


USING THE MULTIPLE PRIMARY AND HISTOLOGY (MP/H) CODING RULES

2014-2015 NAACCR Webinar Series
December 4, 2014




Q&A

- Please submit all questions concerning webinar content through the Q&A panel.

Reminder:

- If you have participants watching this webinar at your site, please collect their names and emails.
- We will be distributing a Q&A document in about one week. This document will fully answer questions asked during the webinar and will contain any corrections that we may discover after the webinar.



FABULOUS PRIZES!!!




MP/H CODING RULES

- Rules revision tentatively planned for 2016
 - Site groups rules with biggest changes will be beta tested
- Solid tumor database
 - Freestanding tool
 - Comprehensive glossaries
- Training
 - SEER*Educate

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MP/H CODING RULES

- New histology terms
 - <http://www.naaccr.org/LinkClick.aspx?fileticket=u7d3sB71t5w%3d&tabid=126&mid=466>
- Using mixed histology codes
 - Check ICD-O-3 Manual to make sure there is not a specific code
 - *Example*
 - Serous cystadenocarcinoma
 - Assign code 8441/3
 - Do not assign code 8323/3 (mixed cell adenocarcinoma)
 - Other sites rules H5, H16, H30

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MP/H CODING RULES

- Send questions to:
 - Ask a SEER Registrar
 - <http://seer.cancer.gov/registrars/contact.html>

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COLON MP/H RULES

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Colon

MULTIPLE PRIMARY RULES

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MULTIPLE PRIMARY RULES

UNKNOWN IF SINGLE OR MULTIPLE TUMORS

- 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.

SINGLE TUMOR

- Rule M2
- A single tumor is always a single primary.

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MULTIPLE PRIMARY RULES

MULTIPLE TUMORS

- Rule M3
 - Adenocarcinoma in adenomatous polyposis coli (familial polyposis) with one or more malignant polyps is a single primary.
- Rule M4
 - Tumors in sites with ICD-O-3 topography codes that are different at the second (Cxxx), third, (Cxxx) or fourth (C18x) character are multiple primaries.
- Rule M5
 - Tumors diagnosed more than one (1) year apart are multiple primaries.

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POP QUIZ

- Would a colon tumor reported as "recurrent at the anastomotic junction" just over one year after the diagnosis of a T4 colon tumor to be counted as a new primary?

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ANSWER

-

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MULTIPLE PRIMARY RULES

MULTIPLE TUMORS

- Rule M6
 - An invasive tumor following an in situ tumor more than 60 days after diagnosis are multiple primaries.
- Rule M7
 - A frank malignant or in situ adenocarcinoma and an in situ or malignant tumor in a polyp are a single primary.
- Rule M8
 - Abstract as a single primary when one tumor is a more specific type of histology than the first.

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MULTIPLE PRIMARY RULES

MULTIPLE TUMORS

- Rule M9
 - Multiple in situ and/or malignant polyps are a single primary.
- 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

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POP QUIZ

- Hemicolectomy: 2 tumors of left colon
 1. Invasive well differentiated mucinous adenocarcinoma arising in tubulovillous adenoma with pericolonc subserosal fat invasion, 8.5cm
 2. Infiltrative moderately differentiated colonic adenocarcinoma with invasion of muscularis propria, 4cm
- How many primary tumors are present?
- What M rule was used to determine the number of primary tumors?

NAACCR

POP QUIZ

- Total colectomy:
 1. Distal tumor: Ulcerating moderately differentiated colonic adenocarcinoma, 3.2 cm in greatest dimension. Tumor invades through the muscularis propria into the subserosa (pt3).
 2. Proximal tumor: Exophytic moderately differentiated colonic adenocarcinoma, 2.9 cm in greatest dimension. Tumor invades submucosa (pt1). Multiple tubular adenomas present throughout the colon, approximate count greater than 200.
- How many primary tumors are present?
- What M rule was used to determine the number of primary tumors?

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Colon

HISTOLOGY RULES

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HISTOLOGY 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.
- Rule H2
 - Code the histology from a metastatic site when there is no pathology/cytology specimen from the primary site.
- Rule H3
 - Code 8140 (adenocarcinoma, NOS) when pathology describes only intestinal type adenocarcinoma or adenocarcinoma, intestinal type.

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HISTOLOGY RULES

SINGLE TUMOR

- Rule H4
- 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
 - The final diagnosis is adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report.
 - 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

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POP QUIZ

- Colon: The final diagnosis on a path report for a colon specimen says: carcinoma in situ in a serrated adenoma. Should I code it to:
 - 8010/2
 - 8210/2
 - 8213/2

SINO ID
20120089

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HISTOLOGY RULES-SINGLE TUMOR

SINGLE TUMOR

- Rule H5
- Code 8480 (mucinous/colloid adenocarcinoma) or 8490 (signet ring cell carcinoma) when the final diagnosis is:
 - Mucinous/colloid (8480) or signet ring cell carcinoma (8490) or
 - Adenocarcinoma, NOS and the microscopic description documents that 50% or more of the tumor is mucinous/colloid or
 - Adenocarcinoma, NOS and the microscopic description documents that 50% or more of the tumor is signet ring cell carcinoma

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HISTOLOGY RULES-SINGLE TUMOR

SINGLE TUMOR

- Rule H6
- Code 8140 (adenocarcinoma, NOS) when the final diagnosis is adenocarcinoma and:
 - The microscopic diagnosis states that less than 50% of the tumor is mucinous/colloid or
 - The microscopic diagnosis states that less than 50% of the tumor is signet ring cell carcinoma or
 - The percentage of mucinous/colloid or signet ring cell carcinoma is unknown

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POP QUIZ

- I am a little confused about when you should use code 8480 (mucinous) versus 8140 (Adenocarcinoma).
- Does the pathology have to state a percentage of mucin/colloid in order to use the code 8480? If it is stated to be mucinous carcinoma or mucinous adenocarcinoma be coded to 8480?
- I have reviewed rule H5 and H6 in the MPH manual and am still confused.

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ANSWER

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POP QUIZ

- How do you use Rule H5 or H6 to code "moderately differentiated adenocarcinoma with mucinous component"?

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ANSWER

SINO ID
20081098

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HISTOLOGY RULES

SINGLE TUMOR

- Rule H7
 - Code 8255 (adenocarcinoma with mixed subtypes) when there is a combination of mucinous/colloid and signet ring cell carcinoma.
- Rule H8
 - Code 8240 (carcinoid tumor, NOS) when the diagnosis is neuroendocrine carcinoma (8246) and carcinoid tumor (8240).
- Rule H9
 - Code 8244 (composite carcinoid) when the diagnosis is adenocarcinoma and carcinoid tumor.
- Rule H10
 - Code 8245 (adenocarcinoid) when the diagnosis is exactly "adenocarcinoid."

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POP QUIZ

- What rule applies and how is histology coded if a colon tumor is composed of moderately differentiated adenocarcinoma and neuroendocrine tumor, grade 1 (G1)?

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ANSWER

SINO ID
20130007

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HISTOLOGY RULES

SINGLE TUMOR

- Rule H11
 - Code the histology when only one histologic type is identified.
- Rule H12
 - Code the invasive histology when both invasive and in situ histologies are present.
- Rule H13
 - Code the more specific histologic term when the diagnosis is a more specific histologic term and a related but less specific histologic term.
- Rule H14
 - Code the histology with the numerically higher ICD-O-3 code.

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HISTOLOGY RULES

MULTIPLE TUMORS

- Rule H15
 - Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available.
- Rule H16
 - Code the histology from a metastatic site when there is no pathology/cytology specimen from the primary site.

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HISTOLOGY RULES

MULTIPLE TUMORS

- Rule H17
 - Code 8220 (adenocarcinoma in adenomatous polyposis coli) when:
 - Clinical history says familial polyposis and final diagnosis on the pathology report from resection is adenocarcinoma in adenomatous polyps or
 - There are >100 polyps identified in the resected specimen or
 - The number of polyps is not given but the diagnosis is familial polyposis

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HISTOLOGY RULES

MULTIPLE TUMORS

- Rule H18
 - Code 8263 (adenocarcinoma in a tubulovillous adenoma) when multiple in situ or malignant polyps are present, at least one of which is tubulovillous

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HISTOLOGY RULES

MULTIPLE TUMORS

- Rule H19
- Code 8221 (adenocarcinoma in multiple adenomatous polyps) when:
 - There are >1 and <=100 polyps identified in the resected specimen or
 - There are multiple polyps (adenomas) and the number is not given and familial polyposis is not mentioned.

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HISTOLOGY RULES

MULTIPLE TUMORS

- Rule H20
- Code the histology of the most invasive tumor when:
 - There is a frank adenocarcinoma and a carcinoma in a polyp or
 - There are in situ and invasive tumors or
 - There are multiple invasive tumors

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HISTOLOGY RULES

MULTIPLE TUMORS

- Rule H21
- Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma) when:
 - The final diagnosis is adenocarcinoma and the microscopic description or surgical gross describes polyps or
 - The final diagnosis is adenocarcinoma and there is reference to residual or pre-existing polyps or
 - The final diagnosis is mucinous/colloid or signet ring cell adenocarcinoma in polyps or
 - There is documentation that the patient had a polypectomy

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POP QUIZ

- Total colectomy:
 1. Distal tumor: Ulcerating moderately differentiated colonic adenocarcinoma, 3.2 cm in greatest dimension. Tumor invades through the muscularis propria into the subserosa (pT3).
 2. Proximal tumor: Exophytic moderately differentiated colonic adenocarcinoma arising in a tubular adenoma measuring 2.9 cm in greatest dimension. Tumor invades submucosa (pT1).
 3. Multiple tubular adenomas present throughout the colon, approximate count greater than 200.
- What is (are) the histology code(s)?
- What H rule was used to code the histology?

HISTOLOGY RULES

MULTIPLE TUMORS

- Rule H22
 - Code the histology when only one histologic type is identified.
- Rule H23
 - Code the more specific histologic term when the diagnosis is a more specific histologic term and a related but less specific histologic term.
- Rule H24
 - Code the histology with the numerically higher ICD-O-3 code.

POP QUIZ

- Hemicolectomy: 2 tumors of left colon
 1. Invasive well differentiated mucinous adenocarcinoma arising in tubulovillous adenoma with pericolic subserosal fat invasion, 8.5cm
 2. Infiltrative moderately differentiated colonic adenocarcinoma with invasion of muscularis propria, 4cm
- What is (are) the histology code(s)?
- What H rule was used to code the histology?


Questions?

CASE SCENARIO



Using the MP/H Coding Rules

**RENAL PELVIS, URETER, BLADDER,
AND OTHER URINARY**



URINARY TERMS & DEFINITIONS

- Flat tumor/Non-invasive flat transitional cell carcinoma
 - Lies flat against bladder tissue
- In situ tumor
 - Confined to epithelium with no penetration of basement membrane
- Intramucosal tumor
 - Within mucosal surface
- Invasive tumor
 - Penetrates beyond basement membrane
- Non-invasive tumor
 - Confined to epithelium with no penetration of basement membrane
- Papillary tumor
 - Warty growth that is attached to the wall by a stalk




TABLE 1: UROTHELIAL TUMORS

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	

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TABLE 1: UROTHELIAL TUMORS (CONT.)

Urothelial/Transitional Cell Tumors	Code
Micropapillary	8131
Lymphoepithelioma-like	8082
Plasmacytoid	
Sarcomatoid	8122
Giant cell	8031
Undifferentiated	8020

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**MULTIPLE PRIMARY (MP) RULES:
URINARY**

- Unknown if Single or Multiple Tumors
 - 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.
- Single Tumor
 - M2: A single tumor is always a single primary.

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MP RULES: URINARY MULTIPLE TUMORS

- 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.
- 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.
- M5: An invasive tumor following a non-invasive or in situ tumor more than 60 days after diagnosis is a multiple primary.

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POP QUIZ

- 9/20/13 Left ureter & kidney resection: Invasive transitional cell carcinoma, 1 cm, left ureter
- 2/5/14 Excision of lesion right ureter: Noninvasive papillary transitional cell carcinoma, 6 mm.
- How many primary tumors does the patient have, and what M rule was used to determine that?

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POP QUIZ

- 12/12/13 Cystoscopy with biopsy: Noninvasive papillary transitional cell carcinoma of lateral bladder wall
- 2/26/14 Cystoscopy with biopsy: Transitional cell carcinoma of bladder neck invades lamina propria
- How many primary tumors does the patient have, and what M rule was used to determine that?

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MP RULES: URINARY MULTIPLE TUMORS

- M6: Bladder tumors with any combination of the following histologies:
 - Papillary carcinoma (8050)
 - Transitional cell carcinoma (8120-8124)
 - Papillary transitional cell carcinoma (8130-8131) are a single primary.
- M7: Tumors diagnosed more than three (3) years apart are multiple primaries.

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POP QUIZ

- 1/8/08: TURB: Small 5 mm transitional cell carcinoma lateral bladder wall invades submucosa.
- 1/26/11: TURB: Urothelial carcinoma with squamous differentiation of bladder trigone, 8 mm; T1.
- 2/3/14 TURB: Focus of papillary transitional cell carcinoma in bladder neck involves lamina propria.
- How many primary tumors does the patient have, and what M rule was used to determine that?

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POP QUIZ

- 1/19/11: TURB: Urothelial carcinoma of bladder trigone, 8 mm; T1.
- 2/6/14 Excision of lesion right ureter: Papillary urothelial carcinoma, right ureter, involves lamina propria.
- How many primary tumors does the patient have, and what M rule was used to determine that?

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MP RULES: URINARY MULTIPLE TUMORS

- 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)

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POP QUIZ

- 1/19/13 TURBT: Papillary urothelial carcinoma, high grade, noninvasive of right lateral bladder wall
- 3/18/13 Left renal pelvis biopsy: High grade papillary transitional cell carcinoma of calyx
- How many primary tumors does the patient have, and what M rule was used to determine that?
 - 1 primary tumor per M8
- What is the code for primary site
 - a. C65.9 Renal pelvis
 - b. C67.2 Lateral wall of bladder
 - c. C68.9 Urinary system NOS

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MP RULES: URINARY MULTIPLE TUMORS

- M9: Tumors with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries.
- M10: Tumors in sites with ICD-O-3 topography codes with different second (Cxxx) and/or third characters (Cxx) are multiple primaries.
- M11: Tumors that do not meet any of the above criteria are a single primary.

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POP QUIZ

- 1/18/13: TURB: Urothelial carcinoma of bladder trigone, 8 mm; T1.
- 2/6/14 TURB: Focus of squamous cell carcinoma in bladder neck involves lamina propria.
- How many primary tumors does the patient have, and what M rule was used to determine that?

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POP QUIZ

- 7/18/13: TURB: Squamous cell carcinoma in bladder neck involves lamina propria.
- 2/6/14 Left upper lobe lung biopsy: Squamous cell carcinoma
- How many primary tumors does the patient have, and what M rule was used to determine that?

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HISTOLOGY CODING RULES: URINARY SINGLE TUMOR

- H1: Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available.
- H2: Code the histology from the metastatic site when there is no pathology/cytology specimen from the primary site.

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HISTOLOGY CODING RULES: URINARY SINGLE TUMOR

- H3: Code 8120 (transitional cell/urothelial carcinoma) (Table 1 - Code 8120) when there is:
 - Pure transitional cell carcinoma
 - Flat (non-papillary) transitional cell carcinoma
 - Transitional cell carcinoma with squamous differentiation
 - Transitional cell carcinoma with glandular differentiation
 - Transitional cell carcinoma with trophoblastic differentiation
 - Nested transitional cell carcinoma
 - Microcystic transitional cell carcinoma

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HISTOLOGY CODING RULES: URINARY SINGLE TUMOR

- H4: Code 8130 (papillary transitional cell carcinoma) (Table 1 - Code 8130) when there is:
 - Papillary carcinoma
 - Papillary transitional cell carcinoma
 - Papillary carcinoma and transitional cell carcinoma

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POP QUIZ

- TURBT: 1 cm papillary carcinoma of bladder neck.
- What is the histology code?
 - 8050/3 Papillary carcinoma NOS
 - 8130/3 Papillary transitional cell carcinoma
- What is the histology coding rule that applies?

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HISTOLOGY CODING RULES: URINARY SINGLE TUMOR

- H5: Code the histology when only one histologic type is identified
- H6: Code the invasive histologic type when a single tumor has invasive and in situ components.

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HISTOLOGY CODING RULES: URINARY SINGLE TUMOR

- H7: Code the most specific histologic term:
 - Cancer/malignant neoplasm, NOS (8000) and a more specific histology
 - Carcinoma, NOS (8010) and a more specific carcinoma
 - 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.
- H8: Code the histology with the numerically higher ICD-O-3 code.

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POP QUIZ

- Bladder biopsy: Invasive high grade urothelial carcinoma with component of small cell carcinoma (30%) with invasion into muscularis propria present.
- What is the histology code?
 - 8041/3 Small cell carcinoma NOS
 - 8045/3 Combined small cell carcinoma
 - 8120/3 Urothelial carcinoma NOS
- What is the histology coding rule that applies?

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POP QUIZ

- SINO question 20140023
 - Rule H7 is applicable for this case based on the information provided. This tumor has a mixed histology, urothelial carcinoma with component of small cells. In general, bladder cancers of small cell type show a more aggressive clinical course than urothelial cell type, the more specific histology code 8045/3, combined small cell carcinoma, is preferable for this case, compared to the code 8120/3, urothelial carcinoma, NOS, because the small cell component drives the treatment and survival. This is an exception to the current rules. The next version of the rules will clarify this point.

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HISTOLOGY CODING RULES: URINARY MULTIPLE TUMORS SINGLE PRIMARY

- H9: Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available.
- H10: Code the histology from the metastatic site when there is no pathology/cytology specimen from the primary site.

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HISTOLOGY CODING RULES: URINARY MULTIPLE TUMORS SINGLE PRIMARY

- H11: Code 8120 (transitional cell/urothelial carcinoma) (Table 1 - Code 8120) when there is:
 - Pure transitional cell carcinoma
 - Flat (non-papillary) transitional cell carcinoma
 - Transitional cell carcinoma with squamous differentiation
 - Transitional cell carcinoma with glandular differentiation
 - Transitional cell carcinoma with trophoblastic differentiation
 - Nested transitional cell carcinoma
 - Microcystic transitional cell carcinoma

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HISTOLOGY CODING RULES: URINARY MULTIPLE TUMORS SINGLE PRIMARY

- H12: Code 8130 (papillary transitional cell carcinoma) (Table 1 - Code 8130) when there is:
 - Papillary carcinoma
 - Papillary transitional cell carcinoma
 - Papillary carcinoma and transitional cell carcinoma

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POP QUIZ

- TURBT: 1 cm transitional cell carcinoma bladder wall involves lamina propria; 0.8 cm papillary transitional cell carcinoma involves the lamina propria.
- What is the histology code?
 - 8120/3 Transitional cell carcinoma NOS
 - 8130/3 Papillary transitional cell carcinoma
- What is the histology coding rule that applies?

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HISTOLOGY CODING RULES: URINARY MULTIPLE TUMORS SINGLE PRIMARY

- H13: Code the histology when only one histologic type is identified.
- H14: Code the histology of the most invasive tumor.
- H15: Code the histology with the numerically higher ICD-O-3 code.

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POP QUIZ

- 1/19/13 TURBT: Papillary urothelial carcinoma, high grade, noninvasive of right lateral bladder wall
- 3/18/13 Left renal pelvis biopsy: High grade transitional cell carcinoma of calyx
- What is the histology code?
 - 8120/3 Transitional cell carcinoma NOS
 - 8130/3 Papillary transitional cell carcinoma
- What is the histology coding rule that applies?

Bladder

CASE SCENARIO

Lung

MULTIPLE PRIMARY RULES

HISTOLOGY RULES

UNKNOWN IF SINGLE OR MULTIPLE TUMORS

- 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.

NAACCR

MULTIPLE PRIMARY RULES

SINGLE TUMOR

- Rule M2
- A single tumor is always a single primary.

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MULTIPLE PRIMARY RULES

MULTIPLE TUMORS

- Rule M3
- Tumors in sites with ICD-O-3 topography codes that are different at the second (C_{xx}) and/or third character (C_{xxx}) are multiple primaries.
- Rule M4
- At least one tumor that is non-small cell carcinoma (8046) and another tumor that is small cell carcinoma (8041-8045) are multiple primaries.

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Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations

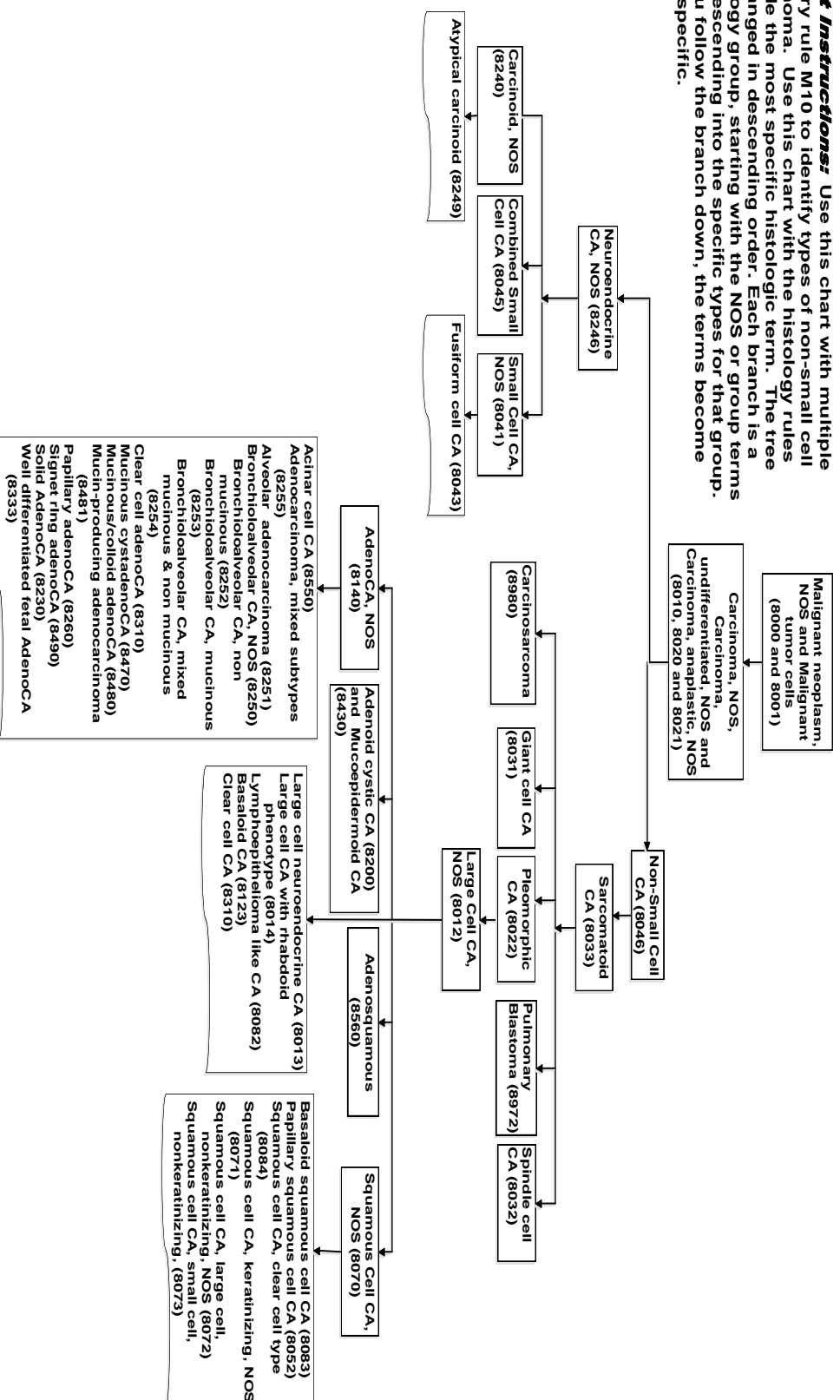
C340-C349

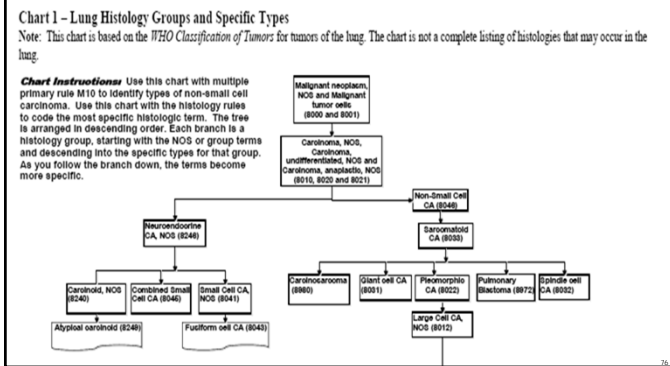
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Chart 1 – Lung Histology Groups and Specific Types

Note: This chart is based on the *WHO Classification of Tumors* for tumors of the lung. The chart is not a complete listing of histologies that may occur in the lung.

Chart Instructions: Use this chart with multiple primary rule M10 to identify types of non-small cell carcinoma. Use this chart with the histology rules to code the most specific histologic term. The tree is arranged in descending order. Each branch is a histology group, starting with the NOS or group terms and descending into the specific types for that group. As you follow the branch down, the terms become more specific.





MULTIPLE PRIMARY RULES

MULTIPLE TUMORS

- Rule M5
 - A tumor that is adenocarcinoma with mixed subtypes (8255) and another that is bronchioloalveolar (8250-8254) are multiple primaries.
- Rule M6
 - A single tumor in each lung is multiple primaries.

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QUESTION

- Single tumor in left lung, single tumor in right lung. The rules take you to M6.
- Suppose the tumor in left lung is biopsied (squamous cell carcinoma) and there is a physician statement that right lung mass is metastatic from left lung tumor.
 - In this case, is it a single primary or multiple primaries?

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ANSWER


Lung SEER SINO
20071061



MULTIPLE PRIMARY RULES

MULTIPLE TUMORS


- Rule M7
- Multiple tumors in both lungs with ICD-O-3 histology codes that are different at the first (xxx), second (xxx) or third (xxx) number are multiple primaries.
- Rule M8
- Tumors diagnosed more than three (3) years apart are multiple primaries.



MULTIPLE PRIMARY RULES

MULTIPLE TUMORS

- Rule M9
- An invasive tumor following an in situ tumor more than 60 days after diagnosis is a multiple primary.
- Rule M10
- Tumors with non-small cell carcinoma, NOS (8046) and a more specific non-small cell carcinoma type (Chart 1) are a single primary.



MULTIPLE PRIMARY RULES

MULTIPLE TUMORS

- Rule M11
 - Tumors with ICD-O-3 histology codes that are different at the first (xxx), second (xxx) or third (xxx) number are multiple primaries.
- Rule M12
 - Tumors that do not meet any of the above criteria are a single primary.

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POP QUIZ

- Lung, right lower lobe, wedge excision (A): Invasive moderately differentiated adenocarcinoma with focal lepidic pattern (pT1a, pN0).
- Lung right lower lobe, completion lobectomy (F): Separate focus of well differentiated adenocarcinoma with lepidic pattern (4mm) (see comment).
 - COMMENT: The block F7 shows a microscopic focus of adenocarcinoma with lepidic growth pattern. This most likely represents a separate primary tumor since the stapled margins were all negative for involvement. This focus measures less than 0.4 cm.
- Tumor focality: Most likely two separate primary tumor nodules. Histologic type: adenocarcinoma, mixed type (NOS and lepidic type).

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ANSWER

Lung SEER SINO
20130072

NAACCR

LEPIDIC

- "Lepidic" is a growth pattern meaning that tumor cells are growing along the alveolar septa.
- It is characteristic of bronchioloalveolar carcinoma (BAC), but not diagnostic of it.
- It is not considered a type/subtype of adenocarcinoma.
- For lepidic lung neoplasms, code the histology indicated, for example BAC.

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POP QUIZ

- How many primaries should be reported when a patient has a history of RLL adenocarcinoma diagnosed on 10/8/2009 followed by diagnoses of LUL adenocarcinoma on 10/5/2012 and a RUL adenocarcinoma on 3/26/2014?

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ANSWER

Lung SEER SINO
20140062

NAACCR

Lung

HISTOLOGY RULES

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HISTOLOGY 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.
- Rule H2
 - Code the histology from a metastatic site when there is no pathology/cytology specimen from the primary site.
- Rule H3
 - Code the histology when only one histologic type is identified.

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POP QUIZ

- How is histology coded when there is a lung biopsy compatible with non-small cell carcinoma and regional lymph node biopsies compatible with adenocarcinoma?

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ANSWER

Lung SEER SINO
20100062

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HISTOLOGY RULES

SINGLE TUMOR

- Rule H4
 - Code the invasive histologic type when a single tumor has invasive and in situ components.
- Rule H5
 - Code the most specific term using Chart 1 when there are multiple histologies within the same branch.

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POP QUIZ

- FINAL PATHOLOGIC DIAGNOSIS: CT-guided needle biopsies: Positive for malignancy, consistent with adenocarcinoma.
- Comment: the adenocarcinoma present also shows rare CD56 staining which indicates a neuroendocrine component.
- What is the correct histology code for this lung tumor?

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ANSWER


Lung SEER SINO
20140060



HISTOLOGY RULES

SINGLE TUMOR

- Rule H6
 - Code the appropriate combination/mixed code (Table 1) when there are multiple specific histologies or when there is a non-specific with multiple specific histologies.
- Rule H7
 - Code the histology with the numerically higher ICD-O-3 code.



Column 1: Required Terms	Column 2: Additional Required Terms	Column 3: ICD-O-3 Term	Column 4: ICD-O-3 Code
Giant cell carcinoma AND spindle cell carcinoma		Giant cell and spindle cell carcinoma	8010
Small cell carcinoma AND one of the histologies in Column 2 <i>Note: Diagnosis must be small cell carcinoma (NOS), not a subtype of small cell</i>	Adenocarcinoma Large cell carcinoma Squamous cell carcinoma	Combined small cell carcinoma Mixed small cell carcinoma	8045
Squamous cell carcinoma* AND large cell nonkeratinizing		Squamous cell carcinoma, large cell, nonkeratinizing	8072
Squamous cell carcinoma AND small cell nonkeratinizing		Squamous cell carcinoma, small cell, nonkeratinizing	8073
Squamous cell carcinoma* AND one of the histologies in Column 2	Spindle cell carcinoma Sarcomatoid	Squamous cell carcinoma, spindle cell Squamous cell carcinoma, sarcomatoid	8074
A combination of at least two of the histologies in Column 2**	Actinar Bronchioloalveolar carcinoma Bronchioloalveolar carcinoma non mucinous (Clara cell type II pneumocyte) Bronchioloalveolar carcinoma mucinous (goblet cell) Bronchioloalveolar carcinoma mixed mucinous and non-mucinous Clear cell adenocarcinoma Papillary adenocarcinoma Solid adenocarcinoma Well-differentiated fetal adenocarcinoma	Adenocarcinoma with mixed subtypes**	8255**
Adenocarcinoma AND squamous cell carcinoma <i>Note: Diagnosis must be adenocarcinoma (NOS), not a subtype of adenocarcinoma</i>		Adenosquamous carcinoma	8560
Epithelial carcinoma AND mesoepithelial carcinoma		Epithelial-myoepithelial carcinoma	8562

POP QUIZ

- How is histology coded for a single tumor with a diagnosis of squamous carcinoma and large cell undifferentiated neuroendocrine carcinoma?

NAACCR

ANSWER

Lung SEER SINO
20100078

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HISTOLOGY RULES

MULTIPLE TUMORS

- Rule H8
 - Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available.
- Rule H9
 - Code the histology from a metastatic site when there is no pathology/cytology specimen from the primary site.
- Rule H10
 - Code the histology when only one histologic type is identified.

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HISTOLOGY RULES

MULTIPLE TUMORS

- Rule H11
 - Code the histology of the most invasive tumor.
- Rule H12
 - Code the most specific term using Chart 1 when there are multiple histologies within the same branch.

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POP QUIZ

- The final diagnosis is "adenocarcinoma in situ/BAC" and the comment states, "The findings in the current biopsy are most compatible with low grade malignant lesions which, in this sample, shows features of adenocarcinoma in situ (former bronchioloalveolar adenocarcinoma)"
 - What histology code should I use?

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ANSWER

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20130093

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Questions?

LUNG CASE SCENARIO & QUIZ




USING THE MULTIPLE PRIMARY AND HISTOLOGY (MP/H) CODING RULES

2014-2015 NAACCR Webinar Series
December 4, 2014



Using the MP/H Coding Rules

BREAST



EQUIVALENT OR EQUAL TERMS: BREAST

- And, with (used in histology rules, i.e. duct and lobular is equivalent to duct with lobular)
- Duct, ductal
- Mammary, breast
- Mucinous, colloid
- NOS, NST
- Tumor, mass, lesion, neoplasm
- Synonyms for "in situ"
 - Behavior code '2'
 - DCIS
 - Intracystic
 - Intraductal
 - Noninfiltrating
 - Noninvasive

TABLE 1: INTRADUCTAL CARCINOMA

ICD-O-3 Code	Type
8201	Cribriform
8230	Solid
8401	Apocrine
8500	Intraductal, NOS
8501	Comedo
8503	Papillary
8504	Intracystic carcinoma
8507	Micropapillary/Clinging

TABLE 2: DUCTAL CARCINOMA

ICD-O-3 Code	Type
8022	Pleomorphic carcinoma
8035	Carcinoma with osteoclast-like cells
8500	Duct, NOS
8501	Comedocarcinoma
8502	Secretory carcinoma of breast
8503	Intraductal papillary adenocarcinoma with invasion
8508	Cystic hypersecretory carcinoma

TABLE 3: COMBINATION CODES FOR BREAST CANCER

Column 1: Required Histology	Column 2: Combined with Histology	Column 3: Combination Term	Column 4: Code
Any combination excluding lobular and duct histologies from Tables 1 and 2	Other than ductal and lobular	Adenocarcinoma with mixed subtypes*	8255/3*
Intraductal carcinoma and	Lobular carcinoma in situ	Intraductal carcinoma and lobular carcinoma in situ	8522/2
Infiltrating duct and	Infiltrating lobular carcinoma	Infiltrating duct and lobular carcinoma	8522/3
Intraductal and two or more of the histologies in Column 2 OR two or more of the histologies in Column 2	Cyberform Solid Apocrine Papillary Micropapillary Clumped	Intraductal mixed with other types of carcinoma	8523/2
Infiltrating duct and one or more of the histologies in Column 2	Tubular Apocrine Micronous Secretory carcinoma Intraductal papillary adenocarcinoma with invasion Intracyclic carcinoma, NOS Medullary	Infiltrating duct mixed with other types of carcinoma	8523/3

Table 3 continues on the next page.

TABLE 3: COMBINATION CODES FOR BREAST CANCER

Column 1: Required Histology	Column 2: Combined with Histology	Column 3: Combination Term	Column 4: Code
<small>Table 2 continued</small>			
Infiltrating lobular carcinoma and	Tubular Apocrine Micronous Secretory carcinoma Intraductal papillary adenocarcinoma with invasion Intracyclic carcinoma, NOS Medullary Paget disease (NOS and invasive)	Infiltrating lobular mixed with other types of carcinoma <small>Note: Invasive carcinomas only. Do not use this code for in situ</small>	8524/3
Paget disease and	Infiltrating duct carcinoma (includes any specific duct type listed in Table 2)	Paget disease and infiltrating duct carcinoma	8541/3
Paget disease and	Intraductal carcinoma (includes any specific intraductal type in Table 1)	Paget disease and intraductal carcinoma	8543/3

*Rarely used for breast cancer

MP RULES: BREAST

- Unknown if Single or Multiple Tumors
- 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.
- Single Tumor
- M2: Inflammatory carcinoma in one or both breasts is a single primary.
- M3: A single tumor is always a single primary.

**MP RULES: BREAST
MULTIPLE TUMORS**

- M4: Tumors in sites with ICD-O-3 topography codes (Cxxx) with different second (Cxxx) and/or third characters (Cxxx) are multiple primaries.
- M5: Tumors diagnosed more than five (5) years apart are multiple primaries.
- M6: Inflammatory carcinoma in one or both breasts is a single primary.

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POP QUIZ

- 6/2008 Needle biopsy right breast cancer: Invasive carcinoma
- 7/2008 Lumpectomy: Infiltrating ductal carcinoma
- 7/2008 Chemotherapy
- 1/2009 Bilateral mastectomy and reconstruction: No residual breast tumor; 1 positive right axillary lymph node.
- 12/2013 Needle biopsy at 2:00 right reconstructed breast: Invasive carcinoma
- 1/2014 Lumpectomy right breast: Poorly differentiated infiltrating ductal cancer, breast tissue

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POP QUIZ

- How many primary tumors does the patient have, and what M rule was used to determine that?

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**MP RULES: BREAST
MULTIPLE TUMORS**

- M7: Tumors on both sides (right and left breast) are multiple primaries.
- M8: An invasive tumor following an in situ tumor more than 60 days after diagnosis is a multiple primary.
- M9: Tumors that are intraductal or duct and Paget Disease are a single primary.
- M10: Tumors that are lobular (8520) and intraductal or duct are a single primary.

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POP QUIZ

- A 1.2 cm lobular carcinoma was incidentally discovered during the work-up of the patient's left breast that was inflammatory carcinoma with core biopsy diagnosing ductal carcinoma with apocrine features. The lobular carcinoma on the right was localized without any skin involvement.
- How many primary tumors does the patient have, and what M rule was used to determine that?

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**MP RULES: BREAST
MULTIPLE TUMORS**

- M11: Multiple intraductal and/or duct carcinomas are a single primary.
- M12: Tumors with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries.
- M13: Tumors that do not meet any of the above criteria are abstracted as a single primary.

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POP QUIZ

- Right breast mastectomy: 2.3 cm tumor with infiltrating duct and lobular carcinoma; Paget disease of the nipple.
- How many primary tumors does the patient have, and what M rule was used to determine that?

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HISTOLOGY CODING RULES: BREAST SINGLE TUMOR: IN SITU ONLY

- H1: Code the histology documented by the physician when the pathology/cytology report is not available.
- H2: Code the histology when only one histologic type is identified.

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HISTOLOGY CODING RULES: BREAST SINGLE TUMOR: IN SITU ONLY

- H3: Code the more specific histologic term when the diagnosis is:
 - Carcinoma in situ, NOS (8010) and a specific carcinoma in situ or
 - Adenocarcinoma in situ, NOS (8140) and a specific adenocarcinoma in situ or
 - Intraductal carcinoma, NOS (8500) and a specific intraductal carcinoma (Table 1)
- H4: Code 8501/2 (comedocarcinoma, non-infiltrating) when there is non-infiltrating comedocarcinoma and any other intraductal carcinoma (Table 1).

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POP QUIZ

- Right breast lumpectomy: Intraductal carcinoma with solid features.
- What is the histology code?
 - a. 8230/2 Ductal carcinoma in situ, solid type
 - b. 8500/2 Intraductal carcinoma, noninfiltrating, NOS
 - c. 8523/2 intraductal mixed with other types of carcinoma
- What is histology coding rule applies?

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HISTOLOGY CODING RULES: BREAST SINGLE TUMOR: IN SITU ONLY

- H5: Code 8522/2 (intraductal carcinoma and lobular carcinoma in situ) (Table 3) when there is a combination of in situ lobular (8520) and intraductal carcinoma (Table 1).
- H6: Code 8523/2 (intraductal carcinoma mixed with other types of in situ carcinoma) (Table 3) when there is a combination of intraductal carcinoma and two or more specific intraductal types OR there are two or more specific intraductal carcinomas.

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POP QUIZ

- Right breast lumpectomy: 1 cm tumor with lobular carcinoma in situ and intraductal papillary carcinoma.
- What is the histology code?
 - a. 8503/2 Noninfiltrating intraductal papillary adenocarcinoma
 - b. 8520/2 Lobular carcinoma in situ NOS
 - c. 8522/2 Intraductal carcinoma and lobular carcinoma in situ
- What is the histology coding rule that applies?

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HISTOLOGY CODING RULES: BREAST SINGLE TUMOR: IN SITU ONLY

- H7: Code 8524/2 (in situ lobular mixed with other types of in situ carcinoma) (Table 3) when there is in situ lobular (8520) and any in situ carcinoma other than intraductal carcinoma (Table 1).
- H8: Code 8255/2 (adenocarcinoma in situ with mixed subtypes) (Table 3) when there is a combination of in situ/non-invasive histologies that does not include either intraductal carcinoma (Table 1) or in situ lobular (8520).

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HISTOLOGY CODING RULES: BREAST SINGLE TUMOR: INVASIVE & IN SITU

- H9: Code the invasive histology when both invasive and in situ components are present.

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POP QUIZ

- Left breast lumpectomy: 1 cm tumor, infiltrating lobular carcinoma with areas of intraductal carcinoma.
- What is the histology code?
 - 8500/2 Intraductal carcinoma, noninfiltrating NOS
 - 8500/3 Infiltrating duct carcinoma NOS
 - 8520/3 Lobular carcinoma NOS
 - 8522/3 Infiltrating duct and lobular carcinoma
- What histology coding rule applies?
 - H9

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HISTOLOGY CODING RULES: BREAST SINGLE TUMOR: INVASIVE

- H10: Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available.
- H11: Code the histology from a metastatic site when there is no pathology/cytology specimen from the primary site.

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HISTOLOGY CODING RULES: BREAST SINGLE TUMOR: INVASIVE

- H12: Code the most specific histologic term when the diagnosis is:
 - Carcinoma, NOS (8010) and a more specific carcinoma or
 - Adenocarcinoma, NOS (8140) and a more specific adenocarcinoma or
 - Duct carcinoma, NOS (8500) and a more specific duct carcinoma (8022, 8035, 8501-8508) or
 - Sarcoma, NOS (8800) and a more specific sarcoma
- H13: Code 8530 (inflammatory carcinoma) only when the final diagnosis of the pathology report specifically states inflammatory carcinoma.

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HISTOLOGY CODING RULES: BREAST SINGLE TUMOR: INVASIVE


- H14: Code the histology when only one histologic type is identified.
- H15: Code the histology with the numerically higher ICD-O-3 code when there are two or more specific duct carcinomas.
- H16: Code 8522 (duct and lobular) when there is a combination of lobular (8520) and duct carcinoma (Table 3).

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POP QUIZ

- What is the histology code for invasive carcinoma of the breast, no special type?
 - a. 8010/3 Carcinoma NOS
 - b. 8500/3 Infiltrating ductal carcinoma NOS


SINQ question 20130170



POP QUIZ


- What is the histology code for pleomorphic lobular carcinoma?
 - a. 8022/3 Pleomorphic carcinoma
 - b. 8520/3 Lobular carcinoma NOS

SINQ question 20130174



POP QUIZ

- Right breast quadrantectomy: 1.5 cm tumor, comedocarcinoma mixed with pleomorphic carcinoma.
- What is the histology code?
 - a. 8022/3 Pleomorphic carcinoma
 - b. 8501/3 Comedocarcinoma NOS
 - c. 8523/3 Infiltrating duct mixed with other types of carcinoma
- What histology coding rule applies?



POP QUIZ

- What is the histology code for pleomorphic lobular carcinoma and duct carcinoma in a single breast tumor?
 - 8522/3 Infiltrating duct and lobular carcinoma
 - 8523/3 Infiltrating duct mixed with other types of carcinoma
- What histology coding rule applies?

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HISTOLOGY CODING RULES: BREAST SINGLE TUMOR: INVASIVE

- H17: Code 8523 (duct mixed with other types of carcinoma) when there is a combination of duct and any other carcinoma (Table 3).
- H18: Code 8524 (lobular mixed with other types of carcinoma) when the tumor is lobular (8520) and any other carcinoma (Table 3).
- H19: Code 8255 (adenocarcinoma with mixed subtypes) (Table 3) for multiple histologies that do not include duct or lobular (8520).

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POP QUIZ

- H&P: Inflammatory carcinoma of left breast.
- Biopsy left breast at 2 o'clock: Ductal carcinoma mixed with apocrine adenocarcinoma.
- What is the histology code?
 - 8410/3 Apocrine adenocarcinoma
 - 8523/3 Infiltrating duct mixed with other types of carcinoma
 - 8530/3 Inflammatory carcinoma
- What histology coding rule applies?

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HISTOLOGY CODING RULES: BREAST MULTIPLE TUMORS SINGLE PRIMARY

- H20: Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available.
- H21: Code the histology from a metastatic site when there is no pathology/cytology specimen from the primary site.
- H22: Code 8530 (inflammatory carcinoma) only when the final diagnosis of the pathology report specifically states inflammatory carcinoma.

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HISTOLOGY CODING RULES: BREAST MULTIPLE TUMORS SINGLE PRIMARY

- H23: Code the histology when only one histologic type is identified.
- H24: Code 8543/2 (in situ Paget disease and intraductal carcinoma) (Table 3) when the pathology report specifically states that the Paget disease is in situ and the underlying tumor is intraductal carcinoma (Table 1).
- H25: Code 8543/3 (Paget disease and intraductal carcinoma) for Paget disease and intraductal carcinoma (Table 3).

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HISTOLOGY CODING RULES: BREAST MULTIPLE TUMORS SINGLE PRIMARY

- H26: Code 8541/3 (Paget disease and infiltrating duct carcinoma) for Paget disease and invasive duct carcinoma. (Table 3).
- H27: Code the invasive histology when both invasive and in situ tumors are present.
- H28: Code 8522 (duct and lobular) when there is any combination of lobular (8520) and duct carcinoma. (Table 3).
- H29: Code the histology with the numerically higher ICD-O-3 code.

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Breast

CASE SCENARIO



COMING UP...

- Collecting Cancer Data: Testis
• 1/8/15
- Collecting Cancer Data: Uterus
• 2/5/15



AND THE WINNERS ARE.....




CE CERTIFICATE QUIZ/SURVEY

- Phrase
- Link
 - <http://www.surveygizmo.com/s3/1911795/MP-H-2014>

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