


Bladder 2021
November 4, 2021
NAACCR 2021-2022 Webinar Series



Q&A

Please submit all questions, tips, or suggestions, concerning the webinar content through the Q&A panel.

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.

Fabulous Prizes



Guest Presenter

- Denise Harrison, CTR
- Louanne Currence, RHIT, CTR



BLADDER 2021

- *STRs*
- *Staging*
- *Grade*
- *SSDIs (none!)*
- *Treatment*

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Case for Working Through Topics

CC: 61 y.o. female w/ sx of frequency, urgency, and incomplete emptying of bladder. PE negative. Fitness trainer x 30 yrs.

Cystoscopy: (in office) tumor in bladder dome

CT abd/pel: mass in bladder dome w/ apparent extn into outer layers of bladder wall muscle. No adenopathy.

TURBT: 4.5 cm tumor in dome; partially resected deep into muscle at base for staging purposes

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Case for Working Through Topics

Segmental Resection of dome of bladder and bil PLND:

Pelvic LNs grossly normal. No apparent extn. of tumor into serosa or perivesical fat

PATH: TURBT: mass in dome: high grade invasive sarcomatoid urothelial CA, invading detrusor muscle.
Segmental Resection: Pel LNs: 0+/3 Rt and 0+/4 Lt obturator LNs. Bladder dome tumor: low grade invasive urothelial CA, w/ transmural invasion of pericyclic fat. No extension into serosa. Extensive small vessel and perineural invasion. Margins free.

Plan: Patient referred to medical oncologist

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2018 Solid Tumor Rules (09/2021 Update)

Renal Pelvis, Ureter, Bladder, and other Urinary
(C659, C669, C670-C679, C680-C689)

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Equivalent Terms and Definitions

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Urothelial Carcinoma

Urothelial CA accounts for ~90% of **bladder** tumors in the U.S,

Papillary Urothelial Carcinoma (PUC)

- Warty growth projecting from the wall on a stalk
- Non-invasive PUC = /2
 - Sometimes called in situ
- Invasive PUC = /3

Non-papillary Urothelial Carcinoma (UC)

- Starts in mucosa (does not project from the wall)
- Non-invasive UC = /2
 - CIS
- Invasive UC = /3

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Equivalent or Equal Terms

- And; with (for ≥ 2 histo in 1 tumor)
- Carcinoma; adenocarcinoma
- Flat TCC; flat urothelial CA; urothelial CIS; noninvasive flat CA; TCC in situ
- Multifocal; multicentric
- Noninvasive papillary CA; papillary TCC; Intramucosal papillary urothelial CA
- Non-invasive may describe both in situ papillary and urothelial CA
- Papillary TCC; papillary urothelial CA
- Simultaneous; existing at same time; concurrent; prior to FCOT
- Topography; site code
- Tumor; mass; tumor mass; lesion; neoplasm
- Type; subtype; variant
- Urothelial CA; TCC
- Urothelium; epithelium; transitional epithelium

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Terms NOT Equivalent or Equal

Phenotype \neq subtype/variant

Noninvasive \neq papillary UC \neq flat UC

- Noninvasive means the cancer has not invaded the subepithelial connective tissue
 - AJCC Ta or Tis

Papillary growth pattern \neq papillary urothelial carcinoma

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Priority for Coding Primary Site

C67.8

- Single tumor (any histology) that overlaps subsites in bladder **OR**
- Single **or** discontinuous tumors which are urothelial CA in situ (8120/2) **AND ONLY** bladder and 1 or both ureters are involved

C67.9

- Multiple non-contiguous tumors within bladder and subsite not documented

C68.8

- Single tumor **overlaps** 2 urinary sites and site of origin unknown (Renal pelvis and ureter; bladder and urethra; bladder & ureter*)

C68.9

- Multiple discontinuous tumors in multiple organs within urinary system (Renal pelvis and ureter; bladder and urethra; bladder & ureter*)

* See C67.8 for 8120/2 when only bladder and ureter(s) are involved

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Pop Quiz

- A patient has 2 tumors in the bladder, and a single tumor in the proximal ureter. All are high grade urothelial carcinoma in situ 8120/2. What primary site should be assigned?
- C67.8
- C67.9
- C68.8
- C68.9

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Pop Quiz

- A patient has 2 tumors in the bladder, and a single tumor in the proximal ureter. All are high grade urothelial carcinoma 8120/3. What primary site should be assigned?
- C67.8
- C67.9
- C68.8
- C68.9

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Table 1: ICD-O Primary Site Codes

Site Term and code	Synonyms
Bladder, anterior wall C673	-
Bladder, dome C671	Roof; Vault; Vertex
Bladder, lateral wall C672	Lateral to ureteral orifice; Left wall; Right wall; Sidewall
Bladder neck C675	Internal urethral orifice; Vesical neck
Bladder NOS C679	Lateral posterior wall (no hyphen)
Bladder, overlapping lesion C678	Fundus; Lateral-posterior wall (hyphen)
Bladder, posterior wall C674	-
Bladder, trigone C670	Base/Floor of bladder; Below interureteric crest/field/ridge
Bladder, urachus C677	Mid umbilical ligament
Bladder, ureteric orifice C676	Just above ureteric orifice
Overlapping lesion of urinary organs C688	-
Paraurethral gland C681	-
Renal pelvis C659	Pelvis of kidney; Pelviureteric junction; Renal calyx/calyses
Ureter C669	-
Urethra C680	Cowper gland; Prostatic utricle; Urethral glad
Urinary system NOS C689	-

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Table 2: Specific & NOS, Synonyms, & Subtypes/Variants

	Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
Row 1	Adenocarcinoma NOS 8140 <i>Note:</i> Urachal carcinoma NOS is coded 8010/3. Urachal adenocarcinoma is coded 8140/3.	Mixed adenocarcinoma Urachal adenocarcinoma	Clear cell carcinoma 8310 Endometrioid carcinoma 8380 Enteric adenocarcinoma 8144 Mucinous adenocarcinoma 8480
Row 2	Malignant melanoma 8720/3		
Row 3	Malignant perivascular epithelioid cell tumor 8714/3	Malignant PEComa	
Row 4	Sarcoma NOS 8800/3 <i>Note:</i> Rhabdomyosarcoma 8900 is a NOS with a subtype/variant of embryonal rhabdomyosarcoma/sarcoma botryoides 8910/3.		Angiosarcoma 9120/3 Chondrosarcoma 9220/3 Leiomyosarcoma 8890/3 Liposarcoma 8850/3 Malignant peripheral nerve sheath tumor (MPNST) 9540/3 Pleomorphic sarcoma 8802/3 Rhabdomyosarcoma 8900/3 ← Embryonal rhabdomyosarcoma/sarcoma botryoides 8910/3 ←
Row 5	Small cell neuroendocrine carcinoma 8041	Neuroendocrine carcinoma SmCC	Large cell neuroendocrine tumor 8013 Well-differentiated neuroendocrine tumor 8240
Row 6	Squamous cell carcinoma 8070	Pure squamous cell carcinoma SCC	Verrucous carcinoma 8051

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Table 3: Non-Reportable Urinary Tumors

Histology Term and Code	Synonyms
Benign perivascular epithelioid cell tumor 8714/0	Benign PEComa
Granular cell tumor 9580/0	
Hemangioma 9120/0	
Inflammatory myofibroblastic tumor 8825/1	
Inverted urothelial papilloma 8121/0	
Leiomyoma 8890/0	
Melanosis No code	
Neurofibroma 9540/0	
Nevus 8720/0	
Papillary urothelial neoplasm of low-malignant potential 8130/1	
Paraganglioma 8693/1	Extra-adrenal pheochromocytoma
Solitary fibrous tumor 8815/1	
Squamous cell papilloma 8052/0	Keratotic papilloma
Urothelial dysplasia No code	
Urothelial papilloma 8120/0	
Villous adenoma 8261/0	

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Multiple Primary Rules

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Multiple
Primary
(M) Rules

Common Metastatic Sites

- Bones
- Brain
- Regional and distant LNs (see lists in SS2018)
- Involvement of the pelvic or abdominal wall
- Liver
- Lung

Don't use the M rules for tumors described as mets!

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Example of Mets

- Patient is s/p cystectomy in 2018 for papillary urothelial carcinoma 8130/3.
- In 2021, the patient is found to have a lung mass. Bx reveals papillary urothelial carcinoma metastatic from the bladder.
- Do not apply the M rules. This is a distant recurrence of the bladder cancer.

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Multiple Primary Rules M1 – M4

Rule	Description	# Abstracts
M1	Not possible to determine if single or multiple tumors	Single
M2	Single tumor	Single
Separate non-contiguous tumors in both:		
M3	Rt and Lt renal pelvis (no involvement of ureter(s), bladder, or urethra by separate non-contiguous tumors)	Multiple*
M4	Rt and Lt ureter (no involvement of renal pelvis(es), bladder, or urethra by separate non-contiguous tumors)	Multiple*
	IF pathology confirms tumor(s) in contralateral renal pelvis (M3) or ureter (M4) are metastatic	Single

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Multiple Primary Rules M5 – M9

Rule	Description	# Abstracts
M5	Synchronous noninvasive in situ urothelial carcinoma (flat tumor) 8120/2 in BLADDER C67_ AND 1 or both URETER(S) C669 AND no other urinary sites involved (code primary site to C67.8)	Single
M6	Invasive tumor > 60 days after in situ	Multiple
M7	Multiple occurrences of /2 urothelial carcinoma in the BLADDER (8120/2 and/or 8130/2)	Single
M8	Micropapillary (8131/3) and urothelial 8120/3 (including papillary 8130/3) carcinoma of the BLADDER	Multiple
M9	Multiple occurrences of /3 urothelial carcinoma or urothelial subtypes (EXCEPT micropapillary) in the BLADDER OR Multiple occurrences of micropapillary urothelial carcinoma (8131/3) in the BLADDER	Single

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Rule M8 Micropapillary (8131/3) and urothelial 8120/3 (including 8130/3) carcinomas of the **BLADDER** are multiple primaries.

Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
Urothelial carcinoma 8120 <i>Note 1:</i> Previously called transitional cell carcinoma , a term that is no longer recommended. <i>Note 2:</i> Micropapillary 8131 is a subtype/variant of papillary urothelial carcinoma 8130. It is an invasive /3 neoplasm with aggressive behavior.	Clear cell (glycogen-rich) urothelial carcinoma 8120/3 Infiltrating urothelial carcinoma 8120/3 Infiltrating urothelial carcinoma with divergent differentiation 8120/3 Infiltrating urothelial carcinoma with endodermal sinus lines 8120/3 Infiltrating urothelial carcinoma with glandular differentiation 8120/3 Infiltrating urothelial carcinoma with squamous differentiation 8120/3 Infiltrating urothelial carcinoma with trophoblastic differentiation 8120/3 Lipid-rich urothelial carcinoma 8120/3 Microcystic urothelial carcinoma 8120/3 Nested urothelial carcinoma 8120/3 Plasmacytoid urothelial carcinoma 8120/3 Urothelial carcinoma in situ 8120/2	Giant cell urothelial carcinoma 8031/3 Lymphoepithelioma-like urothelial carcinoma 8082/3 Plasmacytoid/signet ring cell/diffuse variant Papillary urothelial (transitional cell) carcinoma in situ 8130/2 invasive 8130/3 Micropapillary urothelial carcinoma 8131/3 Poorly differentiated carcinoma 8020/3 Sarcomatoid urothelial carcinoma 8122/3

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Rule M9 Multiple invasive urothelial or urothelial subtypes (EXCEPT micropapillary) in the **BLADDER** OR Multiple invasive micropapillary (8131/3) in the **BLADDER** are single primaries.

Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
Urothelial carcinoma 8120 <i>Note 1:</i> Previously called transitional cell carcinoma , a term that is no longer recommended. <i>Note 2:</i> Micropapillary 8131 is a subtype/variant of papillary urothelial carcinoma 8130. It is an invasive /3 neoplasm with aggressive behavior.	Clear cell (glycogen-rich) urothelial carcinoma 8120/3 Infiltrating urothelial carcinoma 8120/3 Infiltrating urothelial carcinoma with divergent differentiation 8120/3 Infiltrating urothelial carcinoma with endodermal sinus lines 8120/3 Infiltrating urothelial carcinoma with glandular differentiation 8120/3 Infiltrating urothelial carcinoma with squamous differentiation 8120/3 Infiltrating urothelial carcinoma with trophoblastic differentiation 8120/3 Lipid-rich urothelial carcinoma 8120/3 Microcystic urothelial carcinoma 8120/3 Nested urothelial carcinoma 8120/3 Plasmacytoid urothelial carcinoma 8120/3 Urothelial carcinoma in situ 8120/2	Giant cell urothelial carcinoma 8031/3 Lymphoepithelioma-like urothelial carcinoma 8082/3 Plasmacytoid/signet ring cell/diffuse variant Papillary urothelial (transitional cell) carcinoma in situ 8130/2 invasive 8130/3 Micropapillary urothelial carcinoma 8131/3 Poorly differentiated carcinoma 8020/3 Sarcomatoid urothelial carcinoma 8122/3

Timing is irrelevant: Tumors may be synchronous or metachronous

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Multiple Primary Rules M10 – M14

Rule	Description	# Abstracts
M10	Subsequent tumor after being clinically dz-free > 3 years after dx/last recurrence (See M7 and M9 for UC in the BLADDER !)	Multiple
M11	Urothelial carcinomas (8120 and all subtypes/variants) in multiple urinary organs (renal pelvis, ureter(s), bladder, urethra)	Single
Separate non-contiguous (S/N-C) tumors:		
M12	2 or more different subtypes/variants in column 3 of Table 2	Multiple
M13	Different rows in Table 2	Multiple
M14	ICD-O topography code differs at 2nd CxXx or 3rd CxXx character (Different primary sites); (See M5 for 8120/2 in C67_ and C669)	Multiple

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Multiple Primary Rules M15 – M18

Rule	Description	# Abstracts
Rules M15-M18: Tumors must be in the SAME primary site		
M15	Synchronous separate non-contiguous tumors on same row in Table 2	Single
M16	In situ after invasive in same urinary site (can be NOS and subtype/variant)	Single
M17	Invasive tumor ≤ 60 days after in situ in same urinary site	Single
M18	Tumors do not meet any of the previous rules	Single

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Table 2: Specific & NOS, Synonyms, & Subtypes/Variants and Rules M12, 13, and 15

	Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
Row 1	Adenocarcinoma NOS 8140 <i>Note:</i> Urachal carcinoma NOS is coded 8010/3. Urachal adenocarcinoma is coded 8140/3.	Mixed adenocarcinoma Urachal adenocarcinoma	Clear cell carcinoma 8310 Endometrioid carcinoma 8380 Enteric adenocarcinoma 8144 Mucinous adenocarcinoma 8480
Row 2	Malignant melanoma 8720/3		
Row 3	Malignant perivascular epithelioid cell tumor 8714/3	Malignant PEComa	M12: MP when different sybtypes
Row 4	Sarcoma NOS 8800/3 <i>Note:</i> Rhabdomyosarcoma 8900 is a NOS with a subtype/variant of embryonal rhabdomyosarcoma/sarcoma botryoides 8910/3.	M15: SP when synchronous tumors in same row Same histo or Col 1 or 2 + 1 sub/var Col 3; or Col 3 NOS + 1 indented sub/var Col 3	Angiosarcoma 9120/3 Chondrosarcoma 9220/3 Leiomyosarcoma 8890/3 Liposarcoma 8850/3 Malignant peripheral nerve sheath tumor (MPNST) 9540/3 Pleomorphic sarcoma 8802/3 Rhabdomyosarcoma 8900/3 Embryonal rhabdomyosarcoma/sarcoma botryoides 8910/3
Row 5	Small cell neuroendocrine carcinoma 8041	Neuroendocrine carcinoma SmCC	Large cell neuroendocrine tumor 8013 Well-differentiated neuroendocrine tumor 8240
Row 6	Squamous cell carcinoma 8070	Pure squamous cell carcinoma SCC	Verrucous carcinoma 8051

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Table 2: Specific & NOS, Synonyms, & Subtypes/Variants and Rules M15, continued

	Specific and NOS Histology Codes	Synonyms	Subtypes/Variants	
Row 1	Adenocarcinoma NOS 8140 <i>Note:</i> Urachal carcinoma NOS is coded 8010/3. Urachal adenocarcinoma is coded 8140/3.	Mixed adenocarcinoma Urachal adenocarcinoma	Clear cell carcinoma 8310 Endometrioid carcinoma 8380 Enteric adenocarcinoma 8144 Mucinous adenocarcinoma 8480	←
Row 2	Malignant melanoma 8720/3			←
Row 3	Malignant perivascular epithelioid cell tumor 8714/3	Malignant PEComa		←
Row 4	Sarcoma NOS 8800/3 <i>Note:</i> Rhabdomyosarcoma 8900 is a NOS with a subtype/variant of embryonal rhabdomyosarcoma/sarcoma botryoides 8910/3.	M15: SP when synchronous tumors in same row Same histo or Col 1 or 2 + 1 sub/var Col 3; or Col 3 NOS + 1 indented sub/var Col 3	Angiosarcoma 9120/3 Chondrosarcoma 9220/3 Leiomyosarcoma 8890/3 Liposarcoma 8850/3 Malignant peripheral nerve sheath tumor (MPNST) 9540/3 Pleomorphic sarcoma 8802/3 Rhabdomyosarcoma 8900/3 Embryonal rhabdomyosarcoma/sarcoma botryoides 8910/3	←
Row 5	Small cell neuroendocrine carcinoma 8041	Neuroendocrine carcinoma SmCC	Large cell neuroendocrine tumor 8013 Well-differentiated neuroendocrine tumor 8240	←
Row 6	Squamous cell carcinoma 8070	Pure squamous cell carcinoma SCC	Verrucous carcinoma 8051	←

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Histology Instructions

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Important Notes for Coding Histology

Code the histology:

Prior to neoadjuvant therapy

Using priority list and H rules

Do not change histo to make the case applicable to staging

Added 12/2020 Update

Exception: Initial dx based on FNA, smears, cytology or from 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 post-resection.

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Example for Coding Histo Post-Neoadjuvant

- Urine cytology reveals urothelial carcinoma 8120
- MRI notes invasion of the destruser muscle (bladder wall)
- Patient is treated with neoadjuvant cisplatin-based chemotherapy
- Partial cystectomy reveals papillary urothelial carcinoma 8130

- Assign Papillary Urothelial Carcinoma 8130 since the diagnosis was based on tissue post-resection but cytology prior to neoadjuvant therapy.

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Important Notes for Coding Histology

Code **most specific** histology from either resection or biopsy:

Code the **invasive** when in situ and invasive in single tumor

Discrepancy between bx and resection (2 different histos/different rows), code from most representative specimen (>est amount of tumor)

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Documentation Priority to Identify Histology

1. Tissue/path report from primary (listed in priority order)

- Addendum
- Final dx/CAP synoptic report
- CAP protocol

2. Cytology (usually urine)

3. Metastatic tissue

4. Physician documentation (listed in priority order)

- Treatment plan
- Tumor Board
- Medical record referencing the original pathology, cytology, or scan(s)
- MD reference to histology

5. Imaging (CT and MRI have equal priority)

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Coding Histology – Single Tumor

1. Code the most specific histology or subtype/variant, regardless of whether it is described as:
 - A. Majority or predominant part of tumor
 - B. Minority part of tumor
 - C. A component
2. Code histo described as differentiation or features only when there is a specific ICD-O code for the NOS w/ features or differentiation

Terms A-C must describe a carcinoma or sarcoma

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Practice – Coding Histology

- **Sarcomatoid urothelial carcinoma 8122 with w/ majority of tumor being Urothelial carcinoma, NOS 8120**
 - Urothelial carcinoma 8120
 - Sarcomatoid urothelial carcinoma 8122
- **Urothelial carcinoma, NOS 8120 w/ minority component of Micropapillary urothelial carcinoma 8131/3**
 - Urothelial carcinoma 8120
 - Micropapillary urothelial carcinoma 8131
- **Urothelial carcinoma, NOS 8120 w/ Micropapillary component 8131/3**
 - Urothelial carcinoma 8120
 - Micropapillary urothelial carcinoma 8131

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Coding Histology – Single Tumor, cont.

3. Code histo described by ambiguous terms only when the conditions in A **or** B are met:
- A. The only diagnosis available is **one histology** term described by ambiguous terminology (case accessioned based on ambiguous term and no other histo is available)
 - B. There is a **NOS histology and a more specific** (subtype/variant) described by ambiguous terminology AND
 - Specific histo confirmed by a physician OR
 - Patient is being treated based on the specific histo described by the ambiguous term

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Coding Histology – Single Tumor, cont.

List of Ambiguous Terms		
Apparently	Favor(s)	Probable
Appears	Malignant appearing	Suspect(ed)
Comparable with	Most likely	Suspicious (for)
Compatible with	Presumed	Typical (of)
Consistent with		

4. DO NOT CODE histology when described as:

- Architecture
- Foci; focus; focal
- Growth pattern
- Pattern

Configuration

- Removed from DO NOT CODE list with 09/2021 update)

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Practice – Ambiguous Terms

1. **Sarcoma, consistent with leiomyosarcoma** (Treatment plan says pt will receive “XYZ regimen” for pt’s dx of leiomyosarcoma.
8890/3 Leiomyosarcoma
2. **Outpatient bx says probably papillary urothelial CA. No other information available.**
8130/3 Papillary urothelial carcinoma
3. **Adenocarcinoma, consistent w/mucinous adenocarcinoma** (Oncology consult says pt has mucinous adenocarcinoma)
8480/3 Mucinous adenocarcinoma

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Histology Rules

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Relationship of the Urinary H Rules

Single Tumor **Multiple Tumors Abstracted
as a Single Primary**



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Rules H1/H6 and H2/H7

- **H1** Code the histology when a **single histology** is present
- **H6** Code the histology when a **single histology** is present *in all tumors*.
- **H2** Code the **invasive** histology when both in situ & invasive are present in the **same tumor**
- **H7** Code the **invasive** histology when both in situ & invasive are present in *all tumors*
 - Can be mixed in both tumors or one is invasive and the other is in situ

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Rules H3/H8

- **H3** Code the **subtype/variant** when there is a **NOS** and a **single subtype/variant** of that NOS such as the following:
- **H8** Code the **subtype/variant** when ***all* multifocal/multicentric tumors are*** a **NOS** and a **single subtype/variant** of that NOS such as the following:

NOS Terms (See Table 2 for Subtypes/Variants of each NOS Term)	
Adenocarcinoma 8140	Small cell neuroendocrine carcinoma 8041
Papillary urothelial carcinoma 8130 (Column 3)	Squamous cell carcinoma 8070
Rhabdomyosarcoma 8900 (Column 3)	Urothelial carcinoma 8120
Sarcoma 8800	

H8: *All tumors can be a NOS + subtype/variant or one may be NOS and the other a subtype/variant

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Subtype/Variant that is also a NOS in Col 3

Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
<p>Urothelial carcinoma 8120</p> <p><i>Note 1:</i> Previously called transitional cell carcinoma, a term that is no longer recommended.</p> <p><i>Note 2:</i> Micropapillary 8131 is a subtype/variant of papillary urothelial carcinoma 8130. It is an invasive /3 neoplasm with aggressive behavior.</p>	<p>Clear cell (glycogen-rich) urothelial carcinoma 8120/3</p> <p>Infiltrating urothelial carcinoma 8120/3</p> <p>Infiltrating urothelial carcinoma with divergent differentiation 8120/3</p> <p>Infiltrating urothelial carcinoma with endodermal sinus lines 8120/3</p> <p>Infiltrating urothelial carcinoma with glandular differentiation 8120/3</p> <p>Infiltrating urothelial carcinoma with squamous differentiation 8120/3</p> <p>Infiltrating urothelial carcinoma with trophoblastic differentiation 8120/3</p> <p>Lipid-rich urothelial carcinoma 8120/3</p> <p>Microcystic urothelial carcinoma 8120/3</p> <p>Nested urothelial carcinoma 8120/3</p> <p>Plasmacytoid urothelial carcinoma 8120/3</p> <p>Urothelial carcinoma in situ 8120/2</p>	<p>Giant cell urothelial carcinoma 8031/3</p> <p>Lymphoepithelioma-like urothelial carcinoma 8082/3</p> <p>Plasmacytoid/signet ring cell/diffuse variant</p> <p>Papillary urothelial (transitional cell) carcinoma</p> <p>in situ 8130/2</p> <p>invasive 8130/3</p> <p>Micropapillary urothelial carcinoma 8131/3</p> <p>Poorly differentiated carcinoma 8020/3</p> <p>Sarcomatoid urothelial carcinoma 8122/3</p>

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Subtype/Variant that is also a NOS in Col 3

Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
Adenocarcinoma NOS 8140 <i>Note:</i> Urachal carcinoma NOS is coded 8010/3. Urachal adenocarcinoma is coded 8140/3.	Mixed adenocarcinoma Urachal adenocarcinoma	Clear cell carcinoma 8310 Endometrioid carcinoma 8380 Enteric adenocarcinoma 8144 Mucinous adenocarcinoma 8480
Malignant melanoma 8720/3		
Malignant perivascular epithelioid cell tumor 8714/3	Malignant PEComa	
Sarcoma NOS 8800/3 <i>Note:</i> Rhabdomyosarcoma 8900 is a NOS with a subtype/variant of embryonal rhabdomyosarcoma/sarcoma botryoides 8910/3.		Angiosarcoma 9120/3 Chondrosarcoma 9220/3 Leiomyosarcoma 8890/3 Liposarcoma 8850/3 Malignant peripheral nerve sheath tumor (MPNST) 9540/3 Pleomorphic sarcoma 8802/3 Rhabdomyosarcoma 8900/3 Embryonal rhabdomyosarcoma/sarcoma botryoides 8910/3
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Rules H4/H9

- **H4** Code mixed small cell neuroendocrine **8045** when the final dx is any of the following:
- **H9** Code mixed small cell neuroendocrine **8045** when the final dx *for all tumors* is any of the following:

Small Cell neuroendocrine mixed with any other type of carcinoma (does not apply to sarcoma)
2 or more subtypes/variants of small cell neuroendocrine carcinoma
Subtype/variant of small cell neuroendocrine mixed with any other carcinoma (does not apply to sarcoma)

Example: Urothelial carcinoma + small cell neuroendocrine carcinoma – code to 8045

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Rule H5

- H5 Code mixed urothelial carcinoma as follows:

Code	Urothelial type	When Mixed With
8120	Urothelial carcinoma	Adenocarcinoma or adenocarcinoma subtypes OR Squamous cell carcinoma or squamous cell carcinoma subtypes
8130	Papillary urothelial carcinoma	
8131	Micropapillary urothelial carcinoma	

Note: Adenocarcinoma and subtypes/variants as well as squamous cell carcinoma and subtypes/variants are coded ONLY when pure (not mixed with any other histology).

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Exercise: Primary Site, # Primaries and Histology

- Primary Site? C671
- How many primaries? 1
- Which M rule? M2
- What is the histology? 8122/3
- Which H rule? H3

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Staging

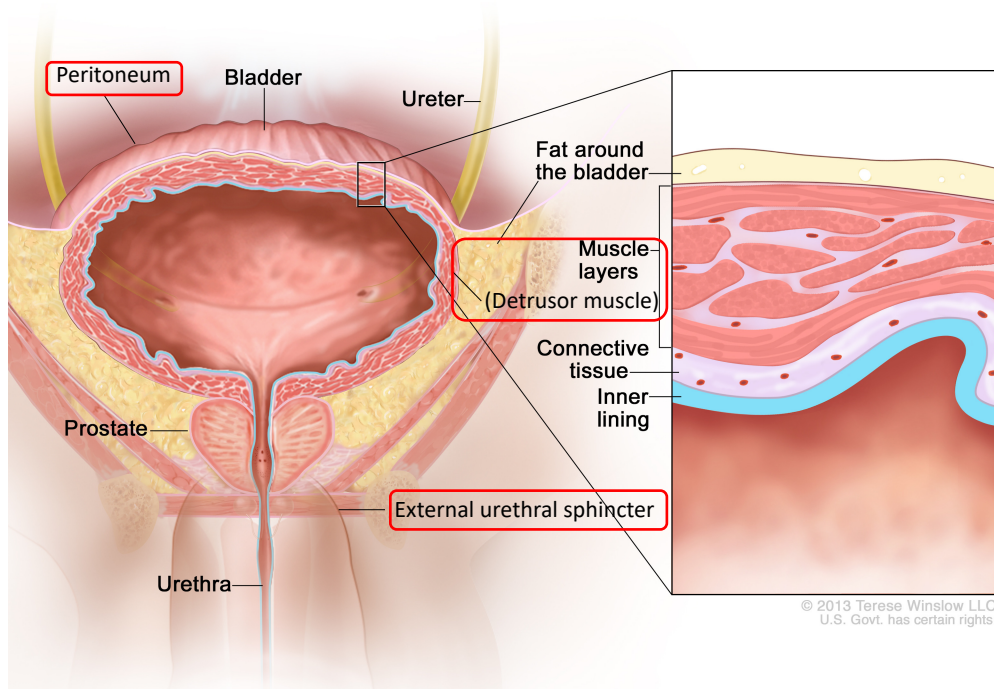
SS2018

EOD

AJCC

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Notes: SS2018 and EOD

Statements/Inferred descriptions of non-invasion for papillary TCC/UC (Ta)

Definite statements

- Noninfiltrating
- Noninvasive
- No evidence invasion
- No extension into lamina propria
- No stromal invasion
- No extension into underlying supporting tissue
- Negative lamina propria and superficial muscle
- Negative muscle and connective tissue
- No infiltrative behavior/ component

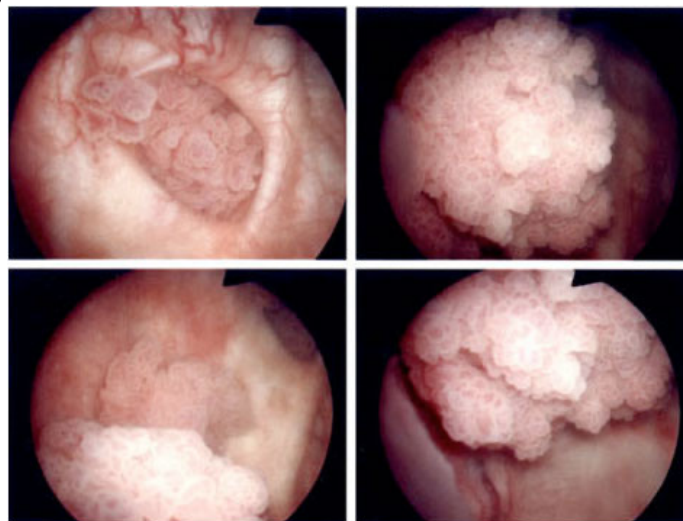
Inferred descriptions

- No involvement muscularis propria
- No statement of invasion
- Tissue insufficient to judge depth of invasion
- No invasion bladder wall
- No involvement muscularis
- Benign deeper tissue
- Microscopic description problematic
- Frond surfaced by TCC
- No mural infiltration
- No evidence invasion (no stromal sampled)
- Confined to mucosa

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Papillary TCC



Healthcommunities.com

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Notes: SS2018 and EOD, cont.

Non-invasive flat transitional cell carcinoma

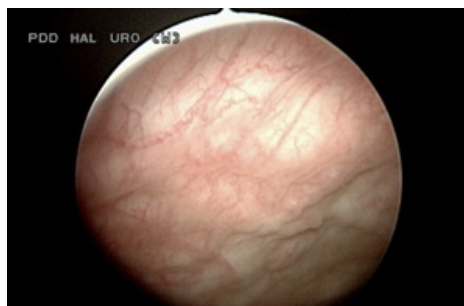
Confined to the mucosa

- Confined to epithelium – non-invasive (IS)
- Penetrated basement membrane to invade lamina propria – localized
- Distinction between involvement of epithelium and lamina propria cannot be determined – assign to “confined to mucosa, NOS” category
- Statements meaning confined to mucosa, NOS
 - Confined to mucosal surface
 - Limited to mucosa, no invasion of submucosa and muscularis
 - No infiltration/invasion of fibromuscular and muscular stroma
 - Superficial, NOS

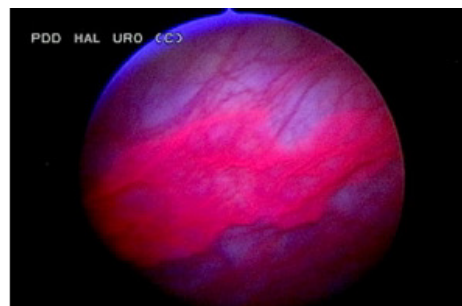
49

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Flat TCC



Bladder image using white light



Photodynamic diagnosis (PDD)
Same image after using blue light
cystoscopy

Photocure.com

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AJCC Rules for Classification

Clinical

- TURBT
- CT, MRI, PET for extravesical extension & LN

Pathological

Primary Tumor

- Radical or partial cystectomy
- Gross evaluation should be noted

Lymph nodes

- LN # and laterality does not matter
 - If no LNs removed, pNX

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AJCC - Clinical Findings

- Multiple tumors present
 - MD can record T_ + Suffix (m) or (#)
 - Example: 3 tumors, deepest in submucosa – T1(m) or T1(3)
 - Use “m” in descriptor field to indicate multiple tumors
- Bladder wall thickening **T3a?**
 - (per AJCC, just a mention of thickening is not enough to code T3a)
- Mobile mass **cT3**
- Fixed mass **cT4b**

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AJCC, SS2018, and EOD Primary Tumor

SS18	EOD	Description
0	000	Papillary TCC/UC Non-infiltrating/Non-invasive
		Papillary TCC/UC Stated to be non-invasive
		Papillary TCC/UC Inferred description of non-invasion
	050	Nonpapillary Carcinoma in situ, NOS
		Sessile (flat) (solid) carcinoma in situ
		TCC /UC in situ/non-infiltrating/non-invasive
		Multifocal papillary and nonpapillary in situ tumors

AJCC T: Based on whether papillary or flat

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AJCC, SS2018, and EOD Primary Tumor

SS18	EOD	Description
1	100	Confined to mucosa, NOS
	130	Lamina propria
		Stroma
		Subepithelial connective tissue
		Submucosa
		Subserosa
	Tunica propria	
	150	Localized, NOS
	Muscle (muscularis propria) of bladder only	
	200	Superficial muscle - inner half
300	Deep muscle - outer half Extension thru full thickness of bladder wall BUT still contained w/in wall	
370	Muscularis propria invaded, NOS	

AJCC T: Based on extension into bladder wall-subcategories for superficial versus deep muscle

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AJCC, SS2018, and EOD Primary Tumor

SS18	EOD	Description
2	Extension to distal ureter	
	170	Subepithelial connective tissue of bladder &/or distal ureter
	250	Superficial muscle of bladder &/or distal ureter
	350	Deep muscle or extension through wall of bladder and/or distal ureter
	400	Muscle (muscularis propria) invaded, NOS of bladder and/or distal ureter

AJCC T: Based on extension into bladder wall-subcategories for superficial versus deep muscle

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AJCC, SS2018, and EOD Primary Tumor

Extension to perivesical fat/tissues				
	SS18	EOD		
		MICRO	MACRO	NOS
Adventitia	2	Seen only under the microscope 450	Seen on imaging or in op note 500	Unknown if micro or macro 550
Distal periureteral tissue				
Periprostatic tissue				
Peritoneum				
Serosa (mesothelium) (to/thru)				
Tunica serosa (to/through)				

AJCC T: Distinguishes microinvasion versus macroinvasion using subcategories

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AJCC, SS2018, and EOD Primary Tumor

SS18	EOD	SS18	EOD
2	600	7	650
Parametrium		Large intestine	
Prostate, NOS		Rectum (male)	
Prostatic stroma		Small intestine	
Rectovesical/Denonvilliers' fascia		SS18	EOD
Seminal vesicle		7	720
Ureter (excl. distal ureter)		Abdominal wall	
Urethra (incl. prostatic urethra)		Bone	
Uterus		Colon	
Vagina		Pelvic wall	
Vas deferens		Pubic bone	
SS18	EOD	Rectum (female)	
2	700	Further contiguous extension	
Bladder is "fixed"			

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Exercise: cT, pT and , ycT, ypT; EOD Primary Tumor

Case Scenario

- Clinical T cT2
- Pathological T pT3a
- Post Therapy Clin T Blank
- Post Therapy Path T Blank
- EOD Primary Tumor 450

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Regional Lymph Nodes – Bladder

Regional Nodes in the True Pelvis

Perivesical

Internal iliac (hypogastric) [12]

Obturator [13]

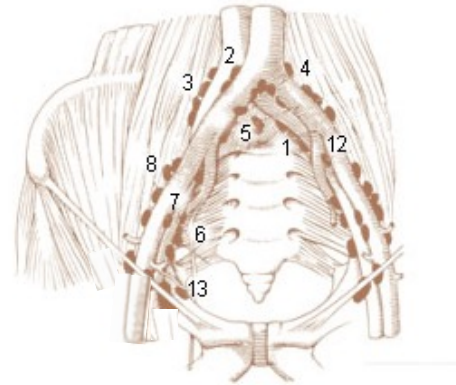
External iliac [6-8]

Presacral/sacral

Pelvic, NOS (all nodes within the true pelvis)

Regional Nodes Beyond True Pelvis

Common Iliac [1-5]



training.seer.cancer.gov/lymphoma/anatomy/chains/parietal-pelvis.html

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AJCC, SS2018, and EOD Regional Nodes

N	SS18	EOD	Description
Based on # pos. RLNs in true pelvis and whether Common Iliac LNs involved	*	000	No regional lymph node involvement
	3*	300	1 RLN in true pelvis (excludes common iliac)
	3*	400	>1 RLN in true pelvis (excludes common iliac)
	7	700	Common iliac lymph node(s) WITH or WITHOUT other regional lymph node(s)
	3*	800	Regional lymph node(s), NOS Lymph node(s), NOS
	*	999	Unknown; regional lymph node(s) not stated Regional lymph node(s) cannot be assessed Not documented in patient record Death Certificate Only

* Depends on regional extension and/or distant mets

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Exercise: cN, pN, and ypN; EOD Regional Nodes

•Clinical N	<u>cN0</u>
•Pathological N	<u>pN0</u>
•Post Therapy Clin N	<u>Blank</u>
•Post Therapy Path N	<u>Blank</u>
•EOD Regional Nodes	<u>000</u>

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AJCC, SS2018, and EOD Mets at Dx

M	SS18	EOD	Description
Based on whether distant LNs or other mets are present	-	00	No distant metastasis Unknown if distant metastasis
	7	10	Distant lymph node(s), NOS (Any LNs beyond common iliac)
	7	70	Carcinomatosis Distant metastasis WITH or WITHOUT distant lymph node(s) Distant metastasis, NOS
	9	99	Death Certificate Only

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Exercise: cM, pM, ycM and ypM; EOD Mets

•Clinical M	<u>cM0</u>
•Pathological M	<u>cM0</u>
•Post Therapy Clin M	<u>Blank</u>
•Post Therapy Path M	<u>Blank</u>
•EOD Mets	<u>00</u>

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Exercise: Prognostic Stage Group; SS2018

cT2 cN0 cM0	
Clinical Stage group	<u>II</u>
pT3a pN0 cM0	
Pathological Stage group	<u>IIIA</u>
SS2018	<u>2</u>

Leave both post-therapy prognostic stage group fields
blank since the patient did not have neoadjuvant therapy.

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Subcategories Available, but all you Have is the NOS (umbrella category)

When a T, N, or M subcategory is missing, but all subcategories of the T, N, or M category exist in a **single** prognostic stage group, assign the stage group (not 99) per the prognostic stage group table.

Bladder Example 1:

- T2a N0 M0 and T2b N0 M0 result in prognostic stage group II.
- If you have T2 N0 M0, assign prognostic stage group II.

Bladder Example 2:

- T3a N0 M0 and T3b N0 M0 result in prognostic stage group IIIA.
- If you have T3 N0 M0, assign prognostic stage group IIIA.

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Grade

Clinical
Pathological
Post-Therapy Clin
Post Therapy Path

66

66

Grade Timeframes

- Grade **Clinical**

- Info during “clinical” time frame
 - Usually bx or FNA
 - Before any treatment

- Grade Post-Therapy Clin (**yc**)

- Info after neoadjuvant or primary systemic/RT
- Bx or FNA

- Grade **Pathological**

- Info from a primary tumor that has been resected
- Includes clinical info

- Grade Post-Therapy Path (**yp**)

- Info from resected tumor POST neoadjuvant
- Includes yc info

Resection must meet AJCC surgical criteria for cancer site to assign grade pathological and grade post therapy

- Exception for pM1 (assign grade clinical in grade pathological field)

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Grade Table 19

CODE	GRADE DESCRIPTION
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated, undifferentiated, anaplastic
L	LG: Low-grade
H	HG: High-grade
9	Grade can't be assessed (GX); unknown

* G1, G2, G3 for Squamous cell & Adenocarcinoma

* L & H for Urothelial Histologies

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Bladder Case Scenario – Grade Fields

PATH: TURBT: high grade invasive sarcomatoid urothelial CA.
Segmental Resection of bladder dome tumor: low grade
invasive urothelial CA

Grade Clinical	<u>H</u>
Grade Pathological	<u>H</u>
Grade Post-therapy Clin	<u>Blank</u>
Grade Post-therapy Path	<u>Blank</u>

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SSDI

- NO assigned SSDI for bladder



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Treatment Issues

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Funny Codes

- 15 Intravesical therapy
- 16 BCG or other immunotherapy
- Also must code chemo or immuno

- Problem? If surgery done (codes 20 or higher), codes 15 or 16 don't go anywhere because larger surgery codes over-ride

72

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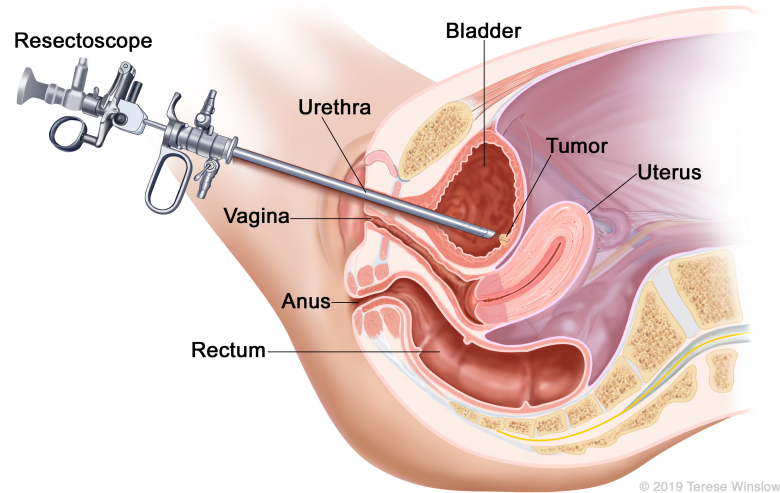
TURB

27 IF just TURB,
no fulguration

22 TURB +
fulguration
(electrocautery)

- Fulguration must be used to destroy tumor tissue, not just clean up

Transurethral Resection of Bladder Tumor (TURBT)



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Cystectomy Codes

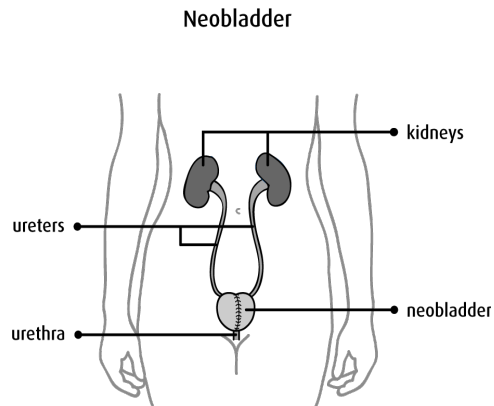
- 30 Partial
- 50 Simple/total
- 60 Complete w/reconstruction
 - 61 + ileal conduit
 - 62 + continent reservoir
 - 63 + abdominal pouch
 - 64 + in situ pouch (orthoptic)
- 70 Pelvic exenteration
 - 71 Radical including anterior exenteration (cystoprostatectomy males, hysterectomy females)
 - 72 Posterior (includes rectum & anus)
 - 73 Total (anterior + posterior)
 - 74 Extended (pelvic blood vessels and/or bony pelvis)

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Orthotopic neobladder (code 64)

- Bowel segment in spherical shape
- Attached to urethra (can still urinate)
- Only younger/healthier patients
- May require catheterization multiple times daily



<http://www.cancer.ca/en>

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Cystectomy

- Radical = Gold Standard
- Pouches made out of intestines
- Highest cure rates (>80% with T2)
 - Cure rates decrease with T3 or higher
- One of most morbid procedures for humans

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Urinary Diversion

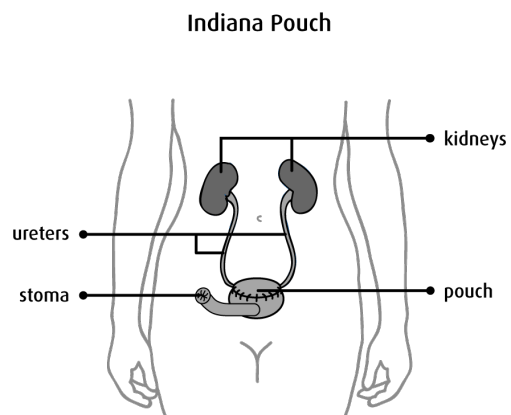
- Orthotopic (in same place)
 - Neobladder
- Non-orthotopic (someplace else)
 - Continent? Indiana pouch
 - Incontinent? Conduit

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Continent Cutaneous Urinary Diversion (Indiana Pouch – Code 63)

- Right colon & terminal ileum for pouch
- Ileocecal valve tightened & connected to skin as stoma
 - Has sphincter to prevent backflow
- No bag required
- Requires LOTS of care

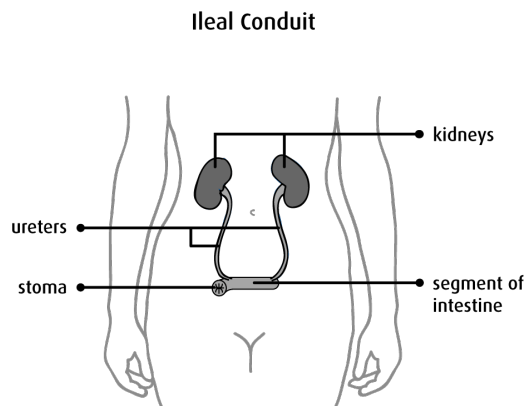


<http://www.cancer.ca/en>

78

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Incontinent Cutaneous Urinary Diversion (Ileal Conduit – Code 61)



<http://www.cancer.ca/en>

- Small segment ileum for pouch
- Bag required for constant flow of urine
- Lowest complication rate
- Most common diversion

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Lymphadenectomy

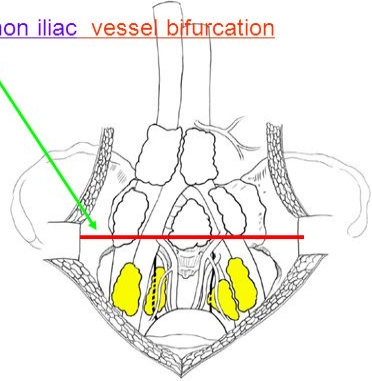
- If at least 10 LN removed, 5-year survival improved 44% to 61%
 - Improve staging info also
- OLD: remove iliac & obturator LN
- NEW: Include pre-sacral & common iliac LN

80

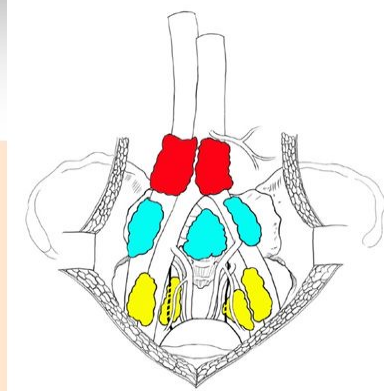
80

Pelvic Lymphadenectomy

common iliac vessel bifurcation



Standard LND



Extended LND

"Surgical Management of Invasive Bladder Cancer Yao Kai."

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Pelvic Exenteration

- Anterior
 - Males: removal prostate
 - Females: removal uterus, ovaries, entire vaginal wall, urethra
- Posterior
 - Males: removal prostate, rectum, anus
 - Females: removal vagina, rectum, anus
- Extended
 - Above plus pelvic blood vessels and/or bony pelvis

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Adjuvant Intravesical Tx for Early Stage

- WHEN?
 - Multifocal CIS
 - CIS + Ta or T1
 - Grade 3 tumors
 - Multifocal tumors
 - Rapid recurrence after TURBT
- Adjuvant treatments
 - Thiotepa
 - Doxorubicin
 - Gemzar
 - Mitomycin-C
 - BCG (w/ or w/o maintenance doses)
- Could be done in doctors' offices

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BCG

- Bacillus Calmette Guerin
 - Attenuated (weak) bovine tuberculosis (mycobacterium bovis)
- In other countries, BCG = TB vaccine
 - Makes PPD positive
- Given 1/week for 6 weeks
 - If no recur, then 3 weekly booster tx may be given q 3 mos

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BCG

- Must wait 2-3 weeks postop
- Cannot use when hematuria still present, traumatic cath present, UTI, or immunosuppressed
- If enters bloodstream, can lead to sepsis and/or death

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Mitomycin-C

- Antitumor antibiotic
- Can be instilled immediately after TURB
 - In O.R. or postop
 - Only if sure no perforation occurred
 - May not use if multiple lesions removed

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Gemzar

- Antimetabolite
- Can be instilled immediately after or w/in 24 hours of TURB
 - In O.R. or postop
 - Exclusions
 - Presence of gross hematuria
 - Presence of untreated UTI
 - Suspected bladder perforation

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ChemoRadiation

- Low cure rate
- MVAC hard on patients
 - Gemzar/Cisplat maybe easier
- RT changes bladder cells, may increase complications
- 1/3 patients get cystectomy after chemoRT

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Immunotherapy

- PD-1/PD-L1 drugs (for recurrence, soon for first-line therapy?)
 - pembrolizumab (Keytruda)
 - nivolumab (Opdivo)
 - atezolizumab (Tecentriq)
 - avelumab (Bavencio)
 - durvalumab (Imfinzi).

89

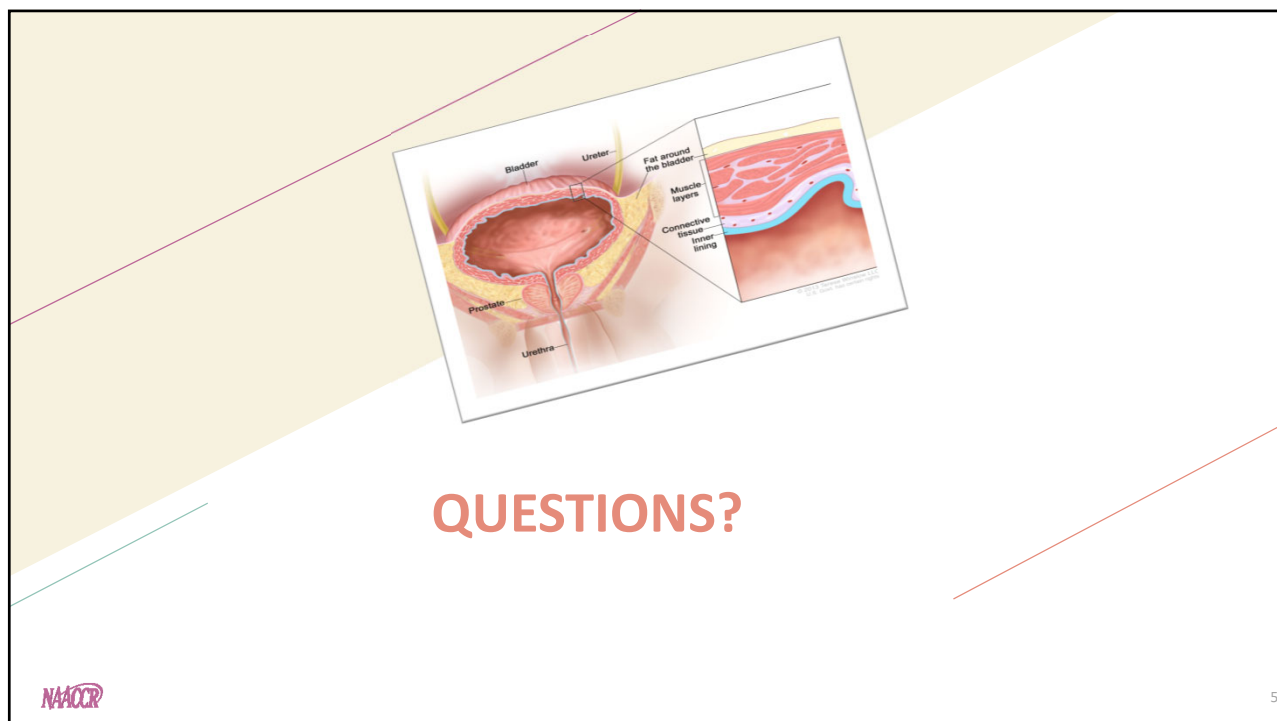
89

The End



90

90



Coming UP...

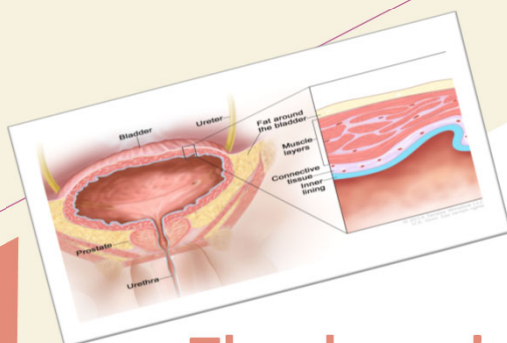
- Treatment 2021
 - Guest Host: Wilson Apollo, CTR
 - 12/2/21
- Lung 2021
 - Guest Host: Vicki Hawhee, CTR
 - 1/6/22

CE Certificate Quiz/Survey

CE Phrase

Link

<https://survey.alchemer.com/s3/6563850/Bladder-2021>



Thank you!

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