

Colon

Equivalent Terms, Definitions, and Illustrations

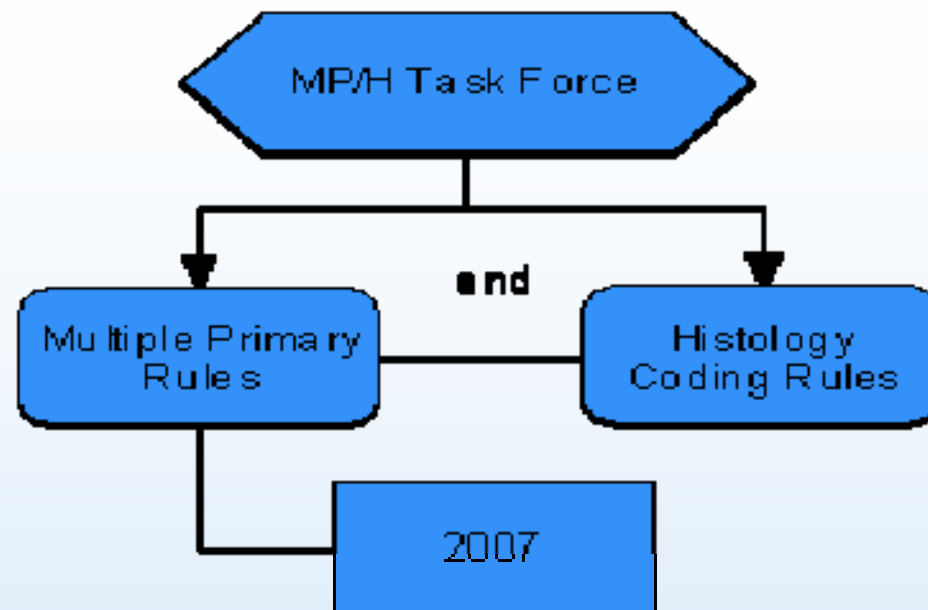
- 98% adenocarcinoma
 - 10-15% produce enough mucin to be mucinous

Equivalent Terms, Definitions, and Illustrations

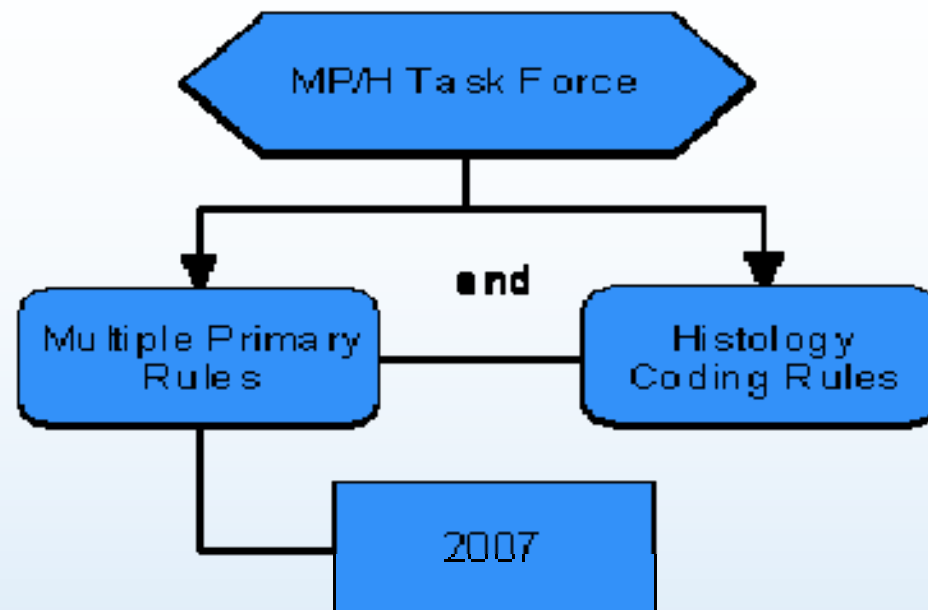
- Mixed histologies
 - Mucinous/colloid
 - Signet ring
 - Others are rare

Equivalent Terms, Definitions, and Illustrations

- **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.

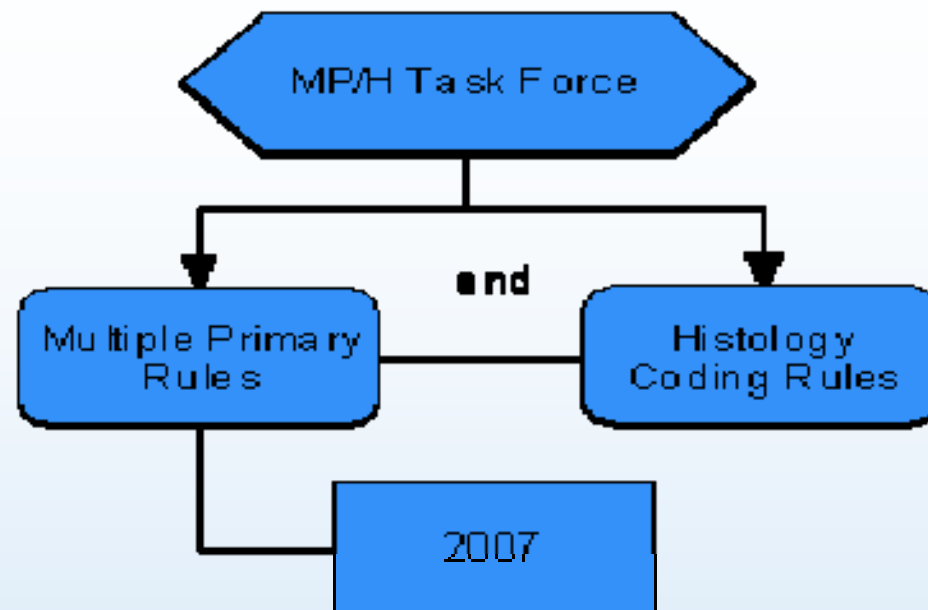


Multiple Primary Rules



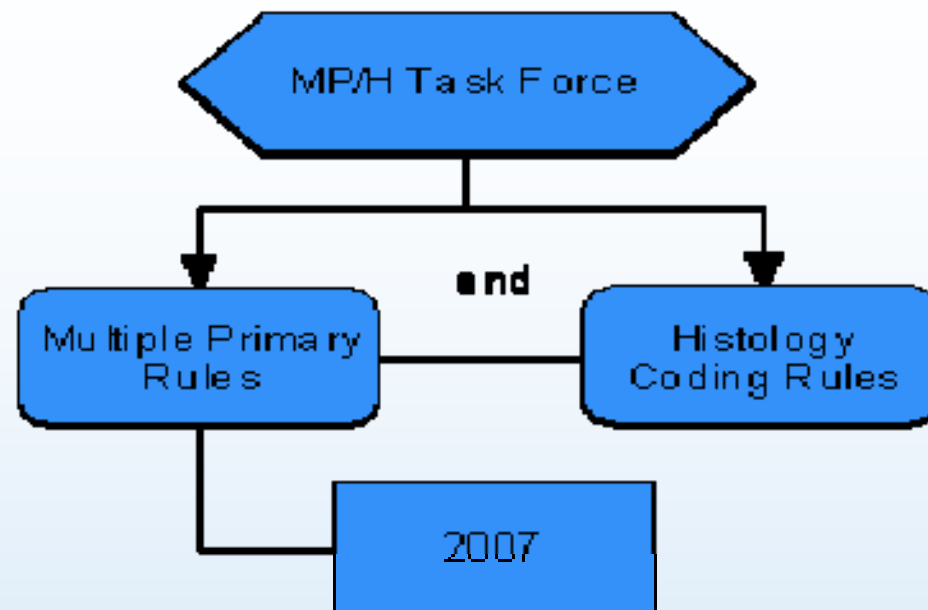
Unknown if Single or Multiple Tumors

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

Rule	Site			Notes/Examples	Primary
SINGLE TUMOR				<ol style="list-style-type: none"> 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

Rule	Histology	Notes/Examples	Primary
MULTIPLE TUMORS Multiple tumors may be a single primary or multiple primaries		<ol style="list-style-type: none"> 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

Rule	Site					Primary
M4	Sites with topography codes that are different at the second (C <u>x</u> xx), third (Cx <u>x</u> x) or fourth (C18 <u>x</u>) character					Multiple

Rule			Timing			Primary
M5			Diagnosed more than one (1) year apart			Multiple

Rule		Timing	Behavior	Notes/Examples	Primary
M6		More than 60 days after diagnosis	An invasive tumor following an in situ tumor	<p>1: The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.</p> <p>2: Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.</p>	Multiple

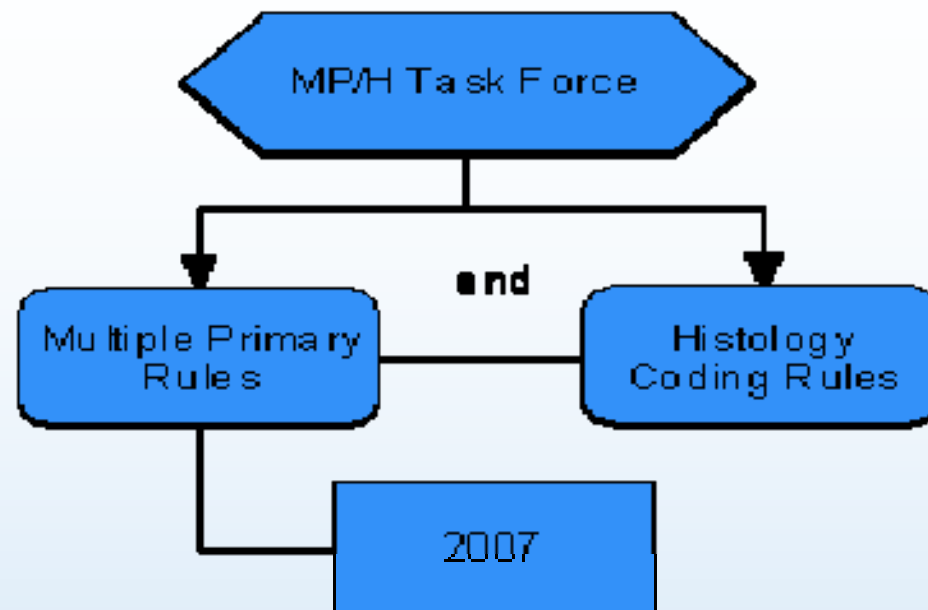
Rule	Histology	Primary
M7	A frank in situ or malignant adenocarcinoma and an in situ or malignant tumor in a polyp	Single

Rule	Histology				Primary
M8	<ul style="list-style-type: none"> •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

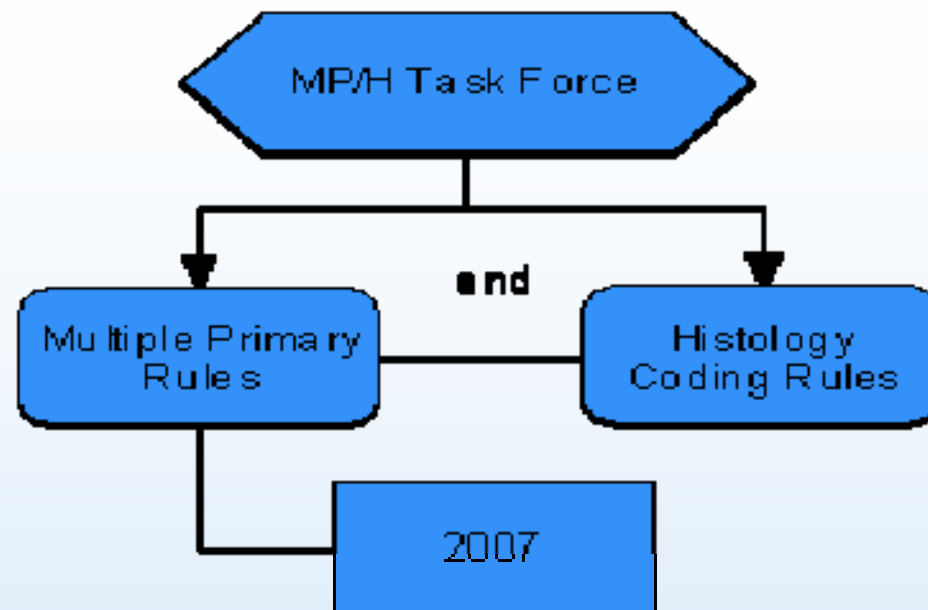
Rule	Histology	Notes/Examples	Primary
M9	Multiple in situ and/or malignant polyps	Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.	Single

Rule	Histology				Primary
M10	Histology codes are different at the first (<u>x</u> xxx), second (x <u>x</u> xx), or third (xx <u>x</u> x) number				Multiple

Rule					Notes/Examples	Primary
M11	Does not meet any of the above criteria				<p>1: When an invasive lesion follows an in situ within 60 days, abstract as a single primary.</p> <p>2: All cases covered by Rule M11 are in the same segment of the colon</p>	Single



Histology Rules



Single Tumor

Rule	Pathology/ Cytology	Notes/Examples	Code
SINGLE TUMOR			
H1	No pathology / cytology specimen or the pathology/ cytology report is not available	<p>1: Priority for using documents to code the histology</p> <ul style="list-style-type: none"> • 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 <p>2: Code the specific histology when documented.</p> <p>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</p>	The histology documented by the physician

Rule	Pathology/ Cytology		Notes/Examples	Code
H2	None from primary site		Code the behavior /3	The histology from metastatic site

Rule	Histology	Notes/Examples	Code
H3	Intestinal type adenocarcinoma or adenocarcinoma, intestinal type	<p>1: Intestinal type adenocarcinoma usually occurs in the stomach.</p> <p>2: When a diagnosis of intestinal adenocarcinoma is further described by a specific term such as type, continue to the next rule.</p>	8140 (Adeno-carcinoma, NOS)

Rule	Histology	Notes/ Examples	Code
H4	<p>Final diagnosis:</p> <ul style="list-style-type: none"> • Adenocarcinoma in a polyp • 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 within the medical record or • Mucinous/colloid or signet ring cell adenocarcinoma in a polyp or <p>There is documentation that the patient had a polypectomy</p>	<p>It is important to know that the adenocarcinoma originated in a polyp.</p>	<p>8210 (Adenocarcinoma arising in polyp), or 8261 (Adenocarcinoma in a villous adenoma), or 8263 (Adenocarcinoma in a tubulovillous adenoma)</p>

Rule	Histology	Code
H5	<p>Final diagnosis is:</p> <ul style="list-style-type: none"> •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 	<p>8480 (Mucinous/colloid adenocarcinoma) or 8490 (Signet ring cell carcinoma)</p>

Rule	Histology		Code
H6	<p>Final diagnosis is adenocarcinoma and:</p> <ul style="list-style-type: none"> •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 		<p>8140 (Adenocarcinoma, NOS)</p>

Rule	Histology	Code
H7	Combination of mucinous/colloid and signet ring cell carcinoma	8255 (Adenocarcinoma with mixed subtypes)

Rule	Histology	Code
H8	Neuroendocrine carcinoma (8246) and carcinoid tumor (8240)	8240 (Carcinoid tumor, NOS)

Rule		Histology			Code
H9		Adenocarcinoma and carcinoid tumor			8244 (Composite carcinoid)

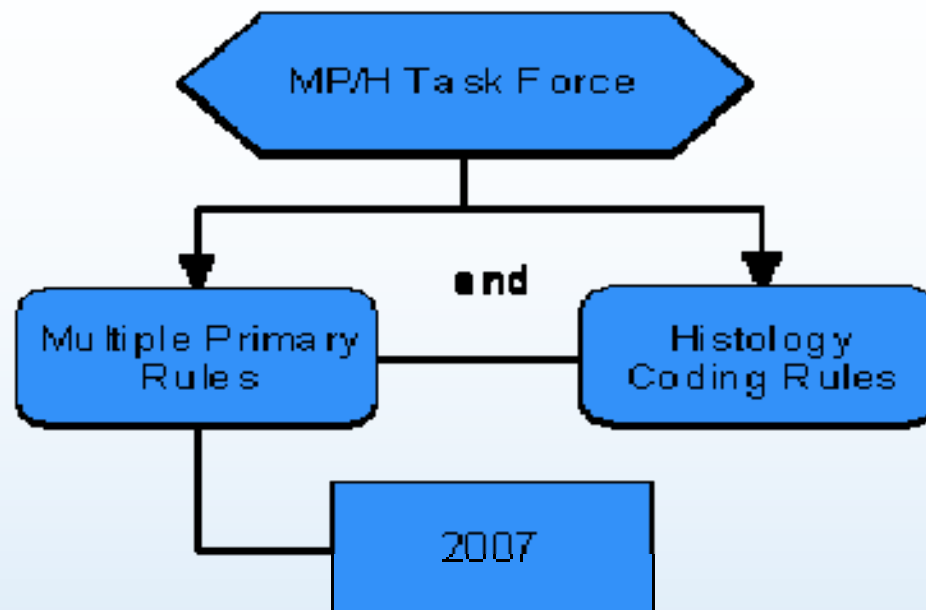
Rule	Histology		Code
H10	<u>Exactly</u> “adenocarcinoid”		8245 (Adenocarcinoid)

Rule		Histology			Code
H11		One type			The histology

Rule		Behavior	Code
H12		Invasive and in situ	The invasive histologic type

Rule	Histology	Notes/Examples	Code
H13	<ul style="list-style-type: none"> ●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) 	<ol style="list-style-type: none"> 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

Rule					Code
H14	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code



Multiple Tumors Abstracted as a Single Primary

Rule	Pathology/ Cytology	Notes/Examples	Code
<p>MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY</p> <p>These rules only apply to multiple tumors that are reported as a single primary</p>			
<p>H15</p>	<p>No pathology/cytology specimen or the pathology/cytology report is not available</p>	<p>1: Priority for using documents to code the histology</p> <ul style="list-style-type: none"> •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 <p>2: Code the specific histology when documented</p> <p>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</p>	<p>The histology documented by the physician</p>

Rule	Pathology/ Cytology		Notes/ Examples	Code
H16	None from primary site		Code the behavior /3	The histology from a metastatic site

Rule	Histology	Code
H17	<ul style="list-style-type: none"> ●Clinical history says familial polyposis and final diagnosis on pathology report from resection is adenocarcinoma in adenomatous polyps, or ●> 100 polyps in resected specimen ●Number of polyps is not given but the diagnosis is familial polyposis 	<p>8220 (Adenocarcinoma in adenomatous polyposis coli)</p>

Rule		Histology		Code
H18		Multiple in situ or malignant polyps are present, at least one of which is tubulovillous		8263 (Adenocarcinoma in a tubulovillous adenoma)

Rule	Histology	Code
H19	<ul style="list-style-type: none"> • ≤ 100 polyps in resected specimen, or • Multiple polyps and the number of polyps is not given and familial polyposis is not mentioned 	8221 (adenocarcinoma in multiple adenomatous polyps)

Rule	Histology	Notes/Examples	Code
H20	<ul style="list-style-type: none"> •Frank adenocarcinoma and a carcinoma in a polyp, or •In situ and invasive tumors •Multiple invasive tumors 	<p><i>1:</i> See the Colon Equivalent Terms, Definitions and Illustrations for the definition of most invasive.</p> <ul style="list-style-type: none"> •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. <p><i>2.</i> If tumors are equally invasive, go to the next rule</p>	The histology of the most invasive tumor

Rule	Histology	Notes/ Examples	Code
H21	<p>Final diagnosis:</p> <ul style="list-style-type: none"> • 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 <p>There is documentation that the patient had a polypectomy</p>	<p>It is important to know that the adenocarcinoma originated in a polyp.</p>	<p>8210 (Adenocarcinoma arising in polyp), or 8261 (Adenocarcinoma in a villous adenoma), or 8263 (Adenocarcinoma in a tubulovillous adenocarcinoma)</p>

Rule		Histology			Code
H22		One type			The histology

Rule	Histology	Notes/Examples	Code
H23	<ul style="list-style-type: none"> • 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) 	<p><i>1:</i> The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with _____differentiation</p> <p><i>2:</i> The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with _____differentiation.</p>	The more specific histologic term

Rule					Code
H24	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

MP/H Task Force



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