

Quiz 1

1. The main functions of the ovaries are
 - a. To produce oocytes
 - b. To produce estrogen
 - c. To produce progesterone
 - d. All of the above
2. Which part of the broad ligament suspends the ovaries?
 - a. Mesosalpinx
 - b. Mesometrium
 - c. Mesovarium
 - d. Myometrium
3. Which lymph nodes are not regional for ovaries?
 - a. Para-Aortic
 - b. Inguinal
 - c. Axillary
 - d. Obturator
4. Which histology is NOT considered an epithelial type tumor?
 - a. Endometrioid adenocarcinoma
 - b. Clear cell adneocarcinoma
 - c. Embryonal carcinoma
 - d. Mucinous cystadenocarcinoma
5. Which of these is an effective screening tool for ovarian cancer
 - a. Transvaginal Ultra Sound (TVUS)
 - b. CA-125 blood test
 - c. mammography
 - d. all of the above
 - e. none of the above
6. Ovarian cancer incidence rates are lower among black than white women, but ovarian cancer survival is lower for black than white women.
 - a. True
 - b. False

Patient presented to obstetrician/gynecologist with lower abdominal pain and thick vaginal discharge over the past 4 days. Patient has previous history of pelvic inflammatory disease/abscess. Ultrasound was ordered which revealed unilateral, complex, predominately cystic mass in left adnexal region. CA-125 ordered. Biopsy done which revealed adenocarcinoma. Patient proceeded with TAH=BSO. Final Diagnosis: invasive adenocarcinoma with papillary and mucinous features consistent with ovarian primary.

7. How many primaries does this patient have?
 - a. 1
 - b. 2
 - c. 3
 - d. None

8. Which rule did you use to determine the number of primaries?
 - a. M7
 - b. M2
 - c. M16
 - d. M18

9. What is the histology?
 - a. 8140/3
 - b. 8260/3
 - c. 8323/3
 - d. 8480/3

10. Which rule did you use to determine the histology?
 - a. H4
 - b. H5
 - c. H11
 - d. H16

Quiz 2

A patient presented with shortness of breath and chest pain. A CT was performed that showed a large pleural effusion on the right lung. No tumor or other abnormalities were identified in the lung. A thoracentesis was positive for metastatic carcinoma most likely from an ovarian primary. Additional imaging showed widespread metastatic lesions throughout the peritoneal cavity.

The patient was referred to an oncologist and had neoadjuvant chemotherapy followed by a cytoreduction surgery. Prior to surgery imaging showed the pleural effusion had resolved and the widespread metastasis was no longer present. The surgeon indicated that no visible tumor was present during the procedure. A TAHBSO and a retroperitoneal lymph node dissection were performed. Additionally, biopsies were taken throughout the peritoneal cavity.

Pathology revealed a 1cm serous adenocarcinoma confined to the left ovary. 32 lymph nodes were negative for malignancy. All biopsies were negative for malignancy.

1. What value should be entered into the cM data item?
 - a. c0
 - b. c1
 - c. p0
 - d. p1

2. What value should be entered into the pM data item?
 - a. c0
 - b. c1
 - c. p0
 - d. p1

3. What is the summary stage?
 - a. Localized
 - b. Regional by direct extension
 - c. Regional to lymph nodes
 - d. Distant

4. What is Mets at Dx-Lung?
 - a. 0-None
 - b. 1-Yes; distant lung metastasis
 - c. 8-Not applicable
 - d. 9- Unknown

5. What is Mets at DX-Liver?
 - a. 0-None
 - b. 1-Yes; distant lung metastasis
 - c. 8-Not applicable
 - d. 9- Unknown

A patient with suspected peritoneal malignancy presents today for an exploratory laparotomy. A recent CT shows suspicious looking lesions throughout the abdomen. She has an elevated CA-125. She understands that if malignancy is identified, the surgeon will perform a TAHBSO and cytoreduction procedure.

Operative report

Cytoreduction Surgery with TAHBSO

A large ovarian tumor mass is seen encasing the rectosigmoid colon, uterus, fallopian tubes, and ovaries. Peritoneal studding of the mesentery and the spleen was present. The diaphragm was studded with tumors measuring greater than 2 cm in size. A debulking procedure was performed leaving no visible tumor in the abdomen; residual tumor was identified on the diaphragm, but measured less than 1cm.

Pathology:

- Poorly differentiated serous adenocarcinoma of ovarian origin.
- Tumor is completely replacing bilateral ovaries and fallopian tubes, encases the uterine fundus with invasion of the serosa and outer myometrium and is attached to the colon with transmural invasion and erosion through the mucosa into the bowel lumen.
- Uterine fundus is directly involved by serous adenocarcinoma with outer myometrial and lymphatic invasion.
- Rectosigmoid is directly involved by serous adenocarcinoma with transmural invasion and lymphatic invasion. The margins of the colon are negative.
- 7 of 7 retroperitoneal nodes positive metastatic adenocarcinoma.
- Segment of ileum, appendix and spleen has intramural invasion of serous adenocarcinoma.
- There is metastatic carcinoma of the diaphragm, and 1/1 positive right common iliac node.
- 500 ml of ascitic fluid did not contain any malignancy.

6. What value should be entered into the cT data item?

- a. (blank)
- b. cX
- c. c3b
- d. c3c

7. What value should be entered into the pT data item?

- a. (blank)
- b. p2b
- c. p3b
- d. p3c

8. What value should be entered into the pM data item?

- a. c0
- b. c1
- c. p0
- d. p1

9. What is the pathologic stage?

- a. IIIA
- b. IIIB
- c. IIIC
- d. IV

10. What is the summary stage?

- a. Localized
- b. Regional by direct extension
- c. Regional to lymph nodes
- d. Distant

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 Terms and Definitions
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**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

Other Sites Equivalent Terms, Definitions and Tables
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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 Terms and Definitions
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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 Endometrioid 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

Other Sites Multiple Primary Rules – Text
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
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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 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 (Cxxx) and/or third characters (Cxxx) are multiple primaries. **
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: A tumor in the cervix C539 and a tumor in the vulva C519 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** (Cxxx) 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,
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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 (xxxx), second (xxxx) or third (xxx) 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.

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 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
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- 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
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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.
