





**2021 SOLID TUMOR  
UPDATES**

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**2021 Cutaneous Melanoma Solid Tumor Rules**

- Announcement
- Terms and Definitions
- M Rules
- H Rules

## Announcement

- 2021 Cutaneous Melanoma Solid Tumor Rules have been released
- Apply to cases diagnosed 1/1/2021 **forward**
- Use the Solid Tumor General Instructions
  
- 2021 Melanoma and other Solid Tumor:  
<https://seer.cancer.gov/tools/solidtumor/>
- 2007 Melanoma MPH:  
<https://seer.cancer.gov/tools/mphrules/download.html>



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## Melanoma Terms & Definitions

- Instructions Section
  - Tells you which rules to use based on diagnosis date
  - What sites these rules apply to
  - General definitions of types of melanoma
  - Primary reference for rules
    - WHO 4<sup>th</sup> Ed Classification of Skin Tumors



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## Changes from 2007 MPH Rules

- MPH rule: code histology from most representative specimen
- Solid Tumor rule: code specific histology from **either** biopsy or resection
- When there is a discrepancy between the biopsy and resection (two distinctly different histologies), code the histology from the most representative specimen (the greater amount of tumor)



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## Changes from 2007 MPH Rules

- **New reportable terms for 2021:**
  - Early/evolving melanoma in situ (8720/2)
  - Early/evolving melanoma, invasive (8720/3)
  - These terms are **not** listed in ICD-O-3.2
- New histology **terms** are included (identified by asterisks (\*) in the histology table in the Terms and Definitions). No new cutaneous melanoma ICD-O histology **codes** have been proposed by WHO.



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## Changes from 2007 MPH Rules

- WHO 4<sup>th</sup> Ed Skin Tumors now classifies melanotic tumors into two groups:
  - Melanoma arising in sun-exposed skin
  - Melanoma arising at sun-shielded sites without known etiological association with UV radiation exposure
- CAP has added these terms to the melanoma biopsy and melanoma resection protocols



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## Helpful Resources

- List of synonyms for in situ
- List of synonyms for Hutchinson Freckle
- Table of Anatomical Dermatology terms



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## Table 1: Primary Site & Laterality

- Table 1 contains terms used in **clinical diagnosis**, and less frequently the **operative and pathology reports** to describe the **location** of the skin lesion. Find the **term** in Column 1 and use the **site code** in Column 2. Column 3 notes whether the site requires **laterality** to be coded.
- **Note:** Excludes melanoma of non-skin sites (excludes any sites other than C44\_)



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## Table 1: Examples

Terminology	Site Term and Code	Laterality Required
<b>Skin of lip, NOS</b> Skin of lower lip Skin of upper lip	Skin of lip, NOS <b>C440</b>	No
<b>Skin, NOS</b> <b>Note:</b> Code to Skin, NOS (C44.9) if a patient is diagnosed with metastatic melanoma and the primary site is not identified.	Skin, NOS <b>C449</b>	No



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## Table 2: Histologies and Subtype/variant

- Applied the same as the other Solid Tumor Rules
- Single “row”
- Terms listed in the “synonym” column have the same ICD-O code as melanoma, NOS (8720)
- Subtype/variant column based on WHO 4<sup>th</sup> Ed Skin Tumors & ICD-O-3.2



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## Table 3: Non-Reportable Neoplasms

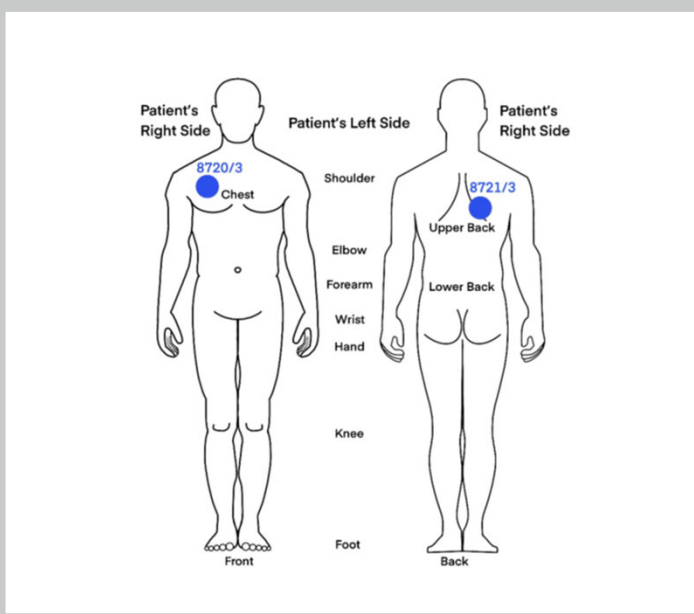
- Lists non-reportable terms and codes used in the diagnosis of cutaneous melanotic neoplasms. ***This table is intended to be a reference only and may not be complete.*** Please refer to your standard setter program manual for additional information on reportable neoplasms.
  - Lentiginous melanocytic nevus 8742/0
  - Juvenile melanoma 8770/0



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# Illustrations

- Explanatory illustrations for Multiple Primary rule M6



# M RULES



## M Rules: Mets Rule

- These rules are **NOT** used for tumor(s) described as metastases. Metastatic tumors include but are not limited to:
  - Distant metastasis in skin, subcutaneous tissue including muscle
  - Bone
  - Brain
  - Regional lymph nodes as identified in Summary Stage Manual
  - Distant lymph nodes as identified in Summary Stage Manual
  - Liver
  - Lung
  - In-transit metastases – metastases which occur along the lymph pathways between the primary tumor > 2 cm from the scar and the regional lymph nodes
  - Satellites – new tumor within a radius of 2 cm from the scar after removal of primary tumor. Satellites may be caused by remains of the primary tumor.



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## M Rules: M1 and M2

- **M1: Unknown if single or multiple melanomas**
  - Abstract a single primary
- **M2: Single melanoma**
  - A single melanoma is always a single primary



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## M rules: Multiple Melanomas

- M3: Abstract **multiple primaries** when there are separate, non-contiguous melanomas in sites with ICD-O site codes that **differ** at the second (CXxx), third (CxXx) or fourth (C44X) character.
  - **Note:** This applies to a melanoma of unknown primary and a known cutaneous melanoma primary
- M4: Abstract **multiple primaries** when there are separate, non-contiguous melanomas with **different lateralities**.
  - **Note 1:** A **midline** melanoma is a different laterality than right or left.
  - **Note 2:** If the laterality of one or both melanomas is **unknown**, then continue through the rules
  - **Note 3:** If one or more of the sites is not in the **required laterality** table, then continue through the rules. See Table 1.



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## M Rules: Multiple Melanomas

- **M5** Abstract **multiple primaries** when separate/non-contiguous tumors are two or more different subtypes/variants in Column 3, **Table 2** in the Equivalent Terms and Definitions. Timing is irrelevant.
  - **Example:** Epithelioid cell melanoma 8771/3 and nodular melanoma 8721/3 are both subtypes/variants of melanoma, NOS 8720/3.



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## M Rules: Multiple Melanomas

- **M6:** Abstract a **single primary** when synchronous, separate/non-contiguous tumors are on **the same row in Table 2** in the Equivalent Terms and Definitions. Tumors must:
  - Have the same site code **AND**
  - Have the same laterality
    - Note:** The same row means the tumors are:
      - The same histology (same four-digit ICD-O code) **OR**
      - NOS and synonym **OR**
      - NOS or synonym and the other is a subtype/variant of that NOS
- This rule will refer you to the illustrations



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## M Rules: Multiple Melanomas

- **M7:** Abstract **multiple primaries** when melanomas are diagnosed more than 60 days apart.
  - **Example:** 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.



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## M Rules: Multiple Melanomas

- **M8:** Abstract a **single primary** when melanomas do not meet any of the above criteria.
- **Note 1:** Use caution when applying this default rule. Please confirm that you have not overlooked an applicable rule.
- **Note 2:** When an invasive melanoma follows an in situ melanoma **within 60 days**, abstract as a single primary.

M8 differs from M1. M1 applies when you cannot determine if there are multiple melanomas present while M8 applies when there are known multiple melanomas, but they do not meet any criteria of the previous rules



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## H RULES



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## Priority Order for Using Documents to Identify Histology

- Important notes
- Code the histology diagnosed *prior* to neoadjuvant treatment
- **Exception:** If the initial diagnosis is based on histology from **FNA, smears, cytology** or a regional or metastatic site, and neoadjuvant treatment is given and followed by resection of primary site which identifies a different or specific histology, code the histology from the primary site



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## Coding Histology

- Melanoma does not have percent criteria to code histology
- Component must describe a melanoma
- Do not code “features” or “differentiation”
- Solid Tumor rules for coding more specific histology (subtype/variant) described by ambiguous terms apply to melanoma cases diagnosed 1/1/2021 forward



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## H Rules: H1 and H2

- **H1:** Code the histology when only **one histologic type** is identified
  - Use Table 2
  - ICD-O updates
  - ICD-o-3.2
- **H2:** Code the invasive histology when there are **invasive and in situ** components.



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## H Rules: H3

- **H3:** Code the **histologic type** when the diagnosis is **regressing** melanoma **and** a **histologic type**.
- **Example:** The lesion has evidence of regressing melanoma, nodular melanoma type. Code 8721/3 (Nodular melanoma).



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## H Rules: H4

- **H4:** Code **8723/3** (Malignant melanoma, regressing) when the diagnosis is **regressing melanoma**.
- **Example 1:** Malignant melanoma with regression. Code 8723 malignant melanoma, regressing.
- **Example 2:** Malignant melanoma with features of regression. Code 8720/3 melanoma NOS.



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## H Rules: H5

- **H5:** Code the **histologic type** when the diagnosis is **lentigo maligna melanoma and a histologic type**.
  - **Example:** The diagnosis is lentigo maligna melanoma with desmoplastic melanoma, right arm. Code desmoplastic melanoma, 8745/3.
- Even though both lentigo maligna melanoma is a subtype/variant of melanoma, NOS, the other subtype/variant has priority
- WHO/ICD-O-3.2 do not include “mixed” melanoma codes



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## H Rules: H6

- **H6:** Code **8742/3** (Lentigo maligna melanoma) when the diagnosis is **lentigo maligna** melanoma with **no** other histologic types



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## H Rules: H7

- **H7:** Code the **subtype/variant** when there is a **NOS** and a **single subtype/variant** of that NOS.
  - Melanoma NOS 8720 and a subtype/variant of melanoma
  - **Note:** Use **Table 2** in the Equivalent Terms and Definitions to determine NOS and subtype/variant.



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## H Rules: H8

- When two or more melanoma subtype/variants are present in a single tumor, submit a question to **Ask A SEER Registrar** for coding instructions.
  - **Note 1:** Two or more melanoma subtype/variants identified in a single tumor is rare.
  - **Note 2:** The WHO Classification of Skin Tumors 4th Ed does not include ICD-O codes for tumors with mixed melanoma subtype/variants

This rule replaces the MPH rule to code the numerically higher histology



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## Solid Tumor Updates

Announcement  
Updates by site



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## Solid Tumor Rules Update Announcement

- Updated Solid Tumor Rules may be used once posted
- No need to review and re-code previously abstracted cases
- Change Log document lists updates and may be viewed by site



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## Updates to Solid Tumor Rules

- Updates are based on the following:
  - Questions submitted to SINQ and Ask A SEER Registrar (AASR)
  - Internal review of rules
  - Clarifications from specialty matter expert pathologists
  - ICD-O-3.2



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## General Instructions

- Priority Order for Using Documentation to Code Histology section
  - **Which document to use when there is conflicting information between the final diagnosis, synoptic report, or CAP protocol:**
  - When there are discrepancies between the final diagnosis and synoptic report, use the document that provides the more specific histology. This will likely be found in the synoptic report. The CAP Protocol should be used only when a final diagnosis or synoptic report are not available.



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## All Sites

- Priority Order for Using Documentation to Identify Histology: Guidance was clarified regarding coding histology when neoadjuvant therapy is given
- "Majority; major; predominantly; greater than 50%" removed from equivalent terms and definitions in all sections (module-specific histology sections take precedence)



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## Breast Terms & Definitions

### Table 2

- Invasive carcinoma NST/duct carcinoma and invasive lobular carcinoma 8522 row  
Note 2 added " This is the exception to the instruction features are not coded."
  - CAP uses the term Invasive carcinoma with ductal and lobular features ("mixed type carcinoma")
- New row added for metaplastic carcinoma AND ductal or lobular

### Table 3

- Added synonyms, updated terms and behavior
- New note in metaplastic carcinoma row



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## Breast M Rules

- New notes before Multiple Tumors MP module: "ER, PR, and/or HER2 are not used to determine multiple primaries."
- "A Subsequent tumor in the chest wall or surgical scar without evidence of residual breast tissue are regional metastasis."
- Clarified M10: Abstract a **single primary<sup>i</sup>** when multiple tumors of the same behavior are **carcinoma NST/duct and lobular**.



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## Breast H Rules

- New H rule: H6 Coding pleomorphic lobular carcinoma in situ
- New H rule: H13 Coding metaplastic carcinoma when invasive carcinoma NST is present
  - New rule reinforced in Table 2



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## Colon Terms & Definitions

- Reportable dates for GIST
- Table 1: Added synonyms, updated terminology
- Colon wall illustrations added, which correspond with the anastomosis M Rules



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## Colon H Rules

- H5 Invasive mucinous adenocarcinoma rule: Sub-bullet added
  - Mucinous carcinoma must meet a percentage requirement in order to be coded. Do not use majority of tumor, predominantly, or predominant part of the tumor to code mucinous 8480
- Rule H6 added: NEW RULE
  - Code invasive signet ring cell adenocarcinoma 8490 when the diagnosis is any of the following...
- Rule H7 Code adenocarcinoma NOS when the final diagnosis is...
  - Percentage requirement clarified as less than or equal to 50%



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## Head & Neck Terms and Definitions

- C442 removed from H&N module. C442 with reportable histologies other than melanoma fall into "Other Sites" rules
- Tables 1, 3, 4, 5, and 8 have updated subtype/variants
- Table 9: Paraganglioma codes separated into pre-2021 and 2021+



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## Lung Terms & Definitions

- **Table 2: Combination/Mixed Histology Codes** Combined large cell neuroendocrine carcinoma 8013 row added
- **Table 3: Specific Histologies, NOS, and Subtype/Variants**
  - Added synonyms, updated terms



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## Lung M and H Rules

- Rule M6 Subtype/variant rule: Note 2 added that tumors may be different behaviors
- Rule M9 Simultaneous multiple tumors in...
  - Updated notes 1 and 2 to include examples for 8000 and 8010
- Rule H3: Rule reordered for readability (no changes to rule meaning)
- Clarified histology coding for equal percentages of adenocarcinoma subtypes throughout histology rules and histology tables
- Rule H10: Removed note 1



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## Malignant CNS

- **Table 1: WHO Grades for Select CNS Neoplasms** Section Added: WHO Grade II CNS Tumors
  - Instructions amended to include "and WHO Grade 2 neoplasms with malignant /3 behavior"
- **M6:** Clarified that a subsequent glioblastoma multiforme (GBM) in residual tumor is not a new primary (must be a separate GBM)



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## Non-Malignant CNS

- **Introduction**
  - Note 5 regarding Pilocytic astrocytoma/optic nerve glioma clarified
- **Table 1: WHO Grades for Select CNS Neoplasms**
  - Section Added: WHO Grade II CNS Tumors
- **Table 2: Reportable Primary Sites and Histologies**
  - "Conus medullaris/filum terminale" site code corrected to C720
- **Table 4: Non-Reportable Neoplasms**
  - Neurofibromatosis row added



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## Non-Malignant CNS

- **Table 5: Histologic Types of Non-Malignant Intracranial (Brain and Glands) Tumors**
  - Corrections to site codes
- **Table 6: Specific Histologies, NOS, and Subtypes/Variants**
  - Added synonyms



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## Urinary Terms & Definitions

- **Table 1: ICD-O Primary Site Codes** "Urachal remnant" added as synonym for C677



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QUESTIONS?



THANK YOU

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