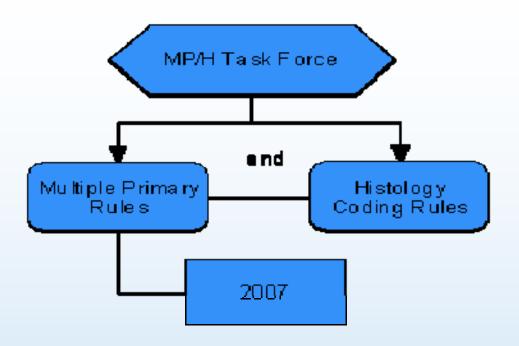


LUNG



Equivalent Terms, Def, Charts, Tables, Illustrations

Equivalent Terms

- Default
 - multiple tumors with only one biopsied
- Equivalent
 - Neuroendocrine ca carcinoid

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.

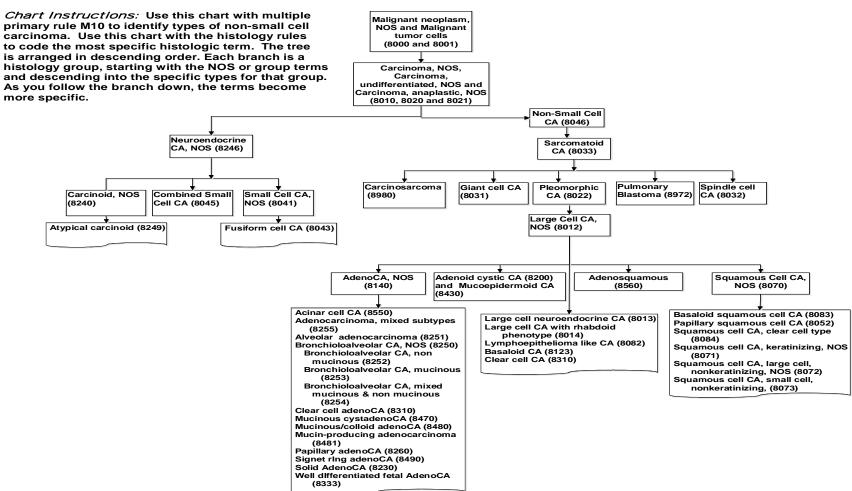


Chart 2 – Most Common Lung Histology Groups

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.

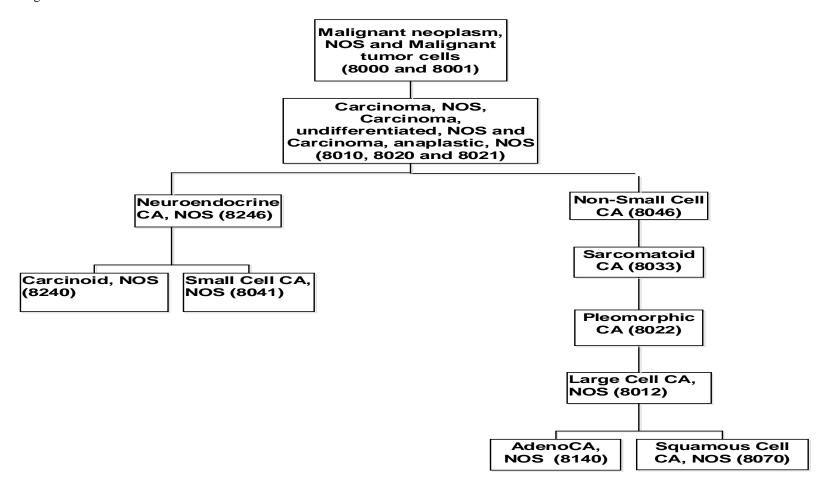


Table 1 Instructions

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

Table 1 – Combination/Mixed Codes for Lung Histologies

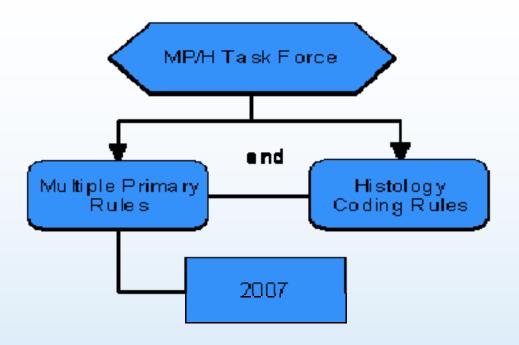
Note: This table is not a complete listing of histologies that may occur in the lung.

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	Adenocarcinoma	Combined small cell carcinoma	8045
one of the histologies in Column 2	Large cell carcinoma	Mixed small cell carcinoma	
Note: Diagnosis must be small	Squamous cell carcinoma		
cell carcinoma (NOS), not a subtype of small cell			
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	Spindle cell carcinoma	Squamous cell carcinoma, spindle cell	8074
one of the histologies in Column 2	Sarcomatoid	Squamous cell carcinoma, sarcomatoid	
A combination of at least two of	Acinar	Adenocarcinoma with mixed	8255**
the histologies in Column 2**	Bronchioloalveolar carcinoma	subtypes**	
Ŭ	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		

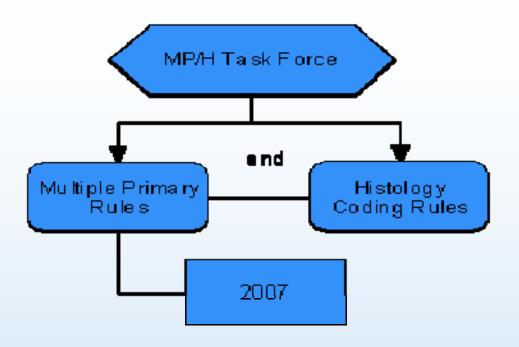
Column 1:	Column 2:	Column 3:	Column 4:
Required Terms	Additional Required Terms	ICD-O-3 Term	ICD-O-3
			Code
Adenocarcinoma AND		Adenosquamous carcinoma	8560
squamous cell carcinoma			
Note: Diagnosis must be			
adenocarcinoma (NOS), not a			
subtype of adenocarcinoma			
Epithelial carcinoma AND		Epithelial-myoepithelial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

^{*}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).



Multiple Primary Rules



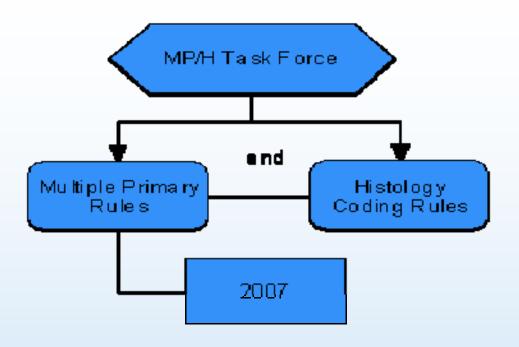
Unknown if Single or Multiple Tumors

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.

M1 Notes

Note 1: Use this rule only after all information sources have been exhausted.

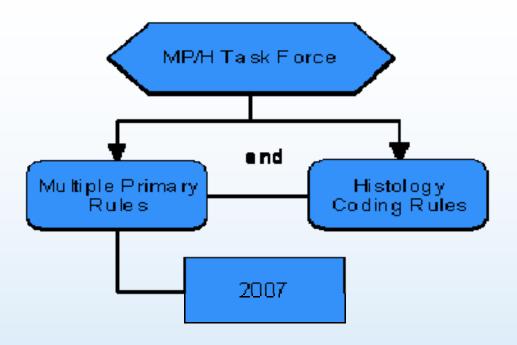
Note 2: Use this rule when only one tumor is biopsied but the patient has two or more tumors in one lung and may have one or more tumors in the contralateral lung. (See detailed explanation in Lung Equivalent Terms and Definitions).



Single Tumor

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

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



Multiple Tumors

Tumors in sites with ICD-O-3 topography codes that are different at the second (Cxxx) and/or third character (Cxxx) 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.

At least one tumor that is **non-small cell** carcinoma (8046) **and** another tumor that is **small cell** carcinoma (8041-8045) are multiple primaries.

A tumor that is adenocarcinoma with mixed subtypes (8255) and another that is bronchioloalveolar (8250-8254) are multiple primaries.

A **single** tumor in **each lung** is multiple primaries.

M6 Note

When there is a single tumor in each lung abstract as multiple primaries unless stated or proven to be metastatic.

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.

Tumors diagnosed more than three (3) years apart are multiple primaries.

An **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis is a multiple primary.

M9 Notes

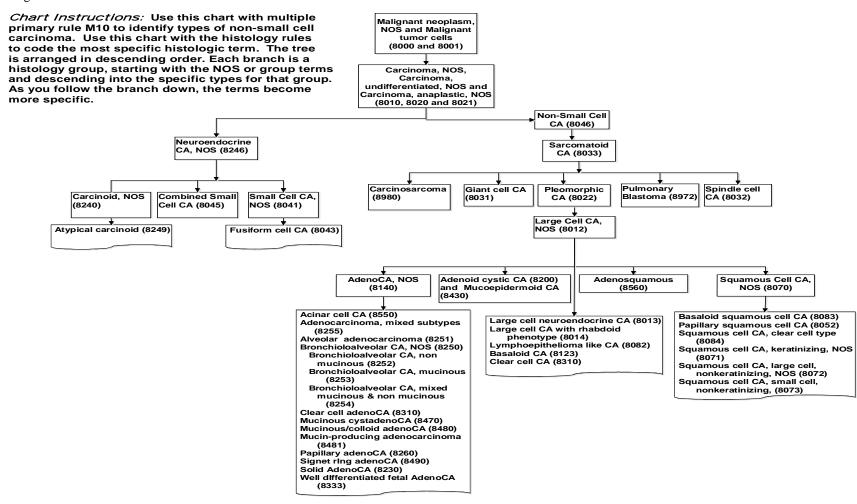
Note 1: The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.

Note 2: Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

Tumors with **non-small cell** carcinoma, **NOS** (8046) **and** a more **specific** non-small cell carcinoma **type** (Chart 1) are a single primary.

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.



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

M11 Note

Note: Adenocarcinoma in one tumor and squamous cell carcinoma in another tumor are multiple primaries.

Tumors that **do not meet any** of the above **criteria** are a single primary.

M12 Notes

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.

M12 Examples

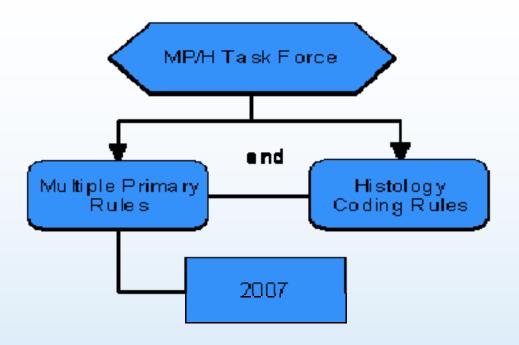
The following are examples of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary.

M12 Examples

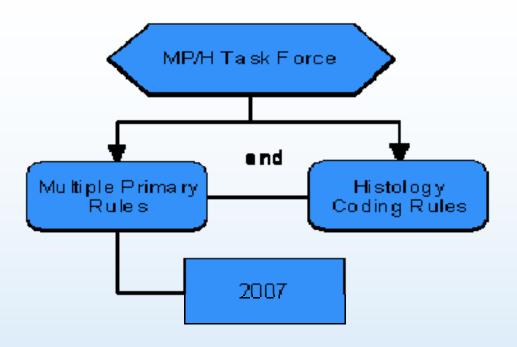
Warning: Using only these case examples to determine the number of primaries can result in major errors.

M12 Examples

Example 1:	Example 2:	Example 3: An
Solitary tumor in	Diffuse bilateral	in situ and
one lung, multiple	nodules (This is	invasive tumor
tumors in	the only condition	diagnosed within
contralateral lung	when laterality =	60 days
	4)	
Example 4:	Example 5:	Example 6:
Multiple tumors	Multiple tumors	Multiple tumors
in left lung	in one lung	in both lungs
metastatic from		
right lung		



Histology Rules



Single Tumor

H1

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

H1 Note 1

- **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

H1 Notes 2 and 3

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.

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

Note: Code the behavior /3

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

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

H3 Examples

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.

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

Code the **most specific** term using Chart 1 **when** there are multiple histologies within the same branch.

H5 Continued

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

H₅ Note

The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____differentiation

H5 Examples

- Example 1: Adenocarcinoma, predominantly mucinous. Code 8480 (mucinous adenocarcinoma).
- Example 2: Non-small cell carcinoma, papillary squamous cell. Code 8052 (papillary squamous cell carcinoma).

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**.

H6 Note and Examples

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).

Table 1 – Combination/Mixed Codes for Lung Histologies

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 Large cell carcinoma Squamous cell carcinoma	Combined small cell carcinoma Mixed small cell carcinoma	8045
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 Sarcomatoid	Squamous cell carcinoma, spindle cell Squamous cell carcinoma, sarcomatoid	8074
A combination of at least two of the histologies in Column 2**	Acinar 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	Adenocarcinoma with mixed subtypes**	8255**

H6 Examples continued

Example 2 (multiple specific histologies): Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma).

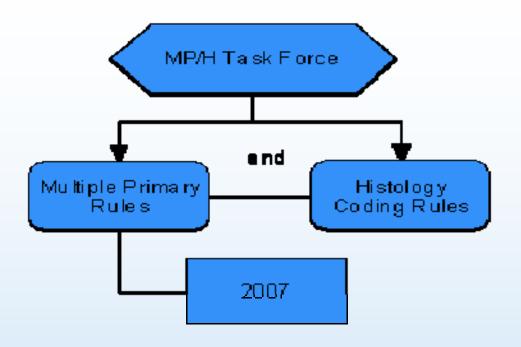
Example 3 (non-specific with multiple specific histologies): Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes).

Table 1 – Combination/Mixed Codes for Lung Histologies

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	Adenocarcinoma	Combined small cell carcinoma Mixed small cell carcinoma	8045
one of the histologies in Column 2	Large cell carcinoma		
Note: Diagnosis must be small	Squamous cell carcinoma		
cell carcinoma (NOS), not a subtype of small cell			
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	Spindle cell carcinoma	Squamous cell carcinoma, spindle cell Squamous cell carcinoma, sarcomatoid	8074
one of the histologies in Column 2	Sarcomatoid		
A combination of at least two of	Acinar	Adenocarcinoma with mixed	8255**
the histologies in Column 2**	Bronchioloalveolar carcinoma	subtypes**	
_	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		

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



Multiple Tumors Abstracted as a Single Primary

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

H8 Note 1

- **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

H8 Notes 2 and 3

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.

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

Note: Code the behavior /3

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

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

H₁₀ Examples

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.

Code the histology of the **most invasive** tumor.

H11 Notes

- **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.

H11 Notes Continued

- 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.

Code the **most specific** term using Chart 1 **when** there are multiple histologies within the same branch.

H12 Continued

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

H12 Note and Examples

- **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).

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

MP/H Task Force















Institut national du cancer du Canada







