APPENDIX G
Criteria For Determining Multiple Primaries

Criteria for Determining Multiple Primaries (excluding lymphatic and hematopoietic diseases)

Every effort should be made to identify separate primary tumors. The determination of the number of primary tumors a patient has is a medical decision, but operational rules are needed in order to ensure consistency of reporting by all institutions. Basic factors include the site of origin, the date of diagnosis, the histologic type, the behavior of the neoplasm (i.e., in situ vs. malignant) and laterality. It is important to be careful with some neoplasms since different histologic terms are used to describe progressive stages of the same disease process.

In general, if there is a difference in the site where the tumor originates, it is fairly easy to determine whether it is a separate primary, regardless of dates of detection and of differences in histology.

Likewise, if there is a clear cut difference in histology, other data such as site and time of detection are not essential. In some neoplasms, however, one must be careful since different histologic terms are used to describe progressive stages or phrases of the same disease process.

The following definitions and rules are used to determine the number of independent primary tumors:

Definitions:

Site differences: For colon, anus and anal canal, bone, peripheral nerves and autonomic nervous system, connective tissue, and melanoma of the skin, each subcategory (4-characters) as delineated in the ICD-O-3, is considered to be a separate site. The site groups shown in the table on page G - 2 are each to be considered one site when determining multiples. For all other sites, each category (3-characters) as delineated in ICD-O is considered to be a separate site.

EXAMPLES:

a. *Transverse colon (C18.4) and descending colon (C18.6) are to be considered separate sites.*
b. *Base of tongue (C01.9) and border of tongue (C02.1) are considered subsites of the tongue and would be treated as one site - either overlapping lesion of parts of the tongue (C02.8) or tongue, NOS (C02.9)*
c. *Trigone of urinary bladder (C67.0) and lateral wall of urinary bladder (C67.2) are considered to be subsites of the urinary bladder and would be treated as one site - either overlapping lesion of subsites of the bladder (C67.8) or bladder, NOS (C67.9).*

Each side of a paired organ is considered to be a separate site unless stated to be metastatic, with the exceptions of bilateral involvement of the ovaries in which a single histology is reported, bilateral retinoblastomas, and bilateral Wilms' tumors. Please note EXCEPTION on page G -5 .

2. Histologic type: Differences in histologic type refer to differences in the **first three** digits of the morphology code as found in ICD-O, except for lymphatic and hematopoietic diseases. (See Appendix H).

3. Simultaneous/Synchronous: Diagnoses within two months of each other.

4. Bladder cancers with site codes C67.0 - C67.9 and morphology codes 8120-8130 and adenocarcinomas of the prostate (starting 01-01-98) require a single report of the first lesion only.

The following ICD-O-3 codes are to be considered one primary site when determining multiple primaries:

ICD-O Codes	Site Groupings	ICD-O Codes	Site Groupings
C01 C02	Base of tongue Other and unspecified parts of tongue	C51 C52 C57.7 C57.8-.9	Vulva Vagina Other specified female genital organs Overlapping lesion and Female genital tract, NOS
C05 C06	Palate Other and unspecified parts of mouth	C56 C57.0 C57.1 C57.2 C57.3 C57.4	Ovary Fallopian tube Broad ligament Round ligament Parametrium Uterine adnexa
C07 C08	Parotid gland Other/unspecified major salivary glands	C60 C63	Penis Other/unspecified male genital organs
C09 C10	Tonsil Oropharynx	C64 C65 C66 C68	Kidney Renal pelvis Ureter Other and unspecified urinary organs
C12 C13	Pyriform sinus Hypopharynx	C74 C75	Adrenal gland Other endocrine glands/ related structures
C23 C24	Gallbladder Other/unspecified parts of biliary tract		
C30 C31	Nasal cavity and middle ear Accessory sinuses		
C33 C34	Trachea Bronchus and lung		
C37 C38.0 C38.1-.3 C38.8	Thymus Heart Mediastinum Overlapping lesion of heart, mediastinum and pleura		
C38.4	Pleura		

The following rules should be used to determine if a single or multiple primary should be reported. If further clarification is needed, please consult the SEER Program Code Manual or call your appropriate regional program.

Rules:

The following are considered **one** primary and **one** abstract should be prepared.

√ A single lesion with one histologic type is considered **one** primary, even if the lesion crosses site boundaries.

> ***EXAMPLE:*** *An adenocarcinoma (8140/3) of the ascending colon (C18.2) is considered* ***one*** *primary and* ***one*** *abstract should be prepared.*

√ A single lesion with multiple histologic types is considered **one** primary.

> ***EXAMPLE:*** *One lesion with both a transitional cell carcinoma* ***AND*** *a squamous cell carcinoma in the right renal pelvis is considered* ***one*** *primary and* ***one*** *abstract should be prepared.*

√ A new cancer with the same histology as one diagnosed previously, in the same site, within two months, is considered **one** primary.

√ Multiple lesions of the same histologic type, if diagnosed in the same site within two months. Furthermore, if one lesion has a behavior code of in situ and another a malignant behavior code, they are to be reported as a single primary whose behavior is malignant.

√ A (adeno)carcinoma with a specific term and a (adeno)carcinoma with a non-specific term within the same site are considered **one** primary.

> ***EXAMPLE:*** *Mucinous adenocarcinoma (8480/3) AND adenocarcinoma, NOS (8140/3) in the transverse colon. This is considered* ***one*** *primary and* ***one*** *abstract should be prepared.*

√ Papillary and/or transitional cell carcinomas of the bladder are considered one primary, regardless of the number of times it may recur.

> ***EXAMPLE:*** *A patient was diagnosed 10 years ago with transitional cell carcinoma (TCC) of the bladder. They are admitted 01/17/01 for TURB of a suspicious looking lesion on the dome. Pathology was positive for (TCC). This is considered* ***one*** *primary and* ***one*** *abstract should be prepared.*
>
> ***NOTE:*** *If the first occurrence of TCC was reported by your institution, no abstract is required for the second occurrence of TCC. However, if the first occurrence was NOT reported by your facility, according to reporting requirements, an abstract* ***must*** *be completed.*

√ Kaposi's sarcoma (9140/3) is considered **one** primary, regardless of the number of occurrences.

> ***EXAMPLE:*** *A patient is diagnosed with a Kaposi's sarcoma on the right cheek and the lower leg. This would be considered* ***one*** *primary and* ***one*** *abstract should be prepared.*

√ Familial Polyposis. Prepare one abstract when multiple independent carcinomas of the colon (or colon and rectum) are reported for a patient with familial polyposis. Code the primary site as C18.9 and the histology 8220/3.

√ Within each breast, combinations of ductal and lobular carcinoma occurring simultaneously are to be considered **one** primary and the histology coded accordingly.

> ***NOTE:*** *If the ductal lesion occurs in one breast and the lobular occurs in the other breast, consider this* ***separate*** *primaries and another abstract should be completed.*

The following are considered **separate** primaries and **more than one** abstract should be prepared:

√ A new cancer with the same histology diagnosed in the same site after two months are considered **separate** primaries (unless stated to be recurrent or metastatic).

> ***EXAMPLE:*** *Squamous cell carcinoma LUL of lung diagnosed 2/15/01. Admitted 05/30/01 for biopsy of a suspicious looking lesion which revealed squamous cell carcinoma. With no mention of recurrent or metastatic disease, this case would be considered* ***separate*** *primaries and another abstract should be completed.*
>
> ***EXCEPTION:*** Bladder cancers with site codes C67.0-C67.9 and morphology codes 8120-8130 and adenocarcinomas of the prostate (C61.9) require a single report for the first lesion only.

√ Multiple lesions of the same histologic type occurring in different sites are considered **separate** primaries (unless stated to be metastatic).

√ Multiple lesions of different histologic types within a single site whether occurring simultaneously or at different times are considered **separate** primaries.

> ***EXAMPLE:*** *Nephroma (8960/3)* ***AND*** *a separate lesion consistent with Wilm's tumor (8960/3) in the left kidney would be considered* ***separate*** *primaries and another abstract should be completed.*
>
> **EXCEPTIONS:**
>
> * A carcinoma with a specific term and a carcinoma with a non-specific term within the same site, prepare **one** abstract. For example, mucinous adenocarcinoma (8480/3) and adenocarcinoma (8140/3).
>
> * When both an adenocarcinoma (81403) and an adenocarcinoma (in situ) in a(n) (adenomatous) polyp (8210) or an adenocarcinoma (in situ) in a villous

adenoma (8261, 8263) arise in the same segment of the colon or of the rectum, prepare one abstract with the histology coded to adenocarcinoma (8140/3).

* Within each breast, combinations of ductal and lobular carcinoma occurring simultaneously are to be considered a single primary and the histology coded accordingly. If the ductal lesion occurs in one breast and the lobular lesion occurs in the opposite breast, consider these to be two primaries.

√ When there are multiple tumors of different histologic types occurring in different sites, they are considered separate primaries (whether occurring simultaneously or at different times).

EXAMPLE: *Adenocarcinoma (8140/3) in the pylorus of the stomach (C164) AND small cell carcinoma (8041/3) in the left lower lobe of the lung (C343) would be considered* ***separate*** *primaries and another abstract should be completed.*

√ If each side of a paired site is involved, consider this **separate** primaries, unless stated to be metastatic.

EXAMPLE: *A patient is diagnosed with an adenocarcinoma in the right upper lobe of the lung and an adenocarcinoma in the left lower lobe of the lung would be considered* ***separate*** *primaries and two abstracts should be completed.*

NOTE: *Consult page 49 of the TCR Coding Instructions for a list of bilateral sites. What appears to be a bilateral site, may not be. For example, the thyroid has right and left lobes, but there is only one thyroid.*

EXCEPTIONS:

The following should be considered one primary, regardless of laterality

* Bilateral Wilm's tumors (kidney)
* Bilateral retinoblastomas (eye)
  Bilateral ovarian tumors (ovary) (in which there is only one histology involved)

NOTE: One abstract is prepared for bilateral ovarian tumors of the same histology discovered simultaneously. Remember that with 2001 cases, ovarian tumors with histologies of 8442, 8451, 8462, 8472, and 8473 have changed from malignant behavior (3) to uncertain whether benign or malignant (1).

√ If there is an in-situ followed by an invasive cancer in the same site more than two months apart, report as two primaries even if noted to be a recurrence. Effective with 01-01-98 cases this applies to bladder and prostate sites as well.

EXAMPLE: *A patient was diagnosed 7/11/98 with ductal carcinoma in-situ UIQ left breast. In January 1999, physical exam revealed a palpable lesion in the UIQ left breast. Biopsy of this lesion was consistent with an invasive ductal carcinoma. This would be considered* ***separate*** *primaries and another abstract should be completed.*

Determining Single or Multiple Primaries

Type of Lesion	Site	Histology	Time Frame	# of Primaries
Single	Single	Single		Single
Single	Multiple (overlapping sites)	Single		Single
Single	Single	Multiple		Single See note 1
Multiple	Single	Single		Single
Multiple	Multiple	Multiple		Multiple
Multiple	Single	a) Carcinoma NOS b) More specific	< 2 months	Single
New	Same	Same	< 2 months	Same
New	Same	Same	> 2 months	New
Simultaneous	Bilateral	Single	< 2 months	See note 2

Type of Lesion is the number of tumors present at the time of diagnosis

Site is difference in the ICD-O-3 primary site code at the three digit level

Histology is difference in the ICD-O-3 histology code at the three digit level

Time Frame is the chronologic difference between diagnosis of the initial and subsequent primary.

# of Primaries determines how many abstracts to complete.
Single or ***New*** indicates one abstract; ***Multiple*** indicates more than one abstract.

Notes

1 Review histology codes carefully to see if a code exists for the combined morphology; otherwise code to the higher code.

2. Have physician determine whether the primary is bilateral (one abstract) or multiple independent (two abstracts).

CRITERIA FOR DETERMINING MULTIPLE PRIMARIES FOR CNS

Reporting of non-malignant (benign) neoplasms/tumors of the CNS has always been required in Texas. Defined universal guidelines have been developed and implemented to ensure consistent and quality data. In determining multiple primaries, separate rules are used for non-malignant and malignant brain tumors. Rules are based on the specific data elements.

TIMING (same site and same histology)

- Malignant: two months
- Non-malignant: no limitation

The current timing rule for determining multiple primary tumors applies to malignant CNS tumors only. If two or more primary malignant intracranial or CNS tumors are diagnosed in the same site within two months of the diagnosis of the first primary, the tumors are counted as one primary. If multiple tumors of the same site are diagnosed more than two months apart, the tumors are counted as separate primary sites.

The current two (2) month rule does **not** apply to non-malignant CNS tumors. Non-malignant tumors may recur in the same location. If they recur, even after 20 years, they are still the same tumor.

SITE

- Malignant: 3 character level
- Nonmalignant: 4 character level

Malignant tumors remain as they are currently defined with differences only at the 3-character level. Separate malignant tumors occurring in the cerebral meninges and in the spinal meninges (both C70) are not considered different primaries. Malignant tumors in the frontal lobe (C71.1) and the optic chiasm (C72.3) are considered separate primaries.

> ***EXCEPTION:*** *Difference in the 4th character occurs because the 4th character of one site code is 9, which indicates a non-specific code.*

For non-malignant CNS tumors, sites are different when there is a difference in the 4th character of the site code, but the first 3 characters are the same.

> **EXAMPLE:**
> 1. Spinal meninges (C70.1) and cerebral meninges (C70.0) are considered different tumors.
> 2. Meninges, NOS (C70.9) and cerebral meninges (C70.0) are considered the same tumor.

LATERALITY

- Needed to determine multiple primaries for non-malignant tumors
- Not needed to determine multiple primaries for malignant tumors

Laterality is used to determine if **non-malignant** CNS tumors are counted as multiple primary tumors. Laterality is **not** used to determine if **malignant** tumors of the same CNS site are multiple primary tumors. Laterality is collected for both non-malignant and malignant tumors. CNS sites are to be coded with laterality of 1 (right), 2 (left) or 9 (unknown or midline tumor):

- Cerebral meninges, NOS (C70.0)
- Cerebrum (C71.0)
- Frontal lobe (C71.1)
- Temporal lobe (C71.2)
- Parietal lobe (C71.3)
- Occipital lobe (C71.4)
- Olfactory nerve (C72.2)
- Optic nerve (C72.3)
- Acoustic nerve (C72.4)
- Cranial nerve, NOS (C72.5)

The laterality for all other CNS sites is coded 0 (not a paired organ).

> ***NOTE:*** Neoplasms/primaries of the CNS diagnosed prior to 2004 should be coded with laterality of 0 (not a paired site).

HISTOLOGY

- Malignant: 3 digit level
- Non-malignant: Histology Groups Table

The histology rules for counting multiple primaries have to be modified to count tumors at a level other than the first three digits of the morphology code. The evolution and grading of brain tumors is such that a tumor may recur at a higher grade which has a different ICD-O-3 code number. In such cases, the new tumor is not counted as a new primary (except if it progresses or transforms from benign or borderline to malignant). The various four-digit histologies within each of these histologic groups will be counted as one primary. The patient could have one glioma and one ependymoma, but not a low-grade astrocytoma followed by a glioblastoma multiforme at the same site.

For counting non-malignant primaries, each of the following groups is considered ONE primary

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

If two histologies are in the same group in the above table and counted as a single primary, use the code for the first diagnosis or the more specific histology.

Refer to page 7 in *The Brain Book* to determine the number of primaries if one is non-malignant and one malignant.