



## **SOLID TUMOR RULES (MULTIPLE PRIMARY AND HISTOLOGY RULES)**

2017-2018 NAACCR WEBINAR SERIES

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### **Q&A**

- Please submit all questions concerning webinar content through the Q&A panel.
- Reminder:
- If you have participants watching this webinar at your site, please collect their names and emails.
- We will be distributing a Q&A document in about one week. This document will fully answer questions asked during the webinar and will contain any corrections that we may discover after the webinar.

8/15/2018



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## FABULOUS PRIZES



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## SPEAKERS

- Carol Hahn Johnson, BS, CTR (Retired), Consultant
- Lois Dickie, CTR, NCI SEER

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## AGENDA

- Overview
- Breast
  - Multiple Primary Rules
  - Histology Rules
  - Quiz
- Lung
  - Multiple Primary rules
  - Histology rules
  - Quiz
- Q&A

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## NAACCR CANCER REGISTRY & SURVEILLANCE WEBINAR SERIES

2018 SOLID TUMOR RULES

AUGUST 2, 2018

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## SINQ AND ASK A SEER REGISTRAR

- Both tools may be accessed at [seer.cancer.gov/registrars](http://seer.cancer.gov/registrars)
- SEER Inquiry System aka: SINQ
  - Submission of questions to SINQ limited to SEER Registries *only*
  - Anyone can search SINQ
  - Remember answers are based on year of diagnosis and coding rules in place at that time
  - Remember, questions may be very specific to a case and may not apply to yours. Not all answers are general

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## SINQ AND ASK A SEER REGISTRAR

- Ask A SEER Registrar (AASR)
  - Anyone can submit questions
  - This database is NOT searchable
  - Common questions submitted to AASR will be added to SINQ
  - Many of the questions we receive are very specific and will not be added to SINQ

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## SUBMITTING QUESTIONS TO AASR

- ALWAYS INCLUDE:
  - Dates for all procedures and pathology/cytology reports
  - Primary site(s)
  - Final path diagnosis
  - Previous history of malignancy if known
  - Use standard abbreviations
- Do Not ask “what if” questions
  - Incomplete information will result in sending the questions back for clarification

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## 2018 ICD-O UPDATE AND THE SOLID TUMOR RULES

- Changes listed in the 2018 ICD-O update have been incorporated into the solid tumor rules
- Includes terminology from CAP Protocols
- 2018 Solid Tumor Rules instruct users to reference the 2018 ICD-O update, current ICD-O-3 manual along with the solid tumor histology tables and rules

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## IMPORTANCE OF THE SOLID TUMOR RULES

- Before a case can be staged:
  - Need to determine primary site
  - Number of primaries
  - Histologic type
- Reminder: AJCC does NOT determine number of primaries and does not determine histology
- Code histology per the Solid Tumor Rules. Do Not change histology to stage the case

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## FUTURE EDUCATIONAL PRODUCTS

- 2018 Solid Tumor Rules
  - August ~~29~~ 30, 2018 at 2pm ET
  - See the NAACCR Education and Training Calendar for registration information.
  - <https://www.naaccr.org/education-training-calendar/>

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## FUTURE EDUCATIONAL PRODUCTS

- NCRA on-line training modules
  - Free on NCRA website
  - Modules will be offered for General Instructions and all revised site rules
  - Length of modules will run between 15 to 30 minutes
  - May be accessed as needed
  - First module ETA late summer/early fall 2018

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## FUTURE EDUCATIONAL PRODUCTS

- SEER\*Educate
  - Site specific modules with coding exercises will be offered
    - Date of availability TBD
    - CE's will be available

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## REVIEW OF SOLID TUMOR MANUAL

BREAST

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### POP QUIZ 1

#### Microscopic:

Histologic Type: Ductal Carcinoma In-Situ

Architectural pattern(s): Comedo, Cribiform,  
Micropapillary, solid

Tumor Grade: Histologic Grade: 2 Nuclear Grade: II

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## POP QUIZ 1

- What histology would be assigned?
- 8500/2
  - Breast Histology Coding Rules, Coding Histology in a Single Tumor
    - Note 2: Subtypes/variant, architecture, pattern and features ARE NOT CODED. The majority of in situ tumors will be coded to DCIS 8500/2
  - Stop at rule H2. Code the histology when only one histology is present

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## POP QUIZ 2

- A patient present for a needle core biopsy of a tumor in her left breast. Pathology shows:
  - Infiltrating moderately differentiated duct carcinoma, grade 2 of 3, with tubule formation and focal areas with features of invasive micro papillary carcinoma. (Nottingham score = 6) present in all three cores.

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## POP QUIZ 2

- What histology code would be assigned?
  - **8500/3 Ductal Carcinoma**
- Breast Histology Coding Rules, Coding Histologies in a Single Tumor
  - Note 2 b (bullet 4): Do not code histology )NOS/NST, subtype/variant or specific) when documented with...
    - Features (of): NOTE: Only **code features** when there is a **specific code** for the NOS with features in **Table 3** or the **ICD-O and all updates**

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## QUESTIONS?

### QUIZ 1

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## REVIEW OF SOLID TUMOR MANUAL

### LUNG

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### POP QUIZ 3

- A patient present with a tumor in the upper lobe of his right lung and another tumor in the lower lobe of his right lung. A biopsy of the upper lobe lung is positive for non-small cell carcinoma. A biopsy of the lower lobe is positive for squamous cell carcinoma.

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## POP QUIZ 3

- How many primaries? – 1

- Rule M7 Abstract a **single primary** when separate/non-contiguous tumors are on **the same row** in **Table 3** in the Equivalent Terms and Definitions. Timing is irrelevant.

- Table 3

<p><b>Non-small cell carcinoma 8046</b>  <b>Example:</b> A biopsy of LUL lesion is diagnosed as non-small carcinoma 8046. Subsequent resection shows adenocarcinoma 8140/3. Adenocarcinoma is a subtype/variant of non-small cell carcinoma. When a histology is not listed as small cell carcinoma in column 3, it is a subtype/variant of non-small cell.</p>	<p><b>All histologies other than small cell. Small cell includes:</b></p> <ul style="list-style-type: none"> <li>Atypical carcinoid 8249</li> <li>Combined large cell neuroendocrine carcinoma 8013</li> <li>Combined small cell carcinoma 8045</li> <li>Large cell neuroendocrine carcinoma 8013</li> <li>Small cell carcinoma/neuroendocrine tumors (NET Tumors) 8041</li> <li>Typical carcinoid 8240</li> </ul>
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- What histology would be assigned to each primary?

- Squamous Cell Carcinoma 8070/3 – Rule H12

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## POP QUIZ 4

- A patient present with a tumor in the upper lobe of his right lung and another tumor in the lower lobe of his right lung. A biopsy of the upper lobe lung is positive for adenocarcinoma. A biopsy of the lower lobe is positive for acinar adenocarcinoma.

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## POP QUIZ 4

- How many primaries? – 1
  - Rule M7 Abstract a **single primary** when separate/non-contiguous tumors are on **the same row** in **Table 3** in the Equivalent Terms and Definitions. Timing is irrelevant.
    - NOTE 2: The same row means that tumors are
      - The same histology (same four-digit ICD-O code) OR
      - One is the preferred term (column 1) and the other is a synonym for the preferred term (column 2) or
      - A NOS (column 1/column 2) and the other is subtype/variant of that NOS (column 3)
  - What histology would be assigned to each primary?
    - Acinar Adenocarcinoma 8551/3 Rule H12

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## QUESTIONS?

QUIZ 2

REVIEW OF CASE SCENARIOS

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## COMING UP....

- Coding Pitfalls
  - 09/06/2018
- **Collecting Cancer Data: Lung (new season!)**
  - **10/04/2018**

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## FABULOUS PRIZES WINNERS



