of cancer (histology) in the medical record

Ambiguous Terms Used to Code Histology

When any of the ambiguous terms are used to describe a more specific histology, code the more specific histology.

Ambiguous terms that are characteristic (used to code histology)

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

Example: Non-small cell carcinoma, most likely adenocarcinoma. Code adenocarcinoma.

General Instructions Histology Coding Rules

When using rule (see note) that states "Code the histology documented by the physician when the pathology/cytology report is not available" code the histology from the document with the highest priority. Make a second pass through the histology rules to determine which histology code should be recorded. Start with the appropriate module, Single Tumor or Multiple Tumors, and continue through the rules until you reach the rule that fits the case you are coding.

Note: For most sites this will be rule H1 and the first rule in the Multiple Tumors module

When using rule (see note) that states "When the only histology is from a metastatic site" make a second pass through the histology rules to determine which histology code should be recorded. Start with the appropriate module, Single Tumor or Multiple Tumors, and continue through the rules until you reach the rule that fits the case you are coding.

Note: For most sites this will be rule H2 and the second rule in the Multiple Tumors module

When the patient has a previous or subsequent unknown primary site (80.9) or an ill-defined primary site, check carefully to see if this abstract or document should be consolidated into the previous abstract rather than making it a new primary.

V.
Terms & Definitions – Multiple Primary and Histology Coding Rules

Head and Neck Equivalent Terms, Definitions, Charts, Tables and Illustrations
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)

Guidelines for Head and Neck

The head and neck rules cover the following sites: Lip C000-C009, Oral Cavity C019-C069, Salivary Gland C079-C089, Tonsil C090-C099, Oropharynx C100-C109, Nasopharynx C110-C119, Pyriform Sinus C129, Hypopharynx C130-C139, Other and Ill-defined Sites in Lip, Oral cavity and Pharynx C140-C148, Nasal Cavity C300, Middle Ear C301, Accessory Sinuses C310-C319, and Larynx C320-C329.

Head and neck tumors frequently extend into adjacent anatomic sites, or overlap multiple contiguous sites. The workup for these tumors often includes physical examinations, imaging, scans, endoscopies, biopsies and surgical observations. Each of these diagnostic tools provides a unique view of the tumor. More than one anatomic location may be involved with tumor and reports may contain conflicting information regarding the primary site.

Coding the Primary Site

Code the site where the tumor **originated**; do not simply code the biopsy site.

When there are multiple biopsies and the primary site is not documented, or when there is discrepant information, code the primary site using the following priority order.

Priority Order

1. Tumor board
   a. Specialty
   b. General
2. Staging physician's site assignment
   a. AJCC staging form
   b. TNM statement in medical record

If neither 1 nor 2 are available, the priority order for using information depends upon whether the patient had a surgical resection of the primary tumor.

3. Total (complete) resection of primary tumor
   Note: The primary tumor is completely removed. The surgical margins may be microscopically positive.
   a. Surgeon's statement from operative report
   b. Final diagnosis from pathology report

Head and Neck Equivalent Terms, Definitions, Charts, Tables and Illustrations
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)

4. No resection (biopsy only):
   Documentation from:
   a. Endoscopy (physical exam with scope)
   b. Radiation oncologist
   c. Diagnosing physician
   d. Primary care physician
   e. Other physician
   f. Radiologist impression from diagnostic imaging
   g. Physician statement based on physical exam (clinical impression)

When the point of origin **cannot be determined**, use a topography code for overlapping sites:
- C02.8 Overlapping lesion of tongue
- C08.8 Overlapping lesion of major salivary glands
- C14.8 Overlapping lesion of lip, oral cavity, and pharynx.

Equivalent or Equal Terms
- In situ, noninvasive, intraepithelial
- Squamous cell carcinoma, squamous cell epithelioma, epidermoid carcinoma
- Tumor, mass, lesion, neoplasm
- Contiguous, continuous

Definitions

In Situ: A tumor that is confined to the epithelium without penetration of the basement membrane

Invasive: A tumor that penetrates the basement membrane and involves at least the lamina propria

Most invasive: The tumor with the greatest continuous extension (see focal and foci definitions in the general instructions). The least to the greatest extension for mouth and oral cavity:
- epithelium
- lamina propria, submucosa (not found in gum and hard palate)
- muscularis propria (not found in gum and hard palate)

Table 1 –Paired Sites

Table Instructions: Use this table to determine multiple primary status for sites listed in Column 1.

Column 1: **Paired Sites**	**Column 2:** **Code**
Parotid Glands	C079
Major Salivary Glands	C080; C081
Tonsils	C090; C091; C098, C099
Nasal Cavity	C300
Accessory Sinuses	C310; C312
Middle Ear	C301

Head and Neck Equivalent Terms, Definitions, Charts, Tables and Illustrations
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)

Table 2 – Changes to Previous SEER Site Grouping Table

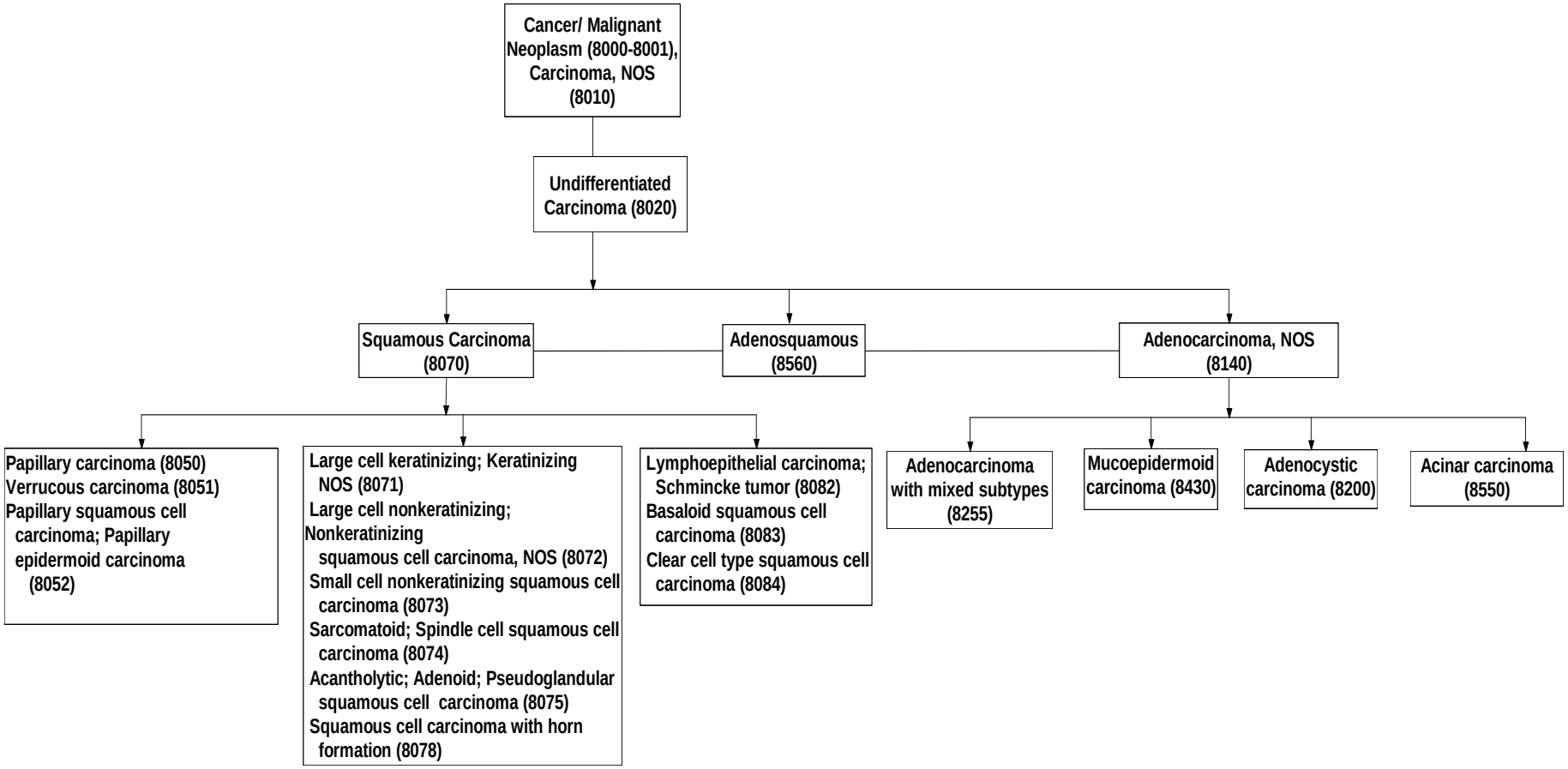
Previous to 2007, tumors in sites on the same row were abstracted as a single primary.

Code	Site Groupings
C01 C02	Base of tongue Other and unspecified parts of tongue
C05 C06	Palate Other and unspecified parts of mouth
C07 C08	Parotid gland Other and unspecified major salivary glands
C09 C10	Tonsil Oropharynx
C12 C13	Pyriform sinus Hypopharynx
C30 C31	Nasal cavity and middle ear Accessory sinuses

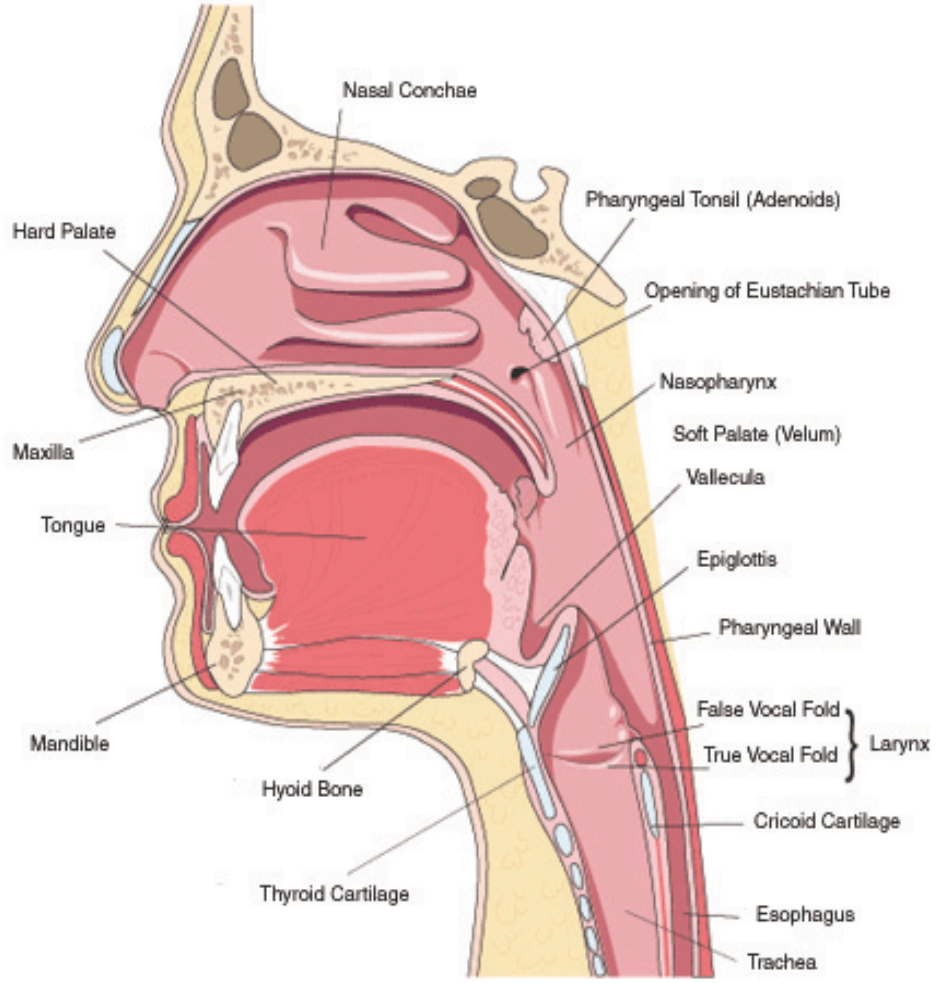
Chart 1 – Head and Neck Histology Groups and Specific types

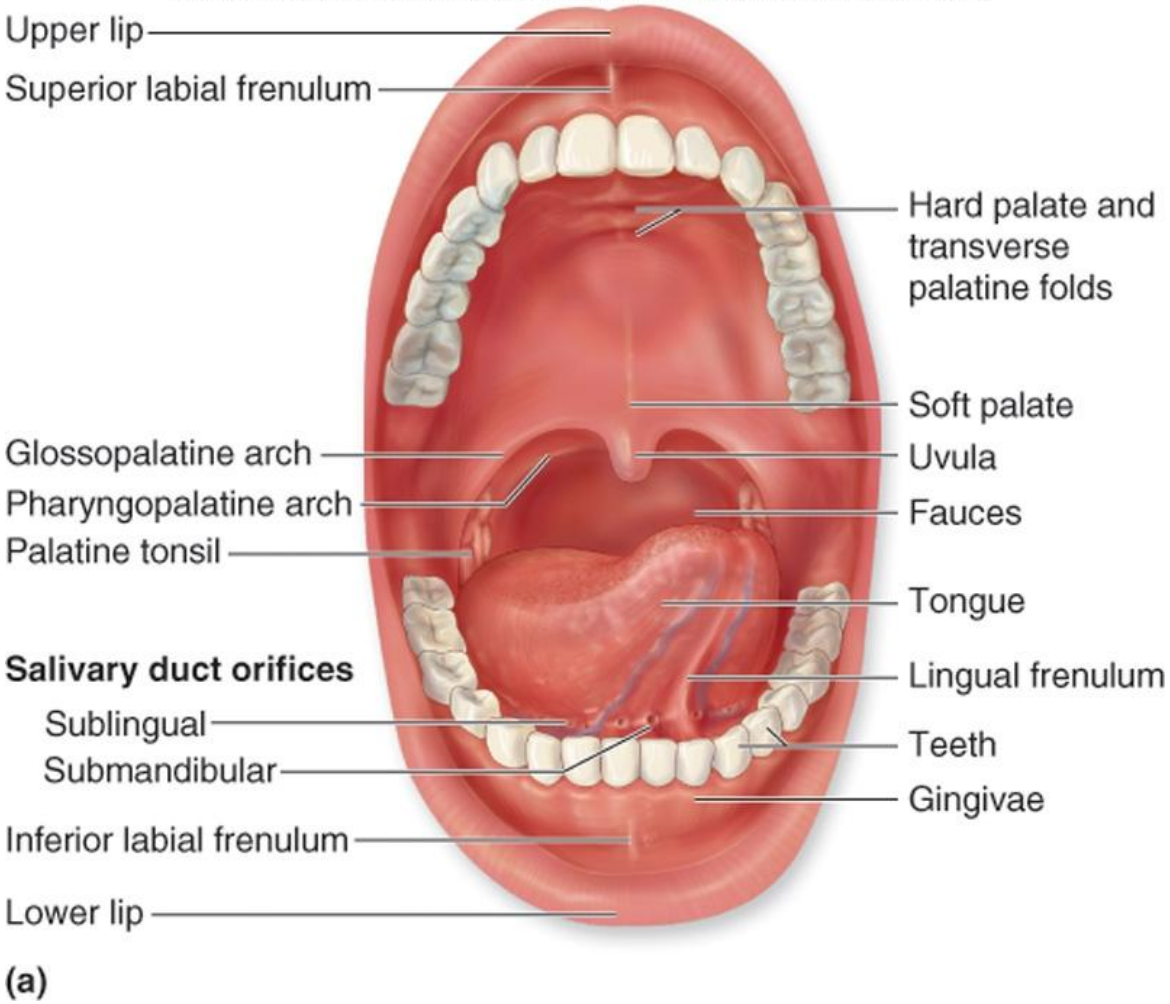
Note: Greater than 85% of cancers in the Head and Neck are squamous cell carcinoma

Chart Instructions: Use this chart with the histology rules to code the most specific histologic term. The tree is arranged in descending order. Each branch is a histology group, starting with the NOS or group terms and descending into the specific types for that group. As you follow the branch down, the terms become more specific.



Head and Neck Equivalent Terms, Definitions, Charts, Tables and Illustrations
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)





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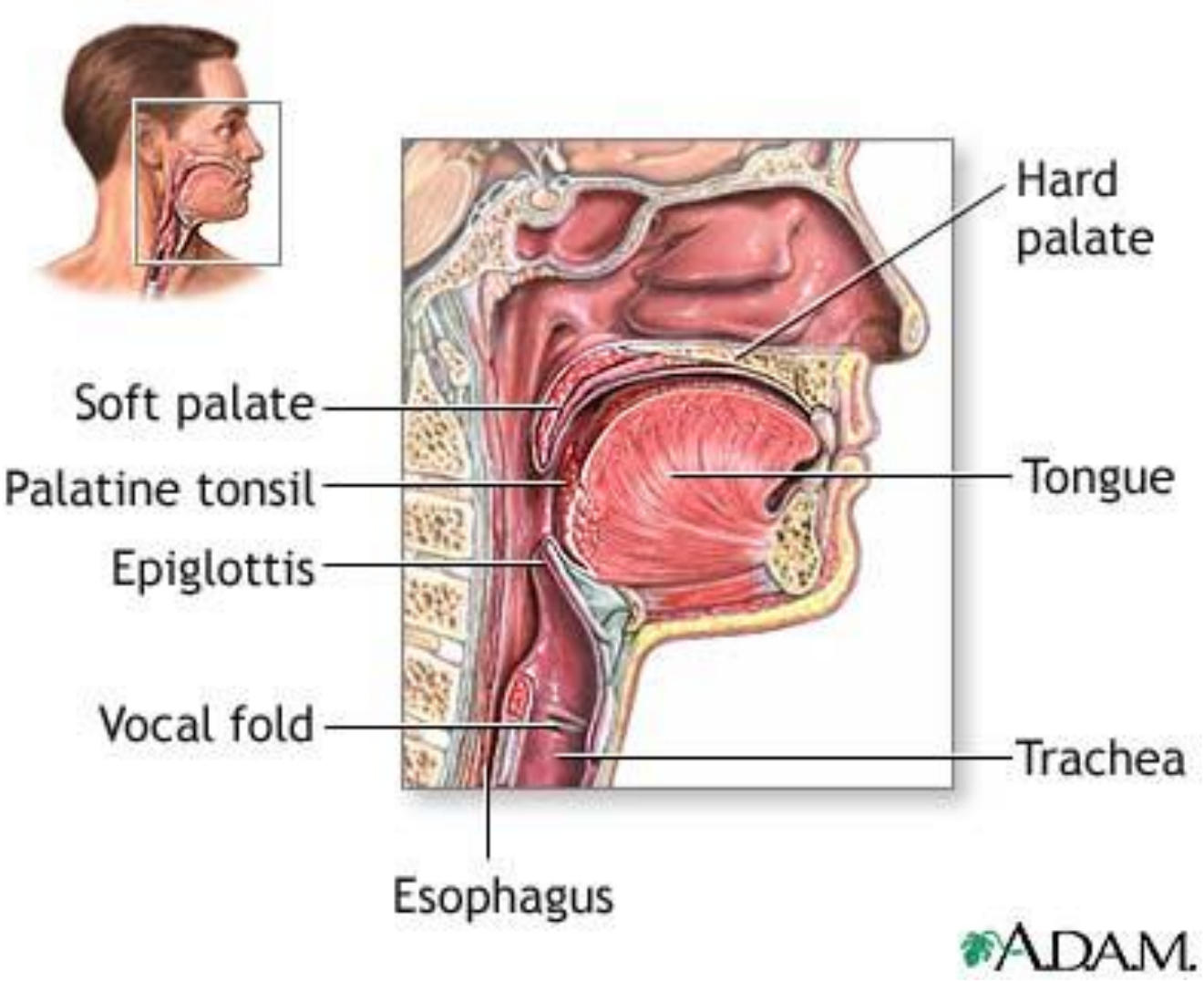
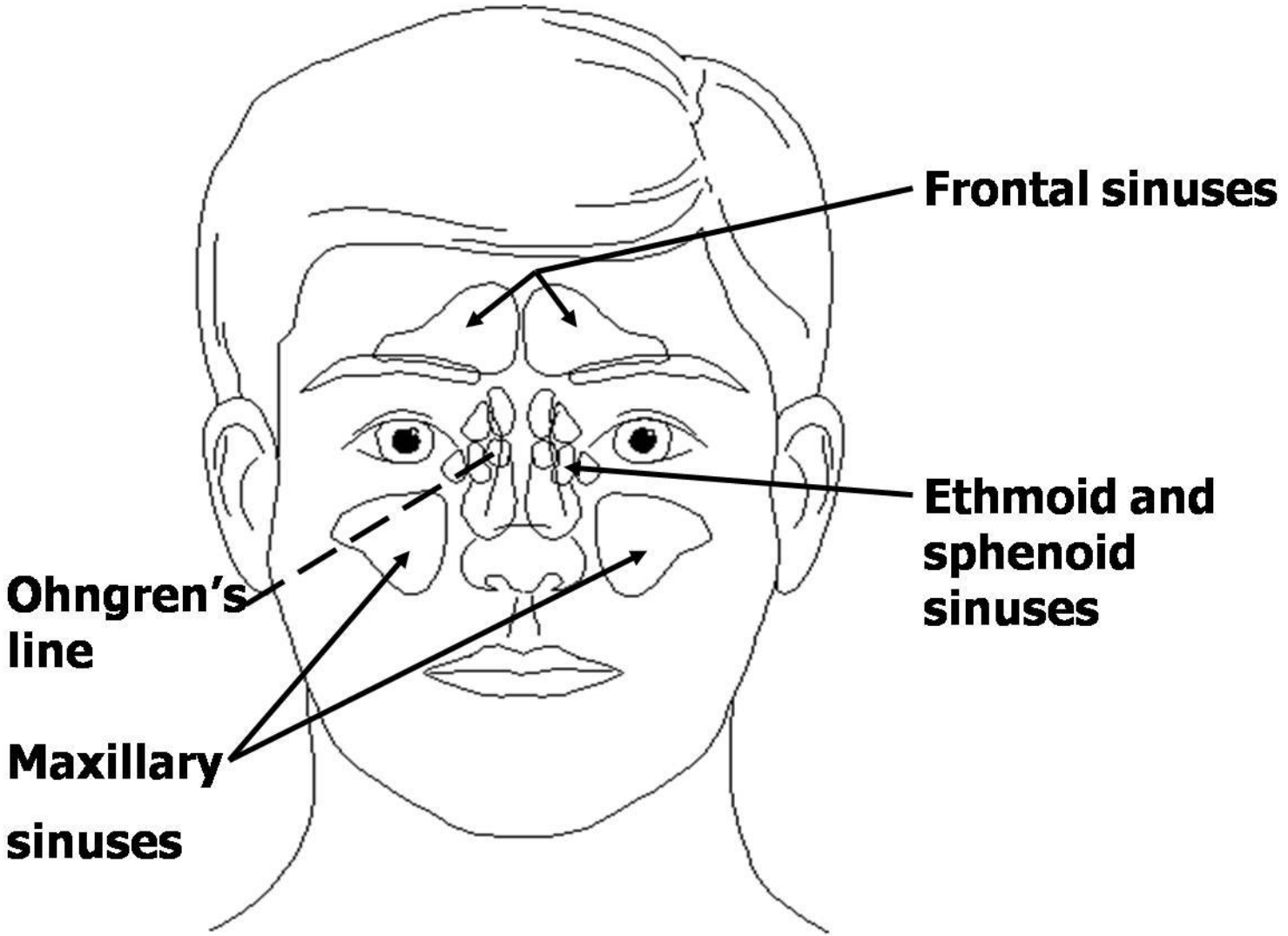
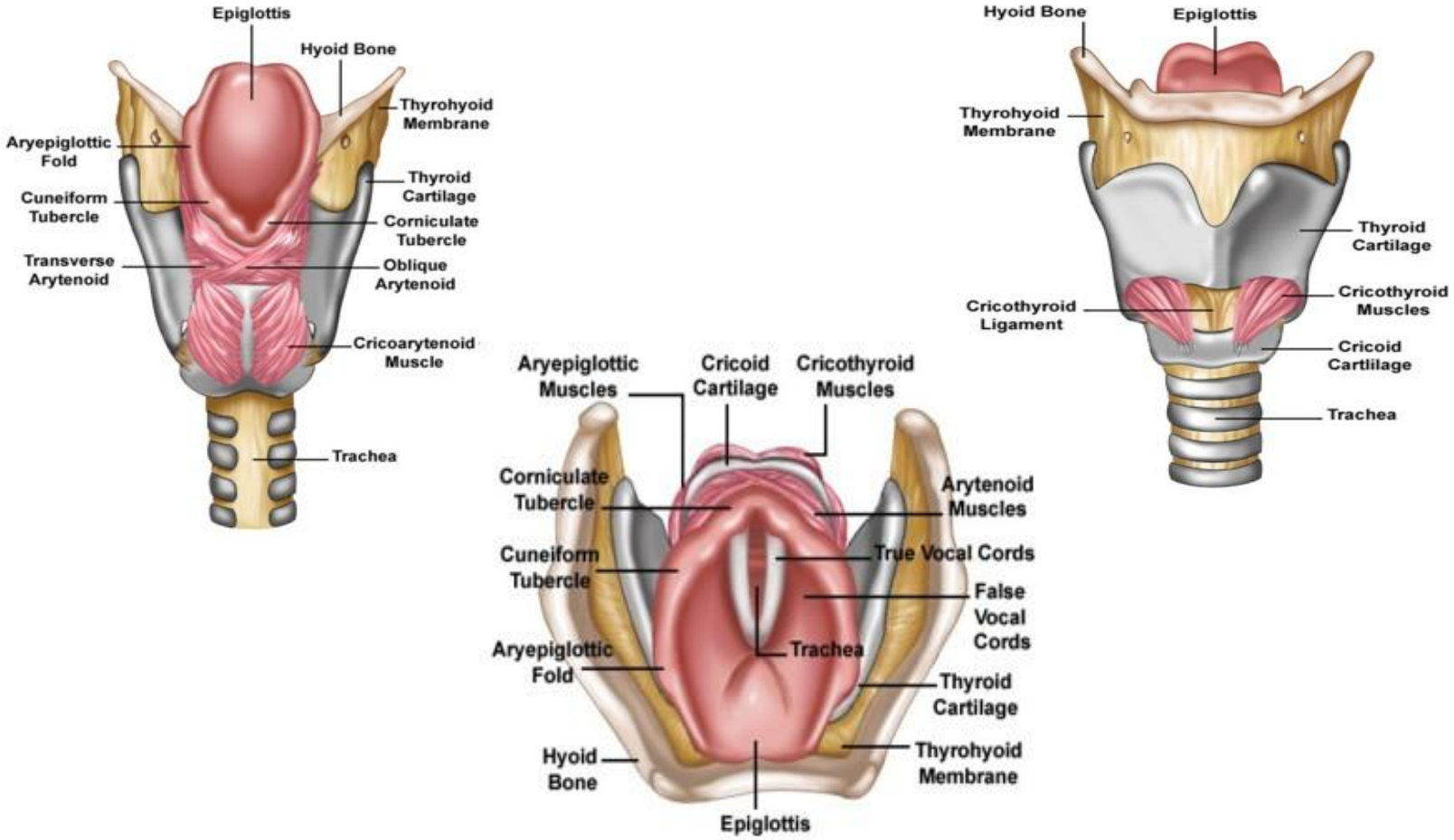
Head and Neck Equivalent Terms, Definitions, Charts, Tables and Illustrations
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)





Nasal Sinuses

Head and Neck Equivalent Terms, Definitions, Charts, Tables and Illustrations
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)



Larynx

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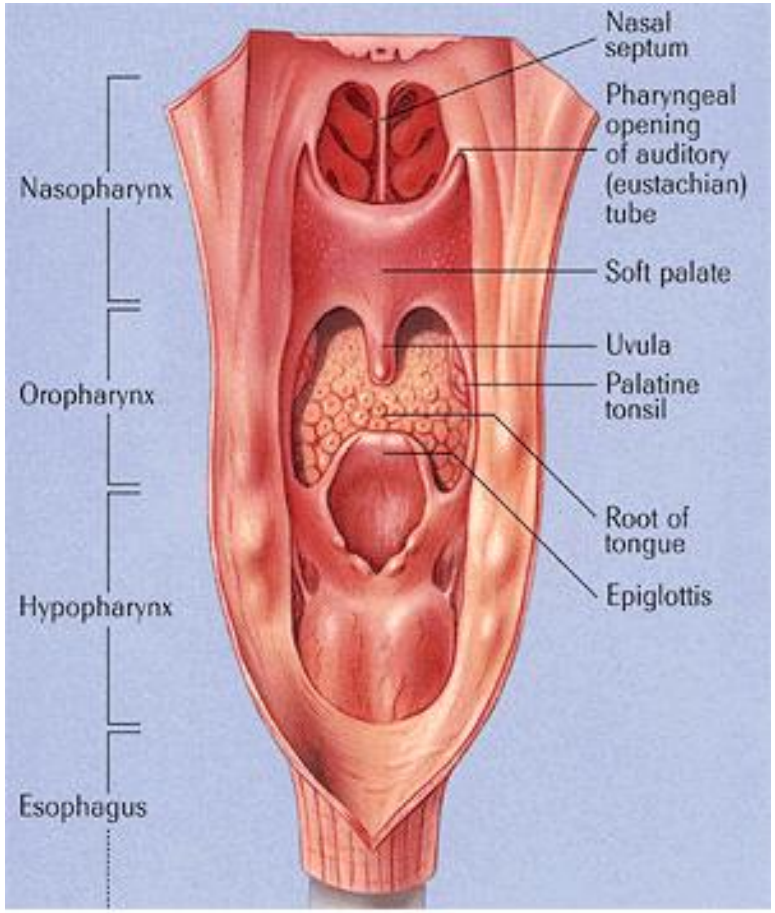

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Colon Equivalent Terms, Definitions and Illustrations
C180-C189
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Introduction

***Note 1*:** Rectum and rectosigmoid are covered by The Other Sites rules.
Note 2: For the purpose of these rules, the words "exophytic" and "polypoid" are not synonymous with a polyp.

Use these rules only for cases with primary colon cancer.

Ninety-eight percent of colon cancers are adenocarcinoma. Ten to fifteen percent of these cases produce enough mucin to be categorized as mucinous/colloid.* Mixed histologies and specific types other than mucinous/colloid or signet ring cell are rare.

**ACS Clinical Oncology*

Equivalent or Equal Terms

***Note*:** For the purpose of these rules, the words "exophytic" and "polypoid" are not synonymous with a polyp

- Familial polyposis, familial adenomatous polyposis, (FAP)
- Intramucosal, lateral extension
- Invasion through colon wall, extension through colon wall, transmural
- Low grade neuroendocrine carcinoma, carcinoid
- Most invasive, most extensive
- Mucin producing, mucin secreting
- Mucinous, colloid
- Polyp, adenoma
- Serosa, visceral peritoneum
- Tumor, mass, lesion, neoplasm
- Type, subtype, predominantly, with features of, major, or with ____differentiation.

Definitions

Adenocarcinoid (8245/3): A specific histology commonly found in the appendix.

Adenocarcinoma with mixed subtypes (8255): Rarely used for colon primaries (see introduction).

Adenocarcinoma, intestinal type (8144) is a form of stomach cancer. Do not use this code when the tumor arises in the colon.

Adenoma: A **benign** lesion composed of tubular or villous structures showing **intraepithelial neoplasia** (See definition of **intraepithelial neoplasia**).

Colon Equivalent Terms, Definitions and Illustrations
C180-C189
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Composite carcinoid (8244): One tumor which contains both carcinoid and adenocarcinoma.

Familial polyposis, familial adenomatous polyposis (FAP), adenocarcinoma in: a condition characterized by the development of many adenomatous polyps, often seen in several members of the same family.

Frank adenocarcinoma: Adenocarcinoma arising from the colon wall (no evidence of a polyp)

In Situ: Noninvasive; intraepithelial; (adeno)carcinoma in a polyp or adenoma, noninvasive.

Intestinal type adenocarcinoma (8144) is a gastric histology term and is not listed in the WHO Histological Classification of Tumors of the Colon and Rectum.

Intraepithelial neoplasia, high grade may be either severe dysplasia or carcinoma in situ. Report cases of carcinoma in situ only.

Intraepithelial neoplasia, low grade is not a reportable condition. A person with intraepithelial neoplasia is at risk for developing invasive cancer.

Intramucosal tumors may be noninvasive or invasive. The term intramucosal may refer to the surface epithelium, the basement membrane, or the lamina propria..

Invasive tumor: A tumor that penetrates the basement membrane and invades the lamina propria.

Most invasive: The tumor with the greatest continuous extension through the wall of the colon. The layers of the colon wall in order of least to greatest extension:

- Mucosa (surface epithelium, lamina propria, basement membrane)
- Submucosa
- Muscularis propria
- Subserosa (pericolic fat, subserosal fat)
- Retroperitoneal fat (pericolic fat)
- Mesenteric fat (pericolic fat)
- Serosa (visceral peritoneum).

Colon Equivalent Terms, Definitions and Illustrations
C180-C189
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Mucinous/colloid adenocarcinoma (8480): An adenocarcinoma containing **extra**-cellular mucin comprising more than 50% of the tumor. Note that "mucin-producing" and "mucin-secreting" are not synonymous with mucinous.

Neuroendocrine carcinoma (8246): Neuroendocrine carcinoma is a group of carcinomas that include typical carcinoid tumor (8240), atypical carcinoid tumor (8249).

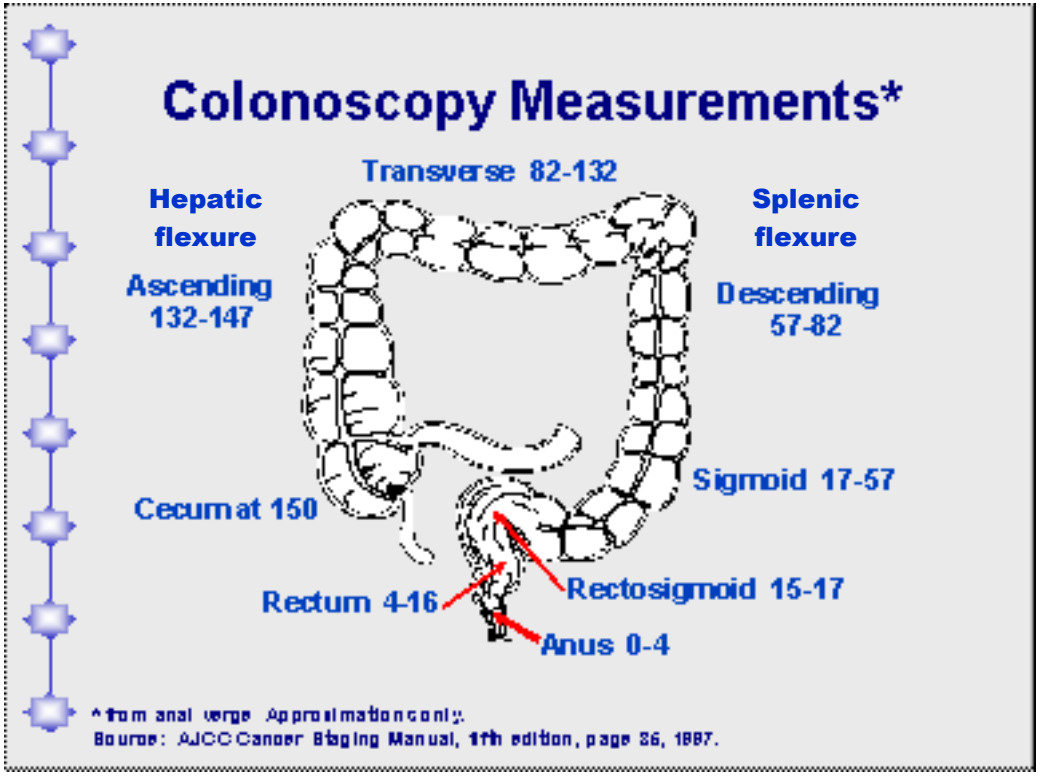
Pericolic fat: A general term for the fat surrounding the colon. Subserosal fat, retroperitoneal fat and mesenteric fat are pericolic fat.

Signet ring cell carcinoma (8490): An adenocarcinoma containing **intra**-cellular mucin comprising more than 50% of the tumor.

Transmural: Through the wall of the colon (the tumor has extended through the colon wall and may invade a regional organ or regional tissue.

Undifferentiated carcinoma (8020): A high grade malignancy lacking glandular structures or other specific features that can be used to better classify the tumor. Undifferentiated carcinoma is not a histologic type; it is a non-specific term.

Colon Equivalent Terms, Definitions and Illustrations
C180-C189
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations
C340-C349
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Introduction

Use these rules only for cases with primary lung cancer.

Lung carcinomas may be broadly grouped into two categories, small cell and non-small cell carcinoma.
Frequently a patient may have two or more tumors in one lung and may have one or more tumors in the contralateral lung. The physician may biopsy only one of the tumors. Code the case as a single primary (See Rule M1, Note 2) unless one of the tumors is proven to be a different histology. It is irrelevant whether the other tumors are identified as cancer, primary tumors, or metastases.

Equivalent or Equal Terms

- Low grade neuroendocrine carcinoma, carcinoid
- Tumor, mass, lesion, neoplasm (for multiple primary and histology coding rules only)
- Type, subtype, predominantly, with features of, major, or with ___differentiation

Obsolete Terms for Small Cell Carcinoma (Terms that are no longer recognized)

- Intermediate cell carcinoma (8044)
- Mixed small cell/large cell carcinoma (8045) (Code is still used; however current accepted terminology is combined small cell carcinoma)
- Oat cell carcinoma (8042)
- Small cell anaplastic carcinoma (No ICD-O-3 code)
- Undifferentiated small cell carcinoma (No ICD-O-3 code)

Definitions

Adenocarcinoma with mixed subtypes (8255): A mixture of two or more of the subtypes of adenocarcinoma such as acinar, papillary, bronchoalveolar, or solid with mucin formation.

Adenosquamous carcinoma (8560): A single histology in a single tumor composed of both squamous cell carcinoma and adenocarcinoma.

Bilateral lung cancer: This phrase simply means that there is at least one malignancy in the right lung and at least one malignancy in the left lung. Do not base multiple primary decision on this phrase; bilateral does not mean this is a single primary. Use the multiple primary rules to decide whether to code bilateral lung cancers as a single or multiple primary.

Combined small cell carcinoma (8045): A small cell carcinoma that is combined with a non-small cell carcinoma. The combinations are small cell and adenocarcinoma, or squamous cell carcinoma, or large cell carcinoma.

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Large cell carcinoma (8012): Large cell is a diagnosis that is used when the tumor is a non-small cell carcinoma that is undifferentiated. Because the tumor is undifferentiated, the pathologist cannot find glandular (adeno), or squamous differentiation.

Large cell neuroendocrine carcinoma (8013): A non-small cell carcinoma with neuroendocrine differentiation proven by immunohistochemical stain, currently classified as large cell carcinoma. These tumors require further study before being included as a separate category in a histologic classification.

Most invasive: The tumor with the greatest continuous extension.

Neuroendocrine carcinoma (8246): Neuroendocrine carcinoma is a group of carcinomas that include typical carcinoid tumor and small cell carcinoma. Code the specific histology when given. Code neuroendocrine carcinoma, NOS (8246) when no specific histology is documented.

Non-small cell carcinoma (8046): The term non-small cell is used two ways, as a group term describing all carcinomas that are not small cell; and as a default diagnosis when there isn't enough tissue to classify the tumor beyond the exclusion of small cell.

Pancoast tumor: An anatomic designation (not a specific histology) for a lung cancer that starts in the upper lobe of the lung and extends outward to destroy the ribs and vertebrae. The tumor may compress or directly invade the brachial plexus (nerve bundles) of the neck, causing pain. Pancoast tumor may also be called **superior sulcus tumor**.

Pleomorphic carcinoma (8022): A poorly differentiated non-small cell carcinoma (squamous cell carcinoma, adenocarcinoma, or large cell carcinoma) containing spindle cells and/or giant cells or, a carcinoma containing only spindle cells and giant cells. These fall under the general category of **sarcomatoid carcinoma**.

Sarcomatoid carcinoma: A group of tumors that are non-small cell in type and contain spindle cells and/or giant cells. Depending on the histologic features the tumor may be designated: pleomorphic carcinoma (8022); spindle cell carcinoma (8032); giant cell carcinoma (8031), carcinosarcoma (8980); or pulmonary blastoma (8972)

Small cell carcinoma: Malignant epithelial tumor consisting of small cells. There are many types of lung cancer, but most can be categorized into one of two basic types, "small cell carcinoma" or "non-small cell carcinoma"

Undifferentiated carcinoma (8020): A high grade malignancy lacking glandular structures or other specific features that can be used to better classify the tumor. Undifferentiated carcinoma is used by pathologists when they believe the tumor is a carcinoma (not lymphoma, melanoma, or sarcoma) but they are not sure if the tumor is small cell or non-small cell.

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Chart 1 – Lung Histology Groups and Specific Types

Note: This chart is based on the *WHO Classification of Tumors* for tumors of the lung. The chart is not a complete listing of histologies that may occur in the lung.

Chart Instructions: **Use this chart with multiple primary rule M10 to identify types of non-small cell carcinoma. Use this chart with the histology rules to code the most specific histologic term. The tree is arranged in descending order. Each branch is a histology group, starting with the NOS or group terms and descending into the specific types for that group. As you follow the branch down, the terms become more specific.**

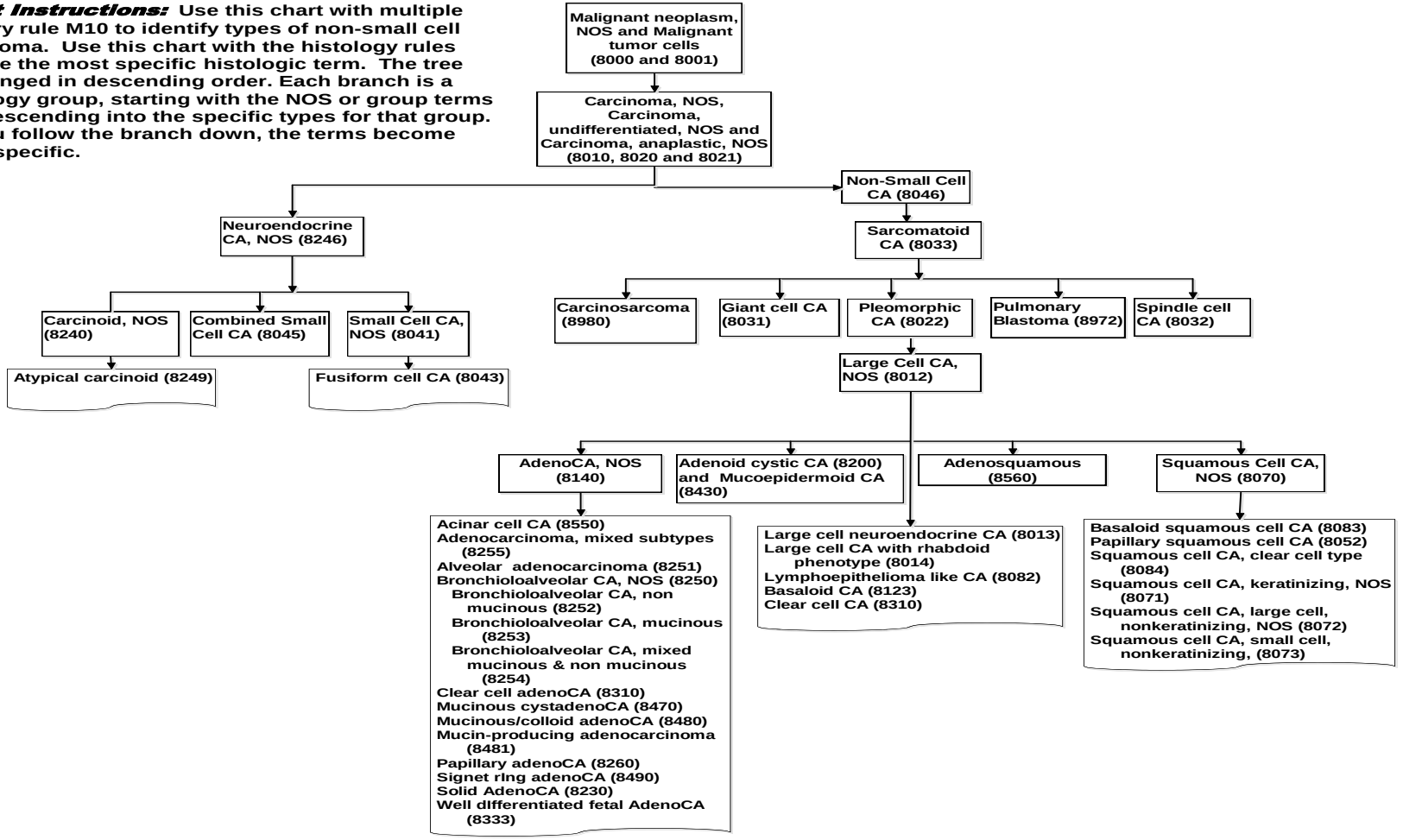

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Chart 2 – Most Common Lung Histology Groups

Chart Instructions: Use this chart to identify the most common group terms and histology types.

Note: This chart is based on the *WHO Classification of Tumors* for tumors of the lung. The chart is **not** a complete listing of histologies that may occur in the lung.

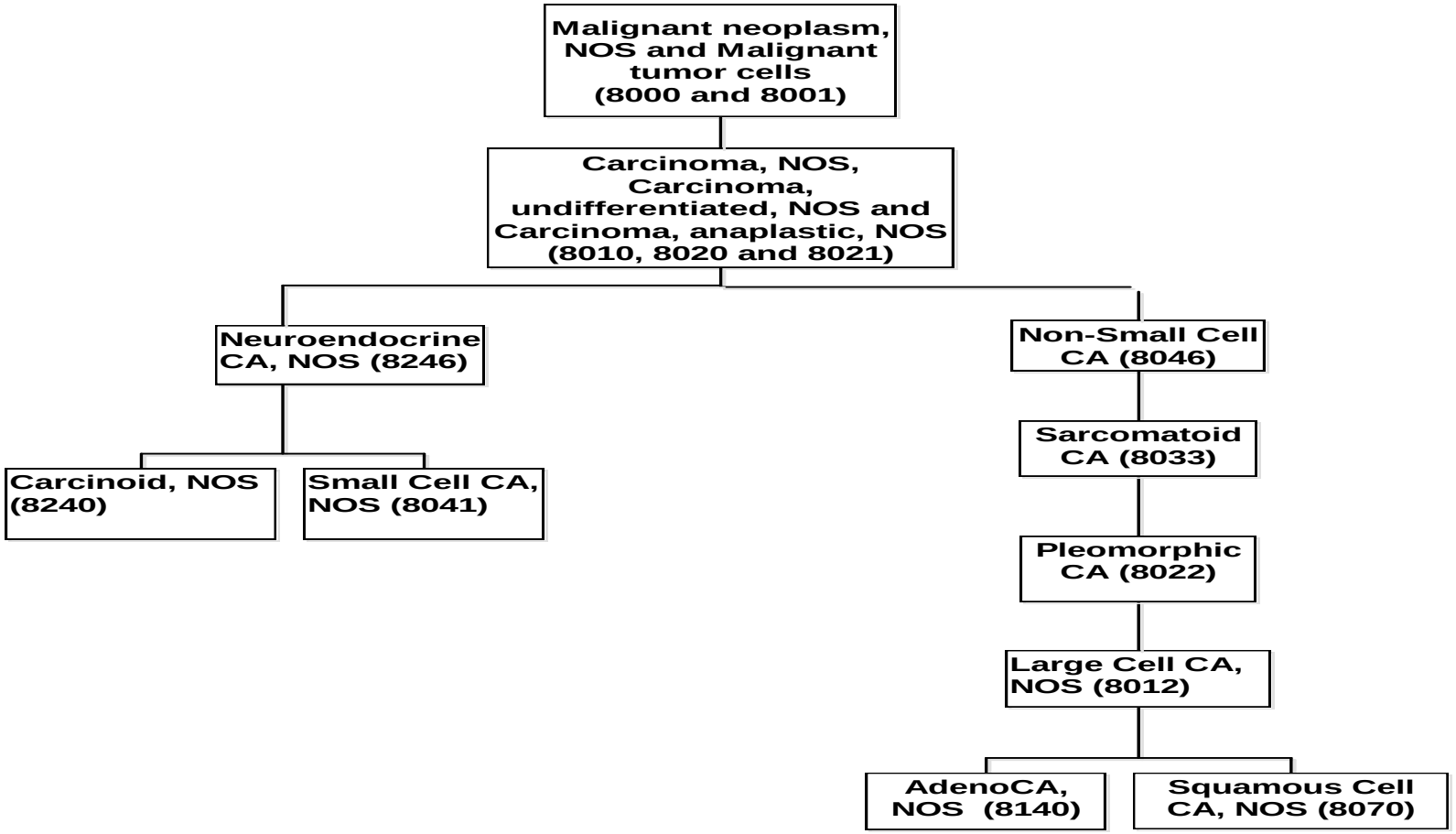

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Table 1 –Combination/Mixed Codes for Lung Histologies

Table Instructions: Use this table to select combination/mixed histology codes. Compare the terms in the diagnosis to the terms in columns 1 and 2. If the terms match, abstract the case using the ICD-O-3 histology code in column 4. Use the combination/mixed codes listed in this table only when the histologies in the tumor match the histologies listed below. Use the combination/mixed codes for a **single tumor** when all histologies are present in a single tumor.

Note: This table is not a complete listing of histologies that may occur in the lung.

Column 1: Required Terms	**Column 2: Additional Required Terms**	**Column 3: ICD-O-3 Term**	**Column 4: ICD-O-3 Code**
Giant cell carcinoma AND spindle cell carcinoma		Giant cell and spindle cell carcinoma	8030
Small cell carcinoma AND one of the histologies in Column 2 *Note*: **Diagnosis must be small cell carcinoma (NOS), not a subtype of small cell**	Adenocarcinoma	Combined small cell carcinoma Mixed small cell carcinoma	8045
	Large cell carcinoma		
	Squamous cell carcinoma		
Squamous cell carcinoma* AND large cell nonkeratinizing		Squamous cell carcinoma, large cell, nonkeratinizing	8072
Squamous cell carcinoma AND small cell nonkeratinizing		Squamous cell caricinoma, small cell, nonkeratinizing	8073
Squamous cell carcinoma* AND one of the histologies in Column 2	Spindle cell carcinoma	Squamous cell carcinoma, spindle cell	8074
	Sarcomatoid	Squamous cell carcinoma, sarcomatoid	
A combination of at least two of the histologies in Column 2**	Acinar	Adenocarcinoma with mixed subtypes**	8255**
	Bronchioloalveolar carcinoma		
	Bronchioloalveolar carcinoma non mucinous (Clara cell/type II pneumocyte)		
	Bronchioloalveolar carcinoma mucinous (goblet cell)		
	Bronchioloalveolar carcinoma mixed mucinous and non-mucinous		
	Clear cell adenocarcinoma		
	Papillary adenocarcinoma		
	Solid adenocarcinoma		
	Well-differentiated fetal adenocarcinoma		

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Column 1: Required Terms	Column 2: Additional Required Terms	Column 3: ICD-O-3 Term	Column 4: ICD-O-3 Code
Adenocarcinoma AND squamous cell carcinoma *Note*: **Diagnosis must be adenocarcinoma (NOS), not a subtype of adenocarcinoma**		Adenosquamous carcinoma	8560
Epithelial carcinoma AND myoepithelial carcinoma		Epithelial-myoepithelial carcinoma	8562

* Squamous cell carcinoma and epidermoid carcinoma are synonyms.

** **DO NOT USE** code **8255** for adenocarcinoma combined with mucinous subtypes such as mucinous "colloid" adenocarcinoma (8480) mucinous cystadenocarcinoma (8470) or signet ring adenocarcinoma (8490).

Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations
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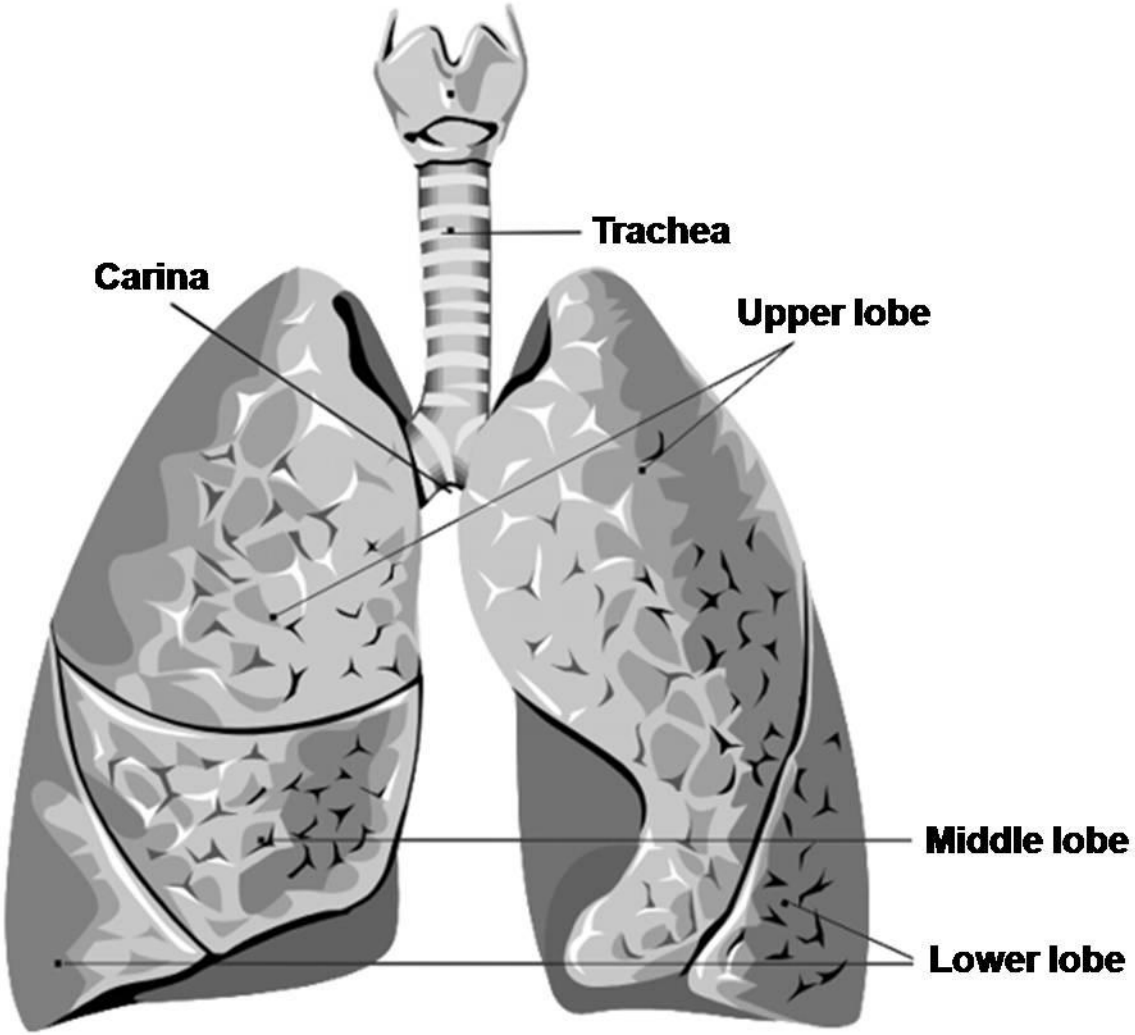

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Cutaneous Melanoma Equivalent Terms, Definitions and Illustrations
C440-C449 with Histology 8720-8780
(Excludes melanoma of any other site)

Introduction

Cutaneous melanoma starts in the melanocyte cells of the skin. Melanocytes lie in the epidermis, the outermost layer of the skin. Melanocytes often cluster together and form moles (nevi). Most moles are benign, but some may go on to become malignant melanomas.

Melanomas are divided into 5 main types, depending on their location, shape and whether they grow outward or downward into the dermis:

- **Acral melanoma:** occurs on the palms of the hand, soles of the feet, or nail beds
- **Desmoplastic melanoma:** is a rare malignant melanoma marked by non-pigmented lesions on sun-exposed areas of the body
- **Lentigo maligna:** usually occur on the faces of elderly people
- **Superficial spreading or flat melanoma:** grows outwards at first to form an irregular pattern on the skin with an uneven color
- **Nodular melanomas:** are lumpy and often blue-black in color and may grow faster and spread downwards

These types account for the majority of melanomas occurring in the US population. For a more complete listing of histologic types of melanoma, see the *AJCC Cancer Staging Manual*, 6th Ed.

Melanoma can also start in the mucous membranes of the mouth, anus and vagina, in the eye or other places in the body where melanocytes are found. This scheme is used only for melanomas that occur on the skin.

Equivalent or Equal Terms

- Tumor, mass, lesion, neoplasm
- Type, subtype, predominantly, with features of, major, or with ____differentiation.
- Giant pigmented nevus, giant congenital nevus
- Mole, Nevus
- Mixed epithelioid and spindle cell melanoma (8770): Epithelioid melanoma and spindle cell melanoma

Synonyms for In Situ

Behavior code 2
Clark level 1 (limited to the epithelium)
Hutchinson freckle (See synonyms for Hutchinson freckle)
Intraepidermal, NOS
Intraepithelial, NOS
Lentigo maligna
Noninvasive
Precancerous melanoma of Dubreuilh
Stage 0
Tis

Cutaneous Melanoma Equivalent Terms, Definitions and Illustrations
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Synonyms for Hutchinson freckle

Circumscribed precancerous melanosis
Intraepidermal malignant melanoma
Lentigo maligna
Precancerous melanosis of Dubreuilh

Definitions

Amelanotic melanoma: A non-pigmented malignant melanoma.

Atypical melanocytic hyperplasia (dysplasia): Tumor-like lesion or condition may represent precursor stage or stage in development of melanoma. Not reportable.

Different lateralities: The right side of the body, the left side of the body and the midline are separate lateralities in the melanoma coding rules.

Evolving melanoma (borderline evolving melanoma): Evolving melanoma are tumors of uncertain biologic behavior. Histological changes of borderline evolving melanoma are too subtle for a definitive diagnosis of melanoma in situ. The tumors may be described as "proliferation of atypical melanocytes confined to epidermal and adnexal epithelium," "atypical intraepidermal melanocytic proliferation, "atypical intraepidermal melanocytic hyperplasia"; or “severe melanocytic dysplasia.” Not reportable.

Familial Atypical Multiple Mole Melanoma Syndrome (FAMM, FAM-M): An inherited condition identified when:

- Melanoma has been diagnosed in a family member, including grandparents, aunts, uncles, and cousins
- Several family members have large numbers of moles (often more than 50) which may be abnormal or atypical moles.

Giant pigmented nevus: Diameter larger than 20 cm; frequently covers large areas of the body in a garment-like fashion. The trunk, head and neck are the most common sites.

Junctional nevus: Smooth, hairless, light to dark brown mole. Can be slightly elevated, usually multiple and can occur on any part of the body. Melanocytes are confined to the dermo-epidermal junction.

Hypodermis: A subcutaneous layer of loose connective tissue containing a varying number of fat cells.
Synonyms: subcutaneous fat; subcutis.

In-transit metastasis: Metastasis found in the lymphatic channels more than 2cm away from the primary melanoma, but not reaching the regional lymph nodes.

Invasive tumor: A tumor that penetrates the basement membrane and invades the dermis.

Laterality: For skin sites, laterality divides the body into a right and left half as though a line were drawn from mid forehead to mid pelvis and from mid skull to mid buttocks. A midline laterality describes a tumor that is in the center of the "line" drawn from the mid forehead to mid pelvis or from the mid skull to the mid buttocks; it is impossible to categorize the tumor as being on the right or left side of the body.

Lentigo maligna: Is a specific histologic type of in situ melanoma. It appears as a brown or black mottled, irregular, lesion with increased numbers of scattered atypical melanocytes in the epidermis. It usually occurs on the face.

Lentigo maligna melanoma: Is an invasive melanoma that begins as lentigo maligna, but usually after many years the dermis is invaded by the tumor. Once invasion has occurred, the lesion is called lentigo maligna **melanoma**.

Midline: the middle dividing line that separates the body into right and left sides.

Most invasive: the histology that has the greatest extension into the dermis or subcutaneous fat.

Non-invasive tumor: A tumor confined to epithelium (intraepithelial), in situ tumor, with no penetration below the basement membrane.

Precancerous melanosis: An obsolete term for lentigo maligna.

Proliferation of atypical melanocytes confined to epidermis: Number of (proliferation) pigmented cells (melanocytes) not showing the normal cell structure (atypical). Not reportable.

Regressing melanoma: The term "regressing melanoma" does not refer to a specific histology; it refers to the physical appearance and size of the lesion. A regressing melanoma is reacting to the body's immune system by shrinking in size. Partial spontaneous regression is not an uncommon finding in invasive primary melanoma; partial regression can be an indicator of poor prognosis. Proven complete regression is very rare; one website stated that only 33 cases of total regression have been reported. A regressive melanoma is usually thinner than it was originally. Although regression is a prognostic factor, the histologic type is more important for histology coding purposes. See Histology coding rules, Rule H5.

Satellite lesion or metastasis: Grossly evident metastatic skin lesion within the immediate vicinity (usually within 2 cm) of a primary malignant tumor; e.g., skin adjacent to primary malignant melanoma. This is a metastasis, not a separate primary.

Severe melanotic dysplasia: Tumor-like lesion or condition. Not reportable.

Cutaneous Melanoma Equivalent Terms, Definitions and Illustrations
C440-C449 with Histology 8720-8780
(Excludes melanoma of any other site)

Skin Layers:

- Epidermis – upper surface, thin layer (outermost layer)
- Dermis – lower, intermediate thicker layer (intermediate layer)
- Hypodermis – also called subcutis or subcutaneous fat – lowest layer (innermost layer)

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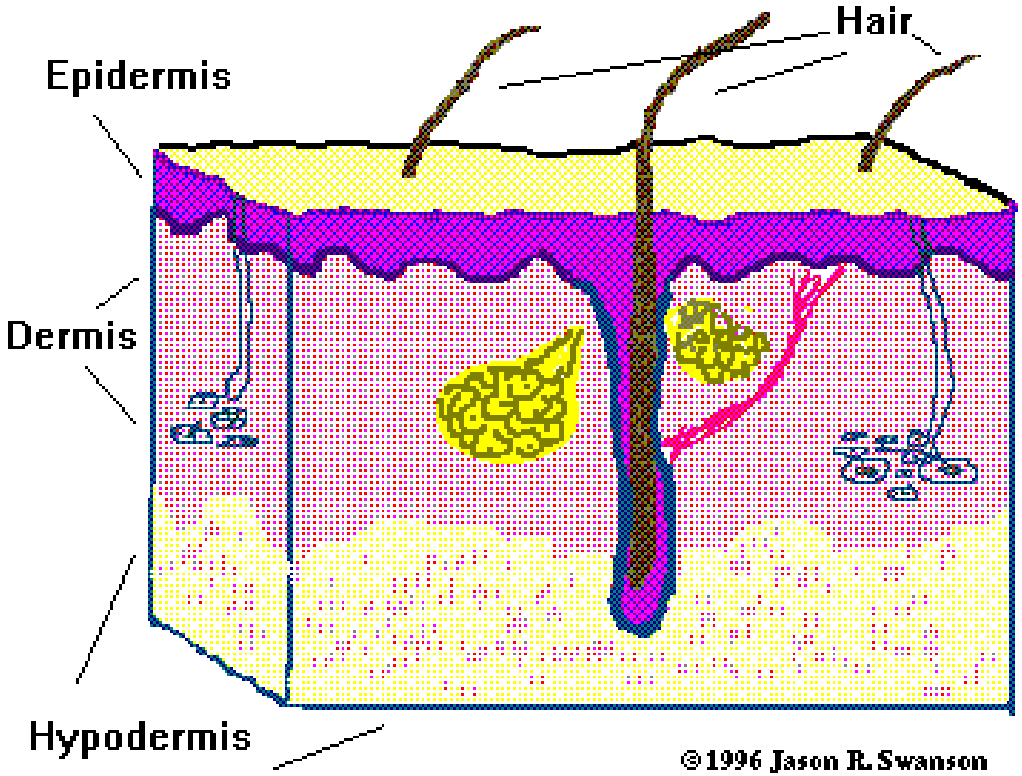
C440-C449 with Histology 8720-8780
(Excludes melanoma of any other site)



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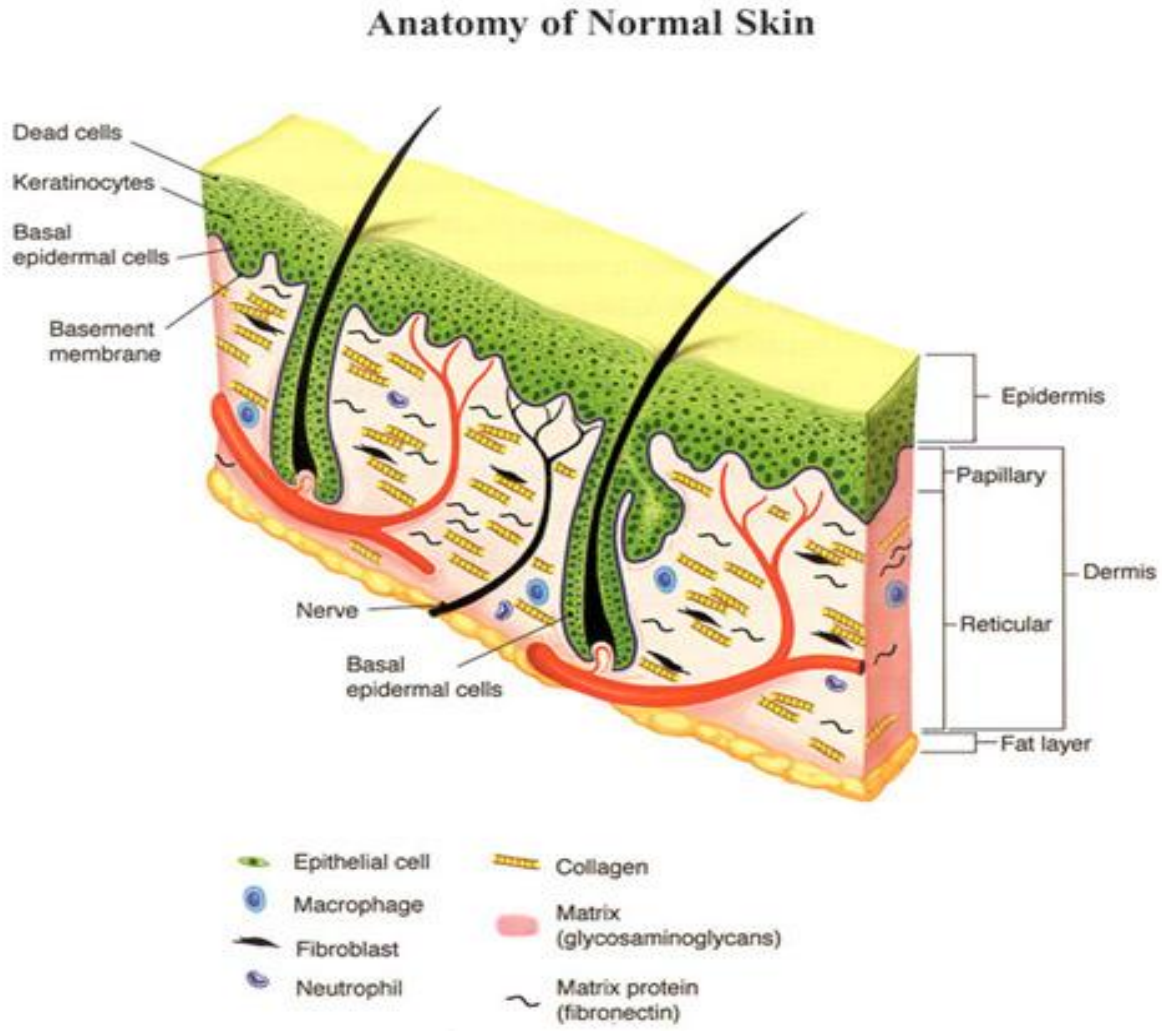
Cutaneous Melanoma Equivalent Terms, Definitions and Illustrations
C440-C449 with Histology 8720-8780
(Excludes melanoma of any other site)



Source: Burnsurgery.org

Breast Equivalent Terms, Definitions, Tables and Illustrations
C500-C509
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Equivalent or Equal Terms

- And, with (used in histology rules, i.e. duct and lobular is equivalent to duct with lobular)
- Duct, ductal
- Mammary, breast
- Mucinous, colloid
- NOS, NST
- Tumor, mass, lesion, neoplasm

Synonyms for "in situ"

- Behavior code '2'
- DCIS
- Intracystic
- Intraductal
- Noninfiltrating
- Noninvasive

Definitions

Carcinoma with osteoclast-like giant cells (8035): This is a specific type of **duct** carcinoma. The carcinomatous part of the lesion is most commonly an infiltrating duct carcinoma.

Ductular carcinoma (8521): A malignancy that is infrequently found in the breast and may be found with greater frequency in other organs such as pancreas or prostate. Code 8521 is seldom, if ever, applied to the breast. Although the ICD-O-3 suggests that 8521 is a site-associated code; the addition of (C50._) after this code may be misleading. The WHO Histological Classification of Tumours of the Breast does not list 8521, ductular carcinoma.

Duct carcinoma, NOS (8500): The largest group of breast cancers. Duct carcinoma, NOS is not a specific histologic type because it lacks specific features that can be used to better classify the tumor. See Table 1 and Table 2 for intraductal and duct types.

Breast Equivalent Terms, Definitions, Tables and Illustrations
C500-C509
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Inflammatory breast carcinoma (IBC): A breast cancer with a distinctive clinical presentation believed to be due to lymphatic obstruction from an underlying invasive adenocarcinoma. The vast majority of cases have a prominent dermal lymphatic infiltration by tumor. Dermal lymphatic infiltration without the characteristic clinical picture is insufficient to qualify as inflammatory carcinoma.

Intracystic carcinoma/Intracystic papillary carcinoma: Variant of intraductal carcinoma used to describe encysted forms of papillary carcinoma. Code intracystic carcinoma as in situ /2 unless the histology is described as invasive intracystic carcinoma.

In Situ: A tumor that is confined to the duct system (ductular or lobular) and does not invade surrounding stroma.

Invasive: A tumor that penetrates beyond the ductal basement membrane into the adjacent stroma of the breast parenchyma.

Lobular Carcinoma: Lobular carcinoma includes solid and alveolar patterns. About 5 to 10% of breast cancers are lobular. There is about a 20% chance that the opposite breast will also be involved, and many of them arise multicentrically in the same breast.

Paget Disease: Paget disease of the nipple is a condition where the epidermis of the nipple is infiltrated with neoplastic cells. ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3). Under the matrix system, only if the Paget disease is explicitly specified as in situ or non-invasive by the pathologist, code the behavior in situ (/2).

Phyllodes tumor (cystosarcoma phyllodes): A rare tumor with incidence ranging from 0.3% to 0.9% of all breast cancers. These tumors have a natural history and clinical behavior different from carcinoma of the breast. Criteria to classify benign, borderline and malignant cystosarcoma phyllodes utilize histologic parameters such as cellular atypia, mitotic activity and tumor margins. The reported incidence of malignant cystosarcoma phyllodes is approximately 25% of all phyllodes tumors.

Pleomorphic carcinoma (8022): This is a specific **duct** carcinoma type; A rare variant of high grade ductal carcinoma, NOS.

Sarcoma of breast: Primary sarcomas of the breast are rare accounting for less than 0.1% of all malignant tumors of the breast. Diagnoses may include fibrosarcoma, angiosarcoma, pleomorphic sarcoma, leiomyosarcoma, myxofibrosarcoma, hemangio-pericytoma, and osteosarcoma (extra-osseous osteosarcoma of breast).

Scirrhous Carcinoma: An adenocarcinoma with a firm-hard nodule associated with a dense connective tissue in the stroma. Scirrhous carcinoma is descriptive term, not a specific type of ductal carcinoma.

Breast Equivalent Terms, Definitions, Tables and Illustrations
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Table 1 – Intraductal(8500/2) and Specific Intraductal Carcinomas

***Note*:** These are the most common specific intraductal carcinomas**.** This is not intended to be a complete list of all possible intraductal types. If a histology appears only on table 1, it does not mean that it is impossible for that histology to occur with a malignant behavior (/3).

Column 1: Code	Column 2: Type
8201	Cribriform
8230	Solid
8401	Apocrine
8500	Intraductal, NOS
8501	Comedo
8503	Papillary
8504	Intracystic carcinoma
8507	Micropapillary/Clinging

Table 2 – Duct (8500/3) and Specific Duct Carcinomas

***Note*:** These are the most common specific duct carcinomas**.** This is not intended to be a complete list of all possible duct types. If a histology appears only on table 2, it does not mean that it is impossible for that histology to occur with an in situ behavior (/2).

Column 1: Code	Column 2: Type
8022	Pleomorphic carcinoma
8035	Carcinoma with osteoclast-like giant cells
8500	Duct, NOS
8501	Comedocarcinoma
8502	Secretory carcinoma of breast
8503	Intraductal papillary adenocarcinoma with invasion
8508	Cystic hypersecretory carcinoma

Breast Equivalent Terms, Definitions, Tables and Illustrations
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Table 3 – Combination Codes for Breast Cancers

Use this **two-page** table with rules H5, H6, H7, H8, H16, H17, H18, H19, H24, H25, H26 and H28 to select combination histology codes. Compare the terms in the diagnosis to the terms in Columns 1 and 2. If the terms match, code the case using the ICD-O-3 histology code in column 4. Use the combination codes listed in this table only when the histologies in the tumor match the histologies listed below.

Column 1: Required Histology	Column 2: Combined with Histology	Column 3: Combination Term	Column 4: Code
Any combination excluding lobular and duct histologies from Tables 1 and 2	Other than ductal and lobular	Adenocarcinoma with mixed subtypes*	8255/3*
Intraductal carcinoma and	Lobular carcinoma in situ	Intraductal carcinoma and lobular carcinoma in situ	8522/2
Infiltrating duct and	Infiltrating lobular carcinoma	Infiltrating duct and lobular carcinoma	8522/3
Intraductal and **two or more** of the histologies in Column 2 OR **two or more** of the histologies in Column 2	Cribriform	Intraductal mixed with other types of carcinoma	8523/2
	Solid		
	Apocrine		
	Papillary		
	Micropapillary		
	Clinging		
Infiltrating duct and **one or more** of the histologies in Column 2	Tubular	Infiltrating duct mixed with other types of carcinoma	8523/3
	Apocrine		
	Mucinous		
	Secretory carcinoma		
	Intraductal papillary adenocarcinoma with invasion		
	Intracystic carcinoma, NOS		
	Medullary		

Table 3 continues on the next page

Column 1: Required Histology	Column 2: Combined with Histology	Column 3: Combination Term	Column 4: Code
Table 3 continued			
Infiltrating lobular carcinoma and	Tubular	Infiltrating lobular mixed with other types of carcinoma ***Note:*** Invasive carcinomas only. Do not use this code for in situ	8524/3
	Apocrine		
	Mucinous		
	Secretory carcinoma		
	Intraductal papillary adenocarcinoma with invasion		
	Intracystic carcinoma, NOS		
	Medullary		
	Paget disease (NOS and invasive)		
Paget disease and	Infiltrating duct carcinoma (includes any specific duct type listed in Table 2	Paget disease and infiltrating duct carcinoma	8541/3
Paget disease and	Intraductal carcinoma (includes any specific intraductal type in Table 1)	Paget disease and intraductal carcinoma	8543/3

**Rarely used for breast cancer*

Breast Equivalent Terms, Definitions, Tables and Illustrations
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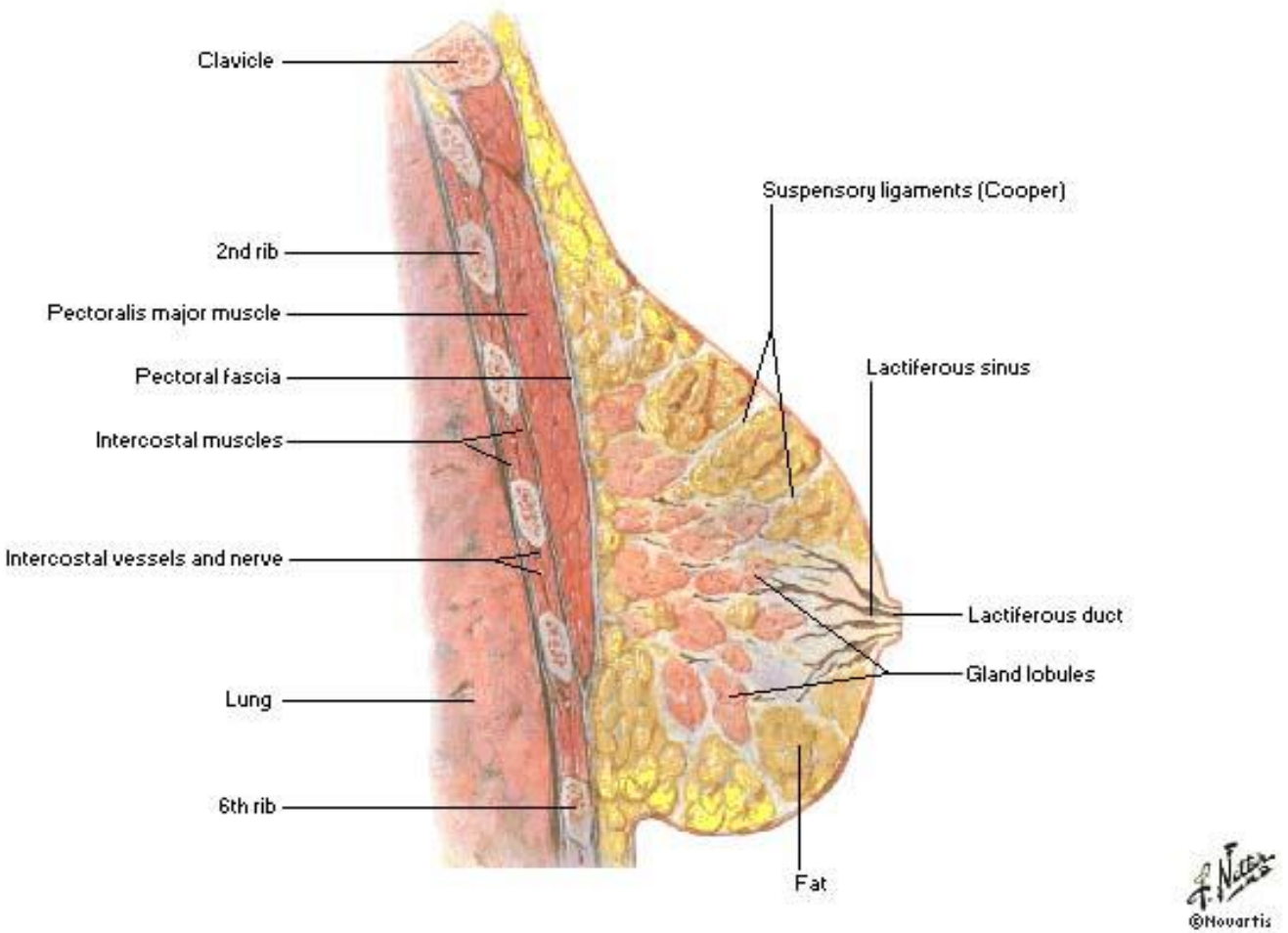
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



Breast Equivalent Terms, Definitions, Tables and Illustrations
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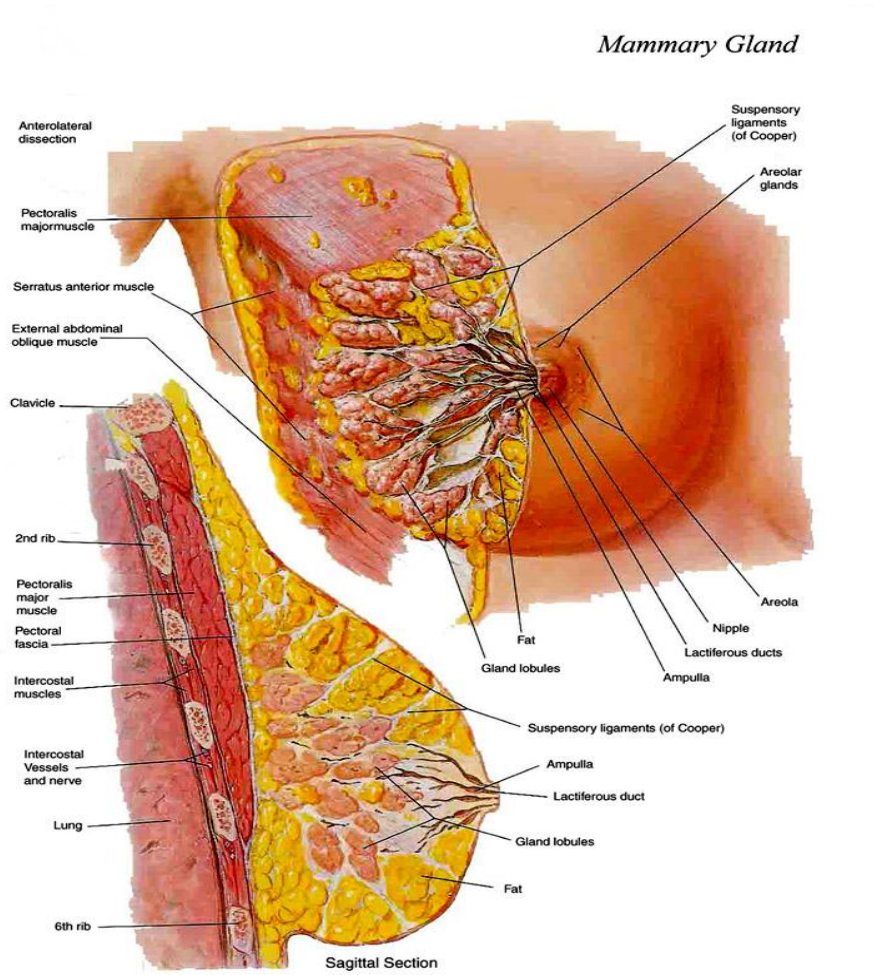

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Kidney Equivalent Terms, Definitions, Tables and Illustrations
C649
(Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

INTRODUCTION

Renal cell carcinoma (8312) is a group term for glandular (adeno) carcinomas of the kidney. Approximately 85% of all malignancies of the kidney are renal cell and specific renal cell types.

Transitional cell carcinoma rarely arises in the kidney parenchyma (C649). Transitional cell carcinoma found in the upper urinary system usually arises in the renal pelvis (C659). Only code transitional cell carcinoma to kidney in the rare instance when pathology confirms the tumor originated in the parenchyma of the kidney.

Equivalent or Equal Terms

- **Multifocal** and **multicentric**
- **Renal cell carcinoma (RCC)** and **hypernephroma (obsolete term)**
- **Tumor, mass, lesion,** and **neoplasm**

Definitions

Adenocarcinoma with mixed subtypes (8255): A mixture of two or more of the specific renal cell carcinoma types listed in Table 1.

Carcinoma of the collecting ducts of Bellini/collecting duct carcinoma (8319) is a malignant epithelial tumor. There is controversy about the relationship between medullary carcinoma and collecting duct carcinoma; some advocate that there is a relationship, others are not convinced. Genetic studies are ongoing. We will code medullary carcinoma originating in the kidney to 8510 so we can differentiate between the medullary and the collecting duct carcinoma.

Chromophobe RCC (8317) is a rare form of kidney cancer. Chromophobe is a renal carcinoma characterized by large pale cells with prominent membranes.

Clear cell RCC (8310) is the most common type of RCC. Clear cell is composed of clear or eosinophilic cytoplasm. Clear cell is architecturally diverse, with solid alveolar and acinar patterns the most common.

Kidney Equivalent Terms, Definitions, Tables and Illustrations
C649
(Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

Cystic: Cystic may be used to describe the gross appearance or it may be used as a morphologic term. Cysts are common in clear cell renal cell carcinomas. Tumors composed completely of cysts are rare.

Medullary carcinoma of the kidney (8510) is a rare tumor almost exclusively associated with sickle cell trait. There is controversy about the relationship between medullary carcinoma and collecting duct carcinoma; some advocate that there is a relationship, others are not convinced. Genetic studies are ongoing. We will code medullary carcinoma originating in the kidney to 8510 so we can differentiate between the medullary and the collecting duct carcinoma.

Most invasive: The tumor with the greatest continuous extension (see focal and foci/focus definitions).

In hierarchical order, the evaluation of least to greatest extension for **kidney** is based on:

- The largest tumor size
- Extension into major veins, adrenal gland, or perinephric tissue.
- Involvement of Gerota's fascia.

Papillary RCC (8260) form finger-like projections. Some doctors call these cancers chromophilic because the cells take up certain dyes making them appear pink. A malignant renal parenchymal tumor with papillary or tubular papillary architecture.

Renal cell carcinoma (RCC) (8312) is the most common type of kidney cancer. Renal cell is a group name that includes several specific types. See Table 1.

Renal sarcoma is a rare disease of the kidney's connective tissues.

Satellite lesion or metastasis: Metastatic lesion within the immediate vicinity of the primary tumor. This is a metastasis, not a separate primary.

Urinary tract: Structures lined by transitional epithelium also known as urothelium

Wilms Tumor/nephroblastoma, NOS (8960) can arise anywhere in the kidney tissue. Wilms tumor typically appears in children between 2-5 years of age.

Kidney Equivalent Terms, Definitions, Tables and Illustrations
C649
(Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

Table 1 - Renal cell carcinoma and specific renal cell types

Table Instructions: Use this table to identify specific renal cell carcinoma types.
Note: Renal cell carcinoma, NOS (8312) is the non-specific term under which the specific renal cell carcinoma types are listed. This table **is a complete listing** of specific renal cell carcinoma types.

Column 1: Code	**Column 2: Specific Renal Cell Carcinoma Types**
8260	Papillary (Chromophil) *
8310	Clear Cell
8316	Cyst associated, cystic
8317	Chromophobe *
8318	Sarcomatoid (Spindle cell)
8319	Collecting duct type (Bellini duct)
8320	Granular cell
8510	Medullary carcinoma, NOS; medullary adenocarcinoma
8959	Malignant cystic nephroma; malignant multilocular cystic nephroma
**** Note:*** Chromophil and chromophobe are different histologies	

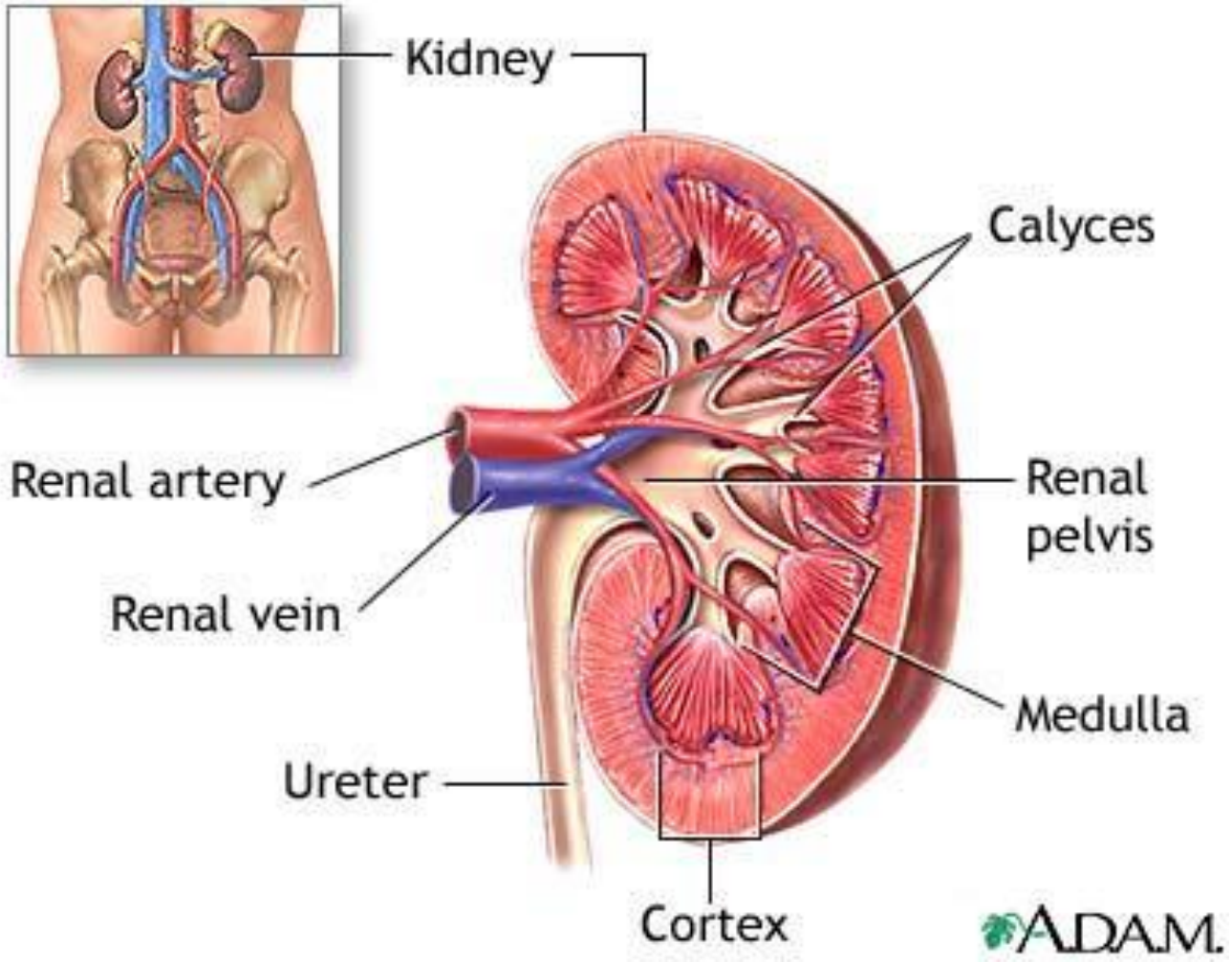
Kidney Equivalent Terms, Definitions, Tables and Illustrations
C649
(Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

Table 2 – Changes to Previous SEER Site Grouping Table

Previous to 2007, tumors in the sites below were abstracted as a single primary.

Code	Site Grouping
C64	Kidney
C65	Renal pelvis
C66	Ureter
C68	Other and unspecified urinary organs

Kidney Equivalent Terms, Definitions, Tables and Illustrations
C649
(Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)



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Renal Pelvis, Ureter, Bladder, and Other Urinary Equivalent Terms, Definitions, Tables and Illustrations
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Renal Pelvis, Ureter, Bladder, and Other Urinary

The renal pelvis, ureters, bladder and proximal portion of the urethra are lined by transitional epithelium, also known as urothelium. Tumors of the urothelium are more often multifocal compared to other sites. Two mechanisms have been proposed to explain this phenomenon: 1). a "field effect" and 2) tumor cell implantation.

1. The **field effect** theory suggests that the urothelium has undergone a widespread change, perhaps in response to a carcinogen, making it more sensitive to malignant transformations. As a result, multiple tumors arise more easily.
2. The **implantation** theory suggests that tumor cells in one location lose their attachments and float in the urine until they attach (implant) on another site. Transitional cell tumors commonly spread in a head-to-toe direction, for example from the renal pelvis to the ureter.

Molecular evidence has been found to support both of these theories, but neither has been proven to be the case for all tumors. Similarly, the widespread presence of flat carcinoma in situ may be a result of direct spread of neoplastic cells within the epithelium, direct extension, or due to implantation or field effect. The rules regarding histology and number of primaries are an attempt to reconcile these observations so that incidence data are consistent and reproducible.

Bladder

In the United States, transitional cell carcinomas account for more than 90% of all bladder cancers. Squamous cell carcinomas make up 3-8%, and adenocarcinomas make up about 1-2%. Pure squamous cell carcinoma of the bladder has a poor prognosis. See histology coding rules H5 and H13 for coding instructions.

Equivalent or Equal Terms

- **Flat transitional cell, flat urothelial**
- **In situ transitional cell carcinoma, in situ urothelial carcinoma**
- **Tumor, mass, lesion, neoplasm**
- **Urothelial and transitional**
- **Urothelium and transitional epithelium**
- **Intramucosal and in situ**
- **Papillary transitional cell carcinoma, papillary urothelial carcinoa**

Definitions

Contiguous Sites:

- Renal pelvis
- Ureter
- Bladder
- Urethra/prostatic urethra

Field effect: Widespread changes in normal or relatively normal tissue that predispose a person to cancer

Renal Pelvis, Ureter, Bladder, and Other Urinary Equivalent Terms, Definitions, Tables and Illustrations C659, C669, C670-C679, C680-C689 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Flat Tumor (bladder)/Noninvasive flat TCC: A flat tumor is a non-papillary bladder tumor that lies flat against the bladder tissue. Flat tumors usually have a poor prognosis. Noninvasive flat TCC (also called carcinoma in situ, or CIS) grows in the layer of cells closest to the inside of the bladder and appears as flat lesions on the inside surface of the bladder. Flat, invasive TCC may invade the deeper layers of the bladder, particularly the muscle layer.

Note 1: Flat tumors may have foci or focus of invasion. This definition is for those flat tumors described as being carcinoma in situ, CIS, or non-invasive.
Note 2: Flat tumors could be called in situ or non-invasive. If the term "non-invasive' is used to describe flat carcinoma, be aware that for staging this would be an in situ carcinoma.

In situ: A tumor confined to epithelium (intraepithelial) with no penetration below the basement membrane

Intraluminal (Ureter): Within the lumen of a tubular or hollow structure. Urinary tumors may spread intraluminally to adjacent urinary organs.

Intramucosal: Within the mucosal surface.

Invasive: A tumor that penetrates beyond the basement membrane.

Most invasive: The tumor with the greatest continuous local/regional extension (see focal and foci/focus definitions).

Bladder

The walls of the **bladder** in order from least to greatest extension are:

- Mucosa
- Lamina propria (some pathologists equate this to submucosa)
- Muscularis mucosae (this layer not always present, may not be mentioned)
- Submucosa
- Muscular layer (muscularis propria, detrusor muscle)
- Serosa, adventitia

Renal pelvis and ureter

The walls of the **renal pelvis** and **ureter** from least to greatest extension are:

- Epithelium
- Subepithelial connective tissue, submucosa
- Muscularis mucosa
- Adventitia, periureteric fat, peripelvic fat

Multicentric, multifocal, and polycentric are often used as synonyms. The tumor has multiple centers. The foci are not contiguous.

Non-invasive tumor: A tumor confined to epithelium (intraepithelial) with no penetration below the basement membrane.

Papillary tumor: A papillary bladder, ureter, or renal pelvis tumor is a warty growth that is attached to the wall by a stalk.

Papillary and Flat Carcinomas: Urothelial carcinomas may be either flat or papillary. The terms papillary and flat describe the structure or architecture of the tumor, not a specific histologic type. Both are transitional cell/urothelial carcinoma, although there are behavioral differences between the two.

Prostatic Urethra: Adenocarcinoma of the prostatic urethra is usually an extension of adenocarcinoma of the prostate. Transitional cell/urothelial carcinoma in the prostatic urethra may be an extension from the bladder or may be primary in the prostatic urethra. .

Satellite lesion or metastasis: Metastatic lesion within the immediate vicinity of the primary tumor.

Transitional cell carcinoma usually begins in the renal pelvis, not in the kidney. The cancer cells are different from renal cell carcinoma.

Transitional epithelium: A highly expandable epithelium that has a layered appearance with large cube-shaped cells in the relaxed state that transform and stretch into broad and flat cells in the expanded or distended state.

Urinary tract: Structures lined by transitional epithelium also known as urothelium.

Urothelium: The transitional epithelium lining the wall of the bladder, ureter, and renal pelvis, external to the basement membrane.

Renal Pelvis, Ureter, Bladder, and Other Urinary Equivalent Terms, Definitions, Tables and Illustrations C659, C669, C670-C679, C680-C689 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Table 1 – Urothelial Tumors

Note: Excludes pure squamous carcinoma, glandular (adeno) carcinoma, or other bladder tumor histologies.

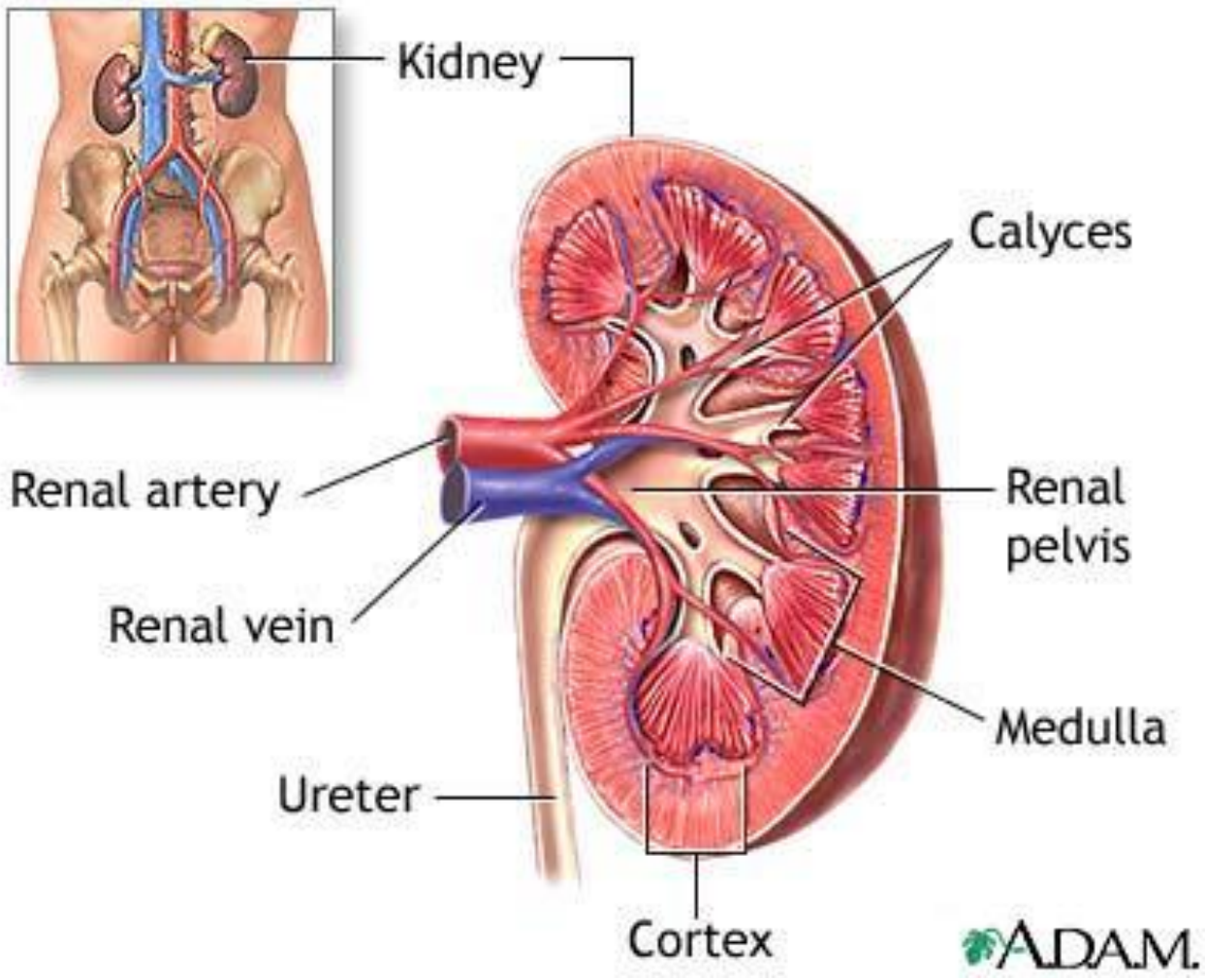
Urothelial/Transitional Cell Tumors	Code
With squamous differentiation	8120
With glandular differentiation	
With trophoblastic differentiation	
Nested	
Microcystic	
Transitional cell, NOS	
Papillary carcinoma	8130
Papillary transitional cell	
Micropapillary	8131
Lymphoepithelioma-like	8082
Plasmacytoid	
Sarcomatoid	8122
Giant cell	8031
Undifferentiated	8020

Table 2 – Changes to Previous SEER Site Grouping Table

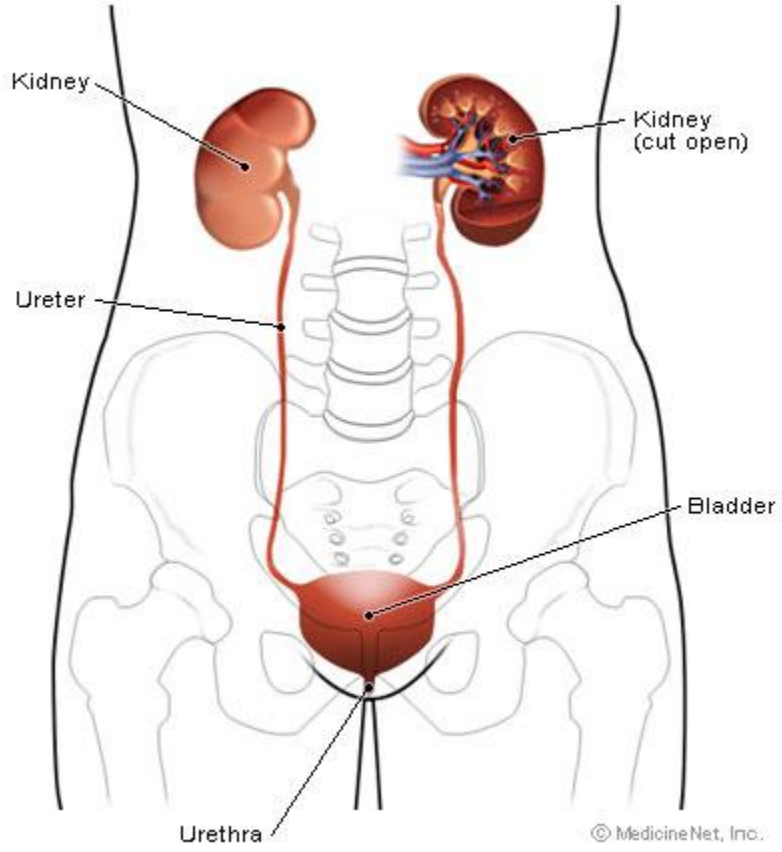
Previous to 2007, tumors in the sites below were abstracted as a single primary.

Code	Site Grouping
C64	Kidney
C65	Renal pelvis
C66	Ureter
C68	Other and unspecified urinary organs

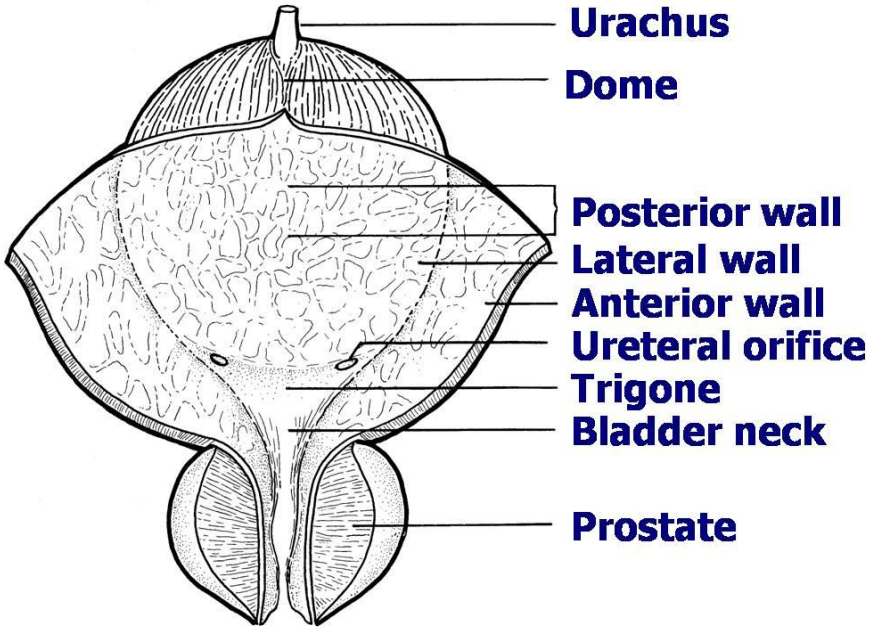
Renal Pelvis, Ureter, Bladder, and Other Urinary Equivalent Terms, Definitions, Tables and Illustrations
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



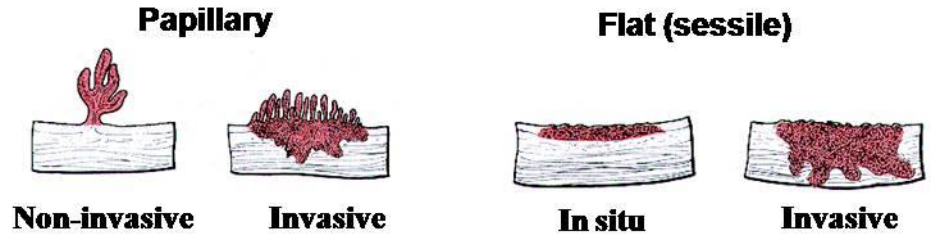
Renal Pelvis, Ureter, Bladder, and Other Urinary Equivalent Terms, Definitions, Tables and Illustrations
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



www.MedicineNet.com



Source: TNM Atlas, 3rd edition, 2nd revision



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Benign and Borderline Intracranial and CNS Tumors
Equivalent Terms, Definitions, Charts and Illustrations
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

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

Do not change the behavior code when during the lifetime of the patient when a tumor(s) progresses from a benign /0 to an uncertain whether benign or malignant /1 behavior.

These rules apply to tumors that occur within the cranial vault or within the spinal canal (reportable)

Note: Non-malignant peripheral nerve tumors are not reportable

Equivalent or Equal Terms (Terms that can be used interchangeably)

- Tumor, mass, lesion, neoplasm
- Type, subtype, variant

Definitions

Benign: ICD-O-3 behavior code of /0.

Borderline: ICD-O-3 behavior code of /1.

Cerebellum: The part of the brain below the back of the cerebrum. It regulates balance, posture, movement, and muscle coordination.

Corpus Callosum: A large bundle of nerve fibers that connect the left and right cerebral hemispheres. In the lateral section, it looks a bit like a "C" on its side.

Different lateralities: The right side of a site and the left side of a site are different lateralities.

Frontal Lobe of the Cerebrum: The top, front region of each of the cerebral hemispheres. Used for reasoning, emotions, judgment, and voluntary movement.

Infratentorial: Tumors located in the posterior fossa, cerebellum, or fourth ventricle.

Invasive: ICD-O-3 behavior code of /3.

Medulla Oblongata: The lowest section of the brainstem (at the top end of the spinal cord). It controls automatic functions including heartbeat, breathing, etc.

Benign and Borderline Intracranial and CNS Tumors
Equivalent Terms, Definitions, Charts and Illustrations
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

Meninges: The three membranes that cover the brain and spinal cord. The outside layer is the dura mater and is the most resilient. The center layer is the arachnoid membrane. The thin innermost layer is the pia mater.

Mesencephalon: The region of the brainstem located above the pons.

Nerve sheath: A protective covering around nerves.

Occipital Lobe of the Cerebrum: The region at the back of each cerebral hemisphere that contains the centers of vision and reading ability (located at the back of the head).

Parietal Lobe of the Cerebrum: The middle lobe of each cerebral hemisphere between the frontal and occipital lobes. It contains important sensory centers (located at the upper rear of the head).

Pituitary Gland: A gland attached to the base of the brain that secretes hormones. It is located between the Pons and the Corpus Callosum, above the Medulla Oblongata. Synonym: Hypophysis.

Pons: The region of the brainstem located below the mesencephalon and above the medulla oblongata.

Progression of disease: For the purposes of these rules, progression is defined as a change to a more aggressive behavior (Example: a change from /0 to /1).

Spinal Cord: A thick bundle of nerve fibers that runs from the base of the brain to the hip area, running through the spine (vertebrae).

Supratentorial: Tumors located in the sellar or suprasellar region or in other areas of the cerebrum.

Temporal Lobe of the Cerebrum: The region at the lower side of each cerebral hemisphere; contains centers of hearing and memory (located at the sides of the head).

Timing: The amount of time between the original and subsequent tumors is not used to determine multiple primaries because the natural biology of non-malignant tumors is that of expansive, localized growth.

Transformation: The histology of a disease process may change over time.

Table 1 –Paired Sites

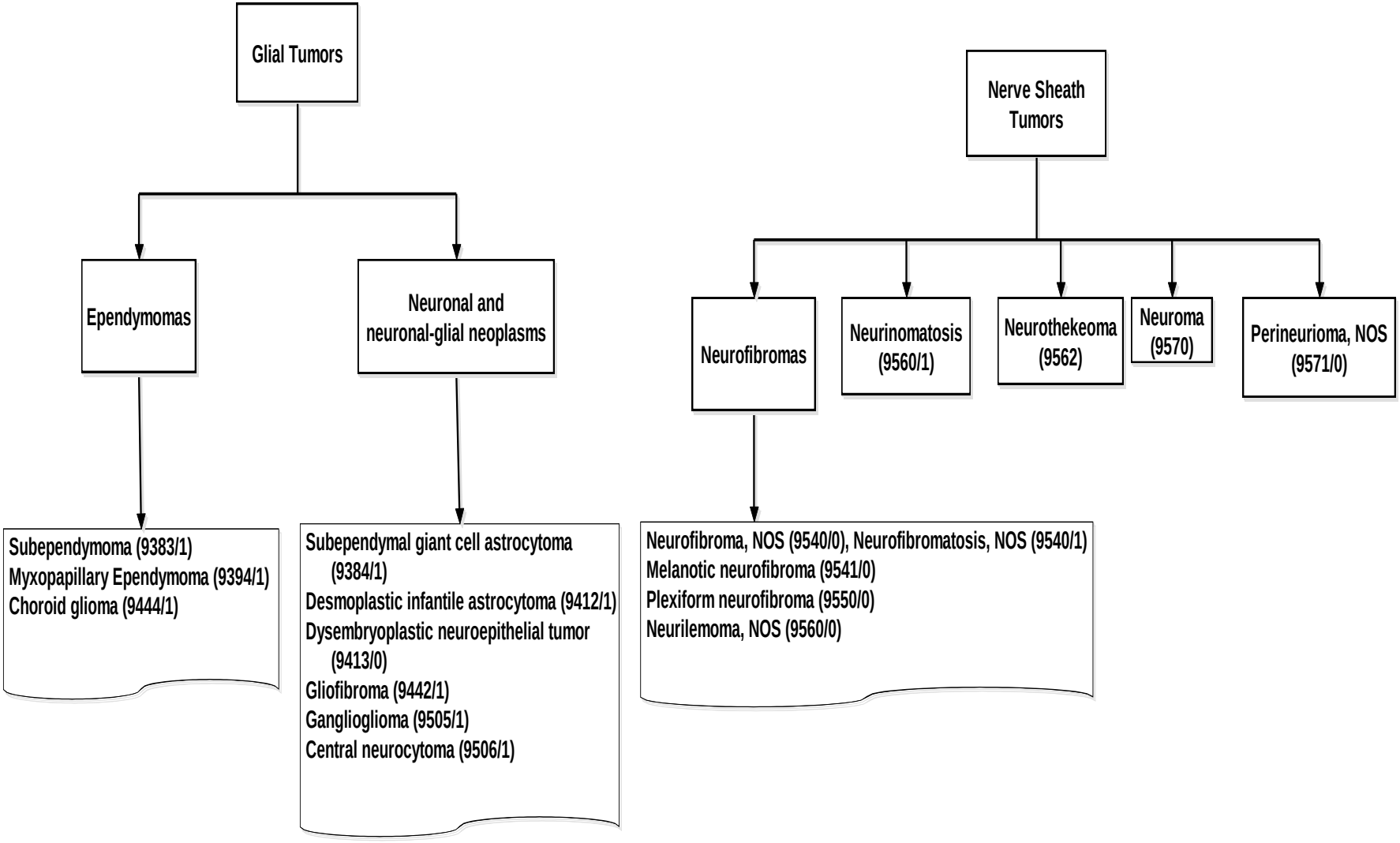
Table Instructions: Use this table to Identify paired sites (Rule M5).

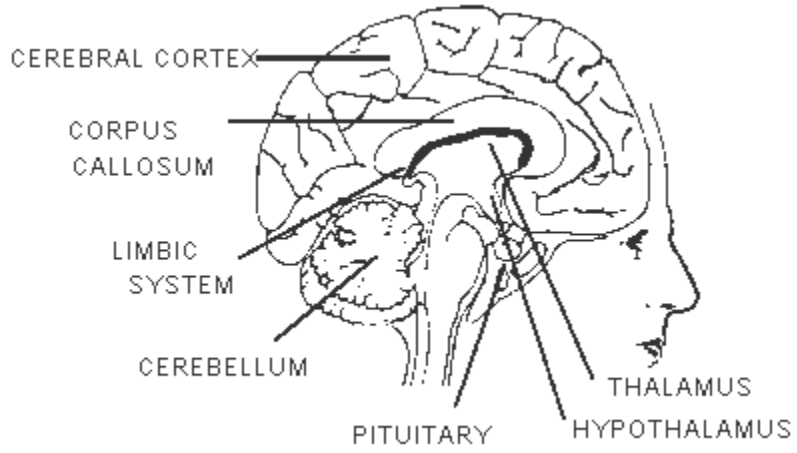
Column 1: **Paired Sites**	**Column 2:** **Code**
Cerebral meninges, NOS	C700
Cerebrum	C710
Frontal lobe	C711
Temporal lobe	C712
Parietal lobe	C713
Occipital lobe	C714
Olfactory nerve	C722
Optic nerve	C723
Acoustic nerve	C724
Cranial nerve	C725

Benign and Borderline Intracranial and CNS Tumors
Equivalent Terms, Definitions, Charts and Illustrations
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

Chart 1: Benign and Borderline Intracranial and CNS Tumors

Note: This chart is based on the *WHO Classification of Tumors* of the Benign Brain. Use this chart to determine multiple primaries and to code histology as instructed in the coding rules.

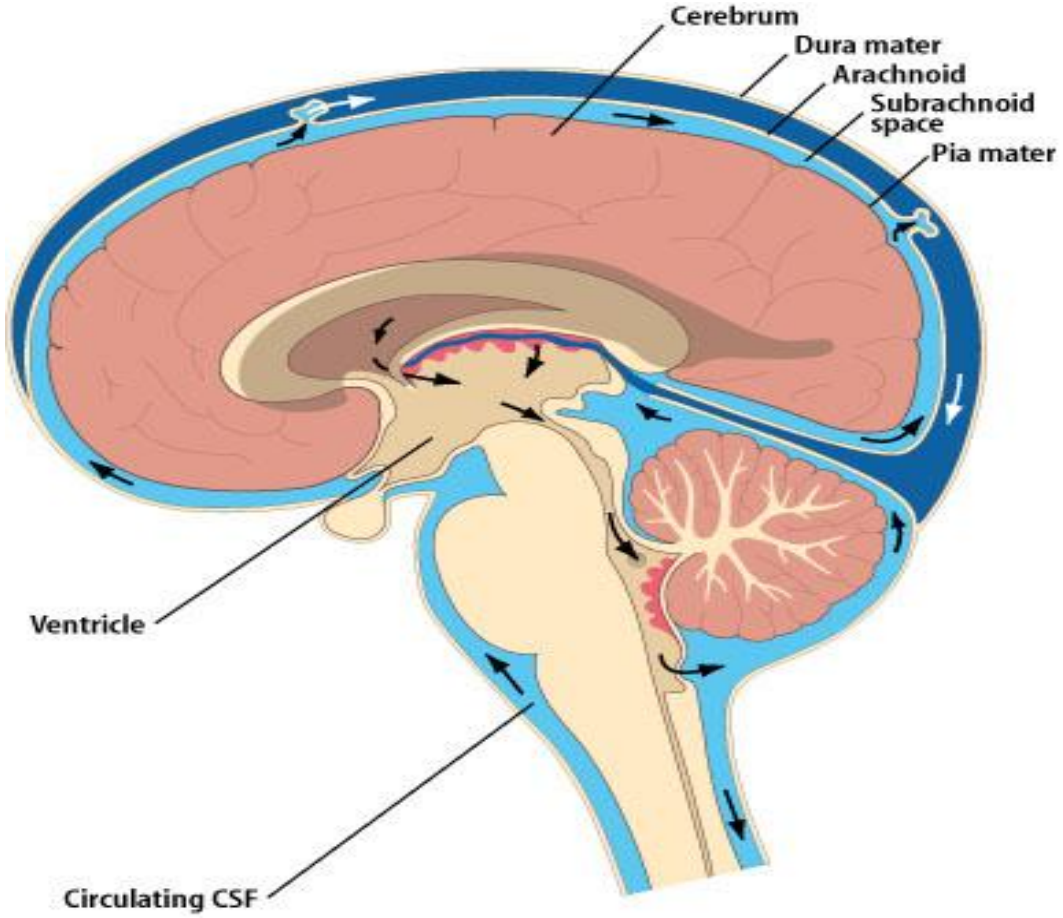




www.gender.org.uk/ about/07neur/74_brain.htm

Benign and Borderline Intracranial and CNS Tumors
Equivalent Terms, Definitions, Charts and Illustrations
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

Meninges



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Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland
Equivalent Terms, Definitions, Charts and Illustrations
C700, C701, C709, C710-C719, C720-725, 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.

There are two types of cells that make up the nervous system: *neurons* and *neuroglia* . Neurons send and receive nerve messages. Neuroglia, otherwise known as *glial cells* , often surround the neurons. Glial cells play a supportive role by nourishing, protecting and supporting neurons. There are six kinds of glial cells; oligodendrocytes, astrocytes, ependymal cells, Schwann cells, microglia, and satellite cells.

It is important to know that any of the glial tumors (Chart 1) can recur as a glioblastoma or glioblastoma multiforme.

Equivalent or Equal Terms (Terms that can be used interchangeably)

- Tumor, mass, lesion, neoplasm
- Type, subtype, variant

Definitions

Anaplastic Ependymomas (9392) are ependymal tumors that do not look like normal cells and grow more quickly than well-differentiated ependymal tumors

Astrocytoma: A tumor that begins in the brain or spinal cord in small, star-shaped cells called astrocytes. "Astrocytoma" is a term that applies to a group of neoplasms that can be divided into the following clinical-pathological components: Diffuse astrocytomas, anaplastic astrocytomas (grade III), and glioblastoma multiforme (grade IV).

Cerebellum: The part of the brain below the back of the cerebrum. It regulates balance, posture, movement, and muscle coordination.

Corpus Callosum: A large bundle of nerve fibers that connect the left and right cerebral hemispheres. In the lateral section, it looks a bit like a "C" on its side.

Ependymoblastoma (9302) is an embryonal tumor

Ependymoma: A glioma derived from relatively undifferentiated ependymal cells, comprising approximately 1–3% of all intracranial neoplasms. Ependymomas occur in all age groups and may originate from the lining of any of the ventricles or, more commonly, from the central canal of the spinal cord. Histologically, the neoplastic cells tend to be arranged radially around blood vessels, to which they are attached by means of fibrillary processes.

Frontal Lobe of the Cerebrum: The top, front region of each of the cerebral hemispheres. Used for reasoning, emotions, judgment, and voluntary movement.

Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland Equivalent Terms, Definitions, Charts and Illustrations C700, C701, C709, C710-C719, C720-725, C728, C729, C751-C753 (Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)

Glioblastoma: A malignant rapidly growing Astrocytoma of the central nervous system. These neoplasms grow rapidly, invade extensively, and occur most frequently in the cerebrum of adults. Any glial tumor can recur as a glioblastoma or a glioblastoma multiforme (see Chart 1)

Glioma: Any neoplasm derived from one of the various types of cells that form the interstitial tissue of the brain, spinal cord, pineal gland, posterior pituitary gland, and retina. About half of all primary brain tumors and one-fifth of all primary spinal cord tumors form from glial cells. Gliomas tend to grow in the cerebral hemispheres, but may also occur in the brain stem, optic nerves, spinal cord, and cerebellum.Gliomas are divided into subgroups depending on the origin of the glial cells. The most common type of glioma is an astrocytoma.

Infratentorial: Tumors located in the posterior fossa, cerebellum, or fourth ventricle.

Medulla Oblongata: The lowest section of the brainstem (at the top end of the spinal cord). It controls automatic functions including heartbeat, breathing, etc.

Medulloblastoma: A tumor consisting of neoplastic cells that resemble the undifferentiated cells of the primitive medullary tube; medulloblastomas are usually located in the vermis of the cerebellum, and may be implanted discretely or coalescently on the surfaces of the cerebellum, brainstem, and spinal cord. They comprise approximately 3% of all intracranial neoplasms, and occur most frequently in children. A type of primitive neuroectodermal tumor.

Mixed glioma: The presence of at least two of the following cells/differentiation in a single tumor: astrocytic; oligodendroglial; ependymal

Occipital Lobe of the Cerebrum - the region at the back of each cerebral hemisphere that contains the centers of vision and reading ability (located at the back of the head).

Oligodendroglioma: A relatively rare, relatively slowly growing glioma derived from oligodendrocytes that occurs most frequently in the cerebrum of adults

Parietal Lobe of the Cerebrum: The middle lobe of each cerebral hemisphere between the frontal and occipital lobes. It contains important sensory centers (located at the upper rear of the head).

Pituitary Gland: A gland attached to the base of the brain that secretes hormones. It is located between the Pons and the Corpus Callosum, above the Medulla Oblongata. Synonym: Hypophysis.

Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland
Equivalent Terms, Definitions, Charts and Illustrations
C700, C701, C709, C710-C719, C720-725, C728, C729, C751-C753
(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)

PNET (Primitive Neuroectodermal Tumor): A group of malignant central nervous system tumors that includes medulloblastoma, pineoblastoma, ependymoblastoma, retinoblastoma, neuroblastoma, esthesioneuroblastoma, medulloepithelioma and ganglioneuroblastoma. Tumors are composed of primitive, undifferentiated embryonal cell lines and frequently classified according to anatomic location. Also known as central PNET or supratentorial PNET, depending on location of the tumor.

pPNET (peripheral Primitive Neuroectodermal Tumor): These tumors usually occur in the soft tissues of the chest, pelvis, and retroperitoneum and are rarely intracranial. There is known clinical and histological association between pPNET and both extraosseous Ewing sarcoma and peripheral neuroblastoma. Peripheral PNET is clinically and pathologically distinct from central PNET.

Satellite lesion or metastasis: Metastatic lesion within the immediate vicinity of the primary tumor. This is a metastasis, not a separate primary.

Spinal Cord - a thick bundle of nerve fibers that runs from the base of the brain to the hip area, running through the spine (vertebrae).

Supratentorial: Tumors located in the sellar or suprasellar region or in other areas of the cerebrum.

Temporal Lobe of the Cerebrum: The region at the lower side of each cerebral hemisphere; contains centers of hearing and memory (located at the sides of the head).

Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland Equivalent Terms, Definitions, Charts and Illustrations C700, C701, C709, C710-C719, C720-725, C728, C729, C751-C753 (Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)

Chart 1 –Neuroepithelial Malignant Brain and Central Nervous System Tumors

Note: This chart is based on the *WHO Classification of Tumors* of the brain and central nervous system. The chart is **not** a complete listing of histologies that may occur in the brain or central nervous system.

Chart Instructions: **Use this chart to code histology. The tree is arranged in descending order. Each branch is a histology group, starting at the top with the least specific terms and descending into more specific terms.**

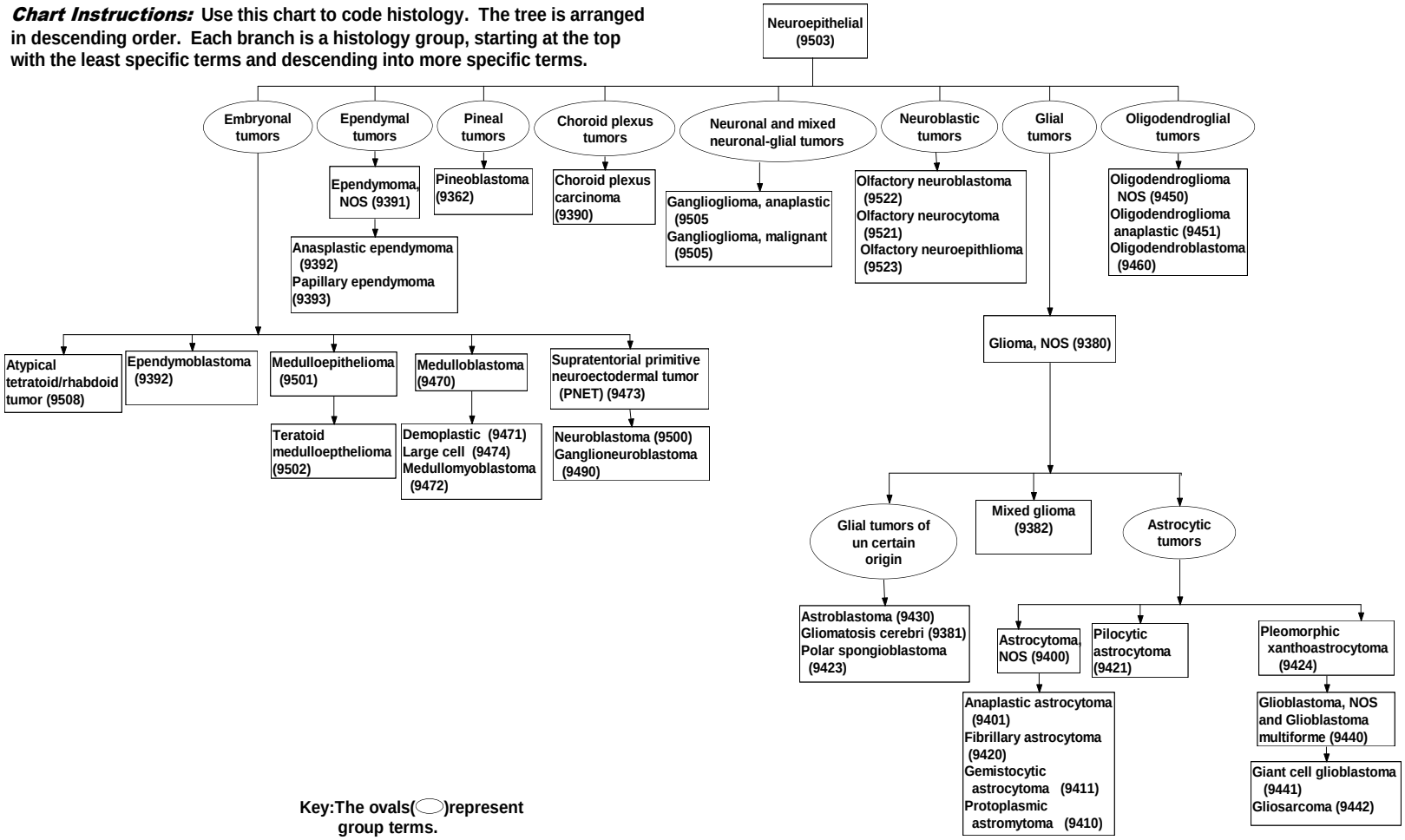
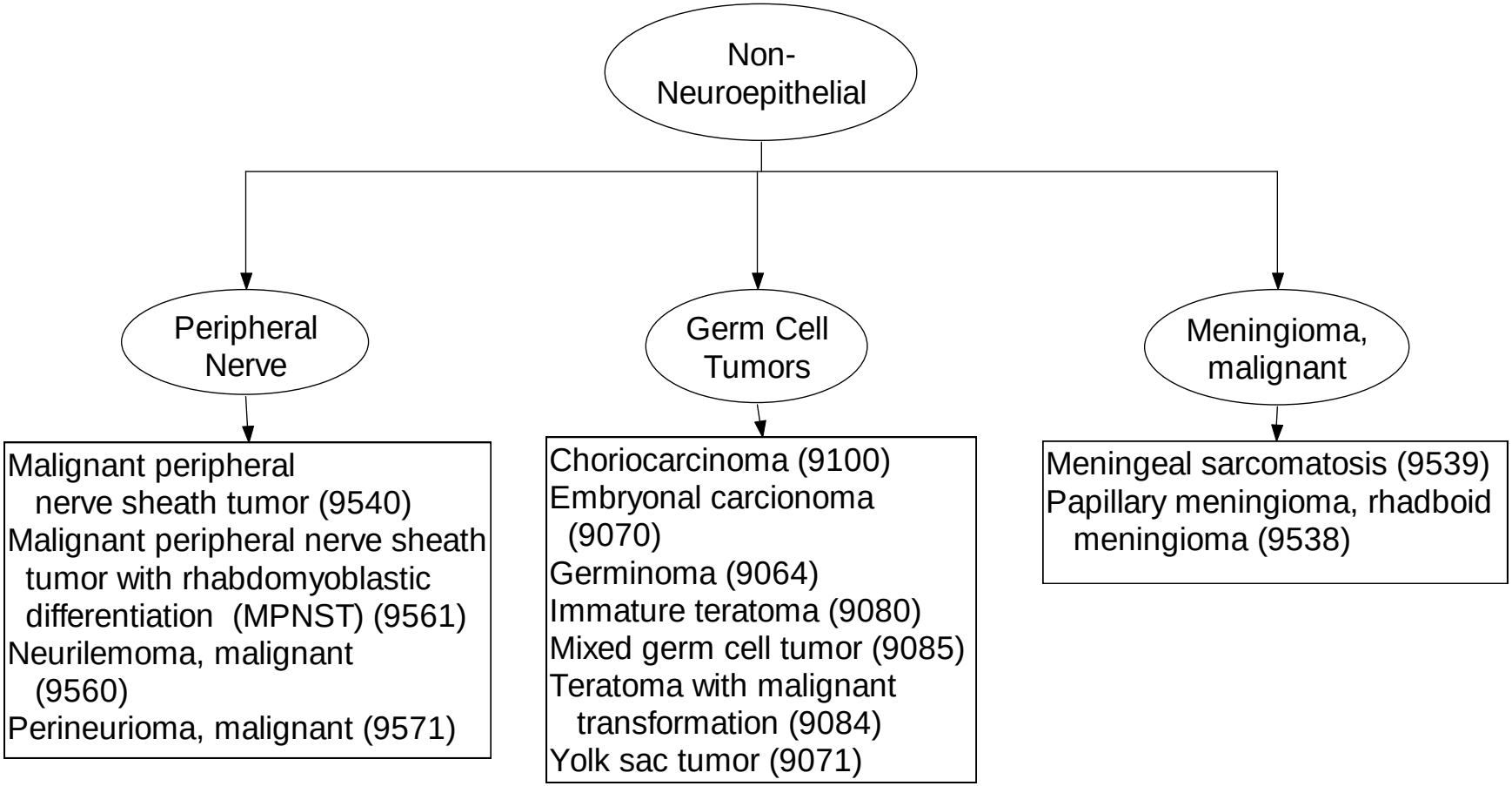


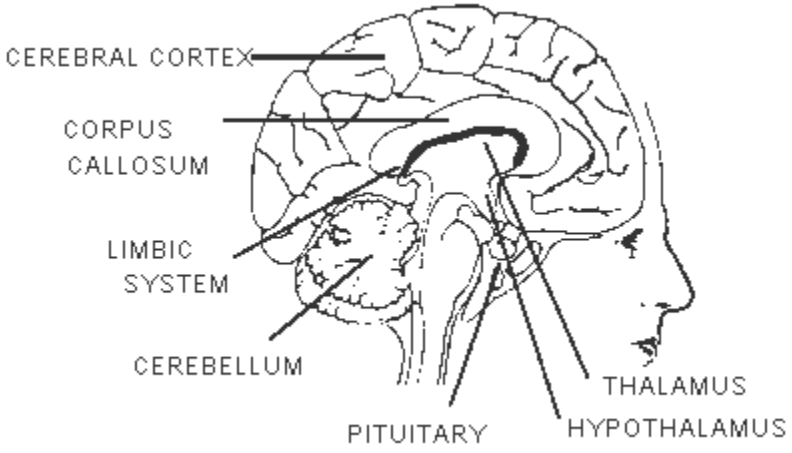
Chart 2 – Non-neuroepithelial Malignant Brain and Central Nervous System Tumors

Chart Instructions: Use this chart to code histology. The tree is arranged in descending order. Each branch is a histology group, starting at the top with the least specific terms and descending into more specific terms.

Note: Chart 2 is based on the *WHO Classification of Tumors* of the brain and central nervous system. This chart is **not** a complete listing of histologies that may occur in the brain or central nervous system.



Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland
Equivalent Terms, Definitions, Charts and Illustrations
C700, C701, C709, C710-C719, C720-725, C728, C729, C751-C753
(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)



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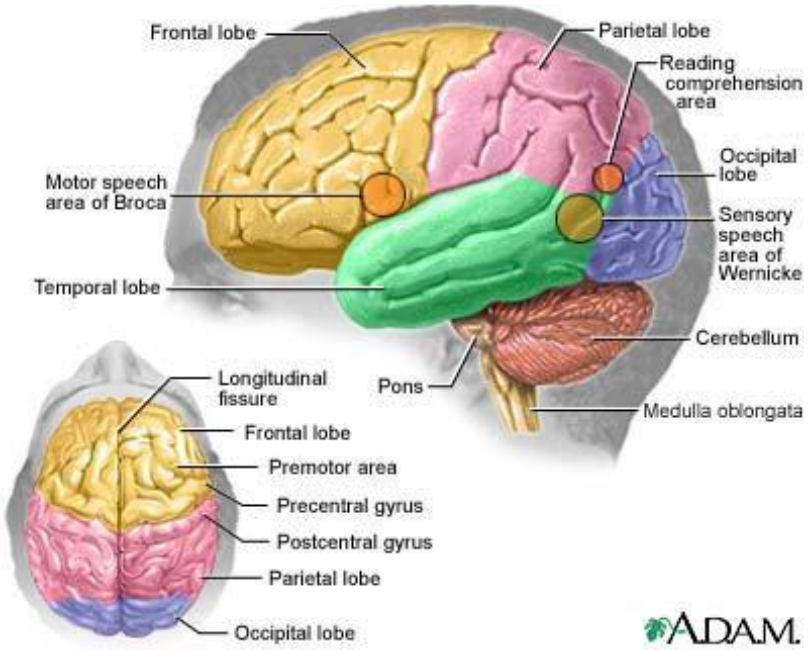
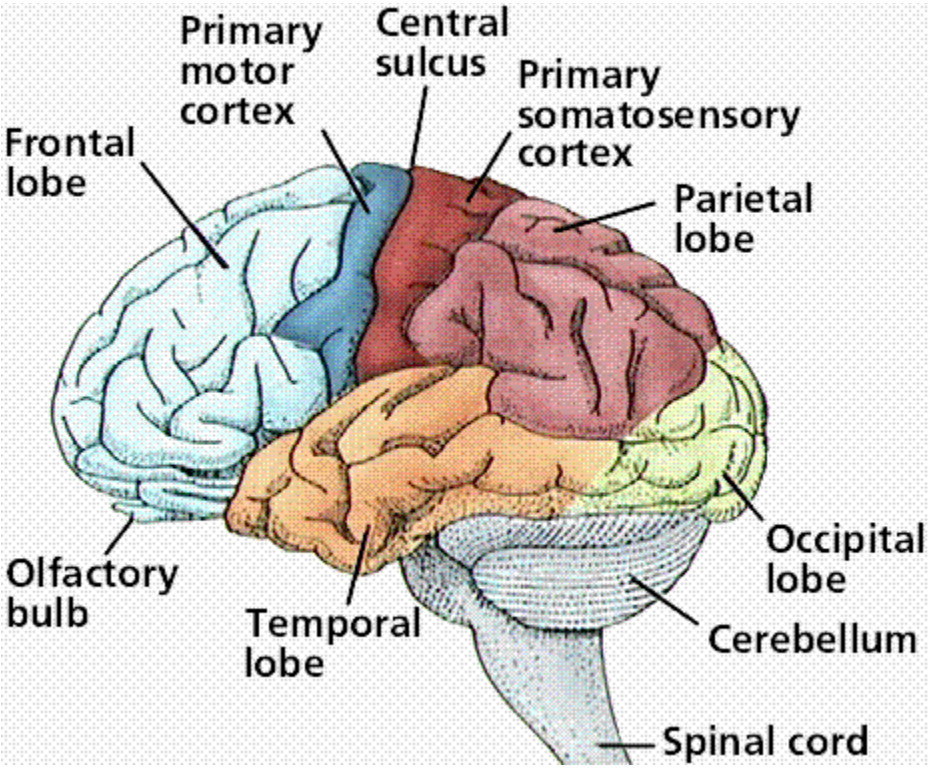


Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland
Equivalent Terms, Definitions, Charts and Illustrations
C700, C701, C709, C710-C719, C720-725, C728, C729, C751-C753
(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)



Other Sites Equivalent Terms, Definitions and Tables
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

INTRODUCTION

The Other Sites rules cover rectosigmoid, rectum and all sites not included in the site-specific rules.

EQUIVALENT TERMS

Acinar adenocarcinoma, adenocarcinoma (For prostate primaries only)
Adenocarcinoma, glandular carcinoma

DEFINITIONS

Acinar adenocarcinoma of the prostate: The prostate gland is sponge-like consisting primarily of acini or very tiny sacs that produce the fluids for ejaculation. Acinar adenocarcinoma is not a specific histologic type. The term acinar refers to the fact that the adenocarcinoma originates in the prostatic acini. 95% of all prostate cancers are (acinar) adenocarcinoma.

Adenoacanthoma: Adenocarcinoma with squamous metaplasia.

Parametrium: The connective tissue of the pelvic floor extending from the fibrous subserous coat of the supracervical portion of the uterus laterally between the layers of the broad ligament.

Uterine adnexa: The appendages of the uterus, namely the ovaries, fallopian tubes, and ligaments that hold the uterus in place.

Other Sites Equivalent Terms, Definitions and Tables
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Table 1 – Paired Organs and Sites with Laterality

Note: This table only includes anatomic sites covered by the Other Sites Rules.

Site Code	Site or Subsite
C384	Pleura
C400	Long bones of upper limb, scapula, and associated joints
C401	Short bones of upper limb and associated joints
C402	Long bones of lower limb and associated joints
C403	Short bones of lower limb and associated joints
C413	Rib, clavicle (excluding sternum)
C414	Pelvic bones (excluding sacrum, coccyx, symphysis pubis)
C441	Skin of the eyelid
C442	Skin of the external ear
C443	Skin of other and unspecific parts of the face (if midline, assign code 9)
C445	Skin of the trunk (if midline, assign code 9)
C446	Skin of upper limb and shoulder
C447	Skin of the lower limb and hip
C471	Peripheral nerves and autonomic nervous system of upper limb and shoulder
C472	Peripheral nerves and autonomic nervous system of the lower limb and hip
C491	Connective, subcutaneous, and other soft tissues of upper limb and shoulder
C492	Connective, subcutaneous, and other soft tissues of the lower limb and hip
C569	Ovary
C570	Fallopian tube
C620-C629	Testis
C630	Epididymis
C631	Spermatic cord
C690-C699	Eye and adnexa
C740-C749	Adrenal gland
C754	Carotid body

Table 2 – Mixed and Combination Codes

This table is used to determine mixed and combination codes ONLY

Apply the multiple primary rules FIRST. Combination codes are most often used when multiple histologies are present in a single tumor; they are rarely used for multiple tumors. Use a combination code for multiple tumors ONLY when the tumors meet the rules for a single primary.

Use this **two-page** table to select combination histology codes. Compare the terms in the diagnosis to the terms in Columns 1 and 2. If the terms match, code the case using the ICD-O-3 histology code in column 4. Use the combination codes listed in this table only when the histologies in the tumor match the histologies listed below.

Column 1: Required Histology	**Column 2: Combined with Histology**	**Column 3: Combination Term**	**Column 4: Code**
Small cell carcinoma	Large cell carcinoma	Combined small cell carcinoma	8045
	Adenocarcinoma		
	Squamous cell carcinoma		
Squamous carcinoma	Basal cell carcinoma	Basosquamous carcinoma	8094
Islet cell	Exocrine	Mixed islet cell and exocrine adenocarcinoma (pancreas)	8154
Acinar	Endocrine		
Hepatocellular carcinoma	Cholangiocarcinoma	Combined hepatocellular carcinoma and cholangiocarcinoma	8180
Adenocarcinoma	Carcinoid	Composite carcinoid	8244
Adenocarcinoma and **two or more** of the histologies from column 2 OR **two or more** of the histologies from column 2	Papillary	Adenocarcinoma with mixed subtypes Adenocarcinoma combined with other types of carcinoma	8255
	Clear cell		
	Mucinous (colloid)		
	Signet ring		
	Acinar		
Table 2 continues on the next page			

Other Sites Equivalent Terms, Definitions and Tables
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Column 1: Required Histology	Column 2: Combined with Histology	Column 3: Combination Term	Column 4: Code
Table 2 continued			
Gyn malignancies with two or more of the histologies in column 2	Clear cell Endometroid Mucinous Papillary Serous Squamous Transitional (Brenner)	Mixed cell adenocarcinoma	8323
Papillary and Follicular		Papillary carcinoma, follicular variant	8340
Medullary	Follicular	Mixed medullary-follicular carcinoma	8346
Medullary	Papillary	Mixed medullary-papillary carcinoma	8347
Squamous carcinoma and Adenocarcinoma		Adenosquamous carcinoma	8560
Any combination of histologies in Column 2	Myxoid Round cell Pleomorphic	Mixed liposarcoma	8855
Embryonal rhabdomyosarcoma	Alveolar rhabdomyosarcoma	Mixed type rhabdomyosarcoma	8902
Teratoma	Embryonal carcinoma	Teratocarcinoma	9081
Teratoma and one or more of the histologies in Column 2	Seminoma Yolk sac tumor	Mixed germ cell tumor	9085
Choriocarcinoma	Teratoma Seminoma Embryonal	Choriocarcinoma combined with other germ cell elements	9101

Table 3 – Changes to Previous SEER Site Grouping Table

Previous to 2007, tumors in sites on the same row were abstracted as a single primary.

Code	Site Groupings
C23	Gallbladder
C24	Other and unspecified parts of the biliary tract
C37	Thymus
C380	Heart
C381-3	Mediastinum
C388	Overlapping lesion of heart, mediastinum, and pleura
C51	Vulva
C52	Vagina
C577	Other specified female genital organs
C578-9	Unspecified female genital organs
C569	Ovary
C570	Fallopian tube
C571	Broad ligament
C572	Round ligament
C573	Parametrium
C574	Uterine adnexa
C60	Penis
C63	Other and unspecified male genital organs
C74	Adrenal gland
C75	Other endocrine glands and related structures

Other Sites Terms and Definitions

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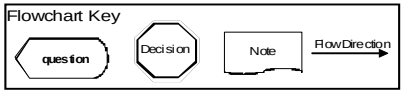
VI.
Flowchart Format – Multiple Primary and Histology Coding Rules

Head and Neck Multiple Primary Rules-Flowchart

(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



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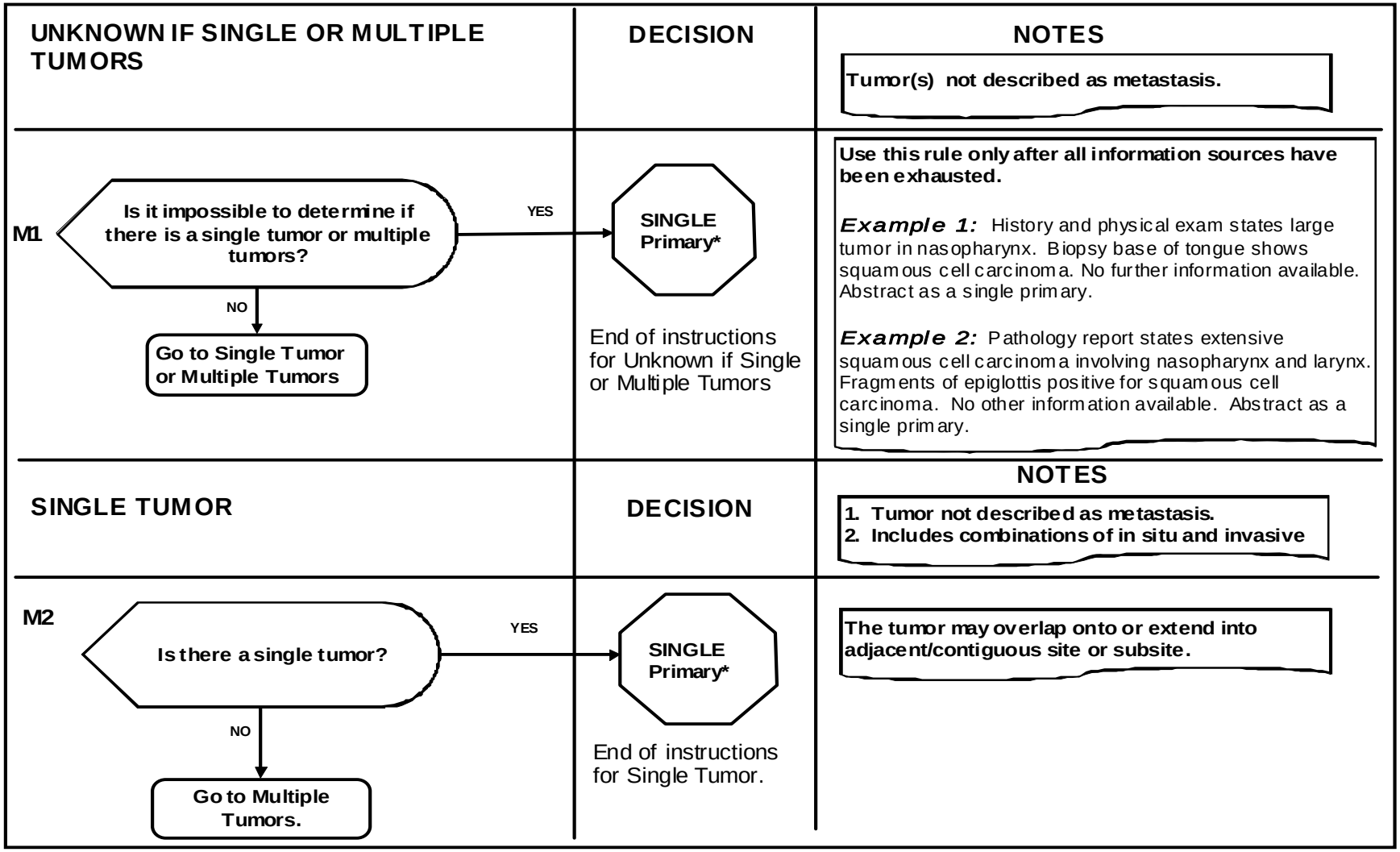
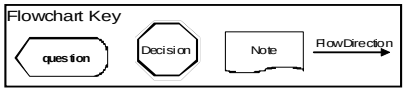
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



Head and Neck Multiple Primary Rules-Flowchart

(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



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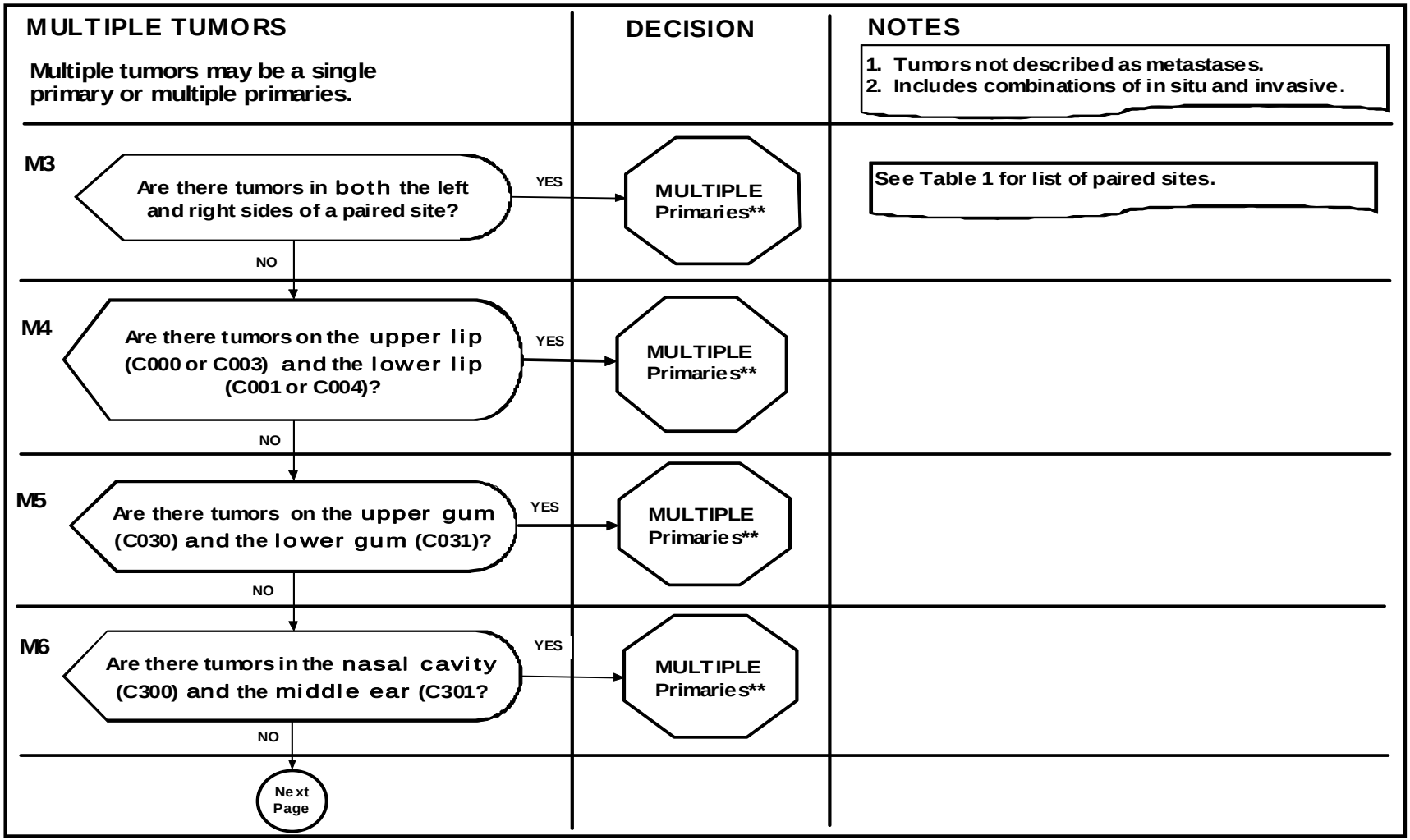

Head and Neck Multiple Primary Rules-Flowchart

(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

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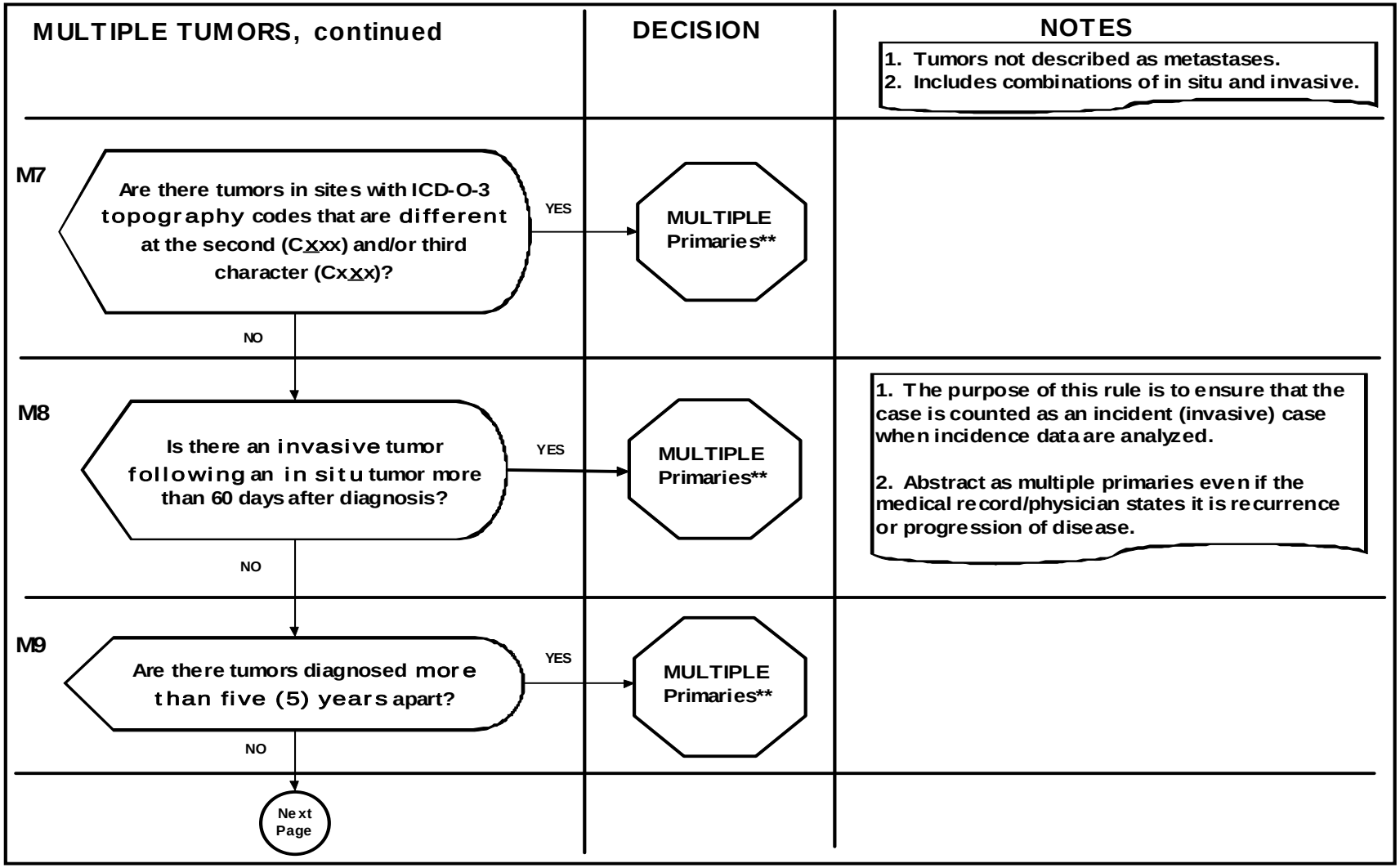
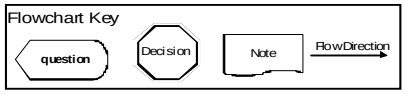


Head and Neck Multiple Primary Rules-Flowchart

(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



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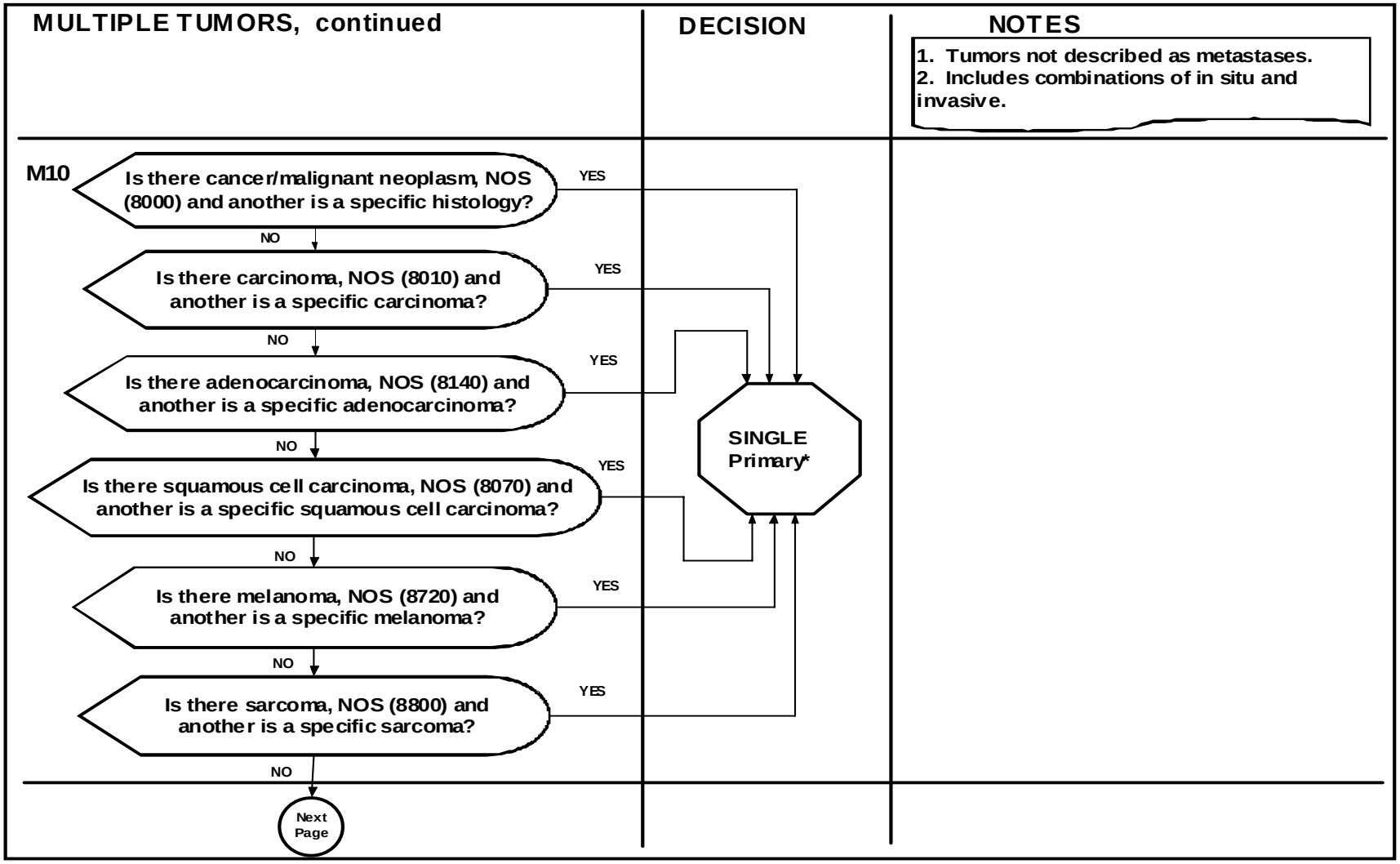
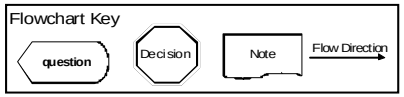


Head and Neck Multiple Primary Rules

(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



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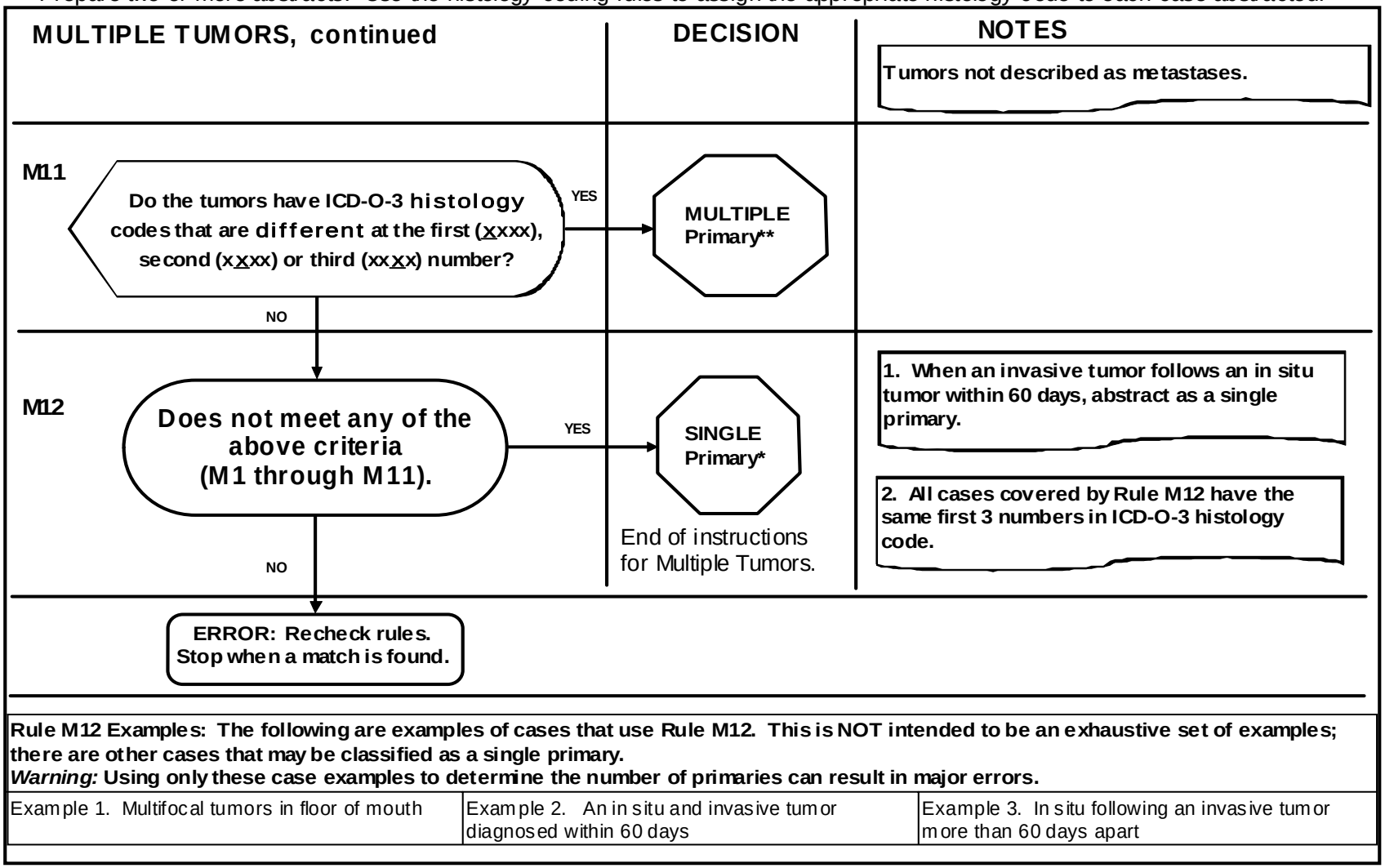


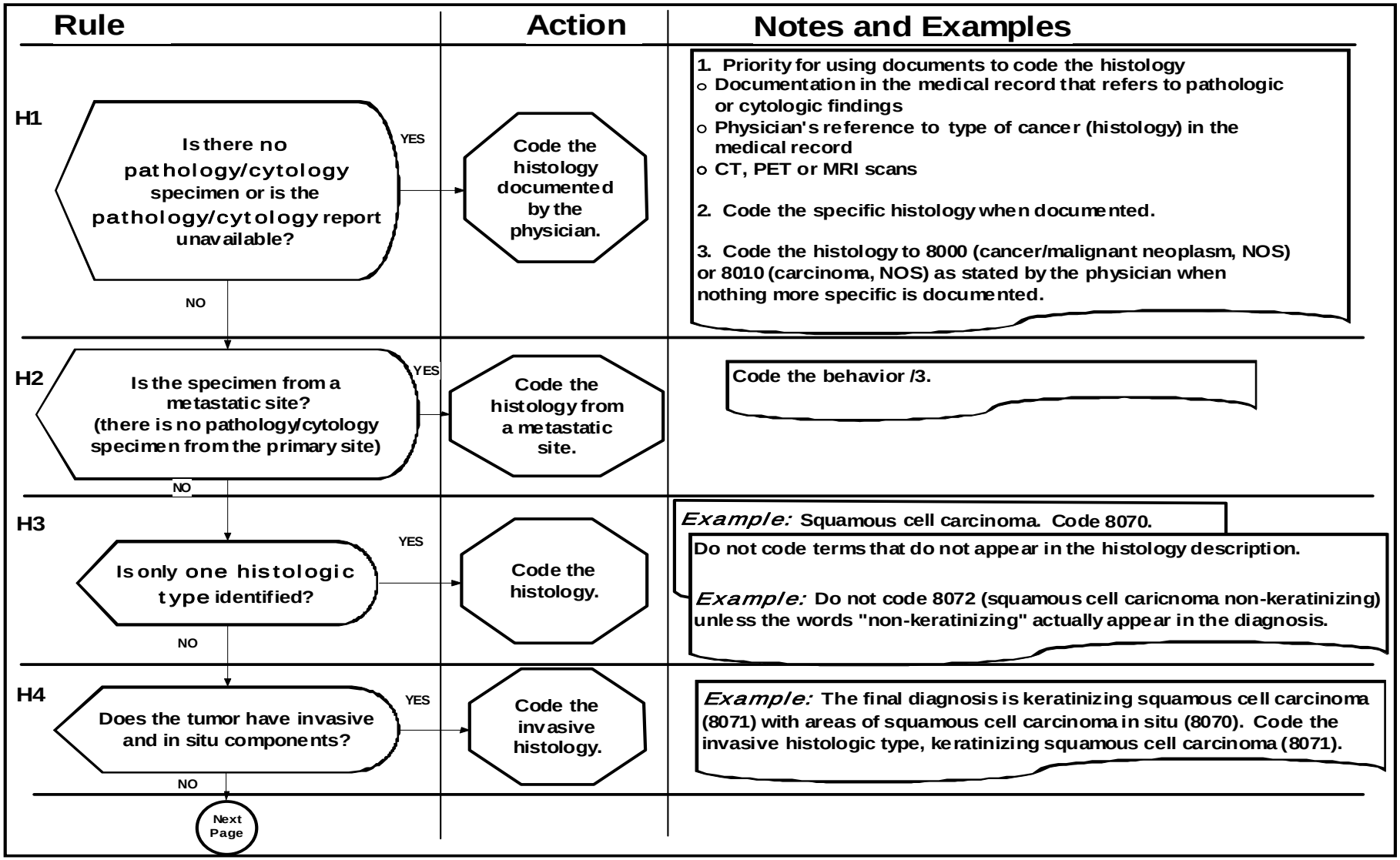
Rule M12 Examples: The following are examples of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary.
Warning: **Using only these case examples to determine the number of primaries can result in major errors.**

Example 1. Multifocal tumors in floor of mouth	Example 2. An in situ and invasive tumor diagnosed within 60 days	Example 3. In situ following an invasive tumor more than 60 days apart

Head and Neck Histology Coding Rules-Flowchart

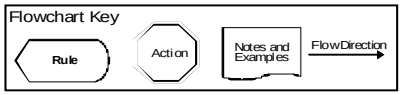
(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR



Head and Neck Histology Coding Rules-Flowchart

(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



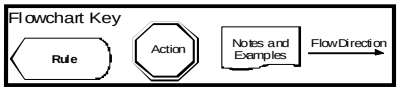
SINGLE TUMOR

Rule	Action	Notes and Examples
H5 Are there multiple histologies within the same branch such as: • cancer/malignant neoplasm, NOS (8000) and a more specific histology? OR • carcinoma, NOS (8010) and a more specific carcinoma? OR • squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma? OR • adenocarcinoma, NOS (8140) and a more specific adenocarcinoma? OR • melanoma, NOS (8720) and a more specific melanoma? OR • sarcoma, NOS (8800) and a more specific sarcoma?	Yes → Code the most specific histologic term using Chart 1	1. The specific histology for *in situ* tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with _____ differentiation. 2. The specific histology for *invasive* tumors may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation. *Example:* The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050)
NO		
H6	Code the numerically higher ICD-O-3 histology code.	

This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

Head and Neck Histology Coding Rules-Flowchart

(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

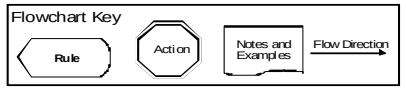


MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H7 Is there no pathology/cytology specimen or is the pathology/cytology report unavailable? YES	Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o CT, PET or MRI scans 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
NO		
H8 Is the specimen from a metastatic site (there is no pathology/cytology specimen from the primary site? YES	Code the histology from a metastatic site.	Code the behavior /3.
NO		
H9 Is only one histologic type identified? YES	Code the histology.	*Example:* Squamous cell carcinoma. Code 8070. Do not code terms that do not appear in the histology description. *Example:* Do not code 8072 (squamous cell caricnoma non-keratinizing) unless the words "non-keratinizing" actually appear in the diagnosis.
NO		
Next Page		

Head and Neck Histology Coding Rules-Flowchart

(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



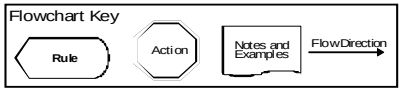
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

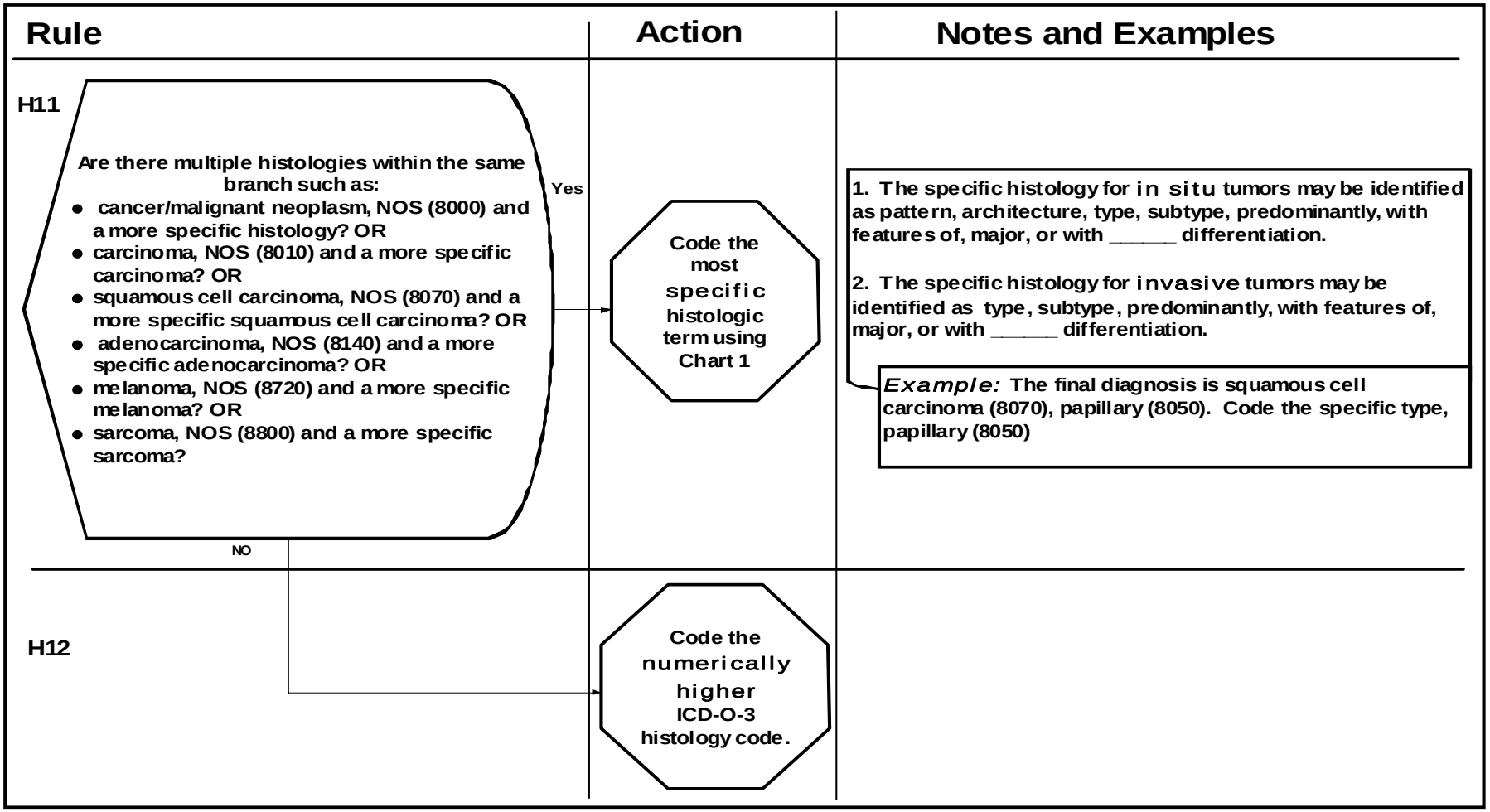
Rule	Action	Notes and Examples
H10 Is one tumor in situ and the other invasive or are both tumors invasive? YES NO Next Page	Code the histology of the most invasive tumor.	1. See the Head and Neck Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive. ○ One tumor is in situ and one is invasive, code the histology from the invasive tumor. ○ Both/all histologies are invasive, code the histology of the most invasive tumor. 2. If tumors are equally invasive, go to the next rule.

Head and Neck Histology Coding Rules-Flowchart

(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY



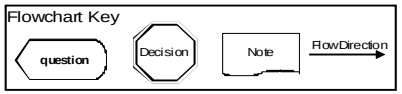


This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

Colon Multiple Primary Rules - Flowchart

(C180-C189)

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



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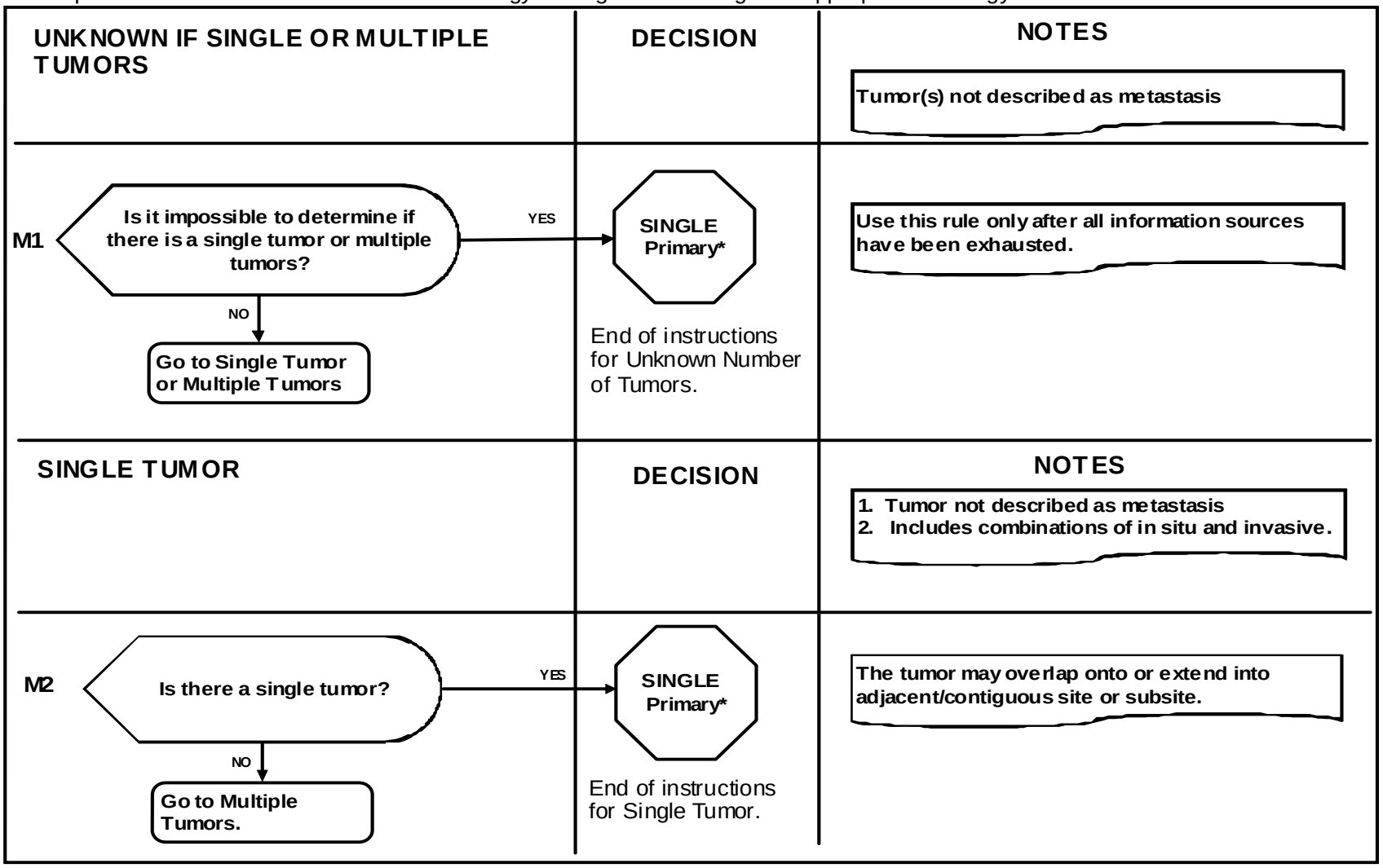

Colon Multiple Primary Rules - Flowchart

(C180-C189)

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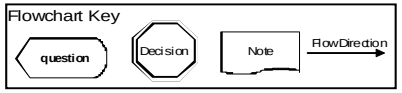

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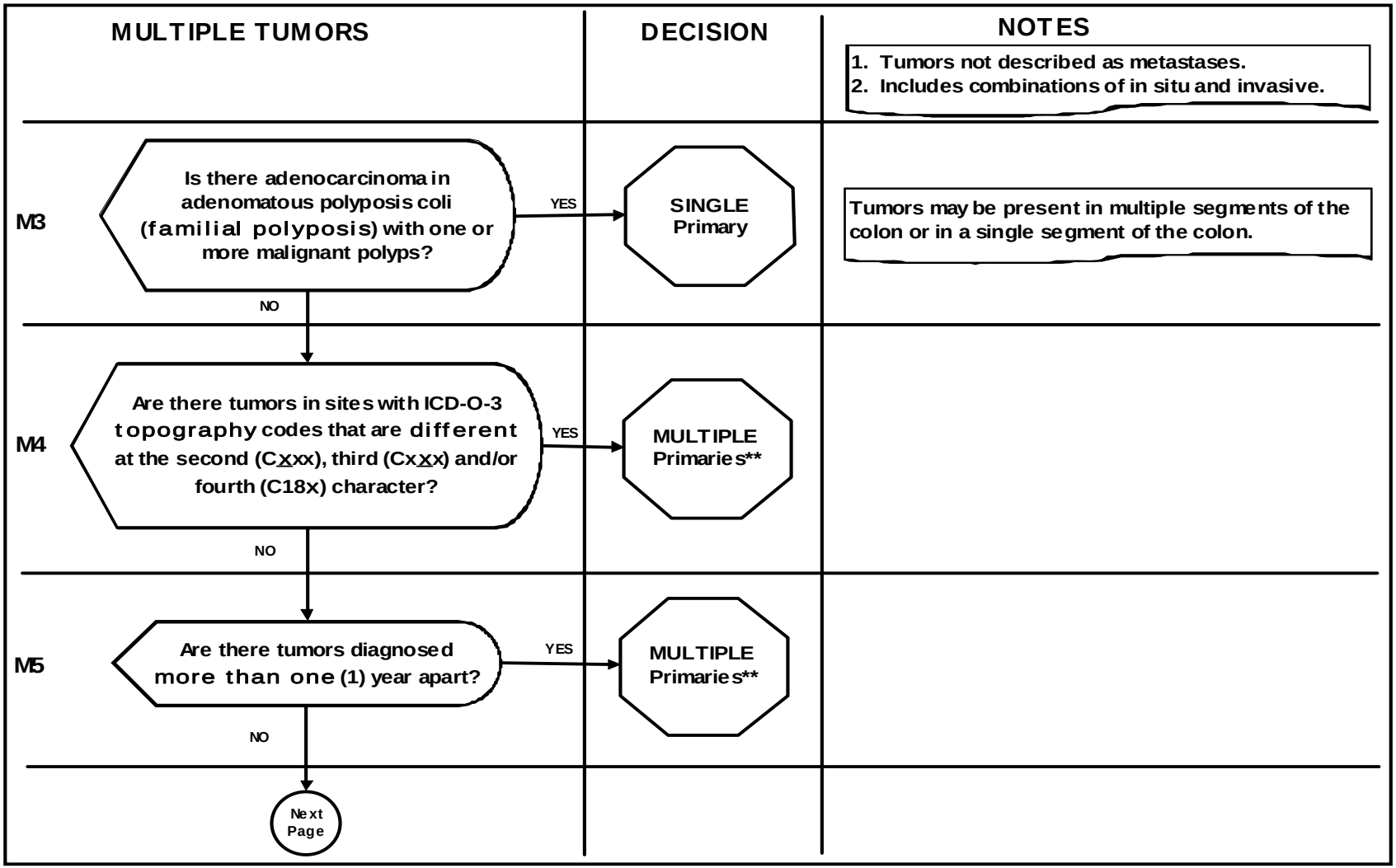

Colon Multiple Primary Rules -Flowchart

(C180-C189)

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

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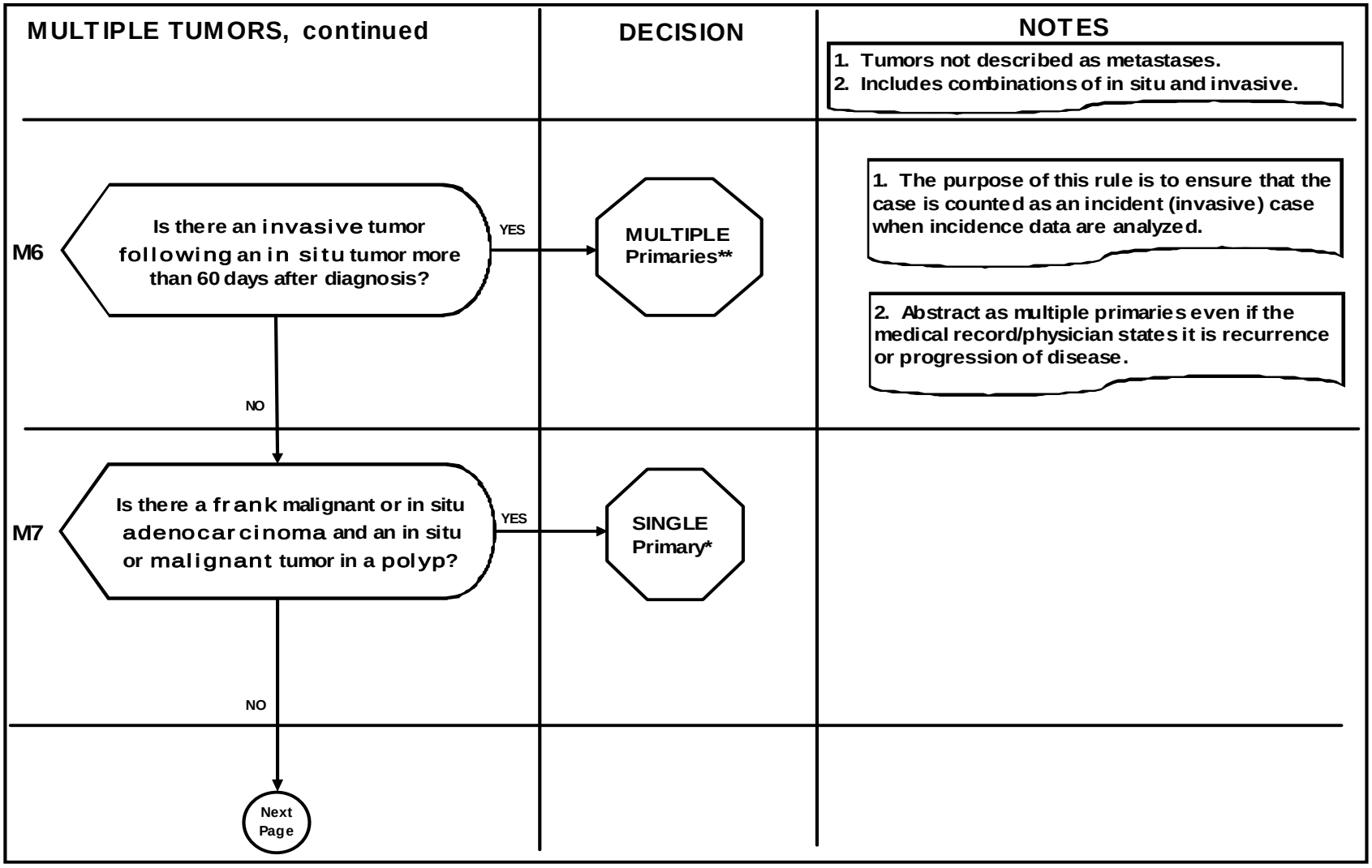

Colon Multiple Primary Rules - Flowchart

(C180-C189)

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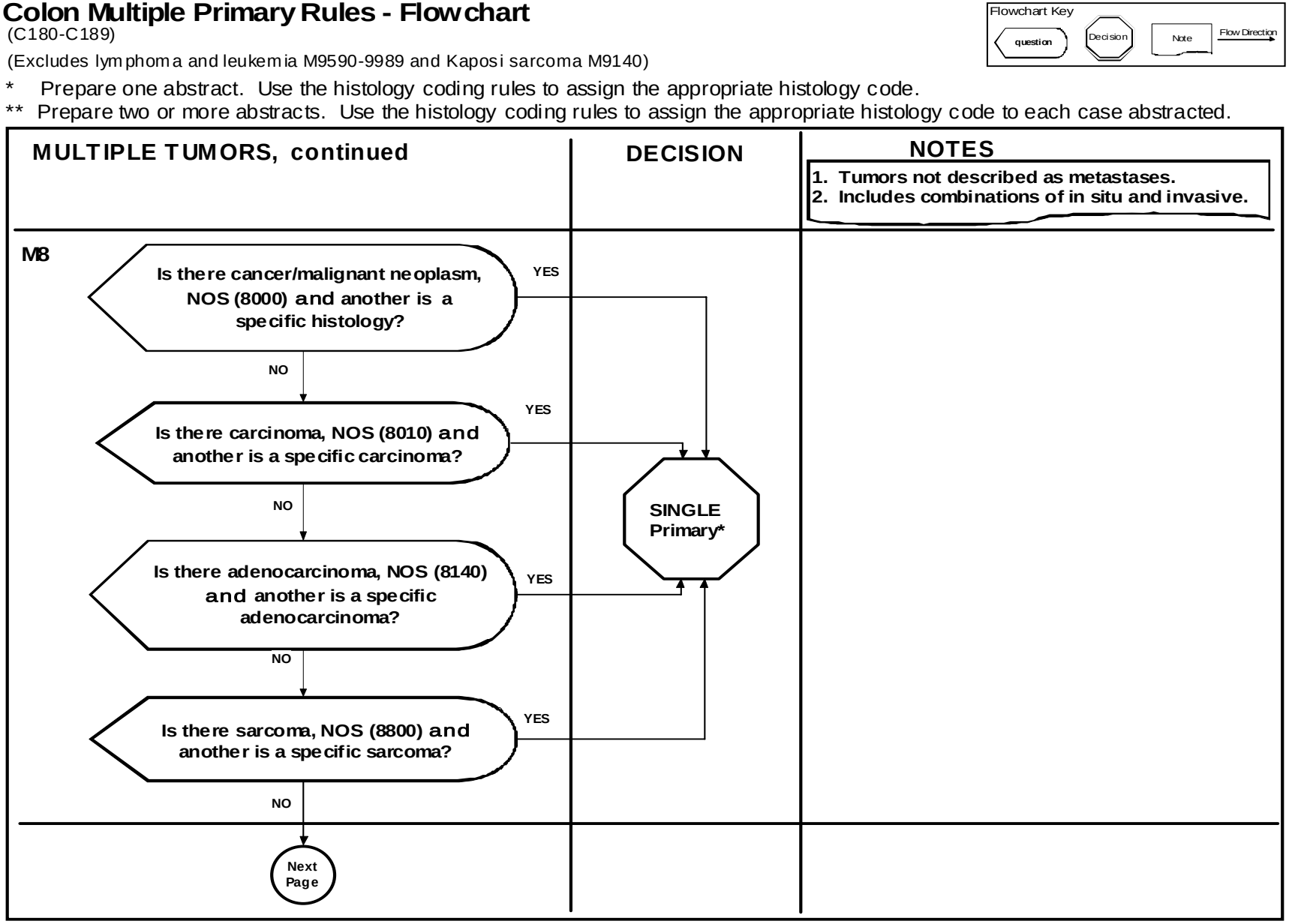

Colon Multiple Primary Rules - Flowchart

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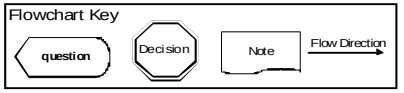

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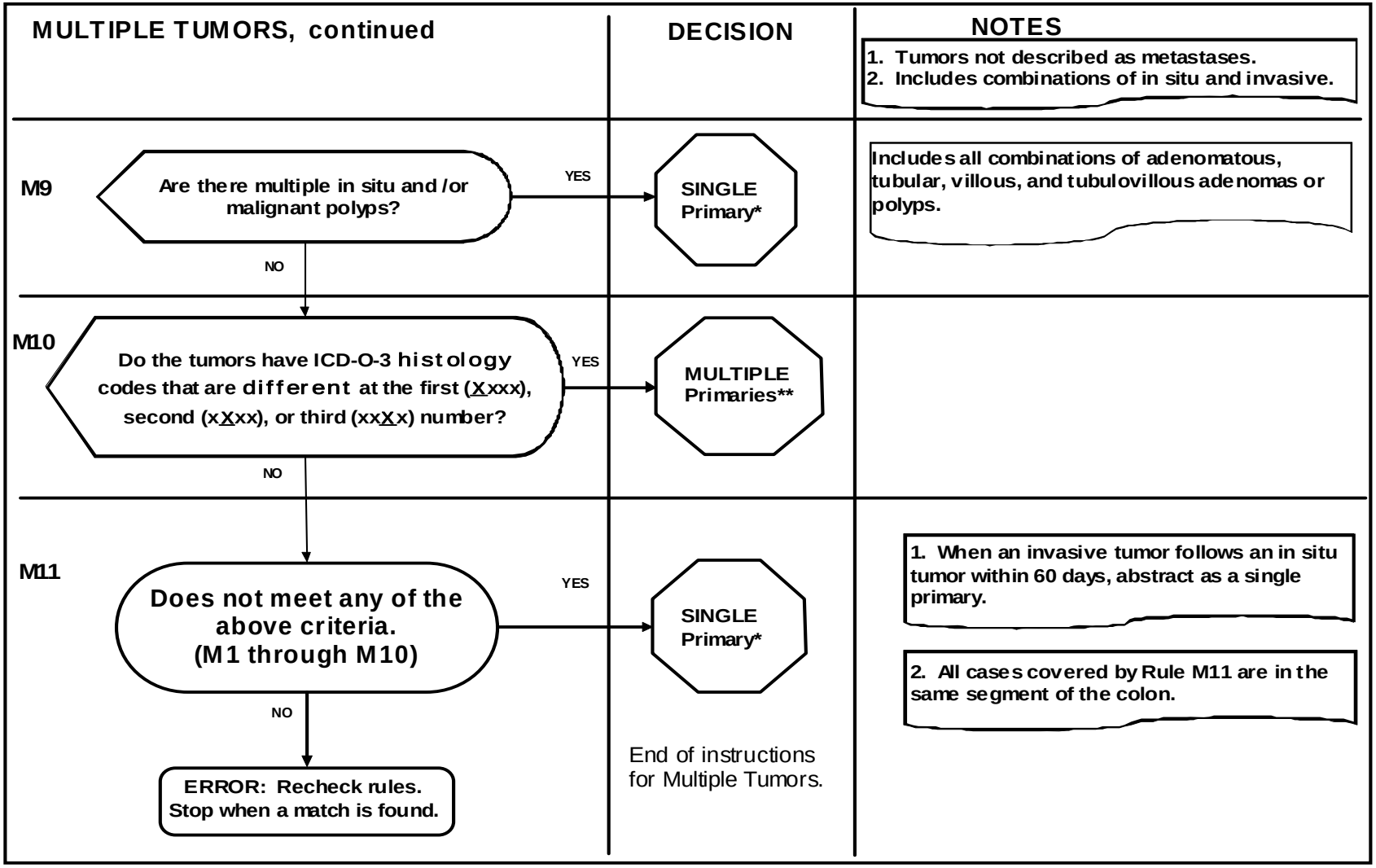


Colon Histology Coding Rules - Flowchart

(C180-C189)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

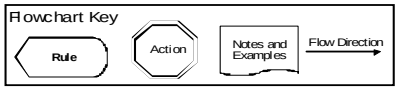
SINGLE TUMOR

Rule	Action	Notes and Examples
H1 Is there no pathology/cytology specimen or is the pathology/cytology report unavailable? YES	Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o CT, PET or MRI scans 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
NO		
H2 Is the specimen from a metastatic site? (There is no pathology/cytology specimen from the primary site) YES	Code the histology from a metastatic site.	Code the behavior /3.
NO		
H3 Does the pathology report describe only intestinal type adenocarcinoma or adenocarcinoma, intestinal type? YES	Code 8140 (adeno-carcinoma, NOS).	1. Intestinal type adenocarcinoma usually occurs in the stomach. 2. When a diagnosis of intestinal adenocarcinoma is further described by a specific term such as type, continue to the next rule.
NO		
Next Page		

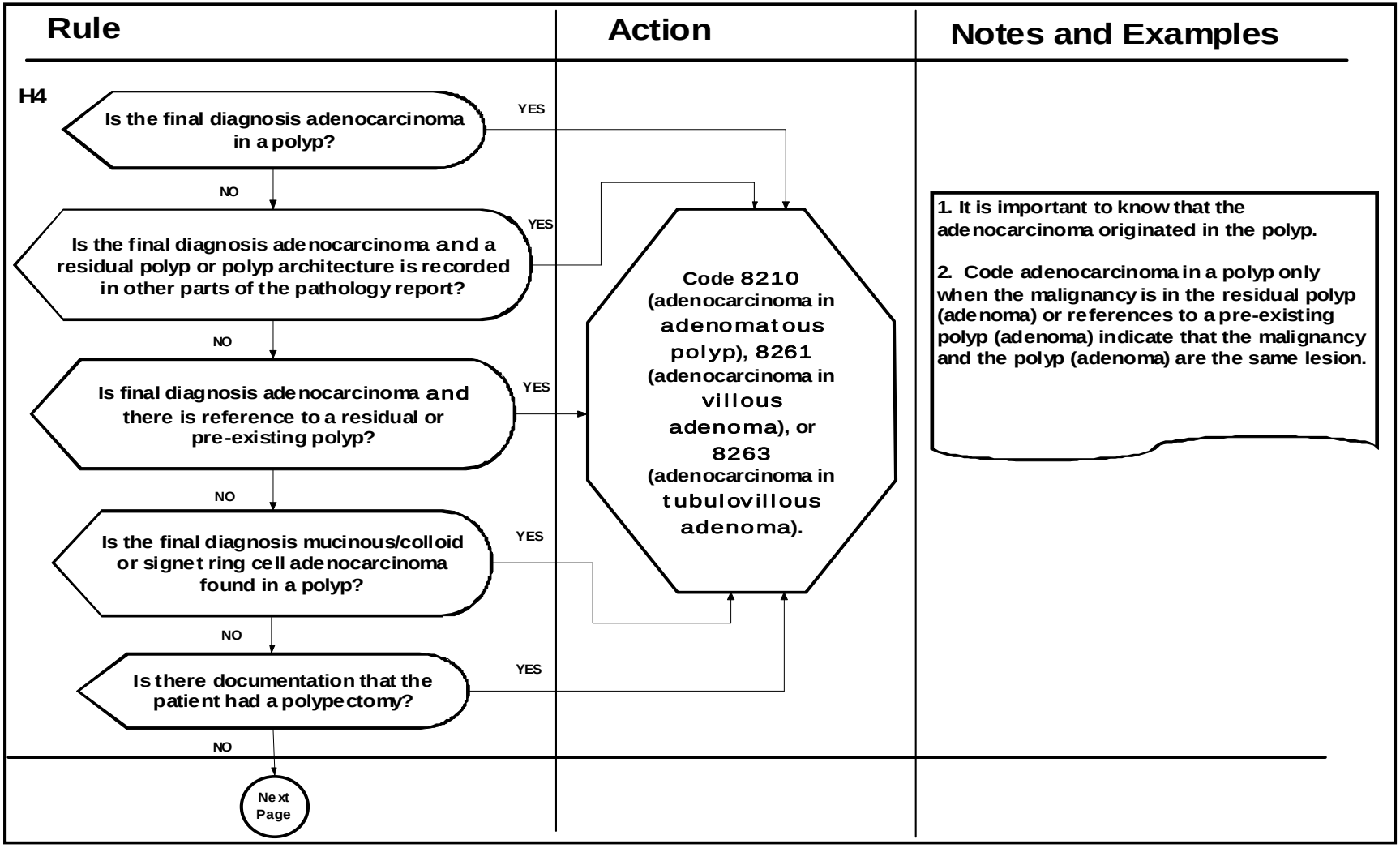
Colon Histology Coding Rules - Flowchart

(C180-C189)

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



SINGLE TUMOR



Colon Histology Coding Rules - Flowchart

(C180-C189)

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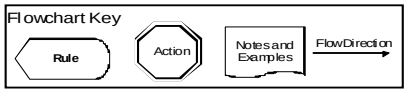
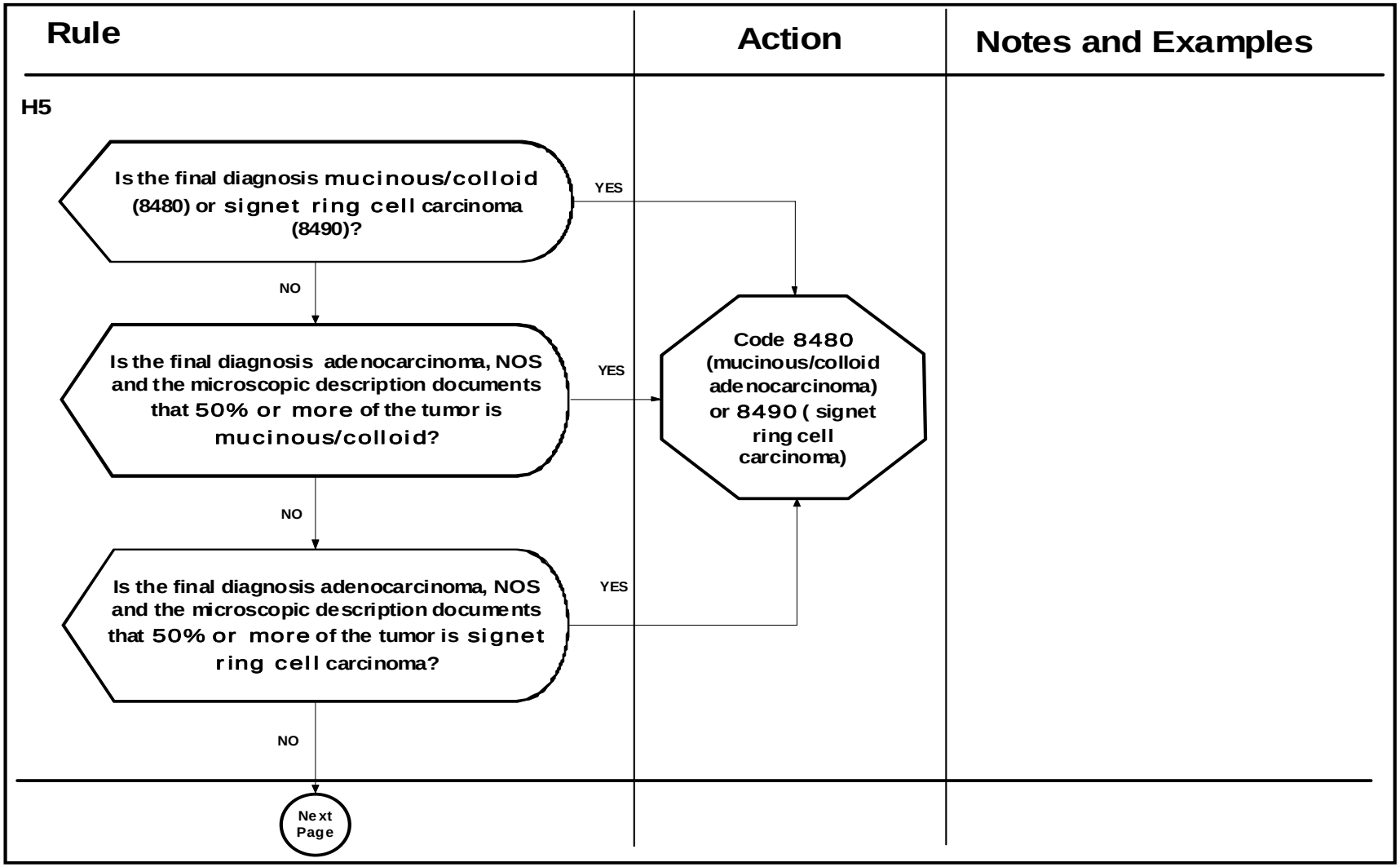


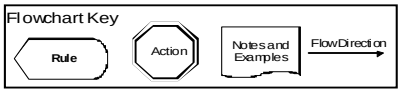
SINGLE TUMOR



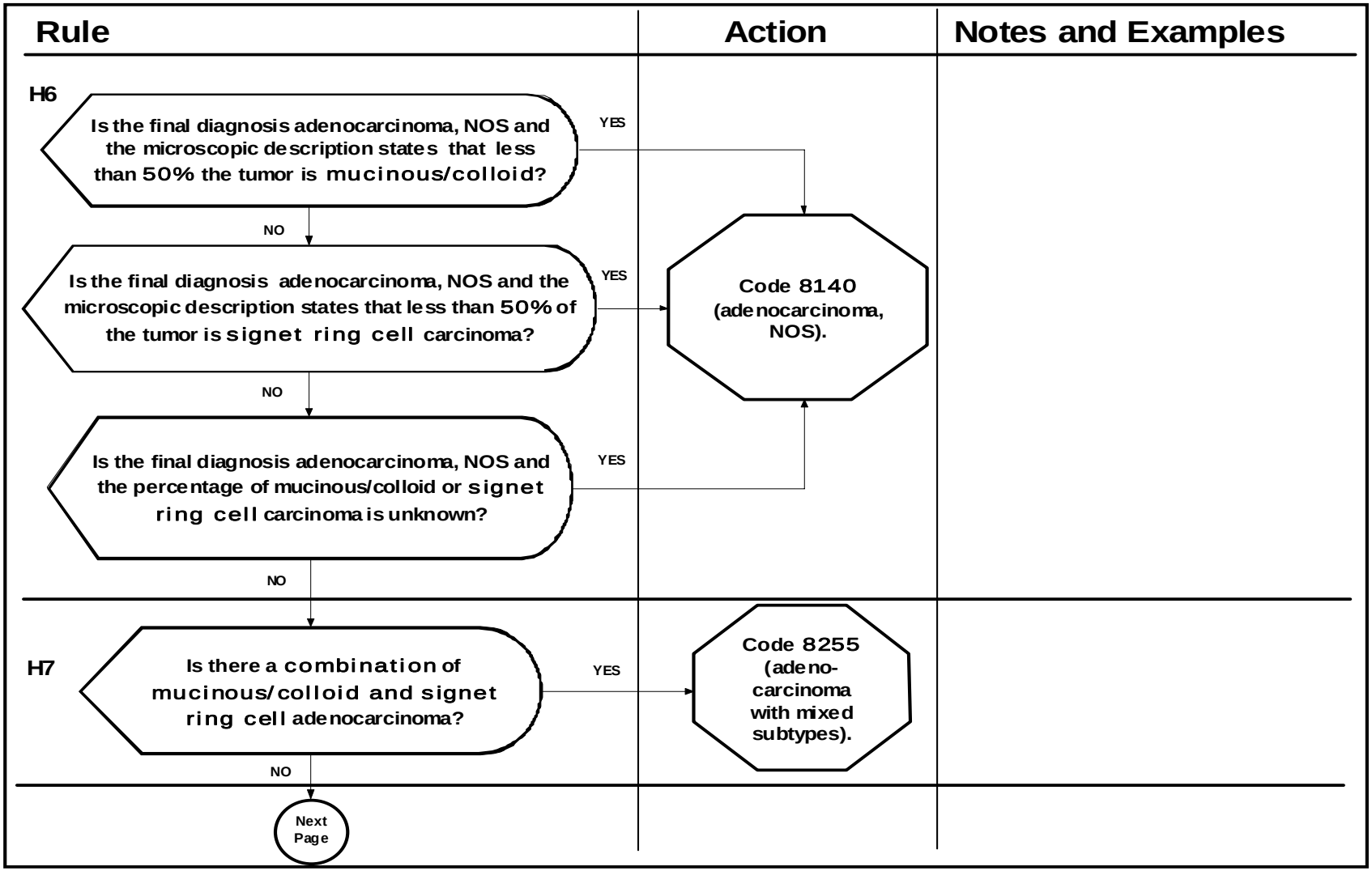
Colon Histology Coding Rules - Flowchart

(C180-C189)

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



SINGLE TUMOR

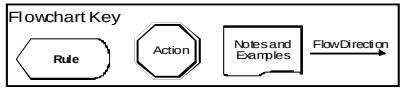


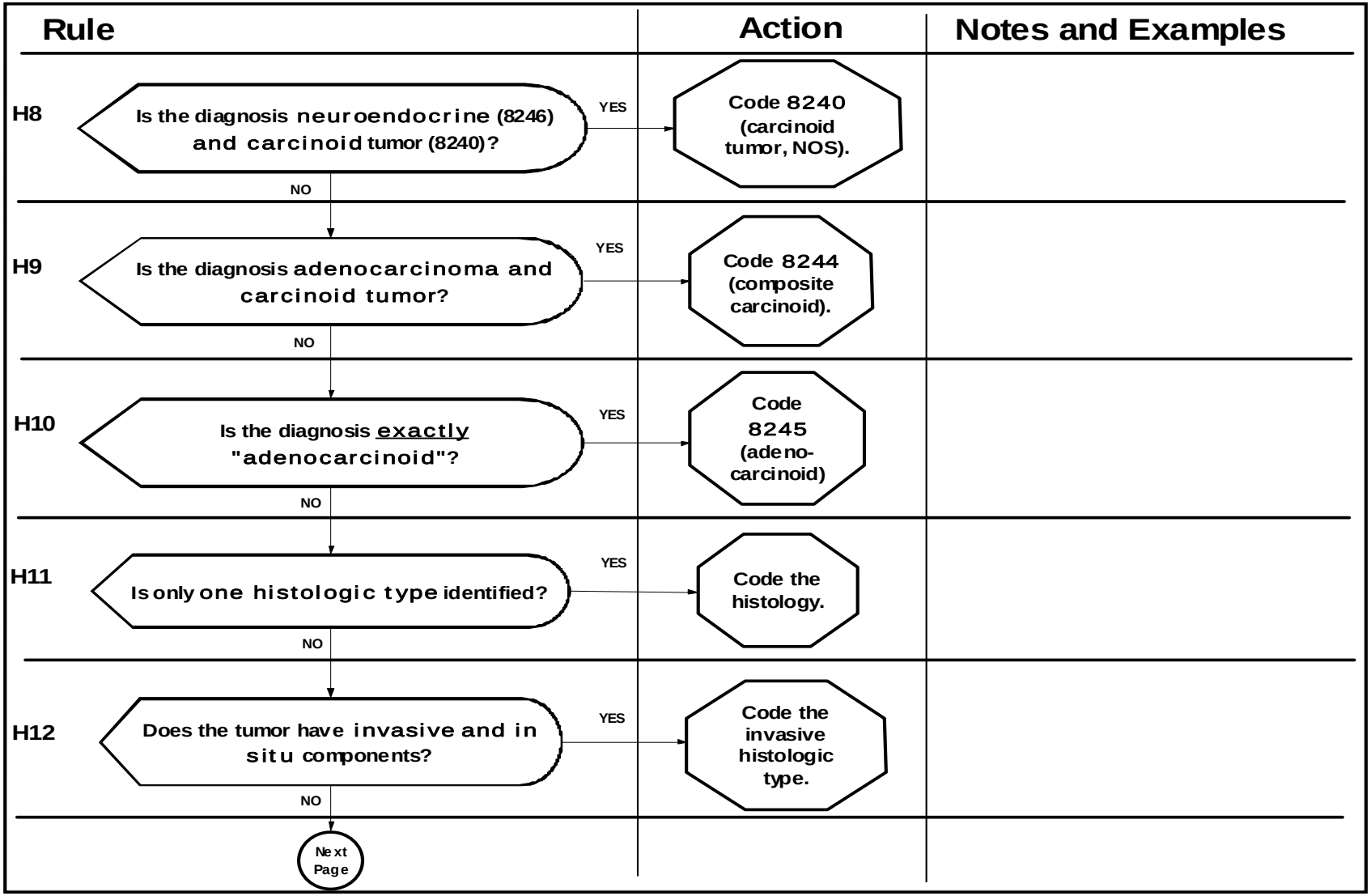
Colon Histology Coding Rules - Flowchart

(C180-C189)

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

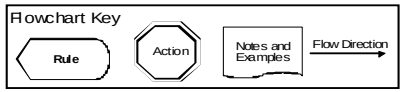
SINGLE TUMOR



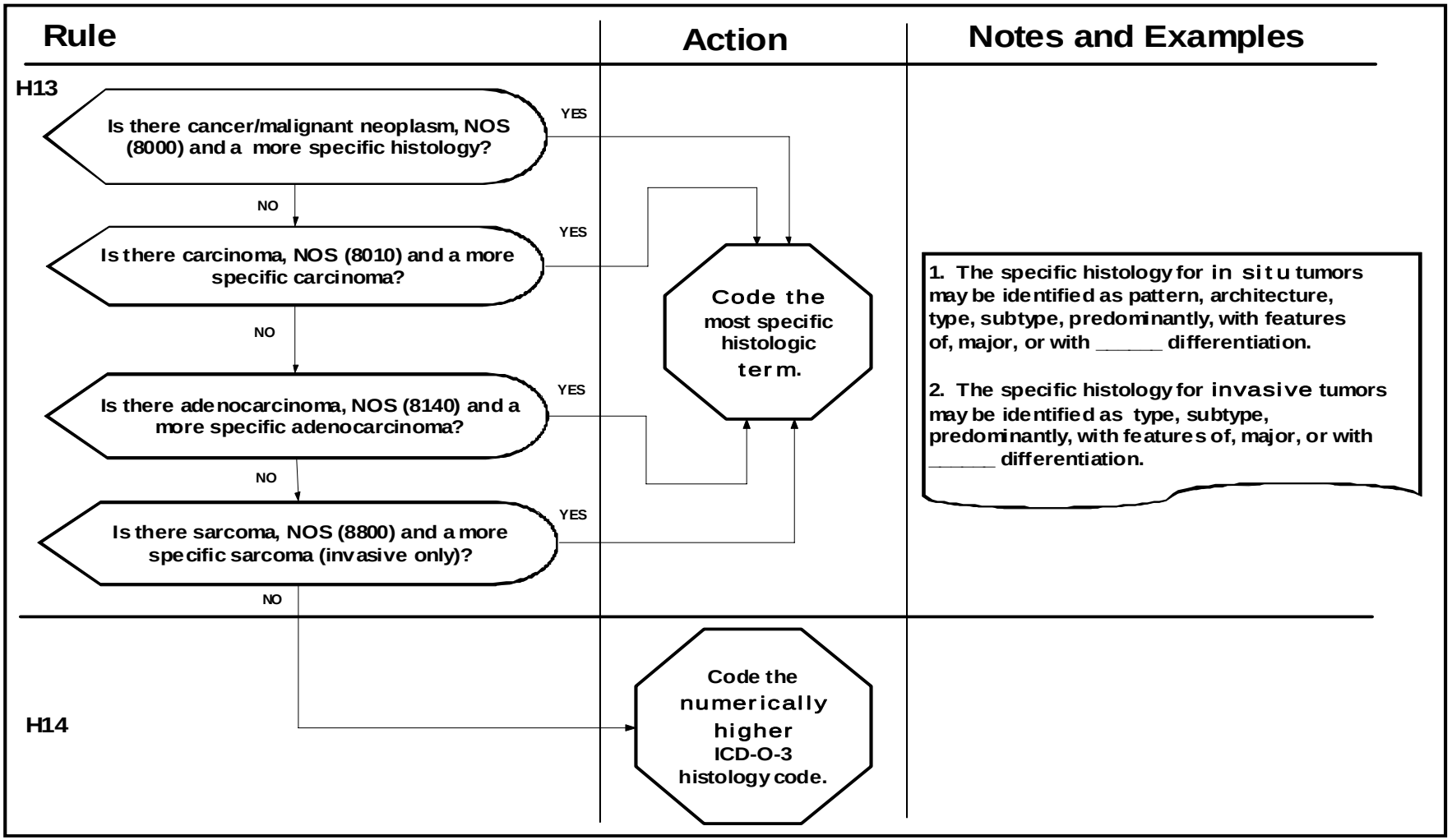


Colon Histology Coding Rules - Flowchart

(C180-C189)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



SINGLE TUMOR

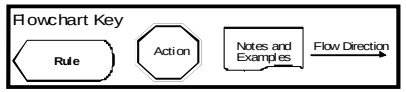


This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

Colon Histology Coding Rules - Flowchart

(C180-C189)

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



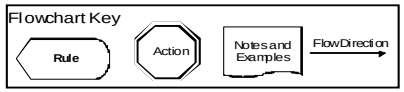
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H15 Is there no pathology/cytology specimen or is the pathology/cytology report unavailable? YES	Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o CT, PET or MRI scans 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
NO		
H16 Is the specimen from a metastatic site? (There is no pathology/cytology specimen from the primary site) YES	Code the histology from a metastatic site.	Code the behavior /3.
NO		
Next Page		

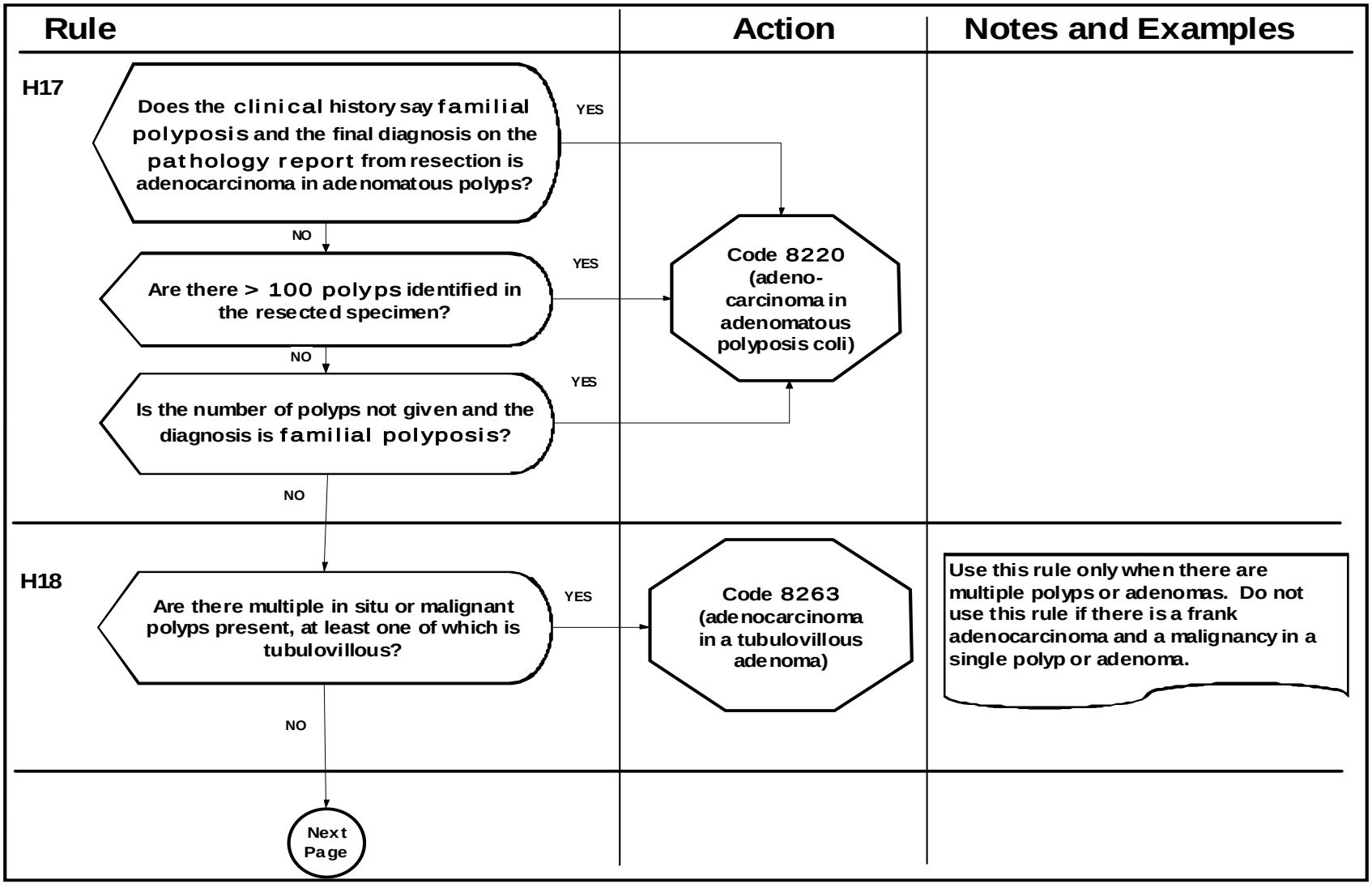
Colon Histology Coding Rules - Flowchart

(C180-C189)

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



MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

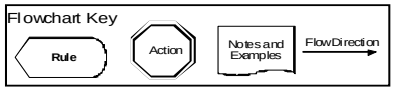


Colon Histo

Colon Histology Coding Rules - Flowchart

(C180-C189)

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



MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

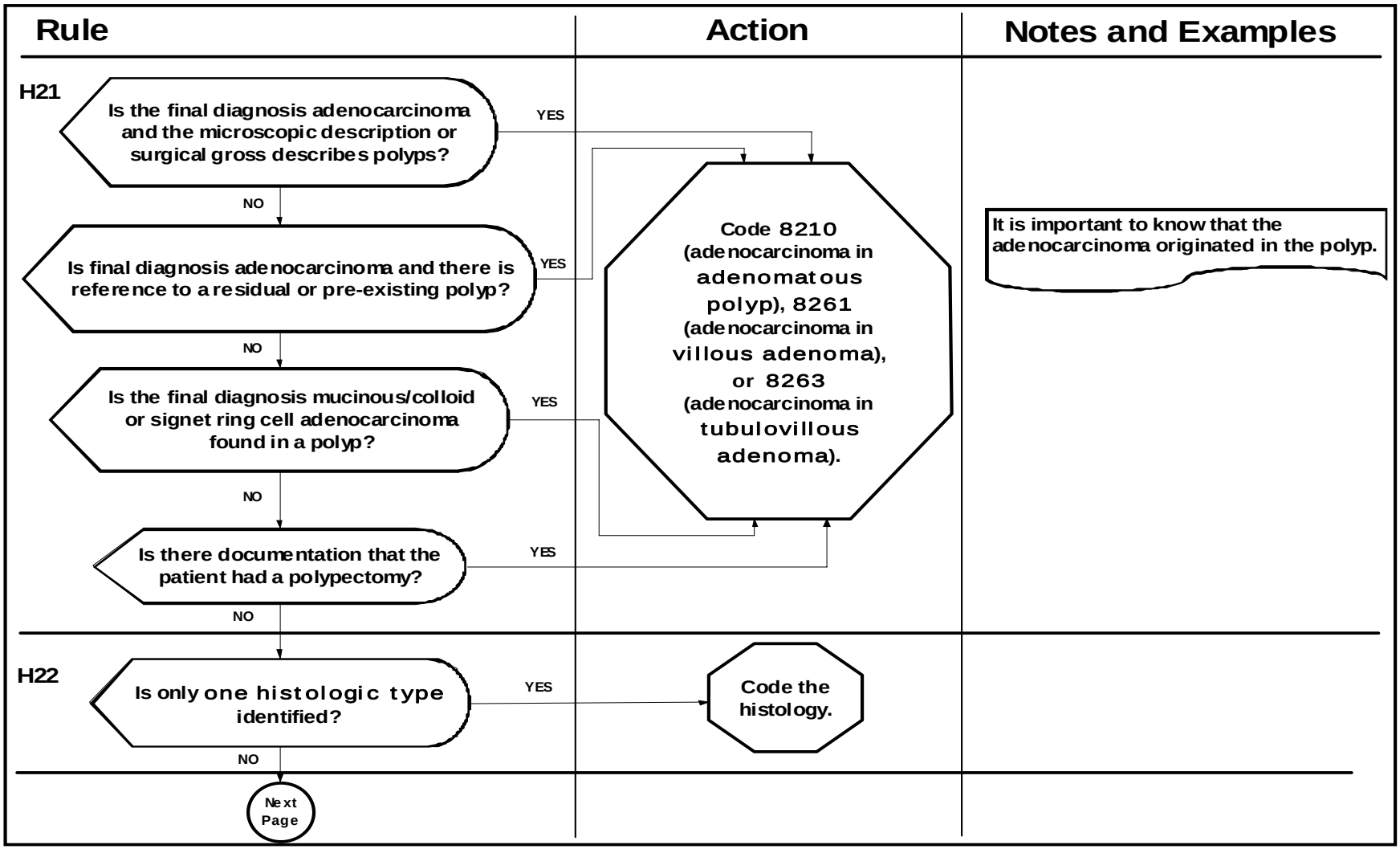
Rule	Action	Notes and Examples
H19 Are there > 1 and < = 100 polyps identified in the resected specimen? YES → Code 8221 (adeno-carcinoma in adenomatous polyps) NO Are there multiple polyps and the number is not given and familial polyposis is not mentioned? YES → Code 8221 (adeno-carcinoma in adenomatous polyps) NO		Use this rule only when there are multiple polyps. Do not use for a single polyp (adenoma) or for a frank malignancy and a malignancy in a single polyp (adenoma).
H20 Is there a frank adenocarcinoma and a carcinoma in a polyp? YES → Code the histology of the most invasive tumor. NO Are there in situ and invasive tumors? YES → Code the histology of the most invasive tumor. NO Are there multiple invasive tumors? YES → Code the histology of the most invasive tumor. NO Next Page		1. See the Colon Equivalent Terms, Definitions and Illustrations for the definition of most invasive. o If one tumor is in situ and one is invasive, code the histology from the invasive tumor. o If both/all histologies are invasive, code the histology of the most invasive tumor. 2. If tumors are equally invasive, go to the next rule.

Colon Histology Coding Rules - Flowchart

(C180-C189)

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

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

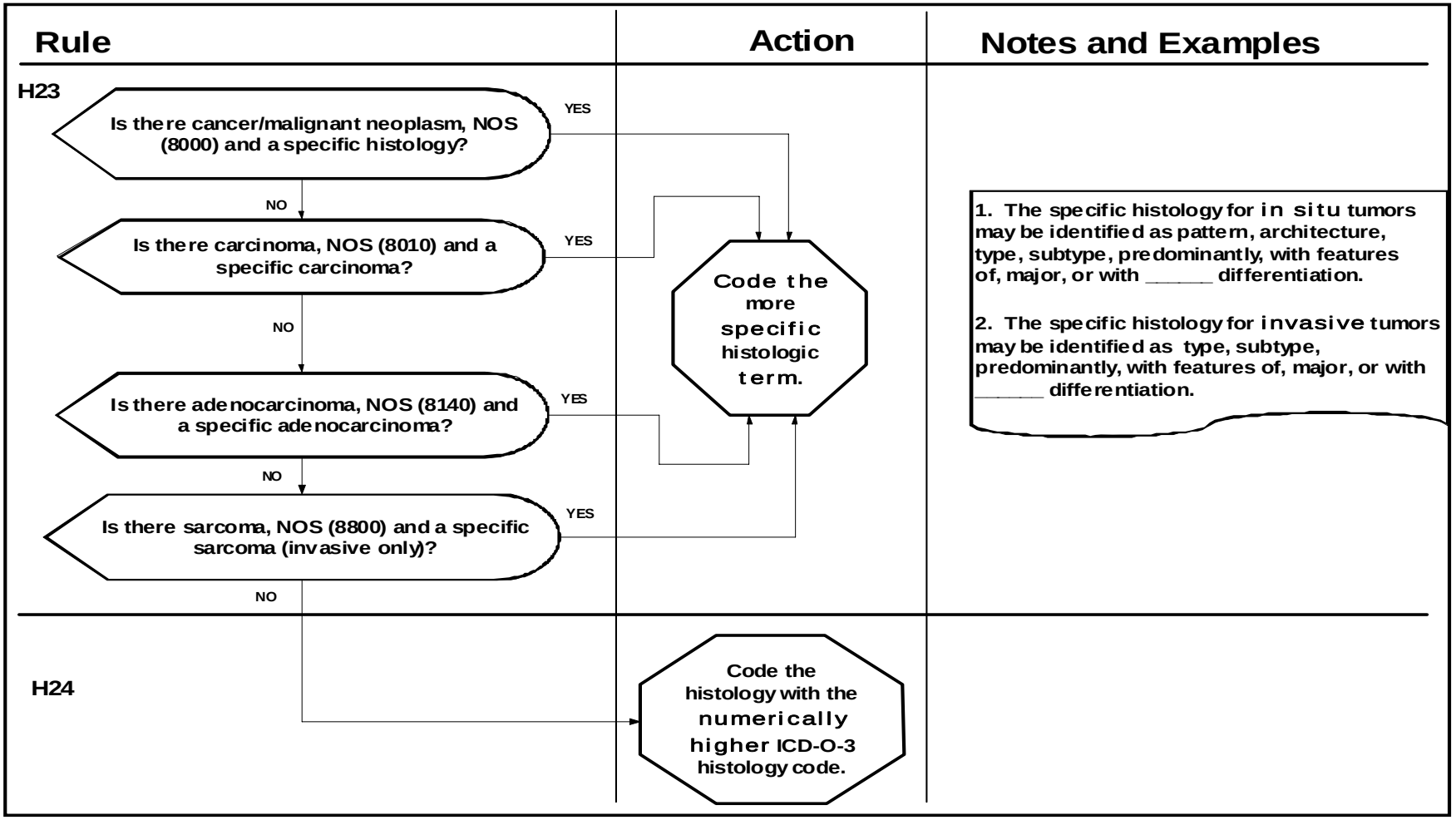


Colon Histology Coding Rules - Flowchart

(C180-C189)

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

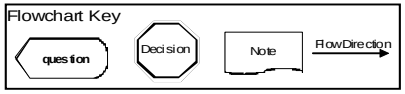
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY



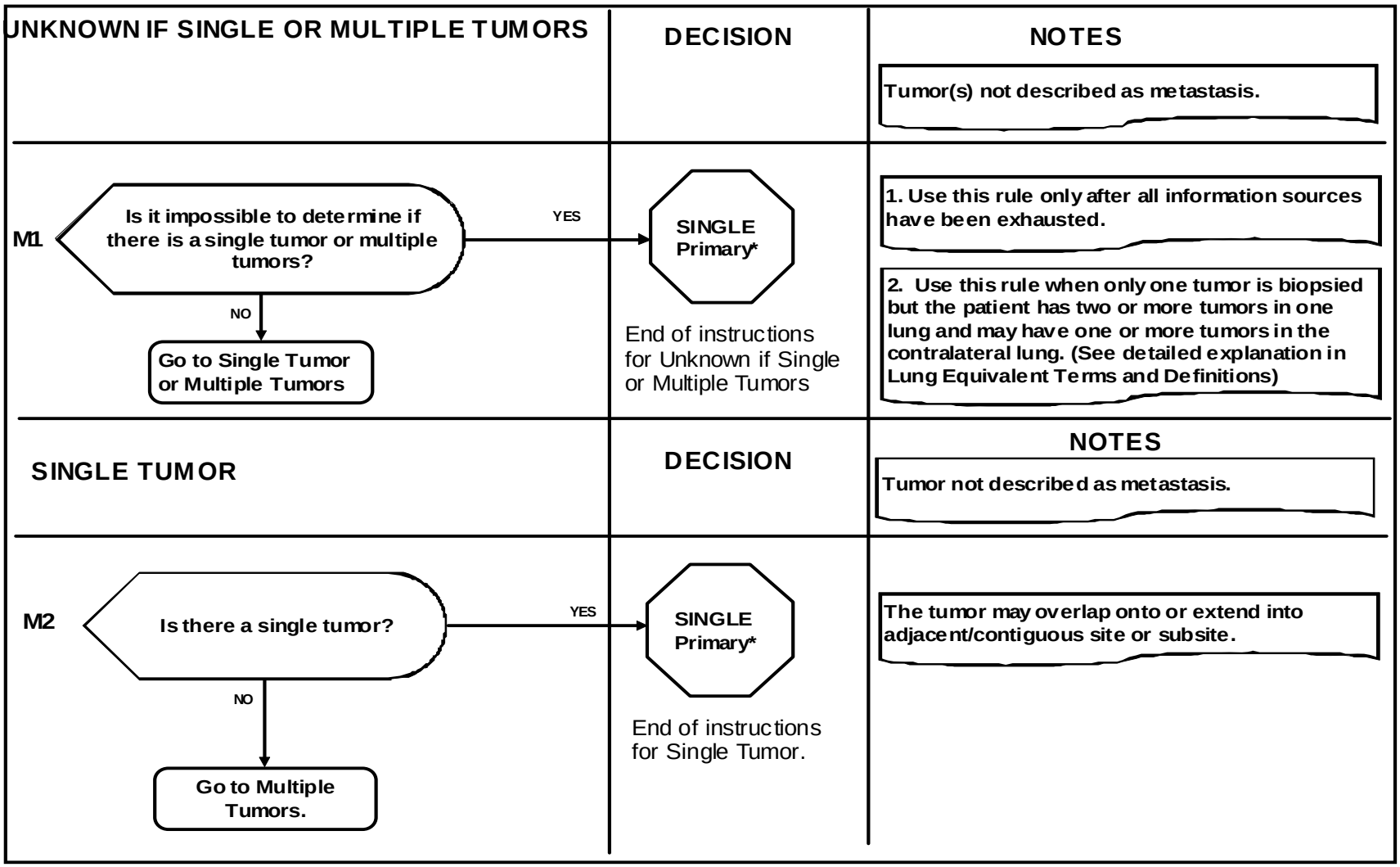
This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

Lung Multiple Primary Rules - Flowchart

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

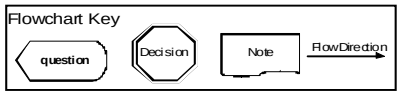


* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

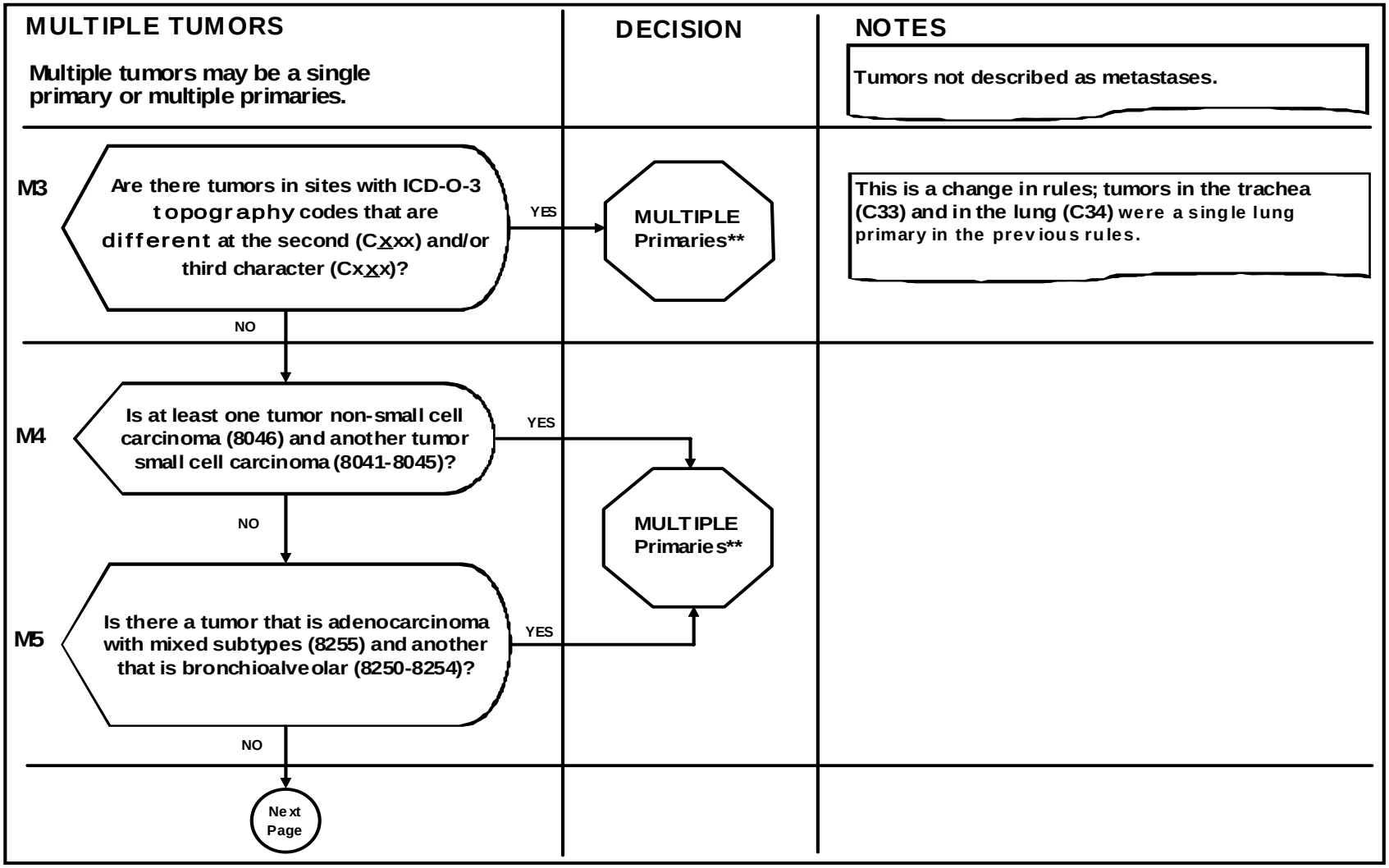


Lung Multiple Primary Rules - Flowchart

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

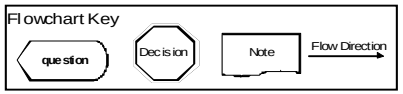


* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

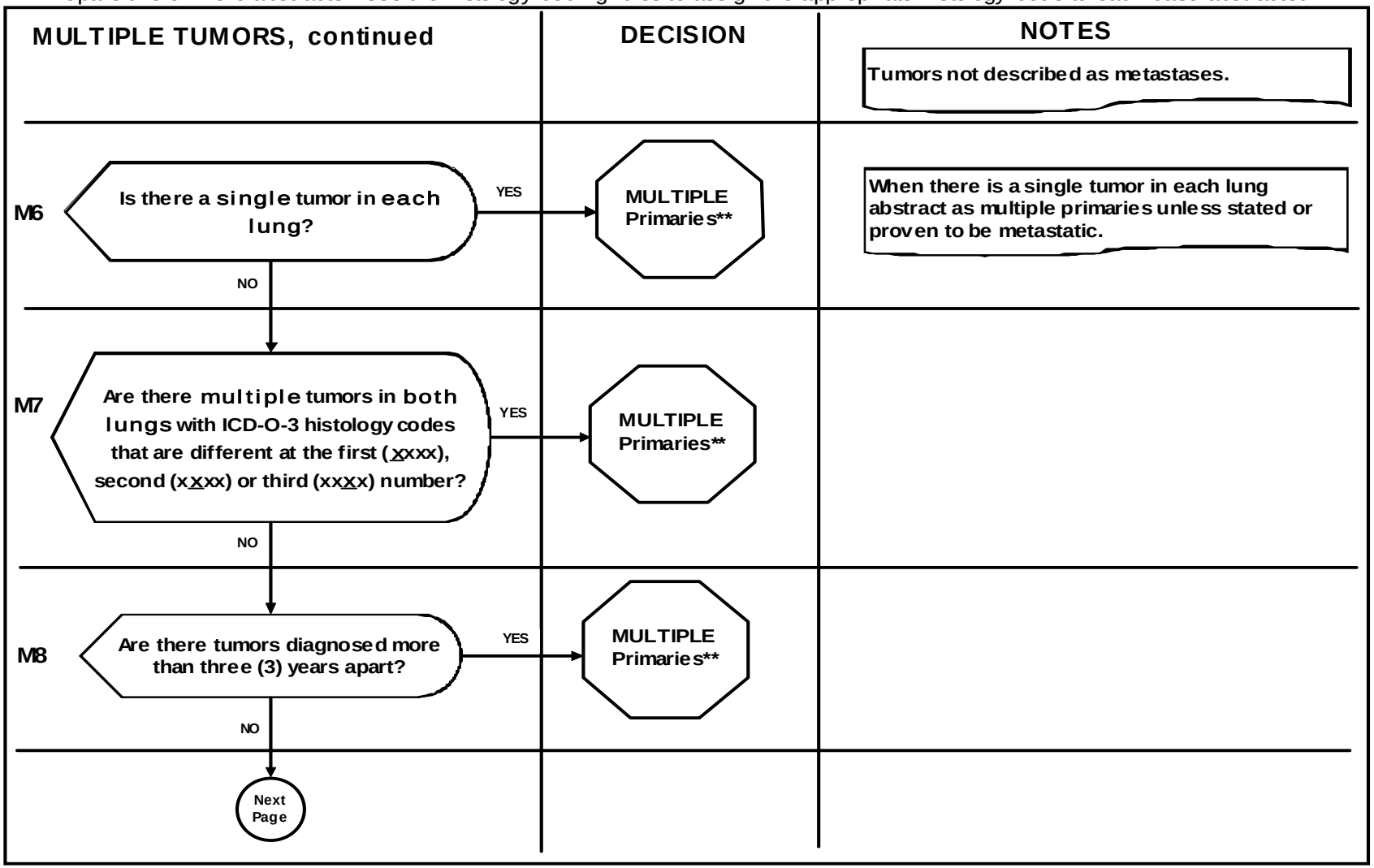


Lung Multiple Primary Rules - Flowchart

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

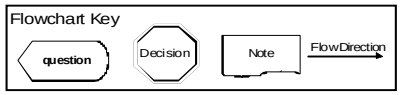


* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

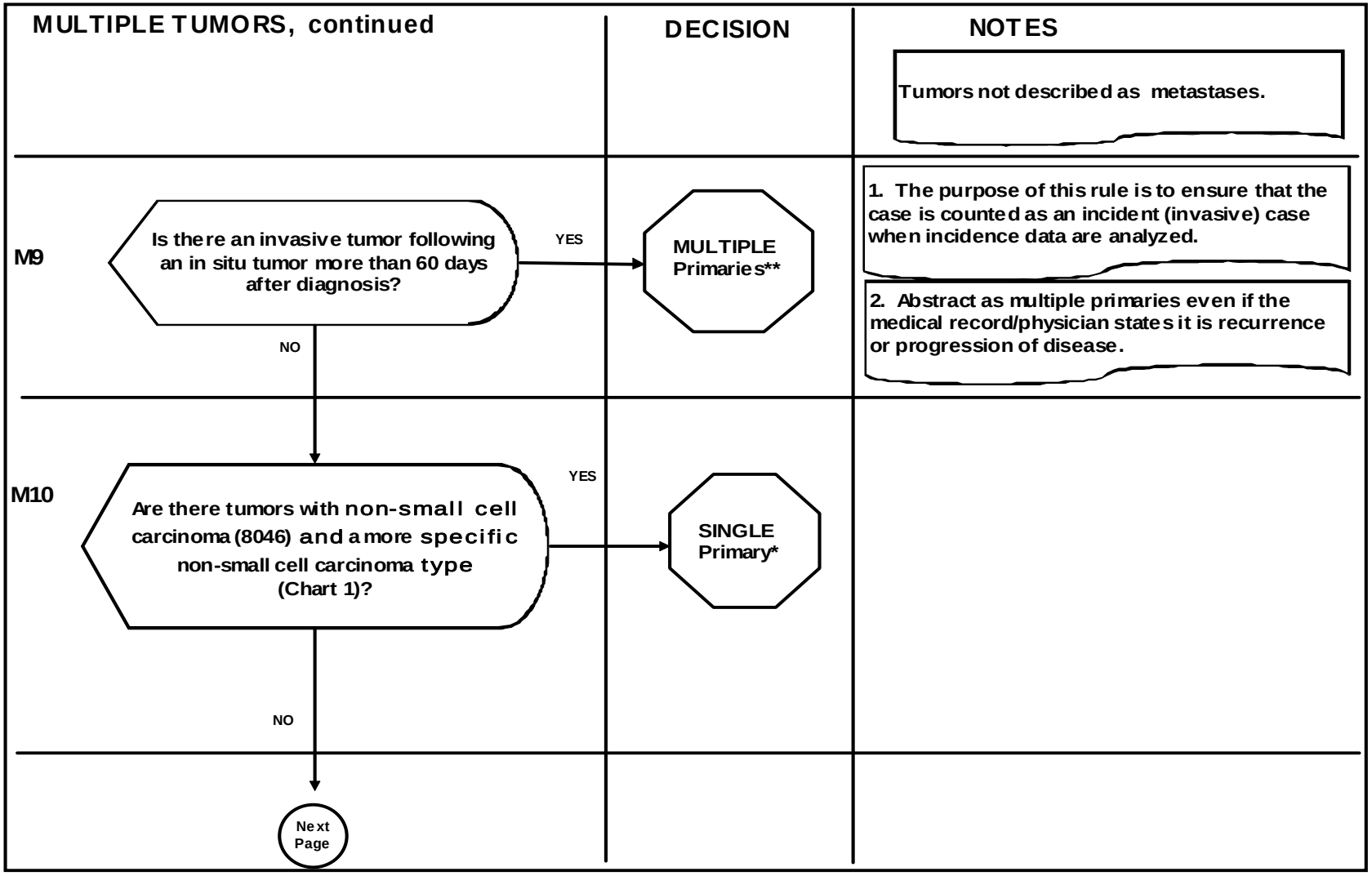


Lung Multiple Primary Rules - Flowchart

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

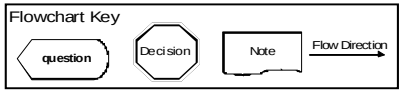


* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

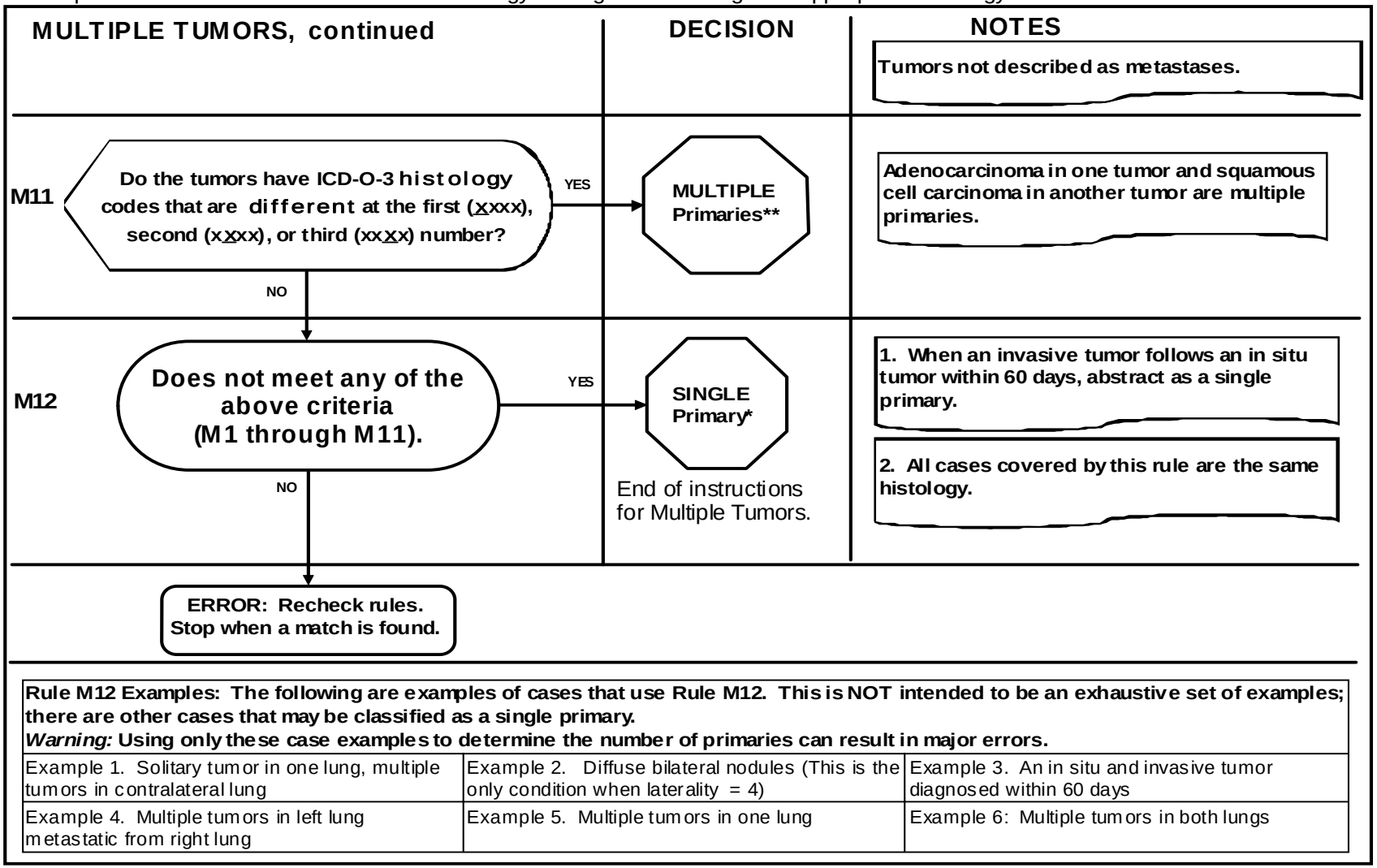


Lung Multiple Primary Rules - Flowchart

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



* 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.

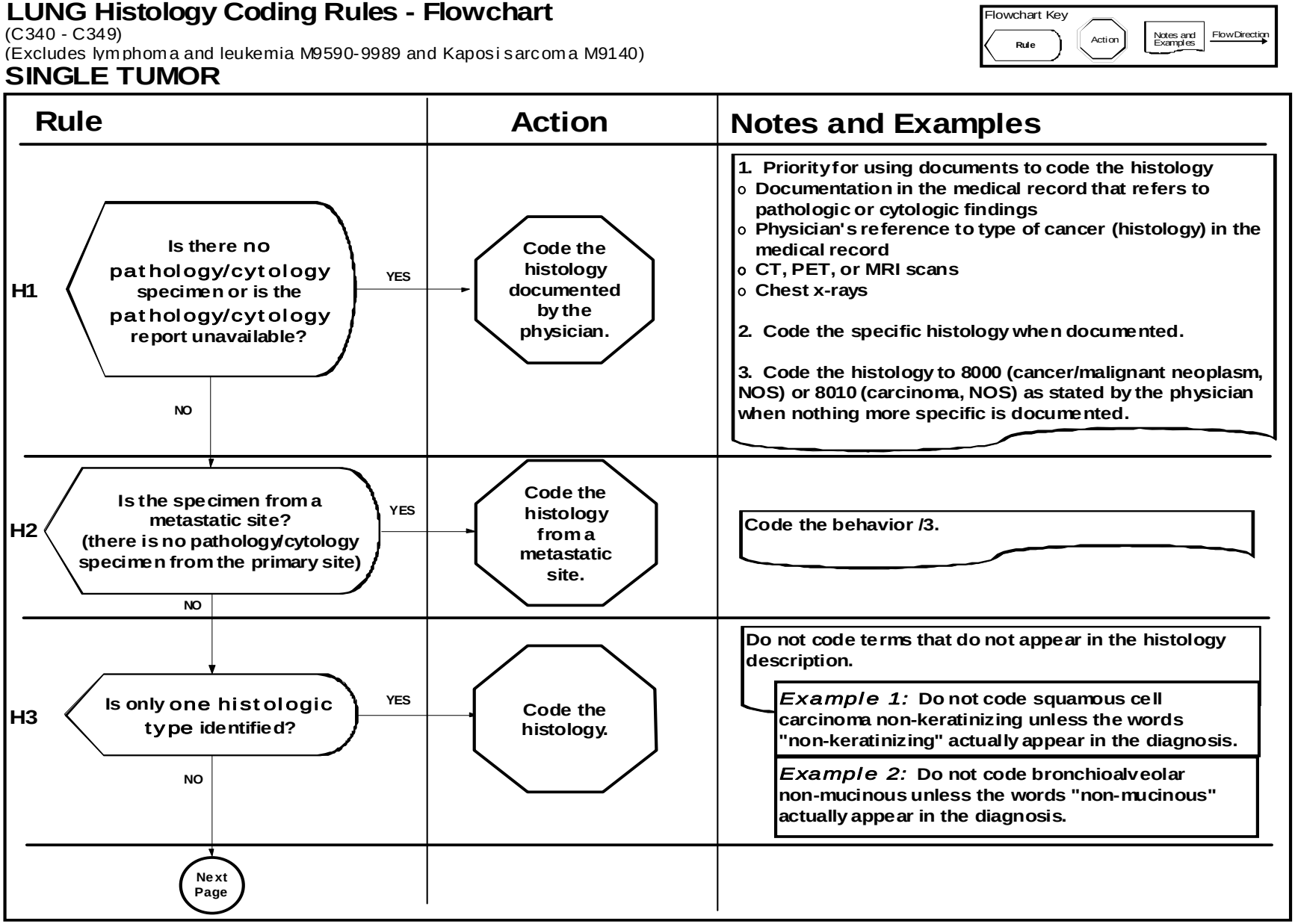


Rule M12 Examples: The following are examples of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. ***Warning:*** **Using only these case examples to determine the number of primaries can result in major errors.**		
Example 1. Solitary tumor in one lung, multiple tumors in contralateral lung	Example 2. Diffuse bilateral nodules (This is the only condition when laterality = 4)	Example 3. An in situ and invasive tumor diagnosed within 60 days
Example 4. Multiple tumors in left lung metastatic from right lung	Example 5. Multiple tumors in one lung	Example 6: Multiple tumors in both lungs

LUNG Histology Coding Rules - Flowchart

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

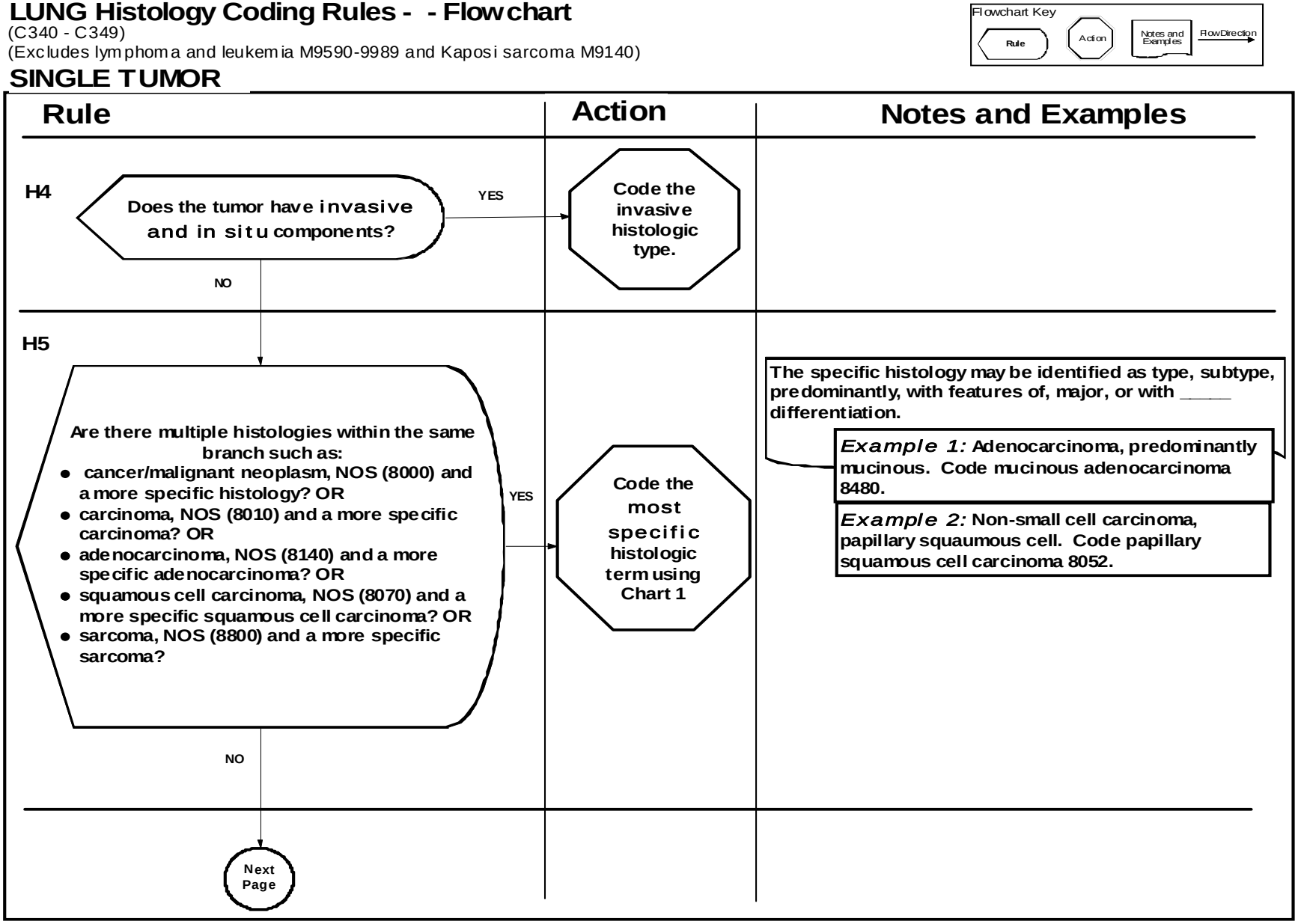
SINGLE TUMOR



LUNG Histology Coding Rules - - Flowchart

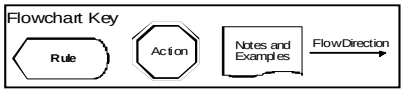
(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR



LUNG Histology Coding Rules - Flowchart

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



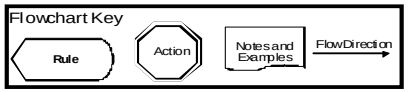
SINGLE TUMOR

Rule	Action	Notes and Examples
H6 Are there multiple specific histologies or is there a non-specific with multiple specific histologies? YES	Code the appropriate combination/ mixed code (Table 1).	The specific histologies may be identified as type, subtype, predominantly, with features of, major or with _____differentiation. *Example 1 (multiple specific histologies):* Solid and papillary adenocarcinoma. Code adenocarcinoma with mixed subtypes 8255. *Example 2 (multiple specific histologies):* Combined small cell and squamous cell carcinoma. Code combined small cell carcinoma 8045. *Example 3 (non-specific with multiple specific histologies):* Adenocarcinoma with papillary and clear cell features. Code adenocarcinoma with mixed subtypes 8255.
NO		
H7	Code the numerically higher ICD-O-3 code.	

This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

LUNG Histology Coding Rules - Flowchart

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

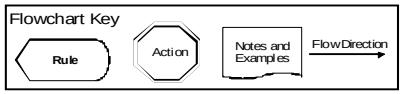


MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H8 Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?	YES → Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o CT, PET, or MRI scans o Chest x-rays 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
NO		
H9 Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)	YES → Code the histology from a metastatic site.	Code the behavior /3.
NO		
Next Page		

LUNG Histology Coding Rules - - Flowchart

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



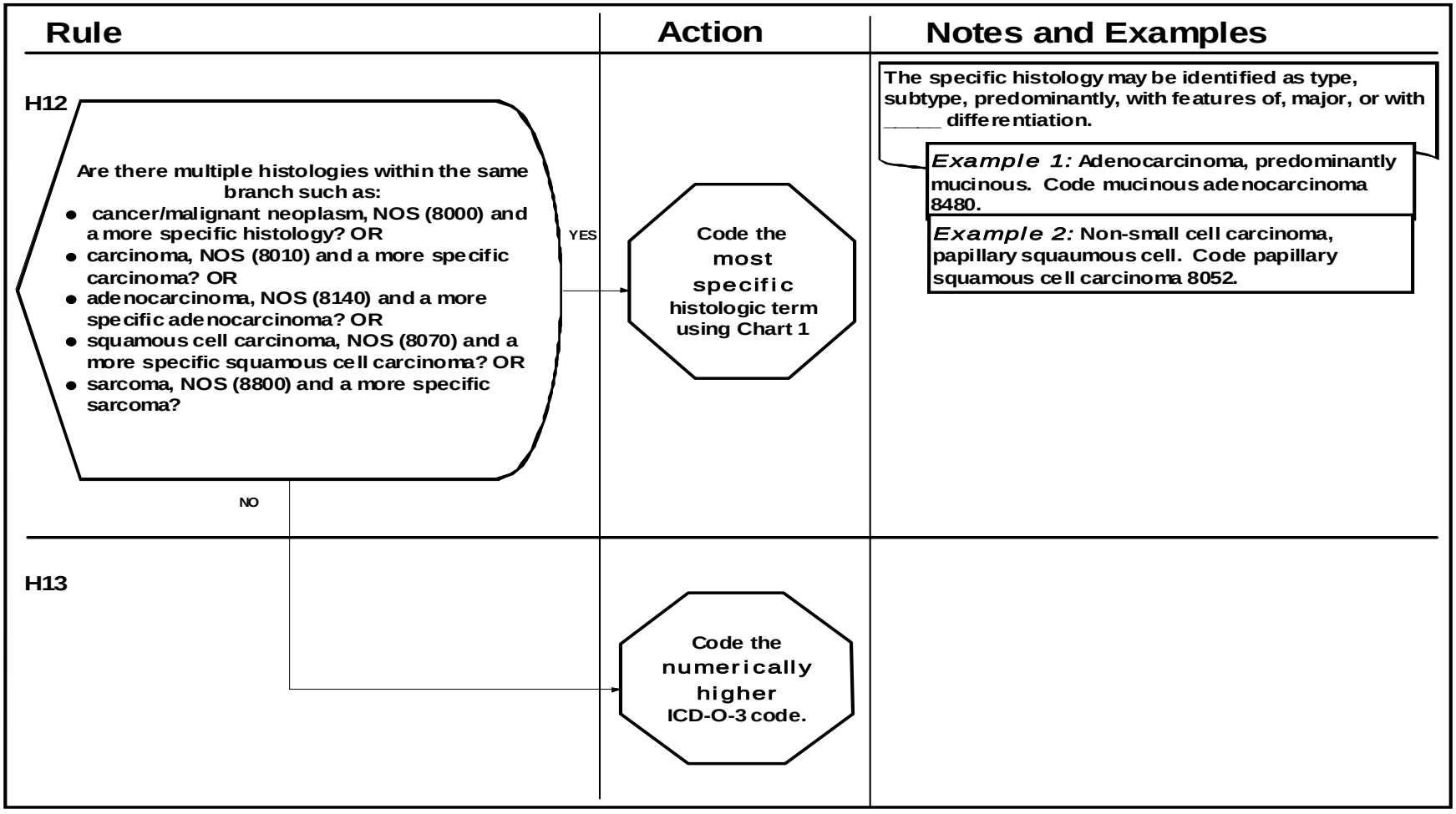
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H10 Is only one histologic type identified? YES	Code the histology.	Do not code terms that do not appear in the histology description. *Example 1:* Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis. *Example 2:* Do not code bronchioalveolar non-mucinous unless the words "non-mucinous" actually appear in the diagnosis.
NO		
H11 Is one tumor in situ and the other invasive or are both tumors invasive? YES	Code the histology of the most invasive tumor.	1. This rule should only be used when the first three numbers of the histology codes are identical. (This is a single primary.) 2. See the Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive. o If one tumor is in situ and one is invasive, code the histology from the invasive tumor. o If both/all histologies are invasive, code the histology of the most invasive tumor.
NO		
Next Page		

LUNG Histology Coding Rules - Flowchart

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY



This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

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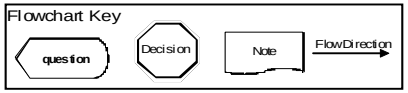
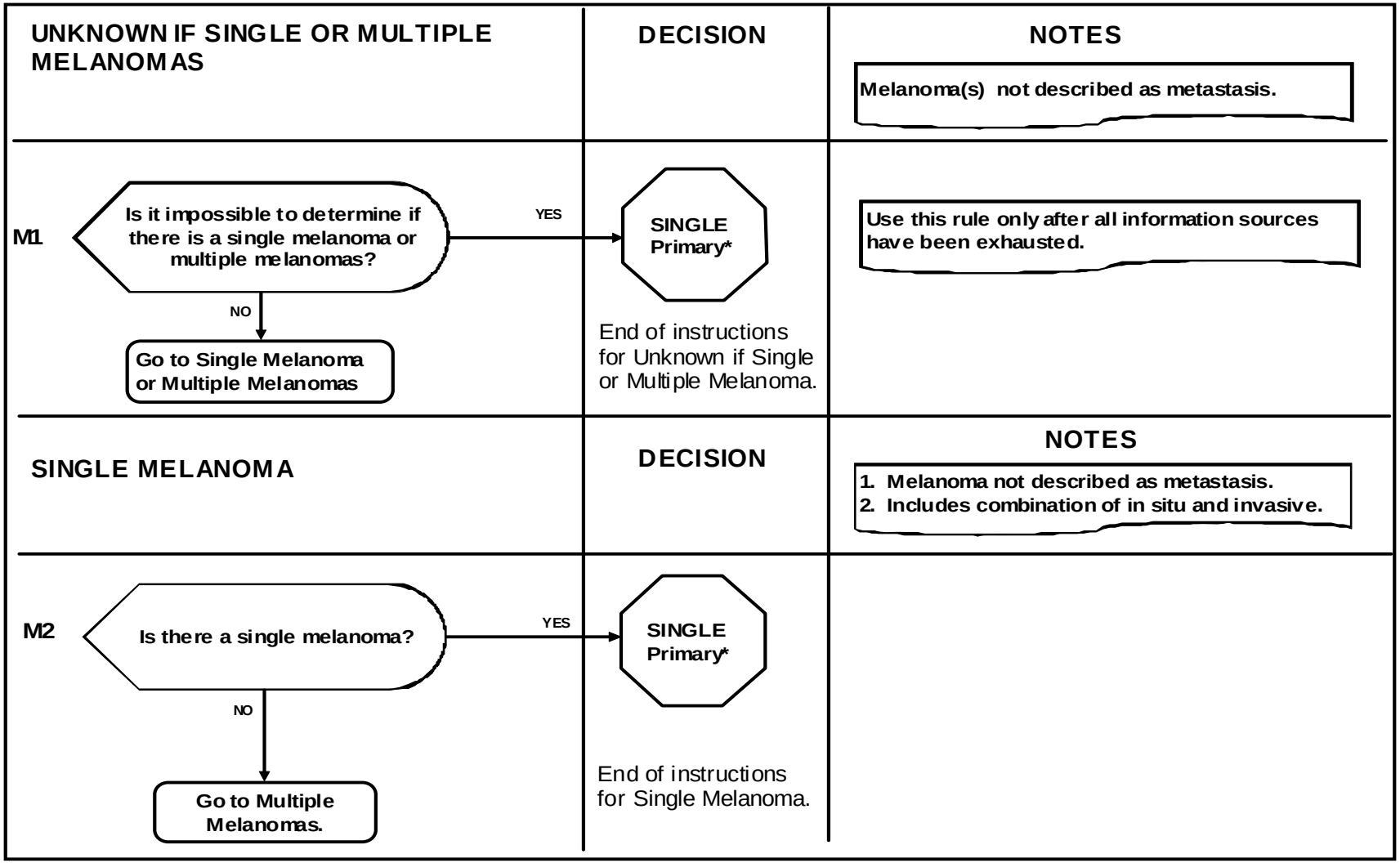
Cutaneous Melanoma Multiple Primary Rules - Flowchart



(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)

* 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.



Cutaneous Melanoma Multiple Primary Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)

* 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.

MULTIPLE MELANOMAS

Multiple Melanomas may be a single primary or multiple primaries.

DECISION

NOTES

1. Melanoma not described as metastases.
2. Includes combinations of in situ and invasive.

M3 Are there melanomas in sites with ICD-O-3 topography codes that are different at the second (C<u>X</u>xx), third (Cx<u>x</u>x), and/or fourth character (C44<u>x</u>)?

YES → MULTIPLE Primaries**

NO

M4 Do the melanomas have different lateralities?

YES → MULTIPLE Primaries**

A midline melanoma is a different laterality than right or left.

Example 1: Melanoma on the right side of the chest and a melanoma at midline on the chest are different laterality, multiple primaries.

Example 2: A melanoma on the right side of the chest and a melanoma on the left side of the chest are multiple primaries.

NO

M5 Do the melanomas have ICD-O-3 histology codes that are different at the first (<u>X</u>xxx), second (x<u>X</u>xx), or third (xx<u>X</u>x) number?

YES → MULTIPLE Primaries**

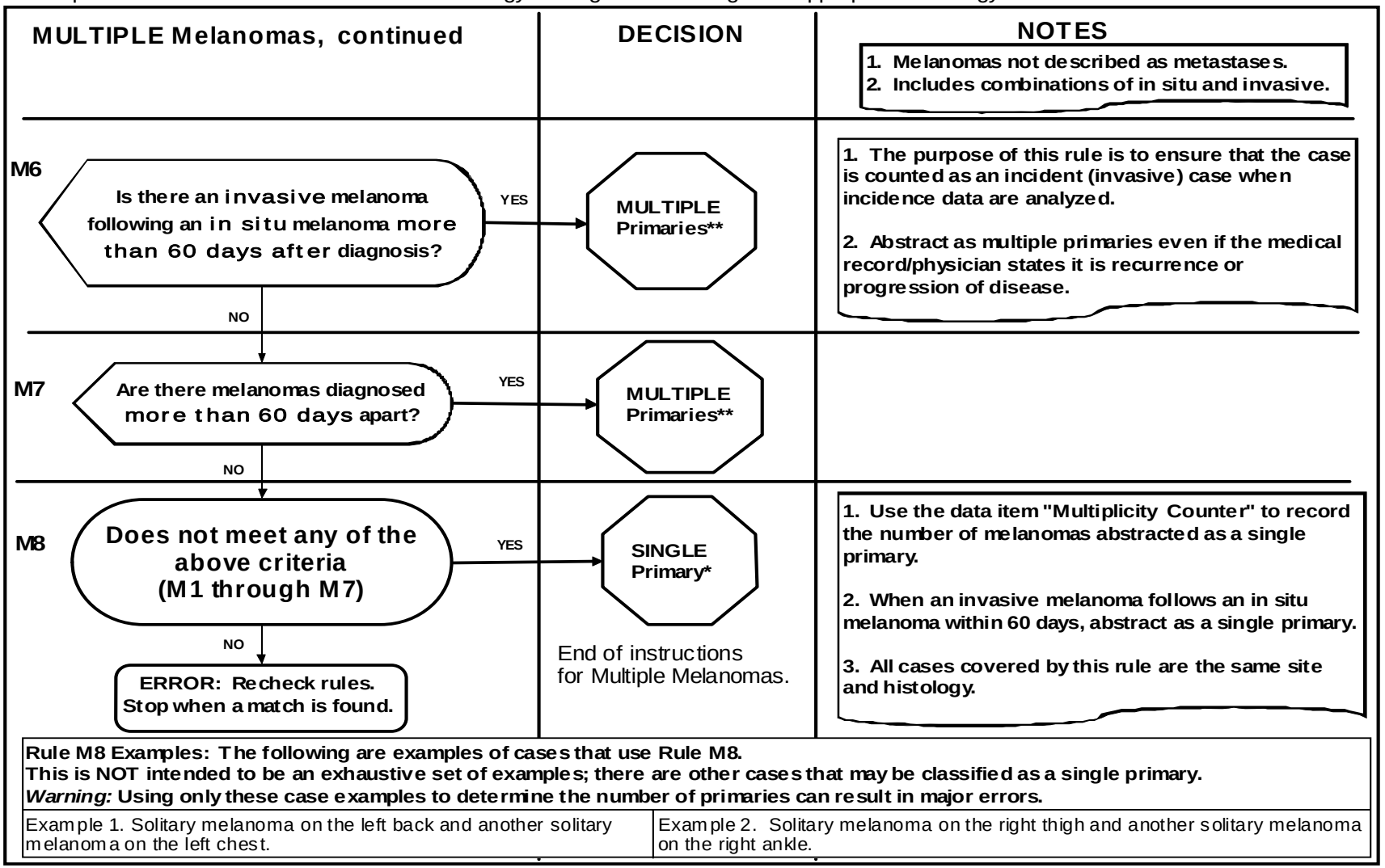
NO

Next Page

Cutaneous Melanoma Multiple Primary Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)

* 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.

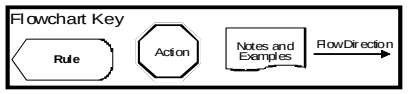


Rule M8 Examples: The following are examples of cases that use Rule M8.
This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary.
Warning: **Using only these case examples to determine the number of primaries can result in major errors.**

Example 1. Solitary melanoma on the left back and another solitary melanoma on the left chest.	Example 2. Solitary melanoma on the right thigh and another solitary melanoma on the right ankle.

Cutaneous Melanoma Histology Coding Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)

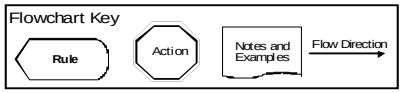


SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY

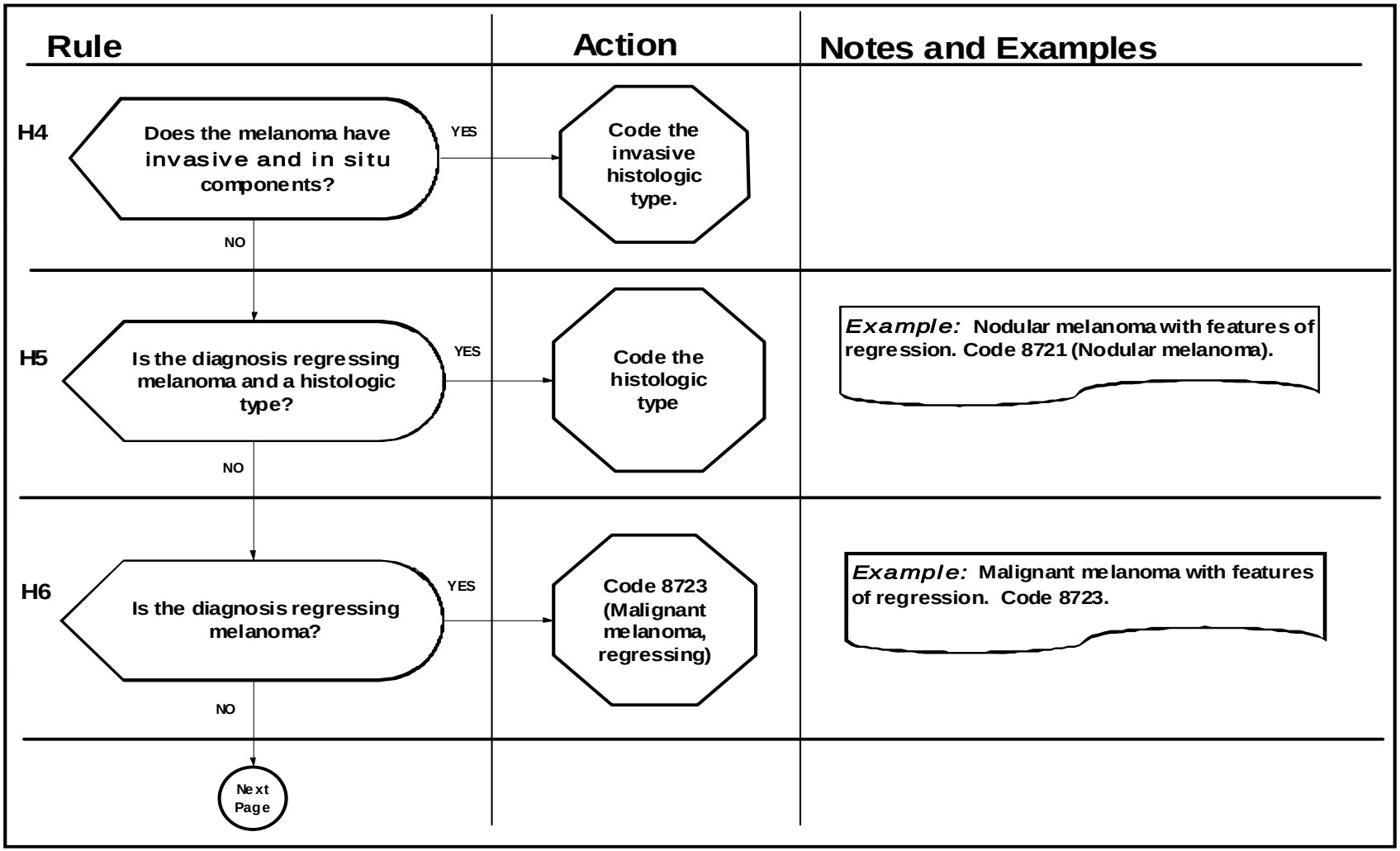
Rule	Action	Notes and Examples
H1 Is there no pathology/cytology specimen or is the pathology/cytology report unavailable? YES	Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of melanoma in the medical record o PET scan 2. Code the specific histology when documented.
NO		
H2 Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site) YES	Code the histology from a metastatic site.	Code the behavior /3.
NO		
H3 Is only one histologic type identified? YES	Code the histology.	
NO		
Next Page		

Cutaneous Melanoma Histology Coding Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)

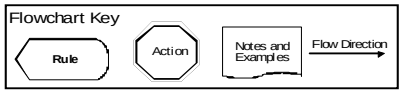


SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY



Cutaneous Melanoma Histology Coding Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)

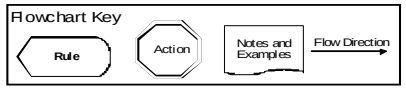


SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H7 Is the diagnosis lentigo maligna melanoma and a histologic type? YES	Code the histologic type	
NO		
H8 Is the diagnosis lentigo maligna melanoma? YES	Code 8742 (Lentigo maligna melanoma)	
NO		
Next Page		

Cutaneous Melanoma Histology Coding Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)



SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H9 Is the diagnosis Melanoma, NOS (8720) with a single specific type? YES	Code the most specific histologic term	1. The specific type for in situ lesions may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with _____ differentiation. 2. The specific type for invasive lesions may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation.
NO		
H10	Code the numerically higher ICD-O-3 histology code.	

This is the end of instructions for Single Melanoma or Multiple Melanomas Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

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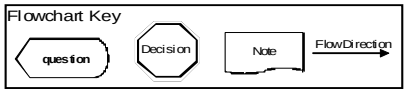
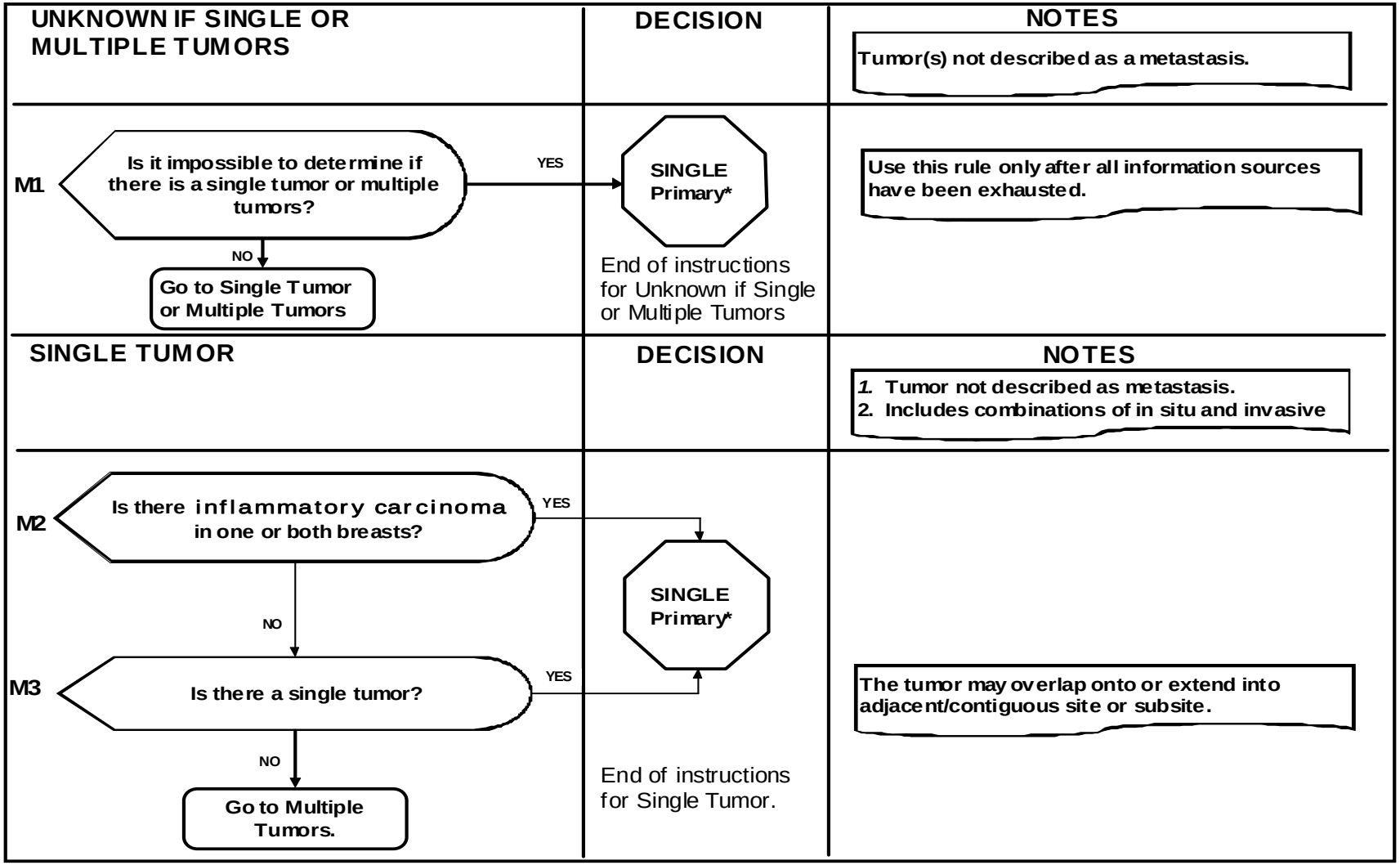
Breast Multiple Primary Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

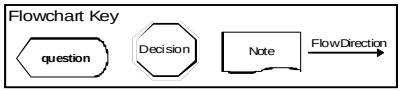


* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

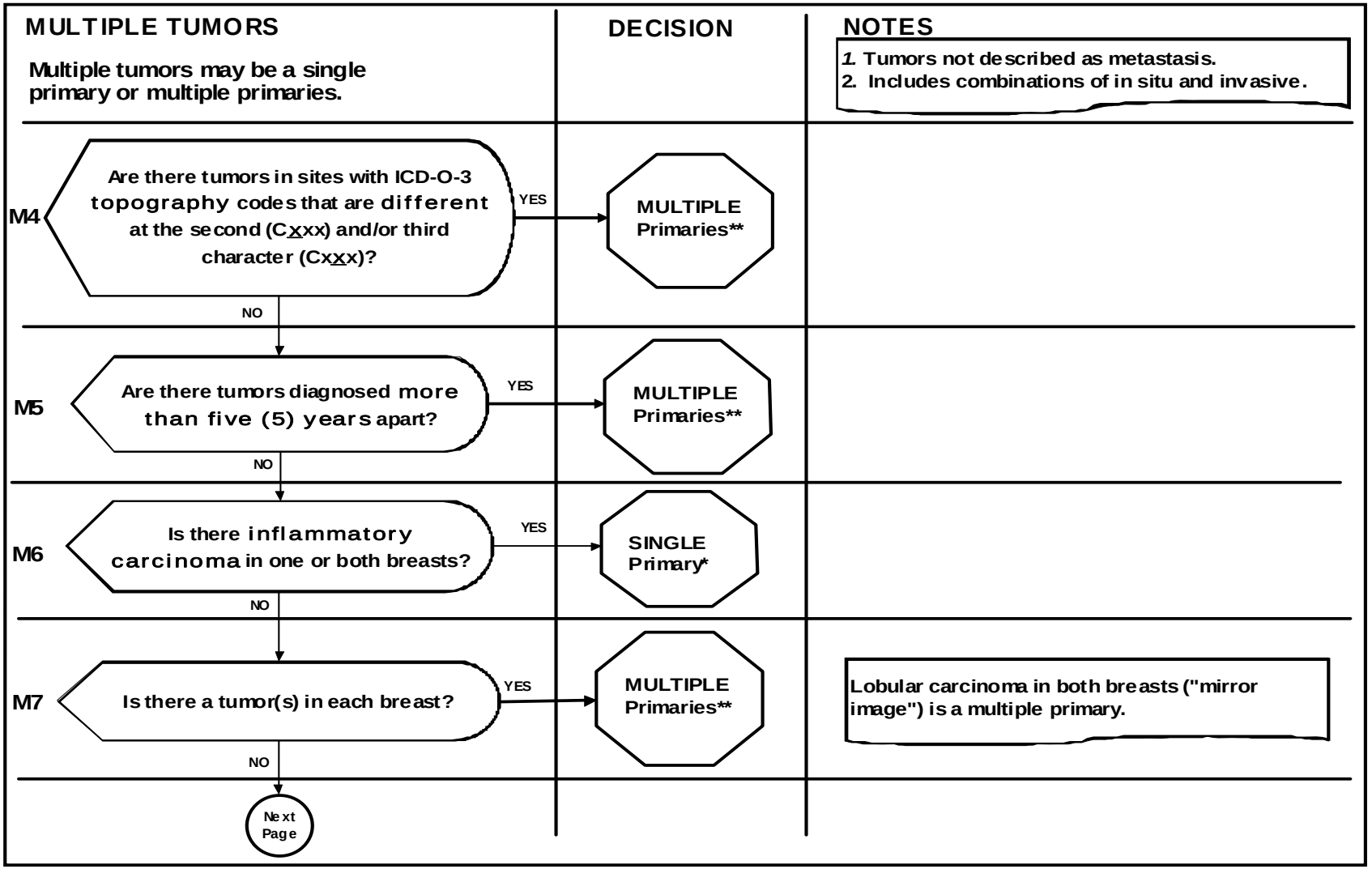


Breast Multiple Primary Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

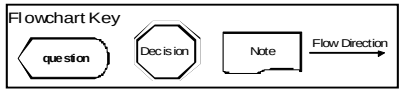


* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

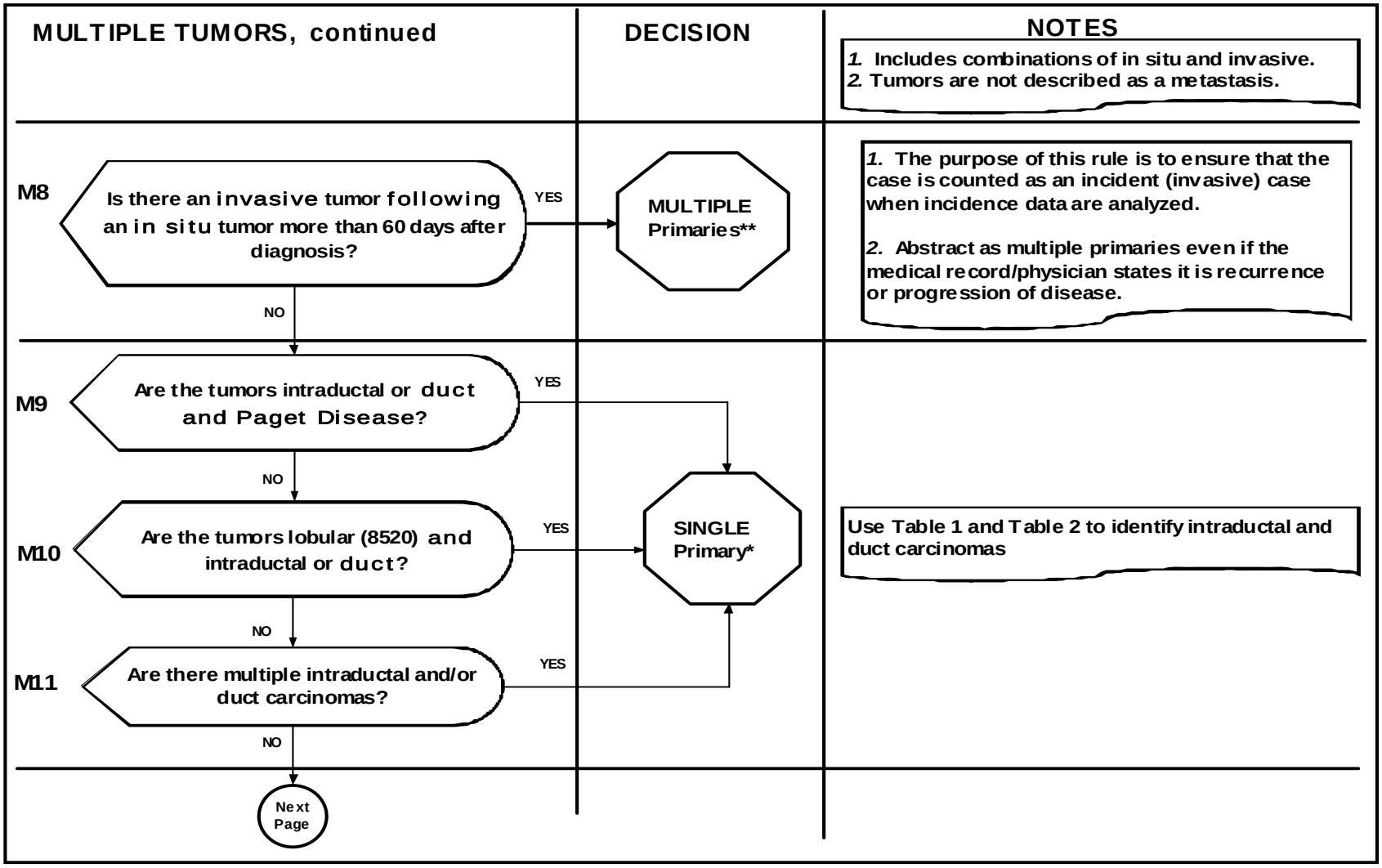


Breast Multiple Primary Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

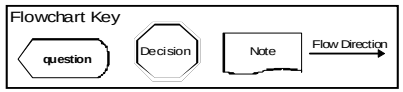


* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



Breast Multiple Primary Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



* 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.

MULTIPLE TUMORS, continued

DECISION

NOTES

1. **Includes combinations of in situ and invasive.**
2. **Tumors are not described as a metastasis.**

M12

Do the tumors have ICD-O-3 histology codes that are different at the first (Xxxx), second (xXxx), or third (xxXx) number?

YES

MULTIPLE Primaries**

NO

M13

Does not meet any of the above criteria (M1 through M12).

YES

SINGLE Primary*

1. **When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.**

2. **All cases covered by Rule M13 have the same first 3 numbers in ICD-O-3 histology code.**

NO

End of instructions for Multiple Tumors.

ERROR: Recheck rules. Stop when a match is found.

Rule M13 Examples: The following are examples of cases that use Rule M13.
This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary.
Warning: **Using only these case examples to determine the number of primaries can result in major errors.**

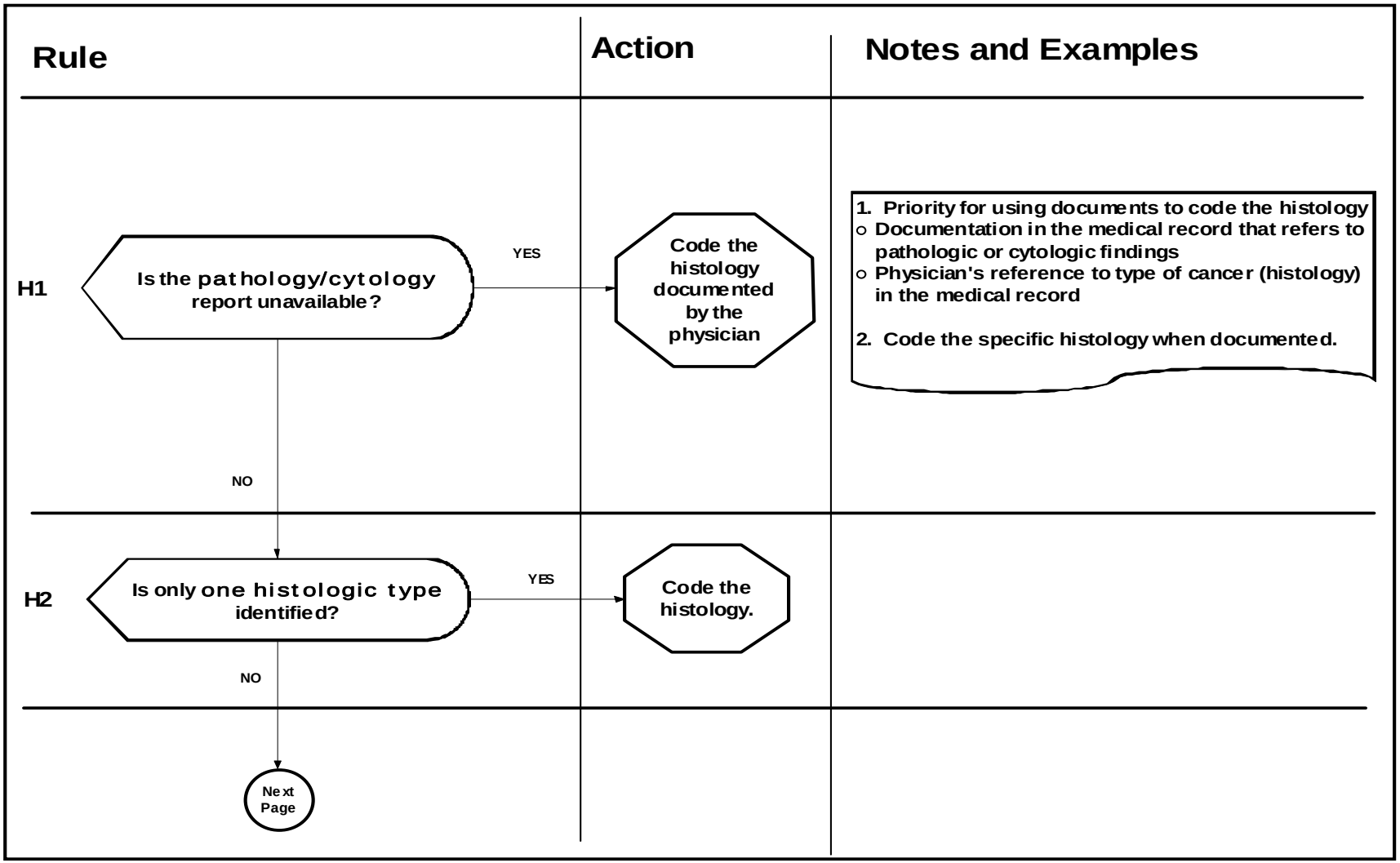
Example 1. Invasive duct and intraductal carcinoma in the same breast	Example 2. Multicentric lobular carcinoma, left breast

Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR: IN SITU CARCINOMA ONLY

(Single Tumor; all parts are in situ)

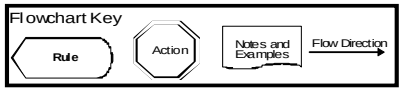


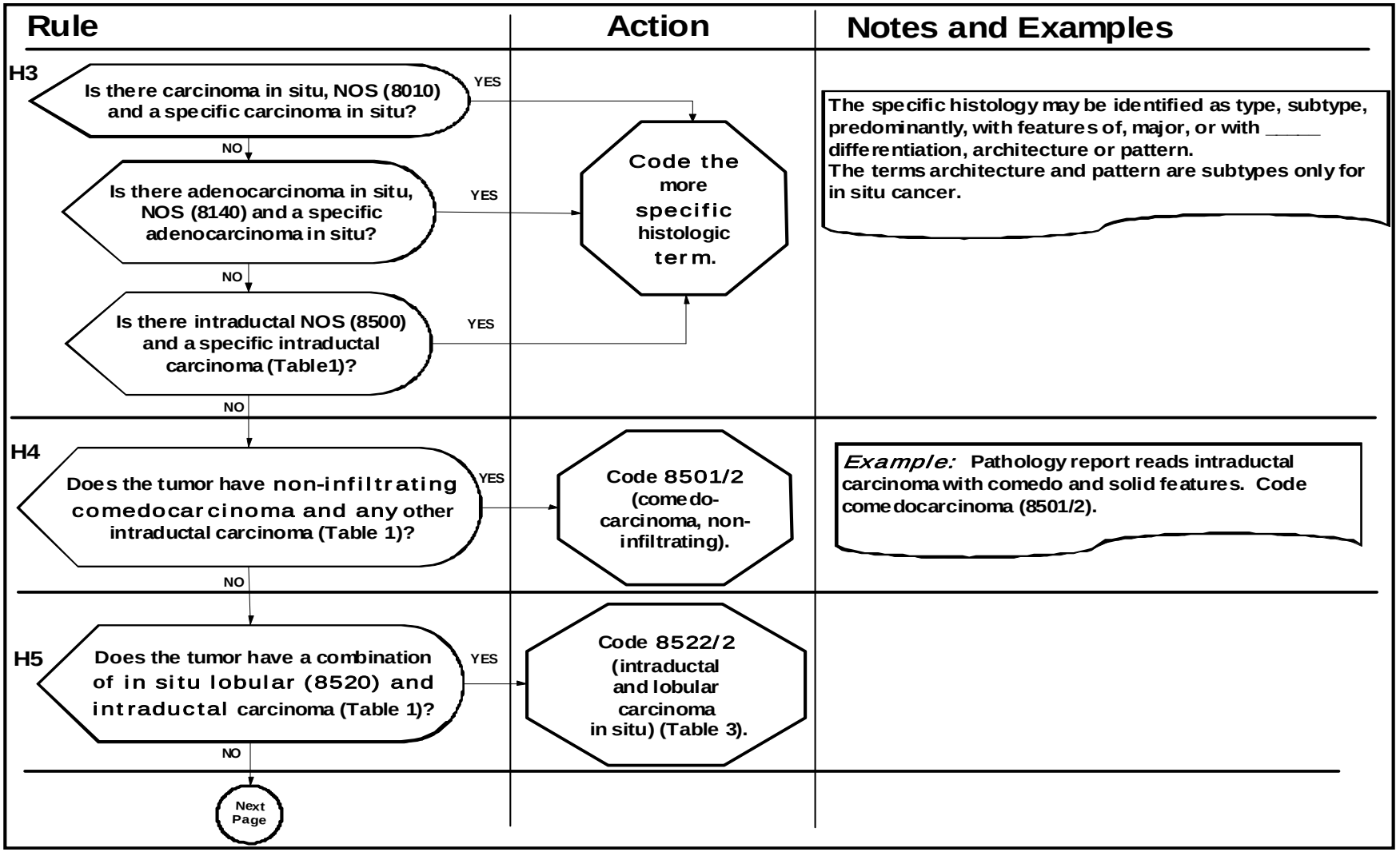
Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR: IN SITU CARCINOMA ONLY

(Single Tumor; all parts are in situ)



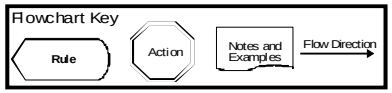


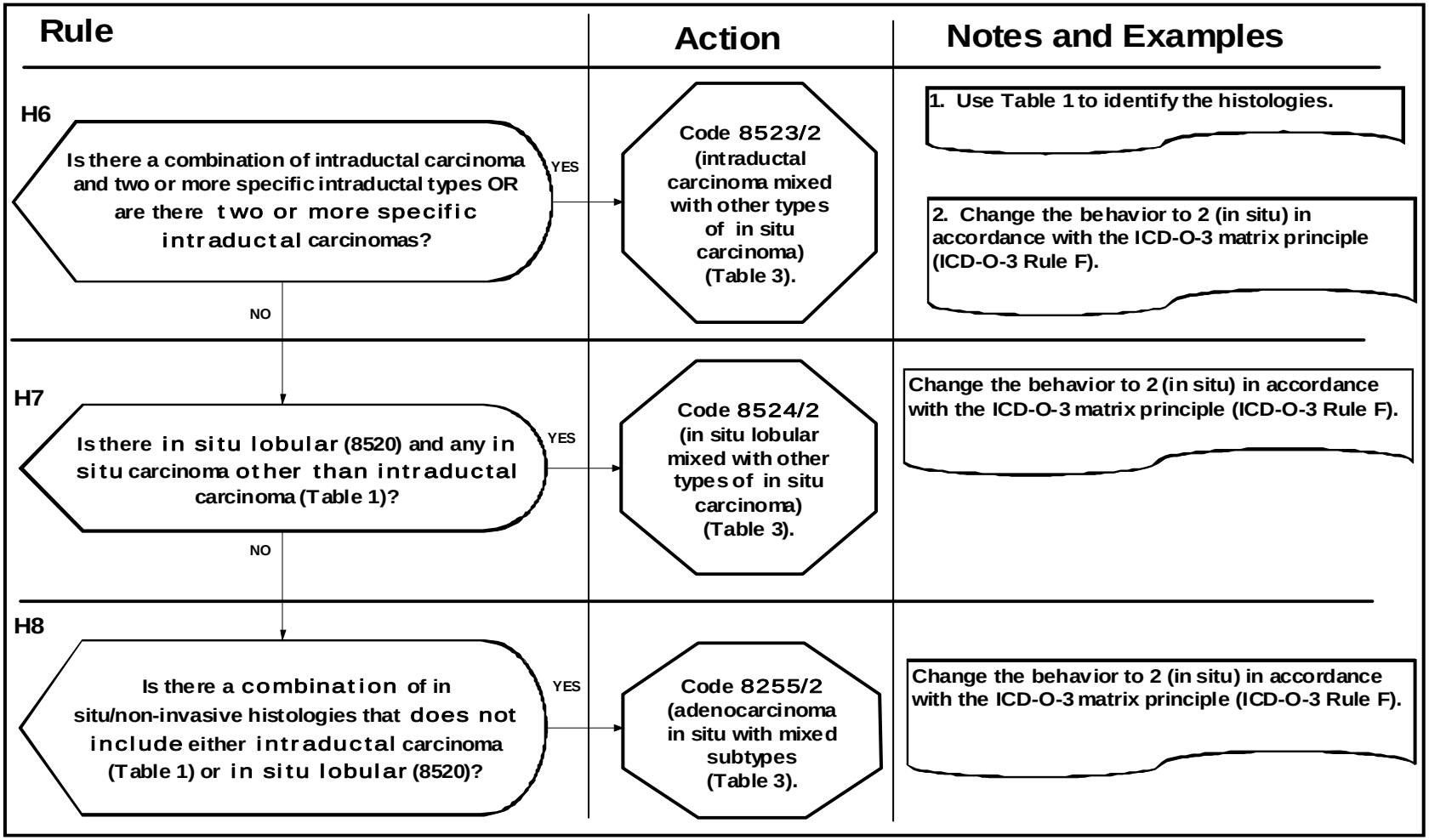
Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR: IN SITU CARCINOMA ONLY

(Single Tumor; all parts are in situ)





This is the end of instructions for Single Tumor: In Situ Carcinoma Only.
Code the histology according to the rule that fits the case.

Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR: INVASIVE AND IN SITU CARCINOMA

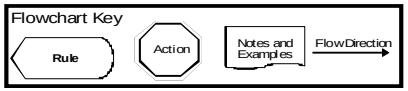
(Single Tumor; in situ and invasive components)

Rule	Action	Notes and Examples
H9 Does the tumor have invasive and in situ components? YES →	Code the invasive histology.	1. Ignore the in situ terms. 2. This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was the invasive component of the tumor better explains the likely disease course and survival category. Using these new rules, combinations of invasive duct and in situ lobular are coded to invasive duct (8500/3) rather than the combination code for duct and lobular carcinoma (8522/3)
NO → ERROR: Confirm Multiple Primary Rule application and then go to H1 - H8 or H10 - H29		

This is the end of instructions for Single Tumor: Invasive and In Situ Carcinoma.
Code the histology according to the rule that fits the case.

Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



SINGLE TUMOR: INVASIVE CARCINOMA ONLY

(Single Tumor; all parts are invasive)

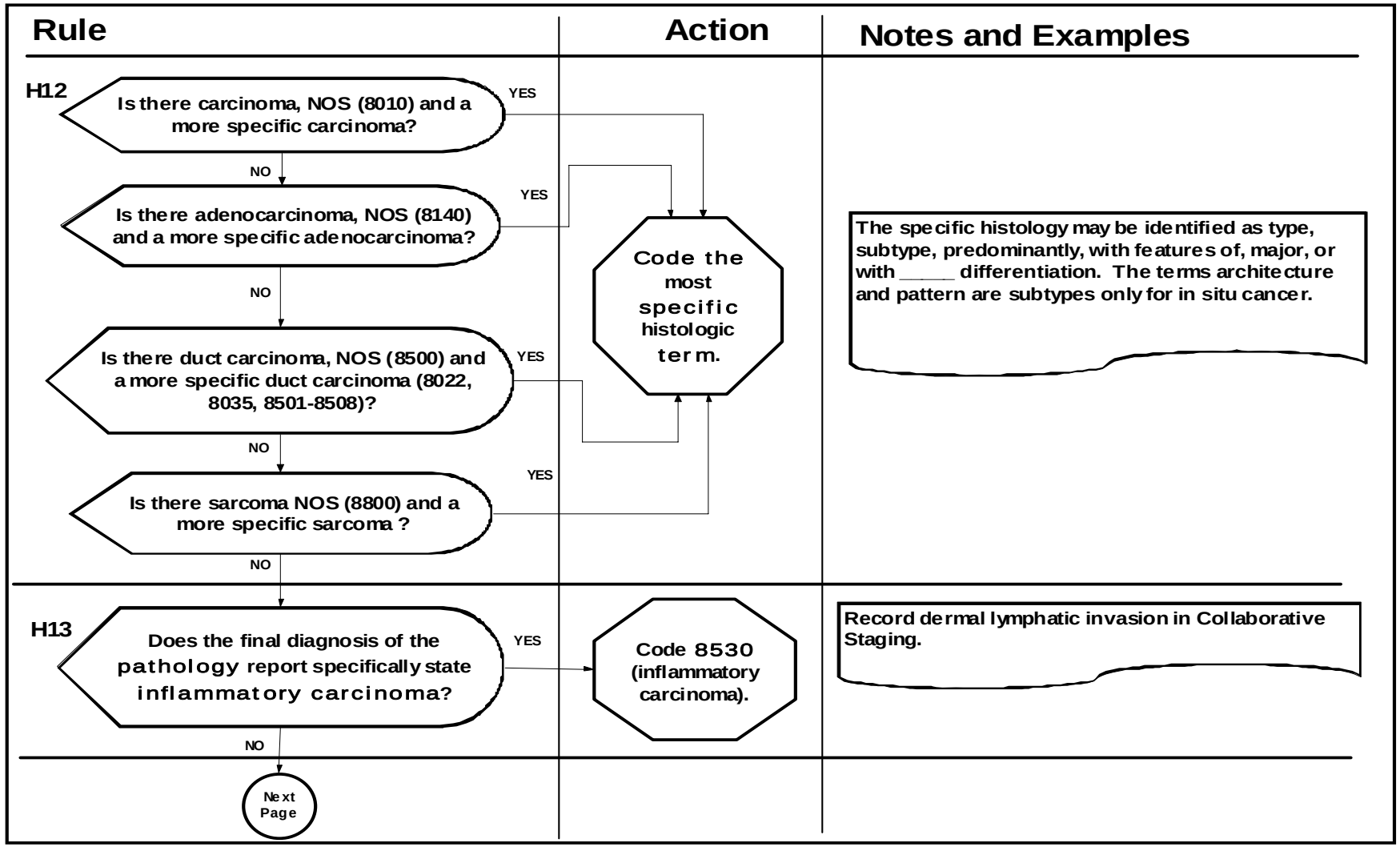
Rule	Action	Notes and Examples
H10 Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?	YES → Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o Mammogram o PET scan o Ultrasound 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
NO		
H11 Is the only specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)	YES → Code the histology from the metastatic site.	Code the behavior /3.
NO		
Next Page		

Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

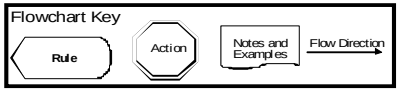
SINGLE TUMOR: INVASIVE CARCINOMA ONLY

(Single Tumor; all parts are invasive)



Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



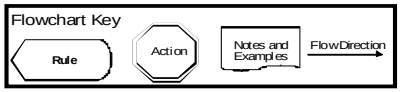
SINGLE TUMOR: INVASIVE CARCINOMA ONLY

(Single Tumor; all parts are invasive)

Rule	Action	Notes and Examples
H14 Is only one histologic type identified?	YES → Code the histology.	
NO		
H15 Are there two or more specific duct carcinomas?	YES → Code the numerically higher ICD-O-3 histology code.	Use Table 2 to identify duct carcinomas
NO		
H16 Is there a combination of lobular (8520) and duct carcinoma (Table 3)?	YES → Code 8522 (duct and lobular).	Use Table 2 to identify duct carcinomas
NO		
Next Page		

Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



SINGLE TUMOR: INVASIVE CARCINOMA ONLY

(Single Tumor; all parts are invasive)

Rule	Action	Notes and Examples
H17 Is there a combination of duct and any other carcinoma (Table 3)?	YES → Code 8523 (duct mixed with other types of carcinoma).	1. Use Table 2 to identify duct carcinomas. 2. Other carcinomas exclude lobular and any duct carcinoma listed on Table 1 or Table 2.
NO		
H18 Does the tumor have lobular (8520) and any other carcinoma (Table 3)?	YES → Code 8524 (lobular mixed with other types of carcinoma).	Other carcinomas exclude lobular and any duct carcinoma listed on Table 1 or Table 2.
NO		
H19 Are there multiple histologies that do not include duct or lobular (8520)?	YES → Code 8255 (adeno-carcinoma with mixed subtypes) (Table 3).	Use Table 2 to identify duct carcinomas

This is the end of instructions for Single Tumor: Invasive Carcinoma Only.
Code the histology according to the rule that fits the case.

Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H20 Is there no pathology/cytology specimen or is the pathology/cytology report unavailable? YES	Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o Mammogram o PET Scan o Ultrasound 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
NO		
H21 Is the only specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site YES	Code the histology from a metastatic site.	Code the behavior /3.
NO		
H22 Does the final diagnosis of the pathology report specifically state inflammatory carcinoma? YES	Code 8530 (inflammatory carcinoma).	Record dermal lymphatic invasion in Collaborative Staging.
NO		
Next Page		

Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H23 Is only one histologic type identified?	YES → Code the histology.	
NO		
H24 Does the pathology report specifically state that the Paget disease is in situ and the underlying tumor is intraductal carcinoma (Table 1)?	YES → Code 8543/2 (in situ Paget disease and intraductal carcinoma (Table 3).	Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).
NO		
H25 Is there Paget disease and intraductal carcinoma (Table 3)?	YES → Code 8543/3 (Paget disease and intraductal carcinoma).	*1.* ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3). *2.* Includes both invasive Paget disease and Paget disease with behavior not stated. 3. Use Table 1 to identify intraductal carcinomas.
NO		
H26 Is there Paget disease and invasive duct carcinoma (Table 3)?	YES → Code 8541/3 (Paget disease and infiltrating duct carcinoma).	*1.* ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3). *2.* Includes both invasive Paget disease and Paget disease with behavior not stated. 3. Use Table 2 to identify duct carcinomas.
NO		
Next Page		

Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H27 Are there invasive and in situ components?	YES → Code the invasive histology.	*1.* Ignore the in situ terms. *2.* This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category. Using these rules, combinations of invasive lobular and in situ duct carcinoma are coded to invasive lobular (8520/3) rather than the combination code for duct and lobular carcinoma (8522/3)
H28 Is there any combination of lobular (8520) and duct carcinoma (Table 3)?	YES → Code 8522 (duct and lobular).	Use Table 2 to identify duct carcinomas.
H29	NO → Code the numerically higher ICD-O-3 histology code.	

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

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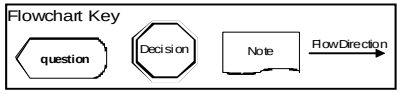
Kidney Multiple Primary Rules - Flowchart

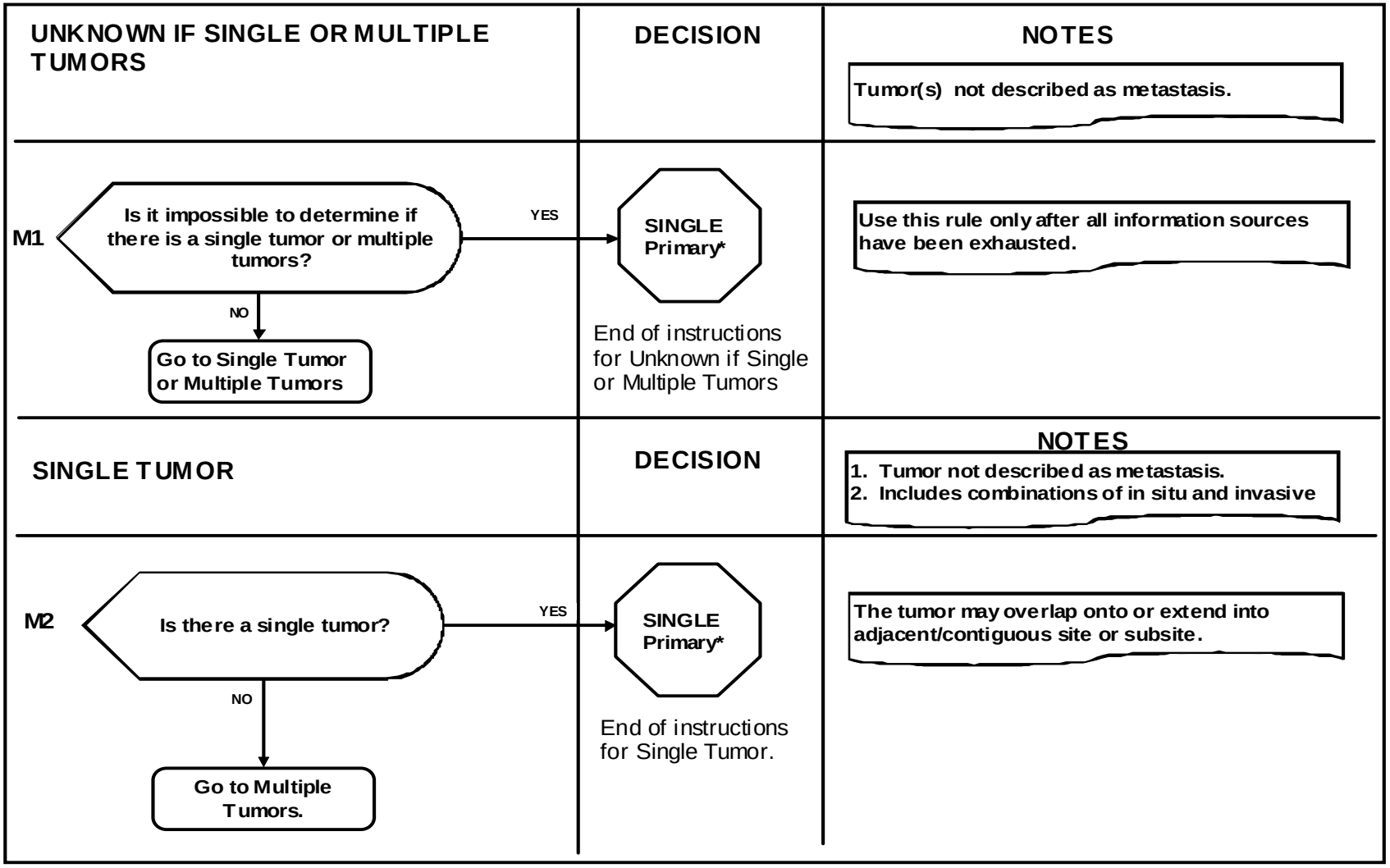
(C649)

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



* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

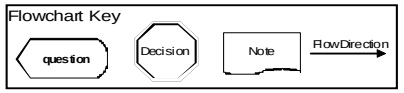
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



Kidney Multiple Primary Rules - Flowchart

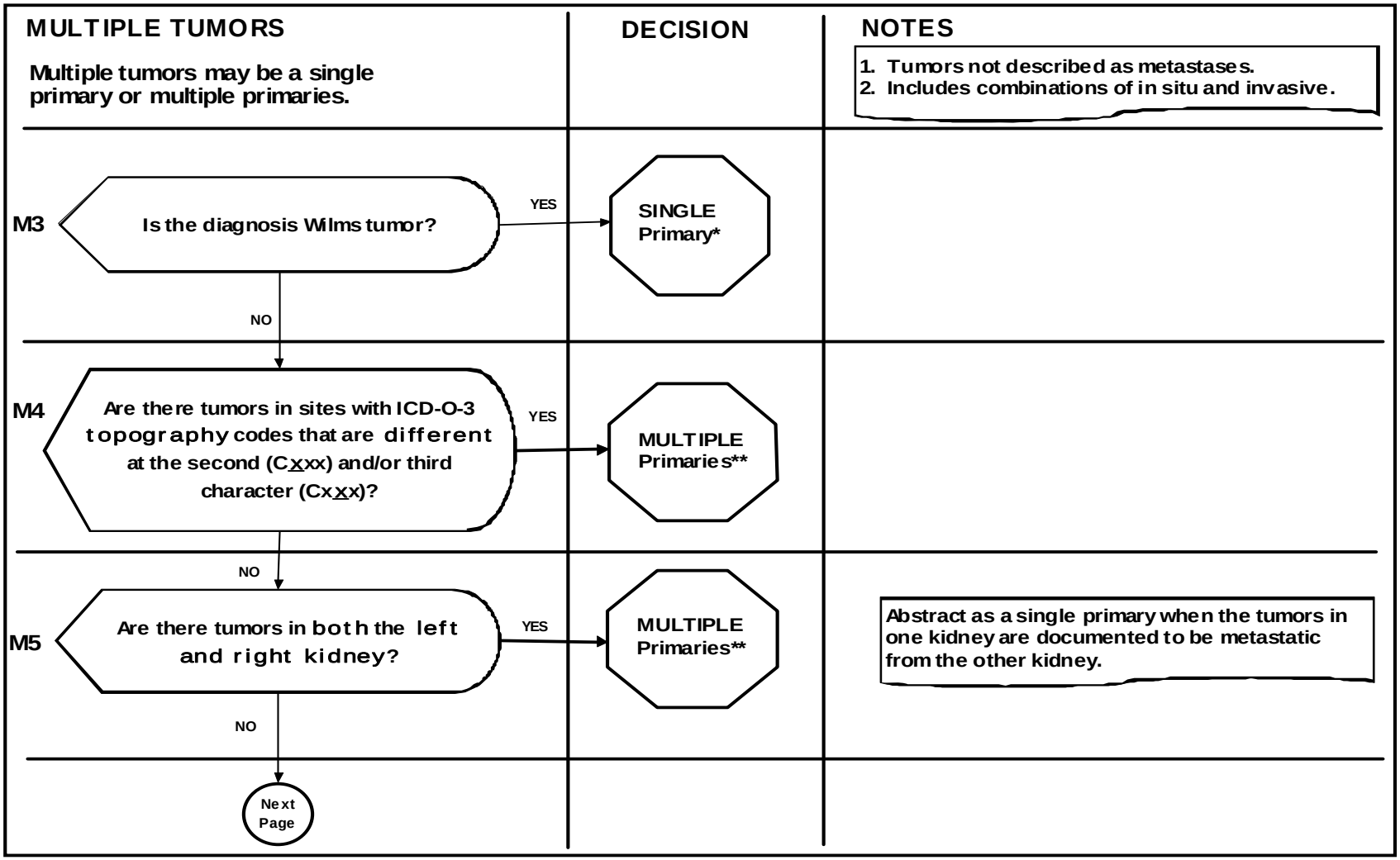
(C649)

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



* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

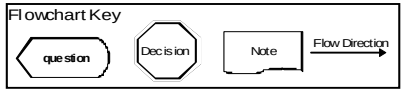
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



Kidney Multiple Primary Rules - Flowchart

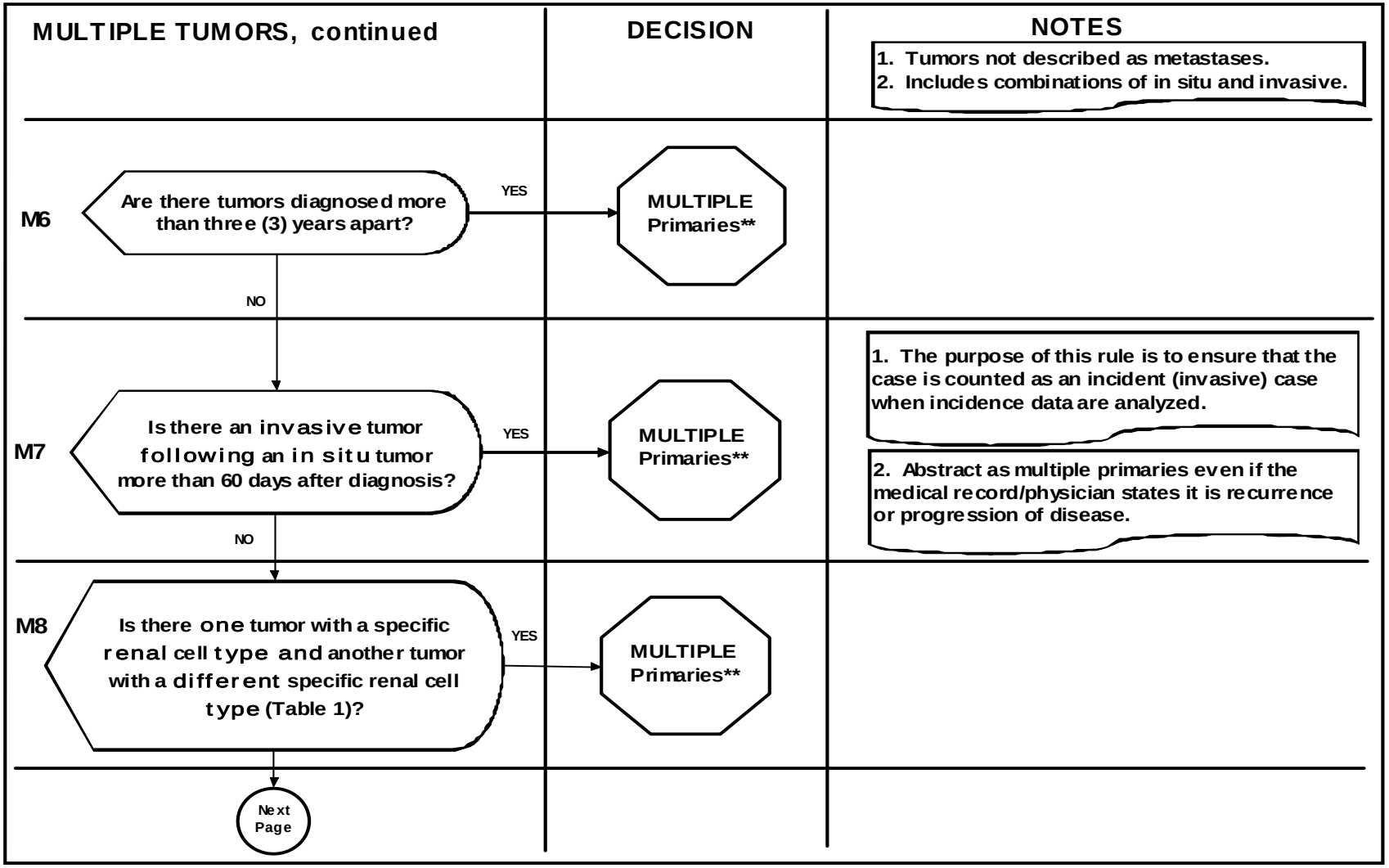
(C649)

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



* 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.



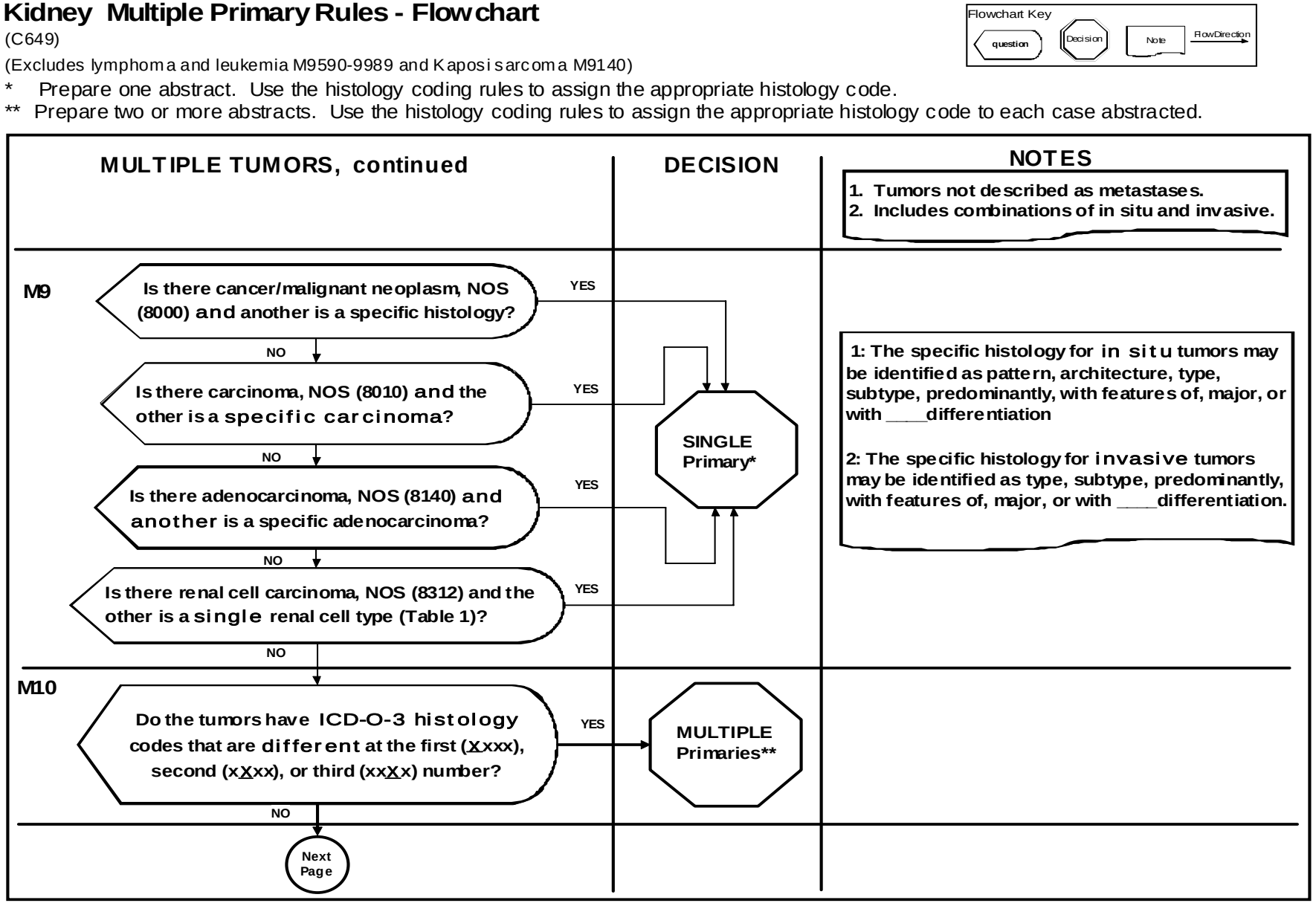
Kidney Multiple Primary Rules - Flowchart

(C649)

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

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

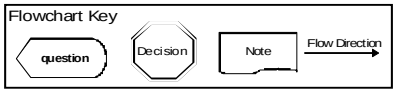
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



Kidney Multiple Primary Rules - Flowchart

(C649)

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



* 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.

MULTIPLE TUMORS, continued

DECISION

NOTES

1. **Tumors not described as metastases.**
2. **Includes combinations of in situ and invasive.**

M11

Does not meet any of the above criteria (M1 through M10).

YES

SINGLE Primary*

When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

NO

End of instructions for Multiple Tumors.

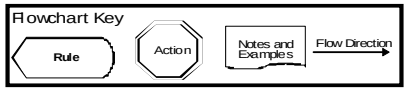
ERROR: Recheck rules. Stop when a match is found.

Rule M11 Examples: The following are examples of cases that use Rule M11.
This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary.
Warning: **Using only these case examples to determine the number of primaries can result in major errors.**

Example 1. Multiple tumors in one kidney with the same histology	Example 2. An in situ and invasive tumor diagnosed within 60 days	

Kidney Histology Coding Rules - Flowchart

(C649)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



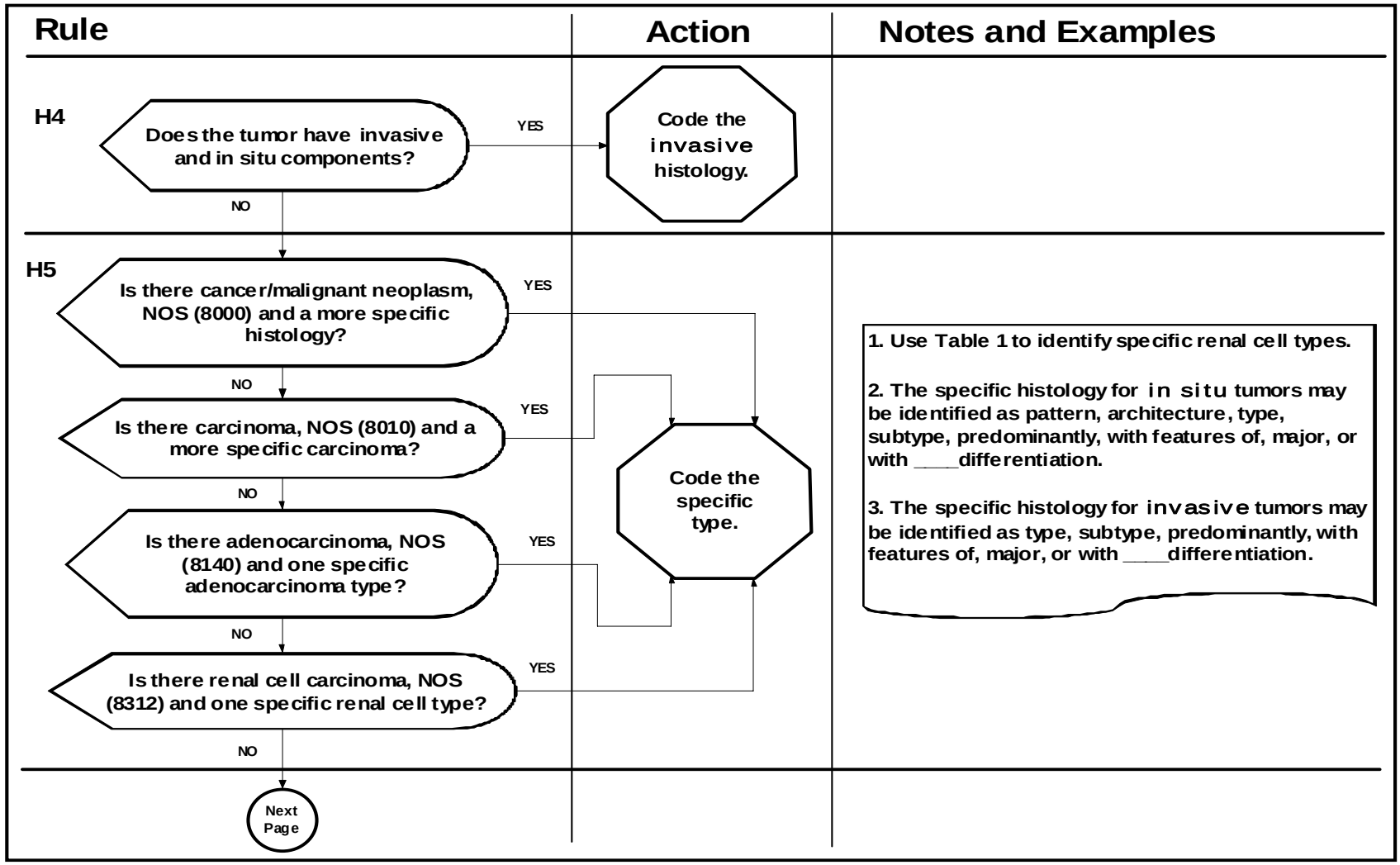
SINGLE TUMOR

Rule	Action	Notes and Examples
H1 Is there no pathology/cytology specimen or is the pathology/cytology report unavailable? YES	Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o CT or MRI scans 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
NO		
H2 Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site) YES	Code the histology from a metastatic site.	Code the behavior /3.
NO		
H3 Is only one histologic type identified? YES	Code the histology.	
NO		
Next Page		

Kidney Histology Coding Rules - Flowchart

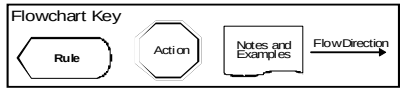
(C649)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

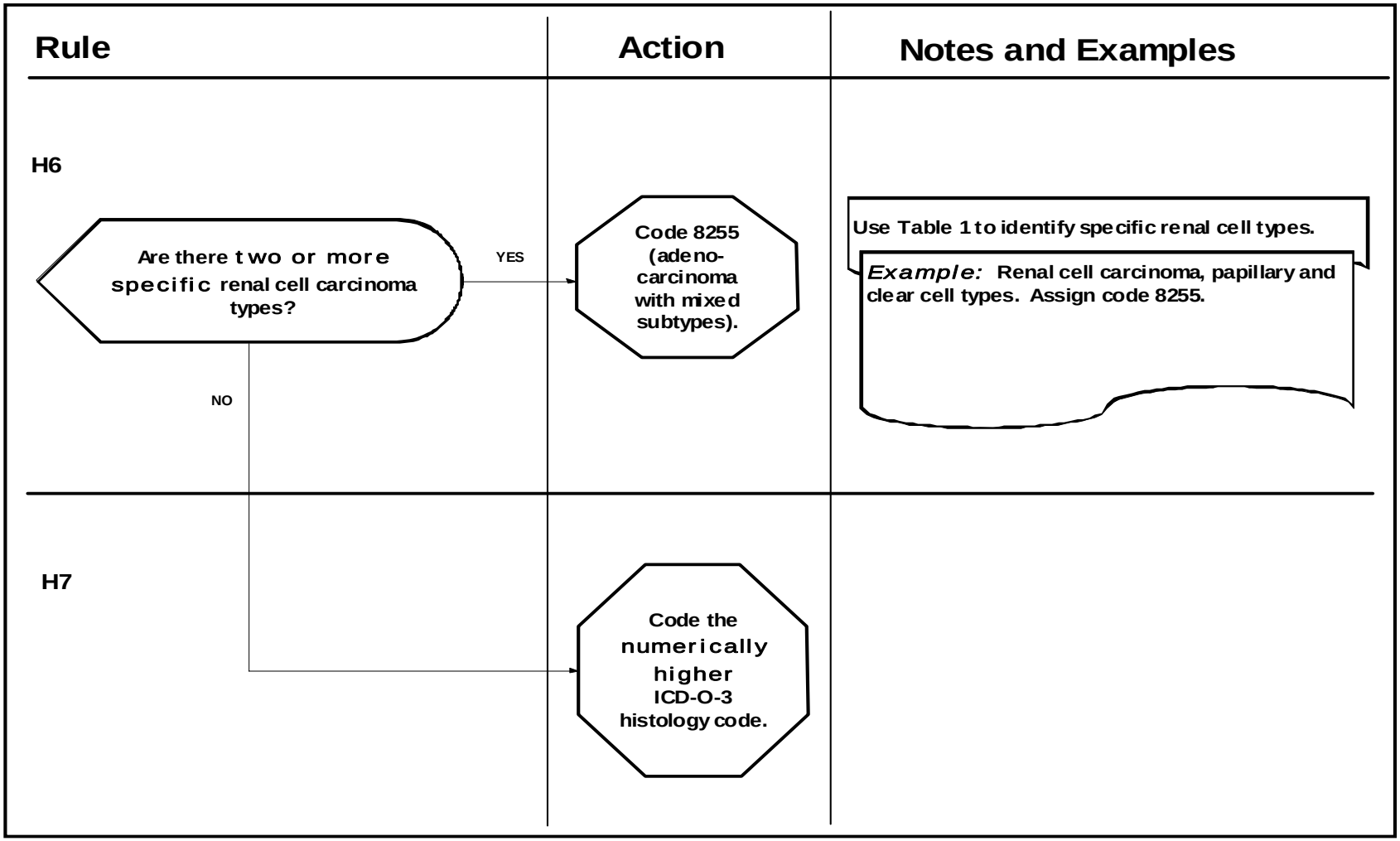


Kidney Histology Coding Rules - Flowchart

(C649)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



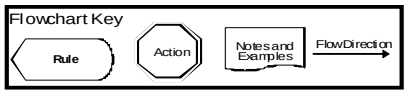
SINGLE TUMOR



This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

Kidney Histology Coding Rules - Flowchart

(C649)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

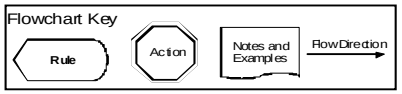


MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H8 Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?	YES → Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o CT or MRI scans 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
NO		
H9 Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)	YES → Code the histology from a metastatic site.	Code the behavior /3.
NO		
Next Page		

Kidney Histology Coding Rules - Flowchart

(C649)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



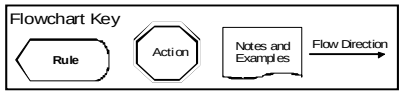
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

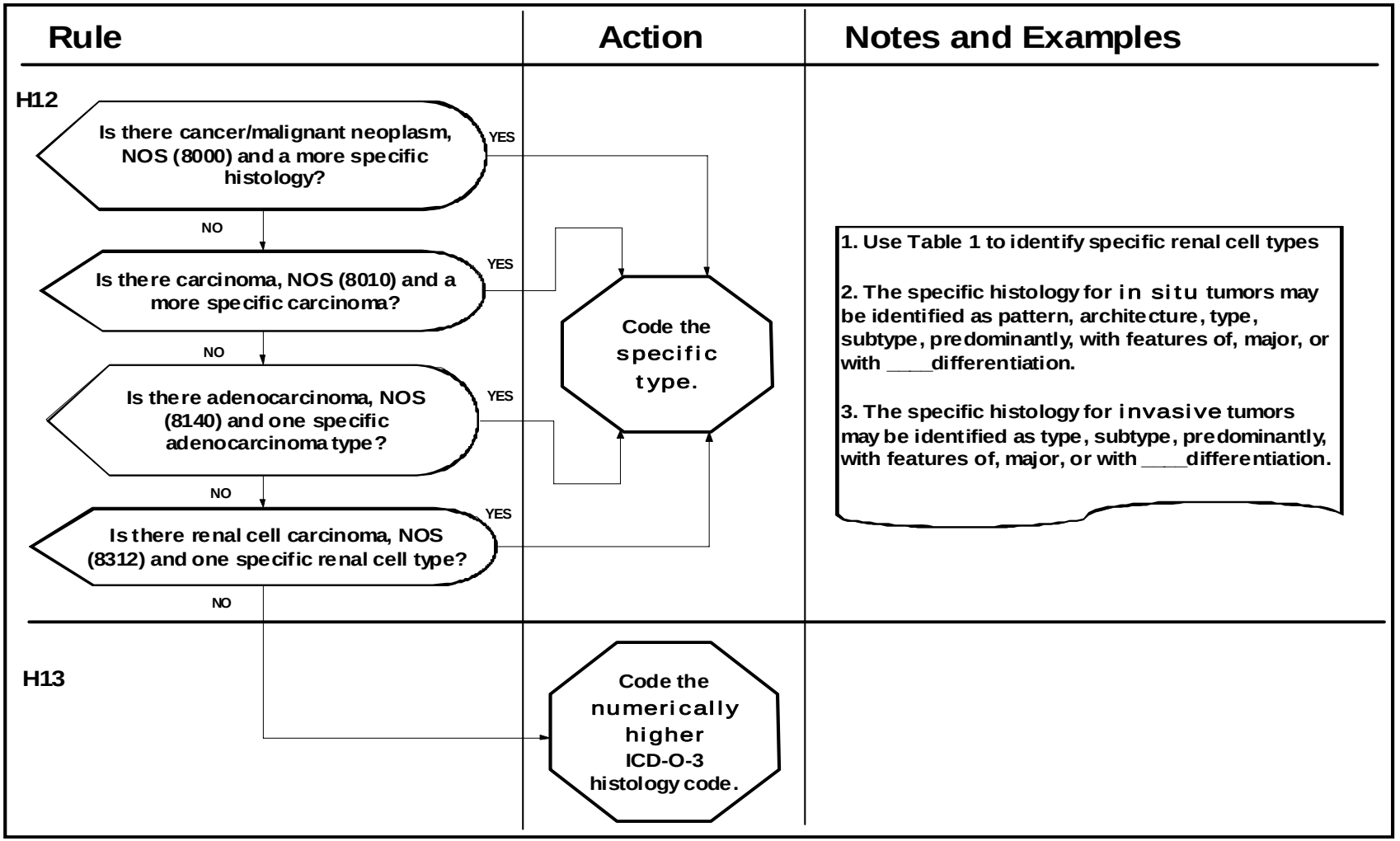
Rule	Action	Notes and Examples
H10 Is only one histologic type identified? YES	Code the histology.	
NO		
H11 Is one tumor in situ and the other invasive or are both tumors invasive? YES	Code the histology of the most invasive tumor	1. This rule should only be used when the first three numbers of the histology codes are identical. (This is a single primary.) 2. See the Kidney Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive. o If one tumor is in situ and one is invasive, code the histology from the invasive tumor. o If both/all histologies are invasive, code the histology of the most invasive tumor.
NO		
Next Page		

Kidney Histology Coding Rules - Flowchart

(C649)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY





This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

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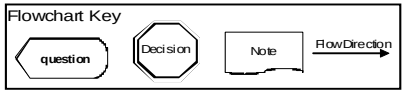
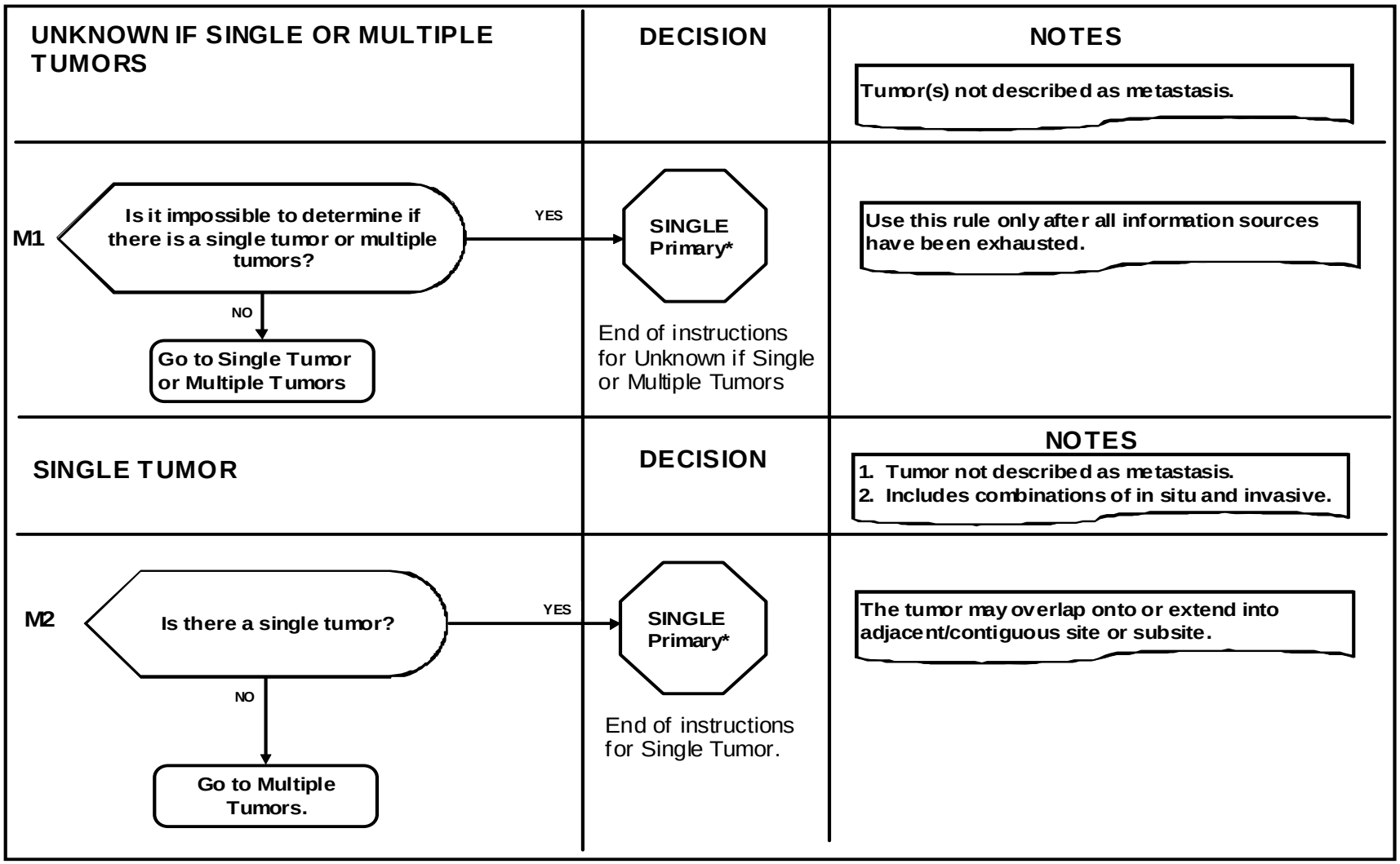
Renal Pelvis, Ureter, Bladder and Other Urinary Multiple Primary Rules - Flowchart

(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

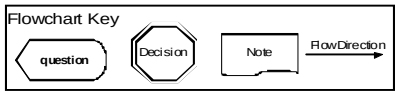


* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



Renal Pelvis, Ureter, Bladder and Other Urinary Multiple Primary Rules - Flowchart

(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



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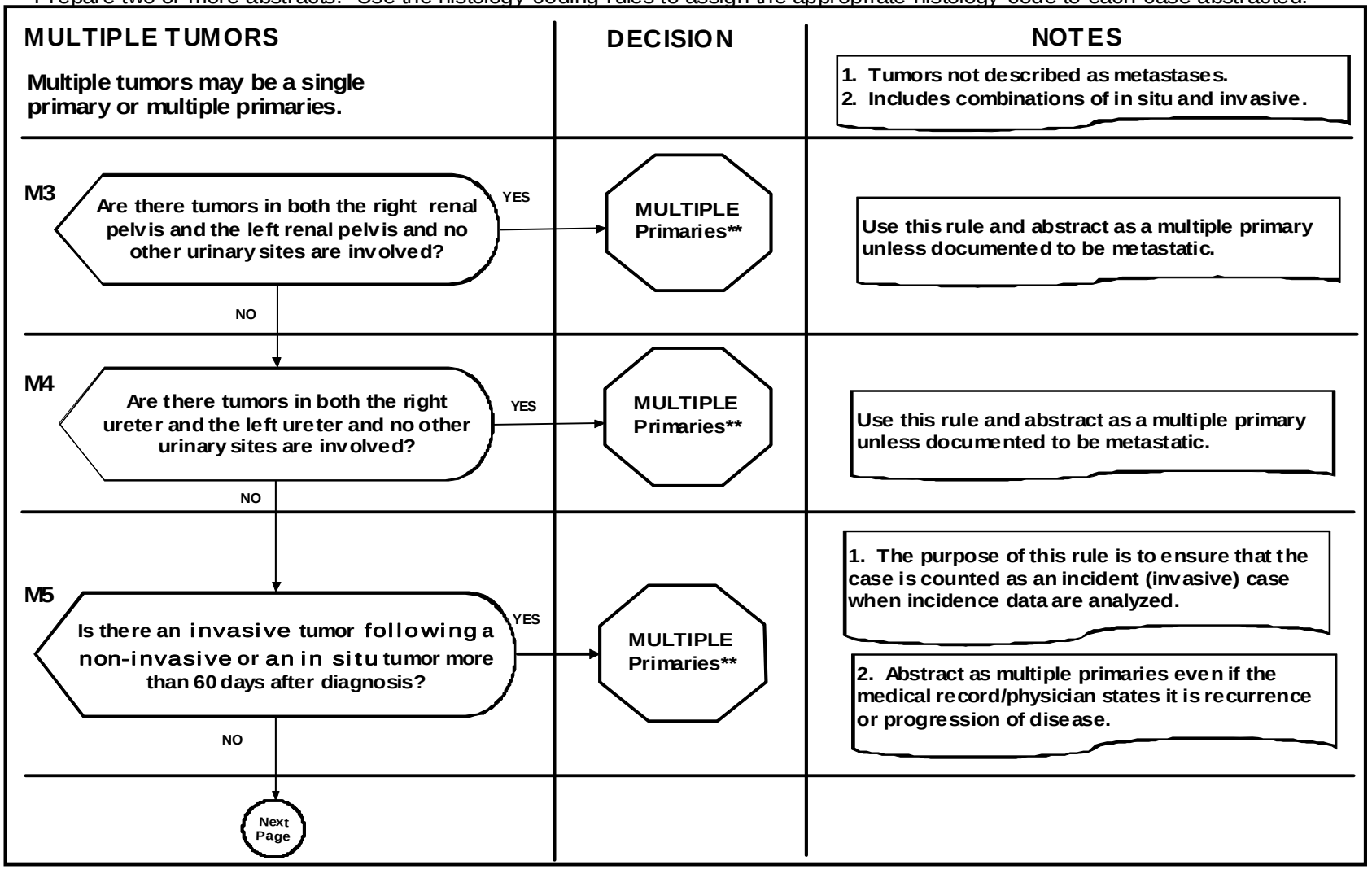
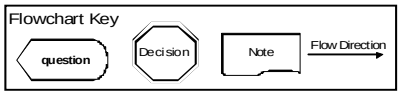


Renal Pelvis, Ureter, Bladder and Other Urinary Multiple Primary Rules - Flowchart

(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



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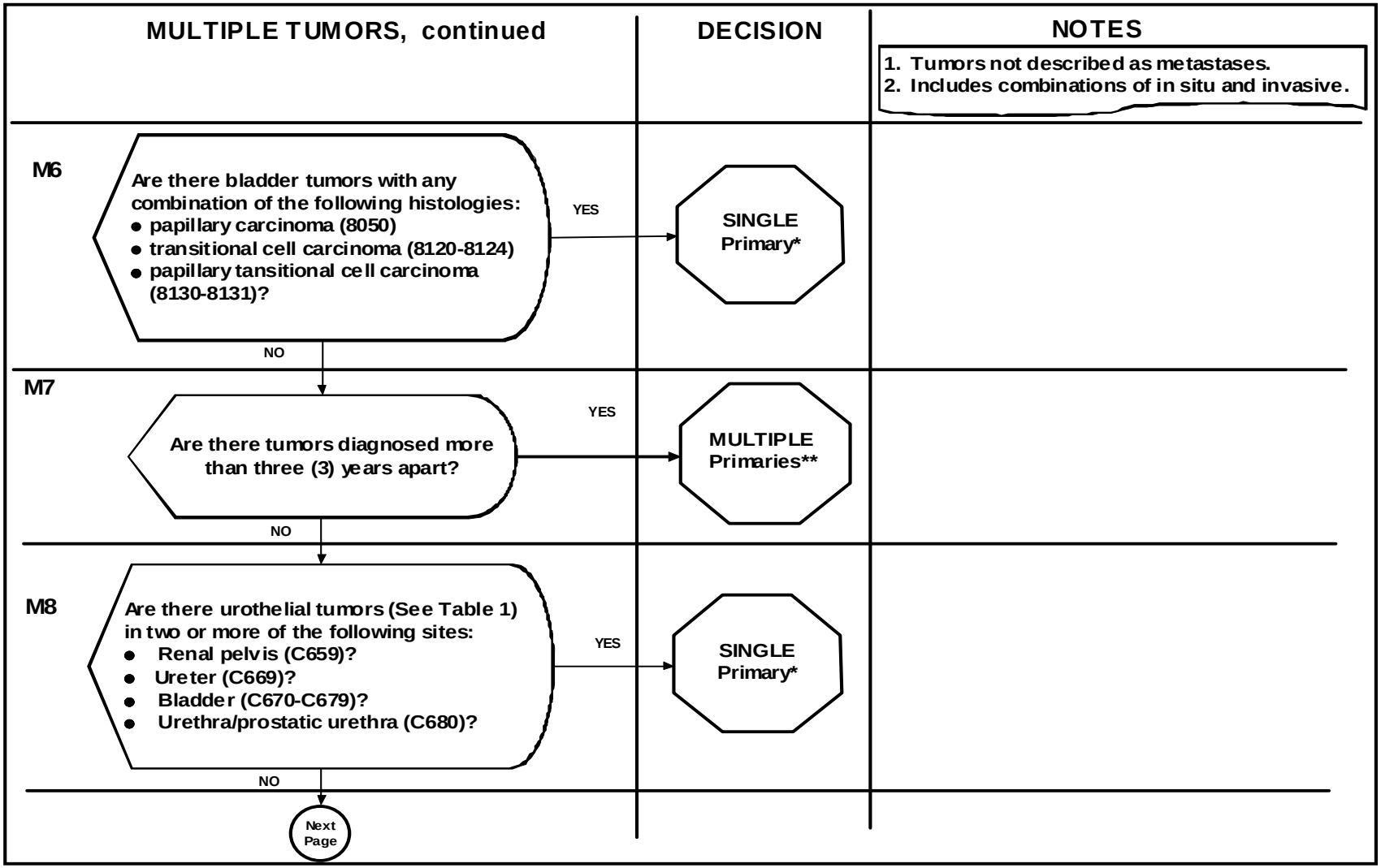
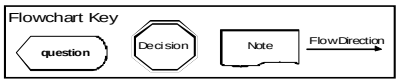


Renal Pelvis, Ureter, Bladder and Other Urinary Multiple Primary Rules - Flowchart

(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



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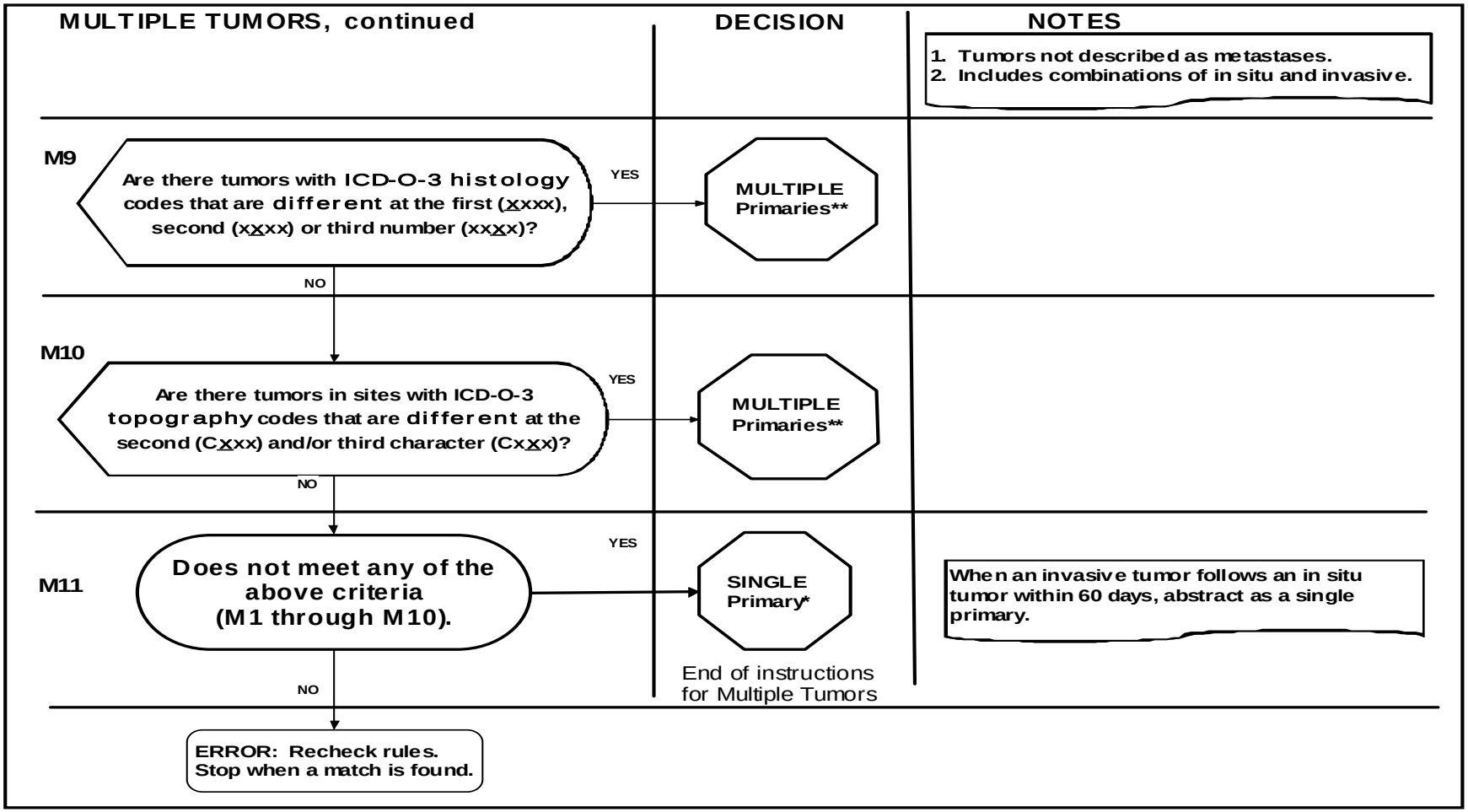
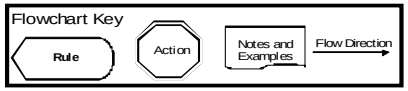
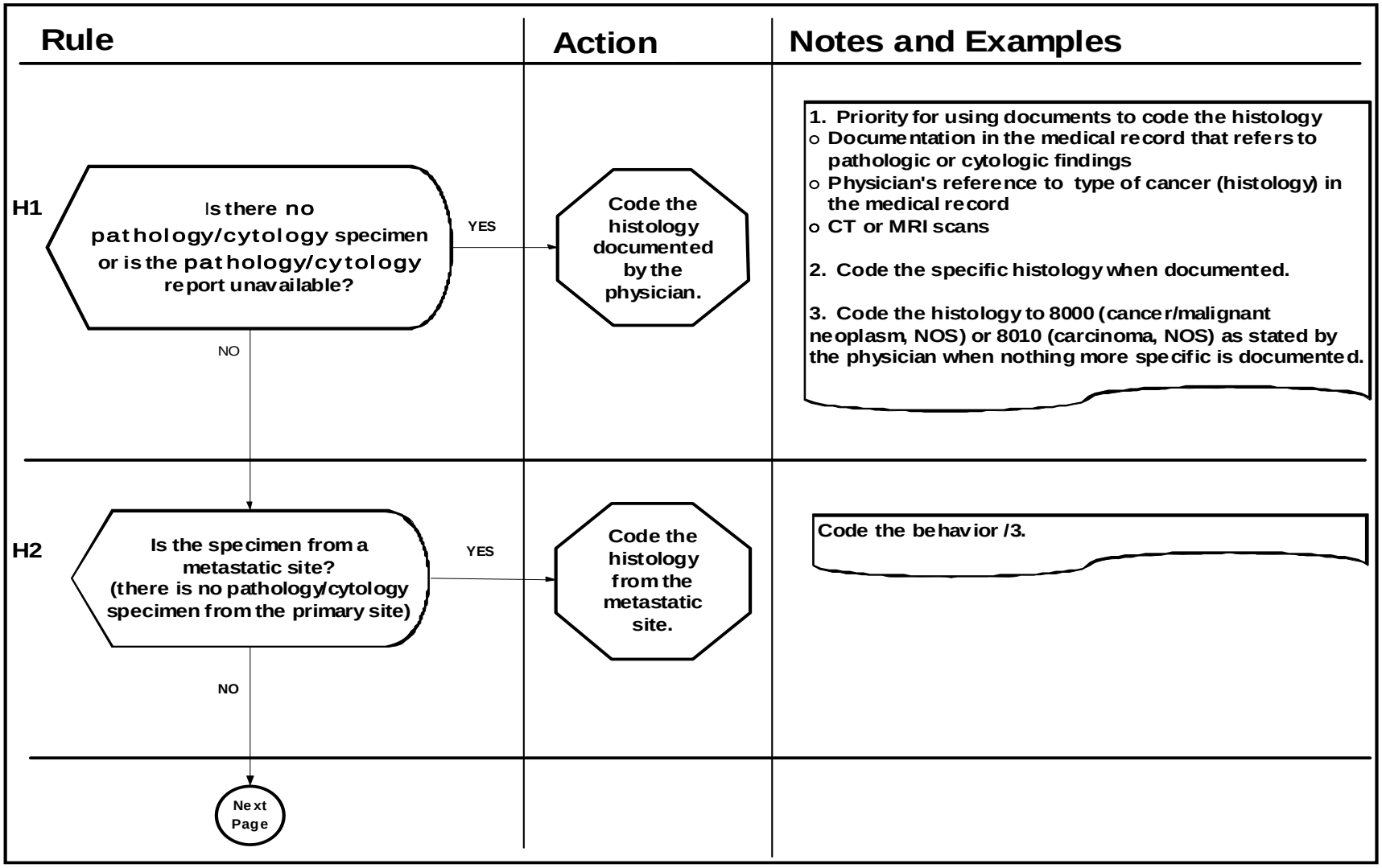


Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart

(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

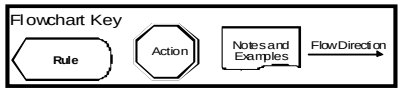


SINGLE TUMOR



Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart

(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

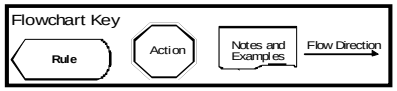


SINGLE TUMOR

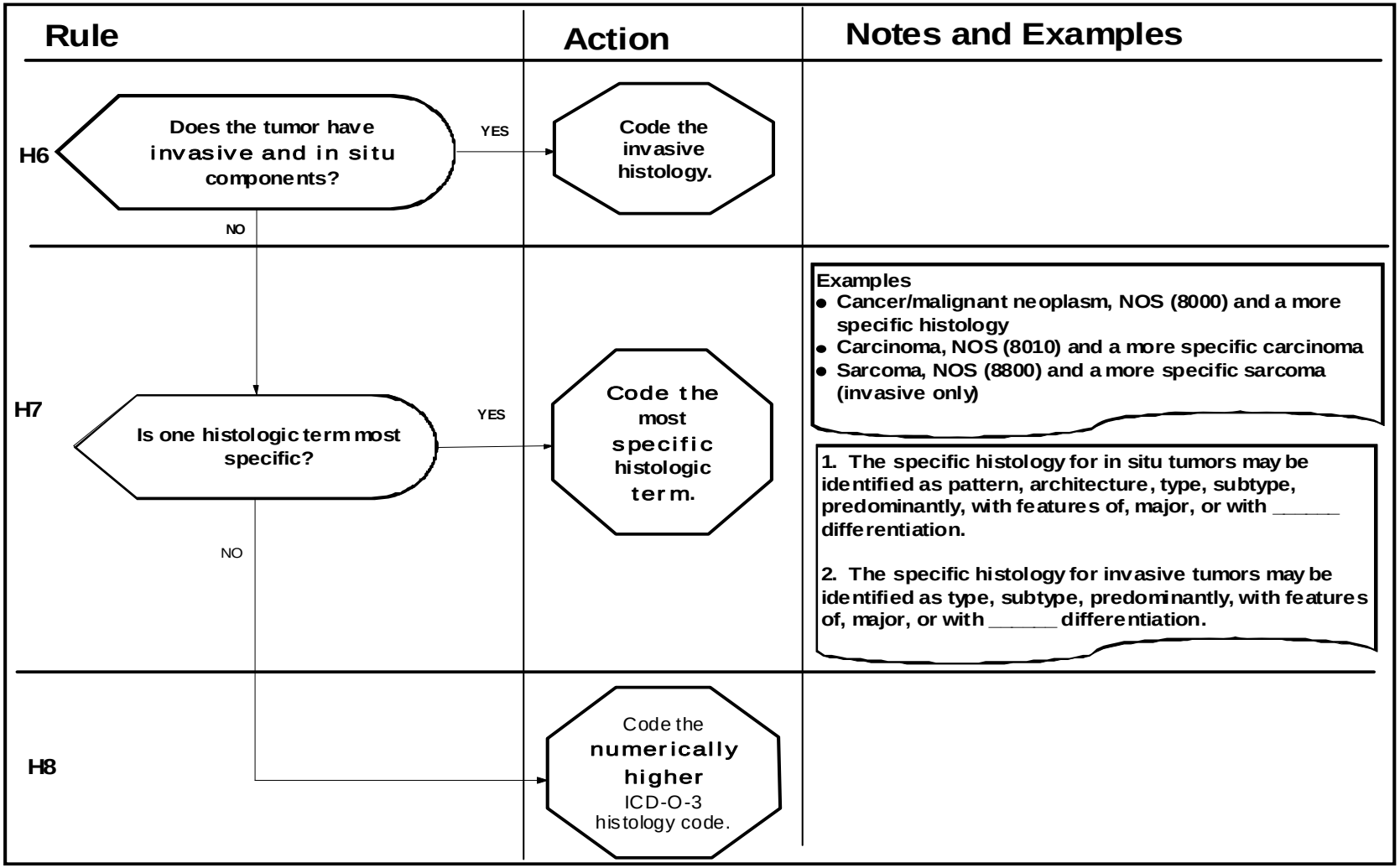
Rule	Action	Notes and Examples
H3 Is the histology: • Pure transitional cell carcinoma? or • Flat (non-papillary) transitional carcinoma? or • Transitional cell carcinoma with squamous differentiation? or • Transitional cell carcinoma with glandular differentiation? or • Transitional cell carcinoma with trophoblastic differentiation? or • Nested transitional cell carcinoma? or • Microcystic transitional cell carcinoma?	YES → Code 8120 (transitional cell/ urothelial carcinoma) (Table 1 - Code 8120).	Flat transitional cell carcinoma is a more important prognostic indicator than papillary, and is likely to be treated more aggressively.
NO		
H4 Is the histology: • papillary carcinoma? or • Papillary transitional cell carcinoma? or • Papillary carcinoma and Transitional cell carcinoma?	YES → Code 8130 (papillary transitional cell carcinoma) (Table 1 - Code 8130).	
NO		
H5 Is only one histologic type identified?	YES → Code the histology.	Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).
NO → Next Page		

Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart

(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



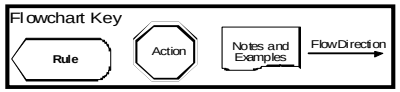
SINGLE TUMOR



This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart

(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



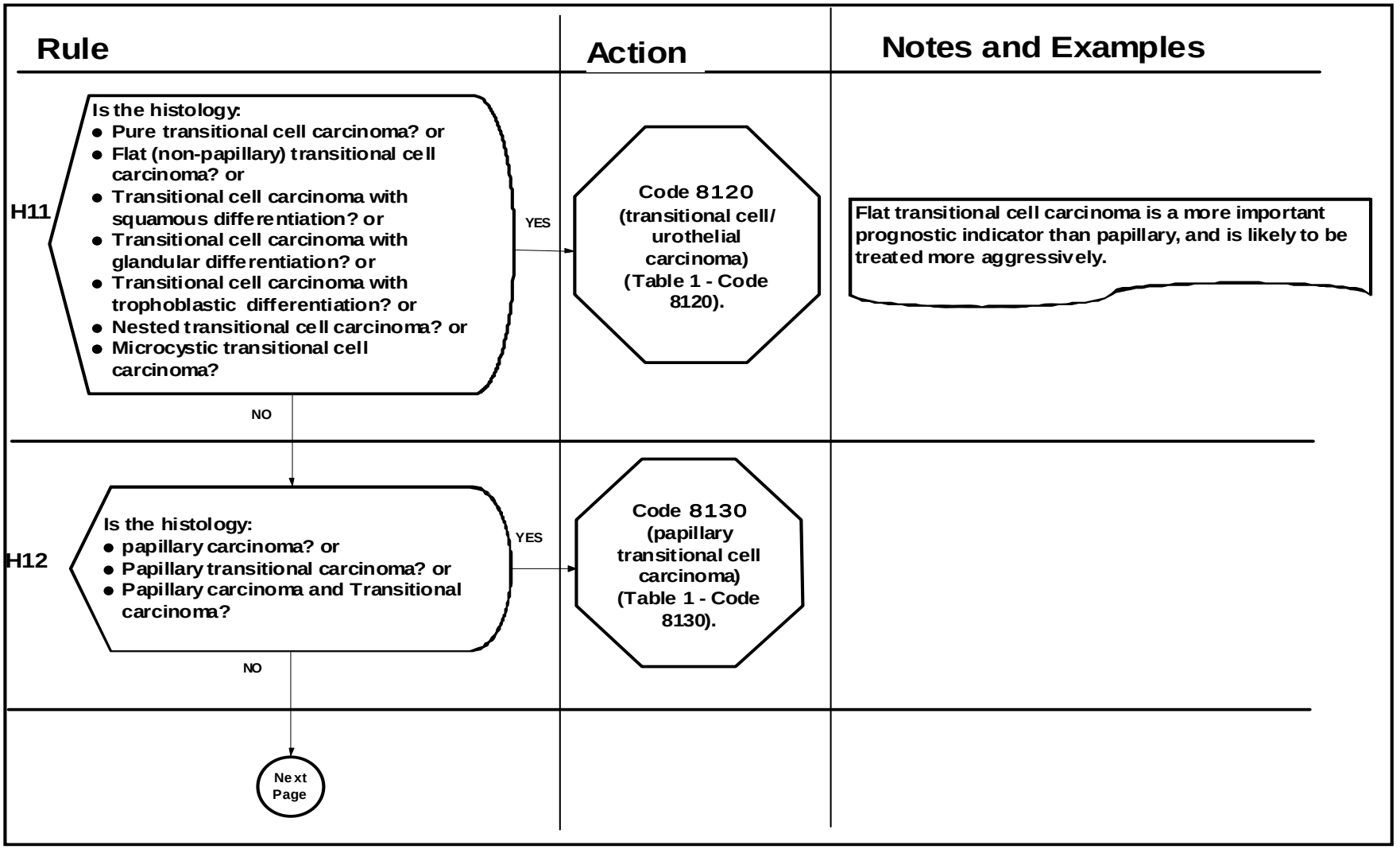
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H9 Is there no pathology/cytology specimen or is the pathology/cytology report unavailable? YES	Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o CT or MRI scans 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
H10 Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site) YES	Code the histology from the metastatic site.	Code the behavior /3.
NO Next Page		

Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart

(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY



Renal Pelvis, Ureter, Bladder and Other Urinary Histology Coding Rules - Flowchart

(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

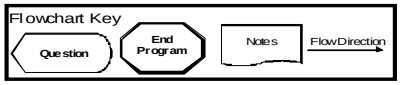
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H13 Is only one histologic type identified? YES	Code the histology.	Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).
H14 Is one tumor in situ and the other invasive or are both tumors invasive? YES	Code the histology of the most invasive tumor.	1. This rule should only be used when the first three numbers of the histology codes are identical (This is a single primary). 2. See the Renal Pelvis, Ureter, Bladder and Other Urinary Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive. o If one tumor is in situ and one is invasive, code the histology from the invasive tumor. o If both/all histologies are invasive, code the histology of the most invasive tumor.
H15	Code the numerically higher ICD-O-3 code.	

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

Benign and Borderline Intracranial and CNS Tumors Multiple Primary Rules - Flowchart

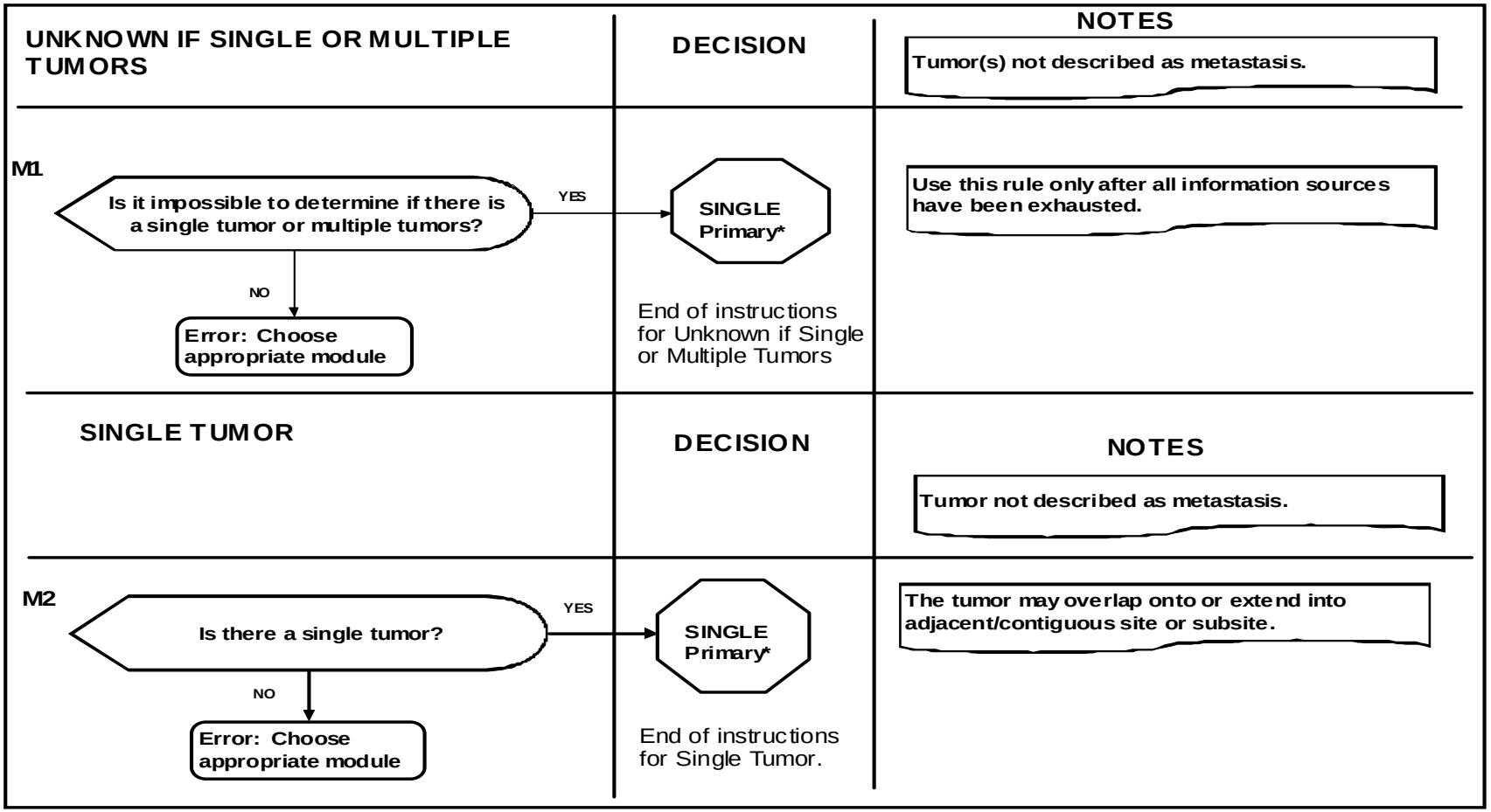
(C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)



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

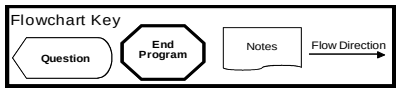
* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

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



Benign and Borderline Intracranial and CNS Tumors Multiple Primary Rules - Flowchart

(C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)



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

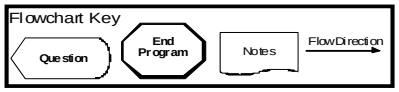
* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

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

MULTIPLE TUMORS Multiple tumors may be a single primary or multiple primaries.	DECISION	NOTES Tumors not described as metastases.
M3 Is there an invasive tumor (/3) and either a benign brain tumor (/0) or an uncertain/borderline brain tumor (/1)? YES	MULTIPLE Primaries**	
NO		
M4 Are there tumors in sites with ICD-O-3 **topography** codes that are **different** at the second (C**x**xx), third character (Cx**x**x) and/or fourth character (Cxx**x**)? YES	MULTIPLE Primaries**	
NO		
M5 Are there tumors on **both sides** (left and right) of a **paired site** (See Table 1) ? YES	MULTIPLE Primaries**	
NO Next Page		

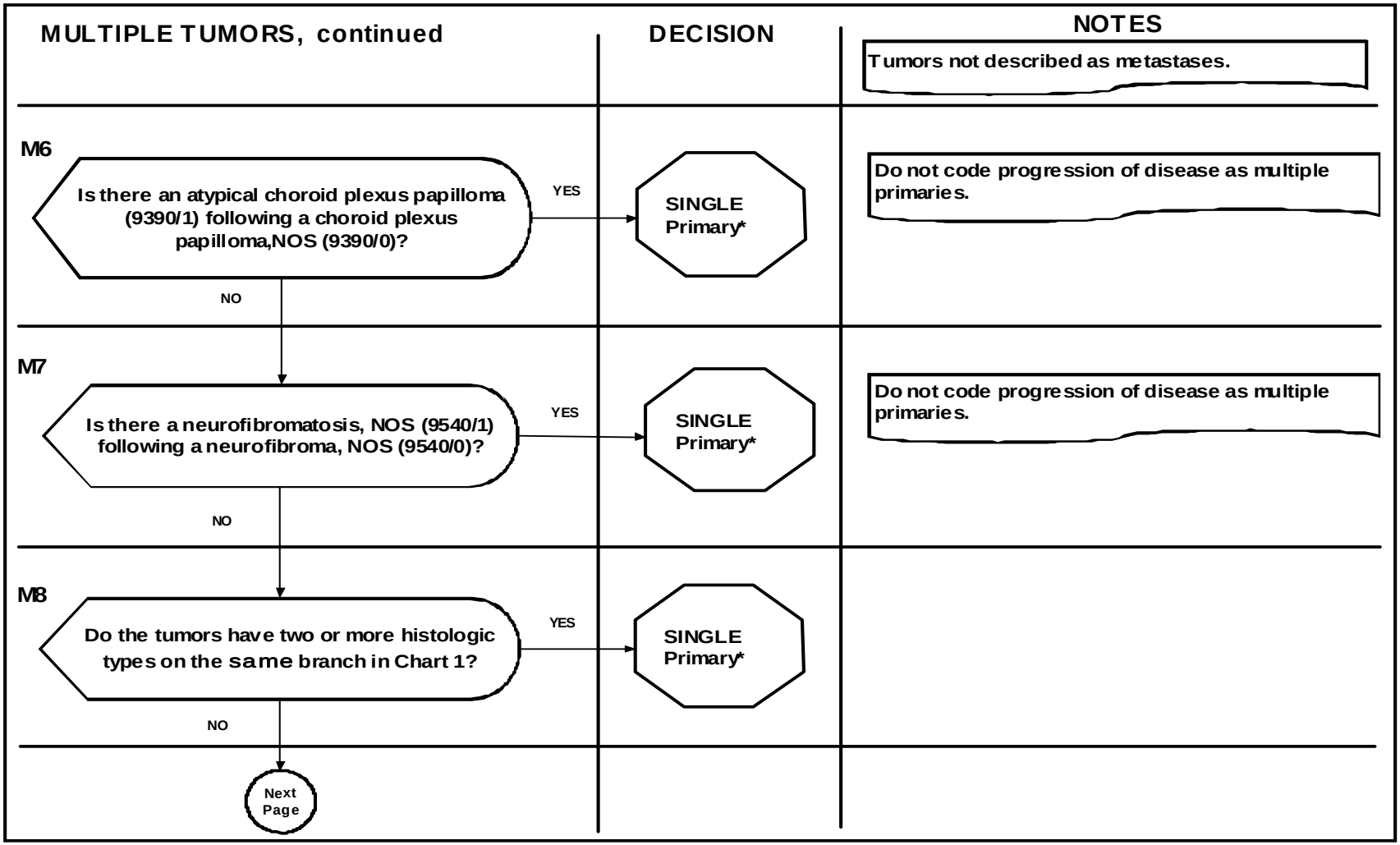
Benign and Borderline Intracranial and CNS Tumors Multiple Primary Rules - Flowchart

(C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)



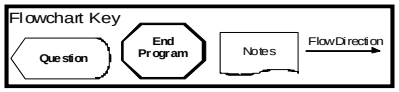
Note: Malignant intracranial and CNS tumors have a separate set of rules.

* 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.



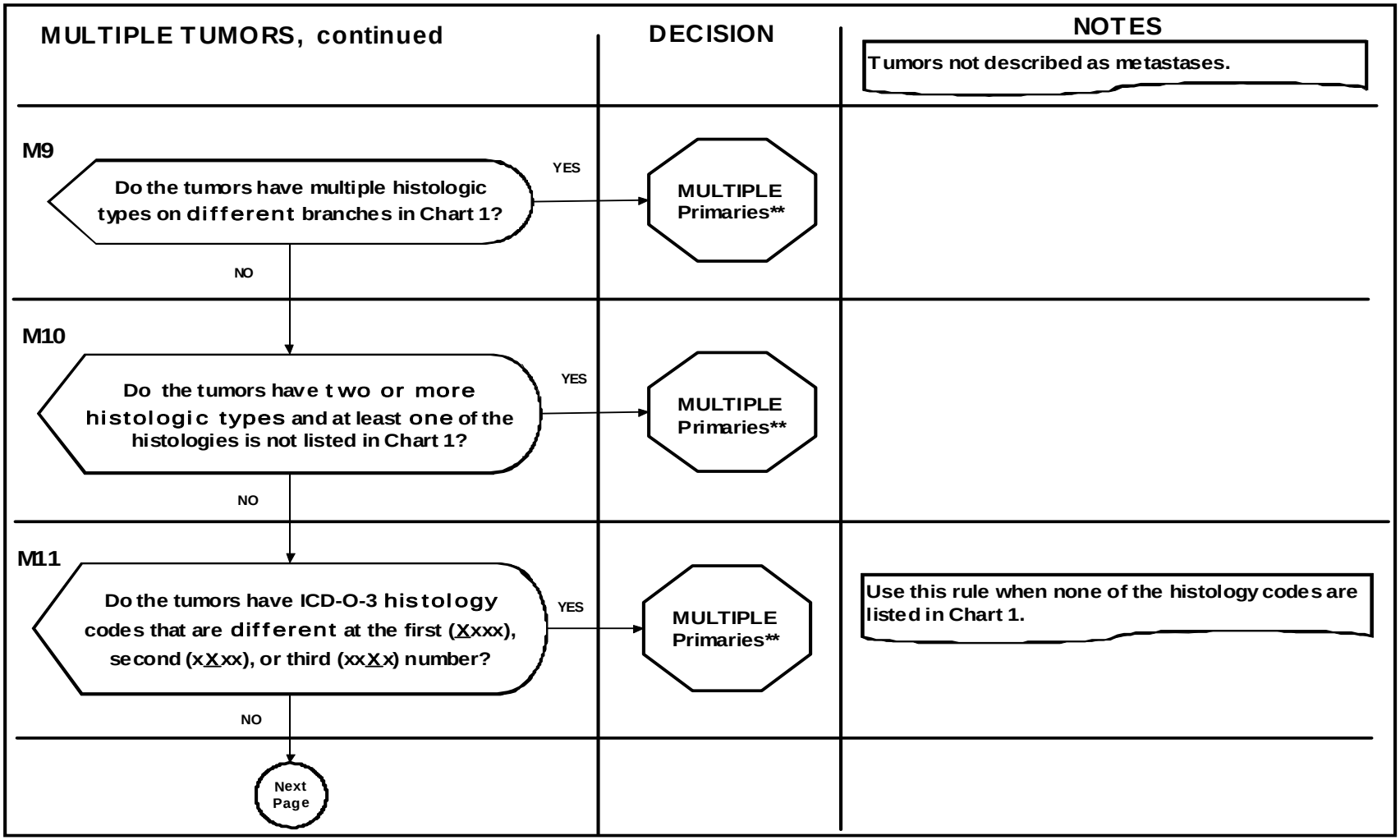
Benign and Borderline Intracranial and CNS Tumors Multiple Primary Rules - Flowchart

(C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)



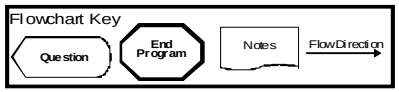
Note: Malignant intracranial and CNS tumors have a separate set of rules.

* 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.



Benign and Borderline Intracranial and CNS Tumors Multiple Primary Rules - Flowchart

(C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)



Note: Malignant 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.

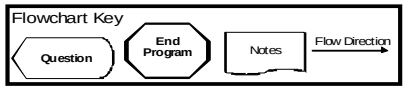
MULTIPLE TUMORS, continued	DECISION	NOTES
		Tumors not described as metastases.
M12 **Tumors do not meet any of the above criteria (M1 through M11).** YES	**SINGLE Primary***	**Timing is not used to determine multiple primaries for benign and borderline intracranial and CNS tumors.**
NO	End of instructions for Multiple Tumors.	
ERROR: Recheck rules. Stop when a match is found.		

Rule M12 Examples: The following are examples of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. ***Warning: Using only these case examples to determine the number of primaries can result in major errors.***	
Example 1. Tumors in the same site with the same histology (Chart 1) and the same laterality as the original tumor are a single primary.	Example 2. Tumors in the same site with the same histology (Chart 1) and it is unknown if laterality is the same as the original tumor are a single primary.
Example 3. Tumors in the same site and same laterality with histology codes not listed in Chart 1 that have the same first three numbers are a single primary.	

Benign and Borderline Intracranial and CNS Tumors Histology Coding Rules - Flowchart

(C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)

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



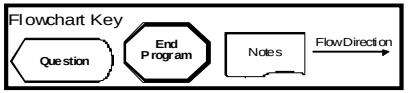
SINGLE TUMOR

Rule	Action	Notes and Examples
H1 Is there no pathology/cytology specimen or is the pathology/cytology report unavailable? YES	Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of tumor (histology) in the medical record o PET, CT or MRI scans 2. Code the specific histology when documented. 3. Code the histology to 8000 (neoplasm, NOS) as stated by the physician when nothing more specific is documented.
NO		
H2 Is only one histologic type identified? YES	Code the histology.	
NO		
Next Page		

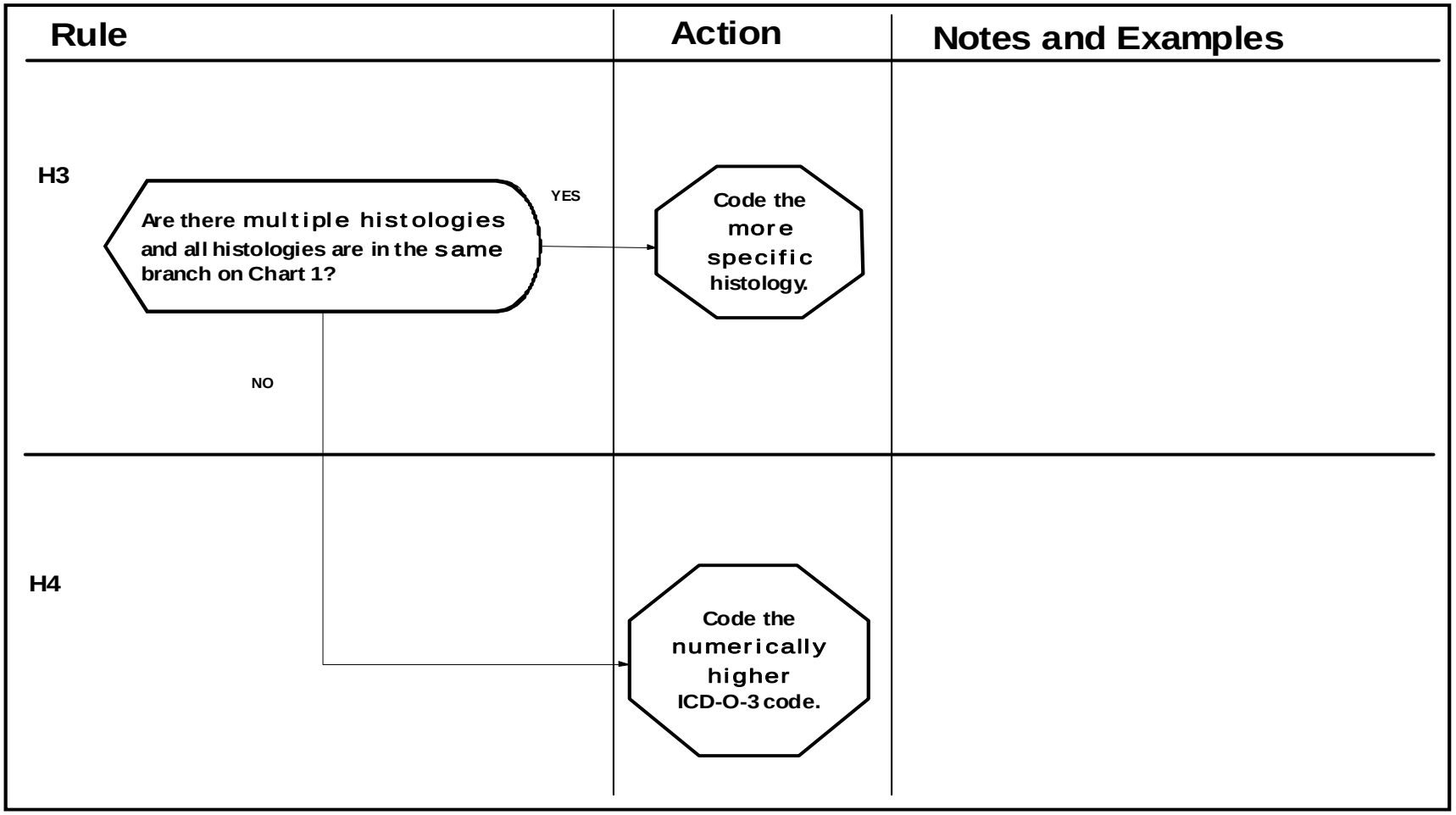
Benign and Borderline Intracranial and CNS Tumors Histology Coding Rules - Flowchart

(C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)

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



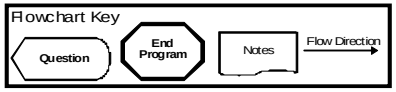
SINGLE TUMOR



This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

Benign and Borderline Intracranial and CNS Tumors Histology Coding Rules - Flowchart
(C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)

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



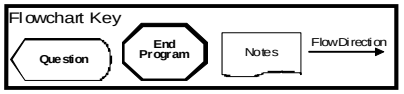
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H5 Is there no pathology/cytology specimen or is the pathology/cytology report unavailable? YES	Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of tumor (histology) in the medical record o PET, CT or MRI scans 2. Code the specific histology when documented. 3. Code the histology to 8000 (neoplasm, NOS) or as stated by the physician when nothing more specific is documented.
NO		
H6 Are there multiple meningiomas of uncertain behavior? YES	Code to 9530/1	1. This is a rare condition that is usually associated with neurofibromatosis type 2 and other genetic disorders. 2. Use this code only for meningiomas with uncertain behavior; do not use this code for multiple benign or malignant meningiomas.
NO		
Next Page		

Benign and Borderline Intracranial and CNS Tumors Histology Coding Rules - Flowchart

(C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)

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



MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H7 Is only one histologic type identified? — YES	Code the histology.	
H8 Was there a previous tumor(s)? — YES	Code the histology from the original diagnosis.	Do not change the behavior code when a later tumor(s) shows progression of disease.
H9 Are there multiple histologies and all histologies are in the same branch on Chart 1? — YES	Code the more specific histology.	
H10	Code the numerically higher ICD-O-3 histology code.	

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

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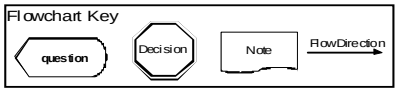
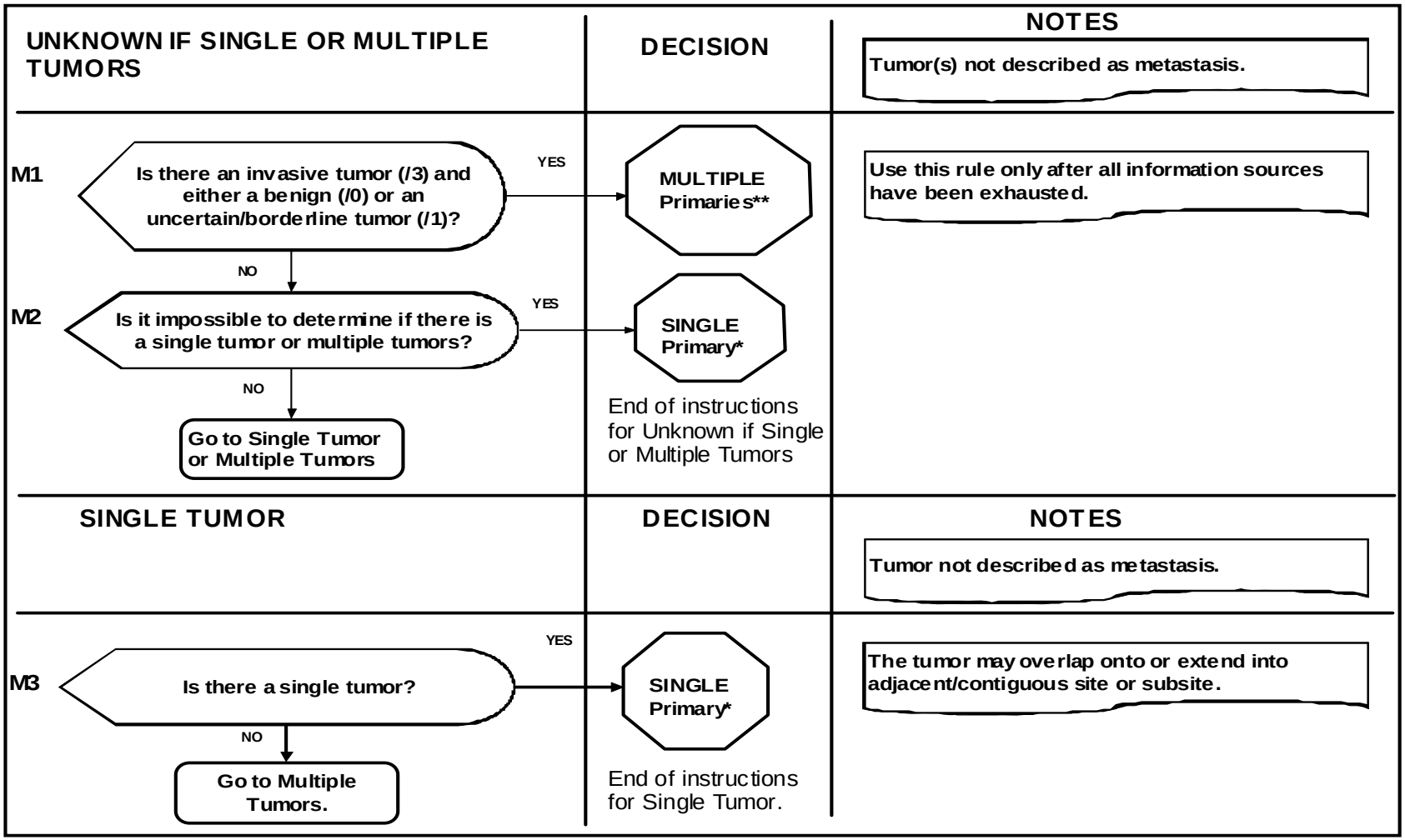
Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Multiple Primary Rules - Flowchart



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.

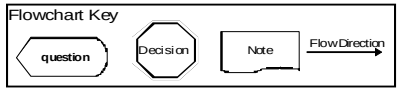
* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Multiple Primary Rules - Flowchart

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 separate set of rules.



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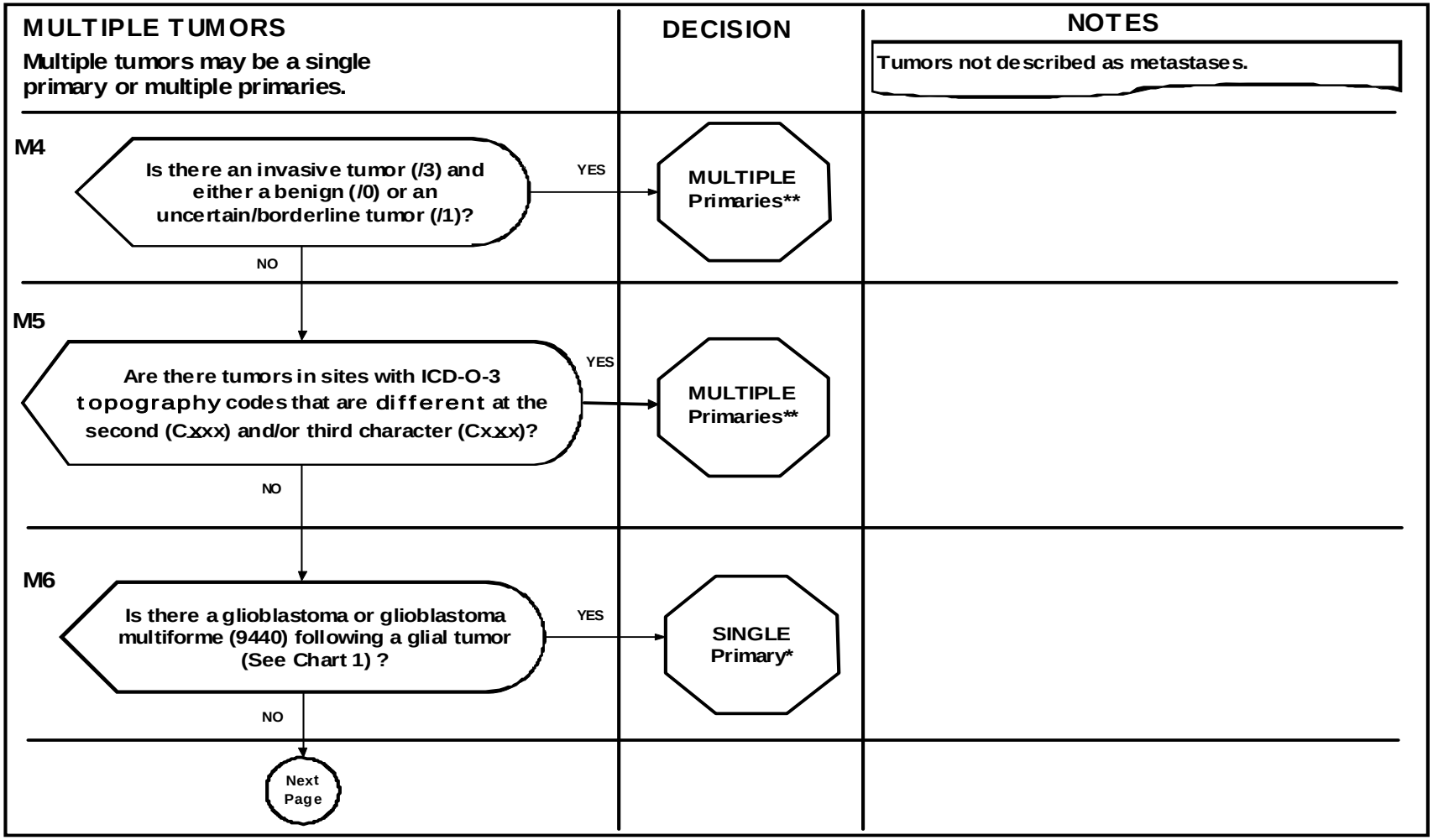
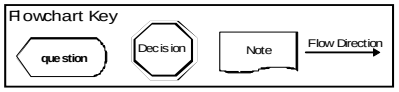
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Multiple Primary Rules - Flowchart

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 separate set of rules.



* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
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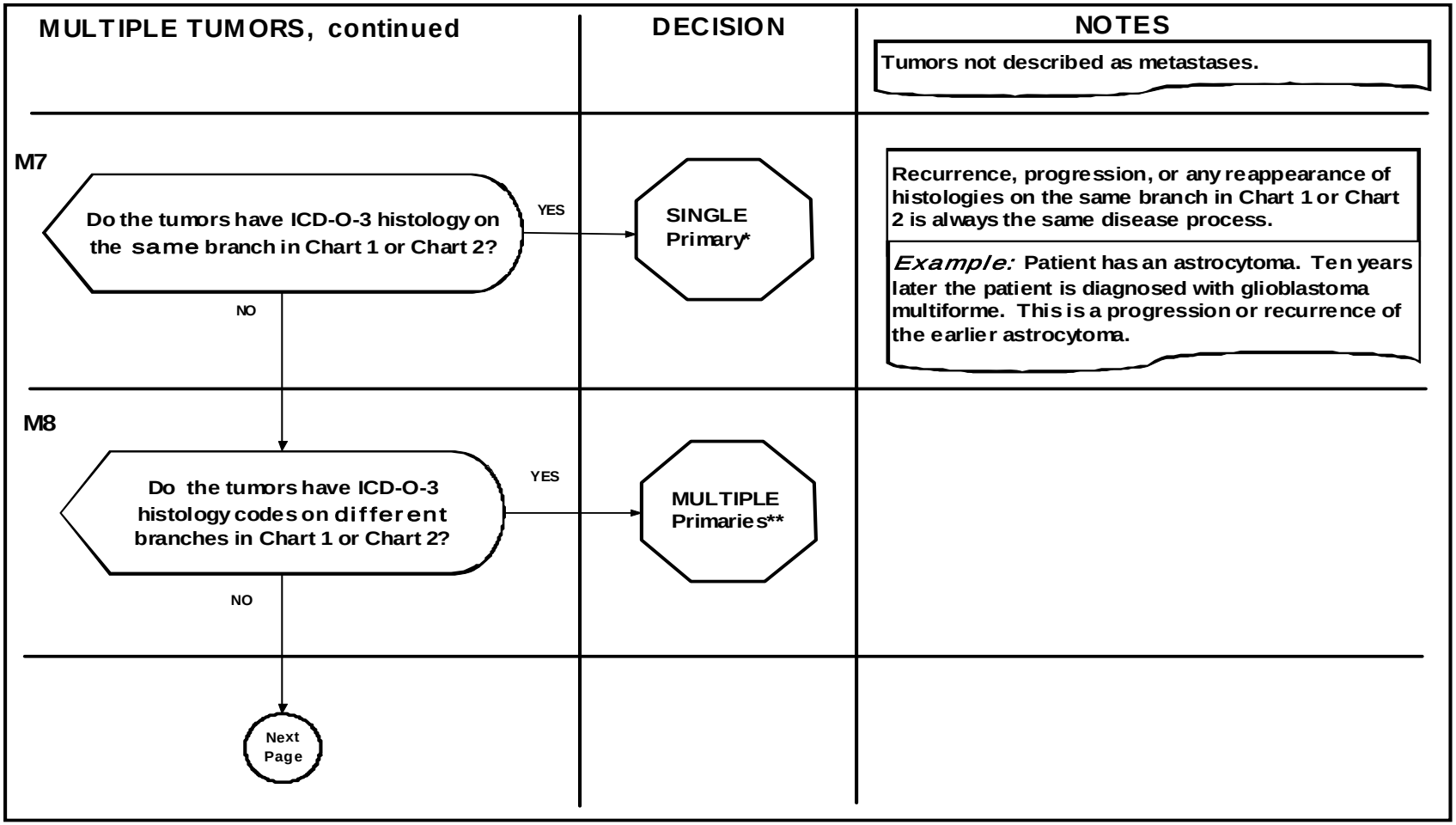
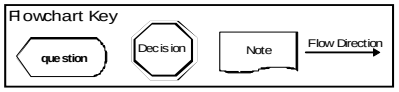


Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Multiple Primary Rules - Flowchart

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 separate set of rules.



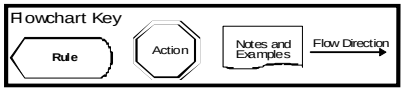
* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

MULTIPLE TUMORS, continued	DECISION	NOTES
		Tumors not described as metastases.
M9 Do the tumors have ICD-O-3 histology codes that are different at the first (Xxxx), second (xXxx), or third (xxXx) number?		
YES	**MULTIPLE Primaries****	
NO		
M10 Does not meet any of the above criteria (M1 through M9).		
YES	**SINGLE Primary***	**1.** 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.** Multicentric brain tumors which involve different lobes of the brain that do not meet any of the above criteria are the same disease process.
NO	End of instructions for Multiple Tumors.	
ERROR: Recheck rules. Stop when a match is found.		

Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Histology Coding Rules - Flowchart

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 separate set of rules.



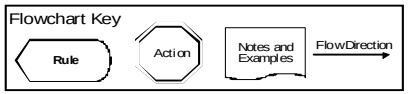
SINGLE TUMOR

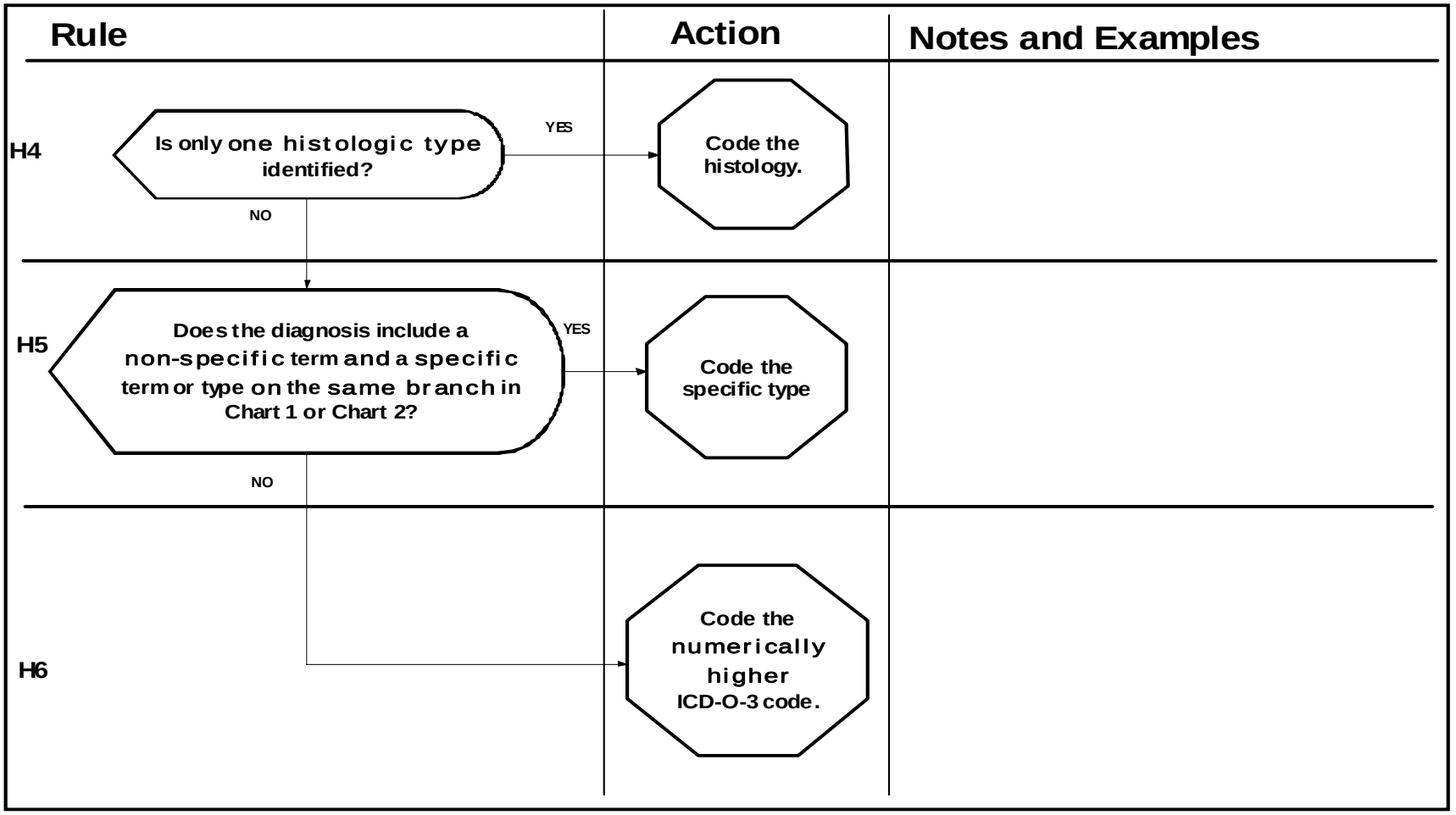
Rule	Action	Notes and Examples
H1 Is there no pathology/cytology specimen or is the pathology/cytology report unavailable? YES	Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o CT or MRI scans 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) as stated by the physician when nothing more specific is documented.
NO		
H2 Is the only specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site) YES	Code the histology from a metastatic site.	Code the behavior /3.
NO		
H3 Are at least two of the following cells and/or differentiation present: • Astrocytoma • Oligodendroglioma • Ependymal? YES	Code 9382/3 (mixed glioma).	
NO		
Next Page		

Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Histology Rules - Flowchart

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.



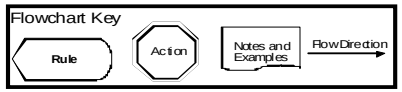


This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Histology Rules - Flowchart

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



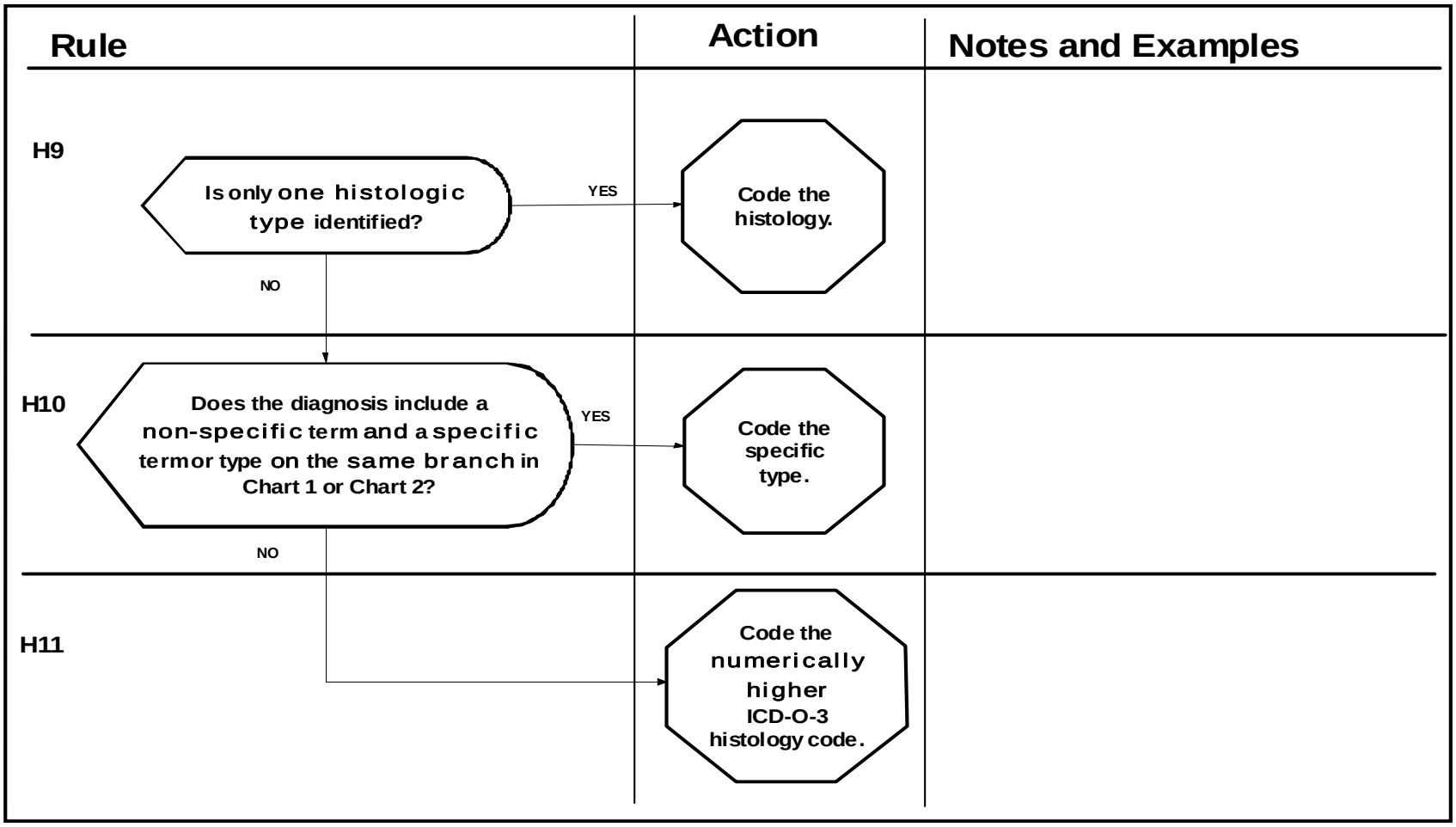
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H7 Is there no pathology/cytology specimen or is the pathology/cytology report unavailable? YES	Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o CT or MRI scans 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or as stated by the physician when nothing more specific is documented.
NO		
H8 Is the only specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site) YES	Code the histology from a metastatic site.	Code the behavior /3.
NO		
Next Page		

Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Histology Rules - Flowchart

C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

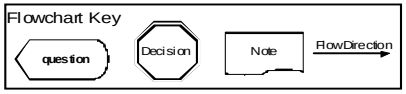
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)
Note: Benign and borderline intracranial and CNS tumors have a separate set of rules.



This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

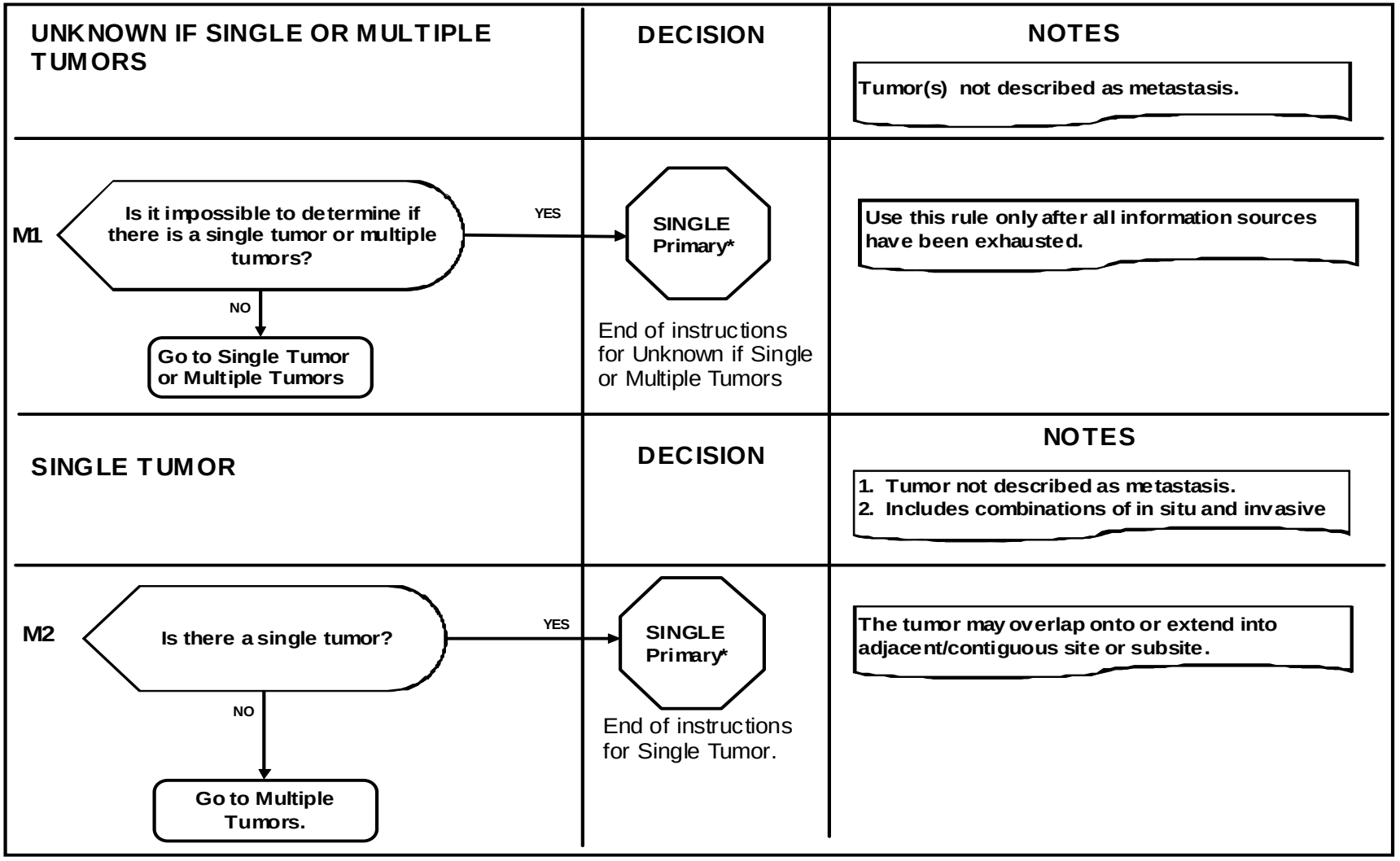
Other Sites Multiple Primary Rules - Flowchart

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



* 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.



Other Sites Multiple Primary Rules - Flowchart

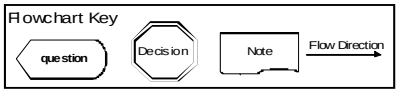
(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

* 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.

MULTIPLE TUMORS	DECISION	NOTES
Multiple tumors may be a single primary or multiple primaries.		**1. Tumors not described as metastases.** **2. Includes combinations of in situ and invasive.**
M3 **Is the diagnosis adenocarcinoma of the prostate?** YES	**SINGLE Primary***	**1. Report only one adenocarcinoma of the prostate per patient per lifetime.** **2. 95% of prostate malignancies are common (acinar) adenocarcinoma histology (8140). See Equivalent Terms, Definitions and Tables for more information.** **3. If patient has a previous acinar adenocarcinoma of the prostate in the database and is diagnosed with adenocarcinoma in 2007 it is a single primary.**
NO		
M4 **Is the diagnosis retinoblastoma (unilateral or bilateral)?** YES	**SINGLE Primary***	
NO		
Next Page		

Other Sites Multiple Primary Rules - Flowchart

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



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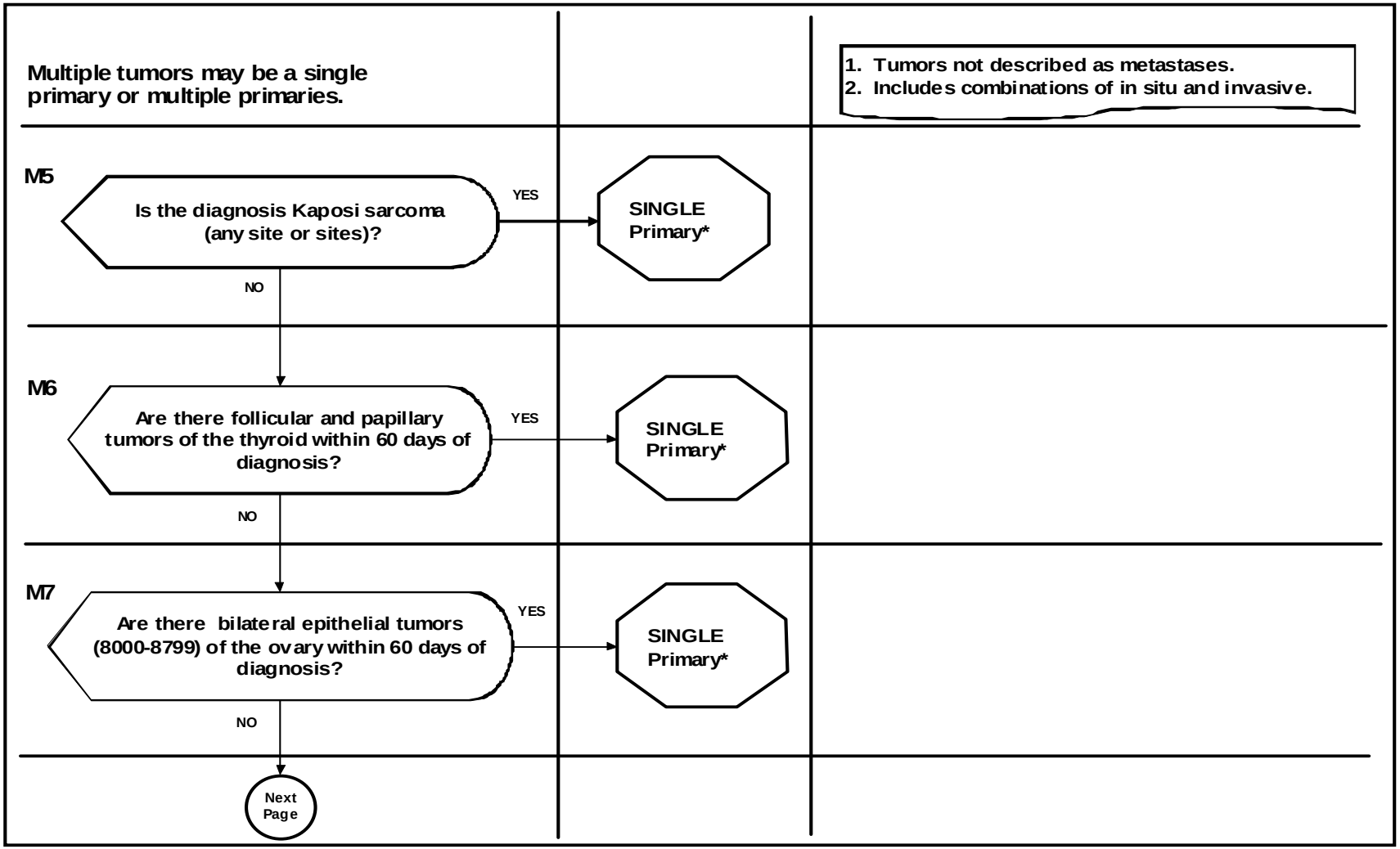

Other Sites MP

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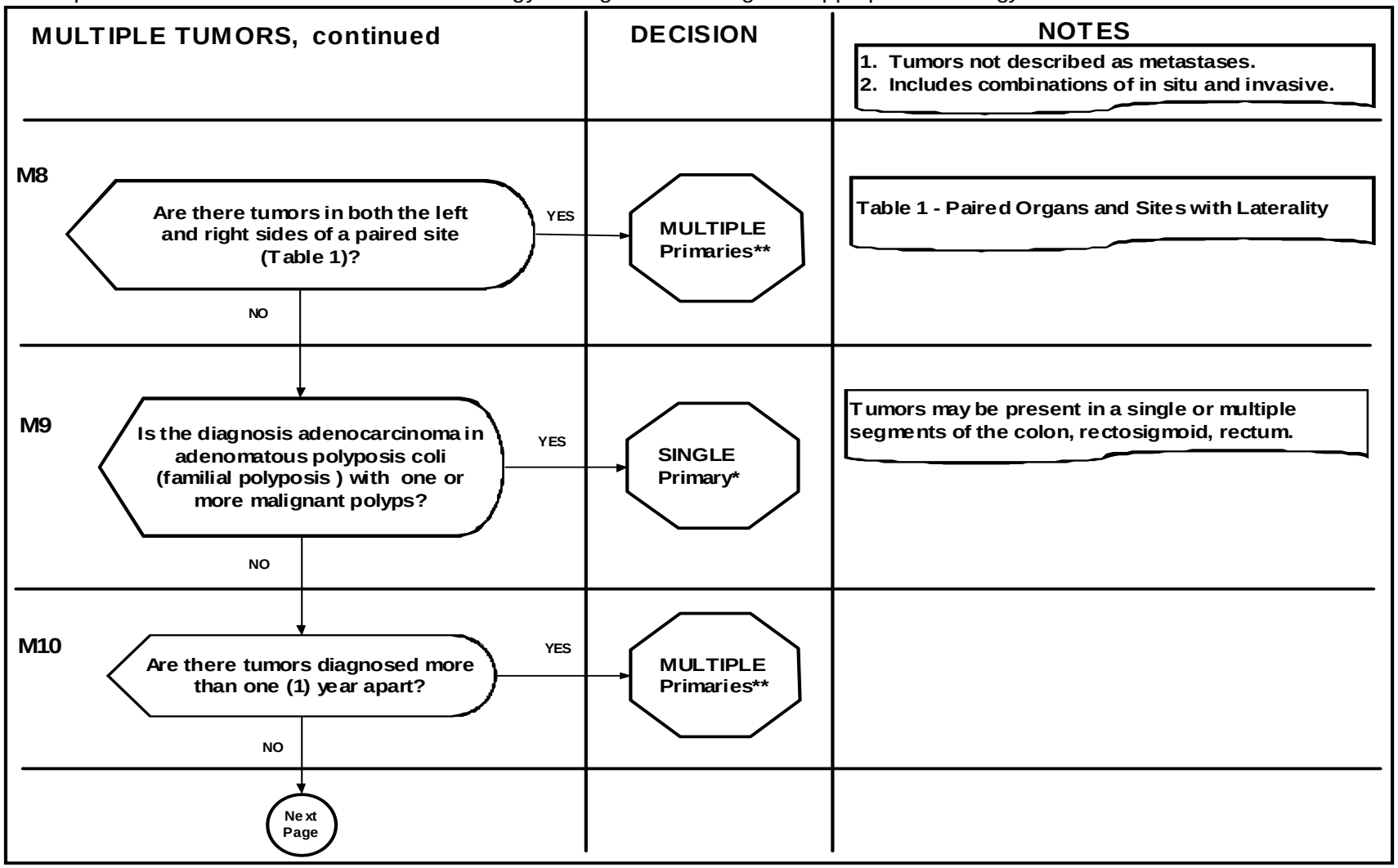
Other Sites Multiple Primary Rules - Flowchart

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

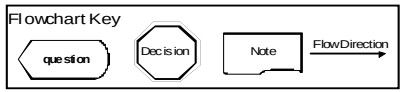
* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

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



Other Sites Multiple Primary Rules - Flowchart

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



* 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.

MULTIPLE TUMORS, continued

DECISION

NOTES

1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

M11

Are there tumors in sites with ICD-O-3 topography codes that are different at the second (Cxxx) and/or third character (Cxxx)?

YES → MULTIPLE Primaries**

NO

Example 1: A tumor in the penis C609 and a tumor in the rectum C209 have different second characters in their ICD-O-3 topography codes, so they are multiple primaries.

Example 2: Example 1: A tumor in the cervix C539 and a tumor in the vulva C519 have different second characters in their ICD-O-3 topography codes, so they are multiple primaries.

M12

Are there tumors in sites with ICD-O-3 topography codes that differ at only the fourth character (Cxxx) and are in any one of the following primary sites:

- Anus and anal canal (C21_)
- Bones, joints, and articular cartilage (C40_-C41_)
- Peripheral nerves and autonomic nervous system (C47_)
- Connective subcutaneous and other soft tissues (C49_)
- Skin (C44_)

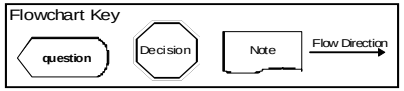
YES → MULTIPLE Primaries**

NO

Next Page

Other Sites Multiple Primary Rules - Flowchart

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



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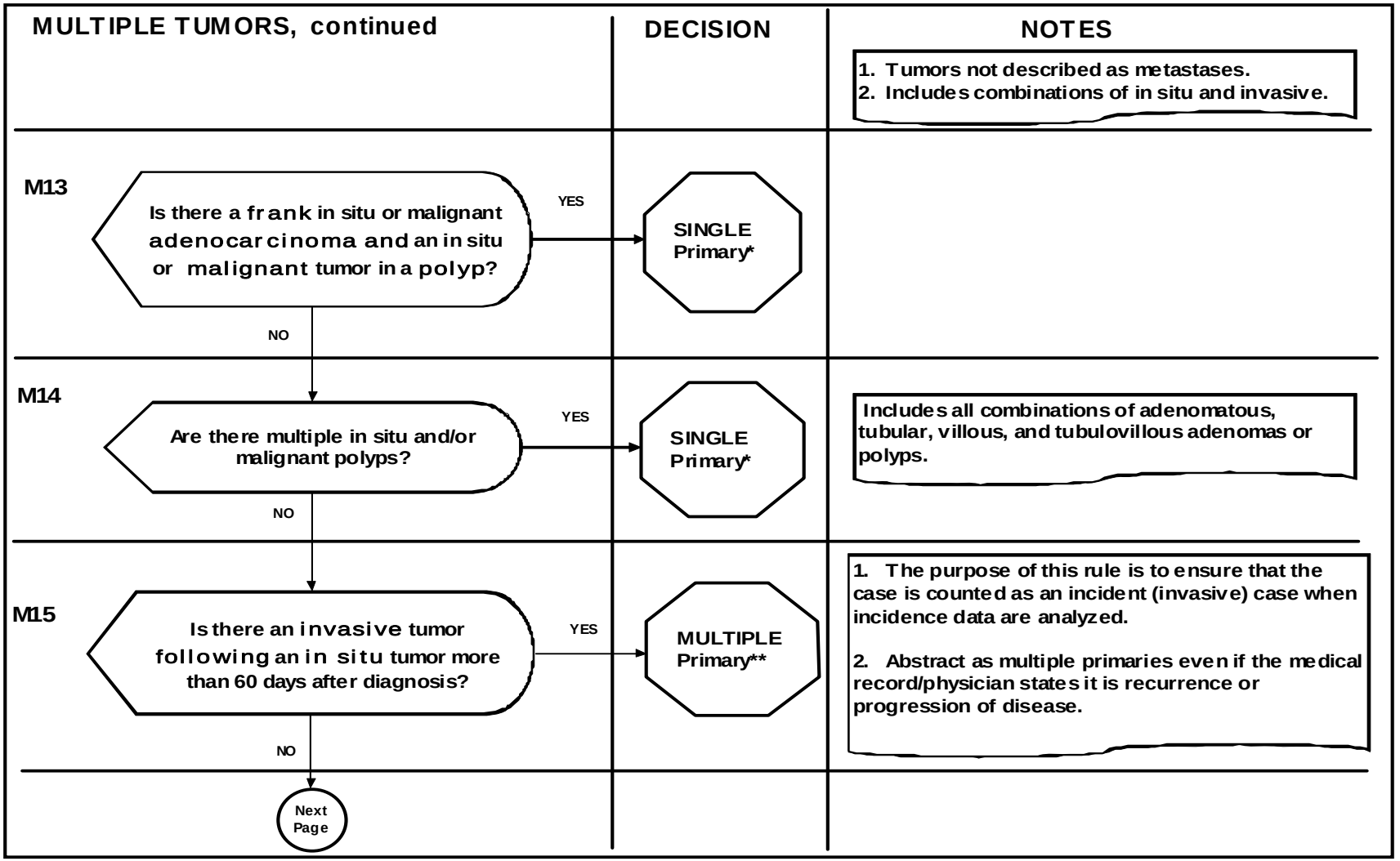
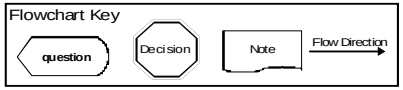


Other Sites Multiple Primary Rules - Flowchart

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



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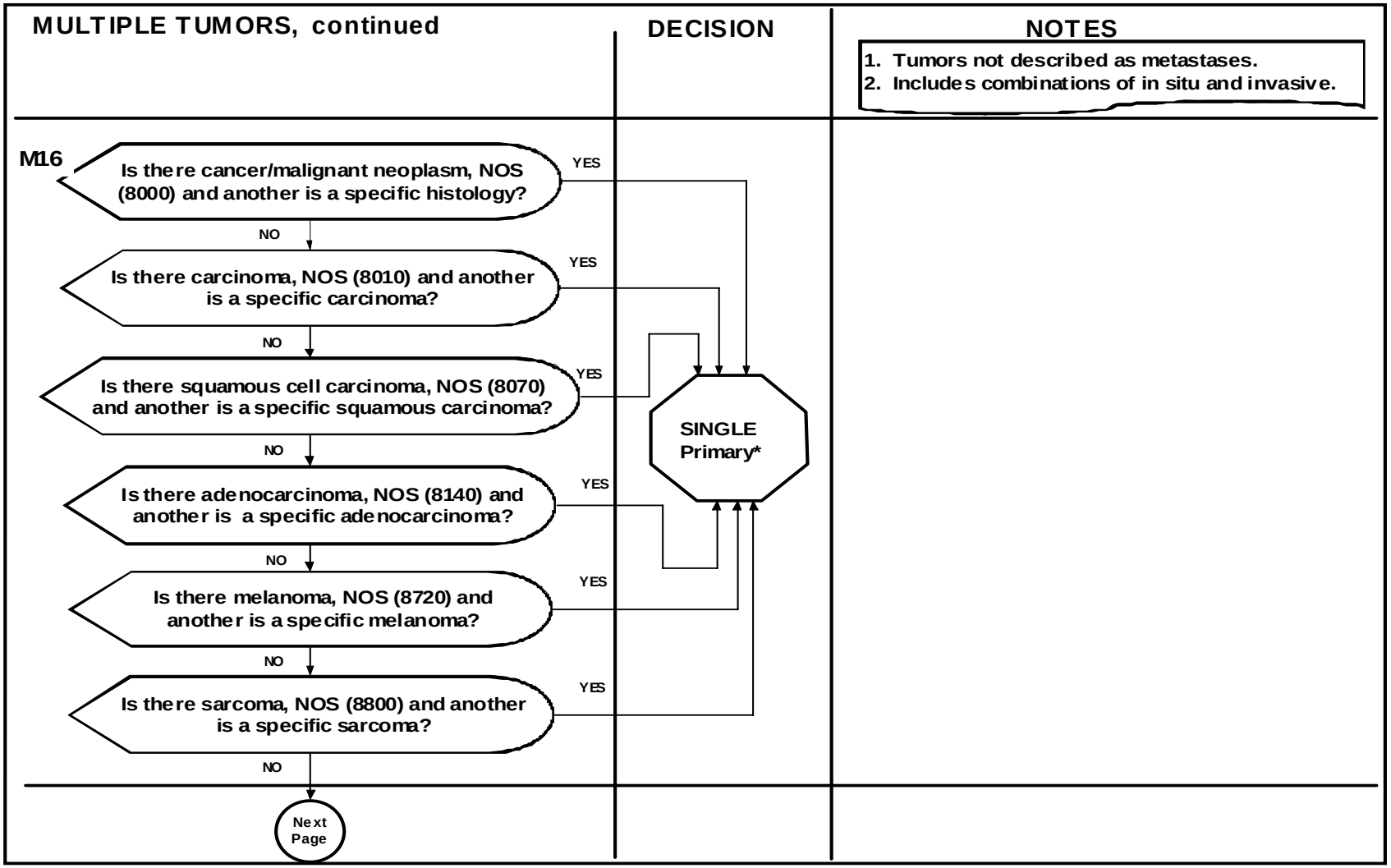

Other Sites Multiple Primary Rules - Flowchart

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

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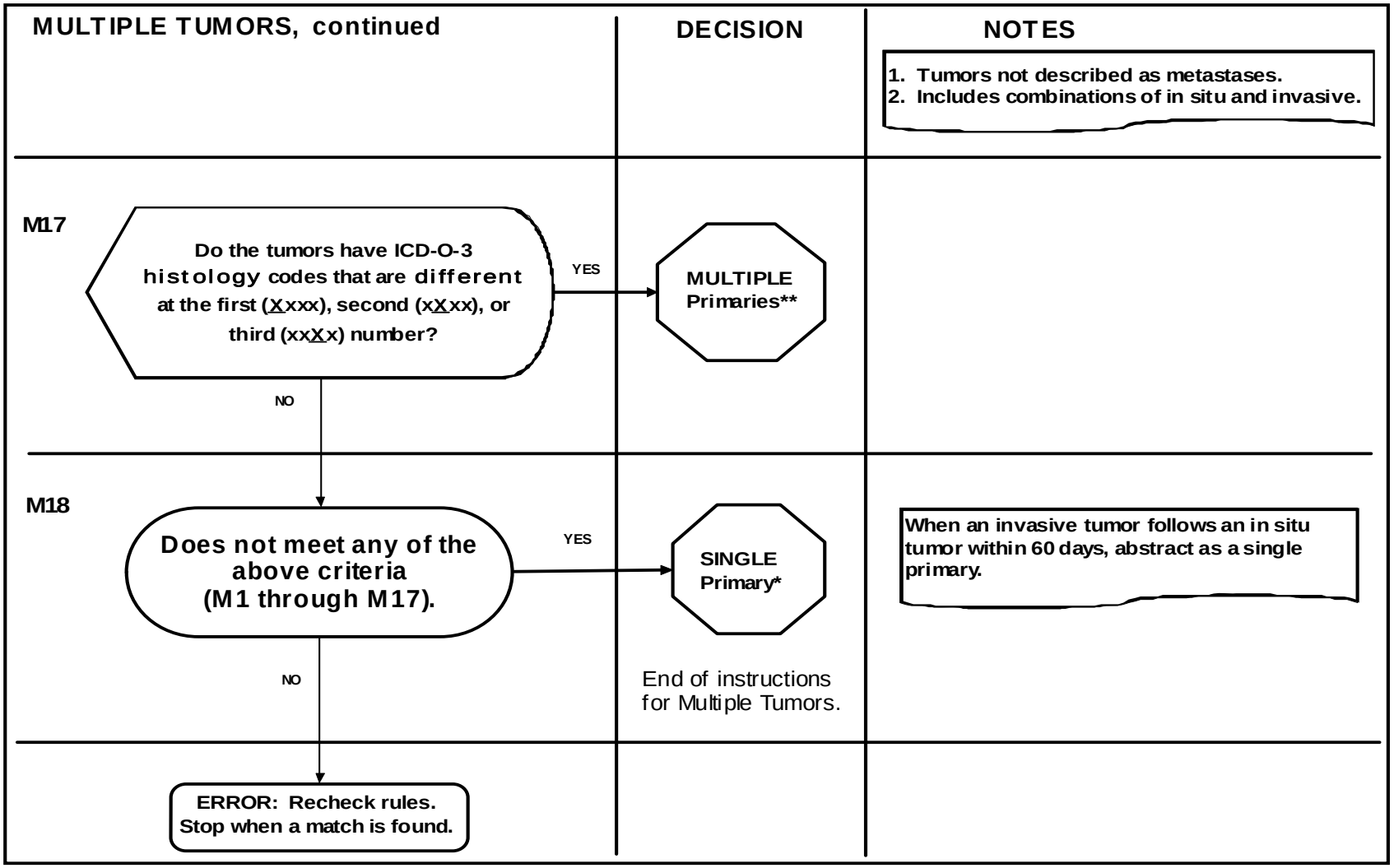
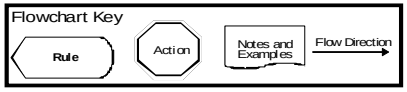


Other Sites Histology Coding Rules - Flowchart

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



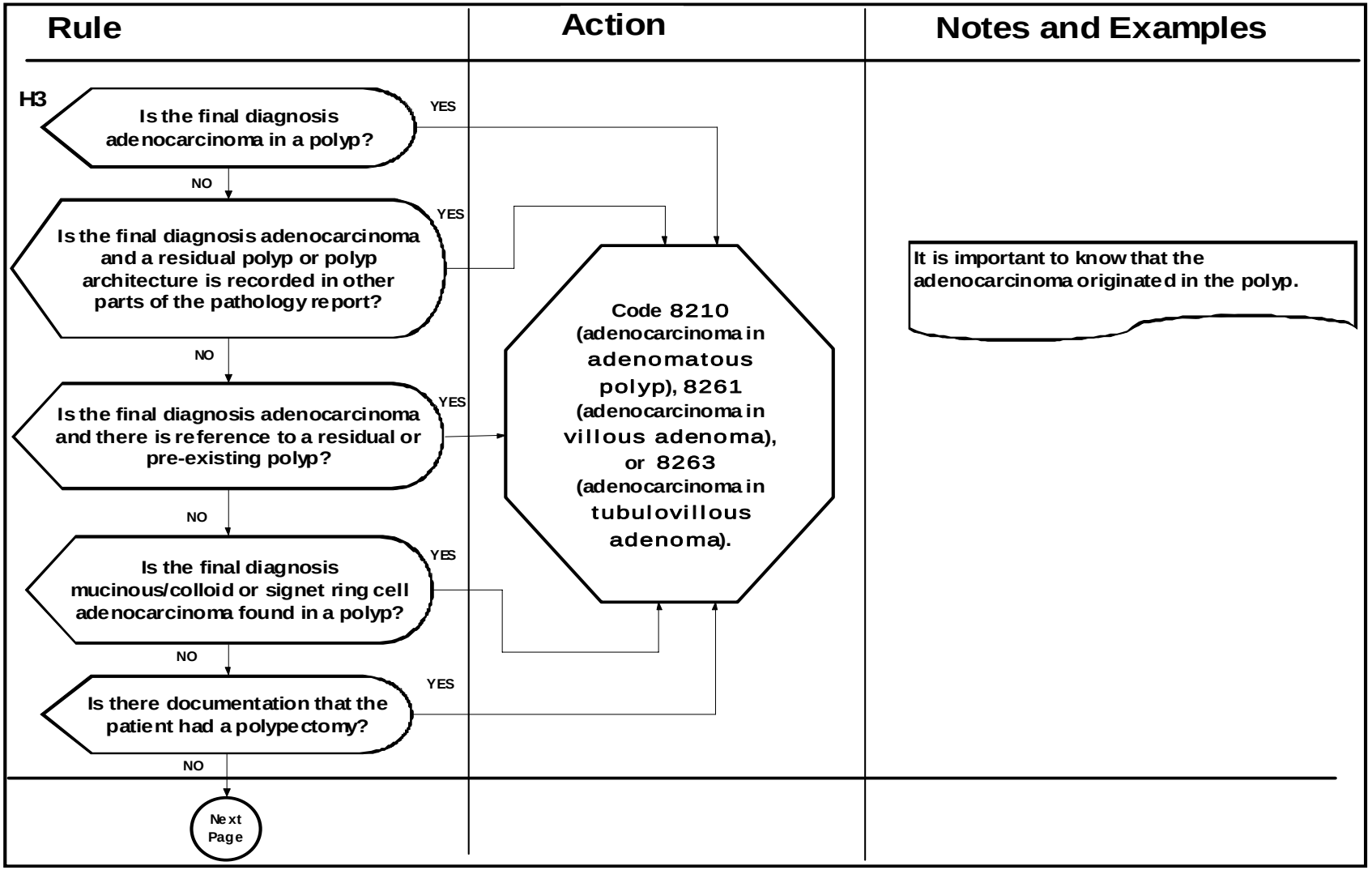
SINGLE TUMOR: IN SITU ONLY

Rule	Action	Notes and Examples
H1 Is the pathology/cytology report unavailable? YES	Code the histology documented by the physician	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
NO		
H2 Is only one histologic type identified? YES	Code the histology.	*1.* Do not code terms that do not appear in the histology diagnosis. *Example:* Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.
NO		
Next Page		

Other Sites Histology Coding Rules - Flowchart

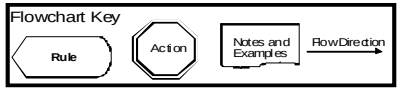
(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

SINGLE TUMOR: IN SITU ONLY

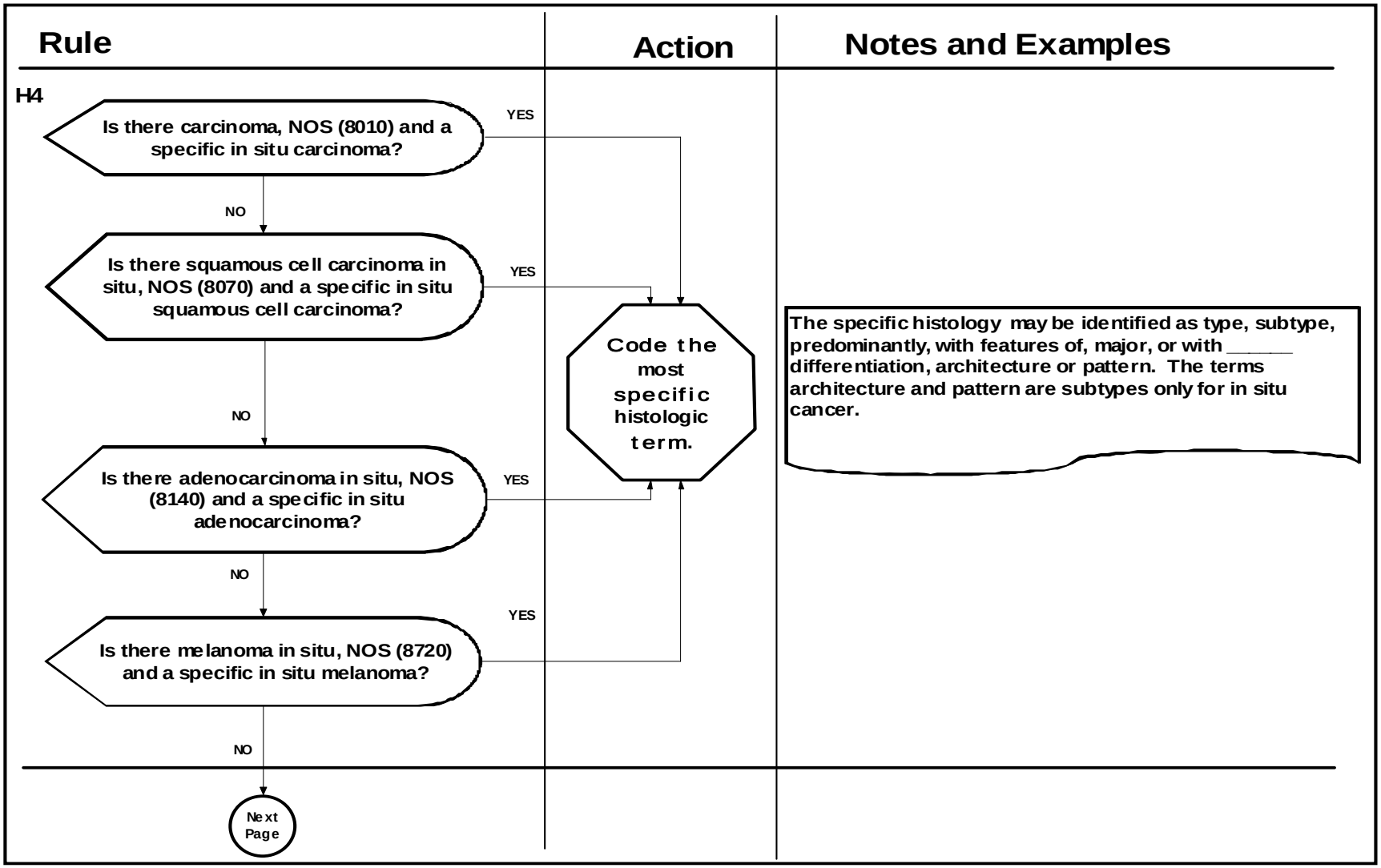


Other Sites Histology Coding Rules - Flowchart

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

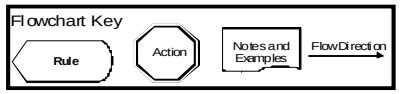


SINGLE TUMOR: IN SITU ONLY

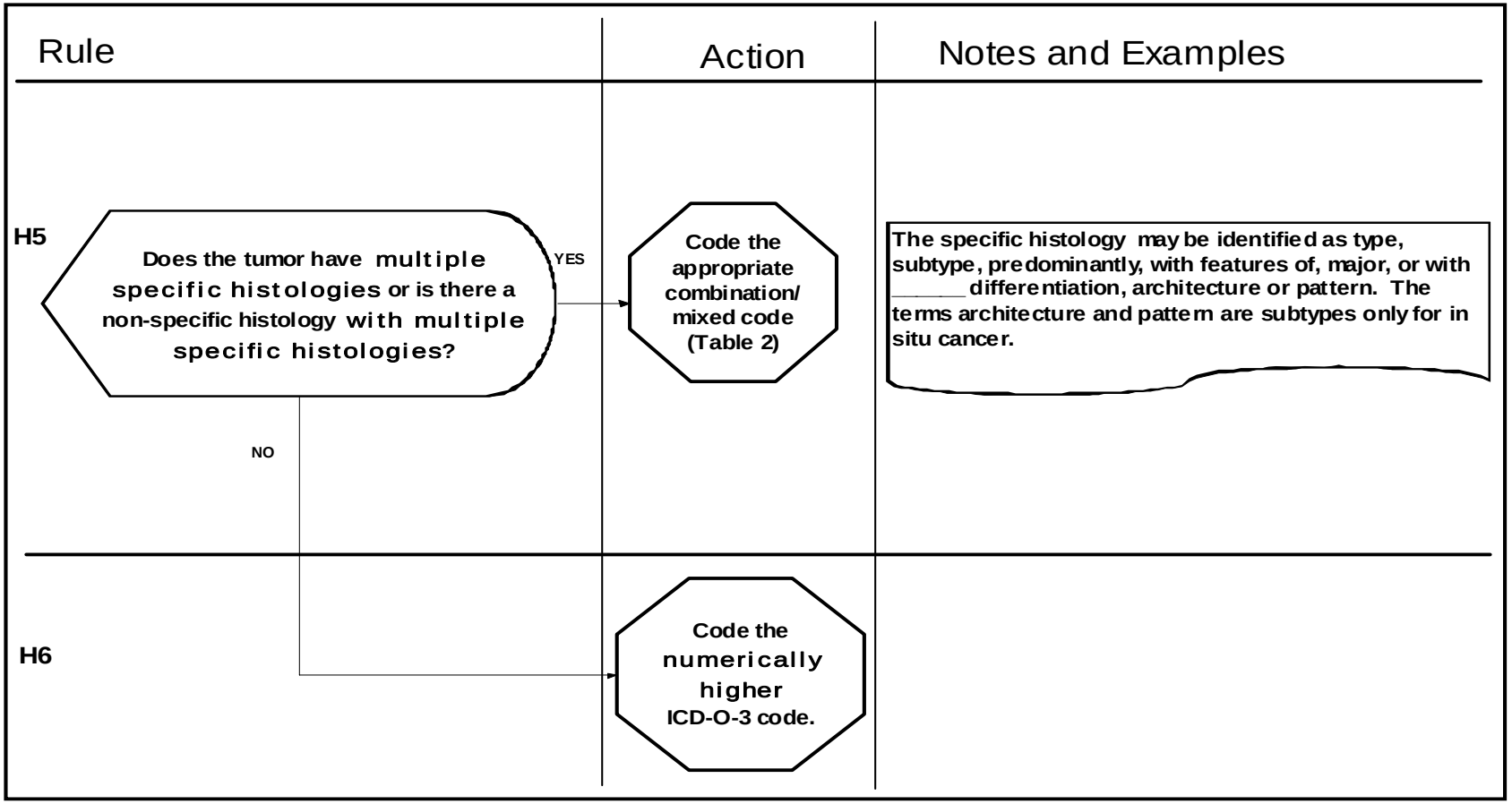


Other Sites Histology Coding Rules - Flowchart

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



SINGLE TUMOR: IN SITU ONLY

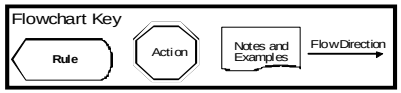


This is the end of instructions for Single Tumor: In Situ Carcinoma Only.
Code the histology according to the rule that fits the case.

Other Sites Histology Coding Rules - Flowchart

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

SINGLE TUMOR: INVASIVE AND IN SITU

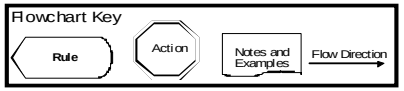


Rule	Action	Notes and Examples
H7 **Does the tumor have invasive and in situ components?** YES	**Code the single invasive histology. Ignore the in situ terms.**	**This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.**

This is the end of instructions for Single Tumor: Invasive and In Situ Carcinoma.
Code the histology according to the rule that fits the case.

Other Sites Histology Coding Rules - Flowchart

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



SINGLE TUMOR: INVASIVE ONLY

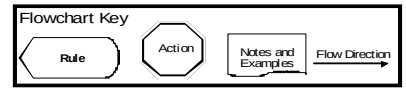
Rule	Action	Notes and Examples
H8 Is there no pathology/cytology specimen or is the pathology/cytology report unavailable? YES	Code the histology documented by the physician	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o CT, PET or MRI scans 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
NO		
H9 Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site? YES	Code the histology from a metastatic site.	Code the behavior /3.
NO		
Next Page		

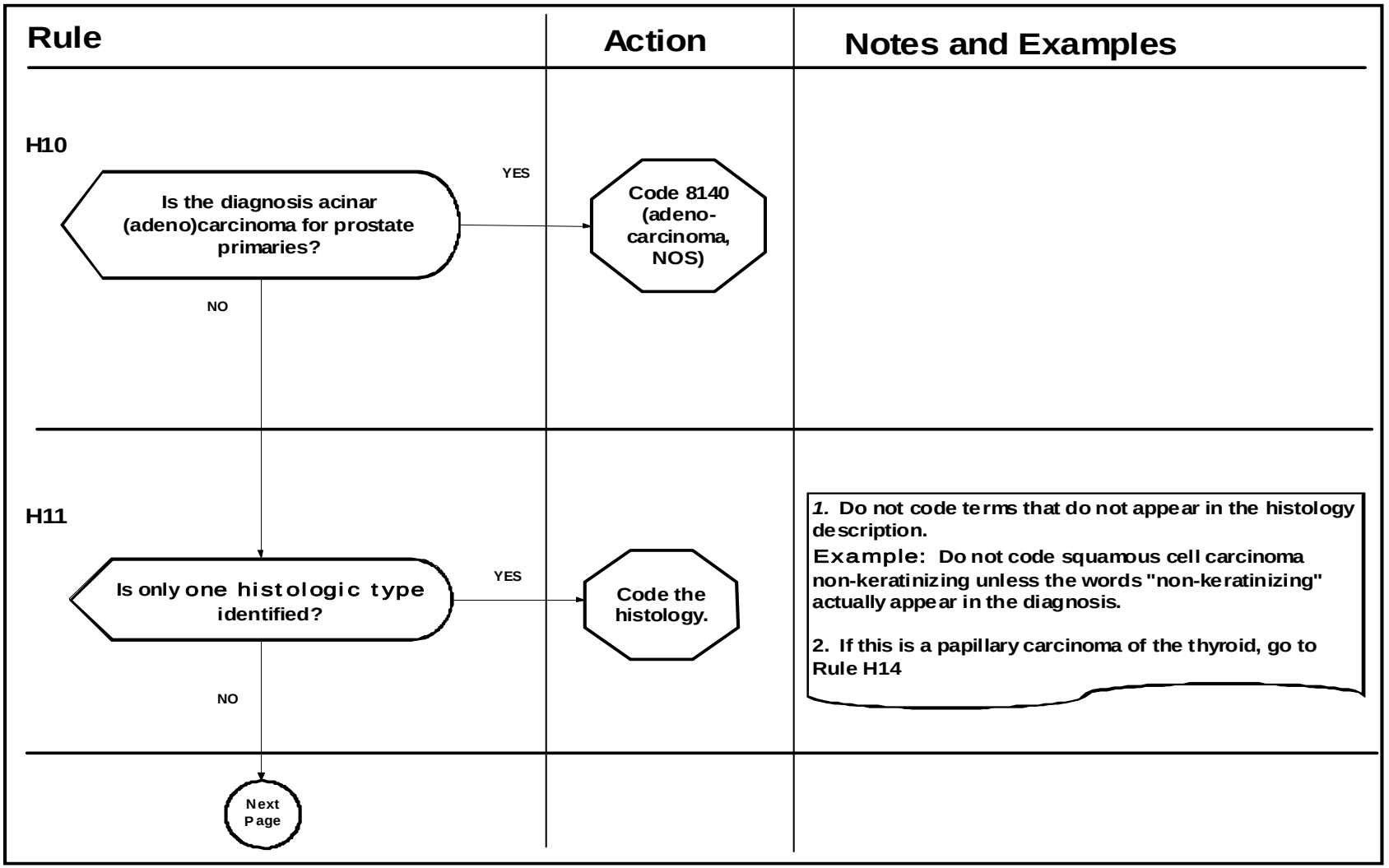
Other Sites Histo

Other Sites Histology Coding Rules - Flowchart

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

SINGLE TUMOR: INVASIVE ONLY





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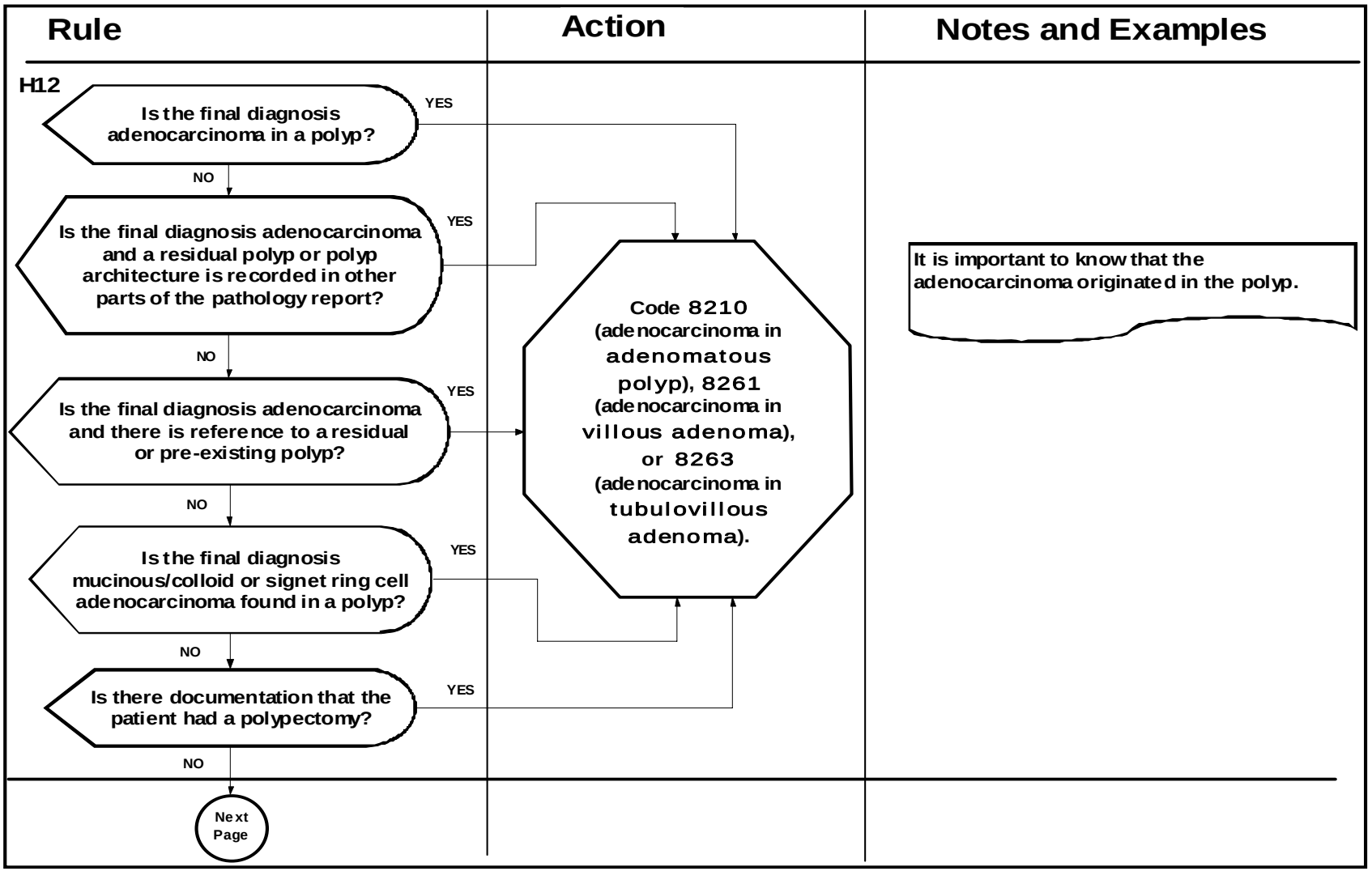
Other Sites Histology Coding Rules - Flowchart

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

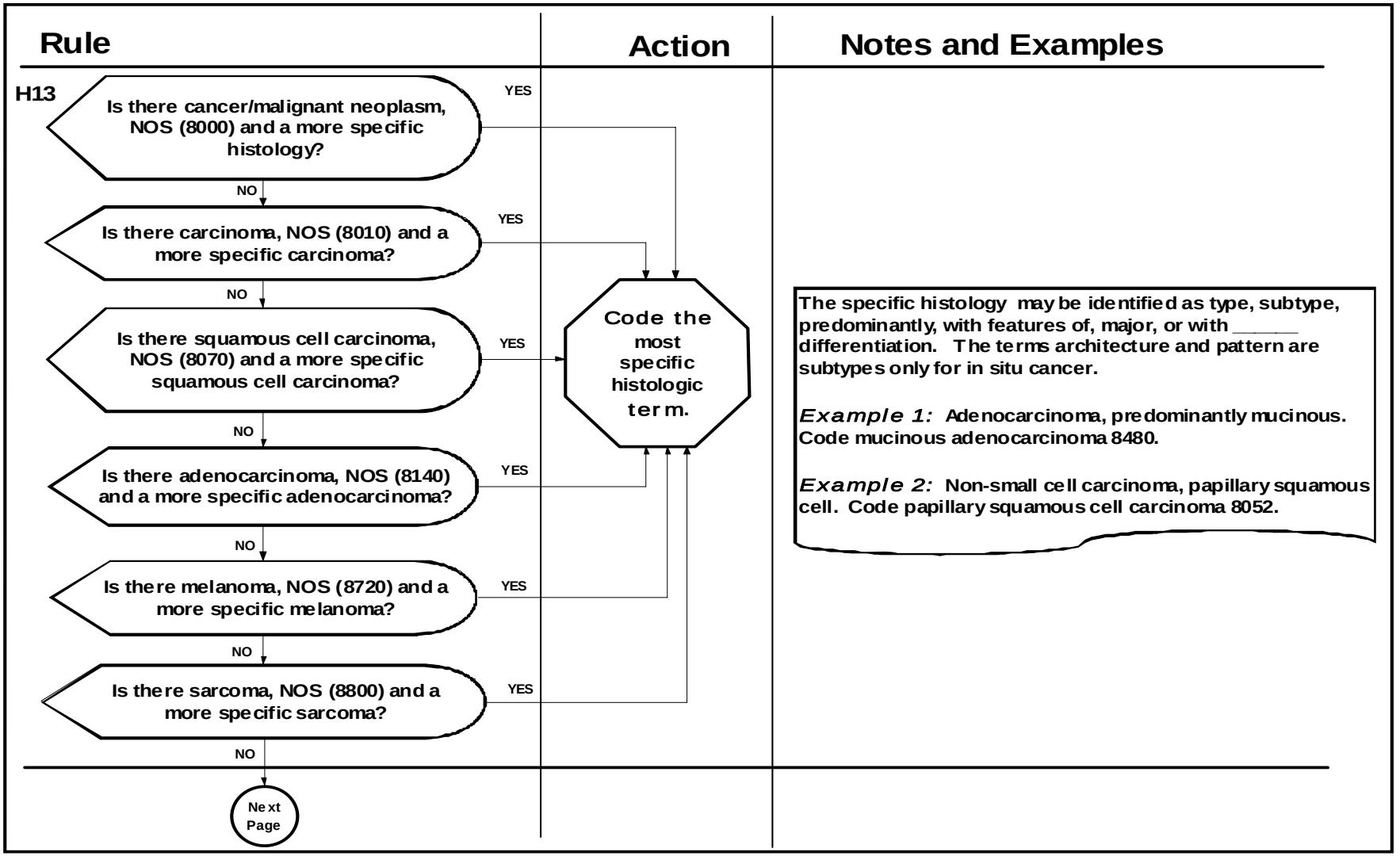
SINGLE TUMOR: INVASIVE ONLY



Other Sites Histology Coding Rules - Flowchart

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

SINGLE TUMOR: INVASIVE ONLY



Other Sites Histology Coding Rules - Flowchart

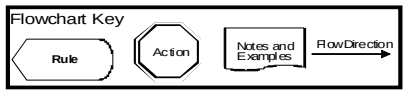
(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

SINGLE TUMOR: INVASIVE ONLY

Rule	Action	Notes and Examples
H14 Is the tumor in the thyroid papillary carcinoma? YES	Code papillary adeno-carcinoma, NOS (8260)	
NO		
H15 Does the tumor in the thyroid have follicular and papillary carcinoma? YES	Code papillary carcinoma, follicular variant (8340)	
NO		
Next Page		

Other Sites Histology Coding Rules -Flowchart

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



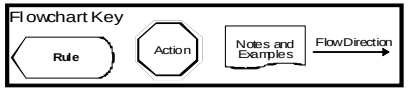
SINGLE TUMOR: INVASIVE ONLY

Rule	Action	Notes and Examples
H16 Does the tumor have multiple specific histologies or is there a non-specific histolgoy with multiple specific histologies? YES	Code the appropriate combination/ mixed code (Table 2)	The specific histologies may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation. *Example 1 (multiple specific histologies)*: Mucinous and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes) *Example 2 (multiple specific histologies)*: Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma). *Example 3 (non-specific with multiple specific histologies)*: Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subytpes).
H17 NO	Code the numerically higher ICD-O-3 code.	

This is the end of instructions for Single Tumor: Invasive Carcinoma Only.
Code the histology according to the rule that fits the case.

Other Sites Histology Coding Rules -Flowchart

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

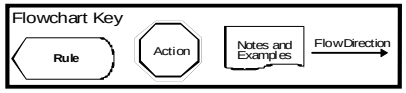


MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H18 Is there no pathology/cytology specimen or is the pathology/cytology report unavailable? YES	Code the histology documented by the physician	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physicians reference to type of cancer (histology) in the medical record o CT, PET or MRI scans 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
NO		
H19 Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site? YES	Code the histology from a metastatic site.	Code the behavior /3.
NO		
H20 Is the diagnosis acinar (adeno) carcinoma for prostate primaries? YES	Code 8140 (adeno-carcinoma, NOS)	
NO		
Next Page		

Other Sites Histology Coding Rules - Flowchart

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

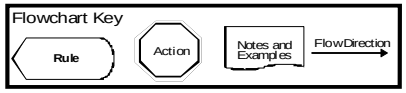


MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H21 Is the diagnosis in situ squamous intraepithelial neoplasia grade III of the vulva (VIN III) vagina (VAIN III), or anus (AIN III)? YES	Code 8077/2 (sqamous intraepithelial neoplasia, grade III).	1. VIN, VAIN, and AIN are squamous cell carcinomas. Code 8077 cannot be used for glandular intraepithelial neoplasia such as prostatic intraepithelial neoplasia (PIN) or pancreatic intraepithelial neoplasia (PAIN). 2. This code may be used for reportable by agreement cases.
NO		
H22 Is the diagnosis in situ glandular intraepithelial neoplasia grade III of the pancreas (PAIN III)? YES	Code 8148/2 (Glandular intraepithelial neoplasia grade III)	1. This code may be used for reportable by agreement cases such as intraepithelial neoplasia of the prostate (PIN III).
NO		
Next Page		

Other Sites Histology Coding Rules - Flowchart

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



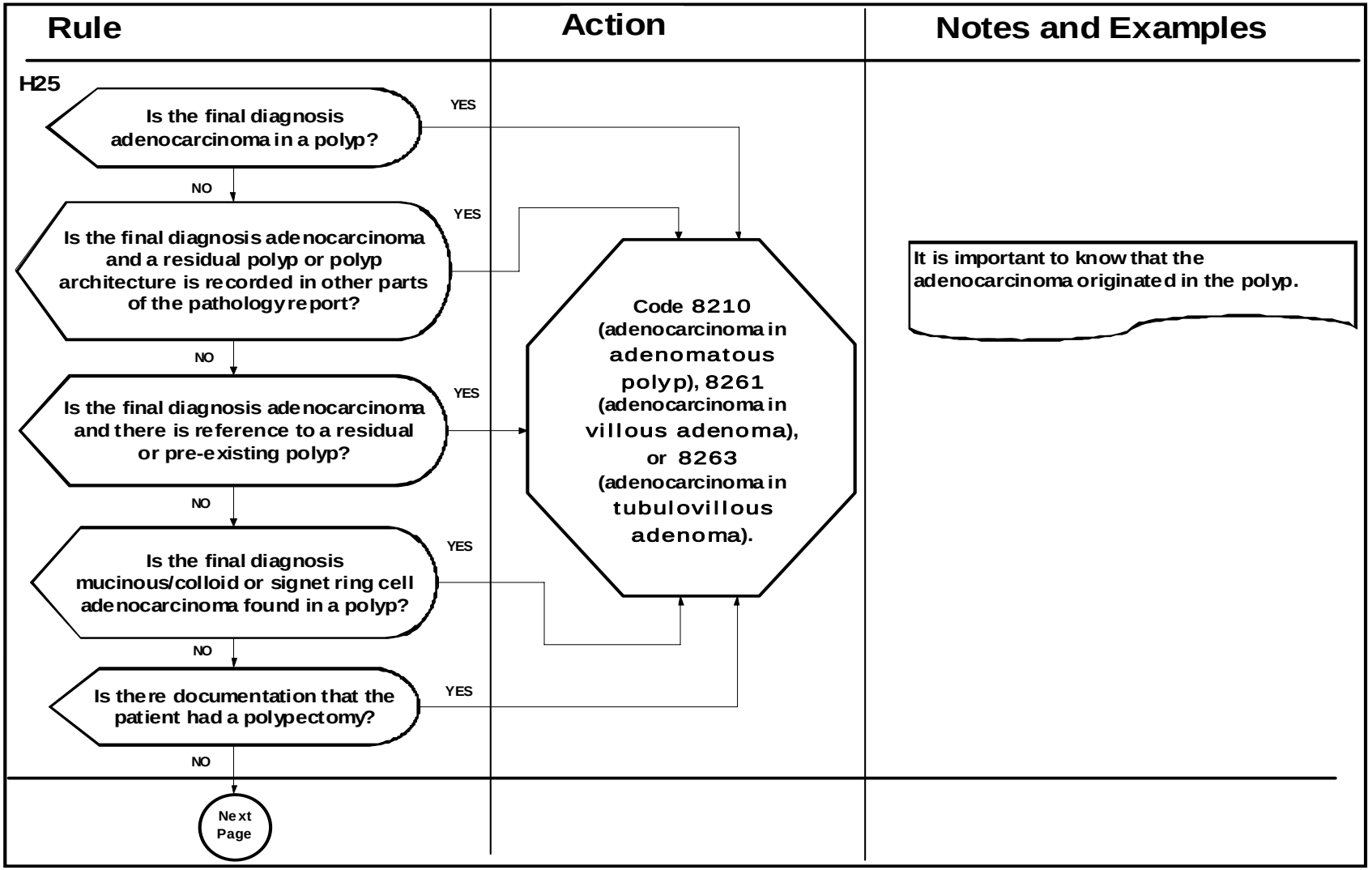
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H23 Is only one histologic type identified? — YES	Code the histology	Do not code terms that do not appear in the histology description. *Example:* Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.
NO		
H24 Is there extramammary Paget disease and an underlying tumor of the anus, perianal region, or vulva? — YES	Code the histology of the underlying tumor	
NO		
Next Page		

Other Sites Histology Coding Rules - Flowchart

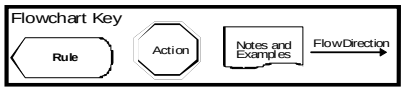
(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY



Other Sites Histology Coding Rules - Flowchart

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

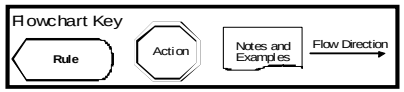


MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

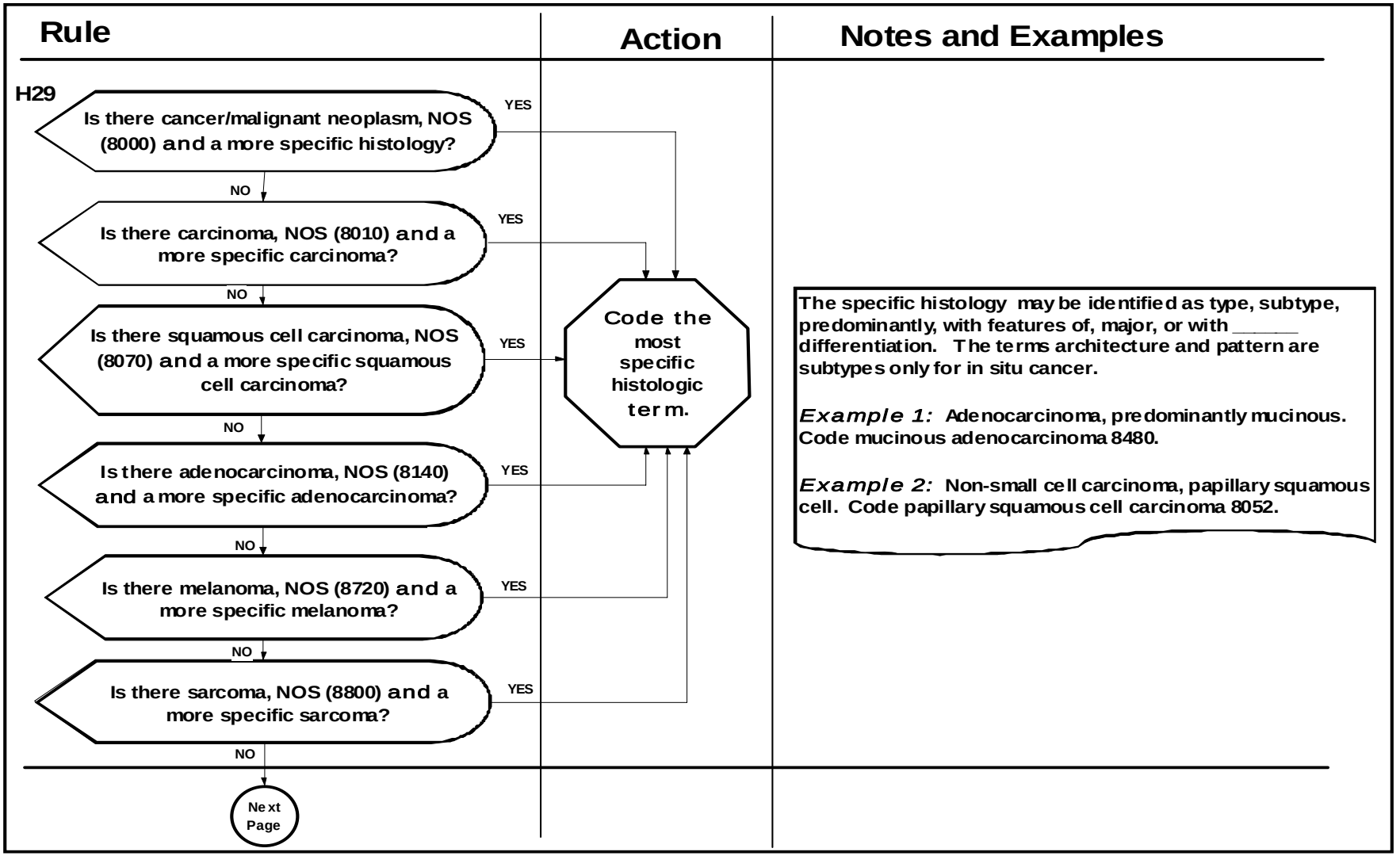
Rule	Action	Notes and Examples
H26 Are the tumors in the thyroid papillary carcinomas?	YES → Code papillary adeno-carcinoma, NOS (8260)	
NO		
H27 Do the tumors in the thyroid have follicular and papillary carcinoma?	YES → Code papillary carcinoma, follicular variant (8340)	
NO		
H28 Does the tumor have invasive and in situ components?	YES → Code the single invasive histology. Ignore the in situ terms.	This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.
NO		
Next Page		

Other Sites Histology Coding Rules - Flowchart

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

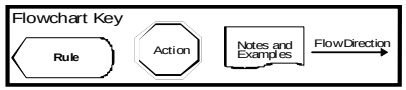


MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY



Other Sites Histology Coding Rules - Flowchart

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



MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H30 Does the tumor have multiple specific histologies or is there a non-specific histolgoy with multiple specific histologies? YES	Code the appropriate combination/ mixed code (Table 2)	The specific histologies may be identified as a type, subtype, predominantly, with features of, major, or with ____ differentiation. *Example 1 (multiple specific histologies)*: Gyn malignancy with mucinous, serous and papillary adenocarcinoma. Code 8323 (mixed cell adenocarcinoma) *Example 2 (multiple specific histologies)*: Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma) *Example 3 (non-specific with multiple specific histologies)*: Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)
NO **H31**	Code the histology with the numerically higher ICD-O-3 code.	

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

VII.
Matrix Format – Multiple Primary and Histology Coding Rules

Head and Neck Multiple Primary Rules – Matrix
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

* 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
UNKNOWN IF SINGLE OR MULTIPLE TUMORS					Tumor(s) not described as metastasis	
M1					Use this rule only after all information sources have been exhausted. ***Example 1:*** History and physical exam states large tumor in nasopharynx. Biopsy base of tongue shows squamous cell carcinoma. No further information available. Abstract as a single primary. ***Example 2:*** Pathology report states extensive squamous cell carcinoma involving nasopharynx and larynx. Fragments of epiglottis positive for squamous cell carcinoma. No other information available. Abstract as a single primary.	Single*
SINGLE TUMOR					***1.*** Tumor not described as metastasis ***2:*** Includes combinations of in situ and invasive	
M2	Single				The tumor may overlap onto or extend into adjacent/contiguous site or subsite.	Single*
MULTIPLE TUMORS **Multiple tumors may be a single primary or multiple primaries**					***1.*** Tumors not described as metastases ***2:*** Includes combinations of in situ and invasive	
M3	Right side and left side of a paired site				See Table 1 for list of paired sites	Multiple**
M4	**Upper** lip (C000 or C003) **and lower** lip (C001 or C004)					Multiple**
M5	**Upper** gum (C030) **and lower** gum (C031)					Multiple**

Head and Neck Multiple Primary Rules – Matrix
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M6	Nasal cavity (C300) **and** middle ear (C301)					Multiple**
M7	Topography codes that are different at the second (C**x**xx) and/or third (Cx**x**x) character					Multiple**
M8			More than 60 days after diagnosis	An invasive following an in situ	***1:*** The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. ***2:*** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.	Multiple**
M9			Diagnosed more than five (5) years apart			Multiple**

Head and Neck Multiple Primary Rules – Matrix
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M10		• Cancer/malignant neoplasm, NOS (8000) **and** another is a specific histology; or • Carcinoma, NOS (8010) **and** another is a specific carcinoma; or • Adenocarcinoma, NOS (8140) **and** another is a specific adenocarcinoma; or • **Squamous cell carcinoma, NOS** (8070) and another is **specific squamous cell carcinoma** or • Melanoma and another is a specific melanoma; or • Sarcoma, NOS (8800) **and** another is a specific sarcoma				Single*
M11		Different at the first (**x**xxx), second (x**x**xx), or third (xx**x**x) number				Multiple**

Head and Neck Multiple Primary Rules – Matrix
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M12	Does not meet any of the above criteria				***1.*** When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary. ***2.*** All cases covered by rule M12 have the same first 3 numbers in ICD-O-3 histologic code. **Rule M12 Examples:** The following are examples of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. ***Warning: Using only these case examples to determine the number of primaries can result in major errors*** **Example 1:** Multifocal tumors in floor of mouth **Example 2:** An in situ and invasive tumor diagnosed within 60 days **Example 3:** In situ following an invasive tumor more than 60 days apart	Single*

Head and Neck Histology Coding Rules – Matrix
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
SINGLE TUMOR					
H1	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT, PET or MRI scans ***2:*** Code the specific histology when documented. ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H2	None from primary site			Code the behavior /3	The histology from metastatic site
H3		One type		***Example:*** Squamous cell carcinoma. Code 8070. Do not code terms that do not appear in the histology description. ***Example:*** Do not code 8072 (squamous cell carcinoma non-keratinizing) unless the words "non-keratinizing" actually appear in the diagnosis	The histology
H4			Invasive and in situ	***Example:*** The final diagnosis is keratinizing squamous cell carcinoma (8071) with areas of squamous cell carcinoma in situ (8070). Code the invasive histologic type, keratinizing squamous cell carcinoma (8071).	The invasive histologic type

Head and Neck Histology Coding Rules – Matrix
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H5		Multiple histologies all within the same branch on Chart 1. Examples of histologies within same banch: • Cancer/malignant neoplasm, NOS (8000) **and** a more specific histology or • Carcinoma, NOS (8010) **and** a more specific carcinoma or • Squamous cell carcinoma, NOS (8070) **and** a more specific squamous cell carcinoma or • Adenocarcinoma, NOS (8140) **and** a more specific adenocarcinoma or • Melanoma, NOS (8720) **and** a more specific melanoma or • Sarcoma, NOS (8800) **and** a more specific sarcoma		***1.*** The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation. ***2.*** The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation. **Example:** The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050).	The most specific term using Chart 1
H6	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

Head and Neck Histology Coding Rules – Matrix
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY					
H7	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT, PET or MRI scans ***2:*** Code the specific histology when documented ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H8	None from primary site			Code the behavior /3	The histology from a metastatic site
H9		One type		***Example:*** Squamous cell carcinoma. Code 8070. Do not code terms that do not appear in the histology description. ***Example:*** Do not code 8072 (squamous cell carcinoma non-keratinizing) unless the words "non-keratinizing" actually appear in the diagnosis	The histology
H10				***1:*** See the Head and Neck Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive. • One tumor is in situ and one is invasive, code the histology from the invasive tumor • Both/all histologies are invasive, code the histology of the more invasive tumor. 2. If tumors are equally invasive, go to the next rule	The histology of the most invasive tumor

Head and Neck Histology Coding Rules – Matrix
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H11		Multiple histologies all within the same branch on Chart 1. Examples of histologies within same banch: • Cancer/malignant neoplasm, NOS (8000) **and** a more specific histology or • Carcinoma, NOS (8010) **and** a more specific carcinoma or • Squamous cell carcinoma, NOS (8070) **and** a more specific squamous cell carcinoma or • Adenocarcinoma, NOS (8140) **and** a more specific adenocarcinoma or • Melanoma, NOS (8720) **and** a more specific melanoma or Sarcoma, NOS (8800) **and** a more specific sarcoma		***1.*** The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation. ***2.*** The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation. **Example:** The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050).	The most specific term using Chart 1
H12	None of the conditions are met				The histology with the numerically higher ICD-O-3 code

Colon Multiple Primary Rules – Matrix
C180-C189
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

* 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
UNKNOWN IF SINGLE OR MULTIPLE TUMORS					Tumor(s) not described as metastasis	
M1					Use this rule only after all information sources have been exhausted.	Single*
SINGLE TUMOR					***1.*** Tumor not described as metastasis ***2.*** Includes combinations of in situ and invasive	
M2	Single				Tumor may overlap onto or extend into adjacent/contiguous site or subsite	Single*
MULTIPLE TUMORS **Multiple tumors may be a single primary or multiple primaries**					***1.*** Tumors not described as metastases ***2.*** Includes combinations of in situ and invasive	
M3		Adenocarcinoma in adenomatous polyposis (familial polyposis) with one or more malignant polyps			Tumors may be present in multiple segments of the colon or in a single segment of the colon.	Single*
M4	Sites with topography codes that are different at the second (C**x**xx), third (Cx**x**x) or fourth (C18**x**) character					Multiple**
M5			Diagnosed more than one (1) year apart			Multiple**
M6			More than 60 days after diagnosis	An invasive tumor following an in situ tumor	***1:*** The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. ***2:*** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.	Multiple**

Colon Multiple Primary Rules – Matrix
C180-C189
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M7		A frank in situ or malignant adenocarcinoma and an in situ or malignant tumor in a polyp				Single*
M8		• Cancer/malignant neoplasm, NOS (8000) **and** a specific histology; OR • Carcinoma, NOS (8010) **and** a specific carcinoma; OR • Adenocarcinoma, NOS (8140) **and** a specific adenocarcinoma; OR • Sarcoma, NOS (8800) **and** a specific sarcoma				Single*
M9		Multiple in situ and/or malignant polyps			Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.	Single*
M10		Histology codes are different at the first (**x**xxx), second (x**x**xx), or third (xx**x**x) number				Multiple**
M11	Does not meet any of the above criteria				***1:*** When an invasive lesion follows an in situ within 60 days, abstract as a single primary. ***2:*** All cases covered by Rule M11 are in the same segment of the colon	Single*

Colon Histology Coding Rules – Matrix
C180 – C189
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
SINGLE TUMOR					
H1	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT, PET or MRI scans ***2:*** Code the specific histology when documented. ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H2	None from primary site			Code the behavior /3	The histology from metastatic site

Colon Histo

Colon Histology Coding Rules – Matrix
C180 – C189
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H3		Intestinal type adenocarcinoma or adenocarcinoma, intestinal type		***1:*** Intestinal type adenocarcinoma usually occurs in the stomach. ***2:*** When a diagnosis of intestinal adenocarcinoma is further described by a specific term such as type, continue to the next rule.	8140 (Adenocarcinoma, NOS)
H4		Final diagnosis: • Adenocarcinoma in a polyp or • Adenocarcinoma **and** a residual polyp or polyp architecture is recorded in other parts of the pathology report or • Adenocarcinoma **and** there is reference to a residual or pre-existing polyp within the medical record or • Mucinous/colloid or signet ring cell adenocarcinoma in a polyp or There is documentation that the patient had a polypectomy		***1:*** It is important to know that the adenocarcinoma originated in a polyp. ***2:*** Code adenocarcinoma in a polyp only when the malignancy is in the residual polyp (adenoma) or references to a pre-existing polyp (adenoma) indicate that the malignancy and the polyp (adenoma) are the same lesion.	8210 (Adenocarcinoma arising in polyp), or 8261 (Adenocarcinoma in a villous adenoma), or 8263 (Adenocarcinoma in a tubulovillous adenoma)
H5		Final diagnosis is: • Mucinous/colloid (8480) or signet ring cell carcinoma (8490) or • Adenocarcinoma, NOS **and** microscopic description documents 50% or more of the tumor is mucinous/colloid or • Adenocarcinoma, NOS **and** microscopic description documents 50% or more of the tumor is signet ring cell carcinoma			8480 (Mucinous/colloid adenocarcinoma) or 8490 (Signet ring cell carcinoma)

Colon Histology Coding Rules – Matrix
C180 – C189
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H6		Final diagnosis is adenocarcinoma and: • Microscopic description states less than 50% of the tumor is mucinous/colloid, or • Microscopic description states less than 50% of the tumor is signet ring cell carcinoma, or • Percentage of Mucinous/colloid or signet ring cell carcinoma is unknown			8140 (Adenocarcinoma, NOS)
H7		Combination of mucinous/colloid and signet ring cell carcinoma			8255 (Adenocarcinoma with mixed subtypes)
H8		Neuroendocrine carcinoma (8246) and carcinoid tumor (8240)			8240 (Carcinoid tumor, NOS)
H9		Adenocarcinoma and carcinoid tumor			8244 (Composite carcinoid)
H10		Exactly "adenocarcinoid"			8245 (Adenocarcinoid)
H11		One type			The histology
H12			Invasive and in situ		The invasive histologic type

Colon Histology Coding Rules – Matrix
C180 – C189
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H13		• Cancer/malignant neoplasm, NOS (8000) and a more specific histology or • Carcinoma, NOS (8010) and a more specific carcinoma or • Adenocarcinoma, NOS (8140) and a more specific adenocarcinoma or • Sarcoma, NOS (8800) and a more specific sarcoma (invasive only)		***1.*** The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation. ***2.*** The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.	The most specific histologic term
H14	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

Colon Histology Coding Rules – Matrix
C180 – C189
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY These rules only apply to multiple tumors that are reported as a **single primary**					
H15	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT, PET or MRI scans ***2:*** Code the specific histology when documented ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H16	None from primary site			Code the behavior /3	The histology from a metastatic site

Colon Histo

Colon Histology Coding Rules – Matrix
C180 – C189
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H17		• Clinical history says familial polyposis and final diagnosis on pathology report from resection is adenocarcinoma in adenomatous polyps, or • > 100 polyps in resected specimen or • Number of polyps is not given but the diagnosis is familial polyposis			8220 (Adenocarcinoma in adenomatous polyposis coli)
H18		Multiple in situ or malignant polyps are present, at least one of which is tubulovillous		Use this rule only when there are multiple polyps or adenomas. Do not use this rule if there is a frank adenocarcinoma and a malignancy in a single polyp or adenoma.	8263 (Adenocarcinoma in a tubulovillous adenoma)
H19		• >1 and <= 100 polyps identified in resected specimen, or • Multiple polyps (adenomas) and the number is not given and familial polyposis is not mentioned		Use this rule only when there are multiple polyps. Do not use for a single polyp (adenoma) or for a frank malignancy and a malignancy in a single polyp (adenoma).	8221 (adenocarcinoma in multiple adenomatous polyps)

Colon Histology Coding Rules – Matrix
C180 – C189
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H20		• Frank adenocarcinoma and a carcinoma in a polyp, or • In situ and invasive tumors or • Multiple invasive tumors		***1:*** See the Colon Equivalent Terms, Definitions and Illustrations for the definition of most invasive. • One tumor is in situ and one is invasive, code the histology from the invasive tumor. • Both/all histologies are invasive, code the histology of the most invasive tumor. ***2*:** If tumors are equally invasive, go to the next rule	The histology of the most invasive tumor
H21		Final diagnosis: • Adenocarcinoma **and** the microscopic description or surgical gross describes polyps or • Adenocarcinoma **and** there is reference to residual or pre-existing polyps or • Mucinous/colloid or signet ring cell adenocarcinoma in polyps or There is documentation that the patient had a polypectomy		It is important to know that the adenocarcinoma originated in a polyp.	8210 (Adenocarcinoma arising in polyp), or 8261 (Adenocarcinoma in a villous adenoma), or 8263 (Adenocarcinoma in a tubulovillous adenocarcinoma)
H22		One type			The histology

Colon Histo

Colon Histology Coding Rules – Matrix
C180 – C189
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H23		• Cancer/malignant neoplasm, NOS (8000) and a specific histology or • Carcinoma, NOS (8010) and a specific carcinoma or • Adenocarcinoma, NOS (8140) and a specific adenocarcinoma or • Sarcoma, NOS (8800) and a specific sarcoma (invasive only)		***1:*** The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation ***2:*** The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.	The more specific histologic term
H24	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

Lung Multiple Primary Rules – Matrix
C340-C349
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

* 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
UNKNOWN IF SINGLE OR MULTIPLE TUMORS					Tumor(s) not described as metastasis	
M1					***1:*** Use this rule only after all information sources have been exhausted. ***2:*** Use this rule when only one tumor is biopsied but the patient has two or more tumors in one lung and may have one or more tumors in the contralateral lung. (See detailed explanation in Lung Equivalent Terms and Definitions	Single*
SINGLE TUMOR					Tumor not described as metastasis	
M2	Single				The tumor may overlap onto or extend into adjacent/contiguous site or subsite.	Single*
MULTIPLE TUMORS **Multiple tumors may be a single primary or multiple primaries**					Tumors not described as metastases	
M3	Sites with topography codes that are different at the second (C**x**xx) and/or third (Cx**x**x) character				This is a change in rules; tumors in the trachea (C33) and in the lung (C34) were a single primary in the previous rules.	Multiple**
M4		Non-small cell carcinoma (8046) and another tumor that is small cell carcinoma (8041-8045)				Multiple**
M5		Adenocarcinoma with mixed subtypes (8255) and another that is bronchioloalveolar (8250-8254)				Multiple**
M6	Single tumor in each lung				When there is a single tumor in each lung abstract as multiple primaries unless stated or proven to be metastatic.	Multiple**

Lung Multiple Primary Rules – Matrix
C340-C349
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M7	Multiple tumors in both lungs	Histology codes are different at the first (**x**xxx), second (x**x**xx), or third (xx**x**x) number				Multiple**
M8			Diagnosed more than three (3) years apart			Multiple**
M9			More than 60 days after diagnosis	An invasive tumor following an in situ tumor	***1:*** The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. ***2:*** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.	Multiple**
M10		Non-small cell carcinoma, NOS (8046) and a more specific non-small cell carcinoma type (Chart 1)				Single *
M11		Histology codes are different at the first (**x**xxx), second (x**x**xx), or third (xx**x**x) number			Adenocarcinoma in one tumor and squamous cell carcinoma in another tumor are multiple primaries.	Multiple**

Lung Multiple Primary Rules – Matrix
C340-C349
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M12	Does not meet any of the above criteria				***1:*** When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary. ***2:*** All cases covered by this rule are the same histology **Rule M12 Examples** The following are examples of the types of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. ***Warning: Using only these case examples to determine the number of primaries can result in major errors.*** **Example 1:** Solitary tumor in one lung, multiple tumors in contralateral lung **Example 2:** Diffuse bilateral nodules (This is the only condition when laterality = 4) **Example 3:** An in situ and invasive tumor diagnosed within 60 days **Example 4:** Multiple tumors in the left lung metastatic from right lung **Example 5:** Multiple tumors in one lung **Example 6:** Multiple tumors in both lungs.	Single*

Lung Histology Coding Rules – Matrix
C340-C349
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
SINGLE TUMOR					
H1	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT, PET, or MRI scans • Chest x-rays ***2:*** Code the specific histology when documented. ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H2	None from primary site			Code the behavior /3	The histology from metastatic site
H3		One type		Do not code terms that do not appear in the histology description ***Example 1:*** Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis ***Example 2:*** Do not code bronchioalveolar non-mucinous unless the words "non-mucinous" actually appear in the diagnosis	The histology
H4			Invasive and in situ		The invasive histologic type

Lung Histology Coding Rules – Matrix
C340-C349
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H5		Multiple histologies all within the same branch on Chart 1. Examples of histologies within same branch: • Carcinoma, NOS (8010) **and** a more specific carcinoma or • Adenocarcinoma, NOS (8140) **and** a more specific adenocarcinoma or • Squamous cell carcinoma, NOS (8070) **and** a more specific squamous cell carcinoma or • Sarcoma, NOS (8800) **and** a more specific sarcoma.		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation. The specific histology may also be identified as follows: adenocarcinoma, clear cell or clear cell adenocarcinoma. ***Example 1:*** Adenocarcinoma, predominantly mucinous. Code 8480 (mucinous adenocarcinoma). ***Example 2:*** Non-small cell carcinoma, papillary squamous cell. Code 8052 (papillary squamous cell carcinoma).	The most specific term using Chart 1
H6		Multiple specific or a non-specific with multiple specific (Table 1)		The specific histologies may be identified as type, subtype, predominantly, with features of, major, or with differentiation ***Example 1 (multiple specific histologies):*** Solid and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes). ***Example 2 (multiple specific histologies):*** Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma). ***Example 3 (non-specific with multiple specific histologies):*** Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes).	The appropriate combination/mixed code (Table 1)

Lung Histology Coding Rules – Matrix
C340-C349
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H7	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY					
H8	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT, PET, or MRI scans • Chest x-rays ***2:*** Code the specific histology when documented ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H9	None from primary site			Code the behavior /3	The histology from a metastatic site
H10		One type		Do not code terms that do not appear in the histology description ***Example 1:*** Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis. ***Example 2:*** Do not code bronchioalveolar non-mucinous unless the words "non-mucinous" actually appear in the diagnosis.	The histology

Lung Histology Coding Rules – Matrix
C340-C349
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H11				***1:*** This rule should only be used when the first three digits of the histology codes are identical (This is a single primary). ***2:*** See the Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive. • One tumor is in situ and one is invasive, code the histology from the invasive tumor • Both/all histologies are invasive, code the histology of the most invasive tumor.	The histology of the most invasive tumor
H12		Multiple histologies all within the same branch on Chart 1. Examples of histologies within same branch: • Carcinoma, NOS (8010) **and** a more specific carcinoma or • Adenocarcinoma, NOS (8140) **and** a more specific adenocarcinoma or • Squamous cell carcinoma, NOS (8070) **and** a more specific squamous cell carcinoma or • Sarcoma, NOS (8800) **and** a more specific sarcoma.		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation. The specific histology may also be identified as follows: adenocarcinoma, clear cell or clear cell adenocarcinoma. ***Example 1:*** Adenocarcinoma, predominantly mucinous. Code 8480 (mucinous adenocarcinoma). ***Example 2:*** Non-small cell carcinoma, papillary squamous cell. Code 8052 (papillary squamous cell carcinoma).	The most specific term using Chart 1
H13	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

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Cutaneous Melanoma Multiple Primary Rules – Matrix
C440 – C449
(Excludes melanoma of any other site)

* 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
UNKNOWN IF SINGLE OR MULTIPLE MELANOMAS					Melanoma(s) not described as metastasis	
M1					Use this rule only after all information sources have been exhausted.	Single*
SINGLE MELANOMA					***1:*** Melanoma not described as metastasis ***2:*** Includes combinations of in situ and invasive	
M2	Single					Single*
MULTIPLE MELANOMAS **Multiple melanomas may be a single primary or multiple primaries**					***1:*** Melanoma not described as metastases ***2:*** Includes combinations of in situ and invasive	
M3	Topography codes are different at the second (C**x**xx), third (Cx**x**x) or fourth (Cxx**x**) character					Multiple**
M4	Different laterality				A **midline** melanoma is a different laterality than right or left. ***Example 1:*** A melanoma on the right side of the chest and a melanoma at midline on the chest are different laterality, multiple primaries. ***Example 2:*** A melanoma on the right side of the chest and a melanoma on the left side of the chest are multiple primaries.	Multiple**
M5		Histology codes are different at the first (**x**xxx), second (x**x**xx), or third (xx**x**x) number				Multiple**

Cutaneous Melanoma Multiple Primary Rules – Matrix
C440 – C449
(Excludes melanoma of any other site)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M6			More than 60 days after diagnosis	An invasive melanoma following an in situ melanoma	***1:*** The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. ***2:*** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.	Multiple**
M7			Diagnosed more than 60 days apart			Multiple**
M8	Does not meet any of the above criteria				***1:*** Use the data item "Multiplicity Counter" to record the number of melanomas abstracted as a single primary. ***2:*** When an invasive melanoma follows an in situ melanoma within 60 days, abstract as a single primary. ***3:*** All cases covered by this rule are the same site and histology. **Rule M8 Examples** The following are examples of the types of cases that use Rule M8. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. ***Warning: Using only these case examples to determine the number of primaries can result in major errors.*** **Example 1**: Solitary melanoma on the left back and another solitary melanoma on the left chest **Example 2**: Solitary melanoma on the right thigh and another solitary melanoma on the right ankle	Single*

Cutaneous Melanoma Histology Coding Rules – Matrix
C440-C449
(Excludes melanoma of all other sites)

Rule	Melanoma Specimen	Histology	Behavior	Notes and Examples	Code
SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY					
H1	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of melanoma in the medical record • PET scan ***2:*** Code the specific histology when documented.	The histology documented by the physician
H2	None from primary site			Code the behavior /3	The histology from metastatic site
H3		One type			The histology
H4			Invasive and in situ		The invasive histologic type
H5		Regressing melanoma and a histologic type		***Example:*** Nodular melanoma with features of regression. Code 8721 (Nodular melanoma).	The histologic type
H6		Regressing melanoma		***Example****:* Malignant melanoma with features of regression. Code 8723.	8723 (Malignant melanoma, regressing)
H7		Lentigo maligna melanoma and a histologic type			The histologic type
H8		Lentigo maligna melanoma			8742 (Lentigo maligna melanoma)
H9		Melanoma, NOS (8720) with a single specific type		***1.*** The specific type for in situ lesions may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation. ***2.*** The specific type for invasive lesions may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.	The most specific histologic term

Cutaneous Melanoma Histology Coding Rules – Matrix
C440-C449
(Excludes melanoma of all other sites)

Rule	Melanoma Specimen	Histology	Behavior	Notes and Examples	Code
H10	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

Breast Multiple Primary Rules – Matrix
C500 – C509
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

* 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
UNKNOWN IF SINGLE OR MULTIPLE TUMORS					Tumor(s) not described as metastasis	
M1					Use this rule only after all information sources have been exhausted.	Single*
SINGLE TUMOR					***1:*** Tumor not described as metastasis ***2:*** Includes combinations of in situ and invasive	
M2	One or both breasts	Inflammatory carcinoma				Single*
M3	Single				The tumor may overlap onto or extend into adjacent/contiguous site or subsite	Single*
MULTIPLE TUMORS **Multiple tumors may be a single primary or multiple primaries**					***1:*** Tumors not described as metastases ***2:*** Includes combinations of in situ and invasive	
M4	Topography codes different at the second (C**x**xx) and/or third (Cx**x**x) character					Multiple**
M5			Diagnosed more than five (5) years apart			Multiple**
M6	One or both breasts	Inflammatory carcinoma				Single*
M7	Both breasts				Lobular carcinoma in both breasts ("mirror image") is a multiple primary	Multiple**
M8			More than 60 days after diagnosis	An invasive tumor following an in situ tumor	***1:*** The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. ***2:*** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.	Multiple**

Breast Multiple Primary Rules – Matrix
C500 – C509
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M9		Intraductal and/or duct and Paget Disease			Use Table 1 and Table 2 to identify intraductal and duct carcinomas	Single*
M10		**Lobular** (8520) **and** intraductal or **duct**			Use Table 1 and Table 2 to identify intraductal and duct carcinomas	Single*
M11		Multiple intraductal and/or duct carcinomas			Use Table 1 and Table 2 to identify intraductal and duct carcinomas	Single*
M12		Histology codes are different at the first (**x**xxx), second (x**x**xx), or third (xx**x**x) number				Multiple**
M13	Does not meet any of the above criteria				***1:*** When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary. ***2:*** All cases covered by Rule M13 have the same first 3 numbers in ICD-O-3 histology code **Rule M13 Examples** The following are examples of the types of cases that use Rule M13. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. ***Warning: Using only these case examples to determine the number of primaries can result in major errors.*** **Example 1**: Invasive duct and intraductal carcinoma in the same breast **Example 2**: Multi-centric lobular carcinoma, left breast	Single*

Breast Histology Coding Rules – Matrix
C500-C509
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
SINGLE TUMOR: IN SITU ONLY (Single tumor; all parts are in situ)					
H1	The pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • From clinician reference to type of cancer (histology) in the medical record ***2:*** Code the specific histology when documented.	The histology documented by the physician
H2		One type			The histology
H3		• Carcinoma in situ, NOS (8010) and a specific carcinoma in situ or • Adenocarcinoma in situ, NOS (8140) and a specific adenocarcinoma in situ or • Intraductal carcinoma, NOS (8500) and a specific intraductal carcinoma (Table 1)		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.	The more specific histologic term
H4		Non-infiltrating comedocarcinoma and any other intraductal carcinoma (Table 1)		***Example:*** Pathology report reads intraductal carcinoma with comedo and solid features. Code 8501/2 (comedocarcinoma).	**8501/2** (comedocarcinoma, non-infiltrating)
H5		In situ lobular (8520) and intraductal carcinoma (Table 1)			**8522/2** (intraductal carcinoma and lobular carcinoma in situ) **(Table 3)**.

Breast Histology Coding Rules – Matrix
C500-C509
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H6		• Combination of intraductal carcinoma and two or more specific and two or more specific intraductal types OR • **Two or more specific intraductal** carcinomas		***1:*** Use Table 1 to identify the histologies ***2:*** Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F.)	**8523/2** (intraductal carcinoma mixed with other types of in situ carcinoma) **(Table 3)**.
H7		In situ lobular (8520) and any in situ carcinoma other than intraductal carcinoma (Table 1)		Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F.)	**8524/2** (in situ lobular mixed with other types of in situ carcinoma) **(Table 3)**.
H8		Combination of in situ/non-invasive histologies that does not include either intraductal carcinoma (Table 1) or in situ lobular (8520)		Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F.)	**8255/2** (adenocarcinoma in situ with mixed subtypes) **(Table 3)**.

Breast Histology Coding Rules – Matrix
C500-C509
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
SINGLE TUMOR: INVASIVE AND IN SITU (Single tumor; in situ and invasive components)					
H9			Invasive and in situ	***1.*** Ignore the in situ terms. ***2.*** This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category. Using these rules, combinations of invasive duct and in situ lobular are coded to invasive duct (8500/3) rather than the combination code for duct and lobular carcinoma (8522/3).	The invasive histology
SINGLE TUMOR: INVASIVE ONLY (Single tumor; all parts are invasive)					
H10	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • Mammogram • PET scan • Ultrasound ***2:*** Code the specific histology when documented ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H11	None from primary site			Code the behavior /3	The histology from a metastatic site

Breast Histology Coding Rules – Matrix
C500-C509
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H12		• Carcinoma, NOS (8010) and a more specific carcinoma or • Adenocarcinoma, NOS (8140) and a more specific adenocarcinoma or • Duct carcinoma, NOS (8500) and a more specific duct carcinoma (8022, 8035, 8501-8508) or • Sarcoma, NOS (8800) and a more specific sarcoma		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation. The terms architecture and pattern are subtypes only for in situ cancer.	The most specific histologic term
H13		Final diagnosis of the pathology report specifically states inflammatory carcinoma		Record dermal lymphatic invasion in Collaborative Staging	**8530** (inflammatory carcinoma)
H14		One type			The histology
H15		Two or more specific duct carcinomas		Use Table 2 to identify duct carcinomas	The histology with the numerically higher ICD-O-3 code
H16		Combination of lobular (8520) and duct carcinoma		Use Table 2 to identify duct carcinomas	**8522** (duct and lobular) (**Table 3)**.
H17		Combination of **duct and** any other carcinoma		***1***: Use Table 2 to identify duct carcinomas ***2***: Other carcinomas exclude lobular and any duct carcinoma listed on Table 1 or Table 2.	**8523** (duct mixed with other types of carcinoma) (**Table 3)**.

Breast Histology Coding Rules – Matrix
C500-C509
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H18		Lobular (8520) and any other carcinoma		Other carcinomas exclude lobular and any duct carcinoma listed on Table 1 or Table 2	**8524** (lobular mixed with other types of carcinoma) **(Table 3)**.
H19		Multiple histologies that do not include duct or lobular (8520)		Use Table 2 to identify duct carcinomas	**8255** (adenocarcinoma with mixed subtypes) **(Table 3)**.
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY					
H20	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • Mammogram • PET scan • Ultrasound ***2:*** Code the specific histology when documented ***3:*** Code the histology to cancer/malignant neoplasm, NOS (8000) or carcinoma, NOS (8010) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H21	None from primary site			Code the behavior /3	The histology from a metastatic site
H22		Final diagnosis of the pathology report specifically states inflammatory carcinoma		***Note***: Record dermal lymphatic invasion in Collaborative Staging	**8530** (inflammatory carcinoma)
H23		One type			The histology

Breast Histology Coding Rules – Matrix
C500-C509
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H24		Pathology report specifically states Paget disease is in situ and the underlying tumor is intraductal carcinoma (Table 1)		Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F.)	Code **8543/2** (in situ Paget disease and intraductal carcinoma) **(Table 3)**.
H25		Paget disease and intraductal carcinoma		***1.*** ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3). ***2.*** Includes both invasive Paget disease and Paget disease with behavior not stated. ***3***: Use Table 1 to identify intraductal carcinomas	**8543/3** (Paget disease and intraductal carcinoma) **(Table 3)**.
H26		Paget disease and invasive duct carcinoma		***1.*** ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3). ***2.*** Includes both invasive Paget disease and Paget disease with behavior not stated. ***3***: Use Table 2 to identify duct carcinomas	Code **8541/3** (Paget disease and infiltrating duct carcinoma) **(Table 3).**
H27			Invasive and in situ	***1.*** Ignore the in situ terms. ***2.*** This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category. Using these rules, combinations of invasive lobular and in situ duct carcinoma are coded to invasive lobular (8520/3) rather than the combination code for duct and lobular carcinoma (8522/3)	The invasive histology

Breast Histology Coding Rules – Matrix
C500-C509
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H28		Lobular (8520) and duct carcinoma		Use Table 2 to identify duct carcinomas	**8522** (duct and lobular) **(Table 3)**.
H29	None of the conditions are met				The histology with the numerically higher ICD-O-3 code

Breast Histology Coding Rules – Matrix
C500-C509
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

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Kidney Multiple Primary Rules – Matrix
C649
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

* 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
UNKNOWN IF SINGLE OR MULTIPLE TUMORS					Tumor(s) not described as metastasis	
M1					Use this rule only after all information sources have been exhausted.	Single*
SINGLE TUMOR					***1.*** Tumor not described as metastasis ***2:*** Includes combinations of in situ and invasive	
M2	Single				Tumor may overlap onto or extend into adjacent/contiguous site or subsite	Single*
MULTIPLE TUMORS **Multiple tumors may be a single primary or multiple primaries**					***1.*** Tumors not described as metastases ***2:*** Includes combinations of in situ and invasive	
M3		Wilms tumors				Single*
M4	Tumors with topography codes that differ at the second (C**x**xx) and/or third (Cx**x**x) character					Multiple**
M5	Tumors in both right and left kidneys				Abstract as a single primary when the tumors in one kidney are documented to be metastatic from the other kidney	Multiple**
M6			Diagnosed more than three (3) years apart			Multiple**

Kidney Multiple Primary Rules – Matrix
C649
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M7			More than 60 days after diagnosis	An invasive tumor following an in situ tumor	***1:*** The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. ***2:*** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.	Multiple**
M8		A renal cell type in one tumor and a different specific renal cell type in another (Table 1)				Multiple**
M9		• Cancer/malignant neoplasm, NOS (8000) and another is a specific histology or • Carcinoma, NOS (8010) and another is a specific carcinoma or • Adenocarcinoma, NOS (8140) and another is a specific adenocarcinoma or • Renal cell carcinoma, NOS (8312) and the other is a single renal cell type (Table 1)			***1:*** The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation ***2:*** The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.	Single*
M10		Histology codes are different at the first (**x**xxx), second (x**x**xx), or third (xx**x**x) number				Multiple**

Kidney Multiple Primary Rules – Matrix
C649
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M11	Does not meet any of the above criteria				When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary. **Rule M11 Examples** The following are examples of the types of cases that use Rule M11. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. ***Warning: Using only these case examples to determine the number of primaries can result in major errors.*** **Example 1**: Multiple tumors in one kidney with the same histology **Example 2**: An in situ and invasive tumor diagnosed within 60 days	Single*

Kidney Histology Coding Rules – Matrix
C649
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
SINGLE TUMOR					
H1	None or the pathology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT or MRI scans ***2:*** Code the specific histology when documented. ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H2	None from primary site			Code the behavior /3	The histology from metastatic site
H3		One type			The histology
H4			Invasive and in situ		The invasive histologic type
H5		• Cancer/malignant neoplasm, NOS (8000) and a more specific histology or • Carcinoma, NOS (8010) and a more specific carcinoma or Adenocarcinoma, NOS (8041) and one specific adenocarcinoma type or • Renal cell carcinoma (8312) and one specific renal cell type.		***1:*** Use Table 1 to identify specific renal cell types. ***2:*** The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation ***3:*** The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.	The specific type

Kidney Histology Coding Rules – Matrix
C649
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H6		Two or more specific types of renal cell carcinoma.		Use Table 1 to identify specific renal cell types ***Example:*** Renal cell carcinoma, papillary and clear cell types. Assign code 8255.	8255 (Adenocarcinoma with mixed subtypes)
H7	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY					
H8	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT or MRI scans ***2:*** Code the specific histology when documented ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H9	None from primary site			Code the behavior /3	The histology from a metastatic site
H10		One type			The histology

Kidney Histology Coding Rules – Matrix
C649
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H11				***1:*** This rule should only be used when the first three digits of the histology codes are identical (This is a single primary). ***2:*** See the Kidney Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive. • One tumor is in situ and one is invasive, code the histology from the invasive tumor • Both/all histologies are invasive, code the histology of the most invasive tumor.	The histology of the most invasive tumor
H12		• Cancer/malignant neoplasm, NOS (8000) and a more specific histology or • Carcinoma, NOS (8010) and a more specific carcinoma or • Adenocarcinoma, NOS (8140) and one specific adenocarcinoma type or • Renal cell carcinoma (8312) and one specific renal cell type		***1:*** Use Table 1 to identify specific renal cell types. ***2:*** The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation ***3:*** The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.	The specific type
H13	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

Renal Pelvis, Ureter, Bladder, and Other Urinary Multiple Primary Rules – Matrix
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

* 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
UNKNOWN IF SINGLE OR MULTIPLE TUMORS					Tumor(s) not described as metastasis	
M1					Use this rule only after all information sources have been exhausted.	Single*
SINGLE TUMOR					***1.*** Tumor not described as metastasis ***2:*** Includes combinations of in situ and invasive	
M2	Single				The tumor may overlap onto or extend into adjacent/contiguous site or subsite	Single*
MULTIPLE TUMORS Multiple tumors may be a single or multiple primaries					***1.*** Tumors not described as metastases ***2:*** Includes combinations of in situ and invasive	
M3	When no other urinary sites are involved, tumor(s) in the right renal pelvis and tumor(s) the left renal pelvis				Use this rule and abstract as a multiple primary unless documented to be metastatic.	Multiple**
M4	When no other urinary sites are involved, tumor(s) in the right ureter and tumor(s) in the left ureter				Use this rule and abstract as a multiple primary unless documented to be metastatic.	Multiple**
M5			More than 60 days after diagnosis	An invasive following an in situ	***1:*** The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. ***2:*** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.	Multiple**

Renal Pelvis, Ureter, Bladder, and Other Urinary Multiple Primary Rules – Matrix
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M6	Bladder	Any combination of: • Papillary carcinoma (8050) or • Transitional cell carcinoma (8120-8124) or • Papillary transitional cell carcinoma (8130-8131)				Single*
M7			More than three (3) years apart			Multiple**
M8	Two or more of the following sites • Renal pelvis (C659) • Ureter(C669) • Bladder (C670-C679) • Urethra /prostatic urethra (C680)	Urothelial tumors (See Table 1)*				Single*
M9		Tumors with histology codes different at the first (**x**xxx), second (x**x**xx), or third (xx**x**x) number				Multiple**
M10	Tumors with topography codes different at the second (C**x**xx) and/or third (Cx**x**x) character					Multiple**
M11	Does not meet any of the above criteria				When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.	Single*

Renal Pelvis, Ureter, Bladder, and Other Urinary Histology Coding Rules – Matrix
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
SINGLE TUMOR					
H1	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT or MRI scans ***2:*** Code the specific histology when documented. ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H2	None from primary site			Code the behavior /3	The histology from metastatic site
H3		• Pure transitional carcinoma or • Flat (non—papillary) transitional cell carcinoma or • Transition cell carcinoma with squamous differentiation or • Transitional cell carcinoma with glandular differentiation or • Transitional cell carcinoma with trophoblastic differentiation or • Nested transitional cell carcinoma or • Microcystic transitional cell carcinoma		Flat transitional cell carcinoma is a more important prognostic indicator than papillary, and is likely to be treated more aggressively.	8120 (transitional cell/urothelial carcinoma) (Table 1 – Code 8120)

Renal Pelvis, Ureter, Bladder, and Other Urinary Histology Coding Rules – Matrix
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H4		• Papillary carcinoma or • Papillary transitional carcinoma or • Papillary carcinoma and transitional cell carcinoma			8130 (papillary transitional cell carcinoma) (Table 1 – Code 8130)
H5		One type		Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma)	The histology
H6			Invasive and in situ		The invasive histologic type
H7		Examples • Cancer/malignant neoplasm, NOS (8000) and a more specific histology; or • Carcinoma, NOS (8010) and a more specific carcinoma; or • Sarcoma, NOS (8800) and a more specific sarcoma (invasive only)		***1:*** The specific histology for **in situ** lesions may be identified as pattern, architecture, type, subtype, predominantly, with features of, or with _____differentiation. ***2:*** The specific histology for **invasive** lesions may be identified as type, subtype, predominantly, with features of, or with _____differentiation.	The most specific histologic term
H8	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

Renal Pelvis, Ureter, Bladder, and Other Urinary Histology Coding Rules – Matrix
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY					
H9	None or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • From reports or notes in the medical record that document or reference pathologic or cytologic findings • From clinician reference to type of cancer in the medical record • From CT or MRI scans ***2:*** Code the specific histology when documented ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H10	None from primary site			Code the behavior /3	The histology from a metastatic site
H11		• Pure transitional carcinoma or • Flat (non—papillary) transitional cell carcinoma or • Transition cell carcinoma with squamous differentiation or • Transitional cell carcinoma with glandular differentiation or • Transitional cell carcinoma with trophoblastic differentiation or • Nested transitional cell carcinoma or • Microcystic transitional cell carcinoma		Flat transitional cell carcinoma is a more important prognostic indicator than papillary, and is likely to be treated more aggressively.	8120 (transitional cell/urothelial carcinoma) (Table 1 – Code 8120)

Renal Pelvis, Ureter, Bladder, and Other Urinary Histology Coding Rules – Matrix
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H12		• Papillary carcinoma or • Papillary transitional carcinoma or • Papillary carcinoma and transitional cell carcinoma			8130 (papillary transitional cell carcinoma) (Table 1 – Code 8130)
H13		One type		Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).	The histology
H14				***1:*** This rule should only be used when the first three digits of the histology codes are identical (This is a single primary). ***2:*** See the Renal Pelvis, Ureter, Bladder and Other Urinary Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive. • One tumor is in situ and one is invasive, code the histology from the invasive tumor • Both/all histologies are invasive, code the histology of the most invasive tumor.	The histology of the most invasive tumor
H15	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

Benign and Borderline Intracranial and CNS Tumors
Multiple Primary Rules – Matrix
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

Note: Malignant 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	Laterality	Behavior	Notes/Examples	Primary
UNKNOWN IF SINGLE OR MULTIPLE TUMOR					Tumor(s) not described as metastasis	
M1					Use this rule only after all information sources have been exhausted	Single*
SINGLE TUMOR					Tumor not described as metastasis	
M2	Single				The tumor may overlap onto or extend into adjacent/contiguous site or subsite	Single*
MULTIPLE TUMORS Multiple tumors may be a single primary or multiple primaries					Tumors not described as metastases	
M3	Brain			Invasive (/3) and either a benign (/0) or uncertain / borderline (/1)		Multiple**
M4	Topography codes different at the second (C**x**xx) and/or third (Cx**x**x) character,), or fourth (Cxx**x**) are multiple primaries.					Multiple**
M5			Both sides (left and right) of a paired site (Table 1)			Multiple**
M6		Atypical choroid plexus papilloma (9390/1) following Choroid plexus papilloma, NOS (9390/0)			Do not code progression of disease as multiple primaries	Single*

Benign and Borderline Intracranial and CNS Tumors
Multiple Primary Rules – Matrix
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

Rule	Site	Histology	Laterality	Behavior	Notes/Examples	Primary
M7		Neurofibromatosis, NOS (9540/1) Following Neurofibroma, NOS (9540/0)			Do not code progression of disease as multiple primaries	Single*
M8		Multiple types on the same branch in Chart 1				Single*
M9		Multiple types on different branches in Chart 1				Multiple**
M10		Multiple types, at least one not listed in Chart 1				Multiple**
M11		Codes are different at the first (**x**xxx), second (x**x**xx) or third (xx**x**x) number			Use this rule when none of the histology codes are listed in Chart 1	Multiple**

Benign and Borderline Intracranial and CNS Tumors
Multiple Primary Rules – Matrix
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

Rule	Site	Histology	Laterality	Behavior	Notes/Examples	Primary
M12	Does not meet any of the above criteria				Timing is not used to determine multiple primaries for benign and borderline intracranial and CNS tumors. **Examples:** The following are examples of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. ***Warning: Using only these case examples to determine the number of primaries can result in major errors.*** **Example 1:** Tumors in the same site with the same histology (Chart 1) and the same laterality as the original tumor are a single primary **Example 2:** Tumors in the same site with the same histology (Chart 1) and it is unknown if laterality is the same as the original tumor are a single primary. **Example 3:** Tumors in the same site and same laterality with histology codes not listed in Chart 1 that have the same first three numbers are a single primary.	Single*

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Benign and Borderline Intracranial and CNS Tumors
Histology Coding Rules – Matrix
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

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

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
SINGLE TUMOR					
H1	No specimen or report available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of tumor (histology) in the medical record • PET, CT or MRI scans ***2:*** Code the specific histology when documented ***3:*** Code the histology to 8000 (neoplasm, NOS) as stated by the physician when nothing more specific is documented	Histology documented by the physician
H2		One type			The histology
H3		Multiple, all in the same branch on Chart 1			The more specific histology
H4	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY					
H5	No specimen or report available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of tumor (histology) in the medical record • PET, CT or MRI scans ***2:*** Code the specific histology when documented ***3:*** Code the histology to 8000 (neoplasm, NOS) as stated by the physician when nothing more specific is documented	Histology documented by the physician

Benign and Borderline Intracranial and CNS Tumors
Histology Coding Rules – Matrix
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H6	Multiple meningiomas	Uncertain behavior (/1)	***1:*** This is a rare condition that is usually associated with neurofibromatosis type 2 and other genetic disorders ***2***: Use this code only for meningiomas with uncertain behavior; do not use this code for multiple benign or malignant meningiomas		9530/1
H7	One type				The histology
H8	Original diagnosis		Do not change the histology code when a later tumor(s) shows progression of disease		The histology from the original diagnosis.
H9	Multiple, all in the same branch on Chart 1				The more specific histology
H10	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

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
UNKNOWN IF SINGLE OR MULTIPLE TUMOR					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*
SINGLE TUMOR					Tumor not described as metastasis	
M3	Single				The tumor may overlap onto or extend into adjacent/contiguous site or subsite	Single*
MULTIPLE TUMORS Multiple tumors may be a single primary or multiple primaries					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 (C**x**xx) and/or third (Cx**x**x) character					Multiple**
M6		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. ***Example:*** 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 (**x**xxx), second (x**x**xx), or third (xx**x**x) number				Multiple**
M10	Does not meet any of the above criteria				***1:*** 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*

Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland
Histology Coding 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.

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
SINGLE TUMOR					
H1	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT or MRI scans ***2:*** Code the specific histology when documented. ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H2	None from primary site			Code the behavior /3	The histology from metastatic site
H3		At least two of the following cells and/or differentiation are present: • Astrocytoma • Oligodendroglioma • Ependymal			Code 9382/3 (mixed glioma)
H4		One type			The histology
H5		Diagnosis includes a non-specific term and a specific term or type on the same branch in Chart 1 or Chart 2			The specific type
H6	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland
Histology Coding Rules – Matrix
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753
(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY					
H7	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT or MRI scans ***2:*** Code the specific histology when documented ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H8	None from primary site			Code the behavior /3	The histology from a metastatic site
H9		One type			The histology
H10		Diagnosis includes a non-specific term and a specific term or type on the same branch in Chart 1 or Chart 2			The specific type
H11	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

Other Sites Multiple Primary Rules – Matrix

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

* 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
UNKNOWN IF SINGLE OR MULTIPLE TUMORS					Tumor(s) not described as metastasis	
M1					Use this rule only after all information sources have been exhausted.	Single*
SINGLE TUMOR					***1:*** Tumor not described as metastasis ***2:*** Includes combinations of in situ and invasive	
M2	Single				The tumor may overlap onto or extend into adjacent/contiguous site or subsite**.**	Single*
MULTIPLE TUMORS **Multiple tumors may be a single primary or multiple primaries**					***1:*** Tumors not described as metastases ***2:*** Includes combinations of in situ and invasive	
M3	Prostate	Adenocarcinoma			***1:*** Report only one adenocarcinoma of the prostate per patient per lifetime. ***2:*** 95% of prostate malignancies are the common (acinar) adenocarcinoma histology (8140). See Equivalent Terms, Definitions and Tables for more information ***3:*** If patient has a previous acinar adenocarcinoma of the prostate in the database and is diagnosed with adenocarcinoma in 2007 it is a single primary.	Single*
M4	Unilateral or bilateral	Retinoblastoma				Single*
M5	Any site or sites	Kaposi sarcoma				Single*
M6	Thyroid	Follicular and papillary	Within 60 days			Single*

Other Sites MP

Other Sites Multiple Primary Rules – Matrix

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M7	Bilateral ovary	Epithelial tumors (8000-8799)	Within 60 days of diagnosis			Single*
M8	Both sides of a paired site (Table 1)				Table 1 – Paired Organs and Sites with Laterality	Multiple**
M9		Adenocarcinoma in adenomatous polyposis coli (familial polyposis) with one or more in situ or malignant polyps			Tumors may be present in a single or multiple segments of the colon, rectosigmoid, rectum.	Single*
M10			Diagnosed more than one (1) year apart			Multiple**
M11	Topography codes that are different at the second (C**x**xx) and/or third (Cx**x**x) character				***Example 1:*** A tumor in the penis C**6**09 and a tumor in the rectum C**2**09 have different second characters in their ICD-O-3 topography codes, so they are multiple primaries. ***Example 2:*** A tumor in the cervix C5**3**9 and a tumor in the vulva C5**1**9 have different third characters in their ICD-O-3 topography codes, so they are multiple primaries	Multiple**
M12	Topography codes that differ only at the fourth (Cxx**x**) character in any one of the following primary sites: • Anus and anal canal C21_) • Bones, joints and articular cartilage (C40_-C41_) • Peripheral nerves and autonomic nervous system (C47_) • Connective tissue and other soft tissues (C49_) • Skin (C44_)					Multiple**

Other Sites Multiple Primary Rules – Matrix
Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M13		Frank in situ or malignant adenocarcinoma and an in situ or malignant tumor in a polyp				Single*
M14		Multiple in situ and/or malignant polyps			***Note:*** Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.	Single*
M15			More than 60 days after diagnosis	An invasive tumor following an in situ tumor	***1:*** The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. ***2:*** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.	Multiple**

Other Sites Multiple Primary Rules – Matrix

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M16		• Cancer/malignant neoplasm, NOS (8000) **and** another is a specific histology; or • Carcinoma, NOS (8010) **and** another is a specific carcinoma; or • Squamous cell carcinoma, NOS (8070) **and** another is a specific squamous cell carcinoma; or • Adenocarcinoma, NOS (8140) **and** another is a specific adenocarcinoma; or • Melanoma, NOS (8720) **and** another is a specific melanoma; or • Sarcoma, NOS (8800) **and** another is a specific sarcoma				Single*
M17		Histology codes are different at the first (**x**xxx), second (x**x**xx), or third (xx**x**x) number				Multiple**
M18	Does not meet any of the above criteria				When an invasive lesion follows an in situ within 60 days, abstract as a single primary.	Single*

Other Sites Histology Coding Rules – Matrix
Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
SINGLE TUMOR: IN SITU ONLY (Single Tumor; all parts are in situ)						
H1	The pathology/cytology report is not available				***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record ***2:*** Code the specific histology when documented. ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H2			One type		Do not code terms that do not appear in the histology description. ***Example:*** Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.	The histology

Other Sites Histology Coding Rules – Matrix

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H3			The final diagnosis is • Adenocarcinoma in a polyp or • Adenocarcinoma **and** a residual polyp or polyp architecture is recorded in other parts of the pathology report. • Adenocarcinoma **and** there is reference to a residual or pre-existing polyp or • Mucinous/colloid or signet ring cell adenocarcinoma in a polyp or There is documentation that the patient had a polypectomy		It is important to know that the adenocarcinoma originated in a polyp	8210 (adenocarcinoma in adenomatous polyp) or 8261 (adenocarcinoma in villous adenoma) or 8263 (adenocarcinoma in tubulovillous adenoma)

Other Sites Histology Coding Rules – Matrix
Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H4			• Carcinoma in situ, NOS (8010) **and** a specific in situ carcinoma or • Squamous cell carcinoma in situ, NOS (8070) **and** a specific in situ squamous cell carcinoma or • Adenocarcinoma in situ, NOS (8140) **and** a specific in situ adenocarcinoma or • Melanoma in situ, NOS (8720) **and** a specific in situ melanoma		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.	The most specific histologic term
H5			• Multiple specific histologies or • A non-specific histology with multiple specific histologies		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.	The appropriate combination/ mixed code (Table 2)
H6	None of the above conditions are met					The numerically higher ICD-O-3 code

Other Sites Histology Coding Rules – Matrix

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
SINGLE TUMOR: INVASIVE AND IN SITU (Single Tumor; in situ and invasive components)						
H7				Invasive and in situ	This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.	The single invasive histology. Ignore the in situ terms.
SINGLE TUMOR: INVASIVE ONLY (Single Tumor; all parts are invasive)						
H8	No pathology/cytology specimen or the pathology/cytology report is not available				***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT, PET or MRI scans ***2:*** Code the specific histology when documented ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H9	None from primary site				Code the behavior /3	The histology from a metastatic site

Other Sites Histology Coding Rules – Matrix
Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H10		Prostate	Acinar (adeno)carcinoma			8140 (adenocarcinoma NOS)
H11			One type		***1:*** Do not code terms that do not appear in the histology description. ***Example:*** Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis. ***2:*** If this is a papillary carcinoma of the thyroid, go to Rule H14	The histology
H12			Final diagnosis is: • Adenocarcinoma in a polyp or • Adenocarcinoma **and** a residual polyp or polyp architecture is recorded in other parts of the pathology report or • Adenocarcinoma **and** there is reference to a residual or pre-existing polyp or • Mucinous/colloid or signet ring cell adenocarcinoma in a polyp or There is documentation that the patient had a polypectomy		It is important to know that the adenocarcinoma originated in a polyp	8210 (adenocarcinoma in adenomatous polyp) or 8261 (adenocarcinoma in villous adenoma) or 8263 (adenocarcinoma in tubulovillous adenoma)

Other Sites Histology Coding Rules – Matrix

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H13			• Cancer/malignant neoplasm, NOS (8000) **and** a more specific histology or • Carcinoma, NOS (8010) **and** a more specific carcinoma or • Squamous cell carcinoma, NOS (8070) **and** a more specific squamous cell carcinoma or • Adenocarcinoma, NOS (8140) **and** a more specific adenocarcinoma or • Melanoma, NOS (8720) **and** a more specific melanoma or • Sarcoma, NOS (8800) **and** a more specific sarcoma		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation. The terms architecture and pattern are subtypes only for in situ cancer. ***Example 1:*** Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma (8480). ***Example 2:*** Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma (8052).	The most specific histologic term
H14		Thyroid	Papillary carcinoma			8260 (papillary adenocarcinoma, NOS)
H15		Thyroid	Follicular and papillary carcinoma			8340 (Papillary carcinoma, follicular variant)

Other Sites Histology Coding Rules – Matrix
Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H16			• Multiple specific histologies or • A non-specific histology with multiple specific histologies		The specific histology may be identified as type, subtype, predominantly, with features of, major or with _____ differentiation. ***Example 1 (multiple specific histologies):*** Mucinous and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes). ***Example 2 (multiple specific histologies):*** Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma) ***Example 3 (non-specific with multiple specific histologies):*** Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)	The appropriate combination code (Table 2)
H17	None of the above conditions are met					The numerically higher ICD-O-3 code

Other Sites Histology Coding Rules – Matrix

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY						
H18	No pathology/cytology specimen or the pathology/cytology report is not available				***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT, PET or MRI scans ***2:*** Code the specific histology when documented ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H19	None from primary site				Code the behavior /3	The histology from a metastatic site
H20		Prostate	Acinar (adeno)carcinoma			8140 (adenocarcinoma NOS)
H21		Sites such as: Vulva Vagina Anus	Squamous intraepithelial neoplasia grade III such as: • vulva (VIN III) • vagina (VAIN III) • anus (AIN III).	In situ	***1:*** VIN, VAIN, and AIN are squamous cell carcinomas. Code 8077 cannot be used for glandular intraepithelial neoplasia such as prostatic intraepithelial neoplasia (PIN) or pancreatic intraepithelial neoplasia (PAIN). ***2:*** This code may be used for reportable-by-agreement cases	8077/2 (Squamous intraepithelial neoplasia, grade III)

Other Sites Histology Coding Rules – Matrix
Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H22		Sites such as: Pancreas	Glandular intraepithelial neoplasia grade III such as: • pancreas (PAIN III)	In situ	This code may be used for reportable-by-agreement cases such as intraepithelial neoplasia of the **prostate** (PIN III)	8148/2 (Glandular intraepithelial neoplasia grade III)
H23			One type		Do not code terms that do not appear in the histology description. ***Example:*** Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.	The histology
H24		Anus Perianal region Vulva	Extramammary Paget disease **and** an underlying tumor			The histology of the underlying tumor

Other Sites Histology Coding Rules – Matrix

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H25			Final diagnosis is: • Adenocarcinoma in a polyp or • Adenocarcinoma **and** a residual polyp or polyp architecture is recorded in other parts of the pathology report or • Adenocarcinoma **and** there is reference to a residual or pre-existing polyp or • Mucinous/colloid or signet ring cell adenocarcinoma in a polyp or There is documentation that the patient had a polypectomy		It is important to know that the adenocarcinoma originated in a polyp	8210 (adenocarcinoma in adenomatous polyp) or 8261 (adenocarcinoma in villous adenoma) or 8263 (adenocarcinoma in tubulovillous adenoma)
H26		Thyroid	Papillary carcinoma			8260 (papillary adenocarcinoma, NOS)
H27		Thyroid	Follicular and papillary carcinoma			8340 (Papillary carcinoma, follicular variant)

Other Sites Histology Coding Rules – Matrix
Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H28				Invasive and in situ	This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.	The single invasive histology. Ignore the in situ terms
H29			• Cancer/malignant neoplasm, NOS (8000) **and** a more specific histology or • Carcinoma, NOS (8010) **and** a more specific carcinoma or • Squamous cell carcinoma, NOS (8070) **and** a more specific squamous cell carcinoma or • Adenocarcinoma, NOS (8140) **and** a more specific adenocarcinoma or • Melanoma, NOS (8720) **and** a more specific melanoma or • Sarcoma, NOS (8800) **and** a more specific sarcoma		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation. The terms architecture and pattern are subtypes only for in situ cancer. ***Example1:*** Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma (8480). ***Example 2:*** Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma (8052).	The most specific histologic term

Other Sites Histology Coding Rules – Matrix

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H30			Multiple specific histologies or A non-specific histology with multiple specific histologies		The specific histologies may be identified as a type, subtype, predominantly, with features of, major, or with ____ differentiation. ***Example 1 (multiple specific histologies):*** Gyn malignancy with mucinous, serous and papillary adenocarcinoma. Code 8323 (mixed cell adenocarcinoma) ***Example 2 (multiple specific histologies):*** Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma). ***Example 3 (non-specific with multiple specific histologies):*** Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)	The appropriate combination/mixed code (Table 2)
H31	None of the above conditions are met					The numerically higher ICD-O-3 code

VIII.
Text Format – Multiple Primary and Histology Coding Rules

Head and Neck Multiple Primary Rules - Text
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

UNKNOWN IF SINGLE OR MULTIPLE TUMORS

Note: Tumor(s) not described as metastasis

Rule M1 When it is not possible to determine if there is a **single** tumor **or multiple** tumors, opt for a single tumor and abstract as a single primary.*

Note: Use this rule only after all information sources have been exhausted.

Example 1: History and physical exam states large tumor in nasopharynx. Biopsy base of tongue shows squamous cell carcinoma. No further information available. Abstract as a single primary.

Example 2: Pathology report states extensive squamous cell carcinoma involving nasopharynx and larynx. Fragments of epiglottis positive for squamous cell carcinoma. No other information available. Abstract as a single primary.

*** Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**
This is the end of instructions for Unknown if Single or Multiple Tumors.

SINGLE TUMOR

Note 1: Tumor not described as metastasis
Note 2: Includes combinations of in situ and invasive

Rule M2 A **single tumor** is always a single primary. *

Note: The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

This is the end of instructions for Single Tumor.
*** Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

MULTIPLE TUMORS

Multiple tumors may be a single primary or multiple primaries.
Note 1: Tumors not described as metastases
Note 2: Includes combinations of in situ and invasive

Rule M3 Tumors on the **right** side **and** the **left** side of a **paired site** are multiple primaries. **

Note: See Table 1 for list of paired sites.

Rule M4 Tumors on the **upper lip** (C000 or C003) **and** the **lower lip** (C001 or C004) are multiple primaries. **

Rule M5 Tumors on the **upper gum** (C030) **and** the **lower gum** (C031) are multiple primaries. **

Head and Neck MP

Head and Neck Multiple Primary Rules - Text
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

Rule M6 Tumors in the **nasal cavity** (C300) **and** the **middle ear** (C301) are multiple primaries. **

Rule M7 Tumors in sites with ICD-O-3 **topography** codes that are **different** at the second (C**x**xx) and/or third (Cx**x**x) character are multiple primaries. **

Rule M8 An **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis is a multiple primary. **
Note 1: The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.
Note 2: Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

Rule M9 Tumors diagnosed **more than five (5) years** apart are multiple primaries. **

Rule M10 Abstract as a single primary* when one tumor is:
- **Cancer/malignant neoplasm, NOS** (8000) **and** another is a **specific histology** or
- **Carcinoma, NOS** (8010) **and** another is a **specific carcinoma** or
- **Adenocarcinoma, NOS** (8140) **and** another is a **specific adenocarcinoma** or
- **Squamous cell carcinoma, NOS** (8070) and another is **specific squamous cell carcinoma** or
- **Melanoma**, NOS (8720) and another is a **specific** melanoma
- **Sarcoma, NOS** (8800) and another is a **specific sarcoma**

Rule M11 Tumors with ICD-O-3 **histology** codes that are **different** at the first (**x**xxx), second (x**x**xx) or third (xx**x**x) number are multiple primaries. **

Rule M12 Tumors that **do not meet any** of the above **criteria** are abstracted as a single primary. *
Note 1: When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.
Note 2: All cases covered by Rule M12 have the same first 3 numbers in ICD-O-3 histology code.

This is the end of instructions for Multiple Tumors.
*** If a single primary, prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**
**** If multiple primaries, prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.**

Rule M12 Examples: The following are examples of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. ***Warning: Using only these case examples to determine the number of primaries can result in major errors.***

Example 1: Multifocal tumors in floor of mouth	**Example 2:** An in situ and invasive tumor diagnosed within60 days	**Example 3:** In situ following an invasive tumor more than 60 days apart

Head and Neck Histology Coding Rules - Text
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

Rule H1 Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

Note 1: Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT, PET, or MRI scans

Note 2: Code the specific histology when documented.

Note 3: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

Rule H2 Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.

Note: Code the behavior /3.

Rule H3 Code the histology when only **one histologic type** is identified.

Example: Squamous cell carcinoma. Code 8070.

Note: Do not code terms that do not appear in the histology description.

Example: Do not code 8072 (squamous cell carcinoma non-keratinizing) unless the words "non-keratinizing" actually appear in the diagnosis.

Rule H4 Code the **invasive** histologic type when a single tumor has invasive and in situ components.

Example: The final diagnosis is keratinizing squamous cell carcinoma (8071) with areas of squamous cell carcinoma in situ (8070). Code the invasive histologic type, keratinizing squamous cell carcinoma (8071).

Head and Neck Histology Coding Rules - Text
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)

Rule H5 Code the most **specific** histologic term using Chart 1 when there are multiple histologies within the same branch. Examples of histologies within the same branch are:

- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Squamous cell carcinoma, NOS (8070) and a more specific squamous carcinoma or
- Adenocarcinoma, NOS(8140) and a more specific adenocarcinoma or
- Melanoma, NOS (8720) and a more specific melanoma or
- Sarcoma, NOS (8800) and a more specific sarcoma

Note 1: The specific histology for **in situ** lesions may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation

Note 2: The specific histology for **invasive** lesions may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation

Example: The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050).

Rule H6 Code the histology with the **numerically higher** ICD-O-3 code.

This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule H7 Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

Note 1: Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT, PET, or MRI scans

Note 2: Code the specific histology when documented.

Note 3: Code the histology to 8000 (cancer/malignant neoplasm, NOS), or 8010 (carcinoma, NOS) as stated by the physician when no specific histology is documented.

Rule H8 Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site**.

Note: Code the behavior /3.

Head and Neck Histology Coding Rules - Text
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)

Rule H9 Code the histology when only **one histologic type** is identified.
Example: Squamous cell carcinoma. Code 8070.
Note: Do not code terms that do not appear in the histology description.
Example: Do not code 8072 (squamous cell carcinoma non-keratinizing) unless the words "non-keratinizing" actually appear in the diagnosis

Rule H10 Code the histology of the **most invasive** tumor.
Note 1: See the Head and Neck Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive.
- One tumor is in situ and one is invasive, code the histology from the invasive tumor.
- Both/all histologies are invasive, code the histology of the more invasive tumor.

Note 2: If tumors are equally invasive, go to the next rule

Rule H11 Code the most **specific** histologic term using Chart 1 when there are multiple histologies within the same branch. Examples of histologies within the same branch are:
- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Squamous cell carcinoma, NOS (8070) and a more specific squamous carcinoma or
- Adenocarcinoma, NOS(8140) and a more specific adenocarcinoma or
- Melanoma, NOS (8720) and a more specific melanoma or
- Sarcoma, NOS (8800) and a more specific sarcoma

Note 1: The specific histology for **in situ** lesions may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation
Note 2: The specific histology for **invasive** lesions may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation
Example: The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050).

Rule H12 Code the histology with the **numerically higher** ICD-O-3 code.

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

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Colon Multiple Primary Rules – Text
C180 - C189
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

UNKNOWN IF SINGLE OR MULTIPLE TUMORS

Note: Tumor(s) not described as metastasis

Rule M1 When it is not possible to determine if there is a **single** tumor **or multiple** tumors, opt for a single tumor and abstract as a single primary.*
Note: Use this rule only after all information sources have been exhausted.

*** Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**
This is the end of instructions for Unknown if Single or Multiple Tumors.

SINGLE TUMOR

Note 1: Tumor not described as metastasis
Note 2: Includes combinations of in situ and invasive

Rule M2 A **single tumor** is always a single primary. *
Note: The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

*** Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**
This is the end of instructions for Single Tumor.

MULTIPLE TUMORS

Multiple tumors may be a single primary or multiple primaries.
Note 1: Tumors not described as metastases
Note 2: Includes combinations of in situ and invasive

Rule M3 Adenocarcinoma in adenomatous polyposis coli (**familial polyposis**) with one or more malignant polyps is a single primary.*
Note: Tumors may be present in multiple segments of the colon or in a single segment of the colon.

Rule M4 Tumors in sites with **ICD-O-3 topography** codes that are different at the second (C**x**xx), third, (Cx**x**x) or fourth (C18**x**) character are multiple primaries. **

Rule M5 Tumors diagnosed **more than one (1) year** apart are multiple primaries. **

Colon MP

Colon Multiple Primary Rules – Text
C180 - C189
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule M6 An **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis are multiple primaries. **
Note 1: The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.
Note 2: Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

Rule M7 A **frank** malignant or in situ **adenocarcinoma and** an in situ or **malignant** tumor in a **polyp** are a single primary.*

Rule M8 Abstract as a single primary* when one tumor is:
- **Cancer/malignant neoplasm, NOS** (8000) **and** another is a **specific histology** or
- **Carcinoma, NOS** (8010) **and** another is a **specific carcinoma** or
- **Adenocarcinoma, NOS** (8140) **and** another is a **specific adenocarcinoma** or
- **Sarcoma, NOS** (8800) **and** another is a **specific sarcoma**

Rule M9 **Multiple** in situ and/or malignant **polyps** are a single primary.*
Note: Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.

Rule M10 Tumors with **ICD-O-3 histology** codes that are **different** at the first (**x**xxx), second (x**x**xx) or third (xx**x**x) number are multiple primaries. **

Rule M11 Tumors that **do not meet any** of the above **criteria** are a single primary.*
Note 1: When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.
Note 2: All cases covered by Rule M11 are in the same segment of the colon.

*** 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.**
This is the end of instructions for Multiple Tumors.

Colon Histology Coding Rules – Text
C180-C189
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

Rule H1 Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

Note 1: Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT, PET or MRI scans

Note 2: Code the specific histology when documented.

Note 3: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

Rule H2 Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.

Note: Code the behavior /3.

Rule H3 Code **8140** (adenocarcinoma, NOS) when pathology describes only **intestinal type adenocarcinoma** or adenocarcinoma, intestinal type.

Note 1: Intestinal type adenocarcinoma usually occurs in the stomach.

Note 2: When a diagnosis of intestinal adenocarcinoma is further described by a specific term such as type, continue to the next rule.

Rule H4 Code **8210** (adenocarcinoma in **adenomatous polyp**), **8261** (adenocarcinoma in **villous adenoma**), or **8263** (adenocarcinoma in **tubulovillous adenoma**) when:
- The final diagnosis is adenocarcinoma in a polyp
- The final diagnosis is adenocarcinoma **and** a residual polyp or polyp architecture is recorded in other parts of the pathology report.
- The final diagnosis is adenocarcinoma **and** there is reference to a residual or pre-existing polyp or
- The final diagnosis is mucinous/colloid or signet ring cell adenocarcinoma in a polyp or
- There is documentation that the patient had a polypectomy

Note1: It is important to know that the adenocarcinoma originated in a polyp.

Note 2: Code adenocarcinoma in a polyp only when the malignancy is in the residual polyp (adenoma) or references to a pre-existing polyp (adenoma) indicate that the malignancy and the polyp (adenoma) are the same lesion.

Rule H5 Code **8480** (mucinous/colloid adenocarcinoma) or **8490** (signet ring cell carcinoma) when the final diagnosis is:
- **Mucinous**/**colloid** (8480) or **signet ring cell** carcinoma (8490) or
- Adenocarcinoma, NOS and the microscopic description documents that **50% or more** of the tumor is **mucinous/colloid** or
- Adenocarcinoma, NOS and the microscopic description documents that **50% or more** of the tumor is **signet ring cell** carcinoma

Colon Histo

Colon Histology Coding Rules – Text
C180-C189
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule H6 Code **8140** (adenocarcinoma, NOS) when the final diagnosis is **adenocarcinoma** and:
- The microscopic diagnosis states that **less than 50%** of the tumor is **mucinous/colloid** or
- The microscopic diagnosis states that **less than 50%** of the tumor is **signet ring cell** carcinoma or
- The **percentage** of mucinous/colloid or signet ring cell carcinoma is **unknown**

Rule H7 Code **8255** (adenocarcinoma with mixed subtypes) when there is a **combination** of **mucinous/colloid and signet ring cell** carcinoma.

Rule H8 Code **8240** (carcinoid tumor, NOS) when the diagnosis is **neuroendocrine** carcinoma (8246) **and carcinoid tumor** (8240).

Rule H9 Code **8244** (composite carcinoid) when the diagnosis is **adenocarcinoma and carcinoid tumor**.

Rule H10 Code **8245** (adenocarcinoid) when the diagnosis is **exactly "adenocarcinoid."**

Rule H11 Code the histology when only **one histologic type** is identified.

Rule H12 Code the invasive histology when both **invasive and in situ** histologies are present.

Rule H13 **Code the** most **specific** histologic **term when** the diagnosis is:
- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Adenocarcinoma, NOS (8140) and a more specific adenocarcinoma or
- Sarcoma, NOS (8800) and a more specific sarcoma (invasive only)

Note 1: The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation

Note 2: The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.

Rule H14 Code the histology with the **numerically higher** ICD-O-3 code.

This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

Colon Histology Coding Rules – Text
C180-C189
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Note: These rules only apply to multiple tumors that are reported as a **single primary**.

Rule H15 Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

Note 1: Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- From CT, PET or MRI scans

Note 2: Code the specific histology when documented.

Note 3: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

Rule H16 Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.

Note: Code the behavior /3.

Rule H17 Code **8220** (adenocarcinoma in adenomatous polyposis coli) when:

- **Clinical** history says **familial polyposis** and final diagnosis on the **pathology report** from resection is **adenocarcinoma in adenomatous polyps** or
- There are **>100 polyps** identified in the resected specimen or
- The number of polyps is not given but the diagnosis is **familial polyposis**

Rule H18 Code **8263** (adenocarcinoma in a tubulovillous adenoma) when multiple in situ or malignant polyps are present, at least one of which is tubulovillous

***Note*:** Use this rule only when there are multiple polyps or adenomas. Do not use this rule if there is a frank adenocarcinoma and a malignancy in a single polyp or adenoma.

Rule H19 Code **8221** (adenocarcinoma in multiple adenomatous polyps) when:

- There are **>1 and** <=100 polyps identified in the resected specimen or
- There are multiple polyps (adenomas) and the number is not given and **familial polyposis** is **not mentioned**

***Note*:** Use this rule only when there are multiple polyps. Do not use for a single polyp (adenoma) or for a frank malignancy and a malignancy in a single polyp (adenoma).

Colon Histo

Colon Histology Coding Rules – Text
C180-C189
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule H20 Code the histology of the **most invasive** tumor when:

- There is a frank adenocarcinoma and a carcinoma in a polyp or
- There are in situ and invasive tumors or
- There are multiple invasive tumors

Note 1: See the Colon Equivalent Terms, Definitions and Illustrations for the definition of most invasive.

- One tumor is in situ and one is invasive, code the histology from the invasive tumor.
- Both/all histologies are invasive, code the histology of the most invasive tumor.

Note 2: If tumors are equally invasive, go to the next rule

Rule H21 Code **8210** (adenocarcinoma in **adenomatous polyp**), **8261** (adenocarcinoma in **villous adenoma**), or **8263** (adenocarcinoma in **tubulovillous adenoma**) when:

- The final diagnosis is adenocarcinoma **and** the microscopic description or surgical gross describes polyps or
- The final diagnosis is adenocarcinoma **and** there is reference to residual or pre-existing polyps or
- The final diagnosis is mucinous/colloid or signet ring cell adenocarcinoma in polyps or
- There is documentation that the patient had a polypectomy

Note: It is important to know that the adenocarcinoma originated in a polyp.

Rule H22 Code the histology when only **one histologic type** is identified.

Rule H23 **Code the** more **specific** histologic **term** when the diagnosis is:

- Cancer/malignant neoplasm, NOS (8000) and a specific histology or
- Carcinoma, NOS (8010) and a specific carcinoma or
- Adenocarcinoma, NOS (8140) and a specific adenocarcinoma or
- Sarcoma, NOS (8800) and a specific sarcoma (invasive only)

Note 1: The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation

Note 2: The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.

Rule H24 Code the histology with the **numerically higher** ICD-O-3 code.

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

Lung Multiple Primary Rules – Text
C340-C349
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

UNKNOWN IF SINGLE OR MULTIPLE TUMORS

***Note*:** Tumor(s) not described as metastasis

Rule M1 When it is not possible to determine if there is a **single** tumor **or multiple** tumors, opt for a single tumor and abstract as a single primary.*

Note 1: Use this rule only after all information sources have been exhausted.

Note 2: Use this rule when only one tumor is biopsied but the patient has two or more tumors in one lung and may have one or more tumors in the contralateral lung. (See detailed explanation in Lung Equivalent Terms and Definitions)

*** Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**
This is the end of instructions for Unknown if Single or Multiple Tumors.

SINGLE TUMOR

Note: Tumor not described as metastasis

Rule M2 A **single tumor** is always a single primary. *

Note: The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

*** Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**
This is the end of instructions for Single Tumor.

MULTIPLE TUMORS

Multiple tumors may be a single primary or multiple primaries.

Note: Tumors not described as metastases

Rule M3 Tumors in sites with ICD-O-3 **topography** codes that are **different** at the second (C**x**xx) and/or third character (Cx**x**x) are multiple primaries. **

Note: This is a change in rules; tumors in the trachea (C33) and in the lung (C34) were a single lung primary in the previous rules.

Rule M4 At least one tumor that is **non-small cell** carcinoma (8046) **and** another tumor that is **small cell** carcinoma (8041-8045) are multiple primaries. **

Rule M5 A tumor that is **adenocarcinoma** with **mixed subtypes** (8255) **and** another that is **bronchioloalveolar** (8250-8254) are multiple primaries. **

Lung MP

Lung Multiple Primary Rules – Text
C340-C349
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule M6 A **single** tumor in **each lung** is multiple primaries. **
Note: When there is a single tumor in each lung abstract as multiple primaries unless stated or proven to be metastatic.

Rule M7 **Multiple** tumors in **both lungs** with ICD-O-3 histology codes that are different at the first (**x**xxx), second (x**x**xx) or third (xx**x**x) number are multiple primaries. **

Rule M8 Tumors diagnosed **more than three (3) years** apart are multiple primaries. **

Rule M9 An **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis is a multiple primary. **
Note 1: The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.
Note 2: Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

Rule M10 Tumors with **non-small cell** carcinoma**, NOS** (8046) **and** a more **specific** non-small cell carcinoma **type** (Chart 1) are a single primary.*

Rule M11 Tumors with ICD-O-3 **histology** codes that are **different** at the first (**x**xxx), second (x**x**xx) or third (xx**x**x) number are multiple primaries. **
Note: Adenocarcinoma in one tumor and squamous cell carcinoma in another tumor are multiple primaries.

Rule M12 Tumors that **do not meet any** of the above **criteria** are a single primary.*
Note 1: When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.
Note 2: All cases covered by this rule are the same histology.

*** 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.**
This is the end of instructions for Multiple Tumors.

Rule M12 Examples: The following are examples of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. ***Warning: Using only these case examples to determine the number of primaries can result in major errors.***

Example 1: Solitary tumor in one lung, multiple tumors in contralateral lung	**Example 2:** Diffuse bilateral nodules (This is the only condition when laterality = 4)	**Example 3:** An in situ and invasive tumor diagnosed within 60 days
Example 4: Multiple tumors in left lung metastatic from right lung	**Example 5:** Multiple tumors in one lung	**Example 6:** Multiple tumors in both lungs

Lung Histology Coding Rules – Text
C340-C349
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

Rule H1 Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

Note 1: Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT, PET, or MRI scans
- Chest x-rays

Note 2: Code the specific histology when documented.

Note 3: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

Rule H2 Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.

Note: Code the behavior /3.

Rule H3 Code the histology when only **one histologic type** is identified.

Note: Do not code terms that do not appear in the histology description.

Example 1: Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.

Example 2: Do not code bronchioalveolar non-mucinous unless the words "non-mucinous" actually appear in the diagnosis.

Rule H4 Code the invasive histologic type when a single tumor has **invasive and in situ** components

Rule H5 Code the **most specific** term using Chart 1 **when** there are multiple histologies within the same branch. Examples of histologies within the same branch are:

- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Adenocarcinoma, NOS (8140) and a more specific adenocarcinoma or
- Squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma or
- Sarcoma, NOS (8800) and a more specific sarcoma

Note: The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation

Example 1: Adenocarcinoma, predominantly mucinous. Code 8480 (mucinous adenocarcinoma).

Example 2: Non-small cell carcinoma, papillary squamous cell. Code 8052 (papillary squamous cell carcinoma).

Lung Histology Coding Rules – Text
C340-C349
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule H6 Code the appropriate combination/mixed code (Table 1) when there are **multiple specific histologies** or when there is a non-specific **with multiple specific histologies**

Note: The specific histologies may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.
Example 1 (multiple specific histologies): Solid and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes).
Example 2 (multiple specific histologies): Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma).
Example 3 (non-specific with multiple specific histologies): Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes).

Rule H7 Code the histology with the **numerically higher** ICD-O-3 code.

This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule H8 Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

Note 1: Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT, PET, or MRI scans
- Chest x-rays

Note 2: Code the specific histology when documented.
Note 3: Code the histology to 8000 (cancer/malignant neoplasm), or 8010 (carcinoma) as stated by the physician when nothing more specific is documented.

Rule H9 Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.
Note: Code the behavior /3.

Rule H10 Code the histology when only **one histologic type** is identified.
Note: Do not code terms that do not appear in the histology description.
Example 1: Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.
Example 2: Do not code bronchioalveolar non-mucinous unless the words "non-mucinous" actually appear in the diagnosis.

Lung Histology Coding Rules – Text
C340-C349
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule H11 Code the histology of the **most invasive** tumor.

Note 1: This rule should only be used when the first three numbers of the histology codes are identical (This is a single primary.)

Note 2: See the Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive.

- One tumor is in situ and one is invasive, code the histology from the invasive tumor.
- Both/all histologies are invasive, code the histology of the most invasive tumor.

Rule H12 Code the **most specific** term using Chart 1 **when** there are multiple histologies within the same branch. Examples of histologies within the same branch are:

- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Adenocarcinoma, NOS (8140) and a more specific adenocarcinoma or
- Squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma or
- Sarcoma, NOS (8800) and a more specific sarcoma

Note: The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation

Example 1: Adenocarcinoma, predominantly mucinous. Code 8480 (mucinous adenocarcinoma).

Example 2: Non-small cell carcinoma, papillary squamous cell. Code 8052 (papillary squamous cell carcinoma).

Rule H13 Code the histology with the **numerically higher** ICD-O-3 code.

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

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Cutaneous Melanoma Multiple Primary Rules – Text
C440-C449 with Histology 8720-8780
(Excludes melanoma of any other site)

UNKNOWN IF SINGLE OR MULTIPLE MELANOMAS

Note: Melanoma(s) not described as metastasis

Rule M1 When it is not possible to determine if there is a **single** melanoma **or multiple** melanomas, opt for a single melanoma and abstract as a single primary.*
Note: Use this rule only after all information sources have been exhausted

*** Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**
This is the end of instructions for Unknown if Single or Multiple Melanoma.

SINGLE MELANOMA

Note 1: Melanoma not described as metastasis
Note 2: Includes combinations of in situ and invasive

Rule M2 A **single melanoma** is always a single primary. *

*** Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**
This is the end of instructions for Single Melanoma.

MULTIPLE MELANOMAS

Multiple melanomas may be a single primary or multiple primaries
Note 1: Melanoma not described as metastases
Note 2: Includes combinations of in situ and invasive

Rule M3 Melanomas in sites with ICD-O-3 **topography** codes that are **different** at the second (C**x**xx), third (Cx**x**x) or fourth (C44**x**) character are multiple primaries. **

Melanoma MP

Cutaneous Melanoma Multiple Primary Rules – Text
C440-C449 with Histology 8720-8780
(Excludes melanoma of any other site)

Rule M4 Melanomas with **different laterality** are multiple primaries. **
Note: A **midline** melanoma is a different laterality than right or left.
Example 1: Melanoma of the right side of the chest and a melanoma at midline of the chest are different laterality, multiple primaries
Example 2: A melanoma of the right side of the chest and a melanoma of the left side of the chest are multiple primaries

Rule M5 Melanomas with ICD-O-3 **histology** codes that are **different** at the first (**x**xxx), second (x**x**xx) or third number (xx**x**x) are multiple primaries. **

Rule M6 An **invasive** melanoma that occurs **more than 60 days after** an **in situ** melanoma is a multiple primary. **
Note 1: The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.
Note 2: Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

Rule M7 Melanomas diagnosed **more than 60 days** apart are multiple primaries. **

Rule M8 Melanomas that **do not meet any** of the above **criteria** are abstracted as a single primary. *
Note 1: Use the data item "Multiplicity Counter" to record the number of melanomas abstracted as a single primary.
Note 2: When an invasive melanoma follows an in situ melanoma within 60 days, abstract as a single primary.
Note 3: All cases covered by this rule are the same site and histology.

*** 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.**
This is the end of instructions for Multiple Melanomas.

Rule M8 Examples: The following are examples of cases that use Rule M8. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. ***Warning: Using only these case examples to determine the number of primaries can result in major errors.***

Example 1: Solitary melanoma on the left back and another solitary melanoma on the left chest.	**Example 2:** Solitary melanoma on the right thigh and another solitary melanoma on the right ankle.

Cutaneous Melanoma Histology Coding Rules – Text
C440-C449 with Histology 8720-8780
(Excludes melanoma of any other site)

SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY

Rule H1 Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

Note 1: Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of melanoma in the medical record
- PET scan

Note 2: Code the specific histology when documented.

Rule H2 Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site**.
Note: Code the behavior /3.

Rule H3 Code the histology when only **one histologic type** is identified.

Rule H4 Code the invasive histologic type when there are **invasive and in situ** components.

Rule H5 Code the **histologic type** when the diagnosis is **regressing** melanoma **and** a **histologic** type.
Example: Nodular melanoma with features of regression. Code 8721 (Nodular melanoma).

Rule H6 Code 8723 (Malignant melanoma, regressing) when the diagnosis is **regressing melanoma**.
Example: Malignant melanoma with features of regression. Code 8723.

Rule H7 Code the **histologic type** when the diagnosis is **lentigo maligna** melanoma **and** a **histologic** type.

Rule H8 Code 8742 (Lentigo maligna melanoma) when the diagnosis is **lentigo maligna** melanoma.

Rule H9 **Code the** most **specific** histologic **term** when the diagnosis is melanoma, NOS (8720) with a single specific type.
Note 1: The specific type for **in situ** lesions may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation
Note 2: The specific type for **invasive** lesions may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.

Melanoma Histo

Cutaneous Melanoma Histology Coding Rules – Text
C440-C449 with Histology 8720-8780
(Excludes melanoma of any other site)

Rule H10 Code the histology with the **numerically higher** ICD-O-3 code.

This is the end of instructions for Single Melanoma or Multiple Melanomas Abstracted as a Single Primary. Code the histology according to the rule that fits the case.

Breast Multiple Primary Rules- Text
C500-C509
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)

UNKNOWN IF SINGLE OR MULTIPLE TUMORS

Note: Tumor(s) not described as metastasis

Rule M1 When it is not possible to determine if there is a **single** tumor **or multiple** tumors, opt for a single tumor and abstract as a single primary. *
Note: Use this rule only after all information sources have been exhausted.

*** Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**
This is the end of instructions for Unknown if Single or Multiple Tumors.

SINGLE TUMOR

Note 1: Tumor not described as metastasis
Note 2: Includes combinations of in situ and invasive

Rule M2 **Inflammatory carcinoma** in one or both breasts is a single primary. *

Rule M3 A **single tumor** is always a single primary. *
Note: The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

*** Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**
This is the end of instructions for Single Tumor.

MULTIPLE TUMORS

Multiple tumors may be a single primary or multiple primaries.
Note 1: Tumors not described as metastases
Note 2: Includes combinations of in situ and invasive

Rule M4 Tumors in sites with ICD-O-3 **topography** codes (Cxxx) with **different** second (C**x**xx) and/or third characters (Cx**x**x) are multiple primaries. **

Rule M5 Tumors diagnosed **more than five (5) years** apart are multiple primaries. **

Breast MP

Breast Multiple Primary Rules- Text
C500-C509
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)

Rule M6 **Inflammatory carcinoma** in one or both breasts is a single primary. *

Rule M7 Tumors on both sides (**right and left breast**) are multiple primaries. **
Note: Lobular carcinoma in both breasts ("mirror image") is a multiple primary.

Rule M8 An **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis is a multiple primary. **
Note 1: The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.
Note 2: Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

Rule M9 Tumors that are intraductal or **duct and Paget Disease** are a single primary. *
Note: Use Table 1 and Table 2 to identify intraductal and duct carcinomas

Rule M10 Tumors that are **lobular** (8520) **and** intraductal or **duct** are a single primary. *
Note: Use Table 1 and Table 2 to identify intraductal and duct carcinomas

Rule M11 **Multiple intraductal and/or duct carcinomas** are a single primary. *
Note: Use Table 1 and Table 2 to identify intraductal and duct carcinomas

Rule M12 Tumors with ICD-O-3 **histology** codes that are **different** at the first (**x**xxx), second (x**x**xx) or third (xx**x**x) number are multiple primaries. **

Rule M13 Tumors that **do not meet any** of the above **criteria** are abstracted as a single primary. *
Note 1: When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.
Note 2: All cases covered by Rule M13 have the same first 3 numbers in ICD-O-3 histology code.

*** 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.**
This is the end of instructions for Multiple Tumors.

Rule M13 Examples: The following are examples of cases that use Rule M13. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. ***Warning: Using only these case examples to determine the number of primaries can result in major errors.***

Example 1: Invasive duct and intraductal carcinoma in the same breast	**Example 2:** Multi-centric lobular carcinoma, left breast

Breast Histology Coding Rules – Text
C500-C509
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR: IN SITU CARCINOMA ONLY

(Single Tumor; all parts are in situ)

Rule H1 Code the histology documented by the physician when the **pathology/cytology** report is **not available**.
Note 1: Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record

Note 2: Code the specific histology when documented.

Rule H2 Code the histology when only **one histologic type** is identified

Rule H3 **Code the** more **specific** histologic **term when** the diagnosis is:
- Carcinoma in situ, NOS (8010) and a specific carcinoma in situ or
- Adenocarcinoma in situ, NOS (8140) and a specific adenocarcinoma in situ or
- Intraductal carcinoma, NOS (8500) and a specific intraductal carcinoma (Table 1)

Note: The specific histology may be identified as type, subtype, predominantly, with features of, major, with ___ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.

Rule H4 Code **8501/2** (comedocarcinoma, non-infiltrating) when there is **non-infiltrating comedocarcinoma and any** other **intraductal** carcinoma (Table 1).
Example: Pathology report reads intraductal carcinoma with comedo and solid features. Code 8501/2 (comedocarcinoma).

Rule H5 Code **8522/2** (intraductal carcinoma and lobular carcinoma in situ) **(Table 3)** when there is a combination of **in situ lobular** (8520) **and intraductal** carcinoma (Table 1).

Rule H6 Code **8523/2** (intraductal carcinoma mixed with other types of in situ carcinoma) **(Table 3**) when there is a combination of intraductal carcinoma and **two** or more specific intraductal types OR there are **two or more specific intraductal** carcinomas..

Rule H7 Code **8524/2** (in situ lobular mixed with other types of in situ carcinoma) **(Table 3**) when there is **in situ lobular** (8520) **and any in situ** carcinoma **other than intraductal** carcinoma (Table 1).
Note: Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).

Breast Histology Coding Rules – Text
C500-C509
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule H8 Code **8255/2** (adenocarcinoma in situ with mixed subtypes) **(Table 3)** when there is a **combination** of in situ/non-invasive histologies that **does not include** either **intraductal** carcinoma (Table 1) **or in situ lobular** (8520).
Note: Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).

This is the end of instructions for a Single Tumor: In Situ Carcinoma Only.
Code the histology according to the rule that fits the case.

SINGLE TUMOR: INVASIVE AND IN SITU CARCINOMA
(Single Tumor; in situ and invasive components)

Rule H9 **Code the invasive histology** when both invasive and in situ components are present.
Note 1: Ignore the in situ terms.
Note 2: This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category. Using these rules, combinations of invasive duct and in situ lobular are coded to invasive duct (8500/3) rather than the combination code for duct and lobular carcinoma (8522/3).

This is the end of instructions for a Single Tumor: Invasive and In Situ Carcinoma.
Code the histology according to the rule that fits the case.

SINGLE TUMOR: INVASIVE CARCINOMA ONLY
(Single Tumor; all parts are invasive)

Rule H10 Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.
Note 1: Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- Mammogram
- PET scan
- Ultrasound

Note 2: Code the specific histology when documented.
Note 3: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

Breast Histology Coding Rules – Text
C500-C509
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule H11 Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.
Note: Code the behavior /3.

Rule H12 **Code the** most **specific** histologic **term when** the diagnosis is:
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Adenocarcinoma, NOS (8140) and a more specific adenocarcinoma or
- Duct carcinoma, NOS (8500) and a more specific duct carcinoma (8022, 8035, 8501-8508) or
- Sarcoma, NOS (8800) and a more specific sarcoma

Note: The specific histology may be identified as type, subtype, predominantly, with features of, major, with ___ differentiation. The terms architecture and pattern are subtypes only for in situ cancer.

Rule H13 Code **8530** (inflammatory carcinoma) only when the final diagnosis of the **pathology** report specifically **states inflammatory carcinoma**.
Note: Record dermal lymphatic invasion in Collaborative Staging

Rule H14 Code the histology when only **one histologic type** is identified.

Rule H15 Code the histology with the numerically **higher ICD-O-3 code** when there are **two or more** specific **duct** carcinomas.
Note: Use Table 2 to identify duct carcinomas

Rule H16 Code **8522** (duct and lobular) when there is a combination of **lobular** (8520) **and duct** carcinoma (**Table 3)**.
Note: Use Table 2 to identify duct carcinomas

Rule H17 Code **8523** (duct mixed with other types of carcinoma) when there is a combination of **duct and** any **other** carcinoma (**Table 3)**.
Note 1: Use Table 2 to identify duct carcinomas
Note 2: Other carcinomas exclude lobular and any duct carcinoma listed on Table 1 or Table

Rule H18 Code **8524** (lobular mixed with other types of carcinoma) when the tumor is **lobular** (8520) **and** any **other carcinoma (Table 3)**.
Note: Other carcinomas exclude lobular and any duct carcinoma listed on Table 1 or Table 2.

Rule H19 Code **8255** (adenocarcinoma with mixed subtypes) **(Table 3)** for multiple **histologies** that **do not include duct or lobular** (8520).
Note: Use Table 2 to identify duct carcinomas

This is the end of instructions for a Single Tumor: Invasive Carcinoma Only.
Code the histology according to the rule that fits the case.

Breast Histology Coding Rules – Text
C500-C509
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule H20 Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

Note 1: Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- Mammogram
- PET scan
- Ultrasound

Note 2: Code the specific histology when documented.

Note 3: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

Rule H21 Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.

Note: Code the behavior /3.

Rule H22 Code **8530** (inflammatory carcinoma) only when the final diagnosis of the **pathology** report specifically **states inflammatory carcinoma.**

Note: Record dermal lymphatic invasion in Collaborative Staging

Rule H23 Code the histology when only **one histologic type** is identified.

Rule H24 Code **8543/2** (in situ Paget disease and intraductal carcinoma) **(Table 3)** when the **pathology** report **specifically states** that the **Paget disease** is **in situ and** the **underlying tumor** is **intraductal** carcinoma (Table 1).

Note: Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).

Rule H25 Code **8543/3** (Paget disease and intraductal carcinoma) for **Paget disease and intraductal** carcinoma **(Table 3)**.

Note 1: ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3).

Note 2: Includes both invasive Paget disease and Paget disease with behavior not stated.

Note 3: Use Table 1 to identify intraductal carcinomas.

Rule H26 Code **8541/3** (Paget disease and infiltrating duct carcinoma) for **Paget disease and** invasive **duct** carcinoma.**(Table 3)**.

Note 1: ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3).

Note 2: Includes both invasive Paget disease and Paget disease with behavior not stated.

Note 3: Use Table 2 to identify duct intraductal carcinomas

Rule H27 Code the invasive histology when **both invasive and in situ** tumors are present.
Note 1: Ignore the in situ terms.
Note 2: This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category. Using these rules, combinations of invasive lobular and in situ duct carcinoma are coded to invasive lobular (8520/3) rather than the combination code for duct and lobular carcinoma (8522/3).

Rule H28 Code **8522** (duct and lobular) when there is any combination of **lobular** (8520) **and duct** carcinoma. **(Table 3)**.
Note: Use Table 2 to identify duct carcinomas

Rule H29 Code the histology with the **numerically higher** ICD-O-3 code.

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

Breast Histology Coding Rules – Text
C500-C509
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

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Kidney Multiple Primary Rules - Text
C649
(Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

UNKNOWN IF SINGLE OR MULTIPLE TUMORS

Note: Tumor(s) not described as metastasis

Rule M1 When it is not possible to determine if there is a **single** tumor **or multiple tumors**, opt for a single tumor and abstract as a single primary.*
Note: Use this rule only after all information sources have been exhausted.

***Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**
This is the end of instructions for Unknown if Single or Multiple Tumors

SINGLE TUMOR

Note 1: Tumor not described as metastasis
Note 2: Includes combinations of in situ and invasive

Rule M2 A **single tumor** is always a single primary. *
Note: The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

*** Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**
This is the end of instructions for single tumors.

MULTIPLE TUMORS

Multiple tumors may be a single primary or multiple primaries.
Note 1: Tumors not described as metastases
Note 2: Includes combinations of in situ and invasive

Rule M3 **Wilms tumors** are a single primary. *

Rule M4 Tumors in sites with **ICD-O-3 topography** codes that are **different** at the second (C**x**xx) and/or third characters (Cx**x**x) are multiple primaries **

Rule M5 Tumors in **both** the **right kidney and** in the **left kidney** are multiple primaries. **
Note: Abstract as a single primary when the tumors in one kidney are documented to be metastatic from the other kidney.

Kidney MP

Kidney Multiple Primary Rules - Text
C649
(Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

Rule M6 Tumors diagnosed more than **three (3) years apart** are multiple primaries. **

Rule M7 An **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis are multiple primaries. **
Note 1: The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.
Note 2: Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

Rule M8 **One** tumor with a specific **renal** cell **type and** another tumor with a **different** specific renal cell **type** are multiple primaries (Table 1). **

Rule M9 Abstract as a single primary * when one tumor is

- **Cancer/malignant neoplasm, NOS** (8000) **and** another is a **specific histology** or
- **Carcinoma, NOS** (8010) **and** the other is a **specific carcinoma** or
- **Adenocarcinoma, NOS (8140) and another is a specific adenocarcinoma or**
- **Renal cell carcinoma, NOS** (8312) and the other is a **single renal cell type** (Table 1)

Note 1: The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation
Note 2: The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.

Rule M10 Tumors with **ICD-O-3 histology** codes that are **different** at the first (**x**xxx), second (x**x**xx) or third (xx**x**x) number are multiple primaries. **

Rule M11 Tumors that **do not meet any** of the above **criteria** are a single primary.*
Note: When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

*** 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.**
This is the end of instructions for Multiple Tumors.

Rule M11 Examples: The following are examples of cases that use Rule M11. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. ***Warning: Using only these case examples to determine the number of primaries can result in major errors.***

Example 1: Multiple tumors in one kidney with same histology	**Example 2**: An in situ and invasive tumor diagnosed within 60 days

Kidney Histology Coding Rules – Text
C649
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

Rule H1 Code the histology documented by the physician when there is **no pathology/cytology specimen** or the pathology/cytology report is not available.

Note 1: Priority for using documents to code the histology

- Documentation medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT or MRI scans

Note 2: Code the specific histology when documented.

Note 3: Code the histology to 8000 (cancer/malignant neoplasm, NOS), or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

Rule H2 Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site**.

Note: Code the behavior /3.

Rule H3 Code the **histology** when only one histologic type is identified.

Rule H4 Code the **invasive** histologic type when there are invasive and in situ components.

Rule H5 Code the **specific type** when the diagnosis is

- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Adenocarcinoma, NOS (8140) and one specific adenocarcinoma type or
- Renal cell carcinoma, NOS (8312) and one specific renal cell type

Note 1: Use Table 1 to identify specific renal cell types.

Note 2: The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation

Note 3: The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.

Rule H6 Code 8255 (adenocarcinoma with mixed subtypes) when there are **two or more specific** renal cell carcinoma types.

Note: Use Table 1 to identify specific renal cell types.

Example: Renal cell carcinoma, papillary and clear cell types. Assign code 8255.

Kidney Histology Coding Rules – Text
C649
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule H7 Code the histology with the **numerically higher** ICD-O-3 code.

This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule H8 Code the histology documented by the physician when there is **no pathology/cytology specimen** or the pathology/cytology report is not available.

Note 1: Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT or MRI scans

Note 2: Code the specific histology when documented.

Note 3: Code the histology to 8000 (cancer/malignant neoplasm, NOS), or 8010 (carcinoma, NOS) as stated by the physician when no specific histology is documented.

Rule H9 Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site**.

Note: Code the behavior /3.

Rule H10 Code the histology when only **one histologic type** is identified.

Rule H11 Code the histology of the **most invasive** tumor.

Note 1: This rule should only be used when the first three digits of the histology codes are identical (This is a single primary).

Note 2: See the Kidney Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive.
- If one tumor is in situ and one is invasive, code the histology from the invasive tumor.
- If both/all histologies are invasive, code the histology of the most invasive tumor.

Rule H12 Code the **specific type** when the diagnosis is

- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Adenocarcinoma, NOS (8140) and one specific adenocarcinoma type or
- Renal cell carcinoma, NOS (8312) and one specific renal cell type

Note 1: Use Table 1 to identify specific renal cell types.
Note 2: The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation
Note 3: The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.

Rule H13 Code the histology with the **numerically higher** ICD-O-3 code.

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

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Renal Pelvis, Ureter, Bladder, and Other Urinary Multiple Primary Rules – Text
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

UNKNOWN IF SINGLE OR MULTIPLE TUMORS

Note: Tumor(s) not described as metastasis

Rule M1 When it is not possible to determine if there is a **single** tumor **or multiple** tumors, opt for a single tumor and abstract as a single primary.*
Note: Use this rule only after all information sources have been exhausted.

*** Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**
This is the end of instructions for Unknown if Single or Multiple Tumors.

SINGLE TUMOR

Note 1: Tumor not described as metastasis
Note 2: Includes combinations of in situ and invasive

Rule M2 A **single tumor** is always a single primary. *
Note: The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

This is the end of instructions for Single Tumor.
*** Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

MULTIPLE TUMORS

Multiple tumors may be a single primary or multiple primaries.
Note 1: Tumors not described as metastases
Note 2: Includes combinations of in situ and invasive

Rule M3 When no other urinary sites are involved, tumor(s) in the **right renal pelvis AND** tumor(s) in the **left renal pelvis** are multiple primaries. **
Note: Use this rule and abstract as a multiple primary unless documented to be metastatic

Rule M4 When no other urinary sites are involved, tumor(s) in both the **right ureter AND** tumor(s) in the **left ureter** are multiple primaries. **
Note: Use this rule and abstract as a multiple primary unless documented to be metastatic

Urinary MP

Renal Pelvis, Ureter, Bladder, and Other Urinary Multiple Primary Rules – Text

C659, C669, C670-C679, C680-C689

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

Rule M5 An **invasive** tumor **following** a **non-invasive or in situ** tumor more than 60 days after diagnosis is a multiple primary. **
Note 1: The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.
Note 2: Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease

Rule M6 Bladder tumors with any **combination** of the following histologies: **papillary carcinoma** (8050), **transitional cell carcinoma** (8120-8124), **or papillary transitional cell carcinoma** (8130-8131), are a single primary. *

Rule M7 Tumors diagnosed **more than three (3) years** apart are multiple primaries. **

Rule M8 Urothelial tumors in two or more of the following sites are a single primary* (See Table 1)

- Renal pelvis (C659)
- Ureter(C669)
- Bladder (C670-C679)
- Urethra /prostatic urethra (C680)

Rule M9 Tumors with ICD-O-3 **histology** codes that are **different** at the first (**x**xxx), second (x**x**xx) or third (xx**x**x) number are multiple primaries. **

Rule M10 Tumors in sites with ICD-O-3 **topography** codes with **different** second (C**x**xx) and/or third characters (Cx**x**x) are multiple primaries*

Rule M11 Tumors that **do not meet any** of the above **criteria** are a single primary.*
Note: When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

This is the end of instructions for Multiple Tumors.
*** 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.**

Renal Pelvis, Ureter, Bladder, and Other Urinary Histology Coding Rules – Text
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

Rule H1 Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

Note 1: Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT or MRI scans

Note 2: Code the specific histology when documented.

Note 3: Code the histology to 8000 (cancer/malignant neoplasm) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

Rule H2 Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site**.

Note: Code the behavior /3.

Rule H3 Code **8120** (transitional cell/urothelial carcinoma) (Table 1 - Code 8120) when there is:
- Pure transitional cell carcinoma or
- Flat (non-papillary) transitional cell carcinoma or
- Transitional cell carcinoma with squamous differentiation or
- Transitional cell carcinoma with glandular differentiation or
- Transitional cell carcinoma with trophoblastic differentiation or
- Nested transitional cell carcinoma or
- Microcystic transitional cell carcinoma

Rule H4 Code **8130** (papillary transitional cell carcinoma) (Table 1 - Code 8130) when there is:
- Papillary carcinoma or
- Papillary transitional cell carcinoma or
- Papillary carcinoma and transitional cell carcinoma

Rule H5 Code the histology when only **one histologic type** is identified

Note : Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).

Rule H6 Code the invasive histologic type when a single tumor has **invasive and in situ** components.

Renal Pelvis, Ureter, Bladder, and Other Urinary Histology Coding Rules – Text

C659, C669, C670-C679, C680-C689

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

Rule H7 **Code the** most **specific** histologic **term**:

Examples

- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Sarcoma, NOS (8800) and a more specific sarcoma (invasive only)

Note 1: The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation

Note 2: The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.

Rule H8 Code the histology with the **numerically higher** ICD-O-3 code.

This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule H9 Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

Note 1: Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT or MRI scans

Note 2: Code the specific histology when documented.

Note 3: Code the histology to 8000 (cancer/malignant neoplasm) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

Rule H10 Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site**.

Note: Code the behavior /3.

Renal Pelvis, Ureter, Bladder, and Other Urinary Histology Coding Rules – Text
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule H11 Code **8120** (transitional cell/urothelial carcinoma) (Table 1 – Code 8120) when there is:

- Pure transitional cell carcinoma or
- Flat (non-papillary) transitional cell carcinoma or
- Transitional cell carcinoma with squamous differentiation or
- Transitional cell carcinoma with glandular differentiation or
- Transitional cell carcinoma with trophoblastic differentiation or
- Nested transitional cell carcinoma or
- Microcystic transitional cell carcinoma

***Note*:** Flat transitional cell carcinoma is a more important prognostic indicator than papillary, and is likely to be treated more aggressively.

Rule H12 Code **8130** (papillary transitional cell carcinoma) (Table 1 – Code 8130) when there is:

- Papillary carcinoma or
- Papillary transitional cell carcinoma or
- Papillary carcinoma and transitional cell carcinoma

Rule H13 Code the histology when only **one histologic type** is identified

Note: Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).

Rule H14 Code the histology of the **most invasive** tumor.

Note: See the Renal Pelvis, Ureter, Bladder and Other Urinary Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive.

- If one tumor is in situ and one is invasive, code the histology from the invasive tumor.
- If both/all histologies are invasive, code the histology of the most invasive tumor.

Rule H15 Code the histology with the **numerically higher** ICD-O-3 code.

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

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Benign and Borderline Intracranial and CNS Tumors
Multiple Primary Rules – Text
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

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

UNKNOWN IF SINGLE OR MULTIPLE TUMORS

Note: Tumor(s) not described as metastasis

Rule M1 When it is not possible to determine if there is a **single** tumor **or multiple** tumors, opt for a single tumor and abstract as a single primary.*****
Note: Use this rule only after all information sources have been exhausted.

*** Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**
This is the end of instructions for Unknown if Single or Multiple Tumors.

SINGLE TUMOR

Note: Tumor not described as metastasis

Rule M2 A **single tumor** is always a single primary. *
Note: The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

*** Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**
This is the end of instructions for Single Tumor.

MULTIPLE TUMORS

Multiple tumors may be a single primary or multiple primaries.
Note: Tumors not described as metastases

Rule M3 An **invasive** brain tumor (/3) **and either** a **benign** brain tumor (/0) **or** an **uncertain/borderline** brain tumor (/1) are always multiple primaries. **

Rule M4 Tumors with ICD-O-3 **topography** codes that are **different** at the second (C**x**xx) and/or third characters (Cx**x**x), or fourth (Cxx**x**) are multiple primaries. **

Rule M5 Tumors on **both sides** (left and right) of a **paired site** (Table 1) are multiple primaries. **

Benign and Borderline Intracranial and CNS Tumors
Multiple Primary Rules – Text
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

Rule M6 An atypical choroid plexus papilloma (9390/1) following a choroid plexus papilloma, NOS (9390/0) is a single primary. *
Note: Do not code progression of disease as multiple primaries.

Rule M7 A neurofibromatosis, NOS (9540/1) following a neurofibroma, NOS (9540/0) is a single primary. *
Note: Do not code progression of disease as multiple primaries.

Rule M8 Tumors with two or more histologic types on the **same branch** in Chart 1 are a single primary. *

Rule M9 Tumors with multiple histologic types on **different branches** in Chart 1 are multiple primaries. **

Rule M10 Tumors with **two or more histologic types** and at least **one** of the histologies **is not listed** in Chart 1 are multiple primaries. **

Rule M11 Tumors with ICD-O-3 **histology** codes that are **different** at the first (**x**xxx), second (x**x**xx) or third (xx**x**x) number are multiple primaries. **
Note: Use this rule when none of the histology codes are listed in Chart 1.

Rule M12 Tumors that **do not meet any** of the above criteria are a single primary. *
Note: Timing is not used to determine multiple primaries for benign and borderline intracranial and CNS tumors.

Rule M12 Examples: The following are examples of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. ***Warning: Using only these case examples to determine the number of primaries can result in major errors.***

Example 1: Tumors in the same site with the same histology (Chart 1) and the same laterality as the original tumor are a single primary.	**Example 2:** Tumors in the same site with the same histology (Chart 1) and it is unknown if laterality is the same as the original tumor are a single primary.
Example 3: Tumors in the same site and same laterality with histology codes not listed in Chart 1 that have the same first three numbers are a single primary.	

**** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.**
This is the end of instructions for Multiple Tumors.

Benign and Borderline Intracranial and CNS Tumors
Histology Coding Rules – Text
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

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

SINGLE TUMOR

Rule H1 Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology report** is **not available**.

Note 1: Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of tumor (histology) in the medical record
- PET, CT or MRI scans

Note 2: Code the specific histology when documented.
Note 3: Code the histology to 8000 (neoplasm, NOS) or as stated by the physician when nothing more specific is documented.

Rule H2 Code the histology when only **one histologic type** is identified.

Rule H3 When there are **multiple histologies** and all histologies are in the **same branch** on Chart 1, code the more specific histology

Rule H4 Code the histology with the **numerically higher** ICD-O-3 code.

This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule H5 Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

Note 1: Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of tumor (histology) in the medical record
- PET, CT or MRI scans

Note 2: Code the specific histology when documented.
Note 3: Code the histology to 8000 (neoplasm, NOS) or as stated by the physician when nothing more specific is documented.

Benign and Borderline Intracranial and CNS Tumors
Histology Coding Rules – Text
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

Rule H6 Code multiple meningiomas of uncertain behavior to 9530/1
Note 1: This is a rare condition that is usually associated with neurofibromatosis type 2 and other genetic disorders
Note 2: Use this code only for meningiomas with uncertain behavior; do not use this code for multiple benign or malignant meningiomas

Rule H7 Code the histology when only **one histologic type** is identified.

Rule H8 Code the histology from the original diagnosis.
Note: Do not change the behavior code when a later tumor(s) shows progression of disease.

Rule H9 When there are **multiple histologies** and all histologies are in the **same branch** on Chart 1, code the more specific histology

Rule H10 Code the histology with the **numerically higher** ICD-O-3 code.

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

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

UNKNOWN IF SINGLE OR MULTIPLE TUMORS

Note: Tumor(s) not described as metastasis

Rule M1 An **invasive** brain tumor (/3) **and either** a **benign** brain tumor (/0) **or** an **uncertain/borderline** brain tumor (/1) are always multiple primaries. **

Rule M2 When it is not possible to determine if there is a **single** tumor **or multiple tumors**, opt for a single tumor and abstract as a single primary.*
Note: Use this rule only after all information sources have been exhausted

This is the end of instructions for Unknown if Single or Multiple Tumors.
*** Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

SINGLE TUMOR

Note: Tumor not described as metastasis

Rule M3 A **single tumor** is always a single primary. *
Note: The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

This is the end of instructions for Single Tumor.
*** Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

MULTIPLE TUMORS

Multiple tumors may be a single primary or multiple primaries.
Note: Tumors not described as metastases

Rule M4 An **invasive** brain tumor (/3) **and either** a **benign** brain tumor (/0) **or** an **uncertain/borderline** brain tumor (/1) are always multiple primaries. **

Brain and CNS MP

Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland
Multiple Primary Rules – Text
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753
(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)

Rule M5 Tumors in sites with ICD-O-3 **topography** codes with **different** second (C**x**xx) and/or third characters (Cx**x**x) are multiple primaries.**

Rule M6 A glioblastoma or glioblastoma multiforme (9440) following a glial tumor is a single primary* (See Chart 1)

Rule M7 Tumors with ICD-O-3 histology codes on the **same** branch in Chart 1 or Chart 2 are a single primary.*
Note: Recurrence, progression, or any reappearance of histologies on the same branch in Chart 1 or Chart 2 is always the same disease process.
Example: Patient has an astrocytoma. Ten years later the patient is diagnosed with glioblastoma multiforme. This is a progression or recurrence of the earlier astrocytoma.

Rule M8 Tumors with ICD-O-3 histology codes on **different** branches in Chart 1 or Chart 2 are multiple primaries. **

Rule M9 Tumors with ICD-O-3 **histology** codes that are **different** at the first (**x**xxx), second (x**x**xx) or third (xx**x**x) number are multiple primaries. **

Rule M10 Tumors that **do not meet any** of the above **criteria** are a single primary. *
Note 1: 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.
Note 2: Multicentric brain tumors which involve different lobes of the brain that do not meet any of the above criteria are the same disease process.

This is the end of instructions for Multiple Tumors.
*** 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.**

Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland
Histology Coding Rules – Text
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.

SINGLE TUMOR

Rule H1 Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology report** is **not available**.

Note 1: Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT or MRI scans

Note 2: Code the specific histology when documented.
Note 3: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or as stated by the physician when nothing more specific is documented.

Rule H2 Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.
Note: Code the behavior /3.

Rule H3 Code **9382/3** (mixed glioma) when **at least two** of the following cells and/or differentiation are present:
- Astrocytic
- Oligodendroglial
- Ependymal

Rule H4 Code the histology when only **one histologic type** is identified.

Rule H5 Code the specific type when the diagnosis includes a **non-specific** term **and** a **specific** term or type **on** the **same branch** in Chart 1 or Chart 2.

Rule H6 Code the histology with the **numerically higher** ICD-O-3 code.

This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland
Histology Coding Rules – Text
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753
(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule H7 Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

Note 1: Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT or MRI scans

Note 2: Code the specific histology when documented.

Note 3: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or as stated by the physician when nothing more specific is documented.

Rule H8 Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.

Note: Code the behavior /3.

Rule H9 Code the histology when only **one histologic type** is identified.

Rule H10 Code the specific type when the diagnosis includes a **non-specific** term **and** a **specific** term or type **on** the **same branch** in Chart 1 or Chart 2.

Rule H11 Code the histology with the **numerically higher** ICD-O-3 code.

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

Other Sites Multiple Primary Rules – Text
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

UNKNOWN IF SINGLE OR MULTIPLE TUMORS

Note: Tumor(s) not described as metastasis

Rule M1 When it is not possible to determine if there is a **single** tumor **or multiple** tumors, opt for a single tumor and abstract as a single primary. *

Note: Use this rule only after all information sources have been exhausted.

*** Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**
This is the end of instructions for Unknown if Single or Multiple Tumors.

SINGLE TUMOR

Note 1: Tumor not described as metastasis
Note 2: Includes combinations of in situ and invasive

Rule M2 A **single tumor** is always a single primary. *

Note: The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

*** Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**
This is the end of instructions for Single Tumor.

MULTIPLE TUMORS

Multiple tumors may be a single primary or multiple primaries.
Note 1: Tumors not described as metastases
Note 2: Includes combinations of in situ and invasive

Rule M3 **Adenocarcinoma** of the **prostate** is always a single primary. *

Note 1: Report only one adenocarcinoma of the prostate per patient per lifetime.
Note 2: 95% of prostate malignancies are the common (acinar) adenocarcinoma histology (8140). See Equivalent Terms, Definitions and Tables for more information.
***Note 3*:** If patient has a previous acinar adenocarcinoma of the prostate in the database and is diagnosed with adenocarcinoma in 2007 it is a single primary.

Other Sites MP

Other Sites Multiple Primary Rules – Text
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemi

Rule M4 **Retinoblastoma** is always a single primary (**unilateral or bilateral**). *

Rule M5 **Kaposi sarcoma** (any site or sites) is always a single primary. *

Rule M6 **Follicular and papillary** tumors in the **thyroid** within 60 days of diagnosis are a single primary. *

Rule M7 **Bilateral epithelial** tumors (8000-8799) of the **ovary** within 60 days are a single primary. *

Rule M8 Tumors on **both sides** (right and left) of a site listed in Table 1 are multiple primaries. **
Note: Table 1 – Paired Organs and Sites with Laterality)

Rule M9 Adenocarcinoma in adenomatous polyposis coli (**familial polyposis**) with one or more in situ or malignant polyps is a single primary.*
Note: Tumors may be present in a single or multiple segments of the **colon, rectosigmoid, rectum**.

Rule M10 Tumors diagnosed **more than one (1) year** apart are multiple primaries. **

Rule M11 Tumors with ICD-O-3 **topography** codes that are **different** at the second (C**x**xx) and/or third characters (Cx**x**x) are multiple primaries. **
Example 1: A tumor in the penis C**60**9 and a tumor in the rectum C**2**09 have different second characters in their ICD-O-3 topography codes, so they are multiple primaries.
Example 2: A tumor in the cervix C5**3**9 and a tumor in the vulva C5**1**9 have different third characters in their ICD-O-3 topography codes, so they are multiple primaries.

Rule M12 Tumors with ICD-O-3 **topography** codes that **differ** only at the **fourth character** (Cxx**x**) and are **in** any one of the following primary sites are multiple primaries. **

- **Anus and anal canal** (C21_)
- **Bones, joints, and articular cartilage** (C40_- C41_)
- **Peripheral nerves and autonomic nervous system** (C47_)
- **Connective subcutaneous and other soft tissues** (C49_)
- **Skin** (C44_)

Other Sites Multiple Primary Rules – Text
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule M13 A **frank** in situ or malignant **adenocarcinoma and** an in situ or **malignant** tumor in a **polyp** are a single primary. *

Rule M14 **Multiple** in situ and/or **malignant polyps** are a single primary. *
Note: Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.

Rule M15 An **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis is a multiple primary. **
Note 1: The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.
Note 2: Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

Rule M16 Abstract as a single primary* when one tumor is:

- **Cancer/malignant neoplasm, NOS** (8000) **and** another is a **specific histology** or
- **Carcinoma, NOS** (8010) **and** another is a **specific carcinoma** or
- **Squamous cell carcinoma, NOS** (8070) and another is **specific squamous cell carcinoma** or
- **Adenocarcinoma, NOS** (8140) **and** another is a **specific adenocarcinoma** or
- **Melanoma, NOS** (8720) and another is a **specific melanoma**
- **Sarcoma, NOS** (8800) and another is a **specific sarcoma**

Rule M17 Tumors with ICD-O-3 **histology** codes that are **different** at the first (**x**xxx), second (x**x**xx) or third (xx**x**x) number are multiple primaries. **

Rule M18 Tumors that **do not meet any** of the above **criteria** are a single primary. *
Note: When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

*** 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.**
This is the end of instructions for Multiple Tumors.

Other Sites Histology Coding Rules – Text
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

SINGLE TUMOR: IN SITU ONLY

(Single Tumor; all parts are in situ)

Rule H1 Code the histology documented by the physician when the **pathology/cytology** report is **not available**.

Note 1: Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer in the medical record

Note 2: Code the specific histology when documented.

Note 3: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

Rule H2 Code the histology when only **one histologic type** is identified.

Note: Do not code terms that do not appear in the histology description.

Example: Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.

Rule H3 Code **8210** (adenocarcinoma in **adenomatous polyp**), **8261** (adenocarcinoma in **villous adenoma**), or **8263** (adenocarcinoma in **tubulovillous adenoma**) when:
- The final diagnosis is adenocarcinoma in a polyp or
- The final diagnosis is adenocarcinoma **and** a residual polyp or polyp architecture is recorded in other parts of the pathology report or
- The final diagnosis is adenocarcinoma **and** there is reference to a residual or pre-existing polyp or
- The final diagnosis is mucinous/colloid or signet ring cell adenocarcinoma in a polyp or
- There is documentation that the patient had a polypectomy

Note: It is important to know that the adenocarcinoma originated in a polyp.

Rule H4 **Code the** most **specific** histologic **term** when the diagnosis is:
- Carcinoma in situ, NOS (8010) and a specific in situ carcinoma or
- Squamous cell carcinoma in situ, NOS (8070) and a specific in situ squamous cell carcinoma or
- Adenocarcinoma in situ, NOS (8140) and a specific in situ adenocarcinoma or
- Melanoma in situ, NOS (8720) and a specific in situ melanoma

Note: The specific histology may be identified as type, subtype, predominantly, with features of, major, with differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.

Rule H5 Code the appropriate combination/mixed code (Table 2) when there are **multiple specific histologies** or when there is a non-specific histology **with multiple specific histologies**
Note: The specific histology may be identified as type, subtype, predominantly, with features of, major, with ___ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.

Rule H6 Code the histology with the **numerically higher** ICD-O-3 code.

This is the end of instructions for a Single Tumor: In Situ Carcinoma Only.
Code the histology according to the rule that fits the case.

SINGLE TUMOR: INVASIVE AND IN SITU

(Single Tumor; in situ and invasive components)

Rule H7 Code the single invasive histology**. Ignore the in situ** terms.
Note: This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.

This is the end of instructions for a Single Tumor: Invasive and In Situ Carcinoma.
Code the histology according to the rule that fits the case.

Other Sites Histology Coding Rules – Text
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

SINGLE TUMOR: INVASIVE ONLY

(Single Tumor; all parts are invasive)

Rule H8 Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

Note 1: Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT, PET, or MRI scans

Note 2: Code the specific histology when documented.

Note 3: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

Rule H9 Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.

Note: Code the behavior /3.

Rule H10 Code 8140 (adenocarcinoma, NOS) for prostate primaries when the diagnosis is acinar (adeno)carcinoma.

Rule H11 Code the histology when only **one histologic type** is identified

Note 1: Do not code terms that do not appear in the histology description.

Example: Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.

***Note 2*:** If this is a papillary carcinoma of the thyroid, go to Rule H14

Rule H12 Code **8210** (adenocarcinoma in **adenomatous polyp**), **8261** (adenocarcinoma in **villous adenoma**), or **8263** (adenocarcinoma in **tubulovillous adenoma**) when:
- The final diagnosis is adenocarcinoma in a polyp or
- The final diagnosis is adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report or
- The final diagnosis is adenocarcinoma and there is reference to a residual or pre-existing polyp or
- The final diagnosis is adenocarcinoma mucinous/colloid or signet ring cell adenocarcinoma in a polyp or
- There is documentation that the patient had a polypectomy

Note: It is important to know that the adenocarcinoma originated in a polyp.

Other Sites Histology Coding Rules – Text
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule H13 **Code the** most **specific** histologic **term.** Examples include:

- Cancer/malignant neoplasm, NOS (8000) **and** a more specific histology or
- Carcinoma, NOS (8010) **and** a more specific carcinoma or
- Squamous cell carcinoma, NOS (8070) **and** a more specific squamous cell carcinoma or
- Adenocarcinoma, NOS (8140) **and** a more specific adenocarcinoma or
- Melanoma, NOS (8720) **and** a more specific melanoma or
- Sarcoma, NOS (8800) **and** a more specific sarcoma

Note: The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ___ differentiation. The terms architecture and pattern are subtypes only for in situ cancer.
Example 1: Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma 8480.
Example 2: Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma 8052.

Rule H14 Code papillary carcinoma of the thyroid to papillary adenocarcinoma, NOS (8260).

Rule H15 Code follicular and papillary carcinoma of the thyroid to papillary carcinoma, follicular variant (8340).

Rule H16 Code the appropriate combination/mixed code (Table 2) when there are **multiple specific histologies** or when there is a non-specific histology **with multiple specific histologies**
Note: The specific histologies may be identified as a type, subtype, predominantly, with features of, major, or with ____ differentiation.
Example 1 (multiple specific histologies): Mucinous and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes)
Example 2 (multiple specific histologies): Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma)
Example 3 (non-specific with multiple specific histologies): Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)

Rule H17 Code the histology with the **numerically higher** ICD-O-3 code.

This is the end of instructions for a Single Tumor: Invasive Carcinoma Only.
Code the histology according to the rule that fits the case.

Other Sites Histology Coding Rules – Text
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule H18 Code the histology documented by the physician when there is **no** pathology/cytology specimen or the **pathology/cytology** report is **not available**.

Note 1: Priority for using documents to code the histology

- From reports or notes in the medical record that document or reference pathologic or cytologic findings
- From clinician reference to type of cancer (histology) in the medical record
- CT, PET or MRI scans

Note 2: Code the specific histology when documented.

Note 3: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

Rule H19 Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.

Note: Code the behavior /3.

Rule H20 Code 8140 (adenocarcinoma, NOS) for prostate primaries when the diagnosis is acinar (adeno)carcinoma.

Rule H21 Code 8077/2 (Squamous intraepithelial neoplasia, grade III) for in situ squamous intraepithelial **neoplasia grade III** in sites such as the **vulva** (VIN III) **vagina** (VAIN III), or **anus** (AIN III).

Note 1: VIN, VAIN, and AIN are squamous cell carcinomas. Code 8077 cannot be used for glandular intraepithelial neoplasia such as prostatic intraepithelial neoplasia (PIN) or pancreatic intraepithelial neoplasia (PAIN).

Note 2: This code may be used for reportable-by-agreement cases

Rule H22 Code 8148/2 (Glandular intraepithelial neoplasia grade III) for in situ glandular **intraepithelial neoplasia grade III** in sites such as the **pancreas** (PAIN III).

Note: This code may be used for reportable-by-agreement cases such as intraepithelial neoplasia of the **prostate** (PIN III)

Rule H23 Code the histology when only **one histologic type** is identified

Note: Do not code terms that do not appear in the histology description.

Example: Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.

Other Sites Histology Coding Rules – Text
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule H24 Code the histology of the underlying tumor when there is **extramammary Paget disease** and an underlying tumor of the **anus**, **perianal** region, or **vulva**.

Rule H25 Code **8210** (adenocarcinoma in **adenomatous polyp**), **8261** (adenocarcinoma in **villous adenoma**), or **8263** (adenocarcinoma in **tubulovillous adenoma**) when:

- The final diagnosis is adenocarcinoma in a polyp or
- The final diagnosis is adenocarcinoma **and** a residual polyp or polyp architecture is recorded in other parts of the pathology report or
- The final diagnosis is adenocarcinoma **and** there is reference to a residual or pre-existing polyp or
- The final diagnosis is mucinous/colloid or signet ring cell adenocarcinoma in a polyp or
- There is documentation that the patient had a polypectomy

Note: It is important to know that the adenocarcinoma originated in a polyp.

Rule H26 Code papillary carcinoma of the thyroid to papillary adenocarcinoma, NOS (8260).

Rule H27 Code **follicular** and **papillary** carcinoma of the **thyroid** to papillary carcinoma, follicular variant (8340).

Rule H28 Code the single invasive histology for **combinations** of **invasive** and **in situ.** Ignore the in situ terms.
Note: This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.

Rule H29 **Code the** most **specific** histologic **term.** Examples include:

- Cancer/malignant neoplasm, NOS (8000) **and** a more specific histology or
- Carcinoma, NOS (8010) **and** a more specific carcinoma or
- Squamous cell carcinoma, NOS (8070) **and** a more specific squamous cell carcinoma or
- Adenocarcinoma, NOS (8140) **and** a more specific adenocarcinoma or
- Melanoma, NOS (8720) **and** a more specific melanoma or
- Sarcoma, NOS (8800) **and** a more specific sarcoma

Note: The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ___ differentiation. The terms architecture and pattern are subtypes only for in situ cancer.
Example 1: Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma 8480.
Example 2: Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma 8052.

Other Sites Histology Coding Rules – Text
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule H30 Code the appropriate combination/mixed code (Table 2) when there are **multiple specific histologies** or when there is a non-specific histology **with multiple specific histologies**

Note: The specific histologies may be identified as a type, subtype, predominantly, with features of, major, or with ____ differentiation.

Example 1 (multiple specific histologies): Gyn malignancy with mucinous, serous and papillary adenocarcinoma. Code 8323 (mixed cell adenocarcinoma)

Example 2 (multiple specific histologies): Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma)

Example 3 (non-specific with multiple specific histologies): Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)

Rule H31 Code the histology with the **numerically higher** ICD-O-3 code.

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

IX.
Data Items

Effective with cases diagnosed 1/1/2012

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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.	1. Adenocarcinoma in TURP chips. 2. Mammogram suspicious for DCIS. Excisional biopsy 1 week later positive for DCIS.
1	Ambiguous term only	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. ***Note:*** Cytology is excluded because registrars are not required to collect cases with ambiguous terms describing a cytology diagnosis.	N/A	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)

Code	Label	Definition	Time Frame	Examples
9	Unknown term	There is no information about ambiguous terminology.	N/A	Code 9 should seldom be used because the registrar knows why s/he reported the case • There was a conclusive diagnosis of malignancy (assign code 0 or 2) **OR** • 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.	**Clinical:** physician's statement that patient most likely has lung cancer. **Laboratory tests:** CBC suspicious for leukemia. **Pathology:** prostate biopsy compatible with adenocarcinoma
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	**Clinical:** physician's statement that the patient has lung cancer. **Laboratory tests:** CBC diagnostic of acute leukemia. **Cytologic findings:** FNA (fine needle aspiration) with findings of infiltrating duct carcinoma of the breast. **Pathology:** colon biopsy showing adenocarcinoma

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.

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

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.

Data Items
Effective with cases diagnosed 1/1/2012

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

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 **un**ambiguous 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)

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.

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 **un**measured 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 **un**measured 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.

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.

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.

Data Items
Effective with cases diagnosed 1/1/2012

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

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

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

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.

Data Items
Effective with cases diagnosed 1/1/2012

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.

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 • 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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Multiple Primary and Histology Coding Rules Project
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Steven Peace, BS, CTR

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Multiple Primary and Histology Coding Rules Project
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Multiple Primary and Histology Coding Rules Project

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