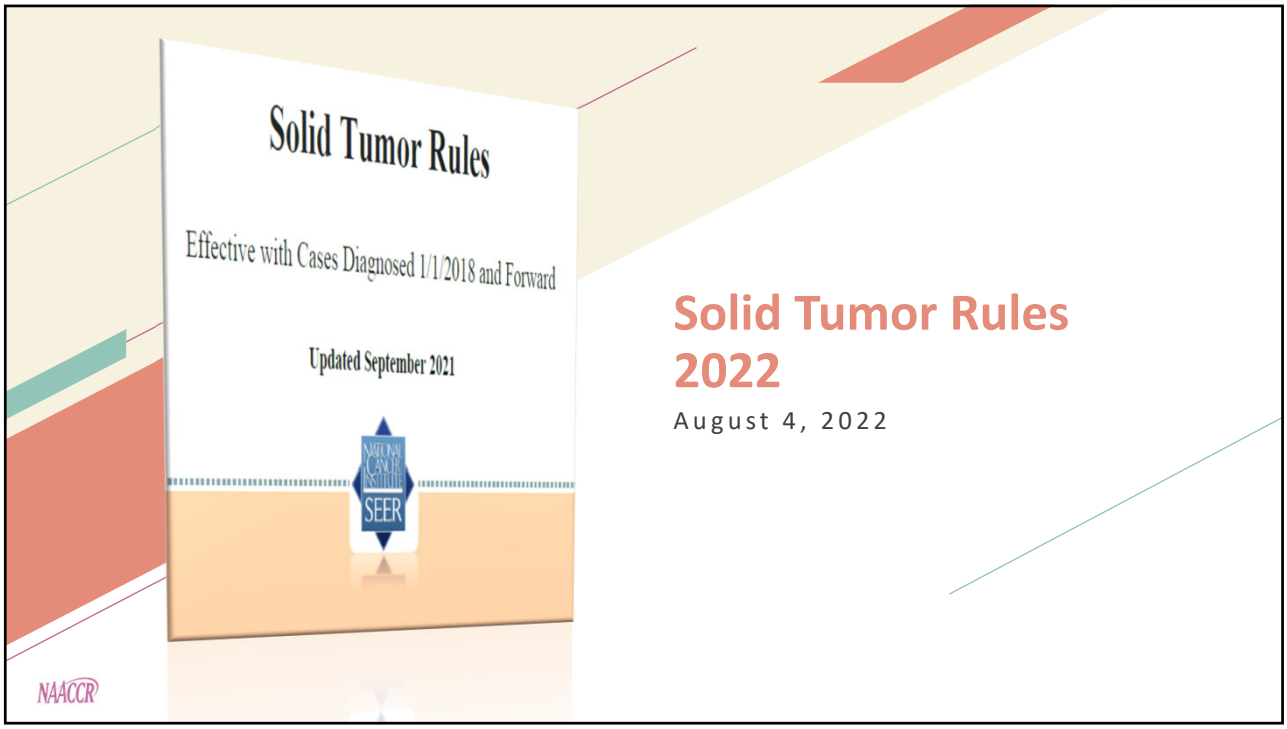


Solid Tumor Rules 2022

August 4, 2022

1

Q&A

Please submit all questions 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.

NAACCR

2

2

Fabulous Prizes



NAACCR 3

3

Guest Presenter

- Louanne Currence, RHIT, CTR
- Denise Harrison, BS, CTR
- Lois Dickie, CTR

NAACCR 4

4

Highlights of the Solid Tumor Rules

NAACCR August 2022

Based on September 2021 release of Solid Tumor Rules

Solid Tumor Rules

- Using the Solid Tumor Rules
- Terms and Definitions
- Table Reading
- Common Multiple Primary Rules
- Common Histology Instructions
- Helpful Tables/Illustrations

STR and MPH based on dx year

Complete 2018 Solid Tumor Manual (2018+)

- General Instructions (2018+)
- Head & Neck (2018+)
- Colon (2018+)
- Lung (2018+)
- Breast (2018+)
- Kidney (2018+)
- Urinary Sites (2018+)
- Urinary Sites (2018+)
- Malignant CNS and Peripheral Nerves (2018+)
- Non-Malignant CNS Tumors (2018+)
- Cutaneous Melanoma (2021+)
- **2007 MPH Other Sites (2007 - 2022)**
- **2007 General Instructions**

2007 Cutaneous Melanoma MPH (2007 - 2020)

- Use the 2007 General Instructions

Download the Solid Tumor Rules

https://seer.cancer.gov/tools/solidtumor/

- 2018 Solid Tumor Rules (Updated September, 2021)
  - **Complete 2018 Solid Tumor Manual** download includes:
    - 2018 General Instructions
    - All site groups from original Solid Tumor Manual
    - 2021 Cutaneous Melanoma Rules
    - 2007 General Instructions
    - 2007 Other Sites Rules
- 2007 MPH Cutaneous Melanoma Rules(2007-2020) https://seer.cancer.gov/tools/mphrules/download.html

Download versus Linking to the STR

Feature	PDF Download	Direct Link
Make and save notes to PDF	✅	❌
Most current version	❌	✅
Thumbnails	✅	✅
Bookmarks	✅	✅ (In Desktop App)
Available without internet	✅	❌

Using the Solid Tumor Rules

1. **Read the General Instructions**
2. **Apply the Multiple Primary (MP) Rules to Determine the # of Primaries**
   - Start with the first rule in the appropriate module and **stop** at the first rule that describes your case:
     - Unknown if single or multiple tumors
     - Single tumor
     - Multiple tumors (**may need to use Histology (H) rules to assign a working histology to each tumor BEFORE applying the M rules**)
3. **Apply the Histology Rules (to each primary separately)**
   - Start with the first rule in the appropriate module and **stop** at the first rule that describes your case
     - Modules vary by site group, but all have:
       - Single tumor
       - Multiple tumors abstracted as a single primary

may need to use Histology (H) rules to assign a working histology to each tumor

Table Reading 101

Histology Tables – Rows & Columns

(Breast) Table 3: Specific Histologies, NOS/ NST, and Subtypes/Variants

	Specific and NOS/NST Terms and Codes	Synonyms	Subtypes/Variants
1	**Lobular carcinoma 8520** (1st row)	Alveolar lobular carcinoma Classic lobular carcinoma Intraductal papilloma with lobular carcinoma in situ **8520/2** Invasive lobular carcinoma, alveolar type/variant **8520/3** Invasive lobular carcinoma, solid type **8520/3** Lobular carcinoma in situ **8520/2** Lobular carcinoma with cribriform features Mixed lobular carcinoma (lobular carcinoma NOS and one or more variants of lobular carcinoma) Invasive pleomorphic lobular carcinoma **8520/3** Solid lobular carcinoma Tubulolobular carcinoma	Pleomorphic lobular carcinoma in situ **8519/2*** ***Note:*** 8519/2 is a new code for in situ /2 tumors only.
2	**Medullary carcinoma 8510**	MC (2nd row)	Atypical medullary carcinoma (AMC) **8513**

Histology Tables – Behavior Codes & Asterisks

(Breast) Table 3: Specific Histologies, NOS/ NST, and Subtypes/Variants

Specific and NOS/NST Terms and Codes	Synonyms	Subtypes/Variants
Lobular carcinoma 8520	Alveolar lobular carcinoma Classic lobular carcinoma Intraductal papilloma with lobular carcinoma in situ **8520/2** Invasive lobular carcinoma, alveolar type/variant **8520/3** Invasive lobular carcinoma, solid type **8520/3** Lobular carcinoma in situ **8520/2** Lobular carcinoma with cribriform features Mixed lobular carcinoma (lobular carcinoma NOS and one or more variants of lobular carcinoma) Invasive pleomorphic lobular carcinoma **8520/3** Solid lobular carcinoma Tubulolobular carcinoma	Pleomorphic lobular carcinoma in situ **8519/2*** ***Note:*** 8519/2 is a new code for in situ /2 tumors only.
Medullary carcinoma 8510	MC	Atypical medullary carcinoma (AMC) **8513**

Specific versus NOS Histology

(Urinary) Table 1: Specific Histologies, NOS, and Subtypes/Variants

	Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
1	Adenocarcinoma NOS 8140 ***Note***: 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**
2	Malignant melanoma **8720/3**		
3	Malignant perivascular epithelioid cell tumor **8714/3**	Malignant PEComa	
4	Sarcoma NOS **8800/3** ***Note:*** 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**
5	Small cell neuroendocrine carcinoma 8041	Neuroendocrine carcinoma SmCC	Large cell neuroendocrine tumor **8013** Well-differentiated neuroendocrine tumor 8240
6	Squamous cell carcinoma 8070	Pure squamous cell carcinoma SCC	Verrucous carcinoma 8051

Specific and NOS, Synonyms & Subtypes/Variants

(Colon) Table 1: Specific Histologies, NOS, and Subtypes/Variants

Specific and NOS Term and Code	Synonyms for Specific or NOS Term	Subtypes/Variants
Adenocarcinoma 8140 *Note 1*: See Histology Rules for instructions on coding adenocarcinoma **subtypes/variants** arising in a polyp *Note 2*: When the term **intestinal adenocarcinoma** is used to describe a colon primary, it simply means the **appearance** is	Adenocarcinoma, NOS Adenocarcinoma/carcinoma in a polyp NOS (now coded to 8140) Adenocarcinoma/carcinoma in adenomatous polyp (now coded to 8140) Adenocarcinoma/carcinoma in polypoid adenoma (now coded to 8140) Adenocarcinoma/carcinoma in serrated adenoma (now coded to 8140) Adenocarcinoma and mucinous carcinoma, mucinous documented as less than 50% of tumor OR percentage of mucinous	Adenoid cystic carcinoma **8200** Cribriform comedo-type carcinoma/ adenocarcinoma, cribriform comedo-type **8201*** Diffuse adenocarcinoma/carcinoma **8145** Linitis plastica **8142/3** Medullary adenocarcinoma/carcinoma **8510** Micropapillary carcinoma **8265*** Mucinous/colloid adenocarcinoma/carcinoma **8480** Mucoepidermoid carcinoma **8430** Serrated adenocarcinoma **8213***

NOS, Synonyms, and Subtypes

(Breast) Table 3: Specific Histologies, NOS/ NST, and Subtypes/Variants

Specific and NOS/NST Terms and Code	Synonyms	Subtypes/Variants
Sarcoma NOS 8800/3	Subtype of Sarcoma & NOS	Angiosarcoma **9120/3**
Note 1: Angiosarcoma **9120/3** is also a NOS with the following subtypes/variants: Lymphangiosarcoma 9170/3 Malignant hemangioendothelioma 9130/3	Synonyms of Angiosarcoma Subtypes of Angiosarcoma	Epithelioid angiosarcoma Hemangiosarcoma Lymphangiosarcoma **9170/3** Malignant hemangioendothelioma **9130/3**
***Note 2*:** Rhabdomyosarcoma **8900/3** is also a NOS with the following subtypes/variants: Alveolar type rhabdomyosarcoma **8920/3** Embryonal type rhabdomyosarcoma **8910/3** Pleomorphic rhabdomyosarcoma **8901/3**		Liposarcoma **8850/3** Leiomyosarcoma **8890/3** Osteosarcoma **9180/3**
	Subtype of Sarcoma, NOS	Rhabdomyosarcoma **8900/3**
	Subtypes of Rhabdomyosarcoma	Alveolar type **8920/3** Embryonal type **8910/3** Pleomorphic **8901/3**

NOS, Synonyms, and Subtypes in Column 3

(Urinary) Table 1: Specific Histologies, NOS, and Subtypes/Variants

Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
Urothelial carcinoma **8120** *Note 1:* Previously called **transitional cell** carcinoma, a term that is no longer recommended. *Note 2:* 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 (Subtype of 8120 in col. 1) in situ **8130/2** invasive **8130/3** Micropapillary urothelial carcinoma **8131/3** (Subtype of 8130 in col 3) Poorly differentiated carcinoma **8020/3** Sarcomatoid urothelial carcinoma **8122/3**

The M Rules

How to Use the M Rules

- Choose site-specific rules or Other Site rules, as appropriate to primary site
- Choose the appropriate module (do not count metastatic lesions!)
- Determine the # of primaries (don't include metastatic lesions)
- If single, prepare 1 abstract; if multiple, prepare abstract for each primary

Available Modules	# Tumors*
Unknown if Single or Multiple Tumors	# Unknown –or– # Not documented
Single tumor	1 tumor
Multiple tumors	≥ 2 tumors

*Ignore microscopic foci when determining the # of tumors

Mets versus Recurrence

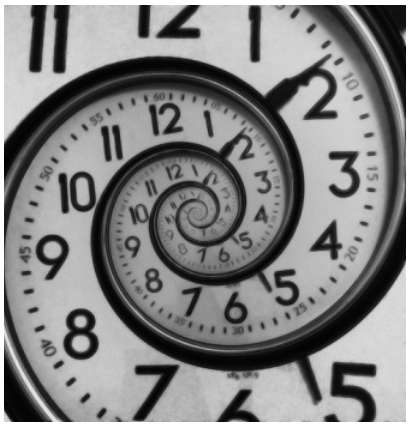
- Ductal CA of the Lt breast, dx/tx in 2016 w/ lumpectomy and SLNbx now (2022) presents with ductal CA in Ax LN. PE and imaging negative for any new mass(es) in either breast.
  - Do NOT apply the M rules. This represents RLN mets. The LN mets have the same histology as the original breast tumor. Update the follow-up fields.
- History of ductal CA of Rt breast, dx/tx in 2018 with lumpectomy and SLN bx presents in 2022 with lung mass. Bx of mass reveals metaplastic breast CA. PE and imaging negative for any new mass(es) in either breast.
  - Apply the breast M rules. There is no mention of a new mass in the Lt breast; however, the bx said it is metaplastic breast cancer. According to breast M14, these histologies are on different rows of table 3; therefore, the metaplastic carcinoma is a new primary.

Common M Rules

- M1 Abstract a **single primary** when it is not possible to determine if there is a **single** tumor or **multiple** tumors.
- M2 (M3 in breast rules) Abstract a **single primary** when there is a **single tumor**.
- A single tumor is always a **single primary**
  - Exception for collision tumors (use multiple tumors module)
- Separate non-contiguous tumors in ICD-O sites that differ at the 2nd C**X**x.x or 3rd Cx**X**.x character are **multiple primaries**

Common Timing Rules

- Timing Rules
  - Address the following situations for multiple tumors
    - In situ after invasive
    - Invasive after in situ
    - Subsequent tumor after being clinically disease free after a specified period of time
      - Time interval varies by site group
      - N/A to CNS rules
    - Anastomotic recurrence (colon rules only)



M Rules Related to In Situ and Invasive

- No in situ tumors in CNS/intracranial sites, therefore, no M rules related to in situ and invasive tumors
- Use the M rules in order; do NOT "shop" the rules to get to the in situ and invasive rules

M Rules Related to In Situ and Invasive

Single Primary	Abstract a single primary (**the invasive**) when an in situ tumor is diagnosed after an invasive tumor	Paired sites – also has to be same laterality
Single Primary	Abstract a single primary (**the invasive**) when an invasive tumor is diagnosed less than or equal to 60 days after an in situ tumor	Paired sites– also has to be same laterality
Multiple Primaries	Abstract multiple primaries when an invasive tumor occurs more than 60 days after an in situ tumor	Laterality doesn't matter

N/A to CNS rules

Recurrence After Clinically Disease-Free Period

Clinically disease free = no evidence of recurrence on follow-up (site-specific criteria)

If patient has recurrence **BEFORE** timing rule has passed, CLOCK starts over (Keep reading the rules!)

- Clock reset can happen multiple times
- Year = 1 calendar year APART
  - 1/1/XX to 1/1/YY = 1 calendar year apart
  - 1/1XX to 1/2/YY = new calendar year
  - Leap year doesn't matter

Bilateral Involvement of a Paired Site by Separate Non-contiguous Tumors

Bilateral Involvement by Separate Non-Contiguous Tumors	# of Primaries
Breast – Inflammatory Carcinoma	Single Primary (M3)
Head and Neck	Multiple Primaries (M5)
Kidney – Nephroblastomas	Single Primary (M4)
Lung – Depends on presentation	See M9 and M11
Other Sites – Retinoblastoma; Kaposi (any site/sites)	Single Primary
Renal Pelvis (no other urinary sites involved)	Multiple primaries
Ureters (no other urinary sites involved)	Multiple primaries
Cutaneous Melanoma	Multiple primaries
CNS (in **brain** w/ same histology)	Single Primary

Common M Rules Related to Tables: Specific Histos, NOS/ NST, and Subtypes/Variants

1

Abstract **multiple primaries** when **S**eparate/**N**on-**C**ontiguous tumors are on **different rows** in **Table _** in the Equivalent Terms and Definitions. (Not in cutaneous melanoma rules - 1 row only)

2

Abstract **multiple primaries** when S/N-C tumors are 2 or more **different subtypes/variants** in Column 3 of **Table _** in the Equivalent Terms and Definitions.

3

Abstract a **single primary** when **synchronous**, S/N-C tumors are on the **same row** in **Table _** in the Equivalent Terms and Definitions.

- Same laterality

S/N-C Tumors on Different Rows (any column) are Multiple Primaries

	Specific or NOS Histology Term and Code	Synonym of Specific or NOS	Subtype/variant of NOS and Code
1	**Sarcoma NOS 8800/3**		Biphasic synovial sarcoma **9043/3** Epithelioid cell synovial sarcoma **9042/3** Pulmonary artery intimal sarcoma/low-grade malignant myxoid endobronchial tumor **9173/3** Pulmonary myxoid sarcoma with EWSR1 - CREB1 translocation **8842/3** Spindle cell synovial sarcoma **9041/3** Synovial sarcoma **9040/3**
2	**Small cell carcinoma 8041/3** *Note 1:* This row applies to neuroendocrine tumors (NET). *Note 2:* Large cell carcinoma with neuroendocrine differentiation lacks NE morphology and is coded as large cell carcinoma, not large cell neuroendocrine carcinoma.	Reserve cell carcinoma Round cell carcinoma SCLC Small cell carcinoma NOS Small cell neuroendocrine carcinoma	Atypical carcinoid **8249/3** Combined small cell carcinoma **8045/3** Large cell neuroendocrine carcinoma/combined large cell neuroendocrine carcinoma **8013/3** Typical carcinoid **8240/3** Neuroendocrine carcinoma, NOS Well-differentiated neuroendocrine carcinoma
3	**Spindle cell carcinoma 8032**		

This rule is **not** in the 2021 cutaneous melanoma STRs because there is only a **single row** in that histology table.

S/N-C Tumors on Different Rows (any column) are Multiple Primaries

	Specific or NOS Term and Code	Synonyms	Subtypes/Variants
1	**Adenoid cystic carcinoma 8200**	ACC (rare)	
2	**Chondrosarcoma 9220**	Chondrosarcoma grade 2/3 Chondrosarcoma NOS	
3	**Liposarcoma 8850**	Atypical lipomatous tumor Well-differentiated liposarcoma	
4	**Squamous cell carcinoma (SCC) 8070**	Epidermoid carcinoma Squamous cell carcinoma NOS	Adenosquamous carcinoma (ASC) **8560** Basaloid squamous cell carcinoma (BSCC) **8083** Lymphoepithelial carcinoma (LEC)/lymphoepithelioma-like carcinoma **8082** Papillary squamous cell carcinoma (PSCC) **8052** Spindle cell squamous cell carcinoma (SC-SCC) **8074** Verrucous squamous cell carcinoma (VC) **8051**
5	**Well-differentiated neuroendocrine carcinoma 8240**	Carcinoid Neuroendocrine carcinoma grade 1	Large cell neuroendocrine carcinoma/LCNEC **8013** Neuroendocrine carcinoma grade 2/moderately-differentiated neuroendocrine carcinoma/atypical carcinoid **8249** Small cell neuroendocrine carcinoma/small cell carcinoma/SmCC **8041**

This rule is **not** in the cutaneous melanoma STRs because there is only a single row in that histology table.

S/N-C Tumors of Different Subtypes (same or different NOS) in Column 3 are Multiple Primaries

	Specific or NOS Histology Term and Code	Synonym of Specific or NOS	Subtype/variant of NOS and Code
1	**Sarcoma NOS 8800/3**		Biphasic synovial sarcoma **9043/3** Epithelioid cell synovial sarcoma **9042/3** Pulmonary artery intimal sarcoma/low-grade malignant myxoid endobronchial tumor **9137/3** Pulmonary myxoid sarcoma with EWSR1 - CREB1 translocation **8842/3** Spindle cell synovial sarcoma **9041/3** Synovial sarcoma **9040/3**
2	**Small cell carcinoma 8041/3** ***Note 1:*** This row applies to neuroendocrine tumors (NET). ***Note 2:*** Large cell carcinoma with neuroendocrine differentiation lacks NE morphology and is coded as large cell carcinoma, not large cell neuroendocrine carcinoma.	Reserve cell carcinoma Round cell carcinoma SCLC Small cell carcinoma NOS Small cell neuroendocrine carcinoma	Atypical carcinoid **8249/3** Combined small cell carcinoma **8045/3** Typical carcinoid **8240/3** Neuroendocrine carcinoma, NOS Well-differentiated neuroendocrine carcinoma

S/N-C Tumors of Different Subtypes in Column 3 (same or different NOS) are Multiple Primaries

	Specific or NOS Term and Code	Synonyms	Subtypes/Variants
1	**Adenoid cystic carcinoma 8200**	ACC (rare)	
2	**Chondrosarcoma 9220**	Chondrosarcoma grade 2/3 Chondrosarcoma NOS	
3	**Liposarcoma 8850**	Atypical lipomatous tumor Well-differentiated liposarcoma	
4	**Squamous cell carcinoma (SCC) 8070**	Epidermoid carcinoma Squamous cell carcinoma NOS	Adenosquamous carcinoma (ASC) **8560** Basaloid squamous cell carcinoma (BSCC) **8083** Lymphoepithelial carcinoma (LEC)/lymphoepithelioma-like carcinoma **8082** Papillary squamous cell carcinoma (PSCC) **8052** Spindle cell squamous cell carcinoma (SC-SCC) **8074** Verrucous squamous cell carcinoma (VC) **8051**
5	**Well-differentiated neuroendocrine carcinoma 8240**	Carcinoid Neuroendocrine carcinoma grade 1	Large cell neuroendocrine carcinoma/LCNEC **8013** Neuroendocrine carcinoma grade 2/moderately-differentiated neuroendocrine carcinoma/atypical carcinoid **8249** Small cell neuroendocrine carcinoma/small cell carcinoma/SmCC **8041**

Same NOS (SCC)

Different NOS (SCC & WD NEC)

Synchronous S/N-C Tumors on Same Row are a Single Primary

The **same row** means the tumors are:

1. The same histology (same four-digit ICD-O code)
   - One is the preferred term (column 1) and the other is a synonym for the preferred term (column 2)
   - One is the preferred term (column 3) and the other is a synonym for the preferred term (column 3)
   - Different synonyms of the same preferred term
2. OR a NOS (column 1/column 2) and the other is a subtype/variant of that NOS (column 3) **OR**
3. OR a NOS histology in column **3** with an indented subtype/variant

Synchronous S/N-C Tumors on Same Row are a Single Primary: #1 - Same Histology

	Specific or NOS Histology Term and Code	Synonym of Specific or NOS	Subtype/variant of NOS and Code
1	**Sarcoma NOS 8800/3**		Biphasic synovial sarcoma **9043/3** Epithelioid cell synovial sarcoma **9042/3** Pulmonary artery intimal sarcoma/low-grade malignant myxoid endobronchial tumor **9137/3** Pulmonary myxoid sarcoma with EWSR1 - CREB1 translocation **8842/3** Spindle cell synovial sarcoma **9041/3** Synovial sarcoma **9040/3**
2	**Small cell carcinoma 8041/3** ***Note 1:*** This row applies to neuroendocrine tumors (NET). ***Note 2:*** Large cell carcinoma with neuroendocrine differentiation lacks NE morphology and is coded as large cell carcinoma, not large cell neuroendocrine carcinoma.	Reserve cell carcinoma Round cell carcinoma SCLC Small cell carcinoma NOS Small cell neuroendocrine carcinoma	Atypical carcinoid **8249/3** Combined small cell carcinoma **8045/3** Typical carcinoid **8240/3** Neuroendocrine carcinoma, NOS Well-differentiated neuroendocrine carcinoma

Synchronous S/N-C Tumors on Same Row are a Single Primary: #2 – NOS and Subtype/Variant

	Specific or NOS Histology Term and Code	Synonym of Specific or NOS	Subtype/variant of NOS and Code
1	**Sarcoma NOS 8800/3**		Biphasic synovial sarcoma **9043/3** Epithelioid cell synovial sarcoma **9042/3** Pulmonary artery intimal sarcoma/low-grade malignant myxoid endobronchial tumor **9137/3** Pulmonary myxoid sarcoma with EWSR1 - CREB1 translocation **8842/3** Spindle cell synovial sarcoma **9041/3** Synovial sarcoma **9040/3**
2	**Small cell carcinoma 8041/3** ***Note 1:*** This row applies to neuroendocrine tumors (NET). ***Note 2:*** Large cell carcinoma with neuroendocrine differentiation lacks NE morphology and is coded as large cell carcinoma, not large cell neuroendocrine carcinoma.	Reserve cell carcinoma Round cell carcinoma SCLC Small cell carcinoma NOS Small cell neuroendocrine carcinoma	Atypical carcinoid **8249/3** Combined small cell carcinoma **8045/3** Typical carcinoid **8240/3** Neuroendocrine carcinoma, NOS Well-differentiated neuroendocrine carcinoma

Synchronous S/N-C Tumors on Same Row are a Single Primary: #3 – Indented Subtype Col. 3

	Specific and NOS/NST Terms and Code	Synonyms	Subtypes/Variants
1	**Phyllodes tumor, malignant 9020/3**	Cystosarcoma phyllodes, malignant Periductal stromal tumor, low grade	
2	**Polymorphous carcinoma 8525**		
3	**Sarcoma NOS 8800/3** ***Note 1:*** Angiosarcoma **9120/3** is also a NOS with the following subtypes/variants: Lymphangiosarcoma 9170/3 Malignant hemangioendothelioma 9130/3 ***Note 2*: ** Rhabdomyosarcoma **8900/3** is also a NOS with the following subtypes/variants: Alveolar type rhabdomyosarcoma **8920/3** Embryonal type rhabdomyosarcoma **8910/3** Pleomorphic rhabdomyosarcoma **8901/3**		Angiosarcoma **9120/3** Epithelioid angiosarcoma Hemangiosarcoma Lymphangiosarcoma **9170/3** Malignant hemangioendothelioma **9130/3** Liposarcoma **8850/3** Leiomyosarcoma **8890/3** Osteosarcoma **9180/3** Rhabdomyosarcoma **8900/3** Alveolar type **8920/3** Embryonal type **8910/3** Pleomorphic **8901/3**

Review: Same Row - Same Histology

	Specific and NOS/NST Terms and Code	Synonyms	Subtypes/Variants
1	**Phyllodes tumor, malignant 9020/3**	Cystosarcoma phyllodes, malignant Periductal stromal tumor, low grade	
2	**Polymorphous carcinoma 8525**		
3	**Sarcoma NOS 8800/3** ***Note 1:*** Angiosarcoma **9120/3** is also a NOS with the following subtypes/variants: Lymphangiosarcoma 9170/3 Malignant hemangioendothelioma 9130/3 ***Note 2*: ** Rhabdomyosarcoma **8900/3** is also a NOS with the following subtypes/variants: Alveolar type rhabdomyosarcoma **8920/3** Embryonal type rhabdomyosarcoma **8910/3** Pleomorphic rhabdomyosarcoma **8901/3**		Angiosarcoma **9120/3** Epithelioid angiosarcoma Hemangiosarcoma Lymphangiosarcoma **9170/3** Malignant hemangioendothelioma **9130/3** Liposarcoma **8850/3** Leiomyosarcoma **8890/3** Osteosarcoma **9180/3** Rhabdomyosarcoma **8900/3** Alveolar type **8920/3** Embryonal type **8910/3** Pleomorphic **8901/3**

	Specific or NOS Term and Code	Synonyms	Subtypes/Variants
1	**Acinic cell carcinoma 8550**	ACC Acinar cell carcinoma Acinic cell adenocarcinoma	
2	**Adenocarcinoma 8140**	Adenocarcinoma NOS Unclassified adenocarcinoma Salivary gland adenocarcinoma NOS	Basal cell adenocarcinoma 8147 Basal cell adenocarcinoma-ex-monomorphic adenoma **8147** Malignant dermal analogue tumor **8147** Carcinoma ex-pleomorphic adenoma **8941** Clear cell carcinoma (CCC)/hyalinizing clear cell carcinoma **8310** Cribriform adenocarcinoma **8201** Intestinal-type adenocarcinoma **8144** Large cell carcinoma NOS/large cell undifferentiated carcinoma **8012** Lobular carcinoma **8520** Mucinous cystadenocarcinoma **8470** Mucoepidermoid carcinoma (MEC)/malignant mucoepidermoid tumor **8430** Papillary cystadenocarcinoma **8450** Polymorphous adenocarcinoma (PAC) **8525** Polymorphous low-grade adenocarcinoma **8525** Terminal duct carcinoma **8525** Salivary duct carcinoma **8500** Cribriform cystadenocarcinoma low-grade **8500/2** Ductal carcinoma/adenocarcinoma **8500** High-grade ductal carcinoma **8500** Intraductal carcinoma **8500/2** Intraductal carcinoma low-grade **8500/2** Undifferentiated carcinoma 8020

Same Row, continued

Last M Rule in All Site Group Rules

- Abstract a **single primary** when none of the previous rules apply
  - Use this rule as a last resort. Please confirm that you have not overlooked an applicable rule.

The H Rules

Common Rules

- **One Histologic Type**
  - Code the histology when only **one histologic type** is present
- **In situ and invasive present in a single tumor**
  - Code the **invasive** histology
- In situ and invasive when multiple tumors abstracted as a single primary

Priority Order for Using Documents to ID 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

Exception: If the initial diagnosis is based on histology from **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

For breast primaries, you cannot determine if histology comprises greater than 90% of the tumor by these diagnostic methods.

Histologic Type – Priority Lists

- **Priority ord**er for using documentation to identify histology **varies** by site, but includes the following:
  - **Biomarkers** that identify histology (CNS rules ONLY)
  - Tissue/path from **primary** site
    - Addenda/comments > Final Dx/CAP Synoptic Report > CAP Protocol
  - **Cytology**
  - Tissue/path from **metastatic** site
  - **Scans** (may or may not have priority order)
  - Physician **documentation**
    - Treatment plan > Tumor board > MR documentation referencing original path/cytol/scan > Physician reference to cancer type (histo) in MR

Coding Histology

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

EXCEPTIONS: **Breast** (*special* rules) and **Malignant & Non-malignant CNS** (resection has priority)

- Code the **invasive** histology 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)

Coding Histology (Single Tumor)
#1 and 2 do **not** apply to **Breast** Rules

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

*Terms A-C must describe a carcinoma**

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*
- *Melanoma in the Cutaneous melanoma rules.*
- *Reportable CNS tumor in the Malignant and Nonmalignant CNS rules*

Practice – Most Specific Histology

1. **Bladder: AdenoCA NOS 8140 w/ majority endometrioid CA 8380**
   A. Adenocarcinoma 8140
   B. Endometrioid 8380
2. **Lung: Small cell neuroendocrine CA NOS 8041 w/ minority atypical carcinoid 8249**
   A. Small cell neuroendocrine CA NOS 8041
   B. Atypical carcinoid 8249
3. **Melanoma** with a nodular **component**.
   A. Melanoma NOS 8720/3
   B. Nodular melanoma 8721/3

Coding Histology (Single Tumor)

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

Coding Histology

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
- Pattern

Terms in instruction 4 are included with ”Terms that Do Not Describe the Majority of the tumor in the Breast rules.

Practice – Ambiguous Terms

1. **Non-small cell carcinoma, most likely adenocarcinoma**
   (Oncologist orders chemo for “pt’s dx of adenoCA”)
   A. 8046/3 Non-small cell CA, NOS
   B. 8140/3 Adenocarcinoma
2. **Renal cell carcinoma kidney, compatible with clear cell**
   A. 8310/3 Renal cell CA, clear cell type
   B. 8312/3 Renal cell CA, NOS
3. **Hepatocellular carcinoma, consistent w/clear cell type**
   A. 8170/3 Hepatocellular CA, NOS
   B. 8174/3 Hepatocellular CA, clear cell type

Practical Approach to Assigning Histology

Solid Tumors

1. Solid tumor "H" rules
   - Tables may not have all terminology listed
   - Other sites rules don't currently have histology tables
2. ICD-O-3.2
   - If pre-2021 dx, consult update table 6 or 7 (or use annotated histology list) to confirm correct histology/behavior
   - If 2022+ dx, consult 2022 alpha or numeric table
3. Check SEER SINQ for previously answered question
4. Ask a SEER Registrar

Specials Rules Useful Resources

Breast

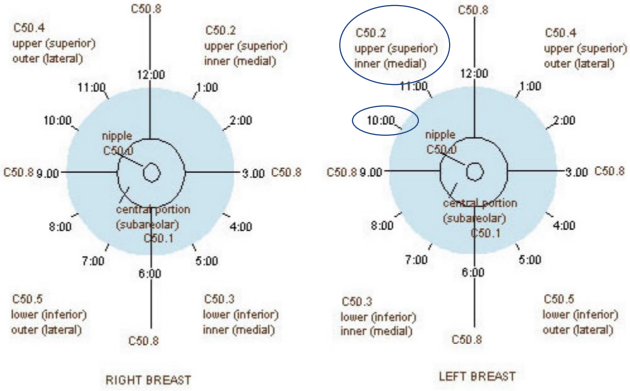
Breast Table 1: Primary Site Codes Sample

Terms used in mammogram, clinical diagnosis, op report, path reports

Terms and Descriptive Language	Site Term and Code
Above nipple Area extending 1 cm around areolar complex Behind the nipple Below the nipple Beneath the nipple Central portion of breast Cephalad to nipple Infra-areolar Lower central Next to areola NOS Next to nipple Paget disease **with** underlying tumor Retroareolar Subareolar Under the nipple Underneath the nipple	Central portion of breast C501

Refer to the SEER Coding Manual for a priority list for using documents such as mammograms, operative reports, and pathology reports to determine the tumor **location**.

Breast: Clock Diagram



Breast: 27 Histology Rules

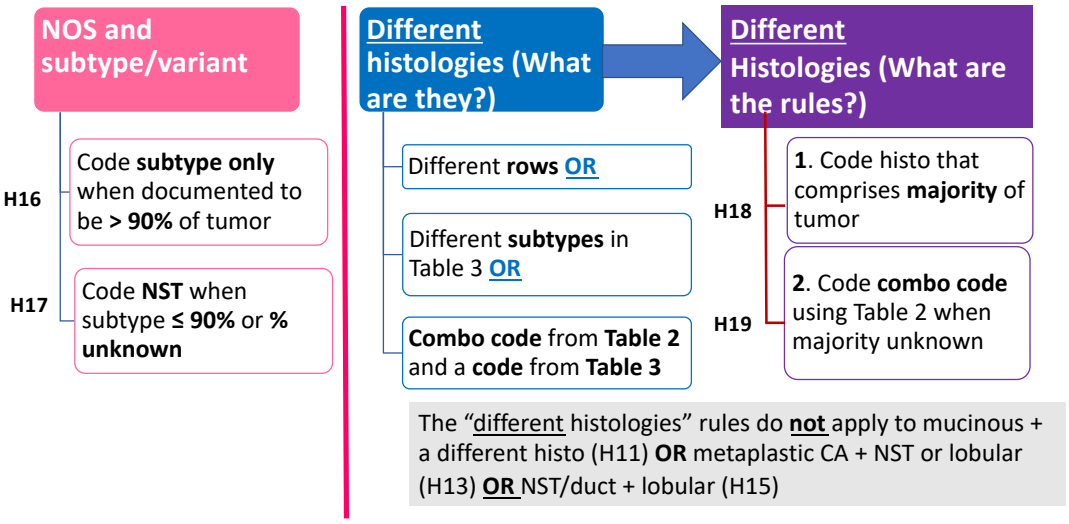
- Single tumor in situ only: H1 – H7
- Single tumor in situ and invasive: H8
- Single tumor invasive only: H9 - H19
- Multiple tumors abstracted as a single primary: H20– H27

Breast: Special Histology Rules

Special rules for coding histology for:

- Paget disease
- Mucinous carcinoma
- Signet ring cells or signet ring differentiation
- Metaplastic carcinoma
- Duct and lobular
- 2 invasive histologies in a single tumor
  - NOS and subtype/variant
  - Different histologies
- Different rows or different subtypes of same NOS or combo code from table 2 and code from table 3

Breast: Coding Histology in a <u>Single</u> Tumor – Two **Invasive** histologies



Different Histologies in Single Tumor, cont.

- Terms that describe the **majority** of the tumor

> 50%	Majority
Major	Predominantly

Terms **removed** from the notes with September 2021 update

- Terms that **do not** describe the majority of the tumor

Architecture	Pattern(s)
Differentiation**	Subtype
Features (of)**	Type
Foci, focus, focal	Variant

*** Use if specific code includes that term*

Breast: Coding Subtype/Variant

1. Lumpectomy reveals 1.4 cm clear cell CA 8310/3 with a focus of glycogen-rich clear cell CA NOS 8315/3
   A. Clear cell carcinoma 8310/3
   B. Glycogen-rich clear cell carcinoma NOS 8315/3
2. Excisional bx path states tumor is 95% metaplastic carcinoma spindle cell type 8032 and remainder is metaplastic carcinoma NOS 8575
   A. Metaplastic carcinoma, spindle cell type 8032/3
   B. Metaplastic carcinoma NOS 8575/3

6 Rules for Paget Disease

Paget disease	Rule	Code	
Single Tumor In situ only	H1	8542/2	Dx is exactly Paget in situ
Single Tumor Invasive only	H4	8543/2	Paget w/ DCIS
	H9	8542/3	Dx is exactly Paget
Multiple Tumors Abstracted as a Single Primary	Paget is **/3** and Underlying tumor is duct/NST		
	H21	8141/3	Paget with ductal/NST (**/3**)
		8543/3	Paget w/ DCIS (**/2**)
	Paget is **/2** and Underlying tumor is DCIS		
	H22	8543/2	Paget w/ DCIS

Special Rules: **Single Tumor In situ only**

Rule	Code	
H3	8522/2*	DCIS and LCIS*
H5	8500/2	DCIS and other in situ
H6	8519/2^	Pleomorphic LCIS and LCIS^

*Although the notes preceding the **in situ** section say most tumors will be coded to DCIS, 8522/2 identifies both DCIS and lobular carcinoma in situ, and is the most accurate description of DCIS and lobular carcinoma in situ.

^ This is an exception to note preceding the **in situ** section stating "Subtypes/variant, architecture, pattern, and features **ARE NOT CODED** "

Special Rules: **Single Tumor Invasive**

Rule	Code	
H11	8480/2	Exactly mucinous or mucinous is > 90% of tumor
H13	Varies	NST or lobular with metaplastic or subtype
H15	8522/3	Duct (/3) and lobular (/3)
NOS and single subtype/variant		
H16	Subtype/variant	Subtype/variant **>90%**
H17	NOS	Subtype/variant **≤ 90% or** % of each unknown
2 Histologies (**NOT** NOS and subtype/variant)		
H18	Histo that is **> 50%** of tumor	Majority histology is known (via % or terminology)
H19	Combo code	Majority histology is unknown (via % or terminology)

Colon

Colon Table 2: Histologies Not Reportable

Specific or NOS Term and Code	Synonyms	Subtype/Variant of NOS with Histology Code	Reason not reportable
Adenoma 8140/0 ***Note*:** No malignancy in polyps	Adenoma NOS	Tubular adenoma **8211/0** Tubulovillous adenoma **8263/0** Villous adenoma **8261/0**	Non-malignant
Adenomatous polyp, high grade dysplasia 8210/2			Non-reportable terminology
Cowden-associated polyp No code ***Note*:** No malignancy in polyps	Cowden disease Cowden syndrome Multiple hamartoma syndrome		Non-malignant /no code

Colon: Primary Site & FAP

Code primary site as follows:

- If > one segment of colon involved: code **C189** colon, NOS
- If colon & rectosigmoid OR colon & rectum involved: code **C199** rectosigmoid junction
- If colon & small intestine involved: code **C260** intestinal tract, NOS

Note: In addition to the colon and small intestine, FAP may also be present in the Stomach **AND/OR** Rectosigmoid **AND/OR** Rectum

Practice: Primary Site and FAP

A patient carries a diagnosis of FAP. The operative report and physician's documentation say that *polyps* were present throughout the colon and *polyps with adenocarcinoma* were present in specimens removed from the *ascending colon* and the *sigmoid colon*.

Code the primary site to:

A. C182 Ascending colon
B. C186 Descending colon
C. C188 Overlapping lesion of colon
D. C189 Colon NOS

More Practice: Primary Site and FAP

A patient carries a diagnosis of FAP. The operative report and physician's documentation say that *polyps* were present in all segments of the colon and rectum. Two polyps within the *ascending colon* were positive for adenocarcinoma.

Code the primary site to:

A. C182 Ascending colon
B. C186 Descending colon
C. C188 Overlapping lesion of colon
D. C189 Colon NOS

New for 2022

- Timing changes to rules M7 and M8
  - Changed from 24 months to 36 months, effective for cases diagnosed 1/1/2022+
  - Cases diagnosed 1/1/2018 through 12/31/2021, use 24 months
- Low grade appendiceal neoplasm (LAMN) reportable effective for cases diagnosed 1/1/2022+
  - LAMN may be either in situ 8480/2 or malignant 8480/3 based on physician statement of behavior
  - LAMN diagnosed prior to 1/1/2022 are not reportable

Multiple Primary Rules

- 15 MP Rules in 3 separate categories
  - ***Unknown if Single or Multiple Tumors*** (M1)
  - ***Single tumor*** (M2)
  - ***Multiple tumors*** (M3-M15)
- Note preceding each colon module:
  - **Collision tumors** are counted as **two individual** tumors for the purpose of determining multiple primaries. Collision tumors were originally **two separate** tumors that arose in close proximity. As the tumors increased in size, they merged or overlapped each other. Use the ***Multiple Tumors Module***.

Colon Rules for Anastomotic Recurrence M7-M8: Multiple Tumors Module

M7 Multiple primaries: Subsequent tumor arises at anastomotic site **AND**

- One tumor NOS, other subtype of NOS **OR**
- Subsequent tumor occurs > 36* months after original surgery **OR**
- Subsequent tumor arises in mucosa (not GIST)

M8 Single primary: Subsequent tumor arises at anastomotic site **AND**

- Subsequent tumor ≤ 36* months after surg **OR**
- Tumor arises in colon wall w/o involvement mucosa (does not apply to GIST) **OR**
- Doctor states an anastomotic recurrence

- The timing rules are **different** for tumors that occur at the anastomotic site.
- If the second tumor occurs in a different site (not at the anastomosis), rules M7 and M8 do **not** apply.
- *For cases diagnosed **prior to 1/1/2022**, the time interval is **> 24** months (M7), **≤ 24** months (M8) .

Colon: How Many Primaries? Which Rule?

Original tumor (2019) was **adenocarcinoma NOS 8140**, status post hemicolectomy. Anastomotic recurrence 35 months later was **mucinous adenocarcinoma 8480**. Physician says anastomotic recurrence.

Mucinous is a new primary per rule M7 (subtype of adenoCA)

Original tumor (2019) was **adenocarcinoma in a polyp 8140**, status post hemicolectomy. Anastomotic recurrence 35 months later was **adenocarcinoma NOS 8140.**

Same primary per M8 (w/in 36 months and same histology)

Rule H4: Single Tumor Module

H4 Code mixed mucinous & signet ring cell as follows:

Adenoca w/mucinous & signet ring features **8140**

Mucinous & signet ring carcinoma

Mucinous > 50% = **8480**

Signet ring > 50% = **8490**

% mucinous & signet ring unk = **8255**

Rule H5: Single Tumor Module

H5 Code low grade appendiceal mucinous neoplasm (LAMN) and high grade appendiceal mucinous neoplasm (HAMN) 8480/**2** when:

- Diagnosis date is 1/1/2022 forward **AND**
- Behavior is stated to be in situ/non-invasive **OR**
- Behavior is not indicated

- ICD-O-3.2 lists LAMN as 8480/**1**
- Dx of LAMN or HAMN does not require the tumor be > 50% mucinous
- If path report indicates **invasive**, keep reading the rules

Rules H6 – H8: Single Tumor Module

Code to histology in " " when diagnosis is:	Rule H6 "Mucinous adenoCA" 8480	Rule H7 "Signet ring cell adenoCA" 8490	Rule H8 "AdenoCA NOS" 8140
Exactly (no modifiers)	Mucinous AdenoCA	Signet Ring cell CA	Adenocarcinoma
	HAMN(when 22+ & /3)		AdenoCA, intestinal type
	HG PMP		Intestinal type AdenoCA
	Invasive PMP		
	Malignant PMP		
	LAMN (when 22+ & /3)		
2 Histologies **and**	Mucinous > 50%		
Adenocarcinoma + Mucinous **and**			Mucinous % **?**
			Mucinous ≤ 50%
Adenocarcinoma + Signet ring **and**		Signet Ring > 50%	Signet ring % **?**
			Signet ring % ≤ 50%

H6/H7 Mucinous/Signet ring 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 or signet ring.

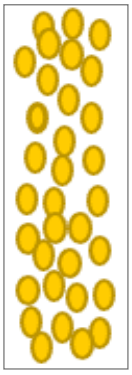
Rule H12: Multiple Tumor Module

H12 Code FAP **8220** when

- Clinical history says patient has FAP **AND**
  - Final diagnosis on path is adenoCA in FAP **OR**
  - > 100 polyps in resected specimen (**with** adenoCA in at least 1 polyp)

FAP is a **genetic** disease. Diagnostic criteria include:

- 100 or more colorectal adenomatous polyps **OR**
- Germline mutation in APC **OR**
- Family history (FH) FAP with colorectal adenomas (age < 30) **OR**
- FH FAP at least one epidermoid cyst, osteoma or desmoid tumor



Head and Neck

Head & Neck: Priority for Coding Primary Site When There is Conflicting Information

1. Tumor board
   a. Specialty
   b. General
2. Tumor resection or biopsy
   a. Op report
   b. Addendum/comments on path
   c. Final dx on path
   d. CAP synoptic report
3. Scans
   a. CT > MRI > PET
4. Physician documentation of site
5. Tables 1 – 9 when SINGLE lesion overlaps 2 or more sites
   a. Check histo if allowed in site tables
6. If can't determine, code as overlapping lesion (C028, C088, C148)
7. Code to NOS region (C069, C089, C099, C109, C119, C139, C140, C760)

Head and Neck: Table Index

Table Number	Table Title
Table 1	Tumors of Nasal Cavity **C300** Paranasal Sinuses **C310-C313, C318, C319**
Table 2	Tumors of Nasopharynx **C110, C111 (posterior wall of nasopharynx only), C112, C113, C118, C119**
Table 3	Pyriform Sinus **C129** Tumors of Hypopharynx **C130-C132, C138, C139** Larynx **C320-C323, C328, C329** Trachea **C339** and Parapharyngeal Space **C139**
Table 4	Tumors of Oral Cavity and mobile tongue **C020-C024, C028, C029, C030, C031, C039, C040, C041, C048, C049, C050-C052, C058, C059, C060-C062, C068, C069**
Table 5	Tumors of Oropharynx **C100-C104, C108 C109** Base of Tongue **C019** Tonsils **C090, C091, C098, C099** Adenoids/pharyngeal tonsil only **C111**
Table 6	Tumors of Salivary Glands **C079, C080, C081, C088, C089**
Table 7	Tumors of Odontogenic and Maxillofacial Bone (Mandible **C410**, Maxilla **C411**)
Table 8	Tumors of Ear **C301** and External auditory canal **C442**
Table 9	Paraganglioma of Carotid body, Larynx, Middle Ear, Vagal nerve **C479**
Table 10	Paired Sites

Head and Neck
Using Tables 1-9 for Overlapping Lesions

Polymorphic adenoCa in Anterior wall of nasopharynx C11.3 and soft palate C05.1

Primary site?

A. C11.3
B. C05.1

Table 2: Tumors of Nasopharynx

Specific or NOS Term and Code	Synonyms	Subtypes/Variants
Adenoid cystic carcinoma 8200		
Chordoma 9370		
Nasopharyngeal papillary adenocarcinoma 8260	Thyroid-like low-grade nasopharyngeal; papillary adenocarcinoma	
Squamous cell carcinoma NOS 8070	Lymphoepithelial carcinoma Undifferentiated carcinoma Undifferentiated carcinoma with lymphoid stroma	Basaloid squamous cell carcinoma 8083 Keratinizing squamous cell carcinoma 8071 Non-keratinizing squamous cell carcinoma 8072

Table 5: Tumors of the Oropharynx, Base of Tongue, Tonsils, Adenoids

Specific or NOS Term and Code	Synonyms	Subtypes/Variants
Adenoid cystic carcinoma 8200		
Polymorphous adenocarcinoma 8525	Cribriform adenocarcinoma Polymorphous low-grade adenocarcinoma Terminal duct carcinoma	
Squamous cell carcinoma 8070		Keratinizing squamous cell carcinoma 8071 Non-keratinizing squamous cell carcinoma 8072 Squamous cell carcinoma HPV-negative 8086* Squamous cell carcinoma HPV-positive 8085*

Kidney

Kidney Histology

8255/3 (mixed cell adenoca) gone

- Single tumor or multiple tumors abstracted as a single primary
- (H2 for Single; H5 for Multiple) Code to **NOS** if:
  - NOS and 2 or more variants of that NOS
  - Two or more variants of the same NOS
- (H3 for Single; H6 for Multiple) Code subtype/variant if
  - NOS and **single** subtype/variant

Kidney: NOS versus Subtype/Variant

1. **Single tumor** with renal cell carcinoma (RCC) 8312, papillary renal cell carcinoma 8260, and mucinous tubular and spindle cell carcinoma 8480
   A. Papillary renal cell carcinoma **8260**
   B. Renal cell carcinoma, NOS **8312**
   C. Mucinous tubular and spindle cell carcinoma **8480**
2. **Single tumor** with spindle cell rhabdomyosarcoma 8912 and alveolar rhabdomyosarcoma 8920
   A. Rhabdomyosarcoma, NOS **8900**
   B. Spindle cell rhabdomyosarcoma **8912**
   C. Alveolar rhabdomyosarcoma **8920**

Lung

Lung

New histology terms in Table 3

- Mucinous carcinoma/adenoca (formerly BAC)
  - 8253/3 – behavior unk, invasive
  - 8257/3 – microinvasive, minimally invasive
  - 8253/2 – preinvasive, in situ
- Non-mucinous carcinoma/adenoca
  - 8256/3 – microinvasive, minimally invasive
  - 8250/2 – preinvasive, in situ

Lung Table 1: Coding Primary Site

Terminology	Laterality	Site Term and Code
Bronchus intermedius **Carina** **Hilus of lung** **Perihilar**	Bilateral	Mainstem bronchus **C340** *Note*: **Bronchus intermedius** is the portion of the **right mainstem bronchus** between the upper lobar bronchus and the origin of the middle and lower lobar bronchi
Lingula of lung	Left	Upper lobe **C341**
Apex **Apex of lung** **Lung apex** **Pancoast tumor** **Superior lobar bronchus** **Upper lobe bronchi**	Bilateral	Upper lobe **C341**
Middle lobe **Middle lobe bronchi**	Right	Middle lobe **C342**
Base of lung **Lower lobar bronchus** **Lower lobe** **Lower lobe bronchi** **Lower lobe segmental bronchi**	Bilateral	Lower lobe **C343**
Overlapping lesion of lung	Bilateral	Overlapping lesion of lung **C348** *Note*: **One** lesion/tumor which **overlaps two or more** lobes

NOTE: Use this table to determine the **correct site** code. **Do not** use for other fields such as laterality.

Lung Table 3: Specific Histologies, NOS, and Subtype/Variants

Specific or NOS Histology Term and Code	Synonym of Specific or NOS	Subtype/variant of NOS and Code
Adenocarcinoma 8140 **Note 1:** Mucinous adenocarcinoma for lung only is coded as follows: • **8253/3*** when o Behavior unknown/not documented (use staging form to determine behavior when available) o Invasive • **8257/3*** when o Microinvasive o Minimally invasive • **8253/2*** when o Preinvasive o In situ **Note 2:** Non-mucinous adenocarcinoma for lung only is coded as follows: • **8256/3*** when o Microinvasive o Minimally invasive • **8250/2*** when o Preinvasive o In situ	Adenocarcinoma NOS Adenocarcinoma in situ **8140/2** Adenocarcinoma invasive **8140/3** **Also in column 3** Adenocarcinoma, papillary **predominant** 8260 Adenocarcinoma, solid **predominant** 8230	Acinar adenocarcinoma/adenocarcinoma, acinar predominant **(for lung only) 8551*** Adenoid cystic/adenocystic carcinoma **8200** Colloid adenocarcinoma **8480** Fetal adenocarcinoma **8333** Lepidic adenocarcinoma/ adenocarcinoma, lepidic predominant **8250/3*** Mucinous carcinoma/adenocarcinoma **(for lung only)** in situ **8253/2*** invasive **8253/3*** minimally invasive **8257/3*** microinvasive **8257/3*** preinvasive **8253/2*** Micropapillary adenocarcinoma/carcinoma; adenocarcinoma, micropapillary predominant **8265** Mixed invasive mucinous and non-mucinous adenocarcinoma **8254*** Non-mucinous adenocarcinoma **(for lung only)** in situ **8250/2*** microinvasive **8256/3*** minimally invasive **8256/3*** preinvasive **8250/2*** Papillary adenocarcinoma/adenocarcinoma, papillary predominant **8260**

Urinary

Urinary 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**)

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**	

Urinary Priority for Coding Primary Site When Multiple Organs Involved

Code **C67.8** when:

- Single tumor of any histology that overlaps subsites in bladder **OR**
- Single tumor **or discontinuous** tumors which are urothelial CA in situ (8120/2) **AND** ONLY bladder and 1 or both ureters are involved (no other urinary site/organs involved by a single tumor or discontinuous tumors)

Code **67.9** when multiple **non-contiguous** tumors present within bladder and subsite not documented

Code **C68.8** when a single tumor overlaps 2 urinary sites and site of origin is unknown (Examples: renal pelvis and ureter; bladder and urethra; or bladder & ureter*)

Code **68.9** when multiple **discontinuous tumors** present in multiple organs within the urinary system

* See C67.8 for 8120/2

M3 and M4 - Multiple Tumors
Orange = M3; [Blue] = M4; Black = shared text

Abstract **multiple primaries** when there are:

- Separate/non-contiguous tumors in both the right **AND** left **renal pelvis** [**ureter(s)**] **AND**
- No other urinary sites are involved with separate/non-contiguous tumors (**no involvement** by separate/non-contiguous tumors in the **ureter(s)** [**renal pelvis**], bladder, or urethra
  - Abstract a single primary when **pathology** confirms tumor(s) in the contralateral **renal pelvis** [**ureter(s)**] are metastatic.

M5 - Multiple Tumors

Abstract a **single primary** when **synchronous** tumors are **noninvasive in situ /2** urothelial carcinoma (flat tumor) **8120/2 in the Bladder C67_ AND** one or both **ureter**(s) **C669**

- No other urinary organs are involved
- Applies **ONLY** to noninvasive in situ urothelial carcinoma (noninvasive urothelial carcinoma or noninvasive flat tumor) - for other histologies, continue through the rules
- Urothelial carcinoma in situ spreads by intramucosal extension and may involve large areas of mucosal surface. The default for these cases is coding a bladder primary.

- For tumors abstracted under Rule M5, assign the primary site to C67.8

M7 - Multiple Tumors

Abstract a **single primary** when the patient has multiple occurrences of /2 urothelial carcinoma in the **bladder**. Tumors may be any combination of:

- In situ urothelial carcinoma **8120/2 AND/OR**
- Papillary urothelial carcinoma noninvasive **8130/2** (does **not** include micropapillary subtype)
  - Timing is irrelevant. Tumors may be synchronous or non-synchronous.
  - Abstract only one /2 urothelial bladder primary per the patient's lifetime.
- When using M7 for non-synchronous tumors, do **not** change the histology of the **original** tumor.

M8 - Multiple Tumors

Abstract **multiple primaries** when the patient has **micropapillary** urothelial carcinoma **8131/3 of the bladder AND** a urothelial carcinoma (**8120/3 or 8130/3)**

- Micropapillary urothelial cell carcinoma is an extremely aggressive neoplasm. It is important to abstract a new primary to capture the incidence of micropapillary urothelial carcinoma. **Micropapillary** is excluded from the typical "NOS and subtype/variant" rule (same row in Table 2).

M8 and Table 2

For **bladder** tumors, Micropapillary UC is **excluded** from the typical "NOS and subtype/variant" rule (same row in Table 2).

Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
Urothelial carcinoma 8120 *Note 1:* Previously called **transitional cell** carcinoma, a term that is no longer recommended. *Note 2:* 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

Cutaneous Melanoma

Cutaneous Melanoma

STR and MPH based on dx year:

Diagnosis 1/1/2007 – 12/31/2020

- 2007 Cutaneous Melanoma MPH Rules
- 2007 General Instructions

Diagnosis 1/1/2021 and forward

- 2021 Cutaneous Melanoma STR (in the STR manual)
- 2018 General Instructions

A melanoma diagnosed before 1/1/2021 and a subsequent melanoma diagnosed 1/1/2021 or later: Use the 2021 Cutaneous Melanoma Rules

Cutaneous Melanoma 2021+

Newly 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 identified by a single asterisk (*) in the histology table in the Terms and Definitions section
  - Early/evolving melanoma in situ and invasive have double asterisks (**) because they are not listed in ICD-O-3.2
    - No new cutaneous melanoma ICD-O histology **codes** have been proposed by WHO

Cutaneous Melanoma Synonyms

- Behavior code 2
- Clark level 1 (limited to the epithelium)
- Hutchinson freckle (See Synonyms for Hutchinson Freckle)
- Intraepidermal, NOS
- Intraepithelial, NOS
- Lentigo maligna
- Noninvasive
- Precancerous melanoma of Dubreuilh
- Precancerous melanosis (C44_)
- Stage 0
- Tis

Synonyms for Hutchinson Freckle

- Circumscribed precancerous melanosis
- Intraepidermal malignant melanoma
- Lentigo maligna
- Precancerous melanosis of Dubreuilh

Cutaneous Melanoma
Anatomical Dermatology Terms

Term	Definition
Cutaneous	Pertaining to skin
Dermal	Pertaining to skin
Epidermal	Pertaining to upon the skin
Hypodermic	Pertaining to below the skin
Intradermal	Pertaining to within the skin
Subcutaneous	Pertaining to under the skin
Ungual	Pertaining to the nail

Cutaneous Melanoma
Table 1: Primary Site and Laterality

Terminology	Site Term and Code	Laterality Required
Skin of lip, NOS Skin of lower lip Skin of upper lip	Skin of lip, NOS **C440**	**No**
Eyelid Lid, NOS Palpebra Horizontal palpebra fissure Canthus Inner canthus Lateral canthus Lower lid Medial canthus Meibomian gland Outer canthus Pretarsal space Supratarsel crease Upper lid	Eyelid **C441**	**Yes**

Cutaneous Melanoma
Table 3: Non-Reportable Neoplasms

Non-Reportable Histology Term	Non-Reportable Histology Code
Lentiginous melanocytic nevus Simple lentigo Lentigo simplex	8742/0
Acral nevus	8744/0
Dermal nevus Intradermal nevus Stromal nevus	8750/0
Compound nevus Dermal and epidermal nevus	8760/0
Congenital melanocytic nevus, NOS Giant pigmented nevus, NOS Intermediate and giant congenital nevus	8761/0 8761/0 8761/1
Proliferative dermal lesion in congenital nevus Proliferative nodule in congenital melanocytic nevus	8762/1

Table is a reference only and may not be complete – refer to your standard setter(s)

CNS Sites

CNS Sites: Malignant and Non-Malignant

Many tables/guidelines/rules shared between these two Sets of Rules

Font Use When a Slide Contains Info About **Both** Sets of Rules

- Regular: Applies to BOTH Malignant CNS/PNs and Non-Malignant CNS
- **Bold**: Applies ONLY to **Malignant CNS/PN**
- *Red italics*: Applies ONLY to *Non-Malignant CNS*

Malignant CNS, Peripheral Nerves; *Non-Malignant CNS*: Clarifications

- Intraosseous meningiomas & meningiomas of cavernous sinus & sphenoid wing ARE REPORTABLE
- Multiple cerebral meningiomas = single primary
- Multiple brain tumors (same histo) = single primary
- *Bilateral optic nerve gliomas/pilocytic astrocytoma = single*
- Laterality NOT used to determine multiple primaries
- Timing NOT used to determine multiple primaries
- Brain (C710-C719) is a single primary site
- NF, NF1, NF2, & schwanomatosis NOT reportable (genetic syndromes)

Malignant CNS Reportability Criteria

Must meet THREE conditions to be reported as malignant /3:

- Behavior must be /3
  - WHO Grade 2 may be non-malignant or malignant
  - Path designates as malignant/invasive, /3 **OR**
  - Tumor is WHO Grade 3 or 4 (Table 1)
- Primary site must be reportable (Table 2) **AND**
- Histology must be reportable (Table 3)

Malignant CNS/PN; Non-Malignant CNS Directory of Sections & Tables

Section 1: Behavior code

- Priority Order for using documentation to assign behavior
- Table 1: WHO grades for CNS neoplasms

Section 2: Reportable primary sites & histologies

- Priorities for coding primary site
- Reportable primary site groups
- Table 2: Reportable primary sites
- Table 3: Specific histo, NOS, & subtypes/variants
- *Table 3: Reportable Cranial Nerve Tumors*
- Table 4: Coding primary site for CNS & peripheral nerves
- *Table 4: Non-reportable Neoplasms*

Malignant CNS/PN; Non-Malignant CNS

Section 2: Reportable primary sites & histologies, cont.

- *Table 5: Histologic Types*
- *Table 6: Reportable specific & NOS histo*

Section 3: Additional info to complete abstract

- Conflicting Information on Path Reports
- Table 5:
- *Table 7:*

  } Paired sites

- Table 6:
- *Table 8*:

  } Non-malignant CNS tumors with potential to transform to malignant

Non-Malignant CNS Reportability Criteria

Must meet THREE conditions to be reported as non-malignant /0 or /1:

- Behavior must be /0 or /1 on pathology **OR**
  - Tumor is WHO Grade I **AND**
- Primary site must be reportable (Tables 3 and 4) **AND**
- Histology must be reportable (Tables 5 and 6)

Malignant CNS/PN; Non-Malignant CNS Priorities for Assigning Behavior

1. Pathology from resection
   - Path describes malignant
   - WHO grade
     - **3 or 4 for Malignant**
     - ***1 for Non-Malignant***
   - NEVER change behavior described by pathologist
2. Pathology from bx
3. Cytology (CSF)
4. Physician's documentation (no path)
   - Tumor board > Documentation of original pathologic dx and behavior > Documentation of and behavior w/o mention of original dx
5. Radiology: MRI > CT> PET > Angiogram
6. When instructions 1-5 do not apply, use Table 1

Priorities 2-5 cannot be used to code the behavior; ONLY use to determine which set of STRs to use: malignant or non-malignant.

WHO Grade 2 CNS Tumors: Non-Malignant and Malignant Tumors

- **Table 1: WHO Grades for Select CNS Neoplasms**
  - **When a CNS tumor is stated to be WHO Grade II, code the corresponding ICD-O-3 code and behavior listed in ICD-O, ICD-O updates, or solid tumor rules. Code the WHO Grade in the appropriate SSDI data field.**
  - ***Example:*** **Astrocytoma, NOS, WHO Grade II code 9400/3**
- Table Instructions
  1. Use the **malignant CNS** rules for all **WHO Grade 3, 4, and WHO Grade 2 neoplasms with malignant /3 behavior.**
  2. Go to **Section 1: Behavior Code** to determine whether **WHO Grade 2** neoplasms are non-malignant or malignant.
  3. Use **non-malignant CNS** rules for **all WHO Grade I** (always non-malignant).

Table 1: WHO Grades for Select CNS Neoplasms

Histology	WHO Grade
Pilocytic astrocytoma ***Note:*** Collected as malignant /3 in North America	1
Pineal parenchymal tumor of intermediate differentiation ***Note:*** Tissue/pathology reports or CAP protocol/summary will specify WHO Grade 2 or 3	2 or 3
Pineoblastoma	4
Pineocytoma	1
Pituicytoma	1
Pleomorphic xanthroastrocytoma	2
Rosette-forming glioneuronal tumor	1
Schwannoma	1
Solitary fibrous tumor/hemangiopericytoma ***Note:*** Tissue/pathology reports or CAP protocol/summary will specify WHO Grade 1, 2, or 3	1, 2, or 3
Spindle cell oncocytoma	1
Subependymal giant cell astrocytoma	1
Subependymoma	1

WHO Grade II Practice

- Atypical choroid plexus papilloma, WHO grade 2
  1. Search STRs for behavior – Table 6 in the Non-malignant rules list this as 9390/1
     - ICD-O-3.2 also lists this with /1 behavior (row 2108)
  2. Assign 9390/**1** and use the non-malignant rules
- Diffuse astrocytoma, IDH-mutant, WHO grade 2
  1. Search STRs for behavior – Table 3 in the Malignant rules list this as 9400
     - The note in Table 3 states: "All tumors are malignant/invasive /3."
     - ICD-O-3.2 also lists this with /3 behavior (Row 2131)
  2. Assign 9400/**3** and use the Malignant rules

Malignant CNS/PN; Non-Malignant CNS Priority for Coding Primary Site

- Resection: Op > Path report
- Biopsy: Op > Path report
- Resection and/or biopsy (no op or path report available)
  - Tumor board
  - MD statement original dx from op or path OR
  - MD statement of primary site
- Imaging (no resection): MRI > CT > PET > Angiogram
- Table 2: Reportable sites
- **Table 4: when primary site is cranial or peripheral nerve**
- *Table 3 Cranial Nerve tumors*
- *Table 4: Non-reportable Neoplasms*
- *Table 5: Histologic types of intracranial tumors*

Table 2: Reportable Primary Site Terms and ICD-O Codes*

Site Group	Reportable Subsite Terms and Code
Intracranial Duct and Glands	Craniopharyngeal duct **C752** Pineal gland **C753** Pituitary gland **C751**
Meninges	Cerebral meninges **C700** Meninges NOS **C709** Spinal meninges **C701**
Peripheral Nerve and Autonomic Nervous System	Abdomen **C475** Autonomic nervous system NOS **C479** Head, face and neck **C470** Lower limb and hip **C472** Overlapping lesion of peripheral nerves and autonomic nervous system **C478** Thorax **C473** Trunk NOS **C476** Upper limbs and shoulder **C471** Spinal Nerve NOS **C479**
Spinal Sites	Cauda equina/conus medullaris/filum terminale **C721** Meninges NOS **C709** Spinal meninges **C701**

*Except for PN/ANS (shaded) row which is ONLY in the Malignant CNS/PN rules, the table is identical in both sets of rules.

Table 3: Malignant CNS: Specific Histologies/NOS, Synonyms and Subtypes/Variants

Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
Anaplastic ganglioglioma **9505**		
Astroblastoma **9430**		
Astrocytoma NOS **9400**	Diffuse astrocytoma IDH-mutant Diffuse astrocytoma IDH-wildtype Diffuse astrocytoma NOS	Anaplastic astrocytoma IDH-mutant/wildtype; anaplastic astrocytoma NOS **9401** Gemistocytic astrocytoma IDH-mutant **9411** Pleomorphic xanthroastrocytoma /anaplastic pleomorphic xanthroastrocytoma **9424**
Choriocarcinoma **9100**		
Choroid plexus carcinoma **9390**		
CNS embryonal tumor with rhabdoid features **9508**	Atypical teratoid/rhabdoid tumor Embryonal tumor with rhabdoid features	
CNS ganglioneuroblastoma **9490**		CNS embryonal tumor **9473**

Table 3: Reportability of Non-Malignant Cranial Nerve Tumors

Name and CN #	Exits Cranium Through	Reportable Portions of CN	Non-Reportable Portions of CN
Facial CN 7 **C725**	Internal acoustic meatus	**CN7** originates in the **pons,** along the posterior cranial fossa (the posterior cranial fossa is part of the intracranial cavity)	Enters the **temple** through the **internal auditory meatus** and runs through the **facial canal.**
Acoustic or vestibulocochlear CN 8 **C724**	Internal acoustic meatus	Originates in the **brain stem** (**medulla oblongata**) **between** the base of the brain (**pons**) and the **spinal cord** Both the **vestibular** branch and the **cochlear** branch are located in the **inner ear**	
Glossopharyngeal CN 9 **C725**	Jugular foramen	**Originates** in the anterior portion of the **medulla oblongata**	**Jugular foramen** Between the **internal jugular** vein and **internal carotid artery** Lies on the **stylopharyngeus** and **middle pharyngeal constrictor muscle** Passes under the **hypoglossus muscle** **Palatine tonsil** Extends to **mucous glands** of the **mouth**, and **base** of the **tongue**

Table 4: Coding Primary Site for Malignant Tumors of Cranial & Peripheral Nerves

Name and CN #	Exits Cranium Through	Site Code: Cranial Nerve	Site Code: Peripheral Nerve
Cranial nerve NOS		**Within cranium**, unknown which nerve **C725**	
Olfactory CN 1	Cribriform plate	Surface of the **brain C722**	Originates on the olfactory mucosa of nasal cavity, then travels through the cribriform plate of the ethmoid bone **C470**
Optic CN 2	Optic canal	All portions are covered by meninges/dura so are **reportable** as **C723**	
Oculomotor CN 3	Superior orbital fissure	Originates in the **midbrain C725**	After exiting the superior orbital fissure, the nerve enters the **orbit C470**

Table 4: Non-Reportable Neoplasms (Non-Malignant CNS)

Non-reportable Histology Term	Non-reportable Histology Code	Definitions and Sites
Carcinomas	**8010-8060, 8071-8671, 8940-8941**	Brain C710-C719 **Site/histology edit** carcinomas/brain
Carcinomas	**8010-8671, 8940-8941**	Cerebral meninges, spinal meninges, meninges NOS C700-C709 **Site/histology edit** carcinomas/meninges
Carcinomas	**8010-8671, 8940-8941**	C721-C729 (Other central nervous system) **Site/histology edit** carcinomas/other CNS
Colloid cyst	**No code**	
Epidermoid tumor/cyst	**No code**	
Fibermoma	**No code**	
Glomus tympanicum, glomus jugulare	**8690/1**	These tumors occur in the inner ear, the aortic body and other paraganglia respectively; sites for which non-malignant tumors are **not reportable**
Hygroma	**9173/0**	
Hypothalamic hamartoma	**No code**	Occurs in hypothalamus

Table 5 (*Table 7*): Paired Sites*

Paired Sites and Codes
Acoustic nerve **C724**
Cerebral meninges **C700**
Cerebrum **C710**
Cranial nerves **C725**
Frontal lobe **C711**
Occipital lobe **C714**
Olfactory nerve **C722**
Optic nerve **C723**
Parietal lobe **C713**
Temporal lobe **C712**

*Same table content in BOTH sets of rules; different Table #

Table 5: Histologic Types of Non-Malignant Intracranial Tumors

Histology Term and Code	Most Common Primary Site
Angiocentric glioma 9431/1	Cerebrum **C710**
Choroid plexus papilloma 9390/0	Intraventricular site (lateral/third ventricle **C715** and IV ventricle **C717**)
(Capillary) hemangioblastoma 9161/1	Cerebellum **C716**, cerebrum (rare) **C710**
Craniopharyngioma 9350/1	Pituitary gland, sella turcica **C751**
Dermoid cyst 9084/0	Pineal gland **C753**, suprasellar **C719**
Desmoplastic infantile astrocytoma and ganglioglioma 9412/1	Cerebrum/supratentorial brain NOS **C710**
Dysembryoplastic neuroepithelial tumor (DNT) 9413/0	Cerebrum **C710**, temporal lobe **C712**
Dysplastic gangliocytoma 9493/0	Cerebellum **C716**
Meningioma (rare) 9530/0	Intraventricular **C715**
Myxopapillary ependymoma 9394/1	4th ventricle **C717**
Pilocytic astrocytoma/juvenile pilocytic astrocytoma 9421/1	Posterior fossa **C719**, cerebrum **C710**
Pineocytoma 9361/1	Pineal gland **C753**
Pituicytoma 9432/1	Pituitary gland **C751**, sella turcica **C751**, suprasellar **C719**

Table 6 (*Table 8*): Non-Malignant CNS Tumors with Potential to Transform to /3

Original Histology and Code	Transformed Histology and Code
Chondroma **9220/0**	Chondrosarcoma **9220/3**
Ganglioglioma **9505/1**	Anaplastic ganglioglioma **9505/3**
Hemangioma **9120/0**	Angiosarcoma **9120/3**
Hemangiopericytoma **9150/1**	Anaplastic hemangiopericytoma **9150/3**
Leiomyoma **8890/0**	Leiomyosarcoma **8890/3**
Lipoma **8850/0**	Liposarcoma **8850/3**
Osteoma **9180/0**	Osteosarcoma **9180/3**
Perineurioma **9571/0**	Malignant perineurioma **9571/3**
Rhabdomyoma **8900/0**	Rhabdomyosarcoma **8900/3**
Teratoma **9080/1**	Immature teratoma **9080/3**
Teratoma, mature **9080/0**	Immature teratoma **9080/3**

*Same table content in BOTH sets of rules; different Table #

Table 6: Non-Malignant CNS: NOS/Specific Histologies, Synonyms, and Subtypes/Variants

NOS/Specific Histology Term and Code	Synonyms	Subtypes/Variants Histology Term and Codes
Dysembryoplastic neuroepithelial tumor 9413/0	DNT	
Gangliocytoma 9492/0		Dysplastic cerebellar gangliocytoma/Lhermitte-Duclos disease **9493/0**
Ganglioglioma 9505/1		
Granular cell tumor of the sellar region 9582/0		
Hemangioblastoma 9161/1	Capillary hemangioblastoma	
Hemangioma 9120/0		
Leiomyoma 8890/0		
Lipoma 8860/0		Hibernoma **8880/0**
Meningeal melanocytosis 8728/0		Meningeal melanocytoma **8728/1**
Meningioma 9530/0	Lymphoplasmacyte-rich meningioma Metaplastic meningioma Microcystic meningioma Secretory meningioma	Angiomatous meningioma **9534/0** Atypical meningioma **9539/1** Clear cell/chordoid meningioma **9538/1** Fibrous meningioma **9532/0** Meningothelial meningioma **9531/0** Transitional meningioma **9537/0**
Myofibroblastoma 8825/0		Inflammatory myofibroblastic tumor **8825/1**

Non-Malignant CNS ONLY; different lists than are in Table 3 with same name in the Malignant rules

Practical Approach to Assigning Histology

Solid Tumors

1. Solid tumor "H" rules
   - Tables may not have all terminology listed
   - Other sites rules don't currently have histology tables
2. ICD-O-3.2
   - If pre-2021 dx, consult update table 6 or 7 (or use annotated histology list) to confirm correct histology/behavior
   - If 2022+ dx, consult 2022 alpha or numeric table
3. Check SEER SINQ for previously answered questions
4. Ask a SEER Registrar

Thank you!

DeniseCHarrisonLLC@gmail.com

Fabulous Prize Winners



NAACCR 5

5

CE Certificate Quiz/Survey

CE Phrase

Link
https://survey.alchemer.com/s3/6563890/Solid-Tumor-Rules-2022

NAACCR

6

Coming UP…

- Coding Pitfalls 2022
  - Guest Host: Janet Vogel
  - 9/1/2022

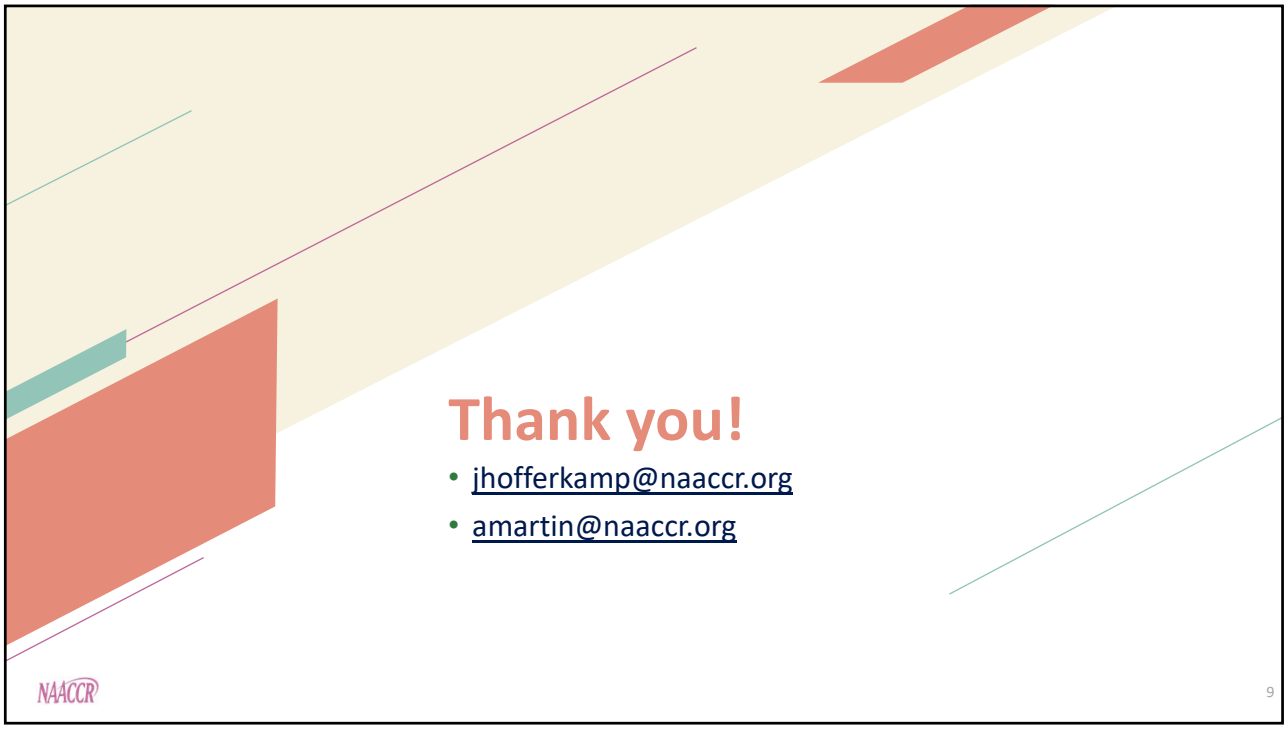
7

Upcoming 2022-2023 Webinar Series begins in October!

- Breast 2022 Part 1
  - Guest Host: Wilson Apollo
  - 10/6/2022
- Breast 2022 Part 2
  - Guest Host: Denise Harrison
  - 11/3/2022

If you haven't purchased a webinar subscription you can do so here:
https://education.naaccr.org/next-year-webinar-series

8


Thank you!
jhofferkamp@naaccr.org
amartin@naaccr.org
NAACCR
9

9