

**Coding Guidelines**  
**KIDNEY, RENAL PELVIS, AND URETER**  
**Kidney C649, Renal Pelvis C659, Ureter C669**

**Laterality**

Laterality is required for sites C64.9, C65.9, and C66.9.

**Priority Rules for Coding Grade of Tumor**

1. Fuhrman grade
2. Nuclear grade
3. Terminology (well diff, mod diff)
4. Histologic grade (grade 1, grade 2)

These prioritization rules do not apply to Wilm's tumor (8960).

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## Multiple Primary and Histology Coding Rules 2007: Kidney

### Equivalent Terms, Definitions, Tables and Illustrations C649 (Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

#### INTRODUCTION

Renal cell carcinoma (8312) is a group term for glandular (adeno) carcinomas of the kidney. Approximately 85% of all malignancies of the kidney are renal cell and specific renal cell types.

Transitional cell carcinoma rarely arises in the kidney parenchyma (C649). Transitional cell carcinoma found in the upper urinary system usually arises in the renal pelvis (C659). Only code transitional cell carcinoma to kidney in the rare instance when pathology confirms the tumor originated in the parenchyma of the kidney.

#### Equivalent or Equal Terms

- **Multifocal and multicentric**
- **Renal cell carcinoma (RCC) and hypernephroma (obsolete term)**
- **Tumor, mass, lesion, and neoplasm**

#### Definitions

**Adenocarcinoma with mixed subtypes (8255):** A mixture of two or more of the specific renal cell carcinoma types listed in Table 1.

**Carcinoma of the collecting ducts of Bellini/collecting duct carcinoma (8319)** is a malignant epithelial tumor. There is controversy about the relationship between medullary carcinoma and collecting duct carcinoma; some advocate that there is a relationship, others are not convinced. Genetic studies are ongoing. We will code medullary carcinoma originating in the kidney to 8510 so we can differentiate between the medullary and the collecting duct carcinoma.

**Chromophobe RCC (8317)** is a rare form of kidney cancer. Chromophobe is a renal carcinoma characterized by large pale cells with prominent membranes.

**Clear cell RCC (8310)** is the most common type of RCC. Clear cell is composed of clear or eosinophilic cytoplasm. Clear cell is architecturally diverse, with solid alveolar and acinar patterns the most common.

**Cystic:** Cystic may be used to describe the gross appearance or it may be used as a morphologic term. Cysts are common in clear cell renal cell carcinomas. Tumors composed completely of cysts are rare.

## Multiple Primary and Histology Coding Rules 2007: Kidney

### Equivalent Terms, Definitions, Tables and Illustrations C649 (Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

**Medullary carcinoma of the kidney (8510)** is a rare tumor almost exclusively associated with sickle cell trait. There is controversy about the relationship between medullary carcinoma and collecting duct carcinoma; some advocate that there is a relationship, others are not convinced. Genetic studies are ongoing. We will code medullary carcinoma originating in the kidney to 8510 so we can differentiate between the medullary and the collecting duct carcinoma.

**Most invasive:** The tumor with the greatest continuous extension (see focal and foci/focus definitions).

In hierarchical order, the evaluation of least to greatest extension for **kidney** is based on:

- The largest tumor size
- Extension into major veins, adrenal gland, or perinephric tissue.
- Involvement of Gerota's fascia.

**Papillary RCC (8260)** form finger-like projections. Some doctors call these cancers chromophilic because the cells take up certain dyes making them appear pink. A malignant renal parenchymal tumor with papillary or tubular papillary architecture.

**Renal cell carcinoma (RCC) (8312)** is the most common type of kidney cancer. Renal cell is a group name that includes several specific types. See Table 1.

**Renal sarcoma** is a rare disease of the kidney's connective tissues.

**Satellite lesion or metastasis:** Metastatic lesion within the immediate vicinity of the primary tumor. This is a metastasis, not a separate primary.

**Urinary tract:** Structures lined by transitional epithelium also known as urothelium

**Wilms Tumor/nephroblastoma, NOS (8960)** can arise anywhere in the kidney tissue. Wilms tumor typically appears in children between 2-5 years of age.

**Multiple Primary and Histology Coding Rules 2007: Kidney**

**Equivalent Terms, Definitions, Tables and Illustrations  
C649 (Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)**

**Table 1 - Renal cell carcinoma and specific renal cell types**

**Table Instructions:** Use this table to identify specific renal cell carcinoma types.

**Note:** Renal cell carcinoma, NOS (8312) is the non-specific term under which the specific renal cell carcinoma types are listed. This table is a **complete listing** of specific renal cell carcinoma types.

<b>Column 1: Code</b>	<b>Column 2: Specific Renal Cell Carcinoma Types</b>
8260	Papillary (Chromophil) *
8310	Clear Cell
8316	Cyst associated, cystic
8317	Chromophobe *
8318	Sarcomatoid (Spindle cell)
8319	Collecting duct type (Bellini duct)
8320	Granular cell
8510	Medullary carcinoma, NOS; medullary adenocarcinoma
8959	Malignant cystic nephroma; malignant multilocular cystic nephroma
* <b>Note:</b> Chromophil and chromophobe are different histologies	

**Multiple Primary and Histology Coding Rules 2007: Kidney**

**Equivalent Terms, Definitions, Tables and Illustrations  
C649 (Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)**

**Table 2 – Changes to Previous SEER Site Grouping Table**

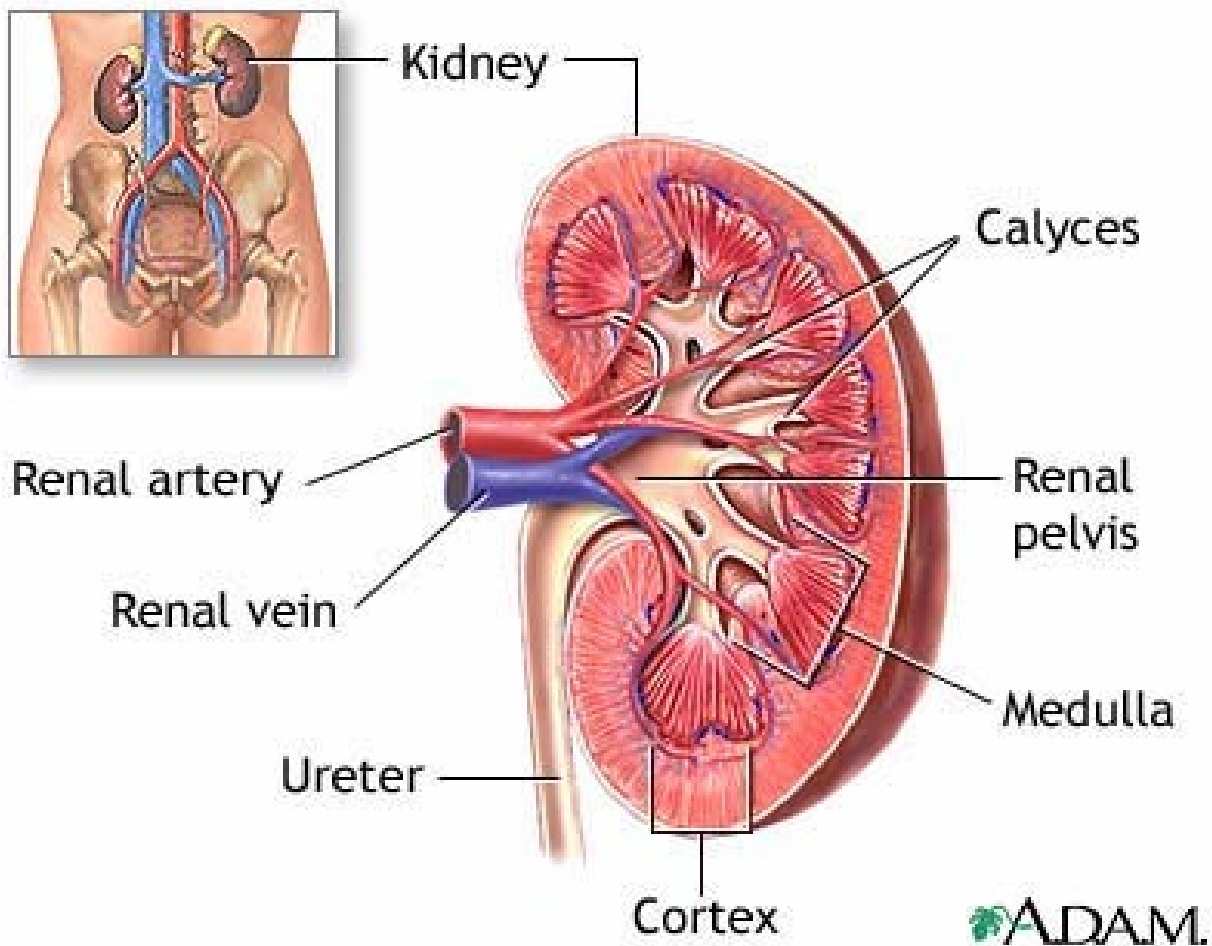
Previous to 2007, tumors in the sites below were abstracted as a single primary.

<b>Code</b>	<b>Site Grouping</b>
C64	Kidney
C65	Renal pelvis
C66	Ureter
C68	Other and unspecified urinary organs

Do not use for cases diagnosed on or after 2007

Multiple Primary and Histology Coding Rules 2007: Kidney

Equivalent Terms, Definitions, Tables and Illustrations  
C649 (Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)



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Multiple Primary and Histology Coding Rules 2007: Kidney

Multiple Primary Rules – Flowchart

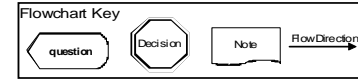
**Kidney Multiple Primary Rules - Flow chart**

(C649)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



UNKNOWN IF SINGLE OR MULTIPLE TUMORS	DECISION	NOTES
<p>M1</p> <pre> graph TD     Q1{{Is it impossible to determine if there is a single tumor or multiple tumors?}}     D1{{SINGLE Primary*}}     R1[Go to Single Tumor or Multiple Tumors]     Q1 -- YES --&gt; D1     Q1 -- NO --&gt; R1             </pre>	<p>End of instructions for Unknown if Single or Multiple Tumors</p>	<p>Tumor(s) not described as metastasis.</p> <p>Use this rule only after all information sources have been exhausted.</p>
SINGLE TUMOR	DECISION	NOTES
<p>M2</p> <pre> graph TD     Q2{{Is there a single tumor?}}     D2{{SINGLE Primary*}}     R2[Go to Multiple Tumors.]     Q2 -- YES --&gt; D2     Q2 -- NO --&gt; R2             </pre>	<p>End of instructions for Single Tumor.</p>	<p>1. Tumor not described as metastasis. 2. Includes combinations of in situ and invasive</p> <p>The tumor may overlap onto or extend into adjacent/contiguous site or subsite.</p>

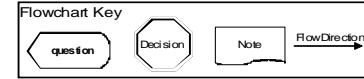
**Multiple Primary and Histology Coding Rules 2007: Kidney**

**Multiple Primary Rules – Flowchart**

**Kidney Multiple Primary Rules - Flowchart**

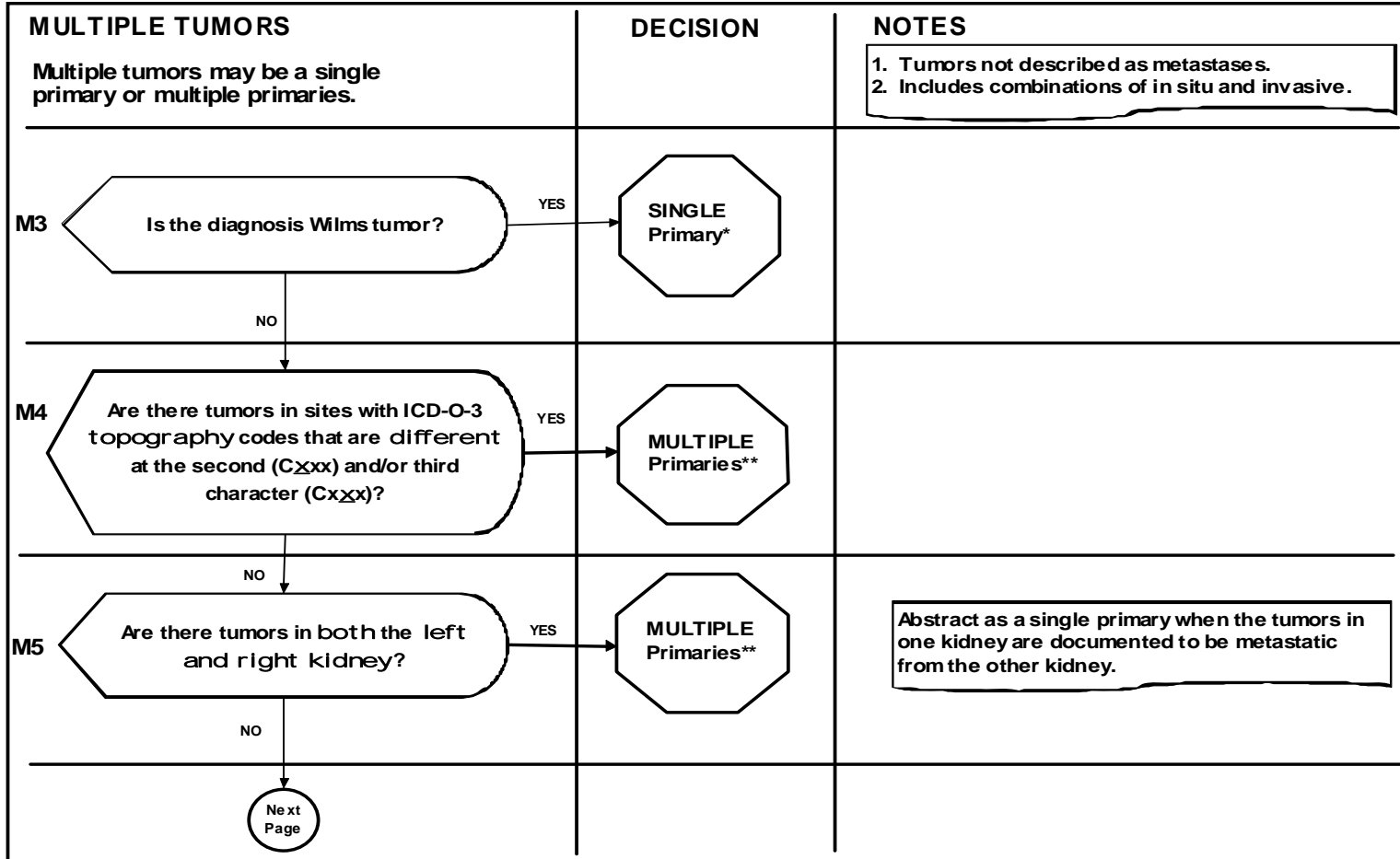
(C649)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



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Multiple Primary and Histology Coding Rules 2007: Kidney

Multiple Primary Rules – Flowchart

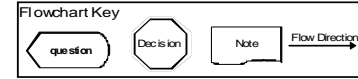
**Kidney Multiple Primary Rules - Flow chart**

(C649)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

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\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



MULTIPLE TUMORS, continued	DECISION	NOTES
<p>M6</p>	<p>YES</p>	
<p>NO</p>	<p>YES</p>	
<p>NO</p>	<p>YES</p>	
<p>Next Page</p>		

Multiple Primary and Histology Coding Rules 2007: Kidney

Multiple Primary Rules – Flowchart

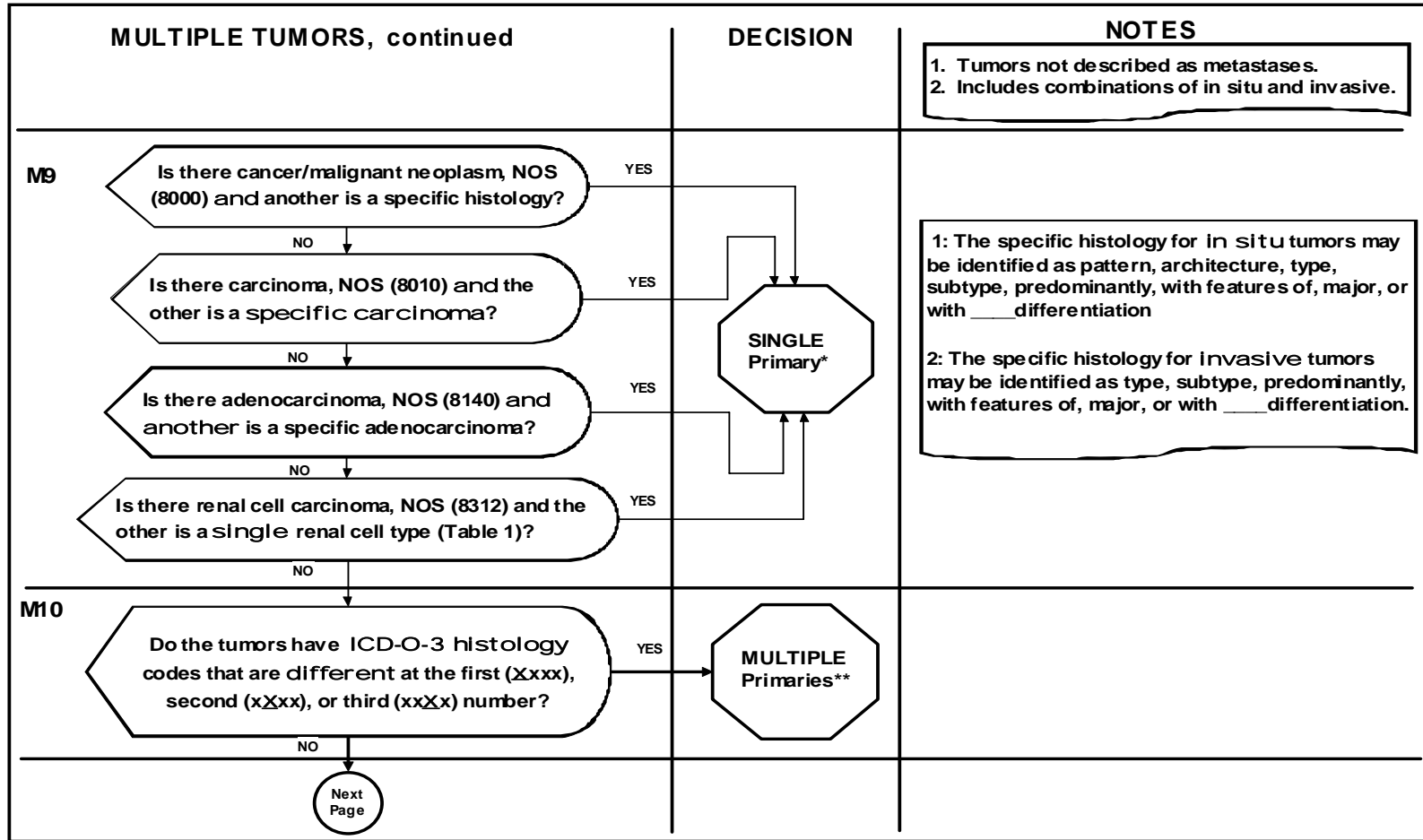
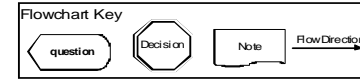
Kidney Multiple Primary Rules - Flowchart

(C649)

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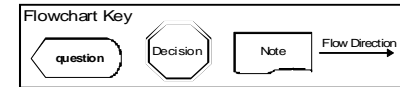
Multiple Primary and Histology Coding Rules 2007: Kidney

Multiple Primary Rules – Flowchart

**Kidney Multiple Primary Rules - Flowchart**

(C649)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



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\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

MULTIPLE TUMORS, continued	DECISION	NOTES
<p><b>M11</b></p>	<p><b>SINGLE Primary*</b></p> <p>End of instructions for Multiple Tumors.</p>	<p><b>1. Tumors not described as metastases.</b> <b>2. Includes combinations of in situ and invasive.</b></p> <p>When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.</p>
<p><b>Rule M11 Examples: The following are examples of cases that use Rule M11.</b>  <b>This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary.</b>  <b>Warning: Using only these case examples to determine the number of primaries can result in major errors.</b></p>		
<p>Example 1. Multiple tumors in one kidney with the same histology</p>	<p>Example 2. An in situ and invasive tumor or diagnosed within 60 days</p>	

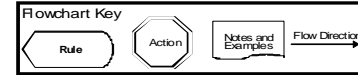
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Multiple Primary and Histology Coding Rules 2007: Kidney

Histology Coding Rules – Flowchart

**Kidney Histology Coding Rules - Flowchart**

(C649)  
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



**SINGLE TUMOR**

Rule	Action	Notes and Examples
<p><b>H1</b></p>		<p><b>1. Priority for using documents to code the histology</b></p> <ul style="list-style-type: none"> <li>o Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>o Physician's reference to type of cancer (histology) in the medical record</li> <li>o CT or MRI scans</li> </ul> <p><b>2. Code the specific histology when documented.</b></p> <p><b>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.</b></p>
<p><b>H2</b></p>		
<p><b>H3</b></p>		

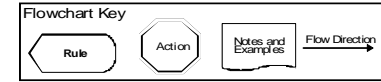
Multiple Primary and Histology Coding Rules 2007: Kidney

Histology Coding Rules – Flowchart

**Kidney Histology Coding Rules - Flowchart**

(C649)  
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

**SINGLE TUMOR**



Rule	Action	Notes and Examples
<p><b>H4</b></p>		
<p><b>H5</b></p>		<div style="border: 1px solid black; padding: 5px;"> <ol style="list-style-type: none"> <li>1. Use Table 1 to identify specific renal cell types.</li> <li>2. The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____ differentiation.</li> <li>3. The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation.</li> </ol> </div>
<p style="text-align: center;">Next Page</p>		

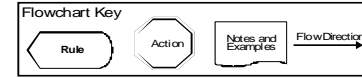


Multiple Primary and Histology Coding Rules 2007: Kidney

Histology Coding Rules – Flowchart

**Kidney Histology Coding Rules - Flowchart**

(C649)  
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



**SINGLE TUMOR**

Rule	Action	Notes and Examples
<p><b>H6</b></p> <p>Are there two or more specific renal cell carcinoma types?</p>	<p><b>Code 8255 (adenocarcinoma with mixed subtypes).</b></p>	<p>Use Table 1 to identify specific renal cell types.</p> <p><i>Example:</i> Renal cell carcinoma, papillary and clear cell types. Assign code 8255.</p>
<p><b>H7</b></p>	<p><b>Code the numerically higher ICD-O-3 histology code.</b></p>	

This is the end of instructions for Single Tumor.  
Code the histology according to the rule that fits the case.

Multiple Primary and Histology Coding Rules 2007: Kidney

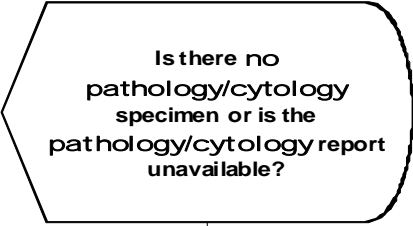
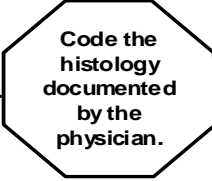
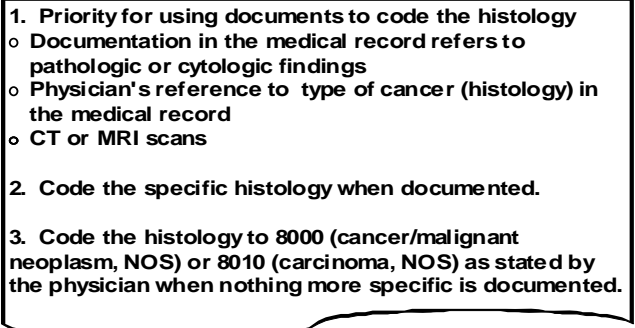
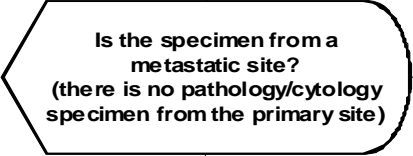



Histology Coding Rules – Flowchart

**Kidney Histology Coding Rules - Flowchart**

(C649)  
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

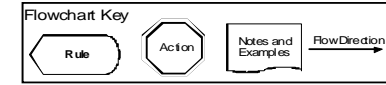
Rule	Action	Notes and Examples
<p><b>H8</b></p>  <p>YES</p>		 <ol style="list-style-type: none"> <li>1. Priority for using documents to code the histology             <ul style="list-style-type: none"> <li>o Documentation in the medical record refers to pathologic or cytologic findings</li> <li>o Physician's reference to type of cancer (histology) in the medical record</li> <li>o CT or MRI scans</li> </ul> </li> <li>2. Code the specific histology when documented.</li> <li>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.</li> </ol>
<p><b>H9</b></p>  <p>YES</p>		 <p>Code the behavior /3.</p>
		

Multiple Primary and Histology Coding Rules 2007: Kidney

Histology Coding Rules – Flowchart

**Kidney Histology Coding Rules - Flowchart**

(C649)  
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

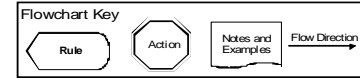
Rule	Action	Notes and Examples
<p><b>H10</b></p>		
<p><b>H11</b></p>		<p>1. This rule should only be used when the first three numbers of the histology codes are identical. (This is a single primary.)</p> <p>2. See the Kidney Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive.</p> <ul style="list-style-type: none"> <li>○ If one tumor is in situ and one is invasive, code the histology from the invasive tumor.</li> <li>○ If both/all histologies are invasive, code the histology of the most invasive tumor.</li> </ul>

Multiple Primary and Histology Coding Rules 2007: Kidney

Histology Coding Rules – Flowchart

**Kidney Histology Coding Rules - Flowchart**

(C649)  
(Excludes lymphoma and leukemia M9590-9989 and Kaposi's sarcoma M9140)



**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

Rule	Action	Notes and Examples
<p><b>H12</b></p>		<ol style="list-style-type: none"> <li>1. Use Table 1 to identify specific renal cell types</li> <li>2. The specific histology for In situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ___ differentiation.</li> <li>3. The specific histology for Invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with ___ differentiation.</li> </ol>
<p><b>H13</b></p>		

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.  
Code the histology according to the rule that fits the case.

## Multiple Primary and Histology Coding Rules 2007: Kidney

### Multiple Primary Rules – Matrix C649 (Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.  
 \*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
<b>UNKNOWN IF SINGLE OR MULTIPLE TUMORS</b>					Tumor(s) not described as metastasis	
<b>M1</b>					Use this rule only after all information sources have been exhausted.	Single*
<b>SINGLE TUMOR</b>					1. Tumor not described as metastasis 2: Includes combinations of in situ and invasive	
<b>M2</b>	Single				Tumor may overlap onto or extend into adjacent/contiguous site or subsite	Single*
<b>MULTIPLE TUMORS</b> Multiple tumors may be a single primary or multiple primaries					1. Tumors not described as metastases 2: Includes combinations of in situ and invasive	
<b>M3</b>		Wilms tumors				Single*
<b>M4</b>	Tumors with topography codes that differ at the second (C <del>x</del> xx) and/or third (C <del>x</del> xx) character					Multiple**
<b>M5</b>	Tumors in both right and left kidneys				Abstract as a single primary when the tumors in one kidney are documented to be metastatic from the other kidney	Multiple**
<b>M6</b>			Diagnosed more than three (3) years apart			Multiple**

**Multiple Primary and Histology Coding Rules 2007: Kidney**

**Multiple Primary Rules – Matrix  
C649 (Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)**

<b>Rule</b>	<b>Site</b>	<b>Histology</b>	<b>Timing</b>	<b>Behavior</b>	<b>Notes/Examples</b>	<b>Primary</b>
<b>M7</b>			More than 60 days after diagnosis	An invasive tumor following an in situ tumor	<i>1:</i> The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. <i>2:</i> Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.	Multiple**
<b>M8</b>		A renal cell type in one tumor and a different specific renal cell type in another (Table 1)				Multiple**
<b>M9</b>		<ul style="list-style-type: none"> <li>• Cancer/malignant neoplasm, NOS (8000) and another is a specific histology or</li> <li>• Carcinoma, NOS (8010) and another is a specific carcinoma or</li> <li>• Adenocarcinoma, NOS (8140) and another is a specific adenocarcinoma or</li> <li>• Renal cell carcinoma, NOS (8312) and the other is a single renal cell type (Table 1)</li> </ul>			<i>1:</i> The specific histology for <b>in situ</b> tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation <i>2:</i> The specific histology for <b>invasive</b> tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.	Single*
<b>M10</b>		Histology codes are different at the first (x <u>x</u> xx), second (x <u>x</u> xx), or third (xx <u>x</u> ) number				Multiple**

**Multiple Primary and Histology Coding Rules 2007: Kidney**

**Multiple Primary Rules – Matrix  
C649 (Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)**

<b>Rule</b>	<b>Site</b>	<b>Histology</b>	<b>Timing</b>	<b>Behavior</b>	<b>Notes/Examples</b>	<b>Primary</b>
<b>M11</b>	Does not meet any of the above criteria				<p>When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.</p> <p><b>Rule M11 Examples</b> The following are examples of the types of cases that use Rule M11. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary.</p> <p><b>Warning: Using only these case examples to determine the number of primaries can result in major errors.</b></p> <p><b>Example 1:</b> Multiple tumors in one kidney with the same histology <b>Example 2:</b> An in situ and invasive tumor diagnosed within 60 days</p>	Single*

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**Multiple Primary and Histology Coding Rules 2007: Kidney**

**Histology Coding Rules – Matrix  
C649 (Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)**

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
<b>SINGLE TUMOR</b>					
<b>H1</b>	None or the pathology report is not available			<p><b>1:</b> Priority for using documents to code the histology</p> <ul style="list-style-type: none"> <li>• Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>• Physician’s reference to type of cancer (histology) in the medical record</li> <li>• CT or MRI scans</li> </ul> <p><b>2:</b> Code the specific histology when documented.</p> <p><b>3:</b> Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented</p>	The histology documented by the physician
<b>H2</b>	None from primary site			Code the behavior /3	The histology from metastatic site
<b>H3</b>		One type			The histology
<b>H4</b>			Invasive and in situ		The invasive histologic type

**Multiple Primary and Histology Coding Rules 2007: Kidney**

**Histology Coding Rules – Matrix  
C649 (Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)**

<b>Rule</b>	<b>Pathology/Cytology Specimen</b>	<b>Histology</b>	<b>Behavior</b>	<b>Notes and Examples</b>	<b>Code</b>
<b>H5</b>		<ul style="list-style-type: none"> <li>• Cancer/malignant neoplasm, NOS (8000) and a more specific histology or</li> <li>• Carcinoma, NOS (8010) and a more specific carcinoma or Adenocarcinoma, NOS (8041) and one specific adenocarcinoma type or</li> <li>• Renal cell carcinoma (8312) and one specific renal cell type.</li> </ul>		<p><b>1:</b> Use Table 1 to identify specific renal cell types.</p> <p><b>2:</b> The specific histology for <b>in situ</b> tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation</p> <p><b>3:</b> The specific histology for <b>invasive</b> tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.</p>	The specific type
<b>H6</b>		Two or more specific types of renal cell carcinoma.		<p>Use Table 1 to identify specific renal cell types</p> <p><i>Example:</i> Renal cell carcinoma, papillary and clear cell types. Assign code 8255.</p>	8255 (Adenocarcinoma with mixed subtypes)
<b>H7</b>	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

**Multiple Primary and Histology Coding Rules 2007: Kidney**

**Histology Coding Rules – Matrix  
C649 (Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)**

<b>Rule</b>	<b>Pathology/Cytology Specimen</b>	<b>Histology</b>	<b>Behavior</b>	<b>Notes and Examples</b>	<b>Code</b>
<b>MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY</b>					
<b>H8</b>	No pathology/cytology specimen or the pathology/cytology report is not available			<b>1:</b> Priority for using documents to code the histology <ul style="list-style-type: none"> <li>• Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>• Physician’s reference to type of cancer (histology) in the medical record</li> <li>• CT or MRI scans</li> </ul> <b>2:</b> Code the specific histology when documented <b>3:</b> Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
<b>H9</b>	None from primary site			Code the behavior /3	The histology from a metastatic site
<b>H10</b>		One type			The histology

**Multiple Primary and Histology Coding Rules 2007: Kidney**

**Histology Coding Rules – Matrix  
C649 (Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)**

<b>Rule</b>	<b>Pathology/Cytology Specimen</b>	<b>Histology</b>	<b>Behavior</b>	<b>Notes and Examples</b>	<b>Code</b>
<b>H11</b>				<p><b>1:</b> This rule should only be used when the first three digits of the histology codes are identical (This is a single primary).</p> <p><b>2:</b> See the Kidney Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive.</p> <ul style="list-style-type: none"> <li>• One tumor is in situ and one is invasive, code the histology from the invasive tumor</li> <li>• Both/all histologies are invasive, code the histology of the most invasive tumor.</li> </ul>	The histology of the most invasive tumor
<b>H12</b>		<ul style="list-style-type: none"> <li>• Cancer/malignant neoplasm, NOS (8000) and a more specific histology or</li> <li>• Carcinoma, NOS (8010) and a more specific carcinoma or</li> <li>• Adenocarcinoma, NOS (8140) and one specific adenocarcinoma type or</li> <li>• Renal cell carcinoma (8312) and one specific renal cell type</li> </ul>		<p><b>1:</b> Use Table 1 to identify specific renal cell types.</p> <p><b>2:</b> The specific histology for <b>in situ</b> tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ___differentiation</p> <p><b>3:</b> The specific histology for <b>invasive</b> tumors may be identified as type, subtype, predominantly, with features of, major, or with differentiation.</p>	The specific type
<b>H13</b>	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

Multiple Primary and Histology Coding Rules 2007: Kidney

Multiple Primary Rules - Text  
C649 (Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

**UNKNOWN IF SINGLE OR MULTIPLE TUMORS**

*Note:* Tumor(s) not described as metastasis

**Rule M1** When it is not possible to determine if there is a **single tumor or multiple tumors**, opt for a single tumor and abstract as a single primary.\*  
*Note:* Use this rule only after all information sources have been exhausted.

**\*Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.  
This is the end of instructions for Unknown if Single or Multiple Tumors**

**SINGLE TUMOR**

*Note 1:* Tumor not described as metastasis  
*Note 2:* Includes combinations of in situ and invasive

**Rule M2** A **single tumor** is always a single primary. \*  
*Note:* The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.  
This is the end of instructions for single tumors.**

**MULTIPLE TUMORS**

Multiple tumors may be a single primary or multiple primaries.  
*Note 1:* Tumors not described as metastases  
*Note 2:* Includes combinations of in situ and invasive

**Rule M3** **Wilms tumors** are a single primary. \*

**Rule M4** Tumors in sites with **ICD-O-3 topography** codes that are **different** at the second (Cxxx) and/or third characters (Cxxx) are multiple primaries \*\*

**Rule M5** Tumors in **both the right kidney and in the left kidney** are multiple primaries. \*\*  
*Note:* Abstract as a single primary when the tumors in one kidney are documented to be metastatic from the other kidney.

Multiple Primary and Histology Coding Rules 2007: Kidney

Multiple Primary Rules - Text  
C649 (Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

- Rule M6** Tumors diagnosed more than **three (3) years apart** are multiple primaries. \*\*
- Rule M7** An **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis are multiple primaries. \*\*  
*Note 1:* The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.  
*Note 2:* Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.
- Rule M8** **One** tumor with a specific **renal cell type** **and** another tumor with a **different** specific renal cell **type** are multiple primaries (Table 1). \*\*
- Rule M9** Abstract as a single primary \* when one tumor is
  - **Cancer/malignant neoplasm, NOS (8000) and** another is a **specific histology** or
  - **Carcinoma, NOS (8010) and** the other is a **specific carcinoma** or
  - **Adenocarcinoma, NOS (8140) and** another is a **specific adenocarcinoma** or
  - **Renal cell carcinoma, NOS (8312) and** the other is a **single renal cell type** (Table 1)*Note 1:* The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with \_\_\_differentiation  
*Note 2:* The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with \_\_\_differentiation.
- Rule M10** Tumors with **ICD-O-3 histology** codes that are **different** at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries. \*\*
- Rule M11** Tumors that **do not meet any** of the above **criteria** are a single primary.\*  
*Note:* When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.  
 \*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.  
 This is the end of instructions for Multiple Tumors.

**Rule M11 Examples:** The following are examples of cases that use Rule M11. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. *Warning: Using only these case examples to determine the number of primaries can result in major errors.*

<b>Example 1:</b> Multiple tumors in one kidney with same histology	<b>Example 2:</b> An in situ and invasive tumor diagnosed within 60 days
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Multiple Primary and Histology Coding Rules 2007: Kidney

Histology Coding Rules - Text  
C649 (Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

**Rule H1** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the pathology/cytology report is not available.

*Note 1:* Priority for using documents to code the histology

- Documentation medical record that refers to pathologic or cytologic findings
- Physician’s reference to type of cancer (histology) in the medical record
- CT or MRI scans

*Note 2:* Code the specific histology when documented.

*Note 3:* Code the histology to 8000 (cancer/malignant neoplasm, NOS), or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

**Rule H2** Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site.**

*Note:* Code the behavior /3.

**Rule H3** Code the **histology** when only one histologic type is identified.

**Rule H4** Code the **invasive** histologic type when there are invasive and in situ components.

**Rule H5** Code the **specific type** when the diagnosis is

- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Adenocarcinoma, NOS (8140) and one specific adenocarcinoma type or
- Renal cell carcinoma, NOS (8312) and one specific renal cell type

*Note 1:* Use Table 1 to identify specific renal cell types.

*Note 2:* The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with \_\_\_differentiation

*Note 3:* The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with \_\_\_differentiation.

**Rule H6** Code 8255 (adenocarcinoma with mixed subtypes) when there are **two or more specific** renal cell carcinoma types.

*Note:* Use Table 1 to identify specific renal cell types.

*Example:* Renal cell carcinoma, papillary and clear cell types. Assign code 8255.

## Multiple Primary and Histology Coding Rules 2007: Kidney

### Histology Coding Rules - Text C649 (Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

**Rule H7** Code the histology with the **numerically higher** ICD-O-3 code.

**This is the end of instructions for Single Tumor.**

**Code the histology according to the rule that fits the case.**

#### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

**Rule H8** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the pathology/cytology report is not available.

*Note 1:* Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT or MRI scans

*Note 2:* Code the specific histology when documented.

*Note 3:* Code the histology to 8000 (cancer/malignant neoplasm, NOS), or 8010 (carcinoma, NOS) as stated by the physician when no specific histology is documented.

**Rule H9** Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site**.

*Note:* Code the behavior /3.

**Rule H10** Code the histology when only **one histologic type** is identified.

**Rule H11** Code the histology of the **most invasive** tumor.

*Note 1:* This rule should only be used when the first three digits of the histology codes are identical (This is a single primary).

*Note 2:* See the Kidney Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive.

- If one tumor is in situ and one is invasive, code the histology from the invasive tumor.
- If both/all histologies are invasive, code the histology of the most invasive tumor.



## Multiple Primary and Histology Coding Rules 2007: Kidney

### Histology Coding Rules - Text

#### C649 (Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

- Rule H12** Code the **specific type** when the diagnosis is
- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
  - Carcinoma, NOS (8010) and a more specific carcinoma or
  - Adenocarcinoma, NOS (8140) and one specific adenocarcinoma type or
  - Renal cell carcinoma, NOS (8312) and one specific renal cell type

*Note 1:* Use Table 1 to identify specific renal cell types.

*Note 2:* The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with \_\_\_\_differentiation

*Note 3:* The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with \_\_\_\_differentiation.

- Rule H13** Code the histology with the **numerically higher** ICD-O-3 code.

**This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.  
Code the histology according to the rule that fits the case.**

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## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

#### Kidney (Renal Parenchyma)

##### C64.9

C64.9 Kidney, NOS (Renal parenchyma)

**Note:** Laterality must be coded for this site.

CS Tumor Size	CS Site-Specific Factor 1	<b>The following tables are available at the collaborative staging website:</b> Histology Exclusion Table AJCC Stage Extension Size Table
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

#### Kidney (Renal Parenchyma)

##### CS Tumor Size

SEE STANDARD TABLE

#### Kidney (Renal Parenchyma)

##### CS Extension (Revised: 07/25/2004)

**Note:** The parenchyma of the kidney includes the following structures: cortex (outer layer of kidney) and renal columns; medulla, medullary rays, renal pyramids, and renal papillae; nephrons (renal corpuscle, loops of Henle, proximal and distal tubules, collecting duct), glomerulus, and Bowman's capsule. The most common site for renal parenchymal cancer to develop is in the proximal convoluted tubule. Tumor extension from one of these structures into another would be coded to 10 unless there were further signs of involvement.

Code	Description	TNM	SS77	SS2000
00	In situ	Tis	IS	IS
10	Invasive cancer confined to kidney cortex and/or medulla	*	L	L
20	Invasion of renal capsule Renal pelvis or calyces involved Separate focus of tumor in renal pelvis/calyx	*	L	L
30	Localized, NOS	*	L	L
39	Stated as T3, NOS	T3NOS	RE	RE
40	Adrenal (suprarenal) gland, ipsilateral Perirenal (perinephric) tissue/fat Renal (Gerota's) fascia Renal sinus fat Retroperitoneal soft tissue	T3a	RE	RE
60	Blood vessels: Extrarenal portion of renal vein or segmental branches Hilar blood vessel Inferior vena cava below diaphragm Perirenal vein Renal artery Renal vein, NOS Tumor thrombus in a renal vein, NOS	T3b	RE	RE

**SEER Program Coding and Staging Manual 2007**

**CS Staging Schemas**

62	Vena cava above diaphragm or invades the wall of the vena cava	T3c	RE	RE
65	Extension beyond Gerota's fascia to: Ascending colon from right kidney Descending colon from left kidney Diaphragm Duodenum from right kidney Peritoneum Tail of pancreas Ureter, including implant(s), ipsilateral	T4	RE	RE
67	Extension beyond Gerota's fascia to: Psoas muscle	T4	D	RE
70	Ribs	T4	D	D
75	Liver Spleen Stomach	T4	D	D
80	Further contiguous extension Aorta Contralateral Adrenal (suprarenal) gland Kidney Ureter Other direct extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

\* For codes 10, 20, and 30 ONLY, the T category is assigned based on the value of tumor size, as shown in the Extension Size Table for this site.

**Kidney (Renal Parenchyma)**

**CS TS/Ext-Eval**

**SEE STANDARD TABLE**

**Kidney (Renal Parenchyma)**

**CS Lymph Nodes** (Revised: 05/06/2004)

**Note:** Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	Single regional lymph node: Aortic, NOS: Lateral (lumbar) Para-aortic Periaortic Renal hilar Retroperitoneal, NOS Regional lymph node(s), NOS	N1	RN	RN

**SEER Program Coding and Staging Manual 2007**

**CS Staging Schemas**

11	Single regional lymph node: Paracaval	N1	D	RN
15	(10) + (11) including: Single regional lymph node as specified in code 10 PLUS single paracaval node	N2	D	RN
40	More than one regional lymph node (including contralateral or bilateral nodes) other than as defined in code 15	N2	D	RN
70	Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	U	U

**Kidney (Renal Parenchyma)**

**CS Reg Nodes Eval**

SEE STANDARD TABLE

**Kidney (Renal Parenchyma)**

**Reg LN Pos**

SEE STANDARD TABLE

**Kidney (Renal Parenchyma)**

**Reg LN Exam**

SEE STANDARD TABLE

**Kidney (Renal Parenchyma)**

**CS Mets at DX**

SEE STANDARD TABLE

**Kidney (Renal Parenchyma)**

**CS Mets Eval**

SEE STANDARD TABLE

**Kidney (Renal Parenchyma)**

**CS Site-Specific Factor 1** (Revised: 03/27/2003)

Code	Description
888	Not applicable for this site

SEER Program Coding and Staging Manual 2007

CS Staging Schemas

**Kidney (Renal Parenchyma)**

**CS Site-Specific Factor 2** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Kidney (Renal Parenchyma)**

**CS Site-Specific Factor 3** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Kidney (Renal Parenchyma)**

**CS Site-Specific Factor 4** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Kidney (Renal Parenchyma)**

**CS Site-Specific Factor 5** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Kidney (Renal Parenchyma)**

**CS Site-Specific Factor 6** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

## SEER Program Coding and Staging Manual 2007

### Surgery Codes

#### Kidney, Renal Pelvis, and Ureter

#### Kidney C649, Renal Pelvis C659, Ureter C669

(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

#### Codes

- 00 None; no surgery of primary site; autopsy ONLY
  
- 10 Local tumor destruction, NOS
  - 11 Photodynamic therapy (PDT)
  - 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
  - 13 Cryosurgery
  - 14 Laser
  - 15 Thermal ablation

#### No specimen sent to pathology from this surgical event 10–15

- 20 Local tumor excision, NOS
  - 26 Polypectomy
  - 27 Excisional biopsy

#### Any combination of 20 or 26–27 WITH

- 21 Photodynamic therapy (PDT)
  - 22 Electrocautery
  - 23 Cryosurgery
  - 24 Laser ablation
- [**SEER Note:** Codes 21 to 24 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional Biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, or 24 Laser ablation]
- 25 Laser excision

#### Specimen sent to pathology from surgical events 20–27

- 30 Partial or subtotal nephrectomy (kidney or renal pelvis) or partial ureterectomy (ureter)  
**Procedures coded 30 include, but are not limited to:**
  - Segmental resection
  - Wedge resection
  
- 40 Complete/total/simple nephrectomy—for kidney parenchyma  
Nephroureterectomy  
**Includes bladder cuff for renal pelvis or ureter**
  
- 50 Radical nephrectomy  
**May include removal of a portion of vena cava, adrenal gland(s), Gerota’s fascia, perinephric fat, or partial/total ureter**
  
- 70 Any nephrectomy (simple, subtotal, complete, partial, total, radical) in continuity with the resection of other organ(s) (colon, bladder)  
**The other organs, such as colon or bladder, may be partially or totally removed**  
[**SEER Note:** In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]
  
- 80 Nephrectomy, NOS  
Ureterectomy, NOS

**SEER Program Coding and Staging Manual 2007**

**Surgery Codes**

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY



**Coding Guidelines**  
**KIDNEY, RENAL PELVIS, AND URETER**  
**Kidney C649, Renal Pelvis C659, Ureter C669**

**Laterality**

Laterality is required for sites C64.9, C65.9, and C66.9.

**Priority Rules for Coding Grade of Tumor**

1. Fuhrman grade
2. Nuclear grade
3. Terminology (well diff, mod diff)
4. Histologic grade (grade 1, grade 2)

These prioritization rules do not apply to Wilm's tumor (8960).

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## Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder, and Other Urinary

### Equivalent Terms, Definitions, Tables and Illustrations C659, C669, C670-C679, C680-C689 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

#### Renal Pelvis, Ureter, Bladder, and Other Urinary

The renal pelvis, ureters, bladder and proximal portion of the urethra are lined by transitional epithelium, also known as urothelium. Tumors of the urothelium are more often multifocal compared to other sites. Two mechanisms have been proposed to explain this phenomenon: 1). a “field effect” and 2) tumor cell implantation.

1. The **field effect** theory suggests that the urothelium has undergone a widespread change, perhaps in response to a carcinogen, making it more sensitive to malignant transformations. As a result, multiple tumors arise more easily.
2. The **implantation** theory suggests that tumor cells in one location lose their attachments and float in the urine until they attach (implant) on another site. Transitional cell tumors commonly spread in a head-to-toe direction, for example from the renal pelvis to the ureter.

Molecular evidence has been found to support both of these theories, but neither has been proven to be the case for all tumors. Similarly, the widespread presence of flat carcinoma in situ may be a result of direct spread of neoplastic cells within the epithelium, direct extension, or due to implantation or field effect. The rules regarding histology and number of primaries are an attempt to reconcile these observations so that incidence data are consistent and reproducible.

#### Bladder

In the United States, transitional cell carcinomas account for more than 90% of all bladder cancers. Squamous cell carcinomas make up 3-8%, and adenocarcinomas make up about 1-2%. Pure squamous cell carcinoma of the bladder has a poor prognosis. See histology coding rules H5 and H13 for coding instructions.

#### Equivalent or Equal Terms

- **Flat transitional cell, flat urothelial, in situ transitional cell, and in situ urothelial**
- **Tumor, mass, lesion, neoplasm**
- **Urothelial and transitional**
- **Urothelium and transitional epithelium**
- **Intramucosal and in situ**

**Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder, and Other Urinary**  
**Equivalent Terms, Definitions, Tables and Illustrations**  
**C659, C669, C670-C679, C680-C689 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

## Definitions

### Contiguous Sites:

- Renal pelvis
- Ureter
- Bladder
- Urethra/prostatic urethra

**Field effect:** Widespread changes in normal or relatively normal tissue that predispose a person to cancer

**Flat Tumor (bladder)/Noninvasive flat TCC:** A flat tumor is a non-papillary bladder tumor that lies flat against the bladder tissue. Flat tumors usually have a poor prognosis. Noninvasive flat TCC (also called carcinoma in situ, or CIS) grows in the layer of cells closest to the inside of the bladder and appears as flat lesions on the inside surface of the bladder. Flat, invasive TCC may invade the deeper layers of the bladder, particularly the muscle layer.

**In situ:** A tumor confined to epithelium (intraepithelial) with no penetration below the basement membrane

**Intraluminal (Ureter):** Within the lumen of a tubular or hollow structure. Urinary tumors may spread intraluminally to adjacent urinary organs.

**Intramucosal:** Within the mucosal surface.

**Invasive:** A tumor that penetrates beyond the basement membrane.

**Most invasive:** The tumor with the greatest continuous local/regional extension (see focal and foci/focus definitions).

### Bladder

The walls of the **bladder** in order from least to greatest extension are:

- Mucosa
- Lamina propria (some pathologists equate this to submucosa)
- Muscularis mucosae (this layer not always present, may not be mentioned)
- Submucosa
- Muscular layer (muscularis propria, detrusor muscle)
- Serosa, adventitia

**Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder, and Other Urinary**  
**Equivalent Terms, Definitions, Tables and Illustrations**  
**C659, C669, C670-C679, C680-C689 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

**Renal pelvis and ureter**

The walls of the **renal pelvis** and **ureter** from least to greatest extension are:

- Epithelium
- Subepithelial connective tissue, submucosa
- Periureteric fat, peripelvic fat.

**Multicentric, multifocal, and polycentric are often used as synonyms.** The tumor has multiple centers. The foci are not contiguous.

**Non-invasive tumor:** A tumor confined to epithelium (intraepithelial) with no penetration below the basement membrane.

**Papillary tumor:** A papillary bladder, ureter, or renal pelvis tumor is a warty growth that is attached to the wall by a stalk.

**Papillary and Flat Carcinomas:** Urothelial carcinomas may be either flat or papillary. The terms papillary and flat describe the structure or architecture of the tumor, not a specific histologic type. Both are transitional cell/urothelial carcinoma, although there are behavioral differences between the two.

**Prostatic Urethra:** Adenocarcinoma of the prostatic urethra is usually an extension of adenocarcinoma of the prostate. Transitional cell/urothelial carcinoma in the prostatic urethra may be an extension from the bladder or may be primary in the prostatic urethra. .

**Satellite lesion or metastasis:** Metastatic lesion within the immediate vicinity of the primary tumor.

**Transitional cell carcinoma** usually begins in the renal pelvis, not in the kidney. The cancer cells are different from renal cell carcinoma.

**Transitional epithelium:** A highly expandable epithelium that has a layered appearance with large cube-shaped cells in the relaxed state that transform and stretch into broad and flat cells in the expanded or distended state.

**Urinary tract:** Structures lined by transitional epithelium also known as urothelium.

**Urothelium:** The transitional epithelium lining the wall of the bladder, ureter, and renal pelvis, external to the basement membrane.

**Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder, and Other Urinary**  
**Equivalent Terms, Definitions, Tables and Illustrations**  
**C659, C669, C670-C679, C680-C689 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

**Table 1 – Urothelial Tumors**

*Note:* Excludes pure squamous carcinoma, glandular (adeno) carcinoma, or other bladder tumor histologies.

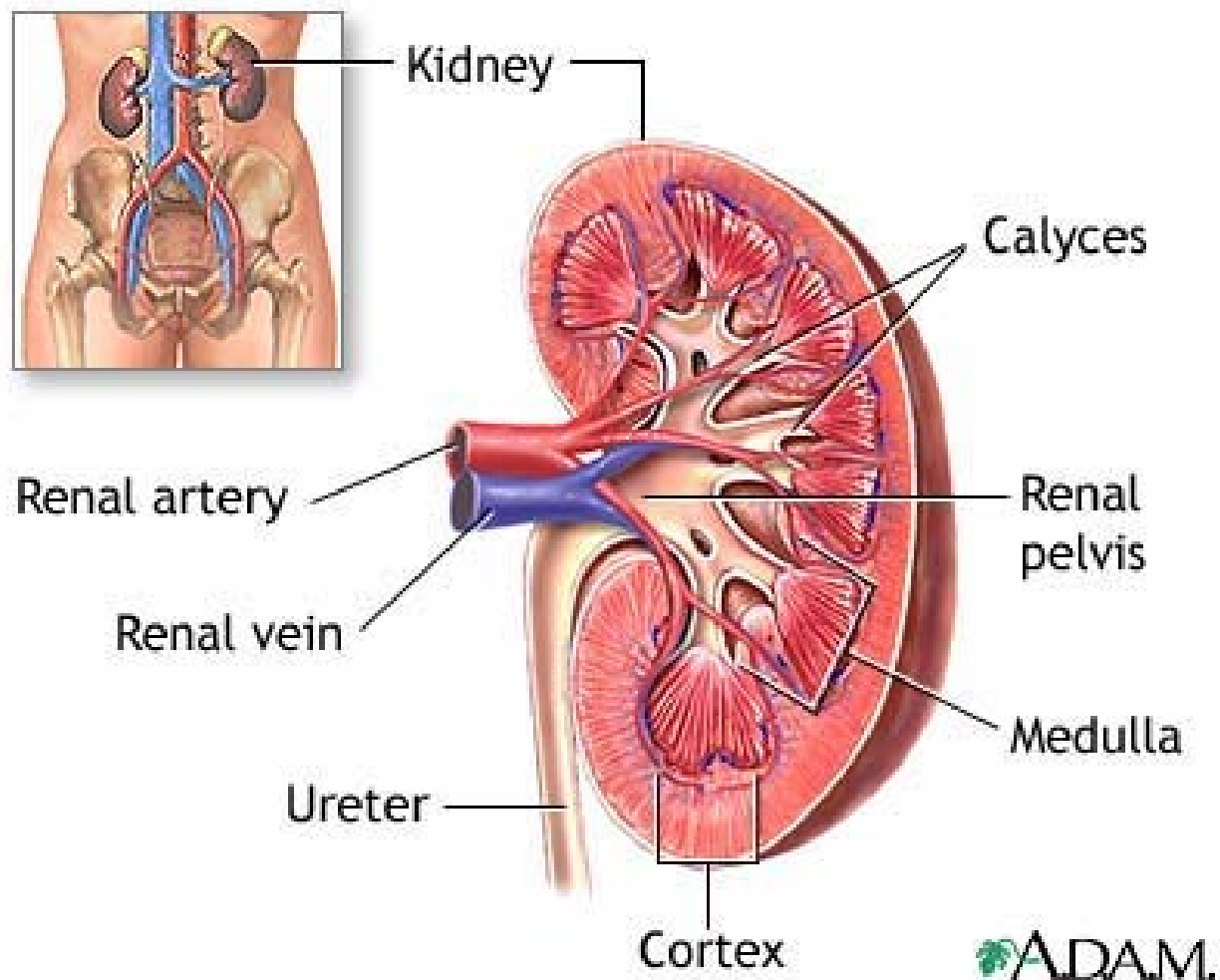
Urothelial/Transitional Cell Tumors	Code
With squamous differentiation	8120
With glandular differentiation	
With trophoblastic differentiation	
Nested	
Microcystic	
Transitional cell, NOS	
Papillary carcinoma	8130
Papillary transitional cell	
Micropapillary	8131
Lymphoepithelioma-like	8082
Plasmacytoid	
Sarcomatoid	8122
Giant cell	8031
Undifferentiated	8020

**Table 2 – Changes to Previous SEER Site Grouping Table**

Previous to 2007, tumors in the sites below were abstracted as a single primary.

Code	Site Grouping
C64	Kidney
C65	Renal pelvis
C66	Ureter
C68	Other and unspecified urinary organs

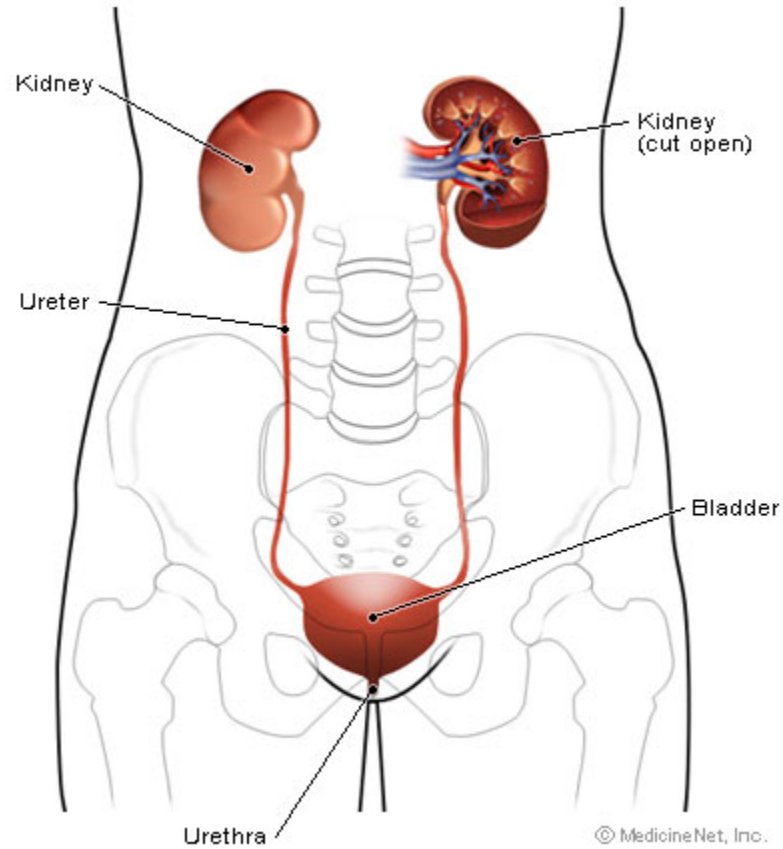
Do not use for cases diagnosed on or after 2007

**Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder, and Other Urinary****Equivalent Terms, Definitions, Tables and Illustrations****C659, C669, C670-C679, C680-C689 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

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### Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder, and Other Urinary

Equivalent Terms, Definitions, Tables and Illustrations  
C659, C669, C670-C679, C680-C689 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

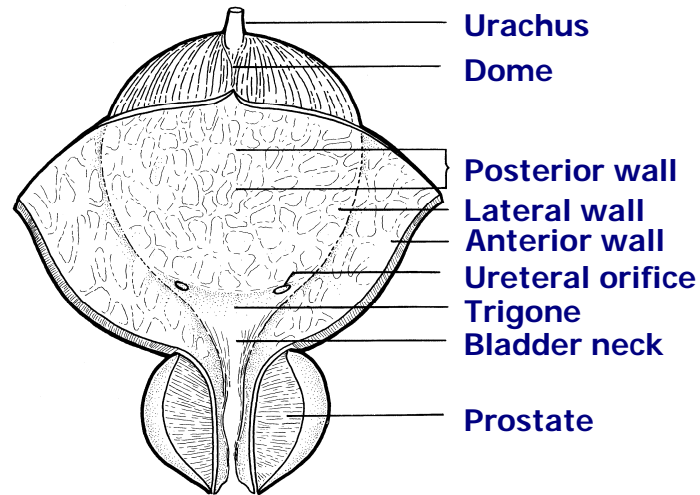


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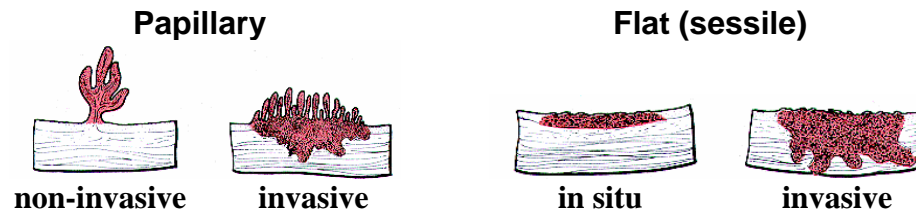
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**Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder, and Other Urinary**  
**Equivalent Terms, Definitions, Tables and Illustrations**  
**C659, C669, C670-C679, C680-C689 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**



Source: TNM Atlas, 3rd edition, 2nd revision



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## Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder and Other Urinary

### Multiple Primary Rules – Flowchart

#### Renal Pelvis, Ureter, Bladder and Other Urinary Multiple Primary Rules - Flowchart

(C659, C669, C670-C679, C680-C689)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

UNKNOWN IF SINGLE OR MULTIPLE TUMORS	DECISION	NOTES
		Tumor(s) not described as metastasis.
<p><b>M1</b></p>	<p style="text-align: center;"><b>SINGLE Primary*</b></p> <p>End of instructions for Unknown if Single or Multiple Tumors</p>	Use this rule only after all information sources have been exhausted.
SINGLE TUMOR	DECISION	NOTES
<p><b>M2</b></p>	<p style="text-align: center;"><b>SINGLE Primary*</b></p> <p>End of instructions for Single Tumor.</p>	<ol style="list-style-type: none"> <li>1. Tumor not described as metastasis.</li> <li>2. Includes combinations of in situ and invasive.</li> </ol> <p>The tumor may overlap onto or extend into adjacent/contiguous site or subsite.</p>

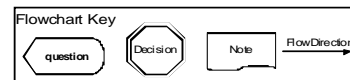
Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder and Other Urinary

Multiple Primary Rules – Flowchart

Renal Pelvis, Ureter, Bladder and Other Urinary Multiple Primary Rules - Flowchart

(C659, C669, C670-C679, C680-C689)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

<p><b>MULTIPLE TUMORS</b></p> <p>Multiple tumors may be a single primary or multiple primaries.</p>	<p><b>DECISION</b></p>	<p><b>NOTES</b></p>
<p><b>M3</b></p> <p>Are there tumors in both the right renal pelvis and the left renal pelvis and no other urinary sites are involved?</p>	<p>MULTIPLE Primaries**</p>	<p>1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.</p> <p>Use this rule and abstract as a multiple primary unless documented to be metastatic.</p>
<p><b>M4</b></p> <p>Are there tumors in both the right ureter and the left ureter and no other urinary sites are involved?</p>	<p>MULTIPLE Primaries**</p>	<p>Use this rule and abstract as a multiple primary unless documented to be metastatic.</p>
<p><b>M5</b></p> <p>Is there an Invasive tumor following a non-invasive or an In situ tumor more than 60 days after diagnosis?</p>	<p>MULTIPLE Primaries**</p>	<p>1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.</p> <p>2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.</p>
<p>Next Page</p>		

Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder and Other Urinary

Multiple Primary Rules – Flowchart

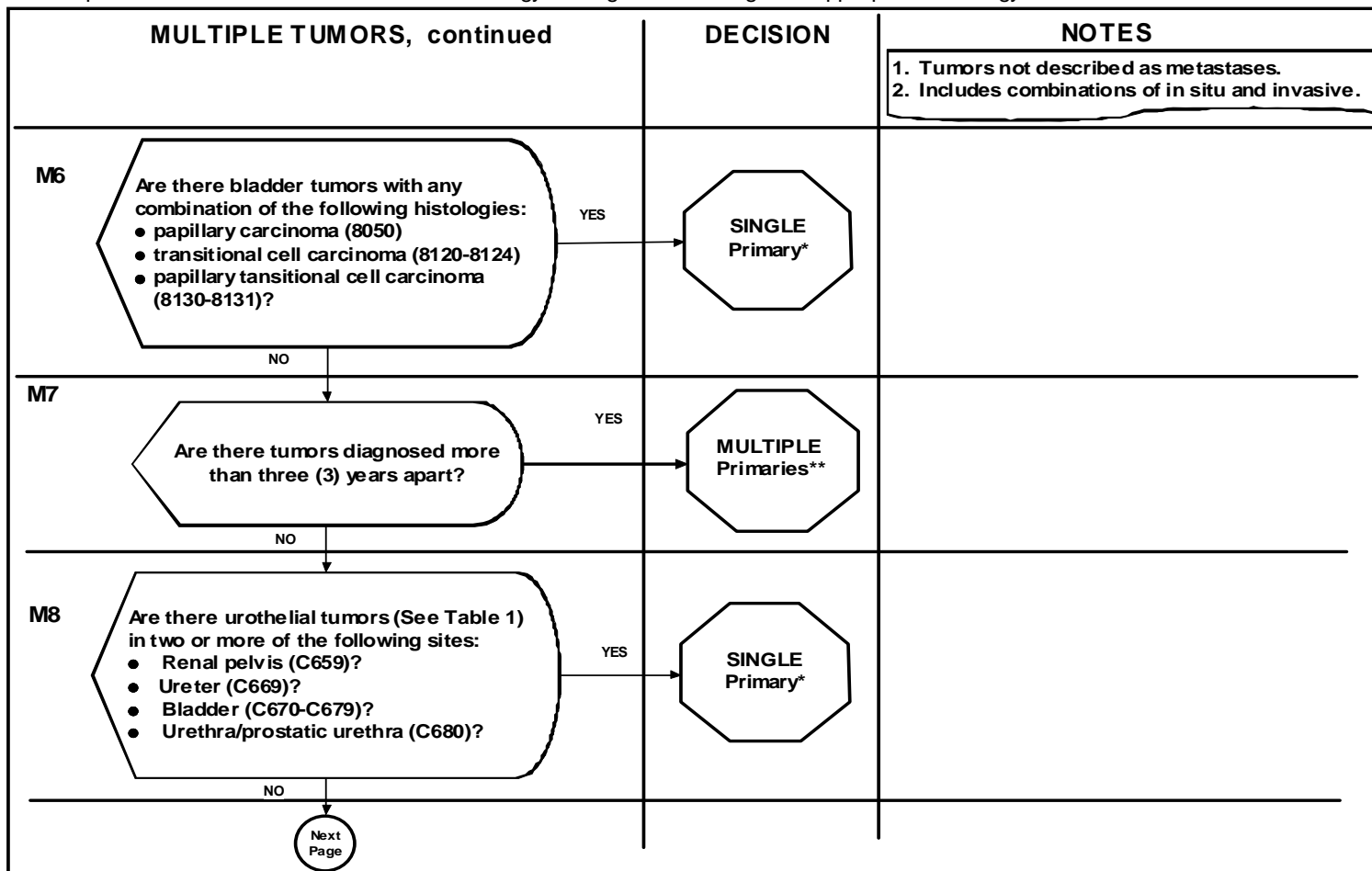
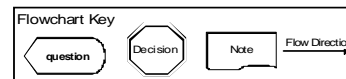
Renal Pelvis, Ureter, Bladder and Other Urinary Multiple Primary Rules - Flowchart

(C659, C669, C670-C679, C680-C689)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder and Other Urinary

Multiple Primary Rules – Flowchart

Renal Pelvis, Ureter, Bladder and Other Urinary Multiple Primary Rules - Flowchart

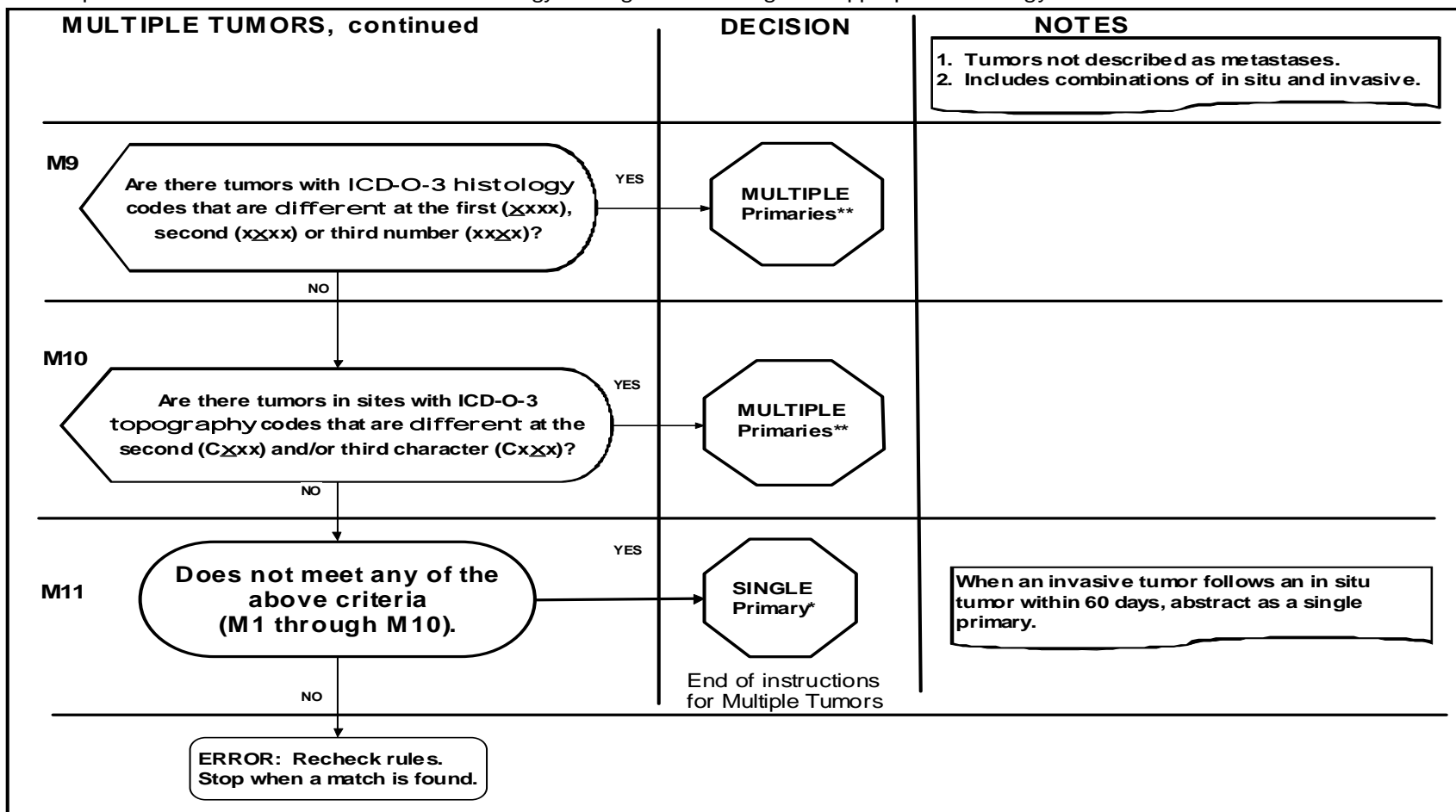
(C659, C669, C670-C679, C680-C689)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder and Other Urinary

Histology Coding Rules – Flowchart

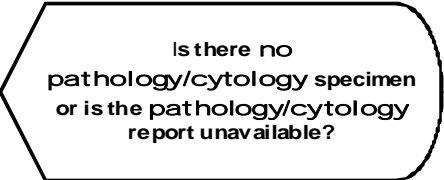
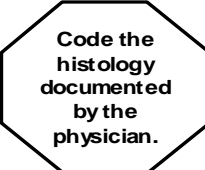
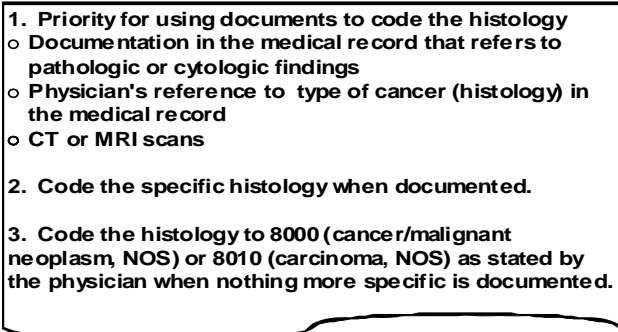
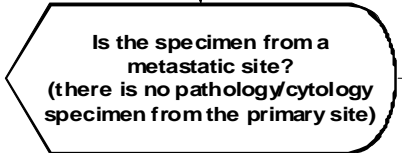



Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart

(C659, C669, C670-C679, C680-C689)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi's sarcoma M9140)



SINGLE TUMOR

Rule	Action	Notes and Examples
<p>H1</p>  <p>YES</p>		 <p>1. Priority for using documents to code the histology</p> <ul style="list-style-type: none"> <li>o Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>o Physician's reference to type of cancer (histology) in the medical record</li> <li>o CT or MRI scans</li> </ul> <p>2. Code the specific histology when documented.</p> <p>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.</p>
<p>H2</p>  <p>YES</p>		 <p>Code the behavior /3.</p>
		

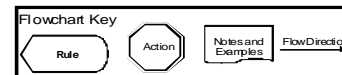
Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder and Other Urinary

Histology Coding Rules – Flowchart

Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart

(C659, C669, C670-C679, C680-C689)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi's sarcoma M9140)



SINGLE TUMOR

Rule	Action	Notes and Examples
<p><b>H3</b></p> <p>Is the histology:</p> <ul style="list-style-type: none"> <li>• Pure transitional cell carcinoma? or</li> <li>• Flat (non-papillary) transitional carcinoma? or</li> <li>• Transitional cell carcinoma with squamous differentiation? or</li> <li>• Transitional cell carcinoma with glandular differentiation? or</li> <li>• Transitional cell carcinoma with trophoblastic differentiation? or</li> <li>• Nested transitional cell carcinoma? or</li> <li>• Microcystic transitional cell carcinoma?</li> </ul>	<p><b>Code 8120</b> (transitional cell/urothelial carcinoma) (Table 1 - Code 8120).</p>	<p>Flat transitional cell carcinoma is a more important prognostic indicator than papillary, and is likely to be treated more aggressively.</p>
<p><b>H4</b></p> <p>Is the histology:</p> <ul style="list-style-type: none"> <li>• papillary carcinoma? or</li> <li>• Papillary transitional cell carcinoma? or</li> <li>• Papillary carcinoma and Transitional cell carcinoma?</li> </ul>	<p><b>Code 8130</b> (papillary transitional cell carcinoma) (Table 1 - Code 8130).</p>	
<p><b>H5</b></p> <p>Is only one histologic type identified?</p>	<p><b>Code the histology.</b></p>	<p>Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).</p>
<p>Next Page</p>		



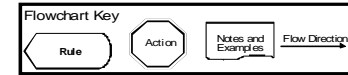
Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder and Other Urinary

Histology Coding Rules – Flowchart

Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart

(C659, C669, C670-C679, C680-C689)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



SINGLE TUMOR

Rule	Action	Notes and Examples
<p>H6</p>	<p>Code the invasive histology.</p>	
<p>H7</p>	<p>Code the most specific histologic term.</p>	<p><b>Examples</b></p> <ul style="list-style-type: none"> <li>• Cancer/malignant neoplasm, NOS (8000) and a more specific histology</li> <li>• Carcinoma, NOS (8010) and a more specific carcinoma</li> <li>• Sarcoma, NOS (8800) and a more specific sarcoma (invasive only)</li> </ul> <p>1. The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with _____ differentiation.</p> <p>2. The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation.</p>
<p>H8</p>	<p>Code the numerically higher ICD-O-3 histology code.</p>	

This is the end of instructions for Single Tumor.  
Code the histology according to the rule that fits the case.

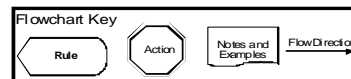
Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder and Other Urinary

Histology Coding Rules – Flowchart

Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart

(C659, C669, C670-C679, C680-C689)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

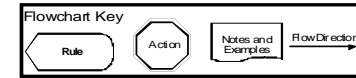
Rule	Action	Notes and Examples
<p>H9</p>	<p>YES</p>	
<p>H10</p>	<p>YES</p>	
<p>NO</p>		

Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder and Other Urinary

Histology Coding Rules – Flowchart

Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart

(C659, C669, C670-C679, C680-C689)  
 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p><b>H11</b></p> <p>Is the histology:</p> <ul style="list-style-type: none"> <li>• Pure transitional cell carcinoma? or</li> <li>• Flat (non-papillary) transitional cell carcinoma? or</li> <li>• Transitional cell carcinoma with squamous differentiation? or</li> <li>• Transitional cell carcinoma with glandular differentiation? or</li> <li>• Transitional cell carcinoma with trophoblastic differentiation? or</li> <li>• Nested transitional cell carcinoma? or</li> <li>• Microcystic transitional cell carcinoma?</li> </ul>	<p><b>Code 8120</b>                      (transitional cell/                      urothelial carcinoma)                      (Table 1 - Code 8120).</p>	<p>Flat transitional cell carcinoma is a more important prognostic indicator than papillary, and is likely to be treated more aggressively.</p>
<p><b>H12</b></p> <p>Is the histology:</p> <ul style="list-style-type: none"> <li>• papillary carcinoma? or</li> <li>• Papillary transitional carcinoma? or</li> <li>• Papillary carcinoma and Transitional carcinoma?</li> </ul>	<p><b>Code 8130</b>                      (papillary transitional cell carcinoma)                      (Table 1 - Code 8130).</p>	
<p>Next Page</p>		

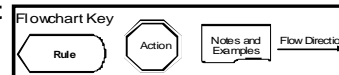
Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder and Other Urinary

Histology Coding Rules – Flowchart

Renal Pelvis, Ureter, Bladder and Other Urinary Histology Coding Rules - Flowchart

(C659, C669, C670-C679, C680-C689)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p>H13</p>		
<p>H14</p>		
<p>H15</p>		

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.  
Code the histology according to the rule that fits the case.

**Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder, and Other Urinary**

**Multiple Primary Rules – Matrix**

**C659, C669, C670-C679, C680-C689 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.  
 \*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
<b>UNKNOWN IF SINGLE OR MULTIPLE TUMORS</b>					Tumor(s) not described as metastasis	
<b>M1</b>					Use this rule only after all information sources have been exhausted.	Single*
<b>SINGLE TUMOR</b>					<i>1.</i> Tumor not described as metastasis <i>2:</i> Includes combinations of in situ and invasive	
<b>M2</b>	Single				The tumor may overlap onto or extend into adjacent/contiguous site or subsite	Single*
<b>MULTIPLE TUMORS</b> Multiple tumors may be a single or multiple primaries					<i>1.</i> Tumors not described as metastases <i>2:</i> Includes combinations of in situ and invasive	
<b>M3</b>	When no other urinary sites are involved, tumor(s) in the right renal pelvis and tumor(s) the left renal pelvis				Use this rule and abstract as a multiple primary unless documented to be metastatic.	Multiple**
<b>M4</b>	When no other urinary sites are involved, tumor(s) in the right ureter and tumor(s) in the left ureter				Use this rule and abstract as a multiple primary unless documented to be metastatic.	Multiple**
<b>M5</b>			More than 60 days after diagnosis	An invasive following an in situ	<i>1:</i> The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. <i>2:</i> Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.	Multiple**

**Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder, and Other Urinary**

**Multiple Primary Rules – Matrix**

**C659, C669, C670-C679, C680-C689 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

<b>Rule</b>	<b>Site</b>	<b>Histology</b>	<b>Timing</b>	<b>Behavior</b>	<b>Notes/Examples</b>	<b>Primary</b>
<b>M6</b>	Bladder	Any combination of: <ul style="list-style-type: none"> <li>• Papillary carcinoma (8050) or</li> <li>• Transitional cell carcinoma (8120-8124) or</li> <li>• Papillary transitional cell carcinoma (8130-8131)</li> </ul>				Single*
<b>M7</b>			More than three (3) years apart			Multiple**
<b>M8</b>	Two or more of the following sites <ul style="list-style-type: none"> <li>• Renal pelvis (C659)</li> <li>• Ureter(C669)</li> <li>• Bladder (C670-C679)</li> <li>• Urethra /prostatic urethra (C680)</li> </ul>	Urothelial tumors (See Table 1)*				Single*

**Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder, and Other Urinary**

**Multiple Primary Rules – Matrix**

**C659, C669, C670-C679, C680-C689 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

<b>Rule</b>	<b>Site</b>	<b>Histology</b>	<b>Timing</b>	<b>Behavior</b>	<b>Notes/Examples</b>	<b>Primary</b>
<b>M9</b>		Tumors with histology codes different at the first ( <u>x</u> xxx), second (x <u>x</u> xx), or third (xx <u>x</u> x) number				Multiple**
<b>M10</b>	Tumors with topography codes different at the second (C <u>x</u> xx) and/or third (Cxx <u>x</u> ) character					Multiple**
<b>M11</b>	Does not meet any of the above criteria				When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.	Single*

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**Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder, and Other Urinary**

**Histology Coding Rules – Matrix  
C659, C669, C670-C679, C680-C689 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

<b>Rule</b>	<b>Pathology/Cytology Specimen</b>	<b>Histology</b>	<b>Behavior</b>	<b>Notes and Examples</b>	<b>Code</b>
<b>SINGLE TUMOR</b>					
<b>H1</b>	No pathology/cytology specimen or the pathology/cytology report is not available			<p><i>1:</i> Priority for using documents to code the histology</p> <ul style="list-style-type: none"> <li>• Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>• Physician’s reference to type of cancer (histology) in the medical record</li> <li>• CT or MRI scans</li> </ul> <p><i>2:</i> Code the specific histology when documented.</p> <p><i>3:</i> Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented</p>	The histology documented by the physician
<b>H2</b>	None from primary site			Code the behavior /3	The histology from metastatic site
<b>H3</b>		<ul style="list-style-type: none"> <li>• Pure transitional carcinoma or</li> <li>• Flat (non—papillary) transitional cell carcinoma or</li> <li>• Transition cell carcinoma with squamous differentiation or</li> <li>• Transitional cell carcinoma with glandular differentiation or</li> <li>• Transitional cell carcinoma with trophoblastic differentiation or</li> <li>• Nested transitional cell carcinoma or</li> <li>• Microcystic transitional cell carcinoma</li> </ul>		Flat transitional cell carcinoma is a more important prognostic indicator than papillary, and is likely to be treated more aggressively.	8120 (transitional cell/urothelial carcinoma) (Table 1 – Code 8120)

Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder, and Other Urinary

Histology Coding Rules – Matrix

C659, C669, C670-C679, C680-C689 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H4		<ul style="list-style-type: none"> <li>Papillary carcinoma or</li> <li>Papillary transitional carcinoma or</li> <li>Papillary carcinoma and transitional cell carcinoma</li> </ul>			8130 (papillary transitional cell carcinoma) (Table 1 – Code 8130)
H5		One type		Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma)	The histology
H6			Invasive and in situ		The invasive histologic type
H7		<p>Examples</p> <ul style="list-style-type: none"> <li>Cancer/malignant neoplasm, NOS (8000) and a more specific histology; or</li> <li>Carcinoma, NOS (8010) and a more specific carcinoma; or</li> <li>Sarcoma, NOS (8800) and a more specific sarcoma (invasive only)</li> </ul>		<p><b>1:</b> The specific histology for <b>in situ</b> lesions may be identified as pattern, architecture, type, subtype, predominantly, with features of, or with ____ differentiation.</p> <p><b>2:</b> The specific histology for <b>invasive</b> lesions may be identified as type, subtype, predominantly, with features of, or with ____ differentiation.</p>	The most specific histologic term
H8	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

**Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder, and Other Urinary**

**Histology Coding Rules – Matrix  
C659, C669, C670-C679, C680-C689 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

<b>Rule</b>	<b>Pathology/Cytology Specimen</b>	<b>Histology</b>	<b>Behavior</b>	<b>Notes and Examples</b>	<b>Code</b>
<b>MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY</b>					
<b>H9</b>	None or the pathology/cytology report is not available			<b>1:</b> Priority for using documents to code the histology <ul style="list-style-type: none"> <li>• From reports or notes in the medical record that document or reference pathologic or cytologic findings</li> <li>• From clinician reference to type of cancer in the medical record</li> <li>• From CT or MRI scans</li> </ul> <b>2:</b> Code the specific histology when documented <b>3:</b> Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
<b>H10</b>	None from primary site			Code the behavior /3	The histology from a metastatic site
<b>H11</b>		<ul style="list-style-type: none"> <li>• Pure transitional carcinoma or</li> <li>• Flat (non—papillary) transitional cell carcinoma or</li> <li>• Transition cell carcinoma with squamous differentiation or</li> <li>• Transitional cell carcinoma with glandular differentiation or</li> <li>• Transitional cell carcinoma with trophoblastic differentiation or</li> <li>• Nested transitional cell carcinoma or</li> <li>• Microcystic transitional cell carcinoma</li> </ul>		Flat transitional cell carcinoma is a more important prognostic indicator than papillary, and is likely to be treated more aggressively.	8120 (transitional cell/urothelial carcinoma) (Table 1 – Code 8120)

**Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder, and Other Urinary**

**Histology Coding Rules – Matrix**

**C659, C669, C670-C679, C680-C689 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

<b>Rule</b>	<b>Pathology/Cytology Specimen</b>	<b>Histology</b>	<b>Behavior</b>	<b>Notes and Examples</b>	<b>Code</b>
<b>H12</b>		<ul style="list-style-type: none"> <li>• Papillary carcinoma or</li> <li>• Papillary transitional carcinoma or</li> <li>• Papillary carcinoma and transitional cell carcinoma</li> </ul>			8130 (papillary transitional cell carcinoma) (Table 1 – Code 8130)
<b>H13</b>		One type		Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).	The histology
<b>H14</b>				<p><i>1:</i> This rule should only be used when the first three digits of the histology codes are identical (This is a single primary).</p> <p><i>2:</i> See the Renal Pelvis, Ureter, Bladder and Other Urinary Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive.</p> <ul style="list-style-type: none"> <li>• One tumor is in situ and one is invasive, code the histology from the invasive tumor</li> <li>• Both/all histologies are invasive, code the histology of the most invasive tumor.</li> </ul>	The histology of the most invasive tumor
<b>H15</b>	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

## Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder, and Other Urinary

### Multiple Primary Rules – Text C659, C669, C670-C679, C680-C689 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

#### UNKNOWN IF SINGLE OR MULTIPLE TUMORS

*Note:* Tumor(s) not described as metastasis

**Rule M1** When it is not possible to determine if there is a **single** tumor **or multiple** tumors, opt for a single tumor and abstract as a single primary.\*

*Note:* Use this rule only after all information sources have been exhausted.

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**This is the end of instructions for Unknown if Single or Multiple Tumors.**

#### SINGLE TUMOR

*Note 1:* Tumor not described as metastasis

*Note 2:* Includes combinations of in situ and invasive

**Rule M2** A **single tumor** is always a single primary. \*

*Note:* The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

**This is the end of instructions for Single Tumor.**

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

#### MULTIPLE TUMORS

Multiple tumors may be a single primary or multiple primaries.

*Note 1:* Tumors not described as metastases

*Note 2:* Includes combinations of in situ and invasive

**Rule M3** When no other urinary sites are involved, tumor(s) in the **right renal pelvis AND** tumor(s) in the **left renal pelvis** are multiple primaries. \*\*

*Note:* Use this rule and abstract as a multiple primary unless documented to be metastatic

## Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder, and Other Urinary

### Multiple Primary Rules – Text

**C659, C669, C670-C679, C680-C689 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

- Rule M4** When no other urinary sites are involved, tumor(s) in both the **right ureter AND** tumor(s) in the **left ureter** are multiple primaries. \*\*  
*Note:* Use this rule and abstract as a multiple primary unless documented to be metastatic
- Rule M5** An **invasive** tumor **following** a **non-invasive or in situ** tumor more than 60 days after diagnosis is a multiple primary. \*\*  
*Note 1:* The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.  
*Note 2:* Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease
- Rule M6** Bladder tumors with any **combination** of the following histologies: **papillary carcinoma** (8050), **transitional cell carcinoma** (8120-8124), **or papillary transitional cell carcinoma** (8130-8131), are a single primary. \*
- Rule M7** Tumors diagnosed **more than three (3) years** apart are multiple primaries. \*\*
- Rule M8** Urothelial tumors in two or more of the following sites are a single primary\* (See Table 1)
- Renal pelvis (C659)
  - Ureter(C669)
  - Bladder (C670-C679)
  - Urethra /prostatic urethra (C680)
- Rule M9** Tumors with ICD-O-3 **histology** codes that are **different** at the first (xxxx), second (xxxx) or third (xxx) number are multiple primaries. \*\*
- Rule M10** Tumors in sites with ICD-O-3 **topography** codes with **different** second (Cxxx) and/or third characters (Cxxx) are multiple primaries\*
- Rule M11** Tumors that **do not meet any** of the above **criteria** are a single primary.\*  
*Note:* When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

**This is the end of instructions for Multiple Tumors.**

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.**

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## Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder, and Other Urinary

### Histology Coding Rules – Text

C659, C669, C670-C679, C680-C689(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

#### SINGLE TUMOR

- Rule H1** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology report is not available**.
- Note 1:** Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
  - Physician's reference to type of cancer (histology) in the medical record
  - CT or MRI scans
- Note 2:** Code the specific histology when documented.
- Note 3:** Code the histology to 8000 (cancer/malignant neoplasm) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
- Rule H2** Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site**.
- Note:** Code the behavior /3.
- Rule H3** Code **8120** (transitional cell/urothelial carcinoma) (Table 1 - Code 8120) when there is:
- Pure transitional cell carcinoma or
  - Flat (non-papillary) transitional cell carcinoma or
  - Transitional cell carcinoma with squamous differentiation or
  - Transitional cell carcinoma with glandular differentiation or
  - Transitional cell carcinoma with trophoblastic differentiation or
  - Nested transitional cell carcinoma or
  - Microcystic transitional cell carcinoma
- Rule H4** Code **8130** (papillary transitional cell carcinoma) (Table 1 - Code 8130) when there is:
- Papillary carcinoma or
  - Papillary transitional cell carcinoma or
  - Papillary carcinoma and transitional cell carcinoma
- Rule H5** Code the histology when only **one histologic type** is identified
- Note :** Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).

## Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder, and Other Urinary

### Histology Coding Rules – Text

C659, C669, C670-C679, C680-C689(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

**Rule H6** Code the invasive histologic type when a single tumor has **invasive and in situ** components.

**Rule H7** Code the most **specific** histologic **term**:

**Examples**

- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Sarcoma, NOS (8800) and a more specific sarcoma (invasive only)

**Note 1:** The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with \_\_\_differentiation

**Note 2:** The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with \_\_\_differentiation.

**Rule H8** Code the histology with the **numerically higher** ICD-O-3 code.

**This is the end of instructions for Single Tumor.**

**Code the histology according to the rule that fits the case.**

### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

**Rule H9** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

**Note 1:** Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT or MRI scans

**Note 2:** Code the specific histology when documented.

**Note 3:** Code the histology to 8000 (cancer/malignant neoplasm) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

**Rule H10** Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site**.

**Note:** Code the behavior /3.



**Multiple Primary and Histology Coding Rules 2007: Renal Pelvis, Ureter, Bladder, and Other Urinary****Histology Coding Rules – Text****C659, C669, C670-C679, C680-C689(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

- Rule H11** Code **8120** (transitional cell/urothelial carcinoma) (Table 1 – Code 8120) when there is:
- Pure transitional cell carcinoma or
  - Flat (non-papillary) transitional cell carcinoma or
  - Transitional cell carcinoma with squamous differentiation or
  - Transitional cell carcinoma with glandular differentiation or
  - Transitional cell carcinoma with trophoblastic differentiation or
  - Nested transitional cell carcinoma or
  - Microcystic transitional cell carcinoma
- Note:* Flat transitional cell carcinoma is a more important prognostic indicator than papillary, and is likely to be treated more aggressively.
- Rule H12** Code **8130** (papillary transitional cell carcinoma) (Table 1 – Code 8130) when there is:
- Papillary carcinoma or
  - Papillary transitional cell carcinoma or
  - Papillary carcinoma and transitional cell carcinoma
- Rule H13** Code the histology when only **one histologic type** is identified
- Note:* Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).
- Rule H14** Code the histology of the **most invasive** tumor.
- Note:* See the Renal Pelvis, Ureter, Bladder and Other Urinary Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive.
- If one tumor is in situ and one is invasive, code the histology from the invasive tumor.
  - If both/all histologies are invasive, code the histology of the most invasive tumor.
- Rule H15** Code the histology with the **numerically higher** ICD-O-3 code.

**This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.  
Code the histology according to the rule that fits the case.**

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## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

#### Renal Pelvis and Ureter

##### C65.9, C66.9

C65.9 Renal pelvis

C66.9 Ureter

**Note:** Laterality must be coded for this site.

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	CS Site-Specific Factor 1 CS Site-Specific Factor 2 CS Site-Specific Factor 3 CS Site-Specific Factor 4 CS Site-Specific Factor 5 CS Site-Specific Factor 6	<b>The following tables are available at the collaborative staging website:</b> Histology Exclusion Table AJCC Stage
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#### Renal Pelvis and Ureter

##### CS Tumor Size

SEE STANDARD TABLE

#### Renal Pelvis and Ureter

##### CS Extension (Revised: 08/15/2006)

**Note:** If Extension code is 00 or 05, Behavior Code must be 2. If Extension code is 10, Behavior Code must be 3.

Code	Description	TNM	SS77	SS2000
00	Carcinoma in situ, NOS Non-invasive, intraepithelial	Tis	IS	IS
05	Papillary noninvasive carcinoma	Ta	IS	IS
10	Subepithelial connective tissue (lamina propria, submucosa) invaded	T1	L	L
20	Muscularis invaded	T2	L	L
30	Localized, NOS	T1	L	L
35	Extension to ureter from renal pelvis	T2	RE	RE
40	Extension to adjacent (connective) tissue: Peripelvic/periureteric tissue Retroperitoneal soft/connective tissue	T3	RE	RE
60	For renal pelvis only: Ipsilateral kidney parenchyma and kidney, NOS	T3	RE	RE
62	OBSOLETE - Extension to ureter from renal pelvis NOTE: cases coded to 35, 40 or 60	T2	RE	RE
63	Psoas muscle from ureter	T4	RE	RE
65	Extension to bladder from ureter Implants in ureter	T4	RE	RE

**SEER Program Coding and Staging Manual 2007**

**CS Staging Schemas**

66	Extension to major blood vessel(s): Aorta Renal artery/vein Vena cava (inferior) Tumor thrombus in a renal vein, NOS	T4	RE	RE
67	Adrenal (suprarenal) gland from renal pelvis	T4	RE	RE
68	Duodenum from right renal pelvis or right ureter	T4	RE	RE
70	Extension to: Ascending colon from right renal pelvis Bladder (wall or mucosa) from renal pelvis Colon, NOS Descending colon from left renal pelvis Ipsilateral kidney parenchyma from ureter Liver Pancreas Perinephric fat via kidney Spleen	T4	D	D
75	Ascending colon from right ureter Descending colon from left ureter	T4	RE	D
80	Further contiguous extension, including: For ureter: Prostate Uterus	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

**Renal Pelvis and Ureter**

**CS TS/Ext-Eval**

**SEE STANDARD TABLE**

**Renal Pelvis and Ureter**

**CS Lymph Nodes** (Revised: 08/18/2006)

**Note:** Measure the size of the metastasis in the lymph node to determine codes 10-30, not the size of the lymph node itself.

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	Single regional lymph node, less than or equal to 2 cm: Renal Pelvis: Aortic, NOS: Lateral (lumbar) Para-aortic Periaortic Paracaval Renal hilar	N1	RN	RN

**SEER Program Coding and Staging Manual 2007**

**CS Staging Schemas**

10, cont'd	Retroperitoneal, NOS Regional lymph node(s), NOS Ureter: Iliac, NOS: Common External Internal (hypogastric), NOS Obturator Lateral aortic (lumbar) Paracaval Pelvic, NOS Periureteral Renal hilar Retroperitoneal, NOS Regional lymph node(s), NOS			
20	Regional lymph nodes as listed in code 10 Single regional lymph node greater than 2 - 5 cm OR multiple regional nodes, none greater than 5 cm	N2	RN	RN
30	Regional lymph nodes as listed in code 10 Regional lymph node(s), at least one greater than 5 cm	N3	RN	RN
50	Regional lymph node(s), NOS (size and/or number not stated)	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

**Renal Pelvis and Ureter  
CS Reg Nodes Eval  
SEE STANDARD TABLE**

**Renal Pelvis and Ureter  
Reg LN Pos  
SEE STANDARD TABLE**

**Renal Pelvis and Ureter  
Reg LN Exam  
SEE STANDARD TABLE**

**Renal Pelvis and Ureter  
CS Mets at DX  
SEE STANDARD TABLE**

**Renal Pelvis and Ureter  
CS Mets Eval  
SEE STANDARD TABLE**

## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

#### Renal Pelvis and Ureter

##### CS Site-Specific Factor 1 (Revised: 03/27/2003)

Code	Description
888	Not applicable for this site

#### Renal Pelvis and Ureter

##### CS Site-Specific Factor 2 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Renal Pelvis and Ureter

##### CS Site-Specific Factor 3 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Renal Pelvis and Ureter

##### CS Site-Specific Factor 4 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Renal Pelvis and Ureter

##### CS Site-Specific Factor 5 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Renal Pelvis and Ureter

##### CS Site-Specific Factor 6 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

## SEER Program Coding and Staging Manual 2007

### Surgery Codes

#### Kidney, Renal Pelvis, and Ureter

#### Kidney C649, Renal Pelvis C659, Ureter C669

(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

#### Codes

- 00 None; no surgery of primary site; autopsy ONLY
  
- 10 Local tumor destruction, NOS
  - 11 Photodynamic therapy (PDT)
  - 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
  - 13 Cryosurgery
  - 14 Laser
  - 15 Thermal ablation

#### No specimen sent to pathology from this surgical event 10–15

- 20 Local tumor excision, NOS
  - 26 Polypectomy
  - 27 Excisional biopsy

#### Any combination of 20 or 26–27 WITH

- 21 Photodynamic therapy (PDT)
  - 22 Electrocautery
  - 23 Cryosurgery
  - 24 Laser ablation
- [**SEER Note:** Codes 21 to 24 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional Biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, or 24 Laser ablation]
- 25 Laser excision

#### Specimen sent to pathology from surgical events 20–27

- 30 Partial or subtotal nephrectomy (kidney or renal pelvis) or partial ureterectomy (ureter)  
**Procedures coded 30 include, but are not limited to:**
  - Segmental resection
  - Wedge resection
  
- 40 Complete/total/simple nephrectomy—for kidney parenchyma  
Nephroureterectomy  
**Includes bladder cuff for renal pelvis or ureter**
  
- 50 Radical nephrectomy  
**May include removal of a portion of vena cava, adrenal gland(s), Gerota’s fascia, perinephric fat, or partial/total ureter**
  
- 70 Any nephrectomy (simple, subtotal, complete, partial, total, radical) in continuity with the resection of other organ(s) (colon, bladder)  
**The other organs, such as colon or bladder, may be partially or totally removed**  
[**SEER Note:** In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]
  
- 80 Nephrectomy, NOS  
Ureterectomy, NOS

## **SEER Program Coding and Staging Manual 2007**

### **Surgery Codes**

- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate ONLY

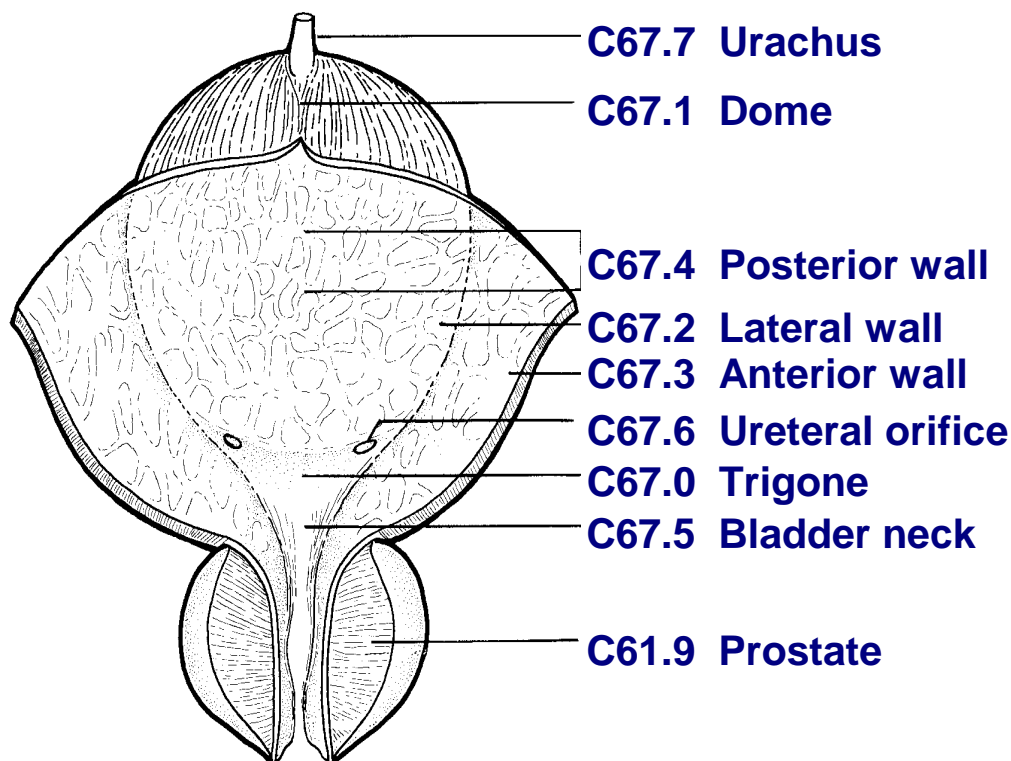


**Coding Guidelines**  
**BLADDER**  
**C670–C679**

**Primary Site**

- C670 Trigone of bladder
  - Base of bladder
  - Floor
- C671 Dome of bladder
  - Vertex
  - Roof
  - Vault
- C672 Lateral wall of bladder
  - Right wall
  - Left wall
  - Lateral to ureteral orifice
  - Sidewall
- C673 Anterior wall of bladder
- C674 Posterior wall of bladder
- C675 Bladder neck
  - Vesical neck
  - Internal urethral orifice
- C676 Ureteric orifice
  - Just above ureteric orifice
- C677 Urachus
  - Mid umbilical ligament
- C678 Overlapping lesion of bladder
  - Lateral-posterior wall (hyphen)
- C679 Bladder, NOS
  - Lateral posterior wall (no hyphen)

Bladder Anatomy and ICD-O-3



Source: TNM Atlas, 3rd edition, 2nd revision

Priority Order for Coding Subsites

Use the information from reports in the following priority order to code a subsite when the medical record contains conflicting information:

- Operative report (TURB)
- Pathology report

Multifocal Tumors

Invasive tumor in more than one subsite

Assign site code C679 when the tumor is multifocal (separate tumors in more than one subsite of the bladder).

If the TURB or pathology proves invasive tumor in one subsite and insitu tumor in all other involved subsites, code to the subsite involved with invasive tumor.

## SEER Program Coding and Staging Manual 2007

### Bladder Wall Pathology

The bladder wall is composed of three layers. There may be “sub layers” within the major layer of the bladder.

Bladder Layer	Sub layer	Synonyms	Staging	Description
Mucosa		Epithelium, transitional epithelium, urothelium, mucosal surface, transitional mucosa	No blood vessels, insitu/noninvasive	First layer on inside of bladder Lines bladder, ureters, and urethra
	Basement membrane		No invasion of basement membrane is insitu Invasion/penetration of basement membrane is invasive	Single layer of cells that lies beneath the mucosal layer separating the epithelial layer from the lamina propria
	Submucosa	Submucous coat, lamina propria, areolar connective tissue	Invasive	Areolar connective tissue interlaced with the muscular coat Contains blood vessels, nerves, and in some regions, glands
Lamina propria		Submucosa, Suburothelial connective tissue, subepithelial tissue, stroma, muscularis mucosa, transitional epithelium	Invasive	
Muscle	Bladder wall	Muscularis, muscularis propria, muscularis externa, smooth muscle	Invasive	

The following terms are used when the tumor has extended through the bladder wall (invades regional tissue).

**Serosa (Tunica serosa):** The outermost serous coat is a reflection of the peritoneum that covers the superior surface and the upper parts of the lateral surfaces of the urinary bladder.

The serosa is part of visceral peritoneum. The serosa is reflected from these bladder surfaces onto the abdominal and pelvic walls.

**Perivesical fat**

**Adventitia:** Some areas of the bladder do not have a serosa. Where there is no serosa, the connective tissue of surrounding structures merges with the connective tissue of the bladder and is called adventitia.

### HISTOLOGY<sup>1</sup>

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<sup>1</sup> PDQ

## SEER Program Coding and Staging Manual 2007

More than 90% of bladder tumors are transitional cell carcinoma.  
About 6-8% of bladder tumors are squamous cell carcinomas.  
About 2% of bladder tumors are adenocarcinoma. Adenocarcinomas tend to occur in the urachus or, frequently, the trigone of the bladder<sup>2</sup>  
Other bladder histologic types include sarcoma, lymphoma, and small cell carcinoma.  
Rhabdomyosarcoma occurs in children.

### Behavior Code

If the only surgery performed is a transurethral resection of the bladder (TURB) and if it is documented that depth of invasion cannot be measured because there is no muscle in the specimen, code the behavior as malignant /3, not insitu /2.

### Three-Grade System (Nuclear Grade)

There are several sites for which a three-grade system is used. The patterns of cell growth are measured on a scale of 1, 2, and 3 (also referred to as low, medium, and high grade). This system measures the proportion of cancer cells that are growing and making new cells and how closely they resemble the cells of the host tissue. Thus, it is similar to a four-grade system, but simply divides the spectrum into three rather than four categories (see comparison table below). The expected outcome is more favorable for lower grades.

If a grade is written as 2/3 that means this is a grade 2 of a three-grade system. Do not simply code the numerator. Use the following table to convert the grade to SEER codes.

Term	Grade	SEER Code
1/3, 1/2	Low grade	2
2/3	Intermediate grade	3
3/3, 2/2	High grade	4

WHO grade is not used to code differentiation

### FIRST COURSE TREATMENT

#### TREATMENT MODALITIES (most common treatments)

TURB with fulguration

TURB with fulguration followed by intravesical BCG (bacillus Calmette-Guerin)

Usually used for patients with multiple tumors or for high-risk patients

TURB with fulguration followed by intravesical chemotherapy

Thiotepa

Mitomycin

Doxorubicin

Segmental cystectomy (rare)

Radical cystectomy in selected patients with extensive or refractory superficial tumor

Interstitial irradiation with or without external-beam irradiation

Implantation of radioisotopes

Treatments under clinical investigation (code under Other Treatment)

Photodynamic therapy after intravenous hematoporphyrin derivative

Intravesical interferon alfa-2a (papillary and insitu)

Chemoprevention agents to prevent recurrence

Chemotherapy administered prior to cystectomy or in conjunction with external-beam irradiation

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<sup>2</sup>Clinical Oncology, 8<sup>th</sup> edition

**SEER Program Coding and Staging Manual 2007**

**Bladder  
C670-C679**

**Note: For Multiple Primary and Histology Coding Rules: see Renal Pelvis, Ureter, Bladder and Other Urinary (pg C-879)**

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# SEER Program Coding and Staging Manual 2007

## CS Staging Schemas

### Bladder

#### C67.0-C67.9

- C67.0 Trigone of bladder
- C67.1 Dome of bladder
- C67.2 Lateral wall of bladder
- C67.3 Anterior wall of bladder
- C67.4 Posterior wall of bladder
- C67.5 Bladder neck
- C67.6 Ureteric orifice
- C67.7 Urachus
- C67.8 Overlapping lesion of bladder
- C67.9 Bladder, NOS

CS Tumor Size	CS Site-Specific Factor 1	<b>The following tables are available at the collaborative staging website:</b> Histology Exclusion Table AJCC Stage
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

### Bladder

#### CS Tumor Size

SEE STANDARD TABLE

### Bladder

#### CS Extension (Revised: 08/15/2006)

**Note 1: DISTINGUISHING NONINVASIVE AND INVASIVE BLADDER CANCER** The two main types of bladder cancer are the flat (sessile) variety and the papillary type. Only the flat (sessile) variety is called in situ when tumor has not penetrated the basement membrane. Papillary tumor that has not penetrated the basement membrane is called non-invasive, and pathologists use many different descriptive terms for noninvasive papillary transitional cell carcinoma. Frequently, the pathology report does not contain a definite statement of noninvasion; however, noninvasion can be inferred from the microscopic description. The more commonly used descriptions for noninvasion are listed below in Notes 2 and 3. Careful attention must be given to the use of the term "confined to mucosa" for urinary bladder. Historically, carcinomas described as "confined to mucosa" were coded as localized. However, pathologists use this designation for non-invasion as well. In order to rule out the possibility of coding noninvasive tumors in this category, abstractors should determine: 1) If the tumor is confined to the epithelium, then it is noninvasive. 2) If the tumor has penetrated the basement membrane to invade the lamina propria, then it is invasive. The terms lamina propria, submucosa, stroma, and subepithelial connective tissue are used interchangeably. 3) Only if this distinction cannot be made should the tumor be coded to "confined to mucosa."

**Note 2. For Bladder Cases Only, Definite Statements of Non-invasion (Extension code 01) include:** Non-infiltrating Non-invasive No evidence of invasion No extension into lamina propria No stromal invasion No extension into underlying supporting tissue Negative lamina propria and superficial muscle Negative muscle and (subepithelial) connective tissue No infiltrative behavior/component

**Note 3. For Bladder Cases Only, Inferred Descriptions of Non-invasion (Extension code 03) include:** No involvement of muscularis propria and no mention of subepithelium/submucosa No statement of invasion (microscopic description present)(underlying) Tissue insufficient to judge depth of invasion No invasion of bladder wall No involvement of muscularis propria Benign deeper tissue Microscopic description problematic for pathologist (non-invasion versus superficial invasion) Frond surfaced by transitional cell No mural infiltration No evidence of invasion (no sampled stroma)

**Note 4:** The lamina propria and submucosa tend to merge when there is no muscularis mucosae, so these terms will be used interchangeably.

## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

**Note 5:** The meaning of the terms "invasion of mucosa, grade 1" and "invasion of mucosa, grade 2" varies with the pathologist who must be queried to determine whether the carcinoma is noninvasive" or "invasive."

**Note 6:** If Extension code is 00-06, Behavior Code must be 2. If Extension code is 10, Behavior Code may be 2 or 3. If Extension code is 15 or greater, Behavior Code must be 3.

**Note 7:** Statements meaning Confined to Mucosa, NOS (code 10): Confined to mucosal surface Limited to mucosa, no invasion of submucosa and muscularis No infiltration/invasion of fibromuscular and muscular stroma Superficial, NOS

**Note 8:** If a tumor is described as confined to mucosa (or the equivalents in Note 5) AND as papillary, use extension code 01 or 03. Use code 10 (confined to mucosa) only if the tumor is described as confined to mucosa but is not described as papillary.

**Note 9:** Periureteral in code 40 refers only to that portion of the ureter that is intramural to the bladder. All other periureteral involvement would be coded to 60.

Code	Description	TNM	SS77	SS2000
01	PAPILLARY transitional cell carcinoma, stated to be noninvasive papillary non-infiltrating TNM/AJCC Ta (See Note 1) Jewett-Strong-Marshall Stage 0	Ta	IS	IS
03	PAPILLARY transitional cell carcinoma, with inferred description of non-invasion (See Note 3.)	Ta	IS	IS
06	Sessile (flat) (solid) carcinoma in situ Carcinoma in situ, NOS Transitional cell carcinoma in situ TNM/AJCC Tis Jewett-Strong-Marshall CIS	Tis	IS	IS
10	Confined to mucosa, NOS	Tis	L	L
15	Invasive tumor confined to subepithelial connective tissue (tunica propria, lamina propria, submucosa, stroma) TNM/AJCC T1 Jewett-Strong-Marshall Stage A	T1	L	L
20	Muscle (muscularis) invaded, NOS	T2NOS	L	L
21	Muscle (muscularis) invaded: Superficial muscle--inner half	T2a	L	L
22	Muscle (muscularis) invaded: Deep muscle--outer half	T2b	L	L
23	Extension through full thickness of bladder wall	T3a	L	L
30	Localized, NOS	T1	L	L
40	Adventitia Extension to/through serosa (mesothelium) Peritoneum Periureteral fat/tissue Perivesical fat/tissue, NOS	T3NOS	RE	RE
41	Extension to perivesical fat (microscopic)	T3a	RE	RE
42	Extension to perivesical fat (macroscopic) Extravesical mass	T3b	RE	RE



## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

45	Stated as T4, NOS	T4NOS	RE	RE
60	Prostate Ureter Urethra, including prostatic urethra	T4a	RE	RE
65	Parametrium Rectovesical/Denonvilliers' fascia Vas deferens; seminal vesicle	T4a	RE	RE
67	Uterus Vagina	T4a	RE	RE
70	Bladder is FIXED	T4b	RE	RE
75	Abdominal wall Pelvic wall	T4b	D	D
80	Further contiguous extension, including: Pubic bone Rectum, male Sigmoid	T4b	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

### Bladder

#### CS TS/Ext-Eval (Revised: 08/18/2006)

**Note:** According to AJCC, staging basis for transurethral resection of bladder tumor (TURBT) is clinical and is recorded as CS TS/Ext-Eval "1" (c).

Code	Description	Staging Basis
0	No surgical resection done. Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c
1	No surgical resection done. Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive techniques including surgical observation without biopsy. No autopsy evidence used.	c
2	No surgical resection done, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p
3	Surgical resection performed WITHOUT pre-surgical systemic treatment or radiation OR surgical resection performed, unknown if pre-surgical systemic treatment or radiation performed. Evidence acquired before treatment, supplemented or modified by the additional evidence acquired during and from surgery, particularly from pathologic examination of the resected specimen.	p
5	Surgical resection performed WITH pre-surgical systemic treatment or radiation, BUT tumor size/extension based on clinical evidence.	c
6	Surgical resection performed WITH pre-surgical systemic treatment or radiation; tumor size/extension based on pathologic evidence.	y
8	Evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy).	a

## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

9	Unknown if surgical resection done Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c
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#### Bladder

##### CS Lymph Nodes (Revised: 08/15/2006)

**Note 1:** Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

**Note 2:** Measure the size of the metastasis in the lymph node to determine codes 10-30, not the size of the lymph node itself.

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes (including contralateral or bilateral nodes): Perivesical Iliac: Internal (hypogastric) Obturator External Iliac, NOS Sacral (lateral, presacral, sacral promontory (Gerota's), or NOS) Pelvic, NOS Regional lymph node(s), NOS Single regional lymph node less than or equal to 2 cm	N1	RN	RN
20	Single regional lymph node greater than 2 cm and less than or equal to 5 cm OR multiple regional nodes, none greater than 5 cm	N2	RN	RN
30	Regional lymph node(s), at least one greater than 5 cm	N3	RN	RN
50	Regional lymph node(s), NOS (size and/or number not stated)	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

#### Bladder

##### CS Reg Nodes Eval

SEE STANDARD TABLE

#### Bladder

##### Reg LN Pos

SEE STANDARD TABLE

#### Bladder

##### Reg LN Exam

SEE STANDARD TABLE

**SEER Program Coding and Staging Manual 2007**

**CS Staging Schemas**

**Bladder**

**CS Mets at DX** (Revised: 05/06/2004)

<b>Code</b>	<b>Description</b>	<b>TNM</b>	<b>SS77</b>	<b>SS2000</b>
00	No; none	M0	NONE	NONE
10	Distant lymph node(s): Common iliac	M1	D	D
11	Distant lymph node(s), NOS Specified distant lymph node(s) other than code (10)	M1	D	D
40	Distant metastases, except distant lymph nodes (code 10 or 11) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(40) + any of [(10) or (11)]	M1	D	D
99	Unknown Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

**Bladder**

**CS Mets Eval**

**SEE STANDARD TABLE**

**Bladder**

**CS Site-Specific Factor 1** (Revised: 03/27/2003)

<b>Code</b>	<b>Description</b>
888	Not applicable for this site

**Bladder**

**CS Site-Specific Factor 2** (Revised: 03/31/2002)

<b>Code</b>	<b>Description</b>
888	Not applicable for this site

**Bladder**

**CS Site-Specific Factor 3** (Revised: 03/31/2002)

<b>Code</b>	<b>Description</b>
888	Not applicable for this site

SEER Program Coding and Staging Manual 2007

CS Staging Schemas

**Bladder**

**CS Site-Specific Factor 4** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Bladder**

**CS Site-Specific Factor 5** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Bladder**

**CS Site-Specific Factor 6** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

## SEER Program Coding and Staging Manual 2007

### Surgery Codes

#### Bladder

C670–C679

(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

#### Codes

- 00 None; no surgery of primary site; autopsy ONLY
  
- 10 Local tumor destruction, NOS
  - 11 Photodynamic therapy (PDT)
  - 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
  - 13 Cryosurgery
  - 14 Laser
  - 15 Intravesical therapy
  - 16 Bacillus Calmette-Guerin (BCG) or other immunotherapy  
[*SEER Note:* Code BCG as both surgery and immunotherapy]

#### No specimen sent to pathology from surgical events 10–16

- 20 Local tumor excision, NOS
  - 26 Polypectomy
  - 27 Excisional biopsy  
[*SEER Note:* Code TURB as 27]

#### Any Combination of 20 or 26–27 WITH

- 21 Photodynamic therapy (PDT)
- 22 Electrocautery
- 23 Cryosurgery
- 24 Laser ablation  
[*SEER Note:* Codes 21 to 24 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, or 24 Laser ablation]
- 25 Laser excision

#### Specimen sent to pathology from surgical events 20–27

- 30 Partial cystectomy
  
- 50 Simple/total/complete cystectomy
  
- 60 Radical cystectomy (male only)  
[*SEER Note:* This code is used only for men. It involves removal of bladder and prostate, with or without urethrectomy. The procedure is also called cystoprostatectomy. If a radical cystectomy is the procedure for a woman, use code 71.]
  - 61 Radical cystectomy PLUS ileal conduit
  - 62 Radical cystectomy PLUS continent reservoir or pouch, NOS
  - 63 Radical cystectomy PLUS abdominal pouch (cutaneous)
  - 64 Radical cystectomy PLUS insitu pouch (orthotopic)

## SEER Program Coding and Staging Manual 2007

### Surgery Codes

- 70 Pelvic exenteration, NOS
- 71 Radical cystectomy (female only); anterior exenteration  
**A radical cystectomy in a female includes removal of bladder, uterus, ovaries, entire vaginal wall, and entire urethra**
- 72 Posterior exenteration
- 73 Total exenteration  
**Includes removal of all pelvic contents and pelvic lymph nodes. The lymph node dissection should also be coded under Scope of Regional Lymph Node Surgery (NAACCR item # 1292).**
  
- 74 Extended exenteration  
**Includes pelvic blood vessels or bony pelvis**
  
- 80 Cystectomy, NOS
  
- 90 Surgery, NOS
  
- 99 Unknown if surgery performed; death certificate ONLY

**SEER Program Coding and Staging Manual 2007**

**Urethra, Other Urinary  
C680-C689**

**Note: For Multiple Primary and Histology Coding Rules: see Renal Pelvis, Ureter, Bladder and Other Urinary (pg C-879)**

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## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

#### Urethra

#### C68.0

C68.0 Urethra

**Note:** Transitional cell carcinoma of the prostatic ducts and prostatic urethra are to be coded to urethra (C68.0) according to this schema.

CS Tumor Size	CS Site-Specific Factor 1	<b>The following tables are available at the collaborative staging website:</b> Histology Exclusion Table AJCC Stage
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

#### Urethra

#### CS Tumor Size

SEE STANDARD TABLE

#### Urethra

#### CS Extension (Revised: 03/17/2004)

**Note:** If Extension code is 00 or 05, Behavior Code must be 2. If Extension code is 10, Behavior Code must be 3.

Code	Description	TNM	SS77	SS2000
00	Carcinoma in situ, NOS	Tis	IS	IS
01	Carcinoma in situ, involvement of prostatic urethra	Tispu	IS	IS
02	Carcinoma in situ, involvement of prostatic ducts	Tispd	IS	IS
05	Noninvasive papillary, polypoid, or verrucous carcinoma <b>Note:</b> Code 05 does not apply to transitional cell carcinoma of prostatic urethra or prostatic ducts	Ta	IS	IS
10	Subepithelial connective tissue (lamina propria, submucosa) invaded	T1	L	L
20	Muscularis invaded	T2	L	L
30	Localized, NOS	T1	L	L
40	Corpus spongiosum Periurethral muscle (sphincter) Prostate	T2	RE	RE
60	Beyond the prostatic capsule Bladder neck Corpus cavernosum Vagina, anterior or NOS	T3	RE	RE
70	Other adjacent organs, including Bladder (excluding bladder neck) Seminal vesicle(s)	T4	D	D

## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

#### Urethra

#### CS TS/Ext-Eval

**SEE STANDARD TABLE**

#### Urethra

#### CS Lymph Nodes (Revised: 08/15/2006)

**Note 1:** Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

**Note 2:** Measure the size of the metastasis in the lymph node to determine codes 10-30, not the size of the lymph node itself.

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes (including contralateral or bilateral nodes): Iliac, NOS: Common External Internal (hypogastric), NOS: Obturator Inguinal, NOS: Deep Node of Cloquet or Rosenmuller (highest deep inguinal) Superficial (femoral) Pelvic, NOS Sacral, NOS Presacral Regional lymph node(s), NOS Single regional lymph node less than or equal to 2 cm	N1	RN	RN
20	Single regional lymph node greater than 2 - 5 cm OR multiple regional nodes, none greater than 5 cm	N2	RN	RN
30	Regional lymph node(s), at least one greater than 5 cm	N2	RN	RN
50	Regional lymph node(s), NOS (size and/or number not stated)	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	U	U

#### Urethra

#### CS Reg Nodes Eval

**SEE STANDARD TABLE**

SEER Program Coding and Staging Manual 2007

CS Staging Schemas

**Urethra**

**Reg LN Pos**

SEE STANDARD TABLE

**Urethra**

**Reg LN Exam**

SEE STANDARD TABLE

**Urethra**

**CS Mets at DX**

SEE STANDARD TABLE

**Urethra**

**CS Mets Eval**

SEE STANDARD TABLE

**Urethra**

**CS Site-Specific Factor 1** (Revised: 03/27/2003)

Code	Description
888	Not applicable for this site

**Urethra**

**CS Site-Specific Factor 2** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Urethra**

**CS Site-Specific Factor 3** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Urethra**

**CS Site-Specific Factor 4** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**SEER Program Coding and Staging Manual 2007**

**CS Staging Schemas**

**Urethra**

**CS Site-Specific Factor 5** (Revised: 03/31/2002)

<b>Code</b>	<b>Description</b>
888	Not applicable for this site

**Urethra**

**CS Site-Specific Factor 6** (Revised: 03/31/2002)

<b>Code</b>	<b>Description</b>
888	Not applicable for this site

## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

#### Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs

##### C68.1, C68.8-C68.9

C68.1 Paraurethral gland

C68.8 Overlapping lesion of urinary organs

C68.9 Urinary system, NOS

**Note:** AJCC does not define TNM staging for this site.

CS Tumor Size	CS Site-Specific Factor 1	<b>The following tables are available at the collaborative staging website:</b> Histologies for Which AJCC Staging Is Not Generated AJCC Stage
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

#### Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs

##### CS Tumor Size

SEE STANDARD TABLE

#### Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs

##### CS Extension (Revised: 03/17/2004)

**Note:** If CS Extension code is 00 or 05, Behavior code must be 2. If CS Extension code is 10, Behavior Code must be 3.

Code	Description	TNM	SS77	SS2000
00	Carcinoma in situ, NOS (See Note)	NA	IS	IS
05	Noninvasive papillary, polypoid, or verrucous carcinoma (See Note)	NA	IS	IS
10	Subepithelial connective tissue (lamina propria, submucosa) invaded (See Note)	NA	L	L
20	Muscularis invaded	NA	L	L
30	Localized, NOS	NA	L	L
40	Corpus spongiosum Periurethral muscle (sphincter) Prostate	NA	RE	RE
60	Beyond the prostatic capsule Bladder neck Corpus cavernosum Vagina, anterior or NOS	NA	RE	RE
70	Other adjacent organs, including Bladder (excluding bladder neck) Seminal vesicle(s)	NA	D	D

**SEER Program Coding and Staging Manual 2007**

**CS Staging Schemas**

80	Further contiguous extension	NA	D	D
95	No evidence of primary tumor	NA	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	U	U

**Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs**

**CS TS/Ext-Eval** (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

**Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs**

**CS Lymph Nodes** (Revised: 08/15/2006)

**Note:** Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	NA	NONE	NONE
10	Regional lymph nodes (including contralateral or bilateral nodes): Iliac, NOS: Common External Internal (hypogastric), NOS: Obturator Inguinal, NOS: Deep Node of Cloquet or Rosenmuller (highest deep inguinal) Superficial (femoral) Pelvic, NOS Sacral, NOS Presacral Regional lymph node(s), NOS	NA	RN	RN
80	Lymph nodes, NOS	NA	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NA	U	U

**Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs**

**CS Reg Nodes Eval** (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

**SEER Program Coding and Staging Manual 2007**

**CS Staging Schemas**

**Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs**

**Reg LN Pos**

**SEE STANDARD TABLE**

**Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs**

**Reg LN Exam**

**SEE STANDARD TABLE**

**Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs**

**CS Mets at DX** (Revised: 12/09/2003)

Code	Description	TNM	SS77	SS2000
00	No; none	NA	NONE	NONE
10	Distant lymph node(s), NOS	NA	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	NA	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	NA	D	D
99	Unknown if distant metastasis Cannot be assessed Not documented in patient record	NA	U	U

**Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs**

**CS Mets Eval** (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

**Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs**

**CS Site-Specific Factor 1** (Revised: 03/27/2003)

Code	Description
888	Not applicable for this site

SEER Program Coding and Staging Manual 2007

CS Staging Schemas

**Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs**

**CS Site-Specific Factor 2** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs**

**CS Site-Specific Factor 3** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs**

**CS Site-Specific Factor 4** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs**

**CS Site-Specific Factor 5** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Paraurethral Gland, Overlapping Lesion of Urinary Organs, and Unspecified Urinary Organs**

**CS Site-Specific Factor 6** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site



## SEER Program Coding and Staging Manual 2007

### Surgery Codes

#### All Other Sites

C142–C148, C170–C179, C239, C240–C249, C260–C269, C300–C301, C310–C319, C339, C379, C380–C388, C390–C399, C480–C488, C510–C519, C529, C570–C579, C589, C600–C609, C630–C639, **C680–C689**, C690–C699, C740–C749, C750–C759

(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

#### Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

#### No specimen sent to pathology from surgical events 10–14

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

#### Any combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

[**SEER Note:** Codes 21 to 24 above combine 20 local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, or 24 Laser ablation]

25 Laser excision

#### Specimen sent to pathology from surgical events 20–27

30 Simple/partial surgical removal of primary site

40 Total surgical removal of primary site; enucleation

41 Total enucleation (for eye surgery only)

50 Surgery stated to be “debulking”

60 Radical surgery

Partial or total removal of the primary site WITH a resection in continuity (partial or total removal) with other organs

[**SEER Note:** In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

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**SEER Program Coding and Staging Manual 2007**

**Eye  
C690-C699**

**Note: For Multiple Primary and Histology Coding Rules: see Other Sites (pg C-1079)**

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## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

#### Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]

##### C69.0

C69.0 Conjunctiva

**Note:** Laterality must be coded for this site.

CS Tumor Size	CS Site-Specific Factor 1	<b>The following tables are available at the collaborative staging website:</b> Histology Exclusion Table AJCC Stage Extension Size Table
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

#### Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]

##### CS Tumor Size

**SEE STANDARD TABLE**

#### Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]

##### CS Extension (Revised: 08/15/2006)

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Tumor confined to conjunctiva	*	L	L
30	Localized, NOS	*	L	L
40	Intraocular extension	T3	L	L
50	Adjacent extraocular extension, excluding orbit Eyelid	T3	RE	RE
70	Orbit, NOS	T4NOS	RE	RE
71	Orbital soft tissues without bone invasion	T4a	RE	RE
72	Bone of orbit	T4b	RE	RE
78	Adjacent paranasal sinuses	T4c	RE	RE
79	Brain	T4d	D	D
80	Further contiguous extension	T4NOS	D	D
95	No evidence of primary tumor	T0	U	U

**SEER Program Coding and Staging Manual 2007**

**CS Staging Schemas**

99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U
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\* For Extension codes 10 and 30 ONLY, T category is assigned based on value of CS Tumor Size, as shown in Extension Size Table. Tumors 5mm or less are T1. Tumors more than 5mm are T2.

**Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]**

**CS TS/Ext-Eval**

**SEE STANDARD TABLE**

**Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]**

**CS Lymph Nodes (Revised: 08/15/2006)**

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes Cervical Mandibular, NOS: Submandibular (submaxillary) Parotid, NOS: Infra-auricular Preauricular Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	U	U

**Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]**

**CS Reg Nodes Eval**

**SEE STANDARD TABLE**

**Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]**

**Reg LN Pos**

**SEE STANDARD TABLE**

**Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]**

**Reg LN Exam**

**SEE STANDARD TABLE**

SEER Program Coding and Staging Manual 2007

CS Staging Schemas

**Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]**

**CS Mets at DX**

SEE STANDARD TABLE

**Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]**

**CS Mets Eval**

SEE STANDARD TABLE

**Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]**

**CS Site-Specific Factor 1** (Revised: 03/27/2003)

Code	Description
888	Not applicable for this site

**Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]**

**CS Site-Specific Factor 2** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]**

**CS Site-Specific Factor 3** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]**

**CS Site-Specific Factor 4** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]**

**CS Site-Specific Factor 5** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**SEER Program Coding and Staging Manual 2007**

**CS Staging Schemas**

**Conjunctiva [excl. Retinoblastoma, Malignant Melanoma, Kaposi Sarcoma, and Lymphoma]**

**CS Site-Specific Factor 6** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site



## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

#### Malignant Melanoma of Conjunctiva

##### C69.0

(M-8720-8790)

C69.0 Conjunctiva

**Note:** Laterality must be coded for this site.

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	<b>CS Site-Specific Factor 1 -</b> Measured Thickness (Depth), Breslow's Measurement CS Site-Specific Factor 2 CS Site-Specific Factor 3 CS Site-Specific Factor 4 CS Site-Specific Factor 5 CS Site-Specific Factor 6	<b>The following tables are available at the collaborative staging website:</b> Histologies for Which AJCC Staging Is Not Generated AJCC Stage for TNM sites with no stage groupings
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#### Malignant Melanoma of Conjunctiva

##### CS Tumor Size (Revised: 08/14/2006)

**Note:** Record the size of the tumor in the CS Tumor Size table below, not depth or thickness. Depth or thickness is recorded in Site-Specific Factor 1 in the Measured Thickness (Depth), Breslow's Measurement table.

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as "less than 1 cm"
992	Described as "less than 2 cm," or "greater than 1 cm," or "between 1 cm and 2 cm"
993	Described as "less than 3 cm," or "greater than 2 cm," or "between 2 cm and 3 cm"
994	Described as "less than 4 cm," or "greater than 3 cm," or "between 3 cm and 4 cm"
995	Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 5 cm"
999	Unknown; size not stated Not documented in patient record

#### Malignant Melanoma of Conjunctiva

##### CS Extension (Revised: 05/06/2004)

Code	Description	TNM	SS77	SS2000
00	In situ	Tis	IS	IS
10	Tumor(s) of bulbar conjunctiva confined to the epithelium occupying more one quadrant or less	T1	L	L

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12	Tumor(s) of bulbar conjunctiva confined to the epithelium occupying more than one quadrant	T1	L	L
15	Tumor(s) of bulbar conjunctiva, NOS	T1	L	L
30	Localized, NOS	T1	L	L
40	Tumor of bulbar conjunctiva, thickness not stated, WITH invasion of substantia propria (or with corneal extension, NOS)	T2	RE	RE
41	Tumor of bulbar conjunctiva, not more than 0.8 mm in thickness, WITH invasion of substantia propria (or with corneal extension, NOS)	T2	RE	RE
42	Tumor of bulbar conjunctiva, more than 0.8 mm in thickness, WITH invasion of substantia propria (or with corneal extension, NOS)	T3	RE	RE
44	Tumor involves: Caruncle Conjunctival fornix Palpebral conjunctiva	T3	L	L
46	(44) + any of [(40) to (42)]	T3	RE	RE
70	Extension to: Eyelid Globe Orbit	T4	RE	RE
80	Further contiguous extension, including: Central nervous system Sinuses	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

**Malignant Melanoma of Conjunctiva**

**CS TS/Ext-Eval**

**SEE STANDARD TABLE**

**Malignant Melanoma of Conjunctiva**

**CS Lymph Nodes** (Revised: 05/06/2004)

<b>Code</b>	<b>Description</b>	<b>TNM</b>	<b>SS77</b>	<b>SS2000</b>
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes Cervical Mandibular, NOS:	N1	RN	RN

**SEER Program Coding and Staging Manual 2007**

**CS Staging Schemas**

10, cont'd	Submandibular (submaxillary) Parotid, NOS: Infra-auricular Preauricular Regional lymph node(s), NOS			
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

**Malignant Melanoma of Conjunctiva  
CS Reg Nodes Eval  
SEE STANDARD TABLE**

**Malignant Melanoma of Conjunctiva  
Reg LN Pos  
SEE STANDARD TABLE**

**Malignant Melanoma of Conjunctiva  
Reg LN Exam  
SEE STANDARD TABLE**

**Malignant Melanoma of Conjunctiva  
CS Mets at DX  
SEE STANDARD TABLE**

**Malignant Melanoma of Conjunctiva  
CS Mets Eval  
SEE STANDARD TABLE**

**Malignant Melanoma of Conjunctiva  
CS Site-Specific Factor 1 Measured Thickness (Depth), Breslow's Measurement** (Revised: 08/15/2006)

**Note:** Code MEASURED THICKNESS (Depth) of tumor (Breslow's measurement), not size. Record actual measurement in hundredths of millimeters from Pathology Department.

Code	Description
000	No mass/tumor found
001-988	0.01 - 9.88 millimeters Code exact measurement in HUNDREDTHS of millimeters. Examples: 001 0.01 millimeter 002 0.02 millimeters 010 0.1 millimeter 074 0.74 millimeters 100 1 millimeter 105 1.05 millimeters 988 9.88 millimeters

## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

989	9.89 millimeters or larger
990	OBSOLETE - Microinvasion; microscopic focus or foci only; no size given NOTE: See code 999
999	Microinvasion; microscopic focus or foci only; no size given Not documented in patient record Unknown; size not stated

#### Malignant Melanoma of Conjunctiva

##### CS Site-Specific Factor 2 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Malignant Melanoma of Conjunctiva

##### CS Site-Specific Factor 3 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Malignant Melanoma of Conjunctiva

##### CS Site-Specific Factor 4 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Malignant Melanoma of Conjunctiva

##### CS Site-Specific Factor 5 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Malignant Melanoma of Conjunctiva

##### CS Site-Specific Factor 6 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

#### **Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]**

##### **C69.1-C69.4, C69.8-C69.9**

C69.1 Cornea, NOS

C69.2 Retina

C69.3 Choroid

C69.4 Ciliary body

C69.8 Overlapping lesion of eye and adnexa

C69.9 Eye, NOS

**Note 1:** Laterality must be coded for this site.

**Note 2:** AJCC does not define TNM staging for this site.

**Note 3:** AJCC includes primary site C69.8 (Overlapping lesions of eye and adnexa) in its chapter 46, Sarcoma of the Orbit. Collaborative Staging excludes melanomas and retinoblastomas from this schema. All other histologies are included with this schema.

CS Tumor Size	CS Site-Specific Factor 1	<b>The following tables are available at the collaborative staging website:</b> Histologies for Which AJCC Staging Is Not Generated AJCC Stage
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

#### **Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]**

##### **CS Tumor Size**

**SEE STANDARD TABLE**

#### **Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]**

##### **CS Extension** (Revised: 03/17/2004)

Code	Description	TNM	SS77	SS2000
00	In situ	NA	IS	IS
10	Tumor confined to site of origin	NA	L	L
30	Localized, NOS	NA	L	L
40	Intraocular extension	NA	L	L
70	Adjacent extraocular extension: Eyelid Orbit	NA	RE	RE
80	Further contiguous extension	NA	D	D
95	No evidence of primary tumor	NA	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	U	U

**SEER Program Coding and Staging Manual 2007**

**CS Staging Schemas**

**Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]**

**CS TS/Ext-Eval** (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

**Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]**

**CS Lymph Nodes** (Revised: 12/02/2003)

**Note:** Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	NA	NONE	NONE
10	Regional lymph nodes Cervical Mandibular, NOS: Submandibular (submaxillary) Parotid, NOS: Infra-auricular Preauricular Regional lymph node(s), NOS	NA	RN	RN
80	Lymph nodes, NOS	NA	RN	RN
99	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NA	U	U

**Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]**

**CS Reg Nodes Eval** (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

**Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]**

**Reg LN Pos**

SEE STANDARD TABLE

**Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]**

**Reg LN Exam**

SEE STANDARD TABLE

**SEER Program Coding and Staging Manual 2007**

**CS Staging Schemas**

**Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]**

**CS Mets at DX** (Revised: 12/09/2003)

Code	Description	TNM	SS77	SS2000
00	No; none	NA	NONE	NONE
10	Distant lymph node(s), NOS	NA	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	NA	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	NA	D	D
99	Unknown if distant metastasis Cannot be assessed Not documented in patient record	NA	U	U

**Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]**

**CS Mets Eval** (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

**Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]**

**CS Site-Specific Factor 1** (Revised: 03/27/2003)

Code	Description
888	Not applicable for this site

**Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]**

**CS Site-Specific Factor 2** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]**

**CS Site-Specific Factor 3** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

SEER Program Coding and Staging Manual 2007

CS Staging Schemas

**Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]**

**CS Site-Specific Factor 4** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]**

**CS Site-Specific Factor 5** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Cornea, Retina, Choroid, Ciliary Body (Iris, Lens, Sclera, Uveal Tract), Eyeball, Overlapping and Other Eye [Excluding Melanoma and Retinoblastoma]**

**CS Site-Specific Factor 6** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site



## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

#### Malignant Melanoma of Iris and Ciliary Body

##### C69.4

(M-8720-8790)

C69.4 Ciliary Body and Iris

**Note:** Laterality must be coded for these sites

CS Tumor Size	<b>CS Site-Specific Factor 1 -</b>	<b>The following tables are available at the collaborative staging website:</b> Histologies for Which AJCC Staging Is Not Generated AJCC Stage
CS Extension	Measured Thickness (Depth),	
CS TS/Ext-Eval	Breslow's Measurement	
CS Lymph Nodes	CS Site-Specific Factor 2	
CS Reg Nodes Eval	CS Site-Specific Factor 3	
Reg LN Pos	CS Site-Specific Factor 4	
Reg LN Exam	CS Site-Specific Factor 5	
CS Mets at DX	CS Site-Specific Factor 6	
CS Mets Eval		

#### Malignant Melanoma of Iris and Ciliary Body

##### CS Tumor Size (Revised: 08/14/2006)

**Note:** Record the size of the tumor in the CS Tumor Size table below, not depth or thickness. Depth or thickness is recorded in Site-Specific Factor 1 in the Measured Thickness (Depth), Breslow's Measurement table.

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as "less than 1 cm"
992	Described as "less than 2 cm," or "greater than 1 cm," or "between 1 cm and 2 cm"
993	Described as "less than 3 cm," or "greater than 2 cm," or "between 2 cm and 3 cm"
994	Described as "less than 4 cm," or "greater than 3 cm," or "between 3 cm and 4 cm"
995	Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 5 cm"
999	Unknown; size not stated Not documented in patient record

#### Malignant Melanoma of Iris and Ciliary Body

##### CS Extension (Revised: 03/17/2004)

**Note 1:** AJCC 6th Edition states that when basal dimension and apical height do not fit this classification, the largest diameter should be used for classification. In clinical practice the tumor base may be estimated in optic disc diameters (dd) (average: 1 dd = 1.5mm). The elevation may be estimated in diopters (average: 3 diopters = 1 mm). Other techniques, such as ultrasonography and computerized stereometry, may provide a more accurate measurement.

**Note 2:** Iris and ciliary body are both included in the ICD-O-3 site code of C69.4, so they are in the same Collaborative Staging schema. However, they are staged with different criteria by AJCC. Many of the extension codes below are marked as applicable to either iris or ciliary body only. Any code not so marked may be used for either site.

*table begins on next page*

**SEER Program Coding and Staging Manual 2007**

**CS Staging Schemas**

**CS Extension** (Revised: 03/17/2004), *continued*

<b>Code</b>	<b>Description</b>	<b>TNM</b>	<b>SS77</b>	<b>SS2000</b>
00	In situ Noninvasive Intraepithelial	Tis	IS	IS
10	FOR IRIS PRIMARY ONLY: Confined to iris, NOS	T1NOS	L	L
11	FOR IRIS PRIMARY ONLY: Limited to iris not more than 3 clock hours in size, WITHOUT melanomalytic glaucoma, or not stated if melanomalytic glaucoma	T1a	L	L
13	FOR IRIS PRIMARY ONLY: Limited to iris more than 3 clock hours in size, WITHOUT melanomalytic glaucoma, or not stated if melanomalytic glaucoma	T1b	L	L
14	FOR IRIS PRIMARY ONLY: Limited to iris WITH melanomalytic glaucoma	T1c	L	L
21	FOR CILIARY BODY PRIMARY ONLY: Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness), not stated if extraocular extension present (See Note 1.)	T1NOS	L	L
22	FOR CILIARY BODY PRIMARY ONLY: Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness), WITHOUT microscopic or macroscopic extraocular extension. (See Note 1.)	T1a	L	L
23	FOR CILIARY BODY PRIMARY ONLY: Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness), WITH microscopic extraocular extension. (See Note 1.)	T1b	L	L
24	FOR CILIARY BODY PRIMARY ONLY: Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness), WITH macroscopic extraocular extension. (See Note 1.)	T1c	L	L
30	Localized, NOS Diameter and/or thickness in clock hours or mm not stated	T1NOS	L	L
41	FOR IRIS PRIMARY ONLY: Tumor confluent with or extending into the ciliary body and/or choroid WITHOUT melanomalytic glaucoma, or not stated if melanomalytic glaucoma	T2NOS	L	L
42	FOR IRIS PRIMARY ONLY: Tumor confluent with or extending into the ciliary body and/or choroid WITH melanomalytic glaucoma	T2a	L	L

## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

51	FOR CILIARY BODY PRIMARY ONLY: Tumor greater than 10 mm but not more than 16 mm in greatest basal diameter and between 2.5 mm and 10 mm in maximum height (thickness), not stated if extraocular extension present (See Note 1.)	T2NOS	L	L
52	FOR CILIARY BODY PRIMARY ONLY: Tumor greater than 10 mm but not more than 16 mm in greatest basal diameter and between 2.5 mm and 10 mm in maximum height (thickness), WITHOUT microscopic or macroscopic extraocular extension present. (See Note 1.)	T2a	L	L
53	FOR CILIARY BODY PRIMARY ONLY: Tumor greater than 10 mm but not more than 16 mm in greatest basal diameter and between 2.5 mm and 10 mm in maximum height (thickness), WITH microscopic extraocular extension present. (See Note 1.)	T2b	RE	RE
54	FOR CILIARY BODY PRIMARY ONLY: Tumor greater than 10 mm but not more than 16 mm in greatest basal diameter and between 2.5 mm and 10 mm in maximum height (thickness), WITH macroscopic extraocular extension present. (See Note 1.)	T2c	RE	RE
60	FOR IRIS PRIMARY ONLY: Tumor confluent with or extending into the ciliary body and/or choroid WITH scleral extension, WITHOUT melanolytic glaucoma, or not stated if melanolytic glaucoma	T3NOS	L	L
61	FOR IRIS PRIMARY ONLY: Tumor confluent with or extending into the ciliary body and/or choroid WITH scleral extension, AND melanolytic glaucoma	T3a	L	L
65	FOR IRIS PRIMARY ONLY: Extraocular extension	T4	RE	RE
71	FOR CILIARY BODY PRIMARY ONLY: Tumor more than 16 mm in greatest basal diameter and/or greater than 10 mm in maximum height (thickness), WITHOUT extraocular extension or not stated if extraocular extension present. (See Note 1.)	T3NOS	L	L
75	FOR CILIARY BODY PRIMARY ONLY: Tumor more than 16 mm in greatest basal diameter and/or greater than 10 mm in maximum height (thickness), WITH extraocular extension. (See Note 1.)	T4	RE	RE
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

SEER Program Coding and Staging Manual 2007

CS Staging Schemas

**Malignant Melanoma of Iris and Ciliary Body**

**CS TS/Ext-Eval**

SEE STANDARD TABLE

**Malignant Melanoma of Iris and Ciliary Body**

**CS Lymph Nodes** (Revised: 03/17/2004)

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes Cervical Parotid (preauricular) Submandibular Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	U	U

**Malignant Melanoma of Iris and Ciliary Body**

**CS Reg Nodes Eval**

SEE STANDARD TABLE

**Malignant Melanoma of Iris and Ciliary Body**

**Reg LN Pos**

SEE STANDARD TABLE

**Malignant Melanoma of Iris and Ciliary Body**

**Reg LN Exam**

SEE STANDARD TABLE

**Malignant Melanoma of Iris and Ciliary Body**

**CS Mets at DX**

SEE STANDARD TABLE

**Malignant Melanoma of Iris and Ciliary Body**

**CS Mets Eval**

SEE STANDARD TABLE

## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

#### Malignant Melanoma of Iris and Ciliary Body

##### CS Site-Specific Factor 1 Measured Thickness (Depth), Breslow's Measurement (Revised: 08/15/2006)

**Note:** Code MEASURED THICKNESS (Depth) of tumor (Breslow's measurement), not size. Record actual measurement in hundredths of millimeters from Pathology Department.

Code	Description
000	No mass/tumor found
001-988	0.01 - 9.88 millimeters Code exact measurement in HUNDREDTHS of millimeters. Examples: 001 0.01 millimeter 002 0.02 millimeters 010 0.1 millimeter 074 0.74 millimeters 100 1 millimeter 105 1.05 millimeters 988 9.88 millimeters
989	9.89 millimeters or larger
990	OBSOLETE - Microinvasion; microscopic focus or foci only; no size given NOTE: See code 999
999	Microinvasion; microscopic focus or foci only; no size given Not documented in patient record Unknown; size not stated

#### Malignant Melanoma of Iris and Ciliary Body

##### CS Site-Specific Factor 2 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Malignant Melanoma of Iris and Ciliary Body

##### CS Site-Specific Factor 3 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Malignant Melanoma of Iris and Ciliary Body

##### CS Site-Specific Factor 4 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

SEER Program Coding and Staging Manual 2007

CS Staging Schemas

**Malignant Melanoma of Iris and Ciliary Body**

**CS Site-Specific Factor 5** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Malignant Melanoma of Iris and Ciliary Body**

**CS Site-Specific Factor 6** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

#### Malignant Melanoma of Choroid

##### C69.3

(M-8720-8790)

C69.3 Choroid

**Note:** Laterality must be coded for these sites

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	<b>CS Site-Specific Factor 1 -</b> Measured Thickness (Depth), Breslow's Measurement CS Site-Specific Factor 2 CS Site-Specific Factor 3 CS Site-Specific Factor 4 CS Site-Specific Factor 5 CS Site-Specific Factor 6	<b>The following tables are available at the collaborative staging website:</b> Histologies for Which AJCC Staging Is Not Generated AJCC Stage
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#### Malignant Melanoma of Choroid

##### CS Tumor Size (Revised: 08/14/2006)

**Note:** Record the size of the tumor in the CS Tumor Size table below, not depth or thickness. Depth or thickness is recorded in Site-Specific Factor 1 in the Measured Thickness (Depth), Breslow's Measurement table.

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as "less than 1 cm"
992	Described as "less than 2 cm," or "greater than 1 cm," or "between 1 cm and 2 cm"
993	Described as "less than 3 cm," or "greater than 2 cm," or "between 2 cm and 3 cm"
994	Described as "less than 4 cm," or "greater than 3 cm," or "between 3 cm and 4 cm"
995	Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 5 cm"
999	Unknown; size not stated Not documented in patient record

#### Malignant Melanoma of Choroid

##### CS Extension (Revised: 11/19/2004)

**Note:** AJCC 6th Edition states that when basal dimension and apical height do not fit this classification, the largest diameter should be used for classification. In clinical practice the tumor base may be estimated in optic disc diameters (dd) (average: 1 dd = 1.5mm). The elevation may be estimated in diopters (average: 3 diopters = 1 mm). Other techniques, such as ultrasonography and computerized stereometry, may provide a more accurate measurement.

Code	Description	TNM	SS77	SS2000
00	In situ	Tis	IS	IS

**SEER Program Coding and Staging Manual 2007**

**CS Staging Schemas**

22	Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness), AND extraocular invasion unknown	T1NOS	L	L
24	Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness), WITHOUT microscopic extraocular extension	T1a	L	L
26	Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness), WITH microscopic extraocular extension	T1b	L	L
28	Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness), WITH macroscopic extraocular extension	T1c	L	L
30	Localized, NOS	T1NOS	L	L
42	Tumor greater than 10 mm but not more than 16 mm in greatest basal diameter and between 2.5 mm and 10 mm in maximum height (thickness), AND extraocular invasion unknown	T2NOS	L	L
44	Tumor greater than 10 mm but not more than 16 mm in greatest basal diameter and between 2.5 mm and 10 mm in maximum height (thickness), WITHOUT microscopic extraocular invasion	T2a	L	L
46	Tumor greater than 10 mm but not more than 16 mm in greatest basal diameter and between 2.5 mm and 10 mm in maximum height (thickness), WITH microscopic extraocular invasion	T2b	RE	RE
48	Tumor greater than 10 mm but not more than 16 mm in greatest basal diameter and between 2.5 mm and 10 mm in maximum height (thickness), WITH macroscopic extraocular invasion	T2c	RE	RE
66	Tumor greater than 16 mm in greatest diameter and/or greater than 10 mm in maximum height (thickness) WITHOUT extraocular extension	T3	RE	RE
68	Tumor greater than 16 mm in greatest diameter and/or greater than 10 mm in maximum height (thickness) WITH extraocular extension	T4	RE	RE
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

**Malignant Melanoma of Choroid**  
**CS TS/Ext-Eval**  
**SEE STANDARD TABLE**



**SEER Program Coding and Staging Manual 2007**

**CS Staging Schemas**

**Malignant Melanoma of Choroid**

**CS Lymph Nodes** (Revised: 03/17/2004)

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes Cervical Parotid (preauricular) Submandibular Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	U	U

**Malignant Melanoma of Choroid**

**CS Reg Nodes Eval**

SEE STANDARD TABLE

**Malignant Melanoma of Choroid**

**Reg LN Pos**

SEE STANDARD TABLE

**Malignant Melanoma of Choroid**

**Reg LN Exam**

SEE STANDARD TABLE

**Malignant Melanoma of Choroid**

**CS Mets at DX**

SEE STANDARD TABLE

**Malignant Melanoma of Choroid**

**CS Mets Eval**

SEE STANDARD TABLE

**Malignant Melanoma of Choroid**

**CS Site-Specific Factor 1 Measured Thickness (Depth), Breslow's Measurement** (Revised: 08/15/2006)

**Note:** Code MEASURED THICKNESS (Depth) of tumor (Breslow's measurement), not size. Record actual measurement in hundredths of millimeters from Pathology Department.

Code	Description
000	No mass/tumor found
001-988	0.01 - 9.88 millimeters

## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

001-998, cont'd	Code exact measurement in HUNDREDTHS of millimeters. Examples: 001 0.01 millimeter 002 0.02 millimeters 010 0.1 millimeter 074 0.74 millimeters 100 1 millimeter 105 1.05 millimeters 988 9.88 millimeters
989	9.89 millimeters or larger
990	OBSOLETE - Microinvasion; microscopic focus or foci only; no size given NOTE: See code 999
999	Microinvasion; microscopic focus or foci only; no size given Not documented in patient record Unknown; size not stated

#### **Malignant Melanoma of Choroid**

##### **CS Site-Specific Factor 2** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### **Malignant Melanoma of Choroid**

##### **CS Site-Specific Factor 3** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### **Malignant Melanoma of Choroid**

##### **CS Site-Specific Factor 4** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### **Malignant Melanoma of Choroid**

##### **CS Site-Specific Factor 5** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### **Malignant Melanoma of Choroid**

##### **CS Site-Specific Factor 6** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

#### **Malignant Melanoma of Other Eye**

#### **C69.1, C69.2, C69.5, C69.8-C69.9**

(M-8720-8790)

C69.1 Cornea

C69.2 Retina

C69.5 Lacrimal gland

C69.8 Overlapping lesion of eye and adnexa

C69.9 Eye, NOS

Excludes C69.0 Conjunctiva, C69.3 Choroid, and C69.4 Ciliary Body

**Note 1:** Laterality must be coded for these sites

**Note 2:** AJCC includes primary site C69.8 (Overlapping lesions of eye and adnexa) in its chapter 46, Sarcoma of the Orbit. This schema includes only melanomas of the sites listed above.

CS Tumor Size	CS Site-Specific Factor 1	<b>The following tables are available at the collaborative staging website:</b> Histologies for Which AJCC Staging Is Not Generated AJCC Stage
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

#### **Malignant Melanoma of Other Eye**

#### **CS Tumor Size**

**SEE STANDARD TABLE**

#### **Malignant Melanoma of Other Eye**

#### **CS Extension** (Revised: 05/06/2004)

Code	Description	TNM	SS77	SS2000
00	In situ Noninvasive Intraepithelial	NA	IS	IS
10	Tumor limited to other part of eye with or without intraocular extension	NA	L	L
30	Localized, NOS	NA	L	L
70	Adjacent extraocular extension	NA	RE	RE
80	Further contiguous extension	NA	D	D
95	No evidence of primary tumor	NA	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	U	U

#### **Malignant Melanoma of Other Eye**

#### **CS TS/Ext-Eval**

**SEE STANDARD TABLE**

**SEER Program Coding and Staging Manual 2007**

**CS Staging Schemas**

**Malignant Melanoma of Other Eye**

**CS Lymph Nodes** (Revised: 03/17/2004)

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	NA	NONE	NONE
10	Regional lymph nodes Cervical Parotid (preauricular) Submandibular Regional lymph node(s), NOS	NA	RN	RN
80	Lymph nodes, NOS	NA	RN	RN
99	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NA	U	U

**Malignant Melanoma of Other Eye**

**CS Reg Nodes Eval**

SEE STANDARD TABLE

**Malignant Melanoma of Other Eye**

**Reg LN Pos**

SEE STANDARD TABLE

**Malignant Melanoma of Other Eye**

**Reg LN Exam**

SEE STANDARD TABLE

**Malignant Melanoma of Other Eye**

**CS Mets at DX** (Revised: 12/09/2003)

Code	Description	TNM	SS77	SS2000
00	No; none	NA	NONE	NONE
10	Distant lymph node(s), NOS	NA	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	NA	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	NA	D	D
99	Unknown if distant metastasis Cannot be assessed Not documented in patient record	NA	U	U

SEER Program Coding and Staging Manual 2007

CS Staging Schemas

**Malignant Melanoma of Other Eye**

**CS Mets Eval**

SEE STANDARD TABLE

**Malignant Melanoma of Other Eye**

**CS Site-Specific Factor 1** (Revised: 03/27/2003)

Code	Description
888	Not applicable for this site

**Malignant Melanoma of Other Eye**

**CS Site-Specific Factor 2** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Malignant Melanoma of Other Eye**

**CS Site-Specific Factor 3** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Malignant Melanoma of Other Eye**

**CS Site-Specific Factor 4** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Malignant Melanoma of Other Eye**

**CS Site-Specific Factor 5** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Malignant Melanoma of Other Eye**

**CS Site-Specific Factor 6** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

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## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

#### Lacrimal Gland

##### C69.5

C69.5 Lacrimal gland

**Note:** Laterality must be coded for this site.

CS Tumor Size	CS Site-Specific Factor 1	<b>The following tables are available at the collaborative staging website:</b> Histology Exclusion Table AJCC Stage Extension Size Table Extension Size Table 2
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

#### Lacrimal Gland

##### CS Tumor Size

SEE STANDARD TABLE

#### Lacrimal Gland

##### CS Extension (Revised: 08/22/2006)

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Tumor confined to lacrimal gland/duct	*	L	L
30	Localized, NOS	*	L	L
40	Invading periosteum of fossa of lacrimal gland/duct	**	RE	RE
60	Extension to any of the following WITHOUT bone invasion: Globe (eyeball) Optic nerve Orbital soft tissues	T4	RE	RE
70	Adjacent bone	T4	RE	RE
75	Brain	T4	D	D
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

\* For Extension codes 10 and 30 ONLY, the T category is assigned based on the value of CS Tumor Size as shown in Extension Size Table. Tumors 2.5 cm or less are T1, and tumors between 2.6 and 5 cm are T2.

\*\* For Extension code 40 ONLY, the T category is assigned based on the value of CS Tumor Size as shown in Extension Size Table 2. Tumors 5 cm or less are T3a, and tumors more than 5 cm are T3b.

**SEER Program Coding and Staging Manual 2007**

**CS Staging Schemas**

**Lacrimal Gland**  
**CS TS/Ext-Eval**  
**SEE STANDARD TABLE**

**Lacrimal Gland**  
**CS Lymph Nodes** (Revised: 08/19/2006)

<b>Code</b>	<b>Description</b>	<b>TNM</b>	<b>SS77</b>	<b>SS2000</b>
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes Cervical Mandibular, NOS: Submandibular (submaxillary) Parotid, NOS: Infra-auricular Preauricular Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	U	U

**Lacrimal Gland**  
**CS Reg Nodes Eval**  
**SEE STANDARD TABLE**

**Lacrimal Gland**  
**Reg LN Pos**  
**SEE STANDARD TABLE**

**Lacrimal Gland**  
**Reg LN Exam**  
**SEE STANDARD TABLE**

**Lacrimal Gland**  
**CS Mets at DX**  
**SEE STANDARD TABLE**

**Lacrimal Gland**  
**CS Mets Eval**  
**SEE STANDARD TABLE**



## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

#### Lacrimal Gland

##### CS Site-Specific Factor 1 (Revised: 03/27/2003)

Code	Description
888	Not applicable for this site

#### Lacrimal Gland

##### CS Site-Specific Factor 2 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Lacrimal Gland

##### CS Site-Specific Factor 3 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Lacrimal Gland

##### CS Site-Specific Factor 4 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Lacrimal Gland

##### CS Site-Specific Factor 5 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Lacrimal Gland

##### CS Site-Specific Factor 6 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

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## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

#### Orbit

#### C69.6

C69.6 Orbit, NOS

**Note 1:** Laterality must be coded for this site.

**Note 2:** AJCC uses this scheme only for sarcomas of the orbit.

CS Tumor Size	CS Site-Specific Factor 1	<b>The following tables are available at the collaborative staging website:</b> Histology Exclusion Table AJCC Stage Extension Size Table
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

#### Orbit

#### CS Tumor Size

SEE STANDARD TABLE

#### Orbit

#### CS Extension (Revised: 08/22/2006)

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Tumor confined to orbit Localized, NOS	*	L	L
40	Diffuse invasion of orbital tissues and/or bony walls	T3	RE	RE
60	Extension to: Adjacent paranasal sinuses Cranium	T4	RE	RE
70	Central nervous system	T4	D	D
80	Further contiguous extension	T4	L	L
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

\* For Extension code 10 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this site.

#### Orbit

#### CS TS/Ext-Eval

SEE STANDARD TABLE

**SEER Program Coding and Staging Manual 2007**

**CS Staging Schemas**

**Orbit**

**CS Lymph Nodes** (Revised: 12/02/2003)

<b>Code</b>	<b>Description</b>	<b>TNM</b>	<b>SS77</b>	<b>SS2000</b>
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes Cervical Mandibular, NOS: Submandibular (submaxillary) Parotid, NOS: Infra-auricular Preauricular Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	U	U

**Orbit**

**CS Reg Nodes Eval**

**SEE STANDARD TABLE**

**Orbit**

**Reg LN Pos**

**SEE STANDARD TABLE**

**Orbit**

**Reg LN Exam**

**SEE STANDARD TABLE**

**Orbit**

**CS Mets at DX**

**SEE STANDARD TABLE**

**Orbit**

**CS Mets Eval**

**SEE STANDARD TABLE**

**Orbit**

**CS Site-Specific Factor 1** (Revised: 03/27/2003)

<b>Code</b>	<b>Description</b>
888	Not applicable for this site

## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

#### Orbit

##### CS Site-Specific Factor 2 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Orbit

##### CS Site-Specific Factor 3 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Orbit

##### CS Site-Specific Factor 4 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Orbit

##### CS Site-Specific Factor 5 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Orbit

##### CS Site-Specific Factor 6 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

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## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

#### Retinoblastoma

#### C69.0-C69.6, C69.8-C69.9

(9510-9514)

C69.0 Conjunctiva

C69.1 Cornea, NOS

C69.2 Retina

C69.3 Choroid

C69.4 Ciliary Body

C69.5 Lacrimal Gland

C69.6 Orbit, NOS

C69.8 Overlapping lesion of eye and adnexa

C69.9 Eye, NOS

**Note 1:** Laterality must be coded for this site.

**Note 2:** Code all retinoblastomas using this scheme, including conjunctiva, uvea and other parts of eye.

CS Tumor Size	<b>CS Site-Specific Factor 1 -</b>	<b>The following tables are available at the collaborative staging website:</b> Histologies for Which AJCC Staging Is Not Generated AJCC Stage for TNM sites with no stage groupings CS Mets at DX, CS Mets Eval
CS Extension	Extension Evaluated at	
CS TS/Ext-Eval	Enucleation	
CS Lymph Nodes	CS Site-Specific Factor 2	
CS Reg Nodes Eval	CS Site-Specific Factor 3	
Reg LN Pos	CS Site-Specific Factor 4	
Reg LN Exam	CS Site-Specific Factor 5	
CS Mets at DX	CS Site-Specific Factor 6	
CS Mets Eval		

#### Retinoblastoma

#### CS Tumor Size

SEE STANDARD TABLE

#### Retinoblastoma

#### CS Extension (Revised: 08/15/2006)

**Note 1:** For correct calculation of derived staging fields for this schema, CS Extension and Site-Specific Factor 1, Extension Evaluated at Enucleation, must both be coded, whether or not an enucleation was performed. Information from enucleation is EXCLUDED from CS Extension and coded only in Site-Specific Factor 1.

**Note 2:** For the extension fields for this site, the mapping values for TNM, SS77, and SS2000 and the associated c, p, y, or a indicator are assigned based on the values in CS Extension, CS TS/Ext Eval, and Site-Specific Factor 1. If the value of Site-specific Factor 1 is a valid code between 030 and 080 (i.e., enucleation was done and extension information is available for staging), the mapping values are taken from the Site-Specific Factor 1 mapping, and the T category is identified as a pT. Otherwise (i.e., Site-Specific Factor 1 code is not between 030 and 080, or is invalid or blank, meaning that enucleation was not performed, or it was performed but the information is not usable for staging), the mapping values are taken from the CS Extension mapping, and the c, p, y, or a indicator is taken from the TS/Ext Eval mapping.

Code	Description	TNM	SS77	SS2000
11	Any eye in which the largest tumor is less than or equal to 3 mm in height AND no tumor is located closer than 1 DD (1.5mm) to the optic nerve or fovea	T1a	L	L
13	All other eyes in which the tumor(s) are confined to retina regardless of location or size (up to half the volume of the eye) AND No vitreous seeding AND No retinal detachment or subretinal fluid greater than 5 mm from the base of the tumor	T1b	L	L

## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

31	Tumor confined to retina (no vitreous seeding or significant retinal detachment), NOS	T1NOS	L	L
41	Minimal tumor spread to vitreous and/or subretinal space. Fine local or diffuse vitreous seeding and/or serous retinal detachment up to total detachment may be present but no clumps, lumps, snowballs, or avascular masses are allowed in the vitreous or subretinal space. Calcium flecks in the vitreous or subretinal space are allowed. Tumor may fill up to 2/3 the volume of the eye.	T2a	L	L
43	Massive tumor spread to vitreous and/or subretinal space. Vitreous seeding and/or subretinal implantation may consist of lumps, clumps, snowballs, or avascular tumor masses. Retinal detachment may be total. Tumor may fill up to 2/3 the volume of the eye.	T2b	L	L
45	Unsalvageable intraocular disease. Tumor fills more than 2/3 the eye No possibility of visual rehabilitation. One or more of the following are present: Tumor-associated glaucoma, either neovascular or angle closure Anterior segment extension of tumor Ciliary body extension of tumor HypHEMA (significant) Massive vitreous hemorrhage Tumor in contact with lens Orbital cellulitis-like clinical presentation	T2c	L	L
47	Tumor with contiguous spread to adjacent tissues or spaces (vitreous or subretinal space), NOS	T2NOS	L	L
59	Invasion of optic nerve and/or optic coats, NOS	T3	RE	RE
75	Extraocular tumor	T4	RE	RE
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

**Note:** If enucleation done (i.e., SSF1 code 030 to 080) the T category is derived from Site-Specific Factor 1 and assigned "pT". **Else:** [no enucleation done] the T category is derived from CS Extension and assigned based on CS TS/Ext-Eval field.

### Retinoblastoma

#### CS TS/Ext-Eval (Revised: 05/07/2004)

**Note:** This item reflects the validity of the classification of the Tumor Size and CS Extension were determined based on the diagnostic methods employed.

Code	Description	Staging Basis
0	No surgical resection done. Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c



## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

1	No surgical resection done. Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive techniques including surgical observation without biopsy. No autopsy evidence used. Does not meet criteria for AJCC pathological T staging.	c
2	No surgical resection done, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p
3	Surgical resection performed WITHOUT pre-surgical systemic treatment or radiation OR surgical resection performed, unknown if pre-surgical systemic treatment or radiation performed. Evidence acquired before treatment, supplemented or modified by the additional evidence acquired during and from surgery, particularly from pathologic examination of the resected specimen. Meets criteria for AJCC pathological T staging.	p
5	Surgical resection performed WITH pre-surgical systemic treatment or radiation, BUT tumor size/extension based on clinical evidence.	c
6	Surgical resection performed WITH pre-surgical systemic treatment or radiation; tumor size and/or extension based on pathologic evidence.	y
8	Evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy).	a
9	Unknown if surgical resection done Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

### Retinoblastoma

#### CS Lymph Nodes (Revised: 05/07/2004)

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes Submandibular Parotid (preauricular) Cervical Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

### Retinoblastoma

#### CS Reg Nodes Eval

SEE STANDARD TABLE

### Retinoblastoma

#### Reg LN Pos

SEE STANDARD TABLE

## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

**Retinoblastoma**  
**Reg LN Exam**  
**SEE STANDARD TABLE**

**Retinoblastoma**  
**CS Mets at DX** (Revised: 08/19/2006)

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s)	*	D	D
30	Distant metastasis to bone marrow only	*	D	D
40	Distant metastasis except distant lymph node(s) (10) or bone marrow (30) Distant metastasis, NOS Carcinomatosis	*	D	D
50	(10) + any of [(30) or (40)] Distant lymph node(s) plus other distant metastases	*	D	D
55	Stated as M1, NOS	*	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

\* For Mets at DX codes 10, 30, 40, 50, and 55 ONLY, the M category is assigned based on the values of CS Mets at DX and CS Mets Eval, as shown in the table CS Mets at DX, Mets Eval for this site.

**Retinoblastoma**  
**CS Mets Eval**  
**SEE STANDARD TABLE**

**Retinoblastoma**  
**CS Site-Specific Factor 1 Extension Evaluated at Enucleation** (Revised: 05/26/2004)

**Note 1:** For correct calculation of derived staging fields for this schema, CS Extension and Site-Specific Factor 1, Extension Evaluated at Enucleation, must both be coded, whether or not an enucleation was performed. Information from enucleation is EXCLUDED from CS Extension and coded only in Site-Specific Factor 1.

**Note 2:** For the extension fields for this site, the mapping values for TNM, SS77, and SS2000 and the associated c, p, y, or a indicator are assigned based on the values in CS Extension, CS TS/Ext Eval, and Site-Specific Factor 1. If the value of Site-specific Factor 1 is a valid code between 030 and 080 (i.e., enucleation was done and extension information is available for staging), the mapping values are taken from the Site-Specific Factor 1 mapping, and the T category is identified as a pT. Otherwise (i.e., Site-Specific Factor 1 code is not between 030 and 080, or is invalid or blank, meaning that enucleation was not performed, or it was performed but the information is not usable for staging), the mapping values are taken from the CS Extension mapping, and the c, p, y, or a indicator is taken from the TS/Ext Eval mapping.

Code	Description	TNM	SS77	SS2000
000	No enucleation performed	TX	U	U
030	Tumor(s) confined to retina, NOS	T1	L	L
041	Tumor cells in the vitreous body	T1	L	L

## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

043	Tumor(s) confined to subretinal space No optic nerve or choroidal invasion	T1	L	L
044	Tumor invades optic nerve up to, but not through, level of lamina cribrosa	T2a	L	L
046	Tumor invades choroid focally	T2b	L	L
047	Tumor invades optic nerve up to, but not through, level of lamina cribrosa AND invades the choroid focally	T2c	L	L
048	Optic nerve as far as lamina cribrosa, NOS	T2NOS	L	L
049	Minimal invasion of optic nerve and/or optic coats, NOS	T2NOS	L	L
054	Tumor invades optic nerve through the level of lamina cribrosa but not to line of resection	T3a	RE	RE
056	Tumor massively invades choroid	T3b	RE	RE
057	Tumor invades optic nerve through level of lamina cribrosa but not to line and resection AND massively invades choroid	T3c	RE	RE
059	Significant invasion of optic nerve and/or optic coats, NOS	T3NOS	RE	RE
072	Extraocular extension including: Both anteriorly or posteriorly into orbit Optic nerve to line of resection Orbit through sclera Extension into subarachnoidal space of optic nerve Extension to apex of orbit	T4	RE	RE
074	Extraocular extension including into: Brain Brain beyond the chiasm	T4	D	D
075	Other adjacent extraocular extension	T4	RE	RE
080	Further contiguous extension	T4	D	D
095	No evidence of primary tumor	T0	U	U
096	Unknown if enucleation done	TX	U	U
999	Enucleation done: Extension unknown	TX	U	U

### Retinoblastoma

#### CS Site-Specific Factor 2 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

SEER Program Coding and Staging Manual 2007

CS Staging Schemas

**Retinoblastoma**

**CS Site-Specific Factor 3** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Retinoblastoma**

**CS Site-Specific Factor 4** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Retinoblastoma**

**CS Site-Specific Factor 5** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**Retinoblastoma**

**CS Site-Specific Factor 6** (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

## SEER Program Coding and Staging Manual 2007

### Surgery Codes

#### All Other Sites

C142–C148, C170–C179, C239, C240–C249, C260–C269, C300–C301, C310–C319, C339, C379, C380–C388, C390–C399, C480–C488, C510–C519, C529, C570–C579, C589, C600–C609, C630–C639, C680–C689, **C690–C699**, C740–C749, C750–C759

(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

#### Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

#### No specimen sent to pathology from surgical events 10–14

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

#### Any combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

[**SEER Note:** Codes 21 to 24 above combine 20 local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, or 24 Laser ablation]

25 Laser excision

#### Specimen sent to pathology from surgical events 20–27

30 Simple/partial surgical removal of primary site

40 Total surgical removal of primary site; enucleation

41 Total enucleation (for eye surgery only)

50 Surgery stated to be “debulking”

60 Radical surgery

Partial or total removal of the primary site WITH a resection in continuity (partial or total removal) with other organs

[**SEER Note:** In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

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## SEER Program Coding and Staging Manual 2007

### Coding Guidelines

#### **BRAIN [AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM] MENINGES C700-C709, BRAIN C710-C719, SPINAL CORD, CRANIAL NERVES AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM C720-C729**

(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

#### Grade

##### Astrocytoma

Grade for Astrocytomas (M-9383, 9400, 9401, 9410-9412, 9420, 9421) according to ICD-O-3 rules.

Term	Grade	SEER Code
Well differentiated	Grade I	1
Intermediate differentiation	Grade II	2
Poorly differentiated	Grade III	3
Anaplastic	Grade IV	4

Use the conversion table in the Grade, Differentiation, or Cell Indicator section general instructions to code low grade, intermediate grade, and high grade

Code the Grade, Differentiation field to 9 [Cell type not determined, not stated or not applicable] in the absence of a stated grade on the pathology report. If a grade is stated, code the stated grade.

If no grade is given, code unknown, 9

Always code the Grade, Differentiation field to for 4 [Grade IV] for "anaplastic" tumors. Anaplastic is synonymous with undifferentiated.

Do not automatically code glioblastoma multiforme as grade IV. If no grade is given, code to unknown, 9.

For primary tumors of the brain and spinal cord (C710-C729) do not use the WHO grade, Anne/Mayo, or Kemohan grades to code this field. Record the WHO grade in the data item CS Site-Specific Factor 1.

The use of World Health Organization coding of aggressiveness is reserved for assignment of grade for staging.

Juvenile astrocytoma, listed as 9421/1 in ICD-O-3, is reportable. Record as 9421/3 in the registry.

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## Multiple Primary and Histology Coding Rules 2007: Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland

### Equivalent Terms, Definitions, Charts and Illustrations C700, C701, C709, C710-C719, C720-725, C728, C729, C751-C753 (Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)

*Note:* Benign and borderline intracranial and CNS tumors have a separate set of rules.

There are two types of cells that make up the nervous system: *neurons* and *neuroglia*. Neurons send and receive nerve messages. Neuroglia, otherwise known as *glial cells*, often surround the neurons. Glial cells play a supportive role by nourishing, protecting and supporting neurons. There are six kinds of glial cells; oligodendrocytes, astrocytes, ependymal cells, Schwann cells, microglia, and satellite cells.  
<http://www.braintumorfoundation.org/tumors/primer.htm>.

It is important to know that any of the glial tumors (Chart 1) can recur as a glioblastoma or glioblastoma multiforme.

#### Equivalent or Equal Terms (Terms that can be used interchangeably)

- Tumor, mass, lesion, neoplasm
- Type, subtype, variant

#### Definitions

**Astrocytoma:** A tumor that begins in the brain or spinal cord in small, star-shaped cells called astrocytes. “Astrocytoma” is a term that applies to a group of neoplasms that can be divided into the following clinical-pathological components: Diffuse astrocytomas, anaplastic astrocytomas (grade III), and glioblastoma multiforme (grade IV).

**Cerebellum:** The part of the brain below the back of the cerebrum. It regulates balance, posture, movement, and muscle coordination.

**Corpus Callosum:** A large bundle of nerve fibers that connect the left and right cerebral hemispheres. In the lateral section, it looks a bit like a "C" on its side.

**Ependymoma:** A glioma derived from relatively undifferentiated ependymal cells, comprising approximately 1–3% of all intracranial neoplasms. Ependymomas occur in all age groups and may originate from the lining of any of the ventricles or, more commonly, from the central canal of the spinal cord. Histologically, the neoplastic cells tend to be arranged radially around blood vessels, to which they are attached by means of fibrillary processes.

## Multiple Primary and Histology Coding Rules 2007: Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland

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**Frontal Lobe of the Cerebrum:** The top, front region of each of the cerebral hemispheres. Used for reasoning, emotions, judgment, and voluntary movement.

**Glioblastoma:** A malignant rapidly growing Astrocytoma of the central nervous system. These neoplasms grow rapidly, invade extensively, and occur most frequently in the cerebrum of adults. Any glial tumor can recur as a glioblastoma or a glioblastoma multiforme (see Chart 1)

**Glioma:** Any neoplasm derived from one of the various types of cells that form the interstitial tissue of the brain, spinal cord, pineal gland, posterior pituitary gland, and retina. About half of all primary brain tumors and one-fifth of all primary spinal cord tumors form from glial cells. Gliomas tend to grow in the cerebral hemispheres, but may also occur in the brain stem, optic nerves, spinal cord, and cerebellum. Gliomas are divided into subgroups depending on the origin of the glial cells. The most common type of glioma is an astrocytoma.

**Infratentorial:** Tumors located in the posterior fossa, cerebellum, or fourth ventricle.

**Medulla Oblongata:** The lowest section of the brainstem (at the top end of the spinal cord). It controls automatic functions including heartbeat, breathing, etc.

**Medulloblastoma:** A tumor consisting of neoplastic cells that resemble the undifferentiated cells of the primitive medullary tube; medulloblastomas are usually located in the vermis of the cerebellum, and may be implanted discretely or coalescently on the surfaces of the cerebellum, brainstem, and spinal cord. They comprise approximately 3% of all intracranial neoplasms, and occur most frequently in children. A type of primitive neuroectodermal tumor.

**Mixed glioma:** The presence of at least two of the following cells/differentiation in a single tumor: astrocytic; oligodendroglial; ependymal

**Occipital Lobe of the Cerebrum** - the region at the back of each cerebral hemisphere that contains the centers of vision and reading ability (located at the back of the head).

**Oligodendroglioma:** A relatively rare, relatively slowly growing glioma derived from oligodendrocytes that occurs most frequently in the cerebrum of adults

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**Parietal Lobe of the Cerebrum:** The middle lobe of each cerebral hemisphere between the frontal and occipital lobes. It contains important sensory centers (located at the upper rear of the head).

**Pituitary Gland:** A gland attached to the base of the brain that secretes hormones. It is located between the Pons and the Corpus Callosum, above the Medulla Oblongata. Synonym: Hypophysis.

**PNET (Primitive Neuroectodermal Tumor):** A group of malignant central nervous system tumors that includes medulloblastoma, pineoblastoma, ependymblastoma, retinoblastoma, neuroblastoma, esthesioneuroblastoma, medulloepithelioma and ganglioneuroblastoma. Tumors are composed of primitive, undifferentiated embryonal cell lines and frequently classified according to anatomic location. Also known as central PNET or supratentorial PNET, depending on location of the tumor.

**pPNET (peripheral Primitive Neuroectodermal Tumor):** These tumors usually occur in the soft tissues of the chest, pelvis, and retroperitoneum and are rarely intracranial. There is known clinical and histological association between pPNET and both extrasosseous Ewing sarcoma and peripheral neuroblastoma. Peripheral PNET is clinically and pathologically distinct from central PNET.

**Satellite lesion or metastasis:** Metastatic lesion within the immediate vicinity of the primary tumor. This is a metastasis, not a separate primary.

**Spinal Cord** - a thick bundle of nerve fibers that runs from the base of the brain to the hip area, running through the spine (vertebrae).

**Supratentorial:** Tumors located in the sellar or suprasellar region or in other areas of the cerebrum.

**Temporal Lobe of the Cerebrum:** The region at the lower side of each cerebral hemisphere; contains centers of hearing and memory (located at the sides of the head).

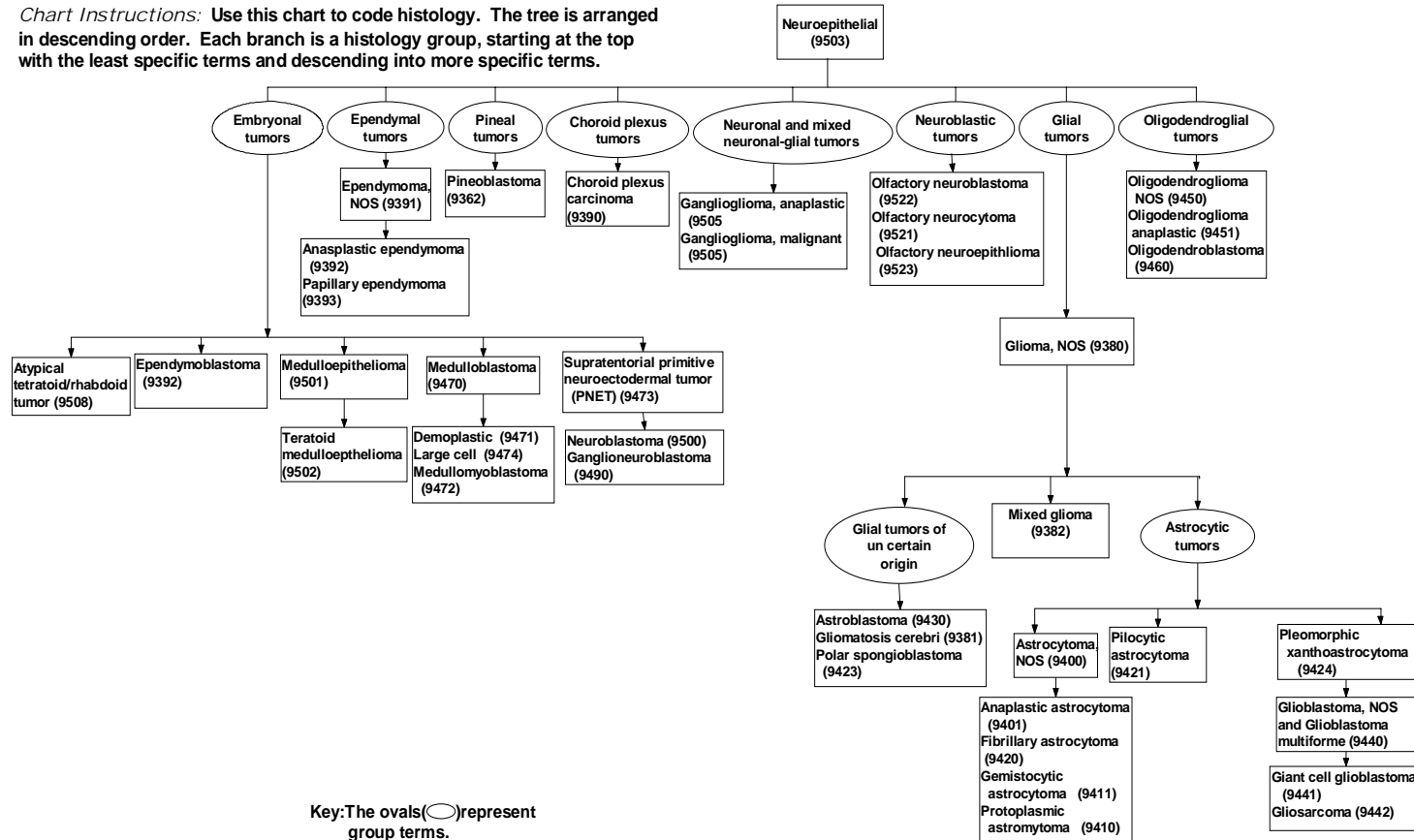
**Multiple Primary and Histology Coding Rules 2007: Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland**

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 (Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)

**Chart 1 –Neuroepithelial Malignant Brain and Central Nervous System Tumors**

*Note:* This chart is based on the *WHO Classification of Tumors* of the brain and central nervous system. The chart is **not** a complete listing of histologies that may occur in the brain or central nervous system.

*Chart Instructions:* Use this chart to code histology. The tree is arranged in descending order. Each branch is a histology group, starting at the top with the least specific terms and descending into more specific terms.



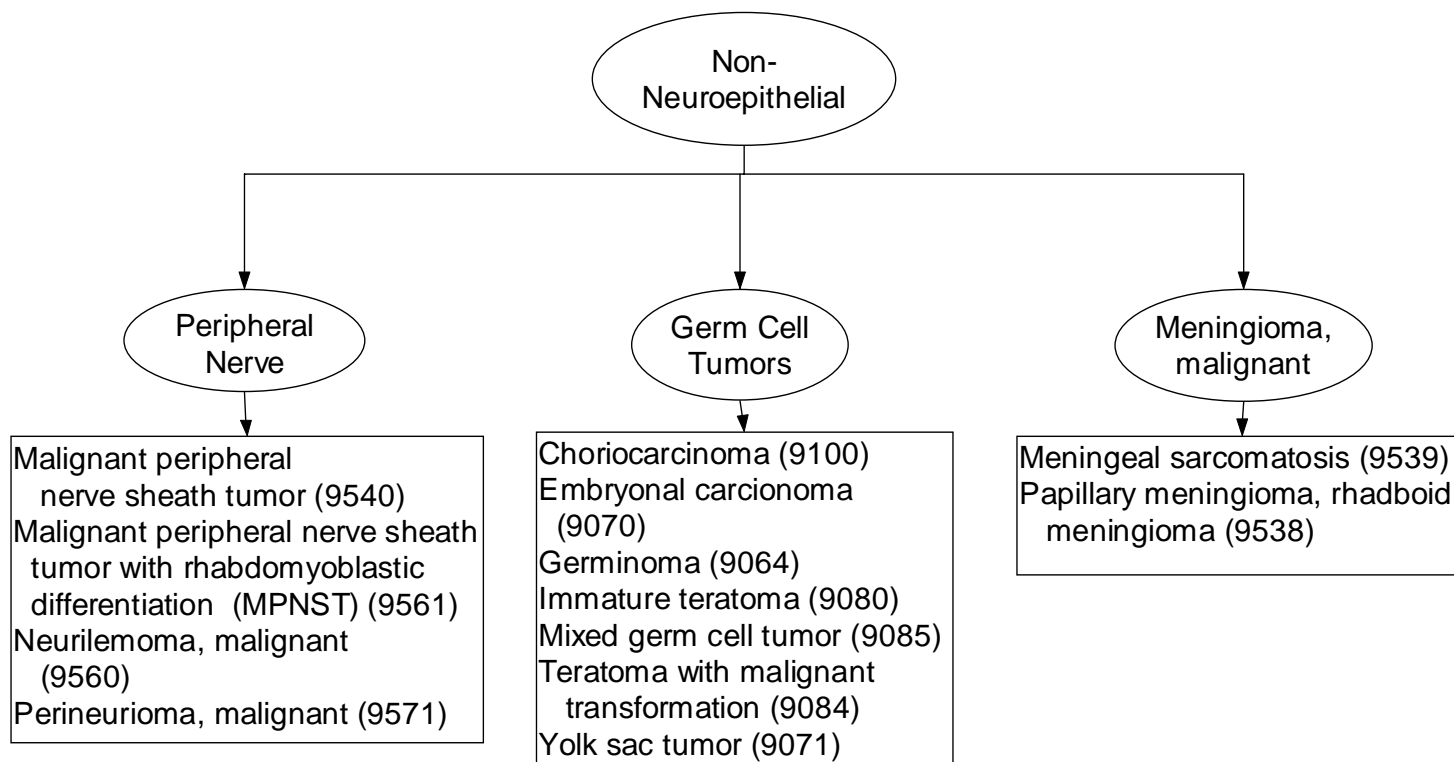
**Multiple Primary and Histology Coding Rules 2007: Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland**

**Equivalent Terms, Definitions, Charts and Illustrations**  
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**(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)**

**Chart 2 – Non-neuroepithelial Malignant Brain and Central Nervous System Tumors**

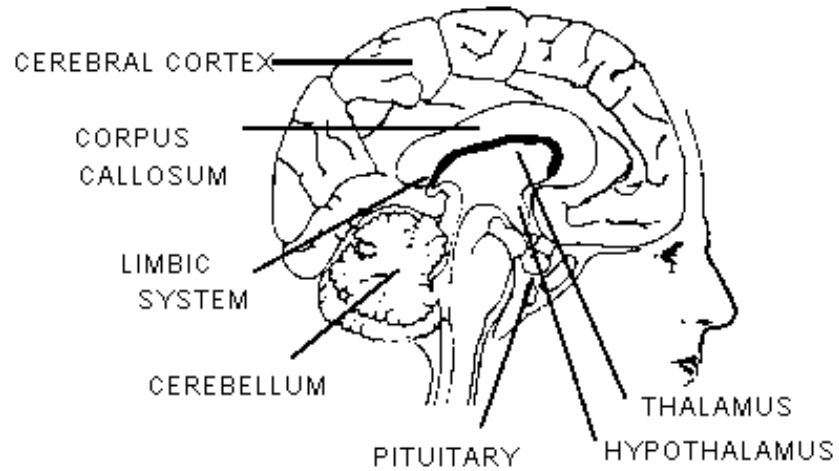
**Chart Instructions:** Use this chart to code histology. The tree is arranged in descending order. Each branch is a histology group, starting at the top with the least specific terms and descending into more specific terms.

**Note:** Chart 2 is based on the *WHO Classification of Tumors* of the brain and central nervous system. This chart is **not** a complete listing of histologies that may occur in the brain or central nervous system.



**Multiple Primary and Histology Coding Rules 2007: Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland**

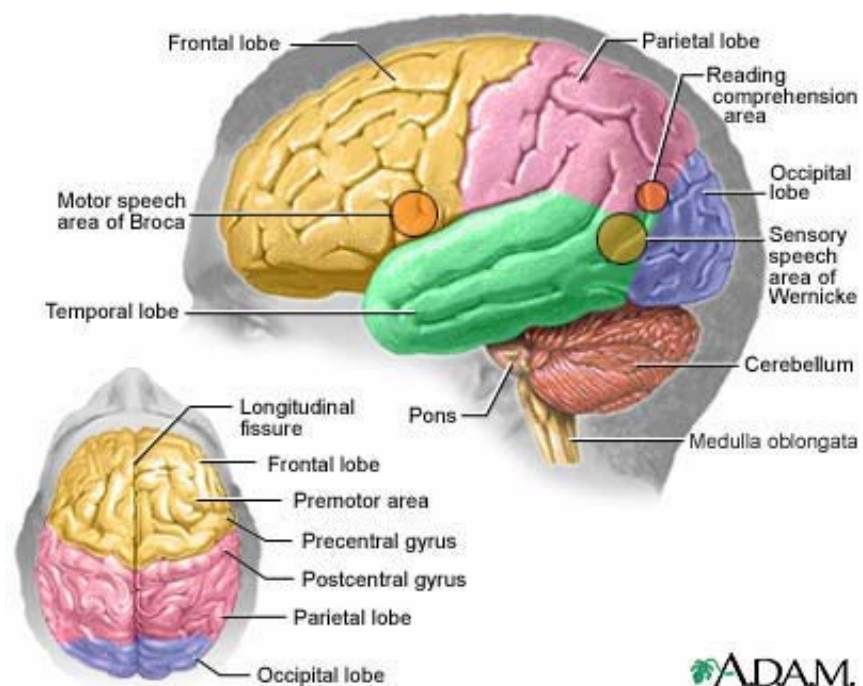
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**(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)**



[www.gender.org.uk/about/07neur/74\\_brain.htm](http://www.gender.org.uk/about/07neur/74_brain.htm)

**Multiple Primary and Histology Coding Rules 2007: Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland**

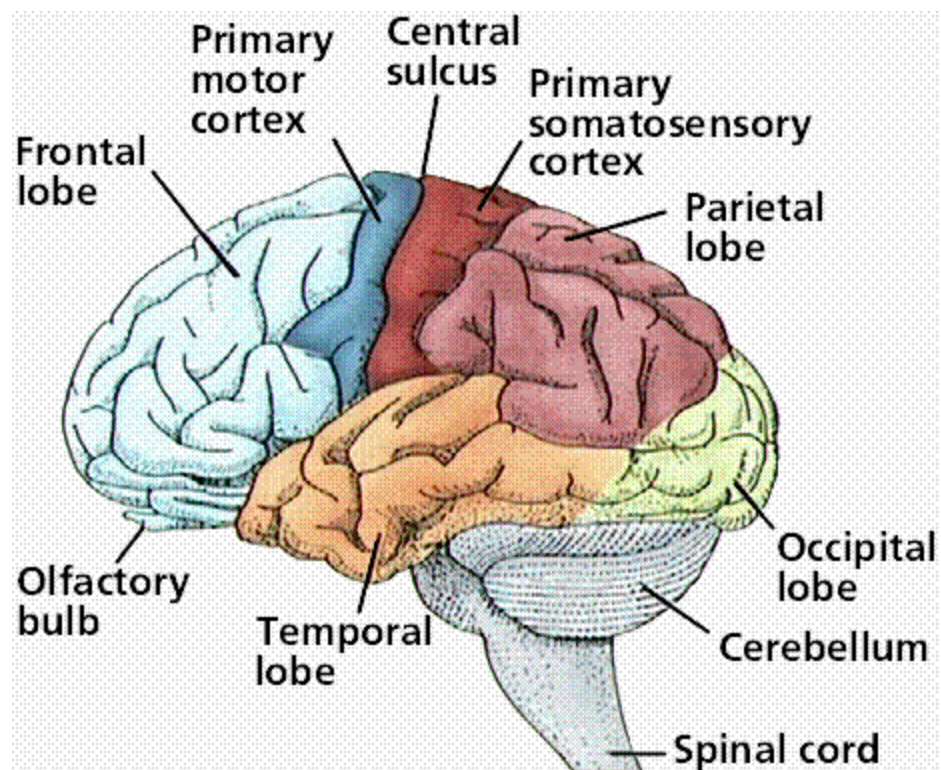
**Equivalent Terms, Definitions, Charts and Illustrations**  
**C700, C701, C709, C710-C719, C720-725, C728, C729, C751-C753**  
**(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)**



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**Multiple Primary and Histology Coding Rules 2007: Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland**

**Equivalent Terms, Definitions, Charts and Illustrations**  
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## Multiple Primary and Histology Coding Rules 2007: Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland

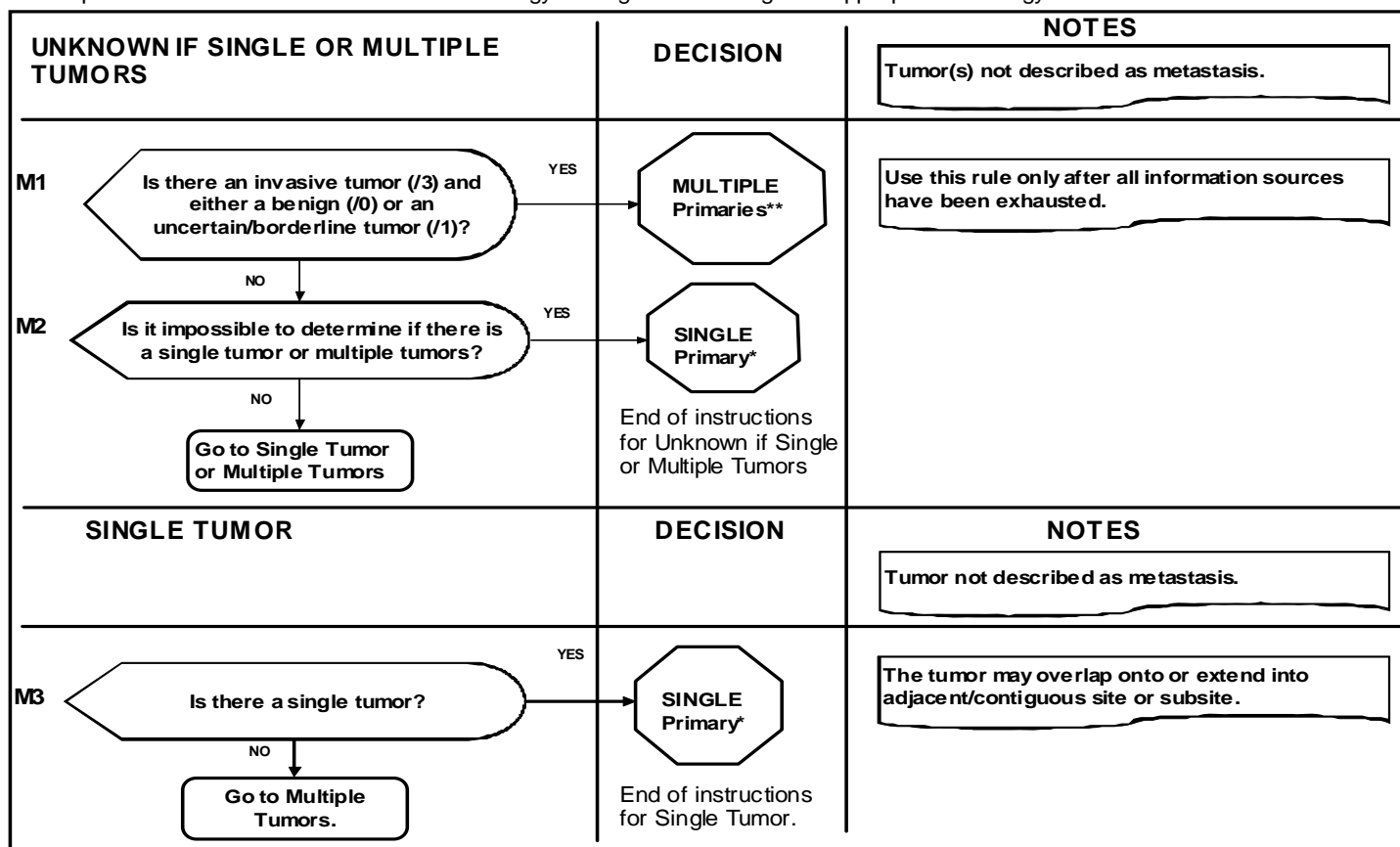
### Multiple Primary Rules – Flowchart

#### Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Multiple Primary Rules - Flowchart

C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)  
Note: Benign and borderline intracranial and CNS tumors have a separate set of rules.

- \* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
- \*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



## Multiple Primary and Histology Coding Rules 2007: Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland

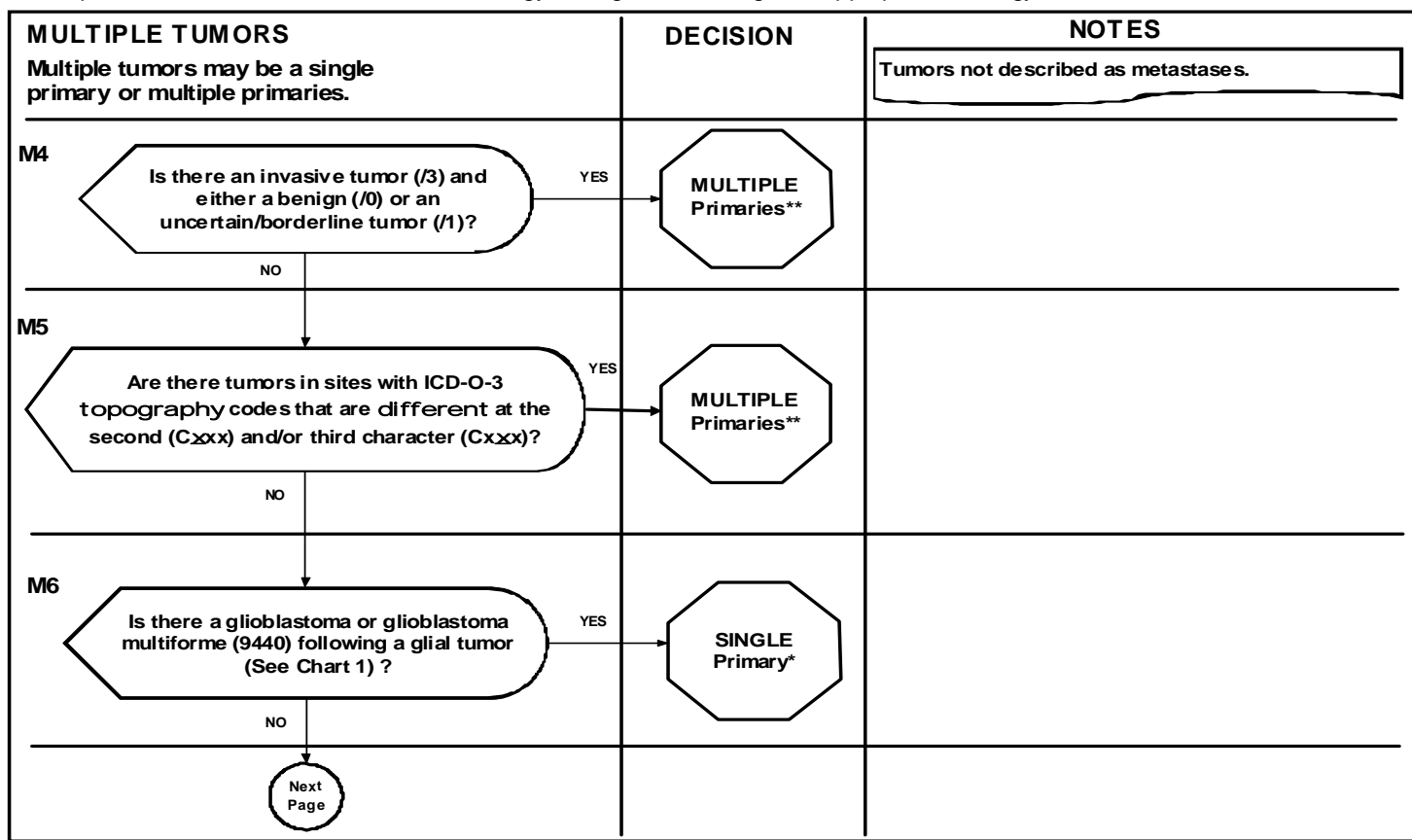
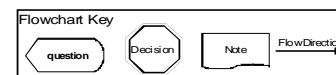
### Multiple Primary Rules – Flowchart

#### Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Multiple Primary Rules - Flowchart

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## Multiple Primary and Histology Coding Rules 2007: Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland

### Multiple Primary Rules – Flowchart

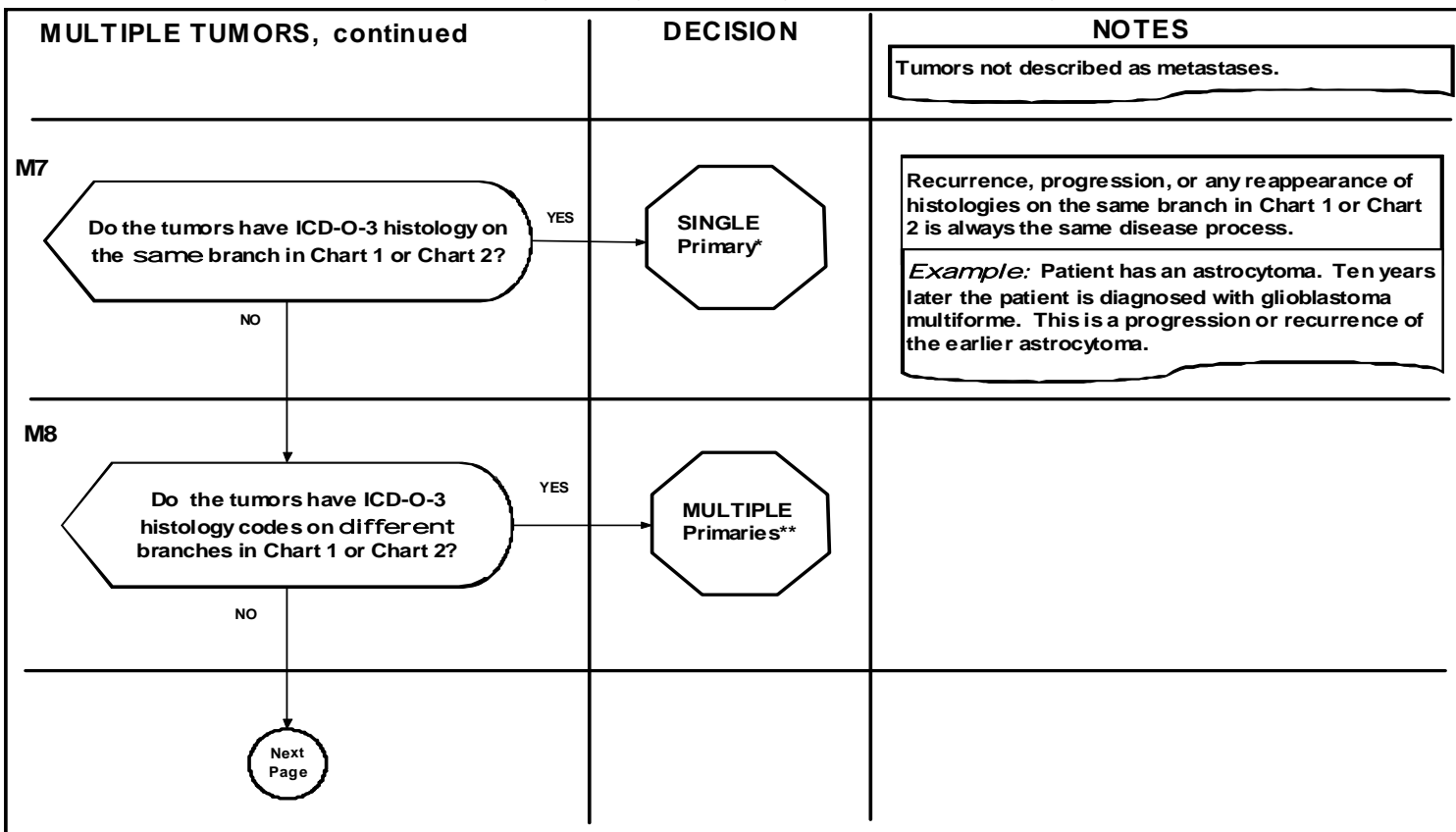
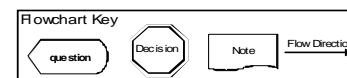
#### Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Multiple Primary Rules - Flowchart

C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

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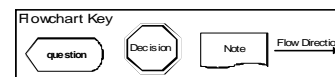
### Multiple Primary Rules – Flowchart

#### Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Multiple Primary Rules - Flowchart

C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

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MULTIPLE TUMORS, continued	DECISION	NOTES
<p><b>M9</b></p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;">                     Do the tumors have ICD-O-3 histology codes that are different at the first (Xxxx), second (xXxx), or third (xxXx) number?                 </div> <p style="text-align: center;">NO</p>	<p>YES →</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 60%;"> <b>MULTIPLE Primaries**</b> </div>	<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 90%;">                     Tumors not described as metastases.                 </div>
<p><b>M10</b></p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;">                     Does not meet any of the above criteria (M1 through M9).                 </div> <p style="text-align: center;">NO</p>	<p>YES →</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 60%;"> <b>SINGLE Primary*</b> </div> <p>End of instructions for Multiple Tumors.</p>	<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 95%;">                     1. Neither timing nor laterality is used to determine multiple primaries for malignant intracranial and CNS tumors.  <i>Example:</i> The patient is treated for an anaplastic astrocytoma (9401) in the right parietal lobe. Three months later the patient is diagnosed with a separate anaplastic astrocytoma in the left parietal lobe. This is one primary because laterality is not used to determine multiple primary status.                       2. Multicentric brain tumors which involve different lobes of the brain that do not meet any of the above criteria are the same disease process.                 </div>
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <b>ERROR: Recheck rules. Stop when a match is found.</b> </div>		

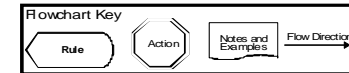
# Multiple Primary and Histology Coding Rules 2007: Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland

## Histology Coding Rules – Flowchart

### Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Histology Coding Rules - Flowchart

C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)  
 Note: Benign and border line intracranial and CNS tumors have separate set of rules.



#### SINGLE TUMOR

Rule	Action	Notes and Examples
<p>H1</p> <p>YES</p> <p>NO</p>		<p>1. Priority for using documents to code the histology</p> <ul style="list-style-type: none"> <li>o Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>o Physician's reference to type of cancer (histology) in the medical record</li> <li>o CT or MRI scans</li> </ul> <p>2. Code the specific histology when documented.</p> <p>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) as stated by the physician when nothing more specific is documented.</p>
<p>H2</p> <p>YES</p> <p>NO</p>		
<p>H3</p> <p>YES</p> <p>NO</p>		

## Multiple Primary and Histology Coding Rules 2007: Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland

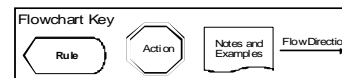
### Histology Coding Rules – Flowchart

#### Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Histology Rules - Flowchart

C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

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Note: Benign and borderline intracranial and CNS tumors have a separate set of rules.



Rule	Action	Notes and Examples
<p><b>H4</b></p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p style="text-align: center;">Is only one histologic type identified?</p> </div> <p style="text-align: right; margin-right: 20px;">YES →</p> <p style="text-align: center; margin-top: 20px;">NO ↓</p>	<div style="border: 1px solid black; padding: 10px; width: 80px; margin: 0 auto;"> <p style="text-align: center;">Code the histology.</p> </div>	
<p><b>H5</b></p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p style="text-align: center;">Does the diagnosis include a non-specific term and a specific term or type on the same branch in Chart 1 or Chart 2?</p> </div> <p style="text-align: right; margin-right: 20px;">YES →</p> <p style="text-align: center; margin-top: 20px;">NO ↓</p>	<div style="border: 1px solid black; padding: 10px; width: 80px; margin: 0 auto;"> <p style="text-align: center;">Code the specific type</p> </div>	
<p><b>H6</b></p>	<div style="border: 1px solid black; padding: 10px; width: 80px; margin: 0 auto;"> <p style="text-align: center;">Code the numerically higher ICD-O-3 code.</p> </div>	

This is the end of instructions for Single Tumor.  
Code the histology according to the rule that fits the case.

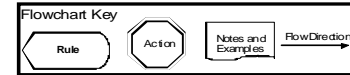
Multiple Primary and Histology Coding Rules 2007: Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland

Histology Coding Rules – Flowchart

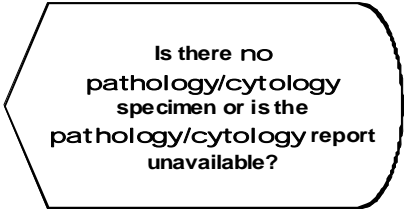
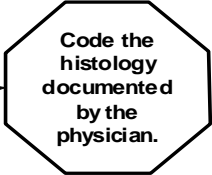
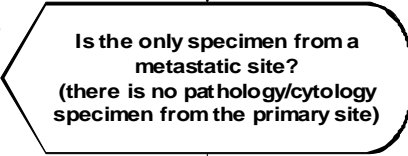


Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Histology Rules - Flowchart

C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)  
 Note: Benign and borderline intracranial and CNS tumors have a separate set of rules



MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p>H7</p>  <p>NO</p>	<p>YES</p> 	<p>1. Priority for using documents to code the histology</p> <ul style="list-style-type: none"> <li>o Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>o Physician's reference to type of cancer (histology) in the medical record</li> <li>o CT or MRI scans</li> </ul> <p>2. Code the specific histology when documented.</p> <p>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or as stated by the physician when nothing more specific is documented.</p>
<p>H8</p>  <p>NO</p>	<p>YES</p> 	<p>Code the behavior /3.</p>
		

## Multiple Primary and Histology Coding Rules 2007: Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland

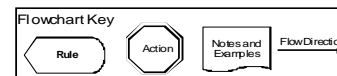
### Histology Coding Rules – Flowchart

#### Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Histology Rules - Flowchart

C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Note: Benign and borderline intracranial and CNS tumors have a separate set of rules.



Rule	Action	Notes and Examples
<p><b>H9</b></p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;"> <p style="text-align: center;">Is only one histologic type identified?</p> </div> <p style="text-align: center;">NO</p>	<div style="border: 1px solid black; border-radius: 50%; padding: 20px; width: 100px; margin: 0 auto;"> <p style="text-align: center;">Code the histology.</p> </div>	
<p><b>H10</b></p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;"> <p style="text-align: center;">Does the diagnosis include a non-specific term and a specific term or type on the same branch in Chart 1 or Chart 2?</p> </div> <p style="text-align: center;">NO</p>	<div style="border: 1px solid black; border-radius: 50%; padding: 20px; width: 100px; margin: 0 auto;"> <p style="text-align: center;">Code the specific type.</p> </div>	
<p><b>H11</b></p>	<div style="border: 1px solid black; border-radius: 50%; padding: 20px; width: 100px; margin: 0 auto;"> <p style="text-align: center;">Code the numerically higher ICD-O-3 histology code.</p> </div>	

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.  
Code the histology according to the rule that fits the case.



**Multiple Primary and Histology Coding Rules 2007: Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland**

**Multiple Primary Rules – Matrix**  
**C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753**  
**(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)**

*Note:* Benign and borderline intracranial and CNS tumors have a separate set of rules.

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
<b>UNKNOWN IF SINGLE OR MULTIPLE TUMOR</b>					Tumor(s) not described as metastasis	
<b>M1</b>	Brain			Invasive (/3) and either a benign (/0) or uncertain/borderline (1) tumor		Multiple**
<b>M2</b>					Use this rule only after all information sources have been exhausted.	Single*
<b>SINGLE TUMOR</b>					Tumor not described as metastasis	
<b>M3</b>	Single				The tumor may overlap onto or extend into adjacent/contiguous site or subsite	Single*
<b>MULTIPLE TUMORS</b> Multiple tumors may be a single primary or multiple primaries					Tumors not described as metastases	
<b>M4</b>	Brain			Invasive (/3) and either a benign (/0) or uncertain/borderline (1) tumor		Multiple**

**Multiple Primary and Histology Coding Rules 2007: Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland,  
Craniopharyngeal duct and Pineal gland**

**Multiple Primary Rules – Matrix  
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753  
(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)**

<b>Rule</b>	<b>Site</b>	<b>Histology</b>	<b>Timing</b>	<b>Behavior</b>	<b>Notes/Examples</b>	<b>Primary</b>
<b>M5</b>	Tumors with topography codes different at the second (Cxxx) and/or third (Cxxx) character					Multiple**
<b>M6</b>		Glioblastoma or glioblastoma multiforme (9440) following a glial tumor (See Chart 1)				Single*
<b>M7</b>		Tumors with histology codes on the same branch in Chart 1 or Chart 2			Recurrence, progression or any reappearance of histologies on the same branch in Chart 1 or Chart 2 is always the same disease process. <i>Example:</i> Patient has astrocytoma. Ten years later the patient is diagnosed with glioblastoma multiforme. This is a progression or recurrence of the earlier astrocytoma.	Single*
<b>M8</b>		Tumors with histology codes on different branches in Chart 1 or Chart 2				Multiple**

**Multiple Primary and Histology Coding Rules 2007: Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland,  
Craniopharyngeal duct and Pineal gland**

**Multiple Primary Rules – Matrix  
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753  
(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)**

<b>Rule</b>	<b>Site</b>	<b>Histology</b>	<b>Timing</b>	<b>Behavior</b>	<b>Notes/Examples</b>	<b>Primary</b>
<b>M9</b>		Tumors with histology codes different at the first ( <u>x</u> xxx), second (x <u>x</u> xx), or third (xx <u>x</u> ) number				Multiple**
<b>M10</b>	Does not meet any of the above criteria				<p><i>I:</i> Neither timing nor laterality is used to determine multiple primaries for malignant intracranial and CNS tumors.</p> <p><i>Example:</i> The patient is treated for an anaplastic astrocytoma (9401) in the right parietal lobe. Three months later the patient is diagnosed with a separate anaplastic astrocytoma in the left parietal lobe. This is one primary because laterality is not used to determine multiple primary status.</p> <p><i>2:</i> Multi-centric brain tumors which involve different lobes of the brain that do not meet any of the above criteria are the same disease process.</p>	Single*

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**Multiple Primary and Histology Coding Rules 2007: Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland**

**Histology Coding Rules – Matrix**  
**C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753**  
**(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)**

*Note:* Benign and borderline intracranial and CNS tumors have a separate set of rules.

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
<b>SINGLE TUMOR</b>					
<b>H1</b>	No pathology/cytology specimen or the pathology/cytology report is not available			<b>1:</b> Priority for using documents to code the histology <ul style="list-style-type: none"> <li>Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>Physician's reference to type of cancer (histology) in the medical record</li> <li>CT or MRI scans</li> </ul> <b>2:</b> Code the specific histology when documented. <b>3:</b> Code the histology to 8000 (cancer/malignant neoplasm, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
<b>H2</b>	None from primary site			Code the behavior /3	The histology from metastatic site
<b>H3</b>		At least two of the following cells and/or differentiation are present: <ul style="list-style-type: none"> <li>Astrocytoma</li> <li>Oligodendroglioma</li> <li>Ependymal</li> </ul>			Code 9382/3 (mixed glioma)
<b>H4</b>		One type			The histology
<b>H5</b>		Diagnosis includes a non-specific term and a specific term or type on the same branch in Chart 1 or Chart 2			The specific type

**Multiple Primary and Histology Coding Rules 2007: Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland,  
Craniopharyngeal duct and Pineal gland**

**Histology Coding Rules – Matrix**  
**C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753**  
**(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)**

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
<b>H6</b>	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code
<b>MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY</b>					
<b>H7</b>	No pathology/cytology specimen or the pathology/cytology report is not available			<b>1:</b> Priority for using documents to code the histology <ul style="list-style-type: none"> <li>• Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>• Physician's reference to type of cancer (histology) in the medical record</li> <li>• CT or MRI scans</li> </ul> <b>2:</b> Code the specific histology when documented <b>3:</b> Code the histology to 8000 (cancer/malignant neoplasm, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
<b>H8</b>	None from primary site			Code the behavior /3	The histology from a metastatic site
<b>H9</b>		One type			The histology
<b>H10</b>		Diagnosis includes a non-specific term and a specific term or type on the same branch in Chart 1 or Chart 2			The specific type
<b>H11</b>	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

**Multiple Primary and Histology Coding Rules 2007: Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland**

**Multiple Primary Rules – Text**  
**C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753**  
**(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)**

*Note:* Benign and borderline intracranial and CNS tumors have a separate set of rules.

**UNKNOWN IF SINGLE OR MULTIPLE TUMORS**

*Note:* Tumor(s) not described as metastasis

**Rule M1** An **invasive** brain tumor (/3) **and either** a **benign** brain tumor (/0) **or** an **uncertain/borderline** brain tumor (/1) are always multiple primaries. \*\*

**Rule M2** When it is not possible to determine if there is a **single** tumor **or multiple tumors**, opt for a single tumor and abstract as a single primary.\*

*Note:* Use this rule only after all information sources have been exhausted

**This is the end of instructions for Unknown if Single or Multiple Tumors.**

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**SINGLE TUMOR**

*Note:* Tumor not described as metastasis

**Rule M3** A **single tumor** is always a single primary. \*

*Note:* The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

**This is the end of instructions for Single Tumor.**

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**Multiple Primary and Histology Coding Rules 2007: Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland**

**Multiple Primary Rules – Text**  
**C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753**  
**(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)**

**MULTIPLE TUMORS**

Multiple tumors may be a single primary or multiple primaries.

*Note:* Tumors not described as metastases

- Rule M4** An **invasive** brain tumor (/3) **and either** a **benign** brain tumor (/0) **or** an **uncertain/borderline** brain tumor (/1) are always multiple primaries. \*\*
- Rule M5** Tumors in sites with ICD-O-3 **topography** codes with **different** second (Cxxx) and/or third characters (Cxxx) are multiple primaries. \*\*
- Rule M6** A glioblastoma or glioblastoma multiforme (9440) following a glial tumor is a single primary\* (See Chart 1)
- Rule M7** Tumors with ICD-O-3 histology codes on the **same** branch in Chart 1 or Chart 2 are a single primary.\*  
*Note:* Recurrence, progression, or any reappearance of histologies on the same branch in Chart 1 or Chart 2 is always the same disease process.  
*Example:* Patient has an astrocytoma. Ten years later the patient is diagnosed with glioblastoma multiforme. This is a progression or recurrence of the earlier astrocytoma.
- Rule M8** Tumors with ICD-O-3 histology codes on **different** branches in Chart 1 or Chart 2 are multiple primaries. \*\*
- Rule M9** Tumors with ICD-O-3 **histology** codes that are **different** at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries. \*\*
- Rule M10** Tumors that **do not meet any** of the above **criteria** are a single primary. \*  
*Note 1:* Neither timing nor laterality is used to determine multiple primaries for malignant intracranial and CNS tumors.  
*Example:* The patient is treated for an anaplastic astrocytoma (9401) in the right parietal lobe. Three months later the patient is diagnosed with a separate anaplastic astrocytoma in the left parietal lobe. This is one primary because laterality is not used to determine multiple primary status.  
*Note 2:* Multicentric brain tumors which involve different lobes of the brain that do not meet any of the above criteria are the same disease process.

**This is the end of instructions for Multiple Tumors.**

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.**



**Multiple Primary and Histology Coding Rules 2007: Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland**

**Histology Coding Rules – Text  
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753  
(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)**

*Note:* Benign and borderline intracranial and CNS tumors have a separate set of rules.

**SINGLE TUMOR**

**Rule H1** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology report is not available**.

*Note 1:* Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT or MRI scans

*Note 2:* Code the specific histology when documented.

*Note 3:* Code the histology to 8000 (cancer/malignant neoplasm, NOS) or as stated by the physician when nothing more specific is documented.

**Rule H2** Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.

*Note:* Code the behavior /3.

**Rule H3** Code **9382/3** (mixed glioma) when **at least two** of the following cells and/or differentiation are present:

- Astrocytic
- Oligodendroglial
- Ependymal

**Rule H4** Code the histology when only **one histologic type** is identified.

**Rule H5** Code the specific type when the diagnosis includes a **non-specific** term **and** a **specific** term or type **on** the **same branch** in Chart 1 or Chart 2.

**Rule H6** Code the histology with the **numerically higher** ICD-O-3 code.

**This is the end of instructions for Single Tumor.**

**Code the histology according to the rule that fits the case.**

**Multiple Primary and Histology Coding Rules 2007: Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland,  
Craniopharyngeal duct and Pineal gland**

**Histology Coding Rules – Text**  
**C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753**  
 (Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)

**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

- Rule H7** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.  
*Note 1:* Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
  - Physician’s reference to type of cancer (histology) in the medical record
  - CT or MRI scans
- Note 2:* Code the specific histology when documented.  
*Note 3:* Code the histology to 8000 (cancer/malignant neoplasm, NOS) or as stated by the physician when nothing more specific is documented.
- Rule H8** Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.  
*Note:* Code the behavior /3.
- Rule H9** Code the histology when only **one histologic type** is identified.
- Rule H10** Code the specific type when the diagnosis includes a **non-specific** term **and** a **specific** term or type **on the same branch** in Chart 1 or Chart 2.
- Rule H11** Code the histology with the **numerically higher** ICD-O-3 code.

**This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.**  
**Code the histology according to the rule that fits the case.**

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# SEER Program Coding and Staging Manual 2007

## CS Staging Schemas

### Brain and Cerebral Meninges

#### C70.0, C71.0-C71.9

C70.0 Cerebral meninges

C71.0 Cerebrum

C71.1 Frontal lobe

C71.2 Temporal lobe

C71.3 Parietal lobe

C71.4 Occipital lobe

C71.5 Ventricle, NOS

C71.6 Cerebellum, NOS

C71.7 Brain stem

C71.8 Overlapping lesion of brain

C71.9 Brain, NOS

**Note 1:** This scheme is compatible with the AJCC fourth edition scheme TNM for brain. The AJCC opted not to recommend a TNM scheme in the sixth edition.

**Note 2:** AJCC does not define TNM staging for this site.

CS Tumor Size	<b>CS Site-Specific Factor 1 - WHO</b>	<b>The following tables are available at the collaborative staging website:</b> Histologies for Which AJCC Staging Is Not Generated AJCC Stage
CS Extension	Grade Classification	
CS TS/Ext-Eval	CS Site-Specific Factor 2	
CS Lymph Nodes	CS Site-Specific Factor 3	
CS Reg Nodes Eval	CS Site-Specific Factor 4	
Reg LN Pos	CS Site-Specific Factor 5	
Reg LN Exam	CS Site-Specific Factor 6	
CS Mets at DX		
CS Mets Eval		

### Brain and Cerebral Meninges

#### CS Tumor Size

SEE STANDARD TABLE

### Brain and Cerebral Meninges

#### CS Extension (Revised: 08/15/2006)

**Note:** C71.0 is SUPRAtentorial, except the following subsites coded to C71.0 are INFRAtentorial: hypothalamus, pallium, thalamus. C71.1-C71.5 are SUPRAtentorial. C71.6-C71.7 are INFRAtentorial. The following subsites coded to C71.8 are SUPRAtentorial: corpus callosum, tapetum. The following sites coded to C71.9 are SUPRAtentorial: anterior cranial fossa, middle cranial fossa, suprasellar. The following subsites coded to C71.9 are INFRAtentorial: posterior cranial fossa.

Code	Description	TNM	SS77	SS2000
05	Benign or borderline brain tumors	NA	NA	NA
10	Supratentorial tumor confined to: CEREBRAL HEMISPHERE (cerebrum) or MENINGES of CEREBRAL HEMI-SPHERE on one side: Frontal lobe Occipital lobe Parietal lobe Temporal lobe	NA	L	L
11	Infratentorial tumor confined to: CEREBELLUM or MENINGES of CEREBELLUM on one side: Vermis: Lateral lobes Median lobe of cerebellum	NA	L	L

## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

12	Infratentorial tumor confined to: BRAIN STEM or MENINGES of BRAIN STEM on one side: Medulla oblongata Midbrain (mesencephalon) Pons Hypothalamus Thalamus	NA	L	L
15	Confined to brain, NOS Confined to meninges, NOS	NA	L	L
20	Infratentorial tumor: Both cerebellum and brain stem involved with tumor on one side	NA	L	L
30	Confined to ventricles Tumor invades or encroaches upon ventricular system	NA	L	L
40	Tumor crosses the midline Tumor involves contralateral hemisphere Tumor involves corpus callosum (including splenium)	NA	RNOS	RNOS
50	Supratentorial tumor extends infratentorially to involve cerebellum or brain stem	NA	RNOS	RNOS
51	Infratentorial tumor extends supratentorially to involve cerebrum (cerebral hemisphere)	NA	RNOS	RNOS
60	Tumor invades: Bone (skull) Major blood vessel(s) Meninges (dura) Nerves, NOS Cranial nerves Spinal cord/canal	NA	RNOS	RNOS
70	Circulating cells in cerebral spinal fluid (CSF) Nasal cavity Nasopharynx Posterior pharynx Outside central nervous system (CNS)	NA	D	D
80	Further contiguous extension	NA	D	D
95	No evidence of primary tumor	NA	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	U	U

### Brain and Cerebral Meninges

#### CS TS/Ext-Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site.	NA

**SEER Program Coding and Staging Manual 2007**

**CS Staging Schemas**

**Brain and Cerebral Meninges**

**CS Lymph Nodes** (Revised: 05/07/2004)

Code	Description	TNM	SS77	SS2000
88	Not applicable	NA	U	U

**Brain and Cerebral Meninges**

**CS Reg Nodes Eval** (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site.	NA

**Brain and Cerebral Meninges**

**Reg LN Pos** (Revised: 05/17/2006)

Code	Description
99	Not applicable

**Brain and Cerebral Meninges**

**Reg LN Exam** (Revised: 05/17/2006)

Code	Description
99	Not applicable

**Brain and Cerebral Meninges**

**CS Mets at DX** (Revised: 05/07/2004)

Code	Description	TNM	SS77	SS2000
00	No; none	NA	NONE	NONE
10	Distant metastases	NA	D	D
85	"Drop" metastases	NA	D	D
99	Unknown Distant metastasis cannot be assessed Not documented in patient record	NA	U	U

**Brain and Cerebral Meninges**

**CS Mets Eval** (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site.	NA

## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

#### Brain and Cerebral Meninges

##### CS Site-Specific Factor 1 WHO Grade Classification (Revised: 11/19/2003)

**Note:** Code the WHO Grade Classification as documented in the medical record.

Code	Description
010	Grade I
020	Grade II
030	Grade III
040	Grade IV
999	Clinically diagnosed/grade unknown Not documented in medical record Grade unknown, NOS

#### Brain and Cerebral Meninges

##### CS Site-Specific Factor 2 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Brain and Cerebral Meninges

##### CS Site-Specific Factor 3 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Brain and Cerebral Meninges

##### CS Site-Specific Factor 4 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Brain and Cerebral Meninges

##### CS Site-Specific Factor 5 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Brain and Cerebral Meninges

##### CS Site-Specific Factor 6 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

#### Other Parts of Central Nervous System

##### **C70.1, C70.9, C72.0-C72.5, C72.8-C72.9**

- C70.1 Spinal meninges
- C70.9 Meninges, NOS
- C72.0 Spinal cord
- C72.1 Cauda equina
- C72.2 Olfactory nerve
- C72.3 Optic nerve
- C72.4 Acoustic nerve
- C72.5 Cranial nerve, NOS
- C72.8 Overlapping lesion of brain and central nervous system
- C72.9 Nervous system, NOS

**Note:** This schema is compatible with the AJCC fourth edition TNM for spinal cord. AJCC does not define TNM staging for this site in the sixth edition.

<ul style="list-style-type: none"> <li>CS Tumor Size</li> <li>CS Extension</li> <li>CS TS/Ext-Eval</li> <li>CS Lymph Nodes</li> <li>CS Reg Nodes Eval</li> <li>Reg LN Pos</li> <li>Reg LN Exam</li> <li>CS Mets at DX</li> <li>CS Mets Eval</li> </ul>	<p><b>CS Site-Specific Factor 1 - WHO</b> Grade Classification</p> <p>CS Site-Specific Factor 2</p> <p>CS Site-Specific Factor 3</p> <p>CS Site-Specific Factor 4</p> <p>CS Site-Specific Factor 5</p> <p>CS Site-Specific Factor 6</p>	<p><b>The following tables are available at the collaborative staging website:</b> Histologies for Which AJCC Staging Is Not Generated AJCC Stage</p>
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#### Other Parts of Central Nervous System

##### **CS Tumor Size**

**SEE STANDARD TABLE**

#### Other Parts of Central Nervous System

##### **CS Extension** (Revised: 01/15/2005)

Code	Description	TNM	SS77	SS2000
05	Benign or borderline brain and other parts of the CSN tumors	NA	NA	NA
10	Tumor confined to tissue or site of origin	NA	L	L
30	Localized, NOS	NA	L	L
40	Meningeal tumor infiltrates nerve Nerve tumor infiltrates meninges (dura)	NA	RNOS	RNOS
50	Adjacent connective/soft tissue Adjacent muscle	NA	RNOS	RNOS
60	Brain, for cranial nerve tumors Major blood vessel(s) Sphenoid and frontal sinuses (skull)	NA	RNOS	RNOS
70	Brain except for cranial nerve tumors Bone, other than skull Eye	NA	D	D
80	Further contiguous extension	NA	D	D

## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

95	No evidence of primary tumor	NA	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	U	U

#### Other Parts of Central Nervous System

##### CS TS/Ext-Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

#### Other Parts of Central Nervous System

##### CS Lymph Nodes (Revised: 05/07/2004)

Code	Description	TNM	SS77	SS2000
88	Not applicable	NA	U	U

#### Other Parts of Central Nervous System

##### CS Reg Nodes Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

#### Other Parts of Central Nervous System

##### Reg LN POS (Revised: 05/17/2006)

Code	Description
99	Not applicable

#### Other Parts of Central Nervous System

##### Reg LN Exam (Revised: 05/17/2006)

Code	Description
99	Not applicable

#### Other Parts of Central Nervous System

##### CS Mets at DX (Revised: 12/09/2003)

Code	Description	TNM	SS77	SS2000
00	No; none	NA	NONE	NONE
10	Distant lymph node(s), NOS	NA	D	D



## SEER Program Coding and Staging Manual 2007

### CS Staging Schemas

40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	NA	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	NA	D	D
99	Unknown if distant metastasis Cannot be assessed Not documented in patient record	NA	U	U

#### Other Parts of Central Nervous System

##### CS Mets Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

#### Other Parts of Central Nervous System

##### CS Site-Specific Factor 1 WHO Grade Classification (Revised: 03/17/2004)

**Note:** Code the WHO Grade Classification as documented in the medical record for sites C70.1 and C70.9 only.  
For all other sites in this schema enter code 999.

Code	Description
010	Grade I
020	Grade II
030	Grade III
040	Grade IV
999	Clinically diagnosed/grade unknown Not documented in medical record Grade unknown, NOS

#### Other Parts of Central Nervous System

##### CS Site-Specific Factor 2 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Other Parts of Central Nervous System

##### CS Site-Specific Factor 3 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**SEER Program Coding and Staging Manual 2007**

**CS Staging Schemas**

**Other Parts of Central Nervous System**

**CS Site-Specific Factor 4** (Revised: 03/31/2002)

<b>Code</b>	<b>Description</b>
888	Not applicable for this site

**Other Parts of Central Nervous System**

**CS Site-Specific Factor 5** (Revised: 03/31/2002)

<b>Code</b>	<b>Description</b>
888	Not applicable for this site

**Other Parts of Central Nervous System**

**CS Site-Specific Factor 6** (Revised: 03/31/2002)

<b>Code</b>	<b>Description</b>
888	Not applicable for this site

## SEER Program Coding and Staging Manual 2007

### Surgery Codes

**BRAIN [and other parts of central nervous system]  
Meninges C700-C709, Brain C710–C719,  
Spinal Cord, Cranial Nerves and Other Parts of Central Nervous System  
(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)**

**Do not code laminectomies for spinal cord primaries**

#### Codes

00 None; no surgery of primary site; autopsy ONLY

10 Tumor destruction, NOS  
[*SEER Note:* Local tumor destruction, NOS]

**No specimen sent to pathology from surgical event 10**

**Do not record stereotactic radiosurgery as tumor destruction. It should be recorded in the radiation treatment item.**

20 Local excision (**biopsy**) of lesion or mass

**Specimen sent to pathology from surgical event 20**

40 Partial resection  
[*SEER Note:* Partial resection, NOS]

55 Gross total resection

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

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## SEER Program Coding and Staging Manual

### BENIGN AND BORDERLINE PRIMARY INTRACRANIAL AND CNS TUMORS (C70.0-C72.9, C75.1-C75.3)

#### Multiple Primary Rules

##### Definitions

**Same site:** The first two numeric digits of the ICD-O-3 topography code are identical.

**Different site:** The first two numeric digits of the ICD-O-3 topography code are different.

**Timing:** The amount of time between the original and subsequent tumors is not used to determine multiple primaries because the natural biology of non-malignant tumors is that of expansive, localized growth.

##### HOW TO DETERMINE SAME VS DIFFERENT HISTOLOGIES (BASED ON HISTOLOGIC GROUPINGS)

When there are **multiple tumors**, use the following table to determine if the tumors are the same histology or different histologies.

##### Histologic groupings to determine same histology for non-malignant brain tumors

Histologic Group	ICD-O-3 Code
Choroid plexus neoplasms	9390/0, 9390/1
Ependymomas	9383, 9394, 9444
Neuronal and neuronal-glial neoplasms	9384, 9412, 9413, 9442, 9505/1, 9506
Neurofibromas	9540/0, 9540/1, 9541, 9550, 9560/0
Neurinomatosis	9560/1
Neurothekeoma	9562
Neuroma	9570
Perineurioma, NOS	9571/0

##### Instructions for Using Histologic Group Table

1. **Both** histologies are listed in the **table**
  - a. Histologies that are in the same **grouping** or row in the table are the **same histology**.  
*Note:* Histologies that are in the same grouping are a progression, differentiation or subtype of a single histologic category.
  - b. Histologies listed in **different groupings** in the table are **different histologies**.
2. One or both of the **histologies** is **not** listed in the **table**
  - a. If the **ICD-O-3 codes** for both histologies have the **identical** first three digits, the histologies are the **same**.
  - b. If the first three digits of the **ICD-O-3** histology code are **different**, the histology types are different.

## SEER Program Coding and Staging Manual

### BENIGN AND BORDERLINE PRIMARY INTRACRANIAL AND CNS TUMORS (C70.0-C72.9, C75.1-C75.3)

#### Multiple Primary Rules

The multiple primary rules are presented in two formats, text and table. Note that the rule numbers in both formats are identical.

Use the following rules to determine whether to report a single primary or multiple primaries. Coding rules for the data items mentioned such as primary site, histology, laterality, etc. are not described in detail here; refer to the instructions for coding each data item.

**Note:** If there is a **single tumor**, it is always a **single** primary

**Rule 1:** Multiple non-malignant tumors of the **same histology** that recur in the **same site** and **same side** (laterality) as the original tumor are recurrences (single primary) even after 20 years.

**Rule 2:** Multiple non-malignant tumors of the **same histology** that recur in the **same site** and it is unknown if it is the same side (laterality) as the original tumor are recurrences (single primary) even after 20 years.

**Rule 3:** Multiple non-malignant tumors of the same histology **in different sites** of the CNS are separate (multiple) primaries.

**Rule 4:** Multiple non-malignant tumors of the same histology **in different sides** (laterality) of the CNS are separate (multiple) primaries.

**Rule 5:** Multiple non-malignant tumors of different histologies are separate (multiple) primaries)

#### Table of Rules to Determine Multiple Primaries for Benign and Borderline Primary Intracranial and CNS Tumors

Rule #	Site	Laterality	Histology	Primary(ies)
1	Same	Same	Same	Single
2	Same	Unknown	Same	Single
3	Different	Any	Same	Multiple
4	Same	Different sides of the same site in the CNS	Same	Multiple
5	Any	Any	Different	Multiple

## **SEER Program Coding and Staging Manual**

### **Benign and Borderline Primary Intracranial and CNS Tumors (C70.0 – C72.9, C75.1 – C75.3)**

#### **Histology Coding Rules**

The histology coding rules for non-malignant brain and CNS tumors are available on the SEER web site, [seer.cancer.gov](http://seer.cancer.gov)

The histology coding rules for non-malignant brain and CNS tumors are currently undergoing re-formatting to match the text, matrix and flowchart formats used for the 2007 histology coding rules. The Registry Operations Committee of NAACCR is reviewing the reformatted version. When approved, the reformatted version will be posted on the SEER website, [seer.cancer.gov](http://seer.cancer.gov)

## **SEER Program Coding and Staging Manual**

### **CS Staging Schemas**

#### **Brain and Cerebral Meninges**

**C70.0, C71.0-C71.9**

see pg C-1007

#### **Other Parts of Central Nervous System**

**C70.1, C70.9, C72.0-C72.5, C72.8-C72.9**

see pg C-1011



## SEER Program Coding and Staging Manual

### Surgery Codes

**BRAIN [and other parts of central nervous system]  
Meninges C700-C709, Brain C710–C719,  
Spinal Cord, Cranial Nerves and Other Parts of Central Nervous System  
(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)**

**Do not code laminectomies for spinal cord primaries**

#### Codes

00 None; no surgery of primary site; autopsy ONLY

10 Tumor destruction, NOS

*[SEER Note: Local tumor destruction, NOS]*

**No specimen sent to pathology from surgical event 10**

**Do not record stereotactic radiosurgery as tumor destruction. It should be recorded in the radiation treatment item.**

20 Local excision (**biopsy**) of lesion or mass

**Specimen sent to pathology from surgical event 20**

40 Partial resection

*[SEER Note: Partial resection, NOS]*

55 Gross total resection

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

**SEER Program Coding and Staging Manual**

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## SEER Program Coding and Staging Manual

### Coding Guidelines THYROID GLAND C739

#### Coding Hormone Therapy

Hormones as Replacement Therapy – Do Not Code as Treatment

The thyroid gland produces hormones that influence essentially every organ, tissue and cell in the body. When the thyroid is partially or totally removed, it is no longer able to secrete these essential hormones and the patient is placed on hormone replacement therapy. Do not code replacement therapy as treatment.

Hormone Treatment for Follicular Papillary Thyroid Cancer – Code in the Hormone Field

The growth of follicular cell cancer depends on thyroid stimulating hormone. Suppression of these hormones is thought to deprive the cells of a growth-promoting influence. Patients with follicular cell-derived cancers have been treated with supraphysiologic doses of thyroid hormone to suppress serum thyroid-stimulating hormones. This treatment has been an industry standard for more than forty years. Record the delivery of these hormones in the Hormone treatment field.

#### Generic Thyroid Drug Names

Levothyroxine /L-thyroxine  
Liothyronine  
Liotrix  
Methimazole  
Natural Thyroid  
Propylthiouracil / PTU  
Thyrotropin alfa

#### Thyroid Drugs Brand Names

Armour Thyroid  
Cytomel  
Levothroid  
Levoxyl  
Naturethroid  
Synthroid  
Tapazole  
Thyrogen  
Thyrolar  
Unithroid  
Westhroid

**SEER Program Coding and Staging Manual**

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# SEER Program Coding and Staging Manual

## Thyroid Gland C739

**Note: For Multiple Primary and Histology Coding Rules: see Other Sites (pg C-1079)**

# SEER Program Coding and Staging Manual

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## SEER Program Coding and Staging Manual

### CS Staging Schemas

#### Thyroid Gland

##### C73.9

C73.9 Thyroid gland

**Note:** The determination of AJCC stage group from T, N, and M for thyroid depends on histologic type and age. Use the Histologies-Thyroid table to select an AJCC Stage table based on the histology. For papillary and follicular carcinomas, age is also needed for the selection.

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	<b>CS Site-Specific Factor 1 -</b> Solitary vs Multifocal CS Site-Specific Factor 2 CS Site-Specific Factor 3 CS Site-Specific Factor 4 CS Site-Specific Factor 5 CS Site-Specific Factor 6	<b>The following tables are available at the collaborative staging website:</b> Histology Exclusion Table AJCC Stage-Thyroid: Papillary and Follicular Age less than 45 Extension Size Table Histologies-Thyroid AJCC Stage-Thyroid: Papillary and Follicular Age 45 and older AJCC Stage-Thyroid: Medullary AJCC Stage-Thyroid: Anaplastic
--	---	--

#### Thyroid Gland

##### CS Tumor Size

**SEE STANDARD TABLE**

#### Thyroid Gland

##### CS Extension (Revised: 08/15/2006)

**Note:** AJCC considers all anaplastic carcinomas to be T4. Collaborative Staging has implemented this as follows: If histology is equal to 8020 or 8021 and if CS Extension is equal to 00, 10, 20, 30, 40, 45, or 48, then T category is equal to T4a. For these histologies, if CS Extension is equal to 50, 52, 60, 62, 70, 72, or 80, then T category is equal to T4b. If CS Extension is equal to 95 or 99, the T category is T4NOS. For all other histologies, follow the rules as shown in the tables.

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive	Tis	IS	IS
10	Single invasive tumor confined to thyroid	*	L	L
20	Multiple foci confined to thyroid	*	L	L
30	Localized, NOS	*	L	L
40	Into thyroid capsule, but not beyond	*	L	L
45	Minimal extrathyroid extension including: Strap muscle(s): Omohyoid Sternohyoid Sternothyroid	T3	RE	RE
48	Pericapsular soft/connective tissue	T3	RE	RE
50	Parathyroid Nerves: Recurrent laryngeal Vagus	T4a	RE	RE

## SEER Program Coding and Staging Manual

### CS Staging Schemas

52	Cricoid cartilages Esophagus Larynx Sternocleidomastoid muscle	T4a	RE	RE
60	Thyroid cartilage Tumor is described as "FIXED to adjacent tissues"	T4b	RE	RE
62	Blood vessel(s) (major): Carotid artery Jugular vein Thyroid artery or vein	T4b	RE	RE
70	Bone Skeletal muscle, other than strap or sternocleidomastoid muscle	T4b	D	D
72	Trachea	T4a	D	D
80	Further contiguous extension Mediastinal tissues Prevertebral fascia	T4b	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

\* For Extension codes 10, 20, 30, and 40 ONLY, the T category is assigned based on value of CS Tumor Size from Extension Size Table.

### Thyroid Gland

#### CS TS/Ext-Eval

SEE STANDARD TABLE

### Thyroid Gland

#### CS Lymph Nodes (Revised: 08/18/2006)

**Note 1:** Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

**Note 2:** This field includes all lymph nodes defined as Levels I-VI and Other by AJCC. The complete definitions are provided in the General Instructions for head and neck cancers.

**Note 3:** Codes 12-15 include ipsilateral, bilateral, contralateral, and midline lymph nodes.

Code	Description	TNM	SS77	SS2000
00	None; No regional lymph node involvement	N0	NONE	NONE
10	OBSOLETE - Ipsilateral regional lymph nodes: Anterior deep cervical (laterotracheal) (recurrent laryngeal): Paralaryngeal Paratracheal Prelaryngeal Pretracheal Cervical, NOS Internal jugular, NOS: Deep cervical, NOS: Lower, NOS Jugulo-omohyoid (supraomohyoid)	N1a	RN	RN



## SEER Program Coding and Staging Manual

### CS Staging Schemas

10, cont'd	<p style="text-align: center;">Middle Retropharyngeal Spinal accessory (posterior cervical) NOTE: Review and recode in 12-15</p>			
11	<p>OBSOLETE - Regional lymph nodes: Delphian node Mediastinal, NOS     Posterior mediastinal (tracheoesophageal)     Upper anterior mediastinal Supraclavicular (transverse cervical) NOTE: Review and recode in 12-15</p>	N1b	D	RN
12	<p>Level VI nodes (central compartment of the neck) Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prealaryngeal/Delphian Pretracheal Recurrent laryngeal Stated as N1a, NOS</p>	N1a	RN	RN
13	<p>Cervical nodes (other than those in central compartment). Levels I-III and Levels IV-V (except supraclavicular nodes, see code 14) Level I node     Submandibular (submaxillary)     Submental Level II node     Jugulodigastric (subdigastric)     Upper deep cervical     Upper jugular Level III node     Middle deep cervical     Mid jugular Level IV node     Jugulo-omohyoid (supraomohyoid)     Lower deep cervical     Lower jugular Level V node     Posterior cervical     Posterior triangle (spinal accessory and transverse cervical) Other Groups     Parapharyngeal     Retropharyngeal     Sub-occipital Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular, NOS Stated as N1b, NOS</p>	N1b	RN	RN
14	Supraclavicular nodes (transverse cervical)	N1b	D	RN

## SEER Program Coding and Staging Manual

### CS Staging Schemas

15	Level VII node Posterior mediastinal (tracheoesophageal) Superior mediastinal nodes Upper anterior mediastinal nodes Upper mediastinal nodes Mediastinal, NOS	N1b	D	RN
20	OBSOLETE - Regional lymph nodes as listed in code 10 Bilateral, contralateral, or midline cervical nodes NOTE: Review and recode in 12-15	N1a	RN	RN
21	OBSOLETE - Regional lymph nodes as listed in code 11 Bilateral, contralateral, midline nodes. NOTE: Review and recode in 12-15	N1b	D	RN
30	OBSOLETE – Tracheoesophageal (posterior mediastinal) NOTE: Review and recode in 15	N1b	D	RN
31	OBSOLETE - Mediastinal, NOS Upper anterior mediastinal NOTE: Review and recode in 15	N1b	D	RN
50	Regional lymph node(s), NOS	N1NOS	RN	RN
80	Lymph nodes, NOS	N1NOS	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

#### Thyroid Gland

##### CS Reg Nodes Eval

SEE STANDARD TABLE

#### Thyroid Gland

##### Reg LN Pos

SEE STANDARD TABLE

#### Thyroid Gland

##### Reg LN Exam

SEE STANDARD TABLE

#### Thyroid Gland

##### CS Mets at DX (Revised: 08/15/2006)

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	OBSOLETE - Description: Distant lymph node(s) Mandibular, NOS NOTE: Review and recode in CS Lymph Nodes.	M1	D	D

## SEER Program Coding and Staging Manual

### CS Staging Schemas

11	OBSOLETE - Description: Distant lymph node(s) Submandibular (submaxillary) Submental NOTE: Review and recode in CS Lymph Nodes.	M1	D	D
12	Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 12) Carcinomatosis Distant metastasis, NOS	M1	D	D
50	OBSOLETE - Description: (40) + or any of [(10) to (12)] Distant lymph node(s) plus other distant metastasis NOTE: Review and recode either to 40 or to 51 and appropriate code in CS Lymph Nodes	M1	D	D
51	(12) + (40) (Distant lymph node(s) plus other distant metastasis)	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

#### Thyroid Gland

##### CS Mets Eval

SEE STANDARD TABLE

#### Thyroid Gland

##### CS Site-Specific Factor 1 Solitary vs Multifocal (Revised: 05/07/2004)

Code	Description
000	None
001	Solitary tumor
002	Multifocal tumor [AJCC descriptor (m)]
999	Insufficient information Not documented in patient record

#### Thyroid Gland

##### CS Site-Specific Factor 2 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

## SEER Program Coding and Staging Manual

### CS Staging Schemas

#### Thyroid Gland

##### CS Site-Specific Factor 3 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Thyroid Gland

##### CS Site-Specific Factor 4 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Thyroid Gland

##### CS Site-Specific Factor 5 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Thyroid Gland

##### CS Site-Specific Factor 6 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

## SEER Program Coding and Staging Manual

### Surgery Codes

#### Thyroid Gland

**C739**

(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

#### Codes

00 None; no surgery of primary site; autopsy ONLY

13 Local tumor destruction, NOS

**No specimen sent to pathology from surgical event 13**

25 Removal of less than a lobe, NOS

26 Local surgical excision

27 Removal of a partial lobe ONLY

**Specimen sent to pathology from surgical events 25–27**

20 Lobectomy and/or isthmectomy

21 Lobectomy ONLY

22 Isthmectomy ONLY

23 Lobectomy WITH isthmus

30 Removal of a lobe and partial removal of the contralateral lobe

40 Subtotal or near total thyroidectomy

50 Total thyroidectomy

80 Thyroidectomy, NOS

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

**SEER Program Coding and Staging Manual**

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## SEER Program Coding and Staging Manual

### Thymus, Adrenal and Other Endocrine Glands

**Note: For Multiple Primary and Histology Coding Rules:**

**For Malignant Pituitary, Craniopharyngeal duct and Pineal Gland (C751-C753)**

See Malignant Meninges, Brain, Spinal Cord, Cranial Nerves,  
Pituitary gland, Craniopharyngeal duct and Pineal gland pg C-981

**For Benign, Borderline Pituitary, Craniopharyngeal duct and Pineal gland**

**Multiple Primary Rules: See Benign and Borderline Primary Intracranial and  
CNS Tumors pg C-1017**

**For Thymus, Adrenal gland, Carotid body, Aortic body and other paraganglia, Overlapping lesion  
of endocrine glands and related structures and Endocrine gland NOS (C379, C740-C741, C749,  
C754-C759)**

See Other Sites pg C- 1079

**SEER Program Coding and Staging Manual**

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## SEER Program Coding and Staging Manual

### CS Staging Schemas

#### Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

##### **C37.9, C74.0-C74.1, C74.9, C75.0-C75.5, C75.8-C75.9**

**Note:** Laterality must be coded for sites C74.0, C74.1, C74.9, and C75.4.

C37.9 Thymus

C74.0 Cortex of adrenal gland

C74.1 Medulla of adrenal gland

C74.9 Adrenal gland, NOS

C75.0 Parathyroid gland

C75.1 Pituitary gland

C75.2 Craniopharyngeal duct

C75.3 Pineal gland

C75.4 Carotid body

C75.5 Aortic body and other paraganglia

C75.8 Overlapping lesion of endocrine glands and related structures

C75.9 Endocrine gland, NOS

**Note:** AJCC does not define TNM staging for this site.

CS Tumor Size	<b>CS Site-Specific Factor 1 - WHO</b>	<b>The following tables are available at the collaborative staging website:</b> Histologies for Which AJCC Staging Is Not Generated AJCC Stage
CS Extension	Grade Classification	
CS TS/Ext-Eval	CS Site-Specific Factor 2	
CS Lymph Nodes	CS Site-Specific Factor 3	
CS Reg Nodes Eval	CS Site-Specific Factor 4	
Reg LN Pos	CS Site-Specific Factor 5	
Reg LN Exam	CS Site-Specific Factor 6	
CS Mets at DX		
CS Mets Eval		

#### Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

##### **CS Tumor Size**

**SEE STANDARD TABLE**

#### Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

##### **CS Extension** (Revised: 08/21/2006)

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	NA	IS	IS
05	For C75.1 pituitary gland, C75.2 craniopharyngeal duct and C75.3 pineal gland ONLY: Benign or borderline tumors	NA	NA	NA
10	Invasive carcinoma confined to gland of origin	NA	L	L
30	Localized, NOS	NA	L	L
40	Adjacent connective tissue (See definition in General Instructions)	NA	RE	RE
60	Adjacent organs/structures Thymus and aortic body: Organs/structures in mediastinum Adrenal (suprarenal): Kidney Retroperitoneal structures Parathyroid	NA	RE	RE

## SEER Program Coding and Staging Manual

### CS Staging Schemas

60, cont'd	Thyroid Thyroid cartilage Pituitary and craniopharyngeal duct: Cavernous sinus Infundibulum Pons Sphenoid body and sinuses Pineal: Infratentorial and central brain Carotid body: Upper neck			
80	Further contiguous extension	NA	D	D
95	No evidence of primary tumor	NA	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	U	U

### Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

#### CS TS/Ext-Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

### Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

#### CS Lymph Nodes (Revised: 03/17/2004)

**Note 1:** Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

**Note 2:** Use code 99, not applicable, for the following sites: Pituitary gland (C75.1), Craniopharyngeal duct (C75.2), and Pineal gland (C75.3)

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	NA	NONE	NONE
10	Regional lymph nodes Cervical for carotid body and parathyroid only Mediastinal for aortic body and thymus only Retroperitoneal for adrenal (suprarenal) gland only	NA	RN	RN
80	Lymph nodes, NOS	NA	RN	RN
99	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record For Pituitary gland (C75.1), Craniopharyngeal duct (C75.2), and Pineal gland (C75.3): Not applicable	NA	U	U

### Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

#### CS Reg Nodes Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

## SEER Program Coding and Staging Manual

### CS Staging Schemas

#### Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

##### Reg LN Pos (Revised: 08/08/2006)

**Note 1:** Record this field even if there has been preoperative treatment.

**Note 2:** Use code 99, not applicable, for the following sites: Pituitary gland (C75.1), Craniopharyngeal duct (C75.2), and Pineal gland (C75.3)

Code	Description
00	All nodes examined negative.
01-89	1 - 89 nodes positive (code exact number of nodes positive)
90	90 or more nodes positive
95	Positive aspiration or core biopsy of lymph node(s)
97	Positive nodes - number unspecified
98	No nodes examined
99	Unknown if nodes are positive; not applicable Not documented in patient record

#### Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

##### Reg LN Exam (Revised: 08/08/2006)

**Note:** Use code 99, not applicable, for the following sites: Pituitary gland (C75.1), Craniopharyngeal duct (C75.2), and Pineal gland (C75.3).

Code	Description
00	No nodes examined
01-89	1 - 89 nodes examined (code exact number of regional lymph nodes examined)
90	90 or more nodes examined
95	No regional nodes removed, but aspiration or core biopsy of regional nodes performed
96	Regional lymph node removal documented as sampling and number of nodes unknown/not stated
97	Regional lymph node removal documented as dissection and number of nodes unknown/not stated
98	Regional lymph nodes surgically removed but number of lymph nodes unknown/not stated and not documented as sampling or dissection; nodes examined, but number unknown
99	Unknown if nodes were examined; not applicable or negative Not documented in patient record

#### Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

##### CS Mets at DX (Revised: 12/09/2003)

Code	Description	TNM	SS77	SS2000
00	No; none	NA	NONE	NONE
10	Distant lymph node(s), NOS	NA	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	NA	D	D

## SEER Program Coding and Staging Manual

### CS Staging Schemas

50	(10) + (40) Distant lymph node(s) plus other distant metastases	NA	D	D
99	Unknown if distant metastasis Cannot be assessed Not documented in patient record	NA	U	U

### Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

#### CS Mets Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

### Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

#### CS Site-Specific Factor 1 WHO Grade Classification (Revised: 01/10/2005)

**Note 1:** WHO grade applies only to C75.1 pituitary gland, C75.2 craniopharyngeal duct, C75.3 pineal gland.

**Note 2:** Code the WHO Grade Classification as documented in the medical record.

Code	Description
010	Grade I
020	Grade II
030	Grade III
040	Grade IV
999	Clinically diagnosed/grade unknown Does not apply Not documented in medical record Grade unknown, NOS

### Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

#### CS Site-Specific Factor 2 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

### Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

#### CS Site-Specific Factor 3 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

## SEER Program Coding and Staging Manual

### CS Staging Schemas

#### Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

##### CS Site-Specific Factor 4 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

##### CS Site-Specific Factor 5 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands

##### CS Site-Specific Factor 6 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**SEER Program Coding and Staging Manual**

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## SEER Program Coding and Staging Manual

### Surgery Codes

#### All Other Sites

C142–C148, C170–C179, C239, C240–C249, C260–C269, C300–C301, C310–C319, C339, **C379**, C380–C388, C390–C399, C480–C488, C510–C519, C529, C570–C579, C589, C600–C609, C630–C639, C680–C689, C690–C699, **C740–C749**, **C750–C759**  
(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

#### Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

#### No specimen sent to pathology from surgical events 10–14

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

#### Any combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

[**SEER Note:** Codes 21 to 24 above combine 20 local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, or 24 Laser ablation]

25 Laser excision

#### Specimen sent to pathology from surgical events 20–27

30 Simple/partial surgical removal of primary site

40 Total surgical removal of primary site; enucleation

41 Total enucleation (for eye surgery only)

50 Surgery stated to be “debulking”

60 Radical surgery

Partial or total removal of the primary site WITH a resection in continuity (partial or total removal) with other organs

[**SEER Note:** In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

**SEER Program Coding and Staging Manual**

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## **SEER Program Coding and Staging Manual**

### **Coding Guidelines KAPOSI SARCOMA OF ALL SITES (M9140)**

#### **Primary Site**

Kaposi sarcoma is coded to the site in which it arises. If Kaposi sarcoma arises in skin and another site simultaneously, code to skin (C44\_). If no primary site is stated, code to skin (C44\_).

# SEER Program Coding and Staging Manual

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## **SEER Program Coding and Staging Manual**

### **Kaposi Sarcoma (M9140)**

**Note: For Multiple Primary and Histology Coding Rules: see Other Sites (pg C-1079)**

**SEER Program Coding and Staging Manual**

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## SEER Program Coding and Staging Manual

### CS Staging Schemas

#### Kaposi Sarcoma of All Sites

(M-9140)

**Note:** This scheme cannot be compared to either the Historic Stage or the 1977 Summary Stage schemes.

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	<b>CS Site-Specific Factor 1 -</b> Associated with HIV/AIDS CS Site-Specific Factor 2 CS Site-Specific Factor 3 CS Site-Specific Factor 4 CS Site-Specific Factor 5 CS Site-Specific Factor 6	<b>The following tables are available at the collaborative staging website:</b> Histologies for Which AJCC Staging Is Not Generated AJCC Stage
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#### Kaposi Sarcoma of All Sites

**CS Tumor Size** (Revised: 01/16/2003)

Code	Description
888	Not applicable

#### Kaposi Sarcoma of All Sites

**CS Extension** (Revised: 05/07/2004)

Code	Description	TNM	SS77	SS2000
11	Single lesion: Skin	NA	U	L
12	Single lesion: Mucosa (e.g., oral cavity, anus, rectum, vagina, vulva)	NA	U	L
13	Single lesion: Viscera (e.g., pulmonary, gastrointestinal tract, spleen, other)	NA	U	L
21	Multiple lesions: Skin	NA	U	L
22	Multiple lesions: Mucosa (e.g., oral cavity, anus, rectum, vagina, vulva)	NA	U	L
23	Multiple lesions: Viscera (e.g., pulmonary, gastrointestinal tract, spleen, other)	NA	U	L
24	(21) + (22)	NA	U	RE
25	(21) + (23)	NA	U	RE
26	(22) + (23)	NA	U	RE
27	(21) + (22) + (23)	NA	U	D
29	Multiple lesions, NOS	NA	U	U
95	No evidence of primary tumor	NA	U	U

## SEER Program Coding and Staging Manual

### CS Staging Schemas

99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	U	U
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#### Kaposi Sarcoma of All Sites

##### CS TS/Ext-Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

#### Kaposi Sarcoma of All Sites

##### CS Lymph Nodes (Revised: 08/21/2006)

**Note:** For this site, code ALL lymph node involvement in this field.

Code	Description	TNM	SS77	SS2000
00	No lymph node involvement (No clinical adenopathy and either pathologically negative or no pathological statement)	NA	U	NONE
10	Clinically enlarged palpable lymph node(s) (adenopathy), and either pathologically negative nodes or no pathological statement	NA	U	RN
20	No clinically enlarged palpable lymph node(s) (adenopathy) but pathologically positive lymph node(s)	NA	U	RN
30	Both clinically enlarged palpable lymph node(s) (adenopathy) and pathologically positive lymph nodes Lymph nodes, NOS	NA	U	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NA	U	U

#### Kaposi Sarcoma of All Sites

##### CS Reg Nodes Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

#### Kaposi Sarcoma of All Sites

##### Reg LN Pos

SEE STANDARD TABLE

#### Kaposi Sarcoma of All Sites

##### Reg LN Exam

SEE STANDARD TABLE

## SEER Program Coding and Staging Manual

### CS Staging Schemas

#### Kaposi Sarcoma of All Sites

##### CS Mets at DX (Revised: 05/07/2004)

Code	Description	TNM	SS77	SS2000
88	Not applicable for this site	NA	U	U

#### Kaposi Sarcoma of All Sites

##### CS Mets Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

#### Kaposi Sarcoma of All Sites

##### CS Site-Specific Factor 1 Associated with HIV/AIDS (Revised: 08/02/2004)

**Note:** HIV (Human Immunodeficiency Virus) includes types I and II. Older terminology includes HTLV-3 and LAV.

Code	Description
001	Yes/Present
002	No/Not present
999	Unknown if present or not Insufficient information Not documented in patient record

#### Kaposi Sarcoma of All Sites

##### CS Site-Specific Factor 2 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Kaposi Sarcoma of All Sites

##### CS Site-Specific Factor 3 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Kaposi Sarcoma of All Sites

##### CS Site-Specific Factor 4 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

## SEER Program Coding and Staging Manual

### CS Staging Schemas

#### Kaposi Sarcoma of All Sites

##### CS Site-Specific Factor 5 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Kaposi Sarcoma of All Sites

##### CS Site-Specific Factor 6 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site



## **SEER Program Coding and Staging Manual**

### **Kaposi Sarcoma**

**Note: For Surgery Codes: see site-specific codes**

**SEER Program Coding and Staging Manual**

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## SEER Program Coding and Staging Manual

### Coding Guidelines LYMPHOMA C770–C779

#### Primary Site - Nodal vs Extra-nodal

1. When multiple lymph node chains are involved at the time of diagnosis, do not simply code the lymph node chain that was biopsied.
2. If it is possible to determine where the disease originated, code the primary site to that lymph node chain.
3. If multiple lymph node chains are involved and it is not possible to determine the lymph node chain where the disease originated, code the primary site to C778, lymph nodes of multiple regions.
4. If a lymphoma is extranodal, code the organ of origin.

**Example:** Pathology from stomach resection shows lymphoma. No other pathologic or clinical disease identified. Code the primary site as stomach, NOS (C169).

5. If a lymphoma is present both in an extranodal site and in that organ's regional lymph nodes, code the extralymphatic organ as the primary site. The only exception would be if the lymphoma in the extranodal site were a direct extension from the regional nodes. Lymphomas can spread from the regional lymph nodes into an extranodal site only by direct extension.

**Example 1:** Lymphoma is present in the spleen and splenic lymph nodes. Code the primary site to spleen (C422).

**Example 2:** Lymphoma is present in the stomach and the gastric lymph nodes. Code the primary site to stomach, NOS (C169).

6. If the lymphoma is present in extralymphatic organ(s) and non-regional lymph nodes, consult the physician to determine a primary site. If a site cannot be determined, code Lymph Node, NOS (C779).
7. If the primary site is unknown or not given:
  - a. Code retroperitoneal lymph nodes if described as retroperitoneal mass
  - b. Code inguinal lymph nodes if described as inguinal mass
  - c. Code mediastinal lymph nodes if described as mediastinal mass
  - d. Code mesenteric lymph nodes if described as mesenteric mass
  - e. If the primary site is unknown code Lymph Nodes, NOS (C779)

Exception: Code unknown primary site (C809) only when there is no evidence of lymphoma in lymph nodes and/or the medical record documents that the physician suspects that it is an extranodal lymphoma

8. Code mycosis fungoides and cutaneous lymphomas to Skin (C44\_).

#### Grade

**DO NOT** code the descriptions “high grade,” “low grade,” or “intermediate grade” in the Grade, Differentiation or Cell Indicator field.

## SEER Program Coding and Staging Manual

**FOR LYMPHOMA ONLY**, the terms “high grade,” “low grade,” and “intermediate grade” refer to the Working Formulation of lymphoma diagnoses. The Working Formulation is not a grade or differentiation

**DO NOT** code the descriptions “Grade 1,” “Grade 2,” or “Grade 3” in the Grade, Differentiation or Cell Indicator field.

**FOR LYMPHOMA ONLY**, the terms “Grade 1,” “Grade 2,” and “Grade 3” represent lymphoma types, rather than differentiation.

The designation of T-cell, B-cell, null cell, or NK cell has precedence over any statement of grading or differentiation

Code ANY statement of T-cell, B-cell, null cell, or NK cell

Code information on cell type from any source, whether or not marker studies are documented in the patient record

**Example:** The history portion of the medical record documents that the patient has a T-cell lymphoma. There are no marker studies in the chart. Code the grade as T-cell.

### Additional Terms to be Coded

T-cell (code 5)  
T-cell phenotype  
T-precursor  
Pre-T  
Gamma-Delta T

B-Cell (code 6)  
B-cell phenotype  
B-precursor  
Pre-B

Null-Cell; Non-T-non-B (code 7)  
Null-cell  
Non T-non-B  
Common cell

NK (natural killer) cell (code 8)  
Nasal NK/T cell lymphoma  
Cell type not determined, not stated, not applicable (code 9)  
Combined T and B cell

## **SEER Program Coding and Staging Manual 2007**

### **HEMATOPOIETIC PRIMARIES (Lymphoma and Leukemia)**

#### **Multiple Primary Rules**

If the physician clearly states that a hematopoietic diagnosis is a new primary, use that information. Otherwise, use the SEER table “Definitions of Single and Subsequent Primaries for Hematologic Malignancies” to determine multiple primaries. Go to <http://seer.cancer.gov/icd-o-3/> to download the SEER table in PDF format.

## Hematopoietic Primaries

### Histology Coding Rules

#### Coding Instructions

Refer to “Determining Multiple Primaries” in the first section of this manual to determine the number of primaries. Use all of the information for a single primary to code the histology.

1. If there is no tumor specimen, code the histology described by the medical practitioner.
2. Use the histology stated in the **final diagnosis** from the pathology report. Use the pathology from the procedure that resected the majority of the primary tumor.

If a more specific histologic type is definitively described in the microscopic portion of the pathology report or the comment, code the more specific diagnosis.

3. Lymphomas may be classified by the **WHO** Classification, **REAL** system, **Rappaport**, or **Working Formulation**. The WHO Classification is preferred. See page 13 in the ICD-O-3 for a discussion of hematologic malignancies.
4. Code the diagnosis of chronic lymphocytic leukemia (9823/3) and/or small lymphocytic lymphoma (9670/3) to SLL if there are positive lymph nodes or deposits of lymphoma/leukemia in organs or in other tissue. Code the histology to CLL if there are no physical manifestations of the disease other than a positive blood study or positive bone marrow

#### Histology Coding Rules

- The rules are in hierarchical order. Rule 1 has the highest priority.
  - Use the rules in priority order.
  - Use the first rule that applies to the case. (Do not apply any additional rules.)
1. Code the histology if only one type is mentioned in the pathology report.
  2. Code the **more specific term** when one of the terms is ‘NOS’ and the other is a more specific description of the same histology.
  3. Code the **numerically higher** ICD-O-3 code. This is the rule with the lowest priority and should be used infrequently.

## SEER Program Coding and Staging Manual

### CS Staging Schemas

#### Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

(ICD-O-3 M-959-972 EXCEPT 9700/3 and 9701/3)

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	<b>CS Site-Specific Factor 1 -</b> Associated with HIV/AIDS <b>CS Site-Specific Factor 2 -</b> Systemic Symptoms at Diagnosis <b>CS Site-Specific Factor 3 - IPI</b> Score CS Site-Specific Factor 4 CS Site-Specific Factor 5 CS Site-Specific Factor 6	<b>The following tables are available at the collaborative staging website:</b> Histologies for Which AJCC Staging Is Not Generated AJCC Stage Extension Stage Table
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#### Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

##### CS Tumor Size (Revised: 08/02/2004)

Code	Description
888	Not applicable

#### Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

##### CS Extension (Revised: 08/09/2006)

**Note 1:** For Hodgkin Lymphoma an E lesion is defined as disease that involves extralymphatic site(s). Extralymphatic means other than lymph nodes and other lymphatic structures. These lymphatic structures include spleen, thymus gland, Waldeyer's ring (tonsils), Peyer's patches (ileum) and lymphoid nodules in the appendix. Any lymphatic structure is to be coded the same as a lymph node region.

**Note 2:** S equals Spleen involvement.

**Note 3:** If there is no mention of extranodal involvement but several diagnostic procedures were done, including laparotomy, interpret as no involvement.

**Note 4:** Involvement of adjacent soft tissue does not alter the classification.

Code	Description	TNM	SS77	SS2000
10	Involvement of a single lymph node region Stage I	*	L	L
11	Localized involvement of a single extralymphatic organ/ site in the absence of any lymph node involvement Multifocal involvement of one extralymphatic organ/site Stage IE	*	L	L
12	Involvement of spleen only Stage IS	*	L	L
20	Involvement of two or more lymph node regions on the SAME side of the diaphragm Stage II	*	RNOS	RNOS
21	Localized involvement of a single extralymphatic organ/site WITH involvement of its regional lymph node(s) or WITH or without involvement of other lymph node(s) on the SAME side of the diaphragm Direct extension to adjacent organs or tissues Stage IIE	*	RNOS	RNOS

## SEER Program Coding and Staging Manual

### CS Staging Schemas

22	Involvement of spleen PLUS lymph node(s) BELOW the diaphragm Stage IIS	*	RNOS	RNOS
23	Involvement of spleen PLUS involvement of a single extralymphatic organ/site BELOW the diaphragm WITH/WITHOUT involvement of lymph node(s) BELOW the diaphragm Stage IIES	*	RNOS	RNOS
30	Involvement of lymph node regions on BOTH sides of the diaphragm Stage III	*	D	D
31	Involvement of an extralymphatic organ/site PLUS involvement of lymph node(s) on the OPPOSITE side of the diaphragm Stage IIIE	*	D	D
32	Involvement of the spleen PLUS lymph node(s) ABOVE the diaphragm Involvement of spleen PLUS lymph nodes on both sides of the diaphragm. Stage IIIS	*	D	D
33	(31) + (32) OR Involvement of the spleen PLUS a single extralymphatic site ABOVE the diaphragm WITH/WITHOUT involvement of lymph node(s) Involvement of the spleen PLUS involvement of lymph node region(s) ABOVE the diaphragm PLUS involvement of a single extralymphatic organ/site on either side of the diaphragm Stage IIIES	*	D	D
80	Diffuse or disseminated (multifocal) involvement of ONE OR MORE extralymphatic organ(s)/site(s) WITH OR WITHOUT associated lymph node involvement Multifocal involvement of MORE THAN ONE extralymphatic organ/site Involvement of isolated extralymphatic organ in absence of involvement of adjacent lymph nodes, but in conjunction with disease in distant sites Metastasis/involvement: Bone marrow Liver Nodular involvement of lung(s) Stage IV	*	D	D
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	*	U	U

\* AJCC stage group for this site is derived directly from the extension code, as shown in the Extension Stage Table. For extension codes 10-80, the AJCC Stages Groups I-IV are subdivided into A and B based on presence or absence of symptoms as shown in the Symptom Stage Subgroup Table.



## SEER Program Coding and Staging Manual

### CS Staging Schemas

#### Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

##### CS TS/Ext-Eval (Revised: 08/21/2006)

**Note:** According to AJCC, "The use of the term pathologic staging is reserved for patients who undergo staging laparotomy with an explicit intent to assess the presence of abdominal disease or to define histologic microscopic disease extent in the abdomen. Staging laparotomy and pathological staging have been essentially abandoned as useful procedures." (6th ed., page 396) Therefore, Collaborative Staging uses a modified evaluation scheme for lymphomas, and it applies to the CS TS/EXT-EVAL field only. The other EVAL fields are coded as "not applicable" for this schema

Code	Description	Staging Basis
0	No staging laparotomy done. No autopsy evidence used	c
3	Staging laparotomy done	p
8	Evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy).	a
9	Unknown if staging laparotomy done Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

#### Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

##### CS Lymph Nodes (Revised: 05/07/2004)

Code	Description	TNM	SS77	SS2000
88	Not applicable	NA	U	U

#### Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

##### CS Reg Nodes Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site.	NA

#### Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

##### Reg LN POS (Revised: 05/17/2006)

Code	Description
99	Not applicable

## SEER Program Coding and Staging Manual

### CS Staging Schemas

#### Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

##### Reg LN Exam (Revised: 05/17/2006)

Code	Description
99	Not applicable

#### Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

##### CS Mets at DX (Revised: 05/07/2004)

Code	Description	TNM	SS77	SS2000
88	Not applicable for this site	NA	U	U

#### Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

##### CS Mets Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site.	NA

#### Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

##### CS Site-Specific Factor 1 Associated with HIV/AIDS (Revised: 12/04/2003)

**Note:** HIV (Human Immunodeficiency Virus) includes types I and II. Older terminology includes HTLV-3 and LAV.

Code	Description
001	Yes/Present
002	No/Not present
999	Unknown if present or not Insufficient information Not documented in patient record

#### Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

##### CS Site-Specific Factor 2 Systemic Symptoms at Diagnosis (Revised: 08/15/2006)

**Note 1.** Each stage should be classified as either A or B according to the absence or presence of defined constitutional symptoms, such as: 1. Fevers: Unexplained fever with temperature above 38 degrees C; 2. Night sweats: Drenching sweats that require change of bedclothes; 3. Weight loss: Unexplained weight loss of more than 10% of the usual body weight in the 6 months prior to diagnosis.

**Note 2.** Pruritus alone does not qualify for B classification, nor does alcohol intolerance, fatigue, or a short, febrile illness associated with suspected infections.

*table begins on next page*

## SEER Program Coding and Staging Manual

### CS Staging Schemas

#### CS Site-Specific Factor 2 Systemic Symptoms at Diagnosis *(Revised: 08/15/2006), continued*

Code	Description	Modifier
000	No B symptoms (Asymptomatic)	A
010	Any B symptoms: Night sweats Unexplained fever (above 38 degrees C) Unexplained weight loss (generally greater than 10% loss of body weight in the six months before admission) B symptoms, NOS	B
020	Pruritis (if recurrent and unexplained)	B
030	(010) + (020)	B
999	Unknown if symptoms; insufficient information Not documented in patient record	BLANK

The "A" or "B" is appended to the stage I-IV as determined in the data item CS Site-Specific Factor 2, Systemic Symptoms at Diagnosis.

#### Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

##### CS Site-Specific Factor 3 IPI Score *(Revised: 11/18/2003)*

**Note:** Record the IPI (International Prognostic Index) as stated in the medical record.

Code	Description	Risk Group
000	0 points	Low
001	1 point	Low
002	2 points	Low intermediate
003	3 points	High intermediate
004	4 points	High
005	5 points	High
999	Unknown Insufficient information Not documented in patient record	

## SEER Program Coding and Staging Manual

### CS Staging Schemas

#### Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

##### CS Site-Specific Factor 4 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

##### CS Site-Specific Factor 5 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Hodgkin and Non-Hodgkin Lymphomas of All Sites (excl. Mycosis Fungoides and Sezary Disease)

##### CS Site-Specific Factor 6 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

## SEER Program Coding and Staging Manual

### Surgery Codes

#### Lymph Nodes

C770–C779

(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Note: For Surgery Codes: see site-specific scheme for primary sites other than C770-C779

#### Codes

00 None; no surgery of primary site; autopsy ONLY

19 Local tumor destruction or excision, NOS

**Unknown whether a specimen was sent to pathology for surgical events coded to 19 (principally for cases diagnosed prior to January 1, 2003)**

15 Local tumor destruction, NOS

**No specimen sent to pathology from surgical event 15**

25 Local tumor excision, NOS

Less than a full chain; includes a lymph node biopsy

30 Lymph node dissection, NOS

31 One chain

32 Two or more chains

40 Lymph node dissection, NOS PLUS splenectomy

41 One chain

42 Two or more chains

50 Lymph node dissection, NOS and partial/total removal of adjacent organ(s)

51 One chain

52 Two or more chains

60 Lymph node dissection, NOS and partial/total removal of adjacent organ(s) PLUS splenectomy  
(Includes staging laparotomy for lymphoma)

61 One chain

62 Two or more chains

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

[**SEER NOTE:** Lymph node chains are subsites of lymph node regions. Use information pertaining to lymph node chains to code lymph node surgery; use lymph node region information to code stage.]

# SEER Program Coding and Staging Manual

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**SEER Program Coding and Staging Manual**

**Surgery Codes**

**Lymphoma**

**Note: For Surgery Codes: see site-specific scheme for primary sites other than C770-C779**

**SEER Program Coding and Staging Manual**

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**Hematopoietic, Reticuloendothelial, Immunoproliferative and Myeloproliferative  
C420, C421, C423, C424 (with any histology) or  
M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989 (with any site)**

**HEMATOPOIETIC PRIMARIES  
(Lymphoma and Leukemia)**

**Multiple Primary Rules**

If the physician clearly states that a hematopoietic diagnosis is a new primary, use that information. Otherwise, use the SEER table “Definitions of Single and Subsequent Primaries for Hematologic Malignancies” to determine multiple primaries. Go to <http://seer.cancer.gov/icd-o-3/> to download the SEER table in PDF format.

## Hematopoietic Primaries

### Histology Coding Rules

#### Coding Instructions

Refer to “Determining Multiple Primaries” in the first section of this manual to determine the number of primaries. Use all of the information for a single primary to code the histology.

1. If there is no tumor specimen, code the histology described by the medical practitioner.
2. Use the histology stated in the **final diagnosis** from the pathology report. Use the pathology from the procedure that resected the majority of the primary tumor.

If a more specific histologic type is definitively described in the microscopic portion of the pathology report or the comment, code the more specific diagnosis.

3. Lymphomas may be classified by the **WHO** Classification, **REAL** system, **Rappaport**, or **Working Formulation**. The WHO Classification is preferred. See page 13 in the ICD-O-3 for a discussion of hematologic malignancies.
4. Code the diagnosis of chronic lymphocytic leukemia (9823/3) and/or small lymphocytic lymphoma (9670/3) to SLL if there are positive lymph nodes or deposits of lymphoma/leukemia in organs or in other tissue. Code the histology to CLL if there are no physical manifestations of the disease other than a positive blood study or positive bone marrow

#### Histology Coding Rules

- The rules are in hierarchical order. Rule 1 has the highest priority.
  - Use the rules in priority order.
  - Use the first rule that applies to the case. (Do not apply any additional rules.)
1. Code the histology if only one type is mentioned in the pathology report.
  2. Code the **more specific term** when one of the terms is ‘NOS’ and the other is a more specific description of the same histology.
  3. Code the **numerically higher** ICD-O-3 code. This is the rule with the lowest priority and should be used infrequently.

# SEER Program Coding and Staging Manual

## CS Staging Schemas

### Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

(M-9731-9734, 9740-9742, 9750-9758, 9760-9762, 9764-9769, 9800-9801, 9805, 9820, 9823, 9826-9827, 9831-9837, 9840, 9860-9861, 9863, 9866-9867, 9870-9876, 9891, 9895-9897, 9910, 9920, 9930-9931, 9940, 9945-9946, 9948, 9950, 9960-9964, 9970, 9975, 9980, 9982-9987, 9989)

**Note:** Schema includes only preferred terms from ICD-O-3

9731 Plasmacytoma, NOS	9866 Acute promyelocytic leukemia
9732 Multiple myeloma	9867 Acute myelomonocytic leukemia
9733 Plasma cell leukemia	9870 Acute basophilic leukemia
9734 Plasmacytoma, extramedullary	9871 Acute myeloid leukemia with abnormal marrow, eosinophils
9740 Mast cell sarcoma	9872 Acute myeloid leukemia, minimal differentiation
9741 Malignant mastocytosis	9873 Acute myeloid leukemia without maturation
9742 Mast cell leukemia	9874 Acute myeloid leukemia with maturation
9750 Malignant histiocytosis	9875 Chronic myelogenous leukemia, BCR/ABL positive
9751 Langerhans cell histiocytosis, NOS*	9876 Atypical chronic myeloid leukemia BCR/ABL negative
9752 Langerhans cell histiocytosis, unifocal*	9891 Acute monocytic leukemia
9753 Langerhans cell histiocytosis, multifocal*	9895 Acute myeloid leukemia with multilineage dysplasia
9754 Langerhans cell histiocytosis disseminated	9896 Acute myeloid leukemia, t(8;21)(q22;q22)
9755 Histiocytic sarcoma	9897 Acute myeloid leukemia, 11q23 abnormalities
9756 Langerhans cell sarcoma	9910 Acute megakaryoblastic leukemia
9757 Interdigitating dendritic cell sarcoma	9920 Therapy-related acute myeloid leukemia, NOS
9758 Follicular dendritic cell sarcoma	9930 Myeloid sarcoma
9760 Immunoproliferative disease, NOS	9931 Acute panmyelosis with myelofibrosis
9761 Waldenstrom macroglobulinemia	9940 Hairy cell leukemia
9762 Heavy chain disease, NOS	9945 Chronic myelomonocytic leukemia, NOS
9764 Immunoproliferative small intestinal disease	9946 Juvenile myelomonocytic leukemia
9765 Monoclonal gammopathy of undetermined significance*	9948 Aggressive NK-cell leukemia
9766 Angiocentric immunoproliferative lesion*	9950 Polycythemia (rubra) vera
9767 Angioimmunoblastic lymphadenopathy*	9960 Chronic myeloproliferative disease, NOS
9768 T-gamma lymphoproliferative disease*	9961 Myelosclerosis with myeloid metaplasia
9769 Immunoglobulin deposition disease*	9962 Essential thrombocythemia
9800 Leukemia, NOS	9963 Chronic neutrophilic leukemia
9801 Acute leukemia, NOS	9964 Hypereosinophilic syndrome
9805 Acute biphenotypic leukemia	9970 Lymphoproliferative disorder, NOS*
9820 Lymphoid leukemia, NOS	9975 Myeloproliferative disease, NOS*
9823 B-cell chronic lymphocytic leukemia/small lymphocytic lymphoma	9980 Refractory anemia, NOS
9826 Burkitt cell leukemia	9982 Refractory anemia with sideroblasts
9827 Adult T-cell leukemia/lymphoma (HTLV-1 positive)	9983 Refractory anemia with excess blasts
9831 T-cell large granular lymphocytic leukemia*	9984 Refractory anemia with excess blasts in transformation
9832 Prolymphocytic leukemia, NOS	9985 Refractory cytopenia with multilineage dysplasia
9833 Prolymphocytic leukemia, B-cell type	9986 Myelodysplastic syndrome with 5q deletion (5q-) syndrome
9834 Prolymphocytic leukemia, T-cell type	9987 Therapy-related myelodysplastic syndrome, NOS
9835 Precursor cell lymphoblastic leukemia, NOS	9989 Myelodysplastic syndrome, NOS
9836 Precursor B-cell lymphoblastic leukemia	
9837 Precursor T-cell lymphoblastic leukemia	
9840 Acute myeloid leukemia, M6 type	
9860 Myeloid leukemia, NOS	
9861 Acute myeloid leukemia, NOS	
9863 Chronic myeloid leukemia	

\*Usually considered of uncertain/borderline behavior

## SEER Program Coding and Staging Manual

### CS Staging Schemas

#### Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

(M-9731-9734, 9740-9742, 9750-9758, 9760-9762, 9764-9769, 9800-9801, 9805, 9820, 9823, 9826-9827, 9831-9837, 9840, 9860-9861, 9863, 9866-9867, 9870-9876, 9891, 9895-9897, 9910, 9920, 9930-9931, 9940, 9945-9946, 9948, 9950, 9960-9964, 9970, 9975, 9980, 9982-9987, 9989)

**Note:** AJCC does not define TNM staging for this site.

CS Tumor Size	CS Site-Specific Factor 1	<b>The following tables are available at the collaborative staging website:</b> Histologies for Which AJCC Staging Is Not Generated AJCC Stage
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

#### Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

##### CS Tumor Size (Revised: 01/16/2003)

Code	Description
888	Not applicable

#### Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

##### CS Extension (Revised: 08/15/2006)

Code	Description	TNM	SS77	SS2000
10	Localized disease: (single/solitary/unifocal/isolated/mono-ostotic) may be coded for: Plasmacytoma, NOS (M-9731/3)(solitary myeloma) Plasmacytoma, extramedullary (M-9734/3) (not occurring in bone) Mast cell sarcoma (M-9740) Malignant histiocytosis (M-9750) Histiocytic sarcoma (M-9755) Langerhans cell sarcoma (M-9756) Dendritic cell sarcoma (M-9757, M-9758) Myeloid sarcoma (M-9930)	NA	L	L
80	Systemic disease (poly-ostotic): All histologies including those in 10	NA	D	D
99	Unknown	NA	D	D

#### Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

##### CS TS/Ext-Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

## SEER Program Coding and Staging Manual

### CS Staging Schemas

#### Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

##### CS Lymph Nodes (Revised: 05/07/2004)

Code	Description	TNM	SS77	SS2000
88	Not applicable	NA	U	U

#### Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

##### CS Reg Nodes Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

#### Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

##### Reg LN Pos (Revised: 05/17/2006)

Code	Description
99	Not applicable

#### Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

##### Reg LN Exam (Revised: 05/17/2006)

Code	Description
99	Not applicable

#### Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

##### CS Mets at DX (Revised: 05/07/2004)

Code	Description	TNM	SS77	SS2000
88	Not applicable for this site	NA	U	U

#### Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

##### CS Mets Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

## SEER Program Coding and Staging Manual

### CS Staging Schemas

#### Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

##### CS Site-Specific Factor 1 (Revised: 03/27/2003)

Code	Description
888	Not applicable for this site

#### Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

##### CS Site-Specific Factor 2 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

##### CS Site-Specific Factor 3 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

##### CS Site-Specific Factor 4 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

##### CS Site-Specific Factor 5 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

##### CS Site-Specific Factor 6 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

## SEER Program Coding and Staging Manual

### Surgery Codes

**Hematopoietic/Reticuloendothelial/  
Immunoproliferative/Myeloproliferative Disease**

**C420, C421, C423, C424 (with any histology)**

**or**

**M9750, 9760–9764, 9800–9820, 9826, 9831–9920, 9931–9964, 9980–9989 (with any site)**

#### **Codes**

98 All hematopoietic/reticuloendothelial/immunoproliferative/myeloproliferative disease sites and/or histologies, WITH or WITHOUT surgical treatment

Surgical procedures for hematopoietic, reticuloendothelial, immunoproliferative, myeloproliferative primaries are to be recorded using the data item Surgical Procedure/Other Site (NAACCR Item # 1294)

[*SEER Note*: 99 Death certificate only]

**SEER Program Coding and Staging Manual**

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# **SEER Program Coding and Staging Manual**

## **Other and Unknown Sites**

**SEER Program Coding and Staging Manual**

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## Multiple Primary and Histology Coding Rules 2007: Other Sites

### Equivalent Terms, Definitions and Tables

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

## INTRODUCTION

The Other Sites rules cover rectosigmoid, rectum and all sites not included in the site-specific rules.

## EQUIVALENT TERMS

Acinar adenocarcinoma, adenocarcinoma (For prostate primaries only)

Adenocarcinoma, glandular carcinoma

## DEFINITIONS

**Acinar adenocarcinoma of the prostate:** The prostate gland is sponge-like consisting primarily of acini or very tiny sacs that produce the fluids for ejaculation. Acinar adenocarcinoma is not a specific histologic type. The term acinar refers to the fact that the adenocarcinoma originates in the prostatic acini. 95% of all prostate cancers are (acinar) adenocarcinoma.

**Adenoacanthoma:** Adenocarcinoma with squamous metaplasia.

**Parametrium:** The connective tissue of the pelvic floor extending from the fibrous subserous coat of the supracervical portion of the uterus laterally between the layers of the broad ligament.

**Uterine adnexa:** The appendages of the uterus, namely the ovaries, fallopian tubes, and ligaments that hold the uterus in place.

## SEER Program Coding and Staging Manual

### Multiple Primary and Histology Coding Rules 2007: Other Sites

#### Equivalent Terms, Definitions and Tables

**Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

**Table 1 – Paired Organs and Sites with Laterality**

*Note:* This table only includes anatomic sites covered by the Other Sites Rules.

Site Code	Site or Subsite
C384	Pleura
C400	Long bones of upper limb, scapula, and associated joints
C401	Short bones of upper limb and associated joints
C402	Long bones of lower limb and associated joints
C403	Short bones of lower limb and associated joints
C413	Rib, clavicle (excluding sternum)
C414	Pelvic bones (excluding sacrum, coccyx, symphysis pubis)
C441	Skin of the eyelid
C442	Skin of the external ear
C443	Skin of other and unspecific parts of the face (if midline, assign code 9)
C445	Skin of the trunk (if midline, assign code 9)
C446	Skin of upper limb and shoulder
C447	Skin of the lower limb and hip
C471	Peripheral nerves and autonomic nervous system of upper limb and shoulder
C472	Peripheral nerves and autonomic nervous system of the lower limb and hip
C491	Connective, subcutaneous, and other soft tissues of upper limb and shoulder
C492	Connective, subcutaneous, and other soft tissues of the lower limb and hip
C569	Ovary
C570	Fallopian tube
C620-C629	Testis
C630	Epididymis
C631	Spermatic cord
C690-C699	Eye and adnexa
C740-C749	Adrenal gland
C754	Carotid body

**Multiple Primary and Histology Coding Rules 2007: Other Sites**

**Equivalent Terms, Definitions and Tables**

**Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

**Table 2 – Mixed and Combination Codes**

**This table is used to determine mixed and combination codes ONLY**

Apply the multiple primary rules FIRST. Combination codes are most often used when multiple histologies are present in a single tumor; they are rarely used for multiple tumors. Use a combination code for multiple tumors ONLY when the tumors meet the rules for a single primary.

Use this **two-page** table to select combination histology codes. Compare the terms in the diagnosis to the terms in Columns 1 and 2. If the terms match, code the case using the ICD-O-3 histology code in column 4. Use the combination codes listed in this table only when the histologies in the tumor match the histologies listed below.

<b>Column 1: Required Histology</b>	<b>Column 2: Combined with Histology</b>	<b>Column 3: Combination Term</b>	<b>Column 4: Code</b>
Small cell carcinoma	Large cell carcinoma	Combined small cell carcinoma	8045
	Adenocarcinoma		
	Squamous cell carcinoma		
Squamous carcinoma	Basal cell carcinoma	Basosquamous carcinoma	8094
Islet cell	Exocrine	Mixed islet cell and exocrine adenocarcinoma (pancreas)	8154
Acinar	Endocrine		
Hepatocellular carcinoma	Cholangiocarcinoma	Combined hepatocellular carcinoma and cholangiocarcinoma	8180
Adenocarcinoma	Carcinoid	Composite carcinoid	8244
Adenocarcinoma	Papillary	Adenocarcinoma with mixed subtypes Adenocarcinoma combined with other types of carcinoma	8255
	Clear cell		
	Mucinous (colloid)		
	Signet ring		
	Acinar		
<b>Table 2 continues on the next page</b>			

**SEER Program Coding and Staging Manual**

**Multiple Primary and Histology Coding Rules 2007: Other Sites**

**Equivalent Terms, Definitions and Tables**

**Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

<b>Column 1: Required Histology</b>	<b>Column 2: Combined with Histology</b>	<b>Column 3: Combination Term</b>	<b>Column 4: Code</b>
<b>Table 2 continued</b>			
Gyn malignancies with two or more of the histologies in column 2	Clear cell Endometroid Mucinous Papillary Serous Squamous Transitional (Brenner)	Mixed cell adenocarcinoma	8323
Papillary and Follicular		Papillary carcinoma, follicular variant	8340
Medullary	Follicular	Mixed medullary-follicular carcinoma	8346
Medullary	Papillary	Mixed medullary-papillary carcinoma	8347
Squamous carcinoma and Adenocarcinoma		Adenosquamous carcinoma	8560
Any combination of histologies in Column 2	Myxoid Round cell Pleomorphic	Mixed liposarcoma	8855
Embryonal rhabdomyosarcoma	Alveolar rhabdomyosarcoma	Mixed type rhabdomyosarcoma	8902
Teratoma	Embryonal carcinoma	Teratocarcinoma	9081
Teratoma and one or more of the histologies in Column 2	Seminoma Yolk sac tumor	Mixed germ cell tumor	9085
Choriocarcinoma	Teratoma Seminoma Embryonal	Choriocarcinoma combined with other germ cell elements	9101

**Multiple Primary and Histology Coding Rules 2007: Other Sites**

**Equivalent Terms, Definitions and Tables**

**Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

**Table 3 – Changes to Previous SEER Site Grouping Table**

Previous to 2007, tumors in sites on the same row were abstracted as a single primary.

<b>Code</b>	<b>Site Groupings</b>
C23	Gallbladder
C24	Other and unspecified parts of the biliary tract
C37	Thymus
C380	Heart
C381-3	Mediastinum
C388	Overlapping lesion of heart, mediastinum, and pleura
C51	Vulva
C52	Vagina
C577	Other specified female genital organs
C578-9	Unspecified female genital organs
C569	Ovary
C570	Fallopian tube
C571	Broad ligament
C572	Round ligament
C573	Parametrium
C574	Uterine adnexa
C60	Penis
C63	Other and unspecified male genital organs
C74	Adrenal gland
C75	Other endocrine glands and related structures

**SEER Program Coding and Staging Manual**

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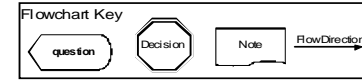


**Multiple Primary and Histology Coding Rules 2007: Other Sites**

**Multiple Primary Rules – Flowchart**

**Other Sites Multiple Primary Rules - Flowchart**

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and leukemia)



- \* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
- \*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

UNKNOWN IF SINGLE OR MULTIPLE TUMORS	DECISION	NOTES
<p>M1</p>	<p><b>SINGLE Primary*</b></p> <p>End of instructions for Unknown if Single or Multiple Tumors</p>	<p>Tumor(s) not described as metastasis.</p> <p>Use this rule only after all information sources have been exhausted.</p>
SINGLE TUMOR	DECISION	NOTES
<p>M2</p>	<p><b>SINGLE Primary*</b></p> <p>End of instructions for Single Tumor.</p>	<p>1. Tumor not described as metastasis. 2. Includes combinations of in situ and invasive</p> <p>The tumor may overlap onto or extend into adjacent/contiguous site or subsite.</p>

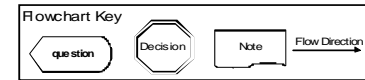
# SEER Program Coding and Staging Manual

## Multiple Primary and Histology Coding Rules 2007: Other Sites

### Multiple Primary Rules – Flowchart

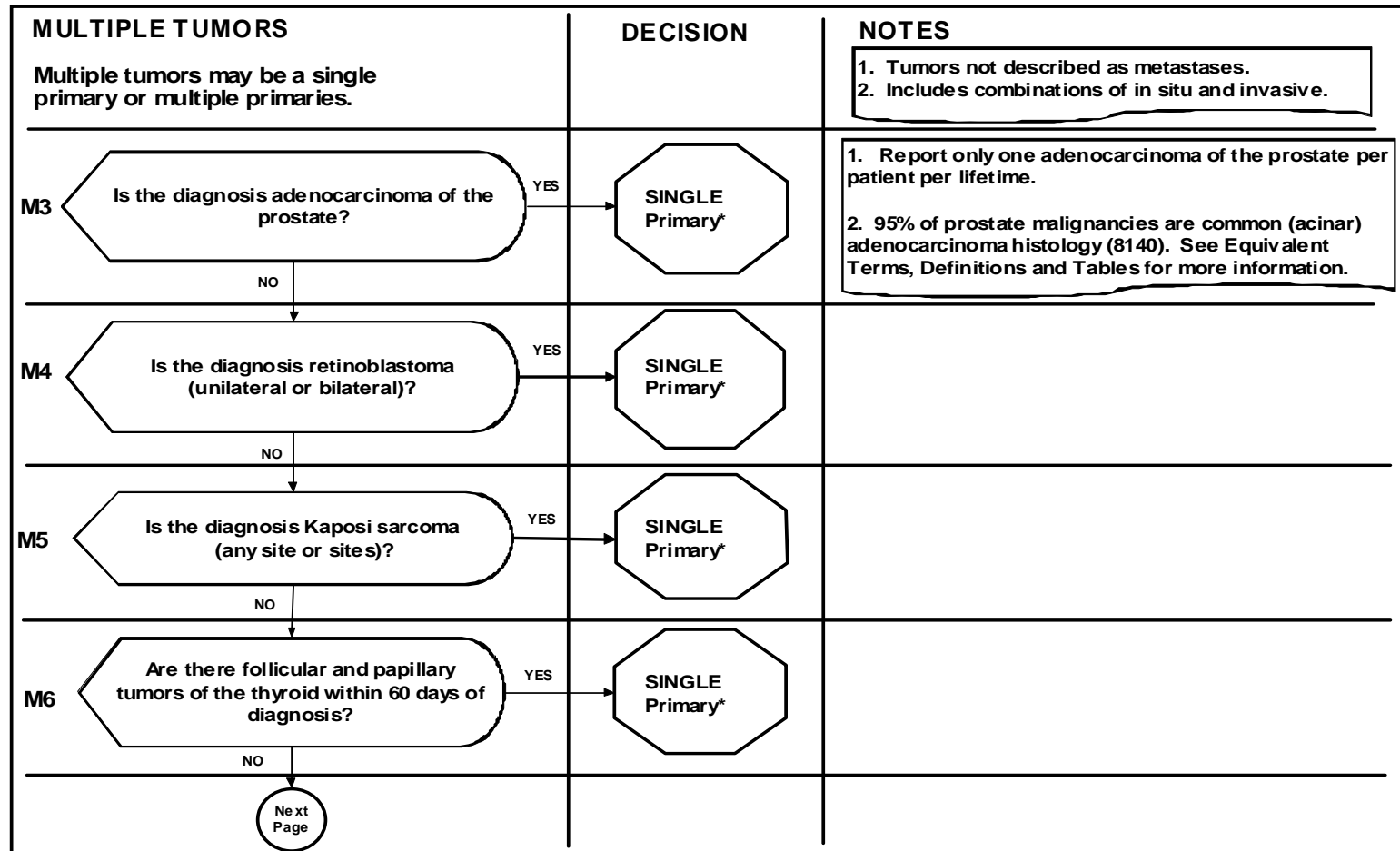
#### Other Sites Multiple Primary Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



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\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



Multiple Primary and Histology Coding Rules 2007: Other Sites

Multiple Primary Rules – Flowchart

Other Sites Multiple Primary Rules - Flowchart



(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

MULTIPLE TUMORS, continued	DECISION	NOTES
<p><b>M7</b> Are there bilateral epithelial tumors (8000-8799) of the ovary within 60 days of diagnosis?</p> <p>NO</p>	<p>YES → SINGLE Primary*</p>	<p>1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.</p>
<p><b>M8</b> Are there tumors in both the left and right sides of a paired site (Table 1)?</p> <p>NO</p>	<p>YES → MULTIPLE Primaries**</p>	<p>Table 1 - Paired Organs and Sites with Laterality</p>
<p><b>M9</b> Is the diagnosis adenocarcinoma in adenomatous polyposis coli (familial polyposis) with one or more in situ or malignant polyps?</p> <p>NO</p>	<p>YES → SINGLE Primary*</p>	<p>Tumors may be present in a single or multiple segments of the colon, rectosigmoid, rectum.</p>
<p><b>M10</b> Are there tumors diagnosed more than one (1) year apart?</p> <p>NO</p>	<p>YES → MULTIPLE Primaries**</p>	
<p>Next Page</p>		

# SEER Program Coding and Staging Manual

## Multiple Primary and Histology Coding Rules 2007: Other Sites

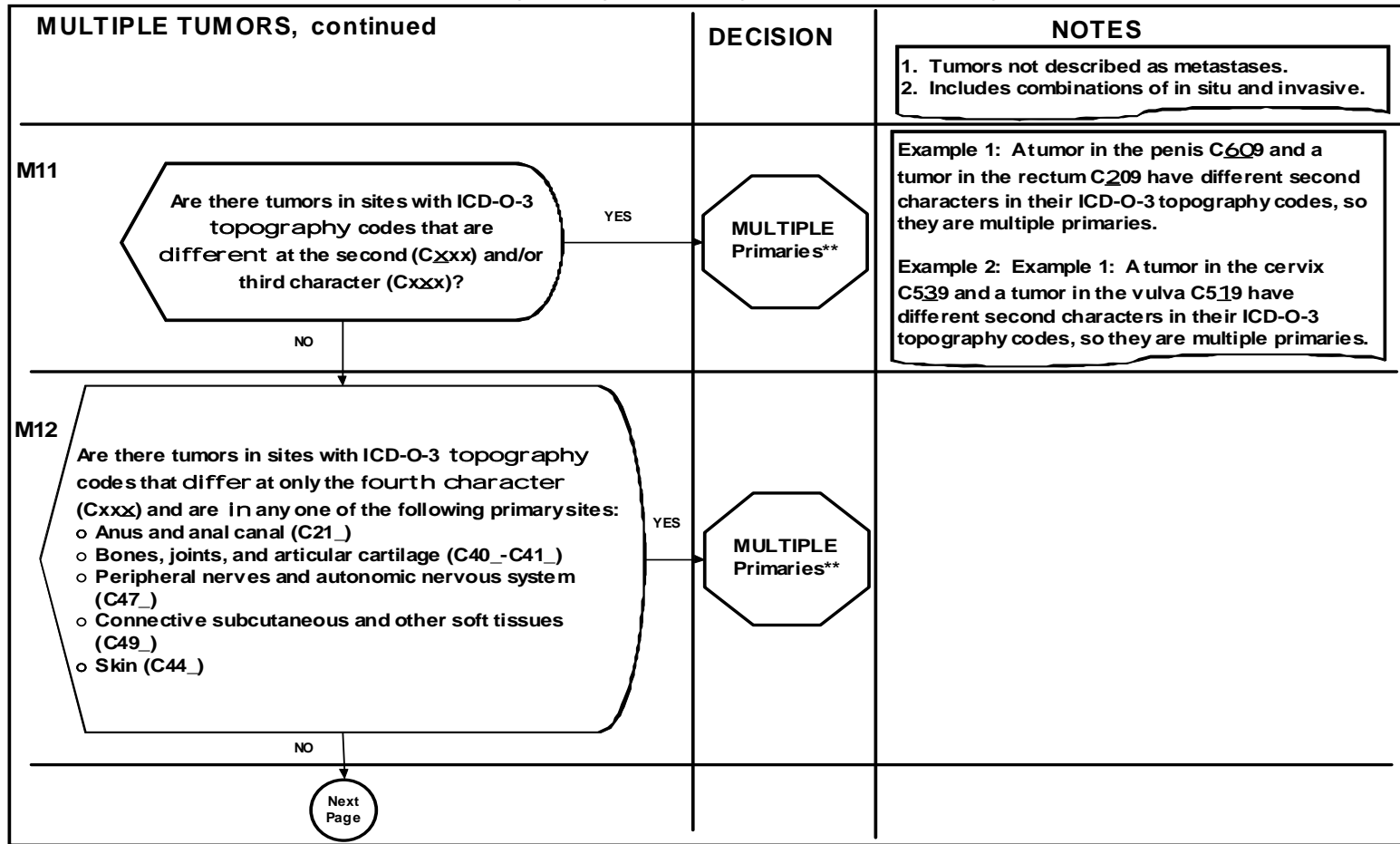
### Multiple Primary Rules – Flowchart

#### Other Sites Multiple Primary Rules - Flow chart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

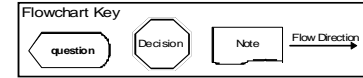


**Multiple Primary and Histology Coding Rules 2007: Other Sites**

**Multiple Primary Rules – Flowchart**

**Other Sites Multiple Primary Rules - Flowchart**

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

MULTIPLE TUMORS, continued	DECISION	NOTES
<p><b>M13</b></p>	<p>YES → <b>SINGLE Primary*</b></p>	<p>1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.</p>
<p><b>M14</b></p>	<p>YES → <b>SINGLE Primary*</b></p>	<p>Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.</p>
<p><b>M15</b></p>	<p>YES → <b>MULTIPLE Primary**</b></p>	<p>1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. 2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.</p>
<p align="center">NO → <b>Next Page</b></p>		

Multiple Primary and Histology Coding Rules 2007: Other Sites

Multiple Primary Rules – Flowchart

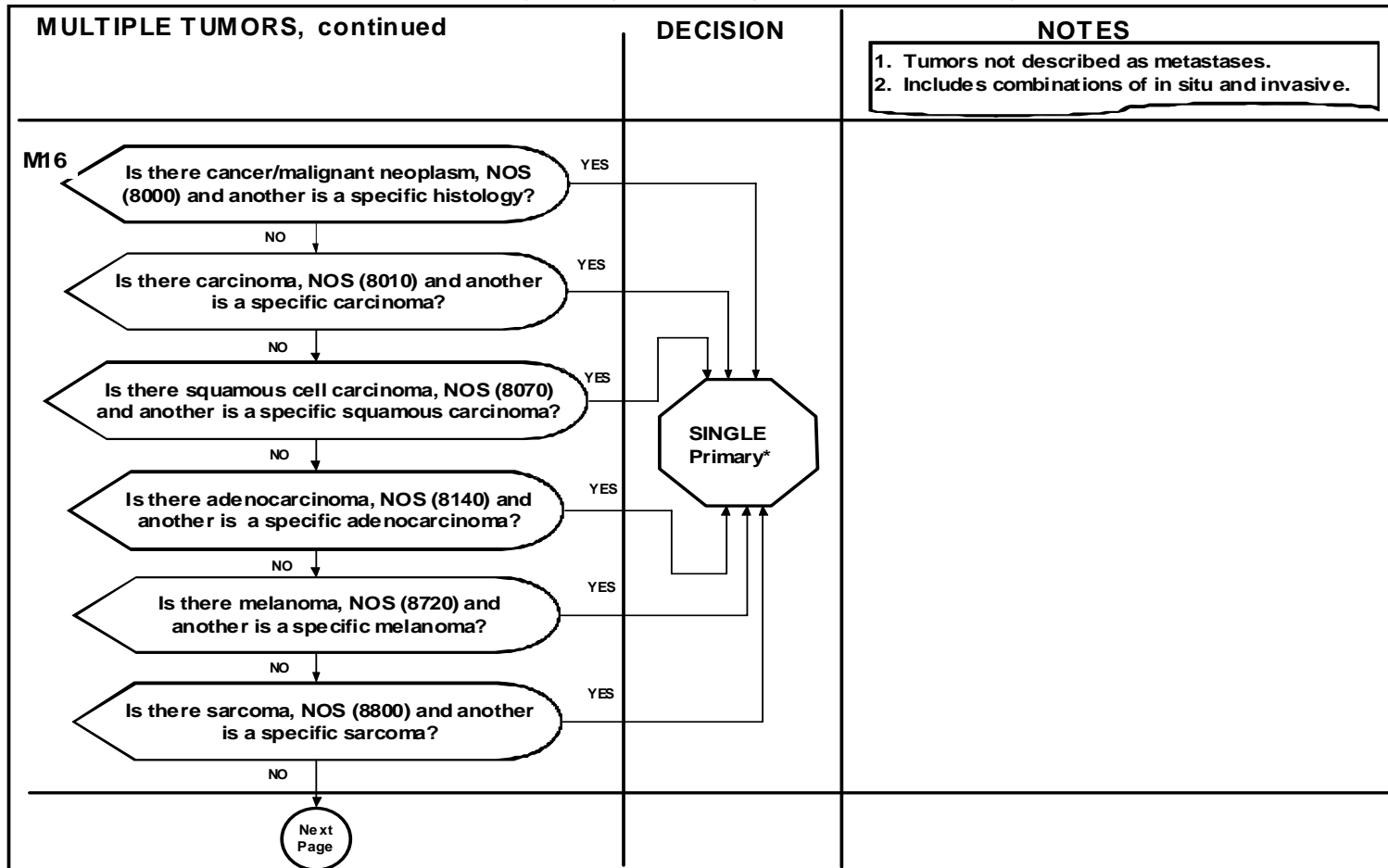
Other Sites Multiple Primary Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

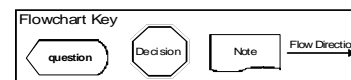


## Multiple Primary and Histology Coding Rules 2007: Other Sites

### Multiple Primary Rules – Flowchart

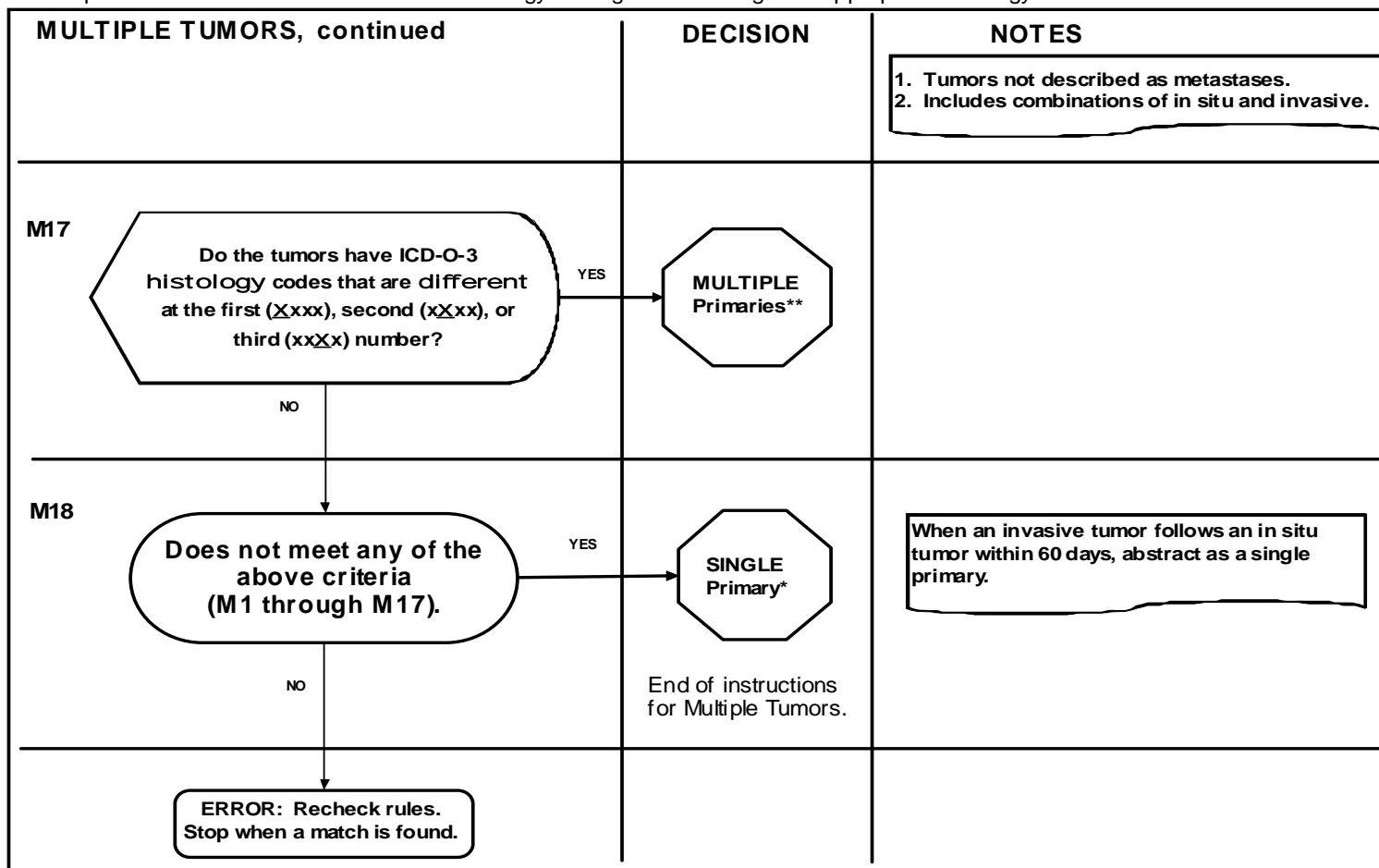
#### Other Sites Multiple Primary Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



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**SEER Program Coding and Staging Manual**

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Multiple Primary and Histology Coding Rules 2007: Other Sites

Histology Coding Rules – Flowchart

Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



**SINGLE TUMOR: IN SITU ONLY**

Rule	Action	Notes and Examples
<p><b>H1</b></p>		<p>1. Priority for using documents to code the histology</p> <ul style="list-style-type: none"> <li>o Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>o Physician's reference to type of cancer (histology) in the medical record</li> </ul> <p>2. Code the specific histology when documented.</p> <p>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.</p>
<p><b>H2</b></p>		<p>1. Do not code terms that do not appear in the histology diagnosis.</p> <p><i>Example:</i> Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.</p>

# SEER Program Coding and Staging Manual

## Multiple Primary and Histology Coding Rules 2007: Other Sites

### Histology Coding Rules – Flowchart

#### Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



#### SINGLE TUMOR: IN SITU ONLY

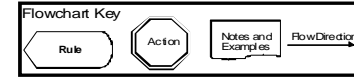
Rule	Action	Notes and Examples
<p><b>H3</b></p> <p>Is the final diagnosis adenocarcinoma in a polyp?</p> <p>NO</p> <p>Is the final diagnosis adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report?</p> <p>NO</p> <p>Is the final diagnosis adenocarcinoma and there is reference to a residual or pre-existing polyp?</p> <p>NO</p> <p>Is the final diagnosis mucinous/colloid or signet ring cell adenocarcinoma found in a polyp?</p> <p>NO</p> <p>Is there documentation that the patient had a polypectomy?</p> <p>NO</p>	<p>Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma).</p>	<p>It is important to know that the adenocarcinoma originated in the polyp.</p>
<p>Next Page</p>		

Multiple Primary and Histology Coding Rules 2007: Other Sites

Histology Coding Rules – Flowchart

Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



SINGLE TUMOR: IN SITU ONLY

Rule	Action	Notes and Examples
<p><b>H4</b></p> <p>Is there carcinoma, NOS (8010) and a specific in situ carcinoma?</p> <p>NO</p> <p>Is there squamous cell carcinoma in situ, NOS (8070) and a specific in situ squamous cell carcinoma?</p> <p>NO</p> <p>Is there adenocarcinoma in situ, NOS (8140) and a specific in situ adenocarcinoma?</p> <p>NO</p> <p>Is there melanoma in situ, NOS (8720) and a specific in situ melanoma?</p> <p>NO</p>	<p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>Code the most specific histologic term.</p>	<p>The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.</p>
<p>Next Page</p>		

SEER Program Coding and Staging Manual

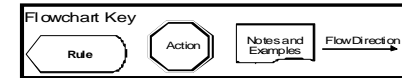
Multiple Primary and Histology Coding Rules 2007: Other Sites

Histology Coding Rules – Flowchart

Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

**SINGLE TUMOR: IN SITU ONLY**



Rule	Action	Notes and Examples
<p><b>H5</b></p> <p>Does the tumor have multiple specific histologies or is there a non-specific histology with multiple specific histologies?</p> <p>YES</p> <p>NO</p>	<p>Code the appropriate combination/mixed code (Table 2)</p>	<p>The specific histology may be identified as type, subtype, predominantly, with features of, major, or with differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.</p>
<p><b>H6</b></p>	<p>Code the numerically higher ICD-O-3 code.</p>	

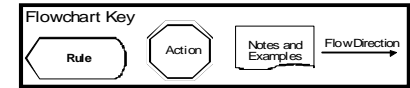
This is the end of instructions for Single Tumor: In Situ Carcinoma Only. Code the histology according to the rule that fits the case.

**Multiple Primary and Histology Coding Rules 2007: Other Sites**

**Histology Coding Rules – Flowchart**

**Other Sites Histology Coding Rules - Flowchart**

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



**SINGLE TUMOR: INVASIVE AND IN SITU**

Rule	Action	Notes and Examples
<p><b>H7</b></p>		

This is the end of instructions for Single Tumor: Invasive and In Situ Carcinoma.  
Code the histology according to the rule that fits the case.

SEER Program Coding and Staging Manual

Multiple Primary and Histology Coding Rules 2007: Other Sites

Histology Coding Rules – Flowchart

Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



SINGLE TUMOR: INVASIVE ONLY

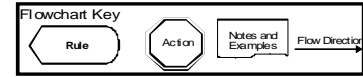
Rule	Action	Notes and Examples
<p><b>H8</b></p>		<ol style="list-style-type: none"> <li>Priority for using documents to code the histology <ul style="list-style-type: none"> <li>Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>Physician's reference to type of cancer (histology) in the medical record</li> <li>CT, PET or MRI scans</li> </ul> </li> <li>Code the specific histology when documented.</li> <li>Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.</li> </ol>
<p><b>H9</b></p>		<p>Code the behavior /3.</p>
<p><b>H10</b></p>		
<p><b>H11</b></p>		<ol style="list-style-type: none"> <li>Do not code terms that do not appear in the histology description. Example: Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.</li> </ol>

Multiple Primary and Histology Coding Rules 2007: Other Sites

Histology Coding Rules – Flowchart

Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



SINGLE TUMOR: INVASIVE ONLY

Rule	Action	Notes and Examples
<p><b>H12</b></p> <p>Is the final diagnosis adenocarcinoma in a polyp?</p> <p>NO</p> <p>Is the final diagnosis adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report?</p> <p>NO</p> <p>Is the final diagnosis adenocarcinoma and there is reference to a residual or pre-existing polyp?</p> <p>NO</p> <p>Is the final diagnosis mucinous/colloid or signet ring cell adenocarcinoma found in a polyp?</p> <p>NO</p> <p>Is there documentation that the patient had a polypectomy?</p> <p>NO</p>	<p>Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma).</p>	<p>It is important to know that the adenocarcinoma originated in the polyp.</p>
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# SEER Program Coding and Staging Manual

## Multiple Primary and Histology Coding Rules 2007: Other Sites

### Histology Coding Rules – Flowchart

#### Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



#### SINGLE TUMOR: INVASIVE ONLY

Rule	Action	Notes and Examples
<p><b>H13</b></p> <p>Is there cancer/malignant neoplasm, NOS (8000) and a more specific histology?</p> <p>NO</p> <p>Is there carcinoma, NOS (8010) and a more specific carcinoma?</p> <p>NO</p> <p>Is there squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma?</p> <p>NO</p> <p>Is there adenocarcinoma, NOS (8140) and a more specific adenocarcinoma?</p> <p>NO</p> <p>Is there melanoma, NOS (8720) and a more specific melanoma?</p> <p>NO</p> <p>Is there sarcoma, NOS (8800) and a more specific sarcoma?</p> <p>NO</p> <p>Next Page</p>	<p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>Code the most specific histologic term.</p>	<p>The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation. The terms architecture and pattern are subtypes only for in situ cancer.</p> <p><i>Example 1:</i> Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma 8480.</p> <p><i>Example 2:</i> Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma 8052.</p>



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SINGLE TUMOR: INVASIVE ONLY

Rule	Action	Notes and Examples
<p>H14</p>		
<p>H15</p>		

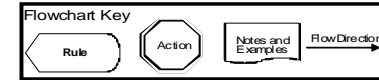
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Multiple Primary and Histology Coding Rules 2007: Other Sites

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Other Sites Histology Coding Rules -Flow chart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



SINGLE TUMOR: INVASIVE ONLY

Rule	Action	Notes and Examples
<p><b>H16</b></p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>Does the tumor have multiple specific histologies or is there a non-specific histology with multiple specific histologies?</p> </div> <p style="text-align: right;">YES</p> <p style="text-align: center;">NO</p>	<div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>Code the appropriate combination/mixed code (Table 2)</p> </div>	<div style="border: 1px solid black; padding: 10px;"> <p>The specific histologies may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation.</p> <p><i>Example 1 (multiple specific histologies):</i> Mucinous and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes)</p> <p><i>Example 2 (multiple specific histologies):</i> Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma).</p> <p><i>Example 3 (non-specific with multiple specific histologies):</i> Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes).</p> </div>
<p><b>H17</b></p>	<div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>Code the numerically higher ICD-O-3 code.</p> </div>	

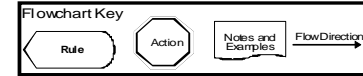
This is the end of instructions for Single Tumor: Invasive Carcinoma Only.  
Code the histology according to the rule that fits the case.

Multiple Primary and Histology Coding Rules 2007: Other Sites

Histology Coding Rules – Flowchart

Other Sites Histology Coding Rules -Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p><b>H18</b></p> <p>Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?</p> <p>YES →</p> <p>NO ↓</p>	<p>Code the histology documented by the physician</p>	<p>1. Priority for using documents to code the histology</p> <ul style="list-style-type: none"> <li>o Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>o Physicians reference to type of cancer (histology) in the medical record</li> <li>o CT, PET or MRI scans</li> </ul> <p>2. Code the specific histology when documented.</p> <p>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.</p>
<p><b>H19</b></p> <p>Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site?)</p> <p>YES →</p> <p>NO ↓</p>	<p>Code the histology from a metastatic site.</p>	<p>Code the behavior /3.</p>
<p><b>H20</b></p> <p>Is the diagnosis acinar (adeno)carcinoma for prostate primaries?</p> <p>YES →</p> <p>NO ↓</p>	<p>Code 8140 (adeno-carcinoma, NOS)</p>	
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Other Sites Histology Coding Rules - Flow chart

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MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

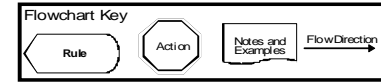
Rule	Action	Notes and Examples
<p>H21</p> <p>Is the diagnosis in situ squamous intraepithelial neoplasia grade III of the vulva (VIN III) vagina (VAIN III), or anus (AIN III)?</p>	<p>Code 8077/2 (squamous intraepithelial neoplasia, grade III).</p>	<p>1. VIN, VAIN, and AIN are squamous cell carcinomas. Code 8077 cannot be used for glandular intraepithelial neoplasia such as prostatic intraepithelial neoplasia (PIN) or pancreatic intraepithelial neoplasia (PAIN).</p> <p>2. This code may be used for reportable by agreement cases.</p>
<p>H22</p> <p>Is the diagnosis in situ glandular intraepithelial neoplasia grade III of the pancreas (PAIN III)?</p>	<p>Code 8148/2 (Glandular intraepithelial neoplasia grade III)</p>	<p>1. This code may be used for reportable by agreement cases such as intraepithelial neoplasia of the prostate (PIN III).</p>
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Multiple Primary and Histology Coding Rules 2007: Other Sites


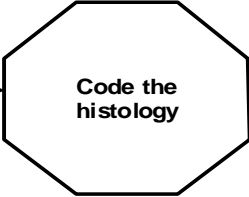
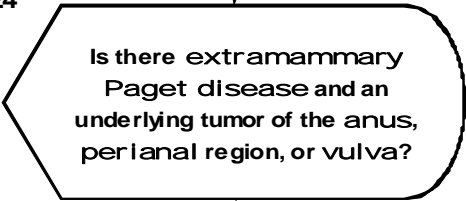
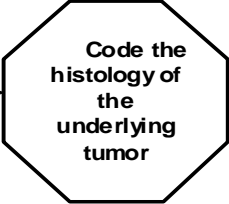

Histology Coding Rules – Flowchart

Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p><b>H23</b></p>  <p>YES</p> <p>NO</p>		<p>Do not code terms that do not appear in the histology description.</p> <p><i>Example:</i> Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.</p>
<p><b>H24</b></p>  <p>YES</p> <p>NO</p>		
		

SEER Program Coding and Staging Manual

Multiple Primary and Histology Coding Rules 2007: Other Sites

Histology Coding Rules – Flowchart

Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p><b>H25</b></p> <p>Is the final diagnosis adenocarcinoma in a polyp?</p> <p>NO</p> <p>Is the final diagnosis adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report?</p> <p>NO</p> <p>Is the final diagnosis adenocarcinoma and there is reference to a residual or pre-existing polyp?</p> <p>NO</p> <p>Is the final diagnosis mucinous/colloid or signet ring cell adenocarcinoma found in a polyp?</p> <p>NO</p> <p>Is there documentation that the patient had a polypectomy?</p> <p>NO</p>	<p>Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma).</p>	<p>It is important to know that the adenocarcinoma originated in the polyp.</p>
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Multiple Primary and Histology Coding Rules 2007: Other Sites

Histology Coding Rules – Flowchart

Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p><b>H26</b></p> <p>Are the tumors in the thyroid papillary carcinomas?</p> <p>YES →</p> <p>NO ↓</p>	<p>Code papillary adenocarcinoma, NOS (8260)</p>	
<p><b>H27</b></p> <p>Do the tumors in the thyroid have follicular and papillary carcinoma?</p> <p>YES →</p> <p>NO ↓</p>	<p>Code papillary carcinoma, follicular variant (8340)</p>	
<p><b>H28</b></p> <p>Does the tumor have invasive and in situ components?</p> <p>YES →</p> <p>NO ↓</p>	<p>Code the single invasive histology. Ignore the in situ terms.</p>	<p>This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.</p>
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# SEER Program Coding and Staging Manual

## Multiple Primary and Histology Coding Rules 2007: Other Sites

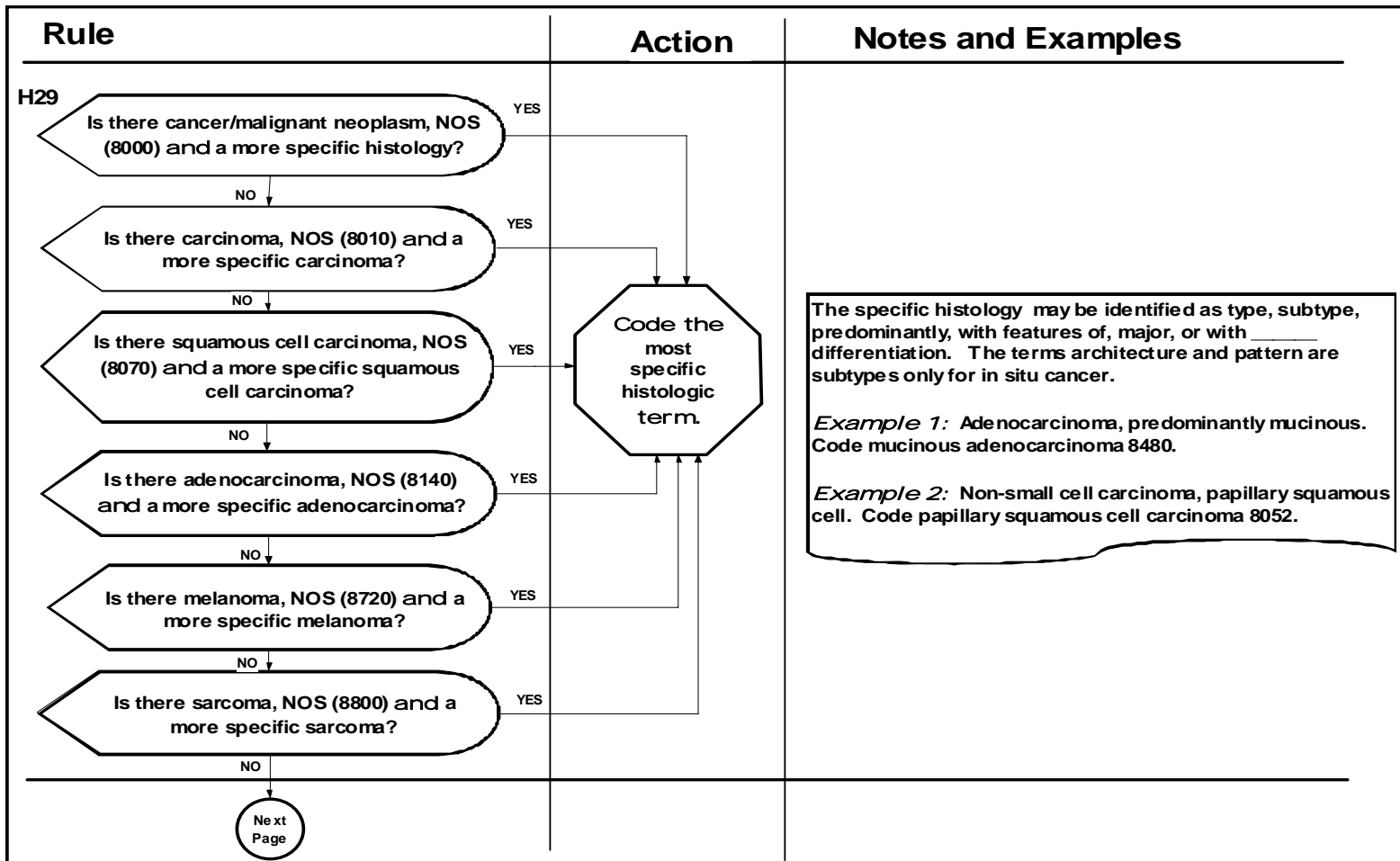
### Histology Coding Rules – Flowchart

#### Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



#### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY





Multiple Primary and Histology Coding Rules 2007: Other Sites

Histology Coding Rules – Flowchart

Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p><b>H30</b></p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p>Does the tumor have multiple specific histologies or is there a non-specific histology with multiple specific histologies?</p> </div> <p style="text-align: center;">NO</p>	<p style="text-align: center;">YES →</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p>Code the appropriate combination/mixed code (Table 2)</p> </div>	<p>The specific histologies may be identified as a type, subtype, predominantly, with features of, major, or with differentiation.</p> <p><i>Example 1 (multiple specific histologies):</i> Gyn malignancy with mucinous, serous and papillary adenocarcinoma. Code 8323 (mixed cell adenocarcinoma)</p> <p><i>Example 2 (multiple specific histologies):</i> Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma)</p> <p><i>Example 3 (non-specific with multiple specific histologies):</i> Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)</p>
<p><b>H31</b></p>	<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p>Code the histology with the numerically higher ICD-O-3 code.</p> </div>	

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary. Code the histology according to the rule that fits the case.

# SEER Program Coding and Staging Manual

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## Multiple Primary and Histology Coding Rules 2007: Other Sites

### Multiple Primary Rules – Matrix

**Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

- \* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.  
 \*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
<b>UNKNOWN IF SINGLE OR MULTIPLE TUMORS</b>					Tumor(s) not described as metastasis	
<b>M1</b>					Use this rule only after all information sources have been exhausted.	Single*
<b>SINGLE TUMOR</b>					<i>1:</i> Tumor not described as metastasis <i>2:</i> Includes combinations of in situ and invasive	
<b>M2</b>	Single				The tumor may overlap onto or extend into adjacent/contiguous site or subsite.	Single*
<b>MULTIPLE TUMORS</b> Multiple tumors may be a single primary or multiple primaries					<i>1:</i> Tumors not described as metastases <i>2:</i> Includes combinations of in situ and invasive	
<b>M3</b>	Prostate	Adenocarcinoma			<i>1:</i> Report only one adenocarcinoma of the prostate per patient per lifetime. <i>2:</i> 95% of prostate malignancies are the common (acinar) adenocarcinoma histology (8140). See Equivalent Terms, Definitions and Tables for more information	Single*
<b>M4</b>	Unilateral or bilateral	Retinoblastoma				Single*
<b>M5</b>	Any site or sites	Kaposi sarcoma				Single*
<b>M6</b>	Thyroid	Follicular and papillary	Within 60 days of diagnosis			Single*

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Multiple Primary and Histology Coding Rules 2007: Other Sites

Multiple Primary Rules – Matrix

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M7	Bilateral ovary	Epithelial tumors (8000-8799)	Within 60 days of diagnosis			Single*
M8	Both sides of a paired site (Table 1)				Table 1 – Paired Organs and Sites with Laterality	Multiple**
M9		Adenocarcinoma in adenomatous polyposis coli (familial polyposis) with one or more in situ or malignant polyps			Tumors may be present in a single or multiple segments of the colon, rectosigmoid, rectum.	Single*
M10			Diagnosed more than one (1) year apart			Multiple**
M11	Topography codes that are different at the second (Cxxx) and/or third (Cxxx) character				<p><b>Example 1:</b> A tumor in the penis C609 and a tumor in the rectum C209 have different second characters in their ICD-O-3 topography codes, so they are multiple primaries.</p> <p><b>Example 2:</b> A tumor in the cervix C539 and a tumor in the vulva C519 have different third characters in their ICD-O-3 topography codes, so they are multiple primaries</p>	Multiple**

**Multiple Primary and Histology Coding Rules 2007: Other Sites**

**Multiple Primary Rules – Matrix**

**Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

<b>Rule</b>	<b>Site</b>	<b>Histology</b>	<b>Timing</b>	<b>Behavior</b>	<b>Notes/Examples</b>	<b>Primary</b>
<b>M12</b>	Topography codes that differ only at the fourth (Cxx <b>x</b> ) character in any one of the following primary sites: <ul style="list-style-type: none"> <li>• Anus and anal canal (C21_)</li> <li>• Bones, joints and articular cartilage (C40_-C41_)</li> <li>• Peripheral nerves and autonomic nervous system (C47_)</li> <li>• Connective tissue and other soft tissues (C49_)</li> <li>• Skin (C44_)</li> </ul>					Multiple**
<b>M13</b>		Frank in situ or malignant adenocarcinoma and an in situ or malignant tumor in a polyp				Single*
<b>M14</b>		Multiple in situ and/or malignant polyps			<i>Note:</i> Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.	Single*
<b>M15</b>			More than 60 days after diagnosis	An invasive tumor following an in situ tumor	<i>1:</i> The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. <i>2:</i> Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.	Multiple**

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**Multiple Primary Rules – Matrix**

**Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

<b>Rule</b>	<b>Site</b>	<b>Histology</b>	<b>Timing</b>	<b>Behavior</b>	<b>Notes/Examples</b>	<b>Primary</b>
<b>M16</b>		<ul style="list-style-type: none"> <li>• Cancer/malignant neoplasm, NOS (8000) <b>and</b> another is a specific histology; or</li> <li>• Carcinoma, NOS (8010) <b>and</b> another is a specific carcinoma; or</li> <li>• Squamous cell carcinoma, NOS (8070) <b>and</b> another is a specific squamous cell carcinoma; or</li> <li>• Adenocarcinoma, NOS (8140) <b>and</b> another is a specific adenocarcinoma; or</li> <li>• Melanoma, NOS (8720) <b>and</b> another is a specific melanoma; or</li> <li>• Sarcoma, NOS (8800) <b>and</b> another is a specific sarcoma</li> </ul>				Single*
<b>M17</b>		Histology codes are different at the first ( <u>x</u> xxx), second (x <u>x</u> xx), or third (xx <u>x</u> ) number				Multiple**
<b>M18</b>	Does not meet any of the above criteria				When an invasive lesion follows an in situ within 60 days, abstract as a single primary.	Single*

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**Histology Coding Rules – Matrix**

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
<b>SINGLE TUMOR: IN SITU ONLY</b> (Single Tumor; all parts are in situ)						
<b>H1</b>	The pathology/cytology report is not available				<p><b>1:</b> Priority for using documents to code the histology</p> <ul style="list-style-type: none"> <li>Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>Physician’s reference to type of cancer (histology) in the medical record</li> </ul> <p><b>2:</b> Code the specific histology when documented.</p> <p><b>3:</b> Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented</p>	The histology documented by the physician
<b>H2</b>			One type		<p>Do not code terms that do not appear in the histology description.</p> <p><b>Example:</b> Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.</p>	The histology

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Histology Coding Rules – Matrix

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Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H3			<p>The final diagnosis is</p> <ul style="list-style-type: none"> <li>• Adenocarcinoma in a polyp or</li> <li>• Adenocarcinoma <b>and</b> a residual polyp or polyp architecture is recorded in other parts of the pathology report.</li> <li>• Adenocarcinoma <b>and</b> there is reference to a residual or pre-existing polyp or</li> <li>• Mucinous/colloid or signet ring cell adenocarcinoma in a polyp or</li> </ul> <p>There is documentation that the patient had a polypectomy</p>		It is important to know that the adenocarcinoma originated in a polyp	<p>8210 (adenocarcinoma in adenomatous polyp) or 8261 (adenocarcinoma in villous adenoma) or 8263 (adenocarcinoma in tubulovillous adenoma)</p>



**Multiple Primary and Histology Coding Rules 2007: Other Sites**

**Histology Coding Rules – Matrix**

**Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

<b>Rule</b>	<b>Pathology/Cytology Specimen</b>	<b>Primary Site</b>	<b>Histology</b>	<b>Behavior</b>	<b>Notes and Examples</b>	<b>Code</b>
<b>H4</b>			<ul style="list-style-type: none"> <li>• Carcinoma in situ, NOS (8010) <b>and</b> a specific in situ carcinoma or</li> <li>• Squamous cell carcinoma in situ, NOS (8070) <b>and</b> a specific in situ squamous cell carcinoma or</li> <li>• Adenocarcinoma in situ, NOS (8140) <b>and</b> a specific in situ adenocarcinoma or</li> <li>• Melanoma in situ, NOS (8720) <b>and</b> a specific in situ melanoma</li> </ul>		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.	The most specific histologic term
<b>H5</b>			<ul style="list-style-type: none"> <li>• Multiple specific histologies or</li> <li>• A non-specific histology with multiple specific histologies</li> </ul>		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.	The appropriate combination/mixed code (Table 2)
<b>H6</b>	None of the above conditions are met					The numerically higher ICD-O-3 code

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**Histology Coding Rules – Matrix**

**Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

<b>Rule</b>	<b>Pathology/Cytology Specimen</b>	<b>Primary Site</b>	<b>Histology</b>	<b>Behavior</b>	<b>Notes and Examples</b>	<b>Code</b>
<b>SINGLE TUMOR: INVASIVE AND IN SITU</b> (Single Tumor; in situ and invasive components)						
<b>H7</b>				Invasive and in situ	This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.	The single invasive histology. Ignore the in situ terms.
<b>SINGLE TUMOR: INVASIVE ONLY</b> (Single Tumor; all parts are invasive)						
<b>H8</b>	No pathology/cytology specimen or the pathology/cytology report is not available				<b>1:</b> Priority for using documents to code the histology <ul style="list-style-type: none"> <li>• Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>• Physician’s reference to type of cancer (histology) in the medical record</li> <li>• CT, PET or MRI scans</li> </ul> <b>2:</b> Code the specific histology when documented <b>3:</b> Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician

**Multiple Primary and Histology Coding Rules 2007: Other Sites**

**Histology Coding Rules – Matrix**

**Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

<b>Rule</b>	<b>Pathology/Cytology Specimen</b>	<b>Primary Site</b>	<b>Histology</b>	<b>Behavior</b>	<b>Notes and Examples</b>	<b>Code</b>
<b>H9</b>	None from primary site				Code the behavior /3	The histology from a metastatic site
<b>H10</b>		Prostate	Acinar (adeno)carcinoma			8140 (adenocarcinoma NOS)
<b>H11</b>			One type		Do not code terms that do not appear in the histology description. <i>Example:</i> Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.	The histology
<b>H12</b>			Final diagnosis is: <ul style="list-style-type: none"> <li>• Adenocarcinoma in a polyp or</li> <li>• Adenocarcinoma <b>and</b> a residual polyp or polyp architecture is recorded in other parts of the pathology report or</li> <li>• Adenocarcinoma <b>and</b> there is reference to a residual or pre-existing polyp or</li> <li>• Mucinous/colloid or signet ring cell adenocarcinoma in a polyp or</li> </ul> There is documentation that the patient had a polypectomy		It is important to know that the adenocarcinoma originated in a polyp	8210 (adenocarcinoma in adenomatous polyp) or 8261 (adenocarcinoma in villous adenoma) or 8263 (adenocarcinoma in tubulovillous adenoma)

**SEER Program Coding and Staging Manual**

**Multiple Primary and Histology Coding Rules 2007: Other Sites**

**Histology Coding Rules – Matrix**

**Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

<b>Rule</b>	<b>Pathology/Cytology Specimen</b>	<b>Primary Site</b>	<b>Histology</b>	<b>Behavior</b>	<b>Notes and Examples</b>	<b>Code</b>
<b>H13</b>			<ul style="list-style-type: none"> <li>• Cancer/malignant neoplasm, NOS (8000) <b>and</b> a more specific histology or</li> <li>• Carcinoma, NOS (8010) <b>and</b> a more specific carcinoma or</li> <li>• Squamous cell carcinoma, NOS (8070) <b>and</b> a more specific squamous cell carcinoma or</li> <li>• Adenocarcinoma, NOS (8140) <b>and</b> a more specific adenocarcinoma or</li> <li>• Melanoma, NOS (8720) <b>and</b> a more specific melanoma or</li> <li>• Sarcoma, NOS (8800) <b>and</b> a more specific sarcoma</li> </ul>		<p>The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation. The terms architecture and pattern are subtypes only for in situ cancer.</p> <p><b>Example 1:</b> Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma (8480).</p> <p><b>Example 2:</b> Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma (8052).</p>	The most specific histologic term
<b>H14</b>		Thyroid	Papillary carcinoma			8260 (papillary adenocarcinoma , NOS)
<b>H15</b>		Thyroid	Follicular and papillary carcinoma			8340 (Papillary carcinoma, follicular variant)

**Multiple Primary and Histology Coding Rules 2007: Other Sites**

**Histology Coding Rules – Matrix**

**Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

<b>Rule</b>	<b>Pathology/Cytology Specimen</b>	<b>Primary Site</b>	<b>Histology</b>	<b>Behavior</b>	<b>Notes and Examples</b>	<b>Code</b>
<b>H16</b>			<ul style="list-style-type: none"> <li>• Multiple specific histologies or</li> <li>• A non-specific histology with multiple specific histologies</li> </ul>		<p>The specific histology may be identified as type, subtype, predominantly, with features of, major or with _____ differentiation.</p> <p><i>Example 1 (multiple specific histologies):</i> Mucinous and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes).</p> <p><i>Example 2 (multiple specific histologies):</i> Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma)</p> <p><i>Example 3 (non-specific with multiple specific histologies):</i> Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)</p>	The most specific histologic term
<b>H17</b>	None of the above conditions are met					The numerically higher ICD-O-3 code

**SEER Program Coding and Staging Manual**

**Multiple Primary and Histology Coding Rules 2007: Other Sites**

**Histology Coding Rules – Matrix**

**Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

<b>Rule</b>	<b>Pathology/Cytology Specimen</b>	<b>Primary Site</b>	<b>Histology</b>	<b>Behavior</b>	<b>Notes and Examples</b>	<b>Code</b>
<b>MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY</b>						
<b>H18</b>	No pathology/cytology specimen or the pathology/cytology report is not available				<b>1:</b> Priority for using documents to code the histology <ul style="list-style-type: none"> <li>• Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>• Physician’s reference to type of cancer (histology) in the medical record</li> <li>• CT, PET or MRI scans</li> </ul> <b>2:</b> Code the specific histology when documented <b>3:</b> Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
<b>H19</b>	None from primary site				Code the behavior /3	The histology from a metastatic site
<b>H20</b>		Prostate	Acinar (adeno)carcinoma			8140 (adenocarcinoma NOS)
<b>H21</b>		Sites such as: Vulva Vagina Anus	Squamous intraepithelial neoplasia grade III such as: <ul style="list-style-type: none"> <li>• vulva (VIN III)</li> <li>• vagina (VAIN III)</li> <li>• anus (AIN III).</li> </ul>	In situ	<b>1:</b> VIN, VAIN, and AIN are squamous cell carcinomas. Code 8077 cannot be used for glandular intraepithelial neoplasia such as prostatic intraepithelial neoplasia (PIN) or pancreatic intraepithelial neoplasia (PAIN). <b>2:</b> This code may be used for reportable-by-agreement cases	8077/2 (Squamous intraepithelial neoplasia, grade III)

**Multiple Primary and Histology Coding Rules 2007: Other Sites**

**Histology Coding Rules – Matrix**

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

<b>Rule</b>	<b>Pathology/Cytology Specimen</b>	<b>Primary Site</b>	<b>Histology</b>	<b>Behavior</b>	<b>Notes and Examples</b>	<b>Code</b>
<b>H22</b>		Sites such as: Pancreas	Glandular intraepithelial neoplasia grade III such as: <ul style="list-style-type: none"> <li>pancreas (PAIN III)</li> </ul>	In situ	This code may be used for reportable-by-agreement cases such as intraepithelial neoplasia of the <b>prostate</b> (PIN III)	8148/2 (Glandular intraepithelial neoplasia grade III)
<b>H23</b>			One type		Do not code terms that do not appear in the histology description. <i>Example:</i> Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.	The histology
<b>H24</b>		Anus Perianal region Vulva	Extramammary Paget disease <b>and</b> an underlying tumor			The histology of the underlying tumor

**SEER Program Coding and Staging Manual**

**Multiple Primary and Histology Coding Rules 2007: Other Sites**

**Histology Coding Rules – Matrix**

**Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

<b>Rule</b>	<b>Pathology/Cytology Specimen</b>	<b>Primary Site</b>	<b>Histology</b>	<b>Behavior</b>	<b>Notes and Examples</b>	<b>Code</b>
<b>H25</b>			Final diagnosis is: • Adenocarcinoma in a polyp or • Adenocarcinoma <b>and</b> a residual polyp or polyp architecture is recorded in other parts of the pathology report or • Adenocarcinoma <b>and</b> there is reference to a residual or pre-existing polyp or • Mucinous/colloid or signet ring cell adenocarcinoma in a polyp or There is documentation that the patient had a polypectomy		It is important to know that the adenocarcinoma originated in a polyp	8210 (adenocarcinoma in adenomatous polyp) or 8261 (adenocarcinoma in villous adenoma) or 8263 (adenocarcinoma in tubulovillous adenoma)
<b>H26</b>		Thyroid	Papillary carcinoma			8260 (papillary adenocarcinoma, NOS)
<b>H27</b>		Thyroid	Follicular and papillary carcinoma			8340 (Papillary carcinoma, follicular variant)



**Multiple Primary and Histology Coding Rules 2007: Other Sites**

**Histology Coding Rules – Matrix**

**Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

<b>Rule</b>	<b>Pathology/Cytology Specimen</b>	<b>Primary Site</b>	<b>Histology</b>	<b>Behavior</b>	<b>Notes and Examples</b>	<b>Code</b>
<b>H28</b>				Invasive and in situ	This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.	The single invasive histology. Ignore the in situ terms
<b>H29</b>			<ul style="list-style-type: none"> <li>• Cancer/malignant neoplasm, NOS (8000) <b>and</b> a more specific histology or</li> <li>• Carcinoma, NOS (8010) <b>and</b> a more specific carcinoma or</li> <li>• Squamous cell carcinoma, NOS (8070) <b>and</b> a more specific squamous cell carcinoma or</li> <li>• Adenocarcinoma, NOS (8140) <b>and</b> a more specific adenocarcinoma or</li> <li>• Melanoma, NOS (8720) <b>and</b> a more specific melanoma or</li> <li>• Sarcoma, NOS (8800) <b>and</b> a more specific sarcoma</li> </ul>		<p>The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____differentiation. The terms architecture and pattern are subtypes only for in situ cancer.</p> <p><b>Example 1:</b> Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma (8480).</p> <p><b>Example 2:</b> Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma (8052).</p>	The most specific histologic term

SEER Program Coding and Staging Manual

Multiple Primary and Histology Coding Rules 2007: Other Sites

Histology Coding Rules – Matrix

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H30			Multiple specific histologies or A non-specific histology with multiple specific histologies		<p>The specific histologies may be identified as a type, subtype, predominantly, with features of, major, or with ____ differentiation.</p> <p><b>Example 1 (multiple specific histologies):</b> Gyn malignancy with mucinous, serous and papillary adenocarcinoma. Code 8323 (mixed cell adenocarcinoma)</p> <p><b>Example 2 (multiple specific histologies):</b> Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma).</p> <p><b>Example 3 (non-specific with multiple specific histologies):</b> Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)</p>	The appropriate combination/mixed code (Table 2)
H31	None of the above conditions are met					The numerically higher ICD-O-3 code

## Multiple Primary and Histology Coding Rules 2007: Other Sites

### Multiple Primary Rules – Text

Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

#### UNKNOWN IF SINGLE OR MULTIPLE TUMORS

*Note:* Tumor(s) not described as metastasis

**Rule M1** When it is not possible to determine if there is a **single** tumor **or multiple** tumors, opt for a single tumor and abstract as a single primary. \*

*Note:* Use this rule only after all information sources have been exhausted.

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

This is the end of instructions for Unknown if Single or Multiple Tumors.

#### SINGLE TUMOR

*Note 1:* Tumor not described as metastasis

*Note 2:* Includes combinations of in situ and invasive

**Rule M2** A **single tumor** is always a single primary. \*

*Note:* The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

This is the end of instructions for Single Tumor.

#### MULTIPLE TUMORS

Multiple tumors may be a single primary or multiple primaries.

*Note 1:* Tumors not described as metastases

*Note 2:* Includes combinations of in situ and invasive

**Rule M3** **Adenocarcinoma** of the **prostate** is always a single primary. \*

*Note 1:* Report only one adenocarcinoma of the prostate per patient per lifetime.

*Note 2:* 95% of prostate malignancies are the common (acinar) adenocarcinoma histology (8140). See Equivalent Terms, Definitions and Tables for more information.

**Rule M4** **Retinoblastoma** is always a single primary (**unilateral or bilateral**). \*

## SEER Program Coding and Staging Manual

### Multiple Primary and Histology Coding Rules 2007: Other Sites

#### Multiple Primary Rules – Text

Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

- Rule M5** **Kaposi sarcoma** (any site or sites) is always a single primary. \*
- Rule M6** **Follicular and papillary** tumors in the **thyroid** within 60 days of diagnosis are a single primary. \*
- Rule M7** **Bilateral epithelial** tumors (8000-8799) of the **ovary** within 60 days are a single primary. \*
- Rule M8** Tumors on **both sides** (right and left) of a site listed in Table 1 are multiple primaries. \*\*  
*Note:* Table 1 – Paired Organs and Sites with Laterality)
- Rule M9** Adenocarcinoma in adenomatous polyposis coli (**familial polyposis**) with one or more in situ or malignant polyps is a single primary.\*  
*Note:* Tumors may be present in a single or multiple segments of the **colon, rectosigmoid, rectum**.
- Rule M10** Tumors diagnosed **more than one (1) year** apart are multiple primaries. \*\*
- Rule M11** Tumors with ICD-O-3 **topography** codes that are **different** at the second (Cxxx) and/or third characters (Cxxx) are multiple primaries. \*\*  
**Example 1:** A tumor in the penis C609 and a tumor in the rectum C209 have different second characters in their ICD-O-3 topography codes, so they are multiple primaries.  
**Example 2:** A tumor in the cervix C539 and a tumor in the vulva C519 have different third characters in their ICD-O-3 topography codes, so they are multiple primaries.
- Rule M12** Tumors with ICD-O-3 **topography** codes that **differ** only at the **fourth character** (Cxxx) and are **in** any one of the following primary sites are multiple primaries. \*\*
- **Anus and anal canal** (C21\_)
  - **Bones, joints, and articular cartilage** (C40\_ - C41\_)
  - **Peripheral nerves and autonomic nervous system** (C47\_)
  - **Connective subcutaneous and other soft tissues** (C49\_)
  - **Skin** (C44\_)
- Rule M13** A **frank** in situ or malignant **adenocarcinoma and** an in situ or **malignant** tumor in a **polyp** are a single primary. \*

## Multiple Primary and Histology Coding Rules 2007: Other Sites

### Multiple Primary Rules – Text

Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

**Rule M14** Multiple in situ and/or **malignant polyps** are a single primary. \*

*Note:* Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.

**Rule M15** An **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis is a multiple primary. \*\*

*Note 1:* The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.

*Note 2:* Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

**Rule M16** Abstract as a single primary\* when one tumor is:

- **Cancer/malignant neoplasm, NOS (8000) and** another is a **specific histology** or
- **Carcinoma, NOS (8010) and** another is a **specific carcinoma** or
- **Squamous cell carcinoma, NOS (8070) and** another is **specific squamous cell carcinoma** or
- **Adenocarcinoma, NOS (8140) and** another is a **specific adenocarcinoma** or
- **Melanoma, NOS (8720) and** another is a **specific melanoma**
- **Sarcoma, NOS (8800) and** another is a **specific sarcoma**

**Rule M17** Tumors with ICD-O-3 **histology** codes that are **different** at the first (xxxx), second (xxxx) or third (xxx) number are multiple primaries. \*\*

**Rule M18** Tumors that **do not meet any** of the above **criteria** are a single primary. \*

*Note:* When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

This is the end of instructions for Multiple Tumors.

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**SEER Program Coding and Staging Manual**

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## Multiple Primary and Histology Coding Rules 2007: Other Sites

### Histology Coding Rules – Text

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

#### SINGLE TUMOR: IN SITU ONLY

(Single Tumor; all parts are in situ)

**Rule H1** Code the histology documented by the physician when the **pathology/cytology** report is **not available**.

*Note 1:* Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer in the medical record

*Note 2:* Code the specific histology when documented.

*Note 3:* Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

**Rule H2** Code the histology when only **one histologic type** is identified.

*Note:* Do not code terms that do not appear in the histology description.

*Example:* Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.

**Rule H3** Code **8210** (adenocarcinoma in **adenomatous polyp**), **8261** (adenocarcinoma in **villous adenoma**), or **8263** (adenocarcinoma in **tubulovillous adenoma**) when:

- The final diagnosis is adenocarcinoma in a polyp or
- The final diagnosis is adenocarcinoma **and** a residual polyp or polyp architecture is recorded in other parts of the pathology report or
- The final diagnosis is adenocarcinoma **and** there is reference to a residual or pre-existing polyp or
- The final diagnosis is mucinous/colloid or signet ring cell adenocarcinoma in a polyp or
- There is documentation that the patient had a polypectomy

*Note:* It is important to know that the adenocarcinoma originated in a polyp.

**Rule H4** Code the most **specific histologic term** when the diagnosis is:

- Carcinoma in situ, NOS (8010) and a specific in situ carcinoma or
- Squamous cell carcinoma in situ, NOS (8070) and a specific in situ squamous cell carcinoma or
- Adenocarcinoma in situ, NOS (8140) and a specific in situ adenocarcinoma or
- Melanoma in situ, NOS (8720) and a specific in situ melanoma

*Note:* The specific histology may be identified as type, subtype, predominantly, with features of, major, with \_\_\_ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.

## SEER Program Coding and Staging Manual

### Multiple Primary and Histology Coding Rules 2007: Other Sites

#### Histology Coding Rules – Text

**Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

**Rule H5** Code the appropriate combination/mixed code (Table 2) when there are **multiple specific histologies** or when there is a non-specific histology **with multiple specific histologies**

*Note:* The specific histology may be identified as type, subtype, predominantly, with features of, major, with \_\_\_ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.

**Rule H6** Code the histology with the **numerically higher** ICD-O-3 code.

**This is the end of instructions for a Single Tumor: In Situ Carcinoma Only.**

**Code the histology according to the rule that fits the case.**

#### SINGLE TUMOR: INVASIVE AND IN SITU

(Single Tumor; in situ and invasive components)

**Rule H7** Code the single invasive histology. **Ignore the in situ** terms.

*Note:* This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.

**This is the end of instructions for a Single Tumor: Invasive and In Situ Carcinoma.**

**Code the histology according to the rule that fits the case.**



## Multiple Primary and Histology Coding Rules 2007: Other Sites

### Histology Coding Rules – Text

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

#### SINGLE TUMOR: INVASIVE ONLY

(Single Tumor; all parts are invasive)

**Rule H8** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

*Note 1:* Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT, PET, or MRI scans

*Note 2:* Code the specific histology when documented.

*Note 3:* Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

**Rule H9** Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.

*Note:* Code the behavior /3.

**Rule H10** Code 8140 (adenocarcinoma, NOS) for prostate primaries when the diagnosis is acinar (adeno)carcinoma.

**Rule H11** Code the histology when only **one histologic type** is identified

*Note:* Do not code terms that do not appear in the histology description.

*Example:* Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.

**Rule H12** Code **8210** (adenocarcinoma in **adenomatous polyp**), **8261** (adenocarcinoma in **villous adenoma**), or **8263** (adenocarcinoma in **tubulovillous adenoma**) when:

- The final diagnosis is adenocarcinoma in a polyp or
- The final diagnosis is adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report or
- The final diagnosis is adenocarcinoma and there is reference to a residual or pre-existing polyp or
- The final diagnosis is adenocarcinoma mucinous/colloid or signet ring cell adenocarcinoma in a polyp or
- There is documentation that the patient had a polypectomy

*Note:* It is important to know that the adenocarcinoma originated in a polyp.

## SEER Program Coding and Staging Manual

### Multiple Primary and Histology Coding Rules 2007: Other Sites

#### Histology Coding Rules – Text

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

**Rule H13** Code the most **specific** histologic **term**. Examples include:

- Cancer/malignant neoplasm, NOS (8000) **and** a more specific histology or
- Carcinoma, NOS (8010) **and** a more specific carcinoma or
- Squamous cell carcinoma, NOS (8070) **and** a more specific squamous cell carcinoma or
- Adenocarcinoma, NOS (8140) **and** a more specific adenocarcinoma or
- Melanoma, NOS (8720) **and** a more specific melanoma or
- Sarcoma, NOS (8800) **and** a more specific sarcoma

*Note:* The specific histology may be identified as type, subtype, predominantly, with features of, major, or with \_\_\_\_ differentiation. The terms architecture and pattern are subtypes only for in situ cancer.

*Example 1:* Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma 8480.

*Example 2:* Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma 8052.

**Rule H14** Code papillary carcinoma of the thyroid to papillary adenocarcinoma, NOS (8260).

**Rule H15** Code follicular and papillary carcinoma of the thyroid to papillary carcinoma, follicular variant (8340).

**Rule H16** Code the appropriate combination/mixed code (Table 2) when there are **multiple specific histologies** or when there is a non-specific histology **with multiple specific histologies**

*Note:* The specific histologies may be identified as a type, subtype, predominantly, with features of, major, or with \_\_\_\_ differentiation.

*Example 1 (multiple specific histologies):* Mucinous and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes)

*Example 2 (multiple specific histologies):* Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma)

*Example 3 (non-specific with multiple specific histologies):* Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)

**Rule H17** Code the histology with the **numerically higher** ICD-O-3 code.

**This is the end of instructions for a Single Tumor: Invasive Carcinoma Only.**

**Code the histology according to the rule that fits the case.**

## Multiple Primary and Histology Coding Rules 2007: Other Sites

### Histology Coding Rules – Text

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

#### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

**Rule H18** Code the histology documented by the physician when there is **no** pathology/cytology specimen or the **pathology/cytology** report is **not available**.

*Note 1:* Priority for using documents to code the histology

- From reports or notes in the medical record that document or reference pathologic or cytologic findings
- From clinician reference to type of cancer (histology) in the medical record
- CT, PET or MRI scans

*Note 2:* Code the specific histology when documented.

*Note 3:* Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

**Rule H19** Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.

*Note:* Code the behavior /3.

**Rule H20** Code 8140 (adenocarcinoma, NOS) for prostate primaries when the diagnosis is acinar (adeno)carcinoma.

**Rule H21** Code 8077/2 (Squamous intraepithelial neoplasia, grade III) for in situ squamous intraepithelial **neoplasia grade III** in sites such as the **vulva** (VIN III) **vagina** (VAIN III), or **anus** (AIN III).

*Note 1:* VIN, VAIN, and AIN are squamous cell carcinomas. Code 8077 cannot be used for glandular intraepithelial neoplasia such as prostatic intraepithelial neoplasia (PIN) or pancreatic intraepithelial neoplasia (PAIN).

*Note 2:* This code may be used for reportable-by-agreement cases

**Rule H22** Code 8148/2 (Glandular intraepithelial neoplasia grade III) for in situ glandular **intraepithelial neoplasia grade III** in sites such as the **pancreas** (PAIN III).

*Note:* This code may be used for reportable-by-agreement cases such as intraepithelial neoplasia of the **prostate** (PIN III)

**Rule H23** Code the histology when only **one histologic type** is identified

*Note:* Do not code terms that do not appear in the histology description.

*Example:* Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.

## SEER Program Coding and Staging Manual

### Multiple Primary and Histology Coding Rules 2007: Other Sites

#### Histology Coding Rules – Text

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

- Rule H24** Code the histology of the underlying tumor when there is **extramammary Paget disease** and an underlying tumor of the **anus, perianal region, or vulva**.
- Rule H25** Code **8210** (adenocarcinoma in **adenomatous polyp**), **8261** (adenocarcinoma in **villous adenoma**), or **8263** (adenocarcinoma in **tubulovillous adenoma**) when:
- The final diagnosis is adenocarcinoma in a polyp or
  - The final diagnosis is adenocarcinoma **and** a residual polyp or polyp architecture is recorded in other parts of the pathology report or
  - The final diagnosis is adenocarcinoma **and** there is reference to a residual or pre-existing polyp or
  - The final diagnosis is mucinous/colloid or signet ring cell adenocarcinoma in a polyp or
  - There is documentation that the patient had a polypectomy
- Note:* It is important to know that the adenocarcinoma originated in a polyp.
- Rule H26** Code papillary carcinoma of the thyroid to papillary adenocarcinoma, NOS (8260).
- Rule H27** Code **follicular** and **papillary** carcinoma of the **thyroid** to papillary carcinoma, follicular variant (8340).
- Rule H28** Code the single invasive histology for **combinations** of **invasive** and **in situ**. Ignore the in situ terms.  
*Note:* This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.
- Rule H29** Code the most **specific** histologic **term**. Examples include:
- Cancer/malignant neoplasm, NOS (8000) **and** a more specific histology or
  - Carcinoma, NOS (8010) **and** a more specific carcinoma or
  - Squamous cell carcinoma, NOS (8070) **and** a more specific squamous cell carcinoma or
  - Adenocarcinoma, NOS (8140) **and** a more specific adenocarcinoma or
  - Melanoma, NOS (8720) **and** a more specific melanoma or
  - Sarcoma, NOS (8800) **and** a more specific sarcoma
- Note:* The specific histology may be identified as type, subtype, predominantly, with features of, major, or with \_\_\_ differentiation. The terms architecture and pattern are subtypes only for in situ cancer.
- Example 1:* Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma 8480.
- Example 2:* Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma 8052.

## Multiple Primary and Histology Coding Rules 2007: Other Sites

### Histology Coding Rules – Text

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

**Rule H30** Code the appropriate combination/mixed code (Table 2) when there are **multiple specific histologies** or when there is a non-specific histology **with multiple specific histologies**

*Note:* The specific histologies may be identified as a type, subtype, predominantly, with features of, major, or with \_\_\_\_ differentiation.

*Example 1 (multiple specific histologies):* Gyn malignancy with mucinous, serous and papillary adenocarcinoma. Code 8323 (mixed cell adenocarcinoma)

*Example 2 (multiple specific histologies):* Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma)

*Example 3 (non-specific with multiple specific histologies):* Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)

**Rule H31** Code the histology with the **numerically higher** ICD-O-3 code.

**This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.**

**Code the histology according to the rule that fits the case.**

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**SEER Program Coding and Staging Manual**

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## SEER Program Coding and Staging Manual

### CS Staging Schemas

#### Other and Ill-Defined Sites, Unknown Primary Site

#### **C42.0-C42.4, C76.0-C76.5, C76.7-C76.8, C77.0-C77.5, C77.8-C77.9, C80.9**

**Note:** C42.\_ and C77.\_, Other than hematopoietic, reticuloendothelial, immunoproliferative and myeloproliferative neoplasms, Hodgkin and non-Hodgkin Lymphomas, and Kaposi sarcoma

- C42.0 Blood
- C42.1 Bone marrow
- C42.2 Spleen
- C42.3 Reticuloendothelial system, NOS
- C42.4 Hematopoietic system, NOS
- C76.0 Head, face or neck, NOS
- C76.1 Thorax, NOS
- C76.2 Abdomen, NOS
- C76.3 Pelvis, NOS
- C76.4 Upper limb, NOS
- C76.5 Lower limb, NOS
- C76.7 Other ill-defined sites
- C76.8 Overlapping lesion of ill-defined sites
- C77.0 Head, face and neck
- C77.1 Intrathoracic
- C77.2 Intra-abdominal
- C77.3 Axilla or arm
- C77.4 Inguinal region or leg
- C77.5 Pelvis
- C77.8 Lymph nodes of multiple regions
- C77.9 Lymph nodes, NOS
- C80.9 Unknown primary site

**Note:** AJCC does not define TNM staging for this site.

<ul style="list-style-type: none"> <li>CS Tumor Size</li> <li>CS Extension</li> <li>CS TS/Ext-Eval</li> <li>CS Lymph Nodes</li> <li>CS Reg Nodes Eval</li> <li>Reg LN Pos</li> <li>Reg LN Exam</li> <li>CS Mets at DX</li> <li>CS Mets Eval</li> </ul>	<ul style="list-style-type: none"> <li>CS Site-Specific Factor 1</li> <li>CS Site-Specific Factor 2</li> <li>CS Site-Specific Factor 3</li> <li>CS Site-Specific Factor 4</li> <li>CS Site-Specific Factor 5</li> <li>CS Site-Specific Factor 6</li> </ul>	<p><b>The following tables are available at the collaborative staging website:</b>                  Histologies for Which AJCC Staging Is Not Generated                  AJCC Stage</p>
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#### Other and Ill-Defined Sites, Unknown Primary Site

#### **CS Tumor Size**

**SEE STANDARD TABLE**

#### Other and Ill-Defined Sites, Unknown Primary Site

#### **CS Extension** (Revised: 05/07/2004)

Code	Description	TNM	SS77	SS2000
88	Not applicable for this site	NA	U	U

## SEER Program Coding and Staging Manual

### CS Staging Schemas

#### Other and Ill-Defined Sites, Unknown Primary Site

##### CS TS/Ext-Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

#### Other and Ill-Defined Sites, Unknown Primary Site

##### CS Lymph Nodes (Revised: 05/07/2004)

Code	Description	TNM	SS77	SS2000
88	Not applicable	NA	U	U

#### Other and Ill-Defined Sites, Unknown Primary Site

##### CS Reg Nodes Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

#### Other and Ill-Defined Sites, Unknown Primary Site

##### Reg LN Pos (Revised: 05/17/2006)

Code	Description
99	Not applicable

#### Other and Ill-Defined Sites, Unknown Primary Site

##### Reg LN Exam (Revised: 05/17/2006)

Code	Description
99	Not applicable

#### Other and Ill-Defined Sites, Unknown Primary Site

##### CS Mets at DX (Revised: 05/07/2004)

Code	Description	TNM	SS77	SS2000
88	Not applicable for this site	NA	U	U

#### Other and Ill-Defined Sites, Unknown Primary Site

##### CS Mets Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA



## SEER Program Coding and Staging Manual

### CS Staging Schemas

#### Other and Ill-Defined Sites, Unknown Primary Site

##### CS Site-Specific Factor 1 (Revised: 03/27/2003)

Code	Description
888	Not applicable for this site

#### Other and Ill-Defined Sites, Unknown Primary Site

##### CS Site-Specific Factor 2 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Other and Ill-Defined Sites, Unknown Primary Site

##### CS Site-Specific Factor 3 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Other and Ill-Defined Sites, Unknown Primary Site

##### CS Site-Specific Factor 4 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Other and Ill-Defined Sites, Unknown Primary Site

##### CS Site-Specific Factor 5 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

#### Other and Ill-Defined Sites, Unknown Primary Site

##### CS Site-Specific Factor 6 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

**SEER Program Coding and Staging Manual**

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## SEER Program Coding and Staging Manual

### Surgery Codes

**Hematopoietic/Reticuloendothelial/  
Immunoproliferative/Myeloproliferative Disease**

**C420, C421, C423, C424 (with any histology)**

**or**

**M9750, 9760–9764, 9800–9820, 9826, 9831–9920, 9931–9964, 9980–9989 (with any site)**

#### **Codes**

98 All hematopoietic/reticuloendothelial/immunoproliferative/myeloproliferative disease sites and/or histologies, WITH or WITHOUT surgical treatment

Surgical procedures for hematopoietic, reticuloendothelial, immunoproliferative, myeloproliferative primaries are to be recorded using the data item Surgical Procedure/Other Site (NAACCR Item # 1294)

[*SEER Note*: 99 Death certificate only]

## SEER Program Coding and Staging Manual

### Surgery Codes

#### Spleen

##### C42.2

(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

#### Codes

- 00 None; no surgery of primary site; autopsy ONLY
- 19 Local tumor destruction, NOS
- 21 Partial splenectomy
- 22 Total splenectomy
- 80 Splenectomy, NOS
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate ONLY

## SEER Program Coding and Staging Manual

### Surgery Codes

#### Unknown And Ill-Defined Primary Sites

##### **C760–C768, C809**

(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

#### Codes

98 **All unknown and ill-defined disease sites, WITH or WITHOUT surgical treatment**  
*Surgical procedures for unknown and ill-defined primaries are to be recorded using the data item Surgical Procedure/Other Site (NAACCR Item #1294)*

[**SEER NOTE:** 99 Death certificate only]

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**SEER Program Coding and Staging Manual**

**CS Staging Schemas**

**Standard Tables (General Template)**

# SEER Program Coding and Staging Manual

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## SEER Program Coding and Staging Manual

### CS Staging Schemas

#### Standard Tables (General Template)

#### ICD-O-3 Site Code, Histology, Behavior

CS Tumor Size  
CS TS/Ext-Eval  
CS Reg Nodes Eval  
CS Mets Eval  
Reg LN Pos  
Reg LN Exam  
CS Mets at DX

**The following tables are available at the collaborative staging website:**  
Summary Stage  
Valid ICD-O-3 Site Codes  
Valid ICD-O-3 Histology Codes  
T Allowable Codes  
N Allowable Codes  
M Allowable Codes  
Stage Allowable Codes  
Summary Stage Allowable Codes

*Standard Tables (General Templates) begin on next page*

## SEER Program Coding and Staging Manual

### CS Staging Schemas

#### Standard Tables (General Template)

##### CS Tumor Size (Revised: 07/28/2006)

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as "less than 1 cm"
992	Described as "less than 2 cm," or "greater than 1 cm," or "between 1 cm and 2 cm"
993	Described as "less than 3 cm," or "greater than 2 cm," or "between 2 cm and 3 cm"
994	Described as "less than 4 cm," or "greater than 3 cm," or "between 3 cm and 4 cm"
995	Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 5 cm"
999	Unknown; size not stated Not documented in patient record

#### Standard Tables (General Template)

##### CS TS/Ext-Eval (Revised: 08/21/2006)

Code	Description	Staging Basis
0	No surgical resection done. Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c
1	No surgical resection done. Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive techniques including surgical observation without biopsy. No autopsy evidence used. Does not meet criteria for AJCC pathological T staging.	c
2	No surgical resection done, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p
3	Surgical resection performed WITHOUT pre-surgical systemic treatment or radiation OR surgical resection performed, unknown if pre-surgical systemic treatment or radiation performed. Evidence acquired before treatment, supplemented or modified by the additional evidence acquired during and from surgery, particularly from pathologic examination of the resected specimen. Meets criteria for AJCC pathologic T staging.	p
5	Surgical resection performed WITH pre-surgical systemic treatment or radiation, BUT tumor size/extension based on clinical evidence.	c
6	Surgical resection performed WITH pre-surgical systemic treatment or radiation; tumor size/extension based on pathologic evidence.	y
8	Evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy).	a

## SEER Program Coding and Staging Manual

### CS Staging Schemas

9	Unknown if surgical resection done Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c
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#### Standard Tables (General Template)

##### CS Reg Nodes Eval (Revised: 11/11/2003)

**Note:** This item reflects the validity of the classification of the item CS Lymph Nodes only according to diagnostic methods employed.

Code	Description	Staging Basis
0	No regional lymph nodes removed for examination. Evidence based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c
1	No regional lymph nodes removed for examination. Evidence based on endoscopic examination, diagnostic biopsy including fine needle aspiration of lymph node(s) or other invasive techniques, including surgical observation without biopsy. No autopsy evidence used.	c
2	No regional lymph nodes removed for examination, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p
3	Regional lymph nodes removed for examination (removal of at least 1 lymph node) WITHOUT pre-surgical systemic treatment or radiation OR lymph nodes removed for examination, unknown if pre-surgical systemic treatment or radiation performed.	p
5	Regional lymph nodes removed for examination WITH pre-surgical systemic treatment or radiation, BUT lymph node evaluation based on clinical evidence.	c
6	Regional lymph nodes removed for examination WITH pre-surgical systemic treatment or radiation, and lymph node evaluation based on pathologic evidence.	y
8	Evidence from autopsy; tumor was unsuspected or undiagnosed prior to autopsy.	a
9	Unknown if lymph nodes removed for examination Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

## SEER Program Coding and Staging Manual

### CS Staging Schemas

#### Standard Tables (General Template)

##### Reg LN Pos (Revised: 05/12/2006)

**Note:** Record this field even if there has been preoperative treatment.

Code	Description
00	All nodes examined negative.
01-89	1 - 89 nodes positive (code exact number of nodes positive)
90	90 or more nodes positive
95	Positive aspiration or core biopsy of lymph node(s)
97	Positive nodes - number unspecified
98	No nodes examined
99	Unknown if nodes are positive; not applicable Not documented in patient record

#### Standard Tables (General Template)

##### Reg LN Exam (Revised: 05/12/2006)

Code	Description
00	No nodes examined
01-89	1 - 89 nodes examined (code exact number of regional lymph nodes examined)
90	90 or more nodes examined
95	No regional nodes removed, but aspiration or core biopsy of regional nodes performed
96	Regional lymph node removal documented as sampling and number of nodes unknown/not stated
97	Regional lymph node removal documented as dissection and number of nodes unknown/not stated
98	Regional lymph nodes surgically removed but number of lymph nodes unknown/not stated and not documented as sampling or dissection; nodes examined, but number unknown
99	Unknown if nodes were examined; not applicable or negative Not documented in patient record

## SEER Program Coding and Staging Manual

### CS Staging Schemas

#### Standard Tables (General Template)

##### CS Mets at DX (Revised: 05/07/2004)

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s)	M1	D	D
40	Distant metastasis, NOS Distant metastases except distant lymph node(s) (code 10) Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Cannot be assessed Not documented in patient record	MX	U	U

#### Standard Tables (General Template)

##### CS Mets Eval (Revised: 08/03/2006)

**Note:** This item reflects the validity of the classification of the item CS Mets at DX only according to the diagnostic methods employed.

Code	Description	Staging Basis
0	No pathologic examination of metastatic tissue performed. Evaluation based on physical examination, imaging examination, and/or other non-invasive clinical evidence. No autopsy evidence used.	c
1	No pathologic examination of metastatic tissue performed. Evaluation of distant metastasis based on endoscopic examination or other invasive technique, including surgical observation without biopsy. No autopsy evidence used.	c
2	No pathologic examination of metastatic tissue done prior to death, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p
3	Pathologic examination of metastatic tissue performed WITHOUT pre-surgical systemic treatment or radiation OR pathologic examination of metastatic tissue performed, unknown if pre-surgical systemic treatment or radiation performed.	p
5	Pathologic examination of metastatic tissue performed WITH pre-surgical systemic treatment or radiation, BUT metastasis based on clinical evidence.	c
6	Pathologic examination of metastatic tissue performed WITH pre-surgical systemic treatment or radiation, and metastasis based on pathologic evidence.	y
8	Evidence from autopsy AND tumor was unsuspected or undiagnosed prior to autopsy.	a
9	Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

**SEER Program Coding and Staging Manual**

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