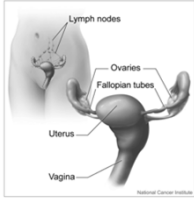



## Uterine Malignancies



**October 7, 2010**  
**NAACCR 2010-2011 Webinar Series**  
**Session 1**



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### Questions

- Please use the Q&A panel to submit your questions
- Send questions to "All Panelist"



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### Fabulous Prizes!!!



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**Agenda**

- Coding Moment: *Date of First Contact*
- Overview
  - Anatomy
  - Treatment
- Collaborative Stage
  - Corpus Uteri
  - Cervix Uteri
- Multiple Primary Rules



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**Coding Moment: Date of First Contact**

- Description
  - Date of first patient contact, as inpatient or outpatient, with the reporting facility for the **diagnosis** and/or **treatment** of the tumor.
  - The date may represent the date of an outpatient visit for a biopsy, x-ray, scan, or laboratory test.
- See the FORDS 2010 Manual pg. 5 for additional information.



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**Coding Moment: Date of First Contact**

- For analytic cases, the Date of First Contact is the date the patient qualifies as an *analytic case* Class of Case 00-22.
  - Usually, the Date of First Contact is the date of admission for diagnosis or for treatment.
  - Date of First Contact cannot be prior to Date of Diagnosis



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**Coding Moment: Date First Contact**

- If a patient is admitted for non-cancer related reasons, the Date of First Contact is the date the cancer was first suspected during the hospitalization.
- If the patient's diagnosis or treatment is as an outpatient of the facility, the Date of First Contact is the date the patient first appeared at the facility for that purpose.



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**Question**

- ...If a patient is diagnosed at a staff physician's office on 1/1/10 and comes to our facility for radiation consult on 1/15/10, then starts radiation treatment on 2/1/10, what is the date of first contact...



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**Answer**

- ...The Date of First Contact is the date the patient physically enters your facility for diagnosis or treatment. So when a patient is diagnosed elsewhere, but comes to your facility for preadmission testing, the date of first contact is the date the patient entered your facility for treatment, NOT preadmission testing...

*(I & R Team)  
47902  
7/12/2010*



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**Coding Moment: Date of First Contact**

- If a patient is initially diagnosed at your facility and then goes elsewhere for treatment (Class of Case 00), but then returned for treatment that was initially expected to occur elsewhere then...
  - Class of Case is updated to 13 or 14
  - Date of First Contact is not changed because it still represents the date the patient became analytic.



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**Coding Moment: Date First Contact**

- Example:
- A patient was diagnosed on 1/1/2011 at your facility and then went to another facility for an excisional biopsy followed by a wide excision. The patient had the excisional biopsy on 1/15/2010 at the other facility, but returned to your facility for the wide excision on 2/1/2011.
    - Change Class of Case from 00 to 13
    - Date of First Contact will stay the same



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**Coding Moment: Date First Contact**

- If the Class of Case changes from nonanalytic to analytic, the Date of First Contact is updated to the date the case became analytic (the date the patient was admitted for treatment).



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**Coding Moment: Date First Contact**

Example:

- A physician performs a biopsy off-site and the patient is diagnosed with cancer.
  - If the patient does not come to your facility for treatment the case is non-analytic.
  - If the patient subsequently receives first course treatment at the facility, the case is analytic and must be abstracted and followed.
    - The Date of First Contact is the date the patient reported to the facility for the treatment
      - Class of Case is 11 or 12 if biopsy is done by staff physician
      - Class of Case is 20 or 21 if biopsy is done by non-staff physician.



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**Coding Moment: Date First Contact**

Example:

- Patient is diagnosed at another facility and comes to your facility on 2/1/2011 for a staging work-up. The patient then returns to the original facility for surgery.
  - Class of Case 30 Date First Contact 2/1/2011
- Patient later returns for radiation therapy on 3/1/2011. This was completed at your facility as first course treatment.
  - Change Class of Case to 21 and Date First Contact to 3/1/2011.



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**Coding Moment: Date First Contact**

- If the patient was initially diagnosed at the facility and went elsewhere for treatment, but then returned for treatment that was initially expected to occur elsewhere:
  - Class of Case is updated to 13 or 14
  - Date of First Contact is not changed because it still represents the date the patient became analytic.



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Questions?



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**Uterus**

Overview



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**Cervix Uteri**

- Estimated new cases and deaths from cervical (uterine cervix) cancer in the United States in 2010:
  - New cases: 12,200
  - Deaths: 4,210



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### Human Papilloma Virus (HPV)

- Epidemiologic studies convincingly demonstrate that the major risk factor for development of preinvasive or invasive carcinoma of the cervix is HPV infection



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### Endometrium

- Estimated new cases and deaths from endometrial (uterine corpus) cancer in the United States in 2010:
  - New cases: 43,470
  - Deaths: 7,950
- Accounts for 6% of all cancers in women
  - Primarily a disease of postmenopausal women with a mean age at diagnosis of 60 years
- Estrogen therapy unopposed by progesterone therapy is a cause of endometrial cancer in women with an intact uterus.



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### Risk Factors

- Estrogen Therapy
- Tamoxifen
- Obesity
- High fat diet
- Nulliparity
- Polycystic Ovarian Syndrome
- Early Menarche
- Late Menopause



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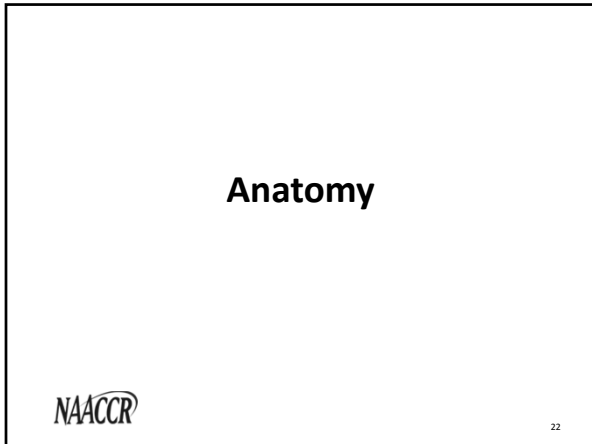
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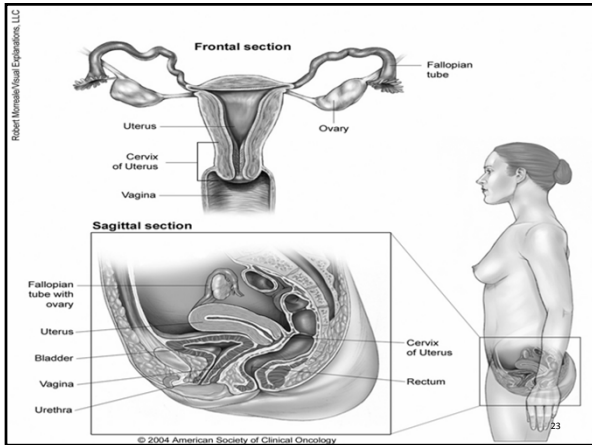
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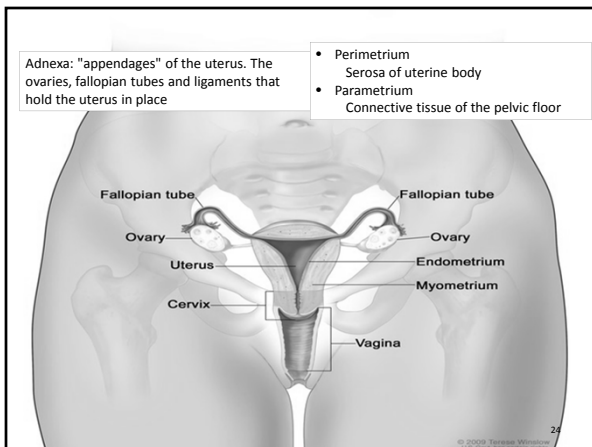
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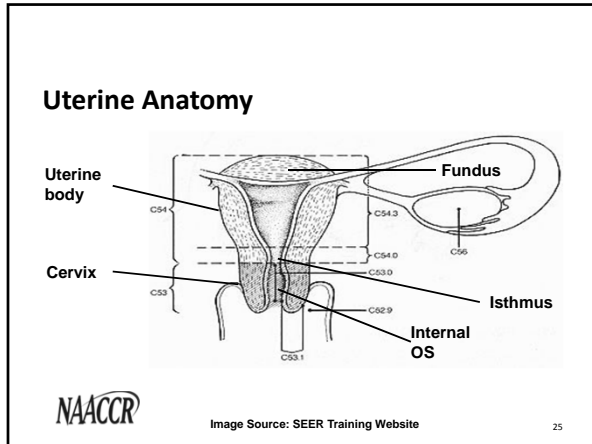
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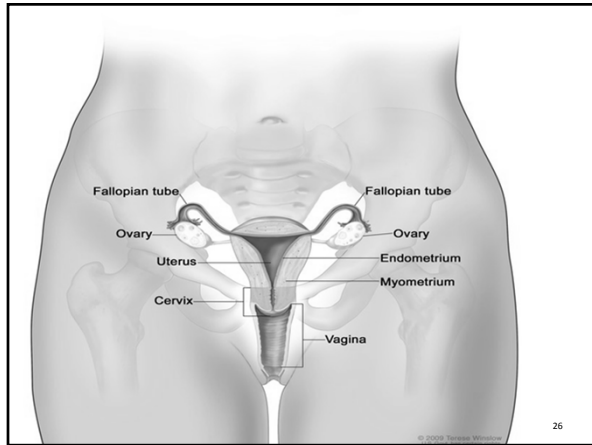
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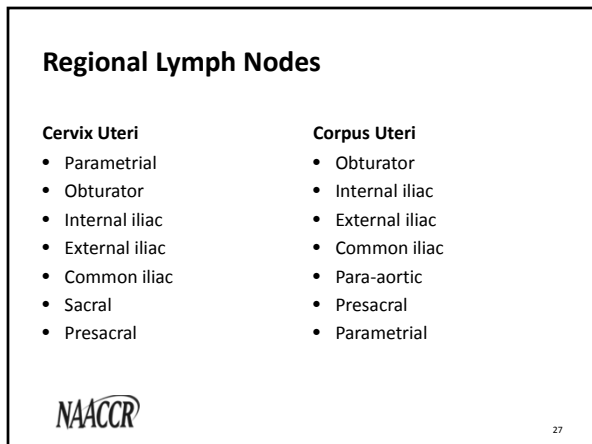
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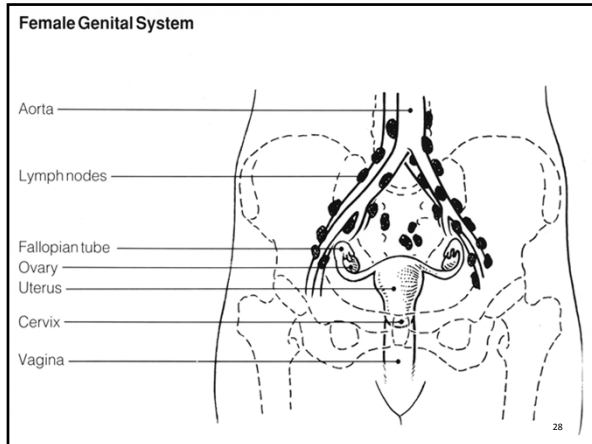
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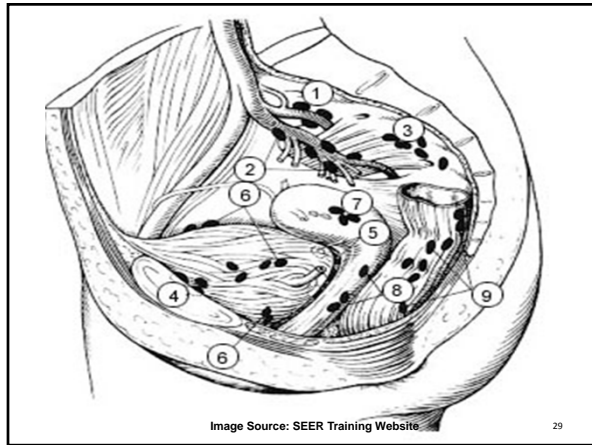
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**Common Metastatic Sites**

<b>Cervix</b>	<b>Corpus</b>
<ul style="list-style-type: none"> <li>• Para-aortic and mediastinal lymph nodes</li> <li>• Lungs</li> <li>• Peritoneal cavity</li> <li>• Skeleton</li> </ul>	<ul style="list-style-type: none"> <li>• Vagina</li> <li>• Lung</li> <li>• Intra abdominal mets to peritoneal surfaces                             <ul style="list-style-type: none"> <li>– Especially with serous and clear cell histologies</li> </ul> </li> </ul>

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**Endometrium-Carcinoma**

- Endometrioid (75%–80%)
  - Ciliated adenocarcinoma.
  - Secretory adenocarcinoma.
  - Papillary or villoglandular.
  - Adenocarcinoma with squamous differentiation.
    - Adenoacanthoma.
    - Adenosquamous



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**Endometrium-Carcinoma**

- Uterine papillary serous (<10%).
- Mucinous (1%).
- Clear cell (4%).
- Squamous cell (<1%).
- Mixed (10%).
- Undifferentiated.



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**Uterine Sarcoma**

- Carcinosarcomas (mixed mesodermal sarcomas [40%–50%]).
- Leiomyosarcomas (30%).
- Endometrial stromal sarcomas (15%).



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### Cancer Histology of the Cervix

- Squamous cell carcinoma (8070/3)
  - Arises mostly in lower third of cervix
  - 90% of all cervical cancers
  - Also called epidermoid carcinoma
- Adenocarcinoma (8140/3)
  - 10% of all cases
- Adenosquamous carcinoma (8560/3)
  - Mixed adenocarcinoma and epidermoid carcinoma)
- Small cell carcinoma (8041/3)
- Sarcoma (cell types vary)
- Lymphoma (many cell types)



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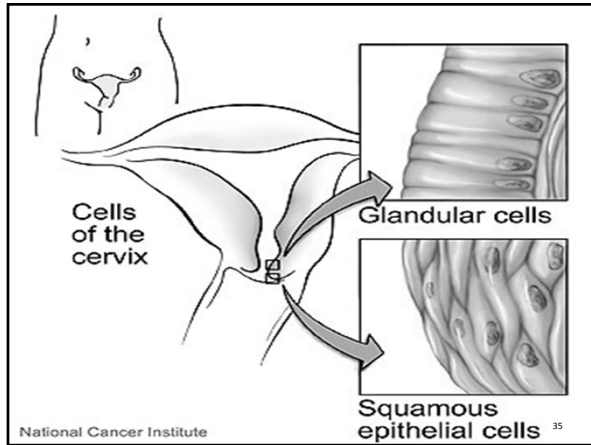
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National Cancer Institute

Squamous epithelial cells 35

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### Cancer Histology of the Cervix

- Cervical Intraepithelial Neoplasia (CIN)
  - CIN I
  - CIN II
  - CIN III
- Carcinoma In Situ of the Cervix
  - Bowen's disease
  - Stage 0
  - CIN grade III
  - confined to epithelium
  - Intraepidermal
  - Intraepithelial
  - Involvement up to, but not including the basement membrane
  - Noninfiltrating
  - Noninvasive
  - No stromal involvement
  - Papillary noninfiltrating



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**Treatment**

**National Comprehensive Cancer Network  
(NCCN)**

[http://www.nccn.org/professionals/physician\\_gls/f\\_guidelines.asp](http://www.nccn.org/professionals/physician_gls/f_guidelines.asp)



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**Tracheloectomy**

- Tracheloectomy is the removal of the cervix.
  - Often performed in women wishing to preserve fertility.
  - 29 Tracheloectomy; removal of cervical stump; cervicectomy
    - Any combination of 20, 24, 26, 27 or 29 WITH
    - 21 Electrocautery
    - 22 Cryosurgery
    - 23 Laser ablation or excision



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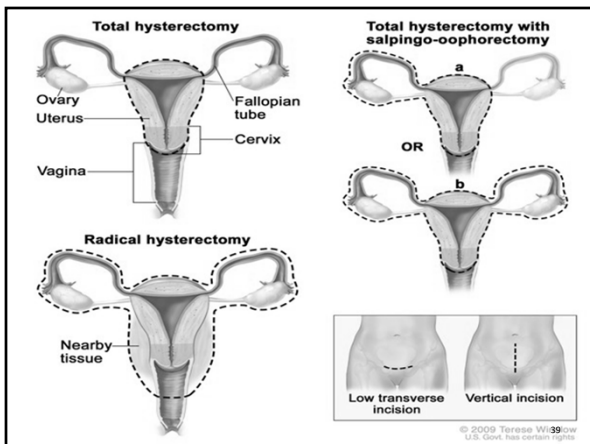
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**Lymph Node Dissection**

- Cervix
  - Pelvic lymph node dissection
  - Para-aortic lymph node sampling or dissection
  - Retroperitoneal lymph node dissection
- Corpus
  - Pelvic lymph node dissection
  - Para-aortic lymph node dissection
    - Not random sampling



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**Pelvic Exenteration**

- Pelvic exenteration (or pelvic evisceration) is a radical surgical treatment that removes all organs from a person's pelvic cavity.
  - The urinary bladder, urethra, rectum, and anus are removed.
  - In women, the vagina, cervix, uterus, fallopian tubes, ovaries, and in some cases the vulva are removed.
  - In men the prostate is removed.



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**Disseminated Metastases**

- Cervical
  - Systemic therapy or individualized radiation therapy
- Corpus
  - If low grade endometrioid carcinoma, hormone treatment may be indicated.
  - If not low grade or if disease progresses chemotherapy is recommended.



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**Radiation**

- 3D or IMRT
- Pelvic radiation
- Brachytherapy
- Concurrent Chemoradiation

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**Systemic Therapy**

- Cisplatin based
- Hormone Treatment (Corpus)

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**Questions?**

NAACCR

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**CSv2 Corpus Uteri**

These materials have been adapted from the CSv2 education and training team materials for gynecologic sites.



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**CSv2 Schemas for Corpus Uteri**

- CorpusCarcinoma
  - Carcinoma of endometrium and carcinosarcoma
  - ICD-O-3 morphology codes: 8000-8790, 8980-8981, 9700-9701
- CorpusSarcoma
  - Leiomyosarcoma and endometrial stromal sarcoma
  - ICD-O-3 morphology codes: 8800-8932, 8934-8974, 8982-9136, 9141-9582
- CorpusAdenosarcoma
  - Adenosarcoma
  - ICD-O-3 morphology code: 8933



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**CS Extension: Corpus Uteri**

- TNM definitions for corpus uteri have changed in AJCC 7<sup>th</sup> Edition
  - Reflects new staging adopted by the International Federation of Gynecology and Obstetric (FIGO)
    - Carcinoma of the endometrium and carcinosarcoma
    - Leiomyosarcoma and endometrial stromal sarcoma
    - Adenosarcoma



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**CS Extension: Corpus Uteri**

Description	CS Ext	Derived T Carcinoma	Derived T Sarcoma	Derived T Adenosarcoma
Invades less than ½ of myometrium	120	1a	^	1b
Invades ½ or more of myometrium	130	1b	^	1c

 ^T category for AJCC 7<sup>th</sup> Ed. is based on values of CS Tumor Size & CS Extension.

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**CS Extension: Corpus Uteri**

- FIGO stage is surgical staging
- AJCC 6th and 7th Edition staging are different for this disease
- Positive cytology is reported separately without changing stage
  - Cancer cells in ascites or in peritoneal washings was not specifically categorized 1977 Summary Stage Guide, so it's unclear to which stage previous cases may were coded



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**CS Extension: Corpus Uteri**

- Record the code with extension detail over the FIGO Staging when both FIGO Staging and extension detail are available
- Extension to bowel or bladder mucosa must be biopsy proven to rule out bullous edema
- Classify simultaneous tumors of the uterine corpus and ovary/pelvis in association with ovarian/pelvic endometriosis as independent primary tumors



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**CS Extension: Corpus Uteri**

Description	CS Ext	Derived T Carcinoma	Derived T Sarcoma	Derived T Adenosarcoma
Extension or metastasis to bladder wall or rectal wall (excluding mucosa)	660	3b	2b	2b
Extension to bowel mucosa or bladder mucosa	710	4	4	4

 ^T category for AJCC 7<sup>th</sup> Ed. is based on values of CS Tumor Size & CS Extension.

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**CS Lymph Nodes: Corpus Uteri**

- TNM definitions for corpus uteri have changed in AJCC 7<sup>th</sup> Edition
- Code only regional nodes and nodes, NOS, in CS Lymph Nodes
- Assume lymph nodes are not involved if the clinician says "adnexa palpated" but doesn't mention lymph nodes
- Assume lymph nodes are negative if either exploratory or definitive surgery is done with no mention of lymph nodes
- Regional nodes include bilateral and contralateral involvement of named nodes



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**CS Lymph Nodes: Corpus Uteri**

**CorpusCarcinoma ONLY**

- Record the code with lymph node positivity detail over the FIGO Staging when both FIGO Staging and lymph node positivity detail are available
- FIGO IIIC1 is for N1 disease and FIGO IIIC2 is for N2 diseases



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**CS Mets at DX: Corpus Uteri**

- TNM definitions for corpus uteri have changed in AJCC 7<sup>th</sup> Edition
- Metastasis to pelvic or para-aortic lymph nodes is coded in CS Lymph Nodes
- Record the code with metastasis detail over the FIGO Staging when both FIGO Staging and metastasis detail are available




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**CS Mets at DX: Corpus Uteri**

Code	Description
00	None
11	Distant lymph nodes •Superficial inguinal
12	Distant lymph nodes other than code 11
40	Distant metastases except distant lymph nodes •CorpusCarcinoma: Excluding metastasis to vagina, pelvic serosa, or adnexa •CorpusAdenosarcoma & CorpusSarcoma: Excluding adnexa & continuous extension to abdominal tissues
50	(40) = any of [(11) to (12)]
55	FIGO Stage IVB
60	Distant metastasis NOS
99	Unknown

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**SSF1: Corpus Uteri**

- FIGO Stage: CorpusSarcoma

Code	Description	Code	Description
100	FIGO Stage I	320	FIGO Stage IIIB
110	FIGO Stage IA	330	FIGO Stage IIIC
120	FIGO Stage IB	400	FIGO Stage IVA
200	FIGO Stage II	410	FIGO Stage IVB
210	FIGO Stage IIA	888	Obsolete
220	FIGO Stage IIB	987	In situ
300	FIGO Stage III	988	Not applicable
310	FIGO Stage IIIA	999	FIGO Unknown




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Carcinoma of Corpus Uteri		
FIGO	Description	TNM Category
I	Confined to corpus uteri	T1
IA	Limited to endometrium or invades less than ½ of myometrium	T1a
IB	Invades ½ or more of myometrium	T1b
II	Invades stromal connective tissue of cervix but not beyond uterus	T2
IIIA	Involves serosa and/or adnexa (direct extension or metastasis)	T3a
IIIB	Vaginal or parametrial involvement (direct extension or metastasis)	T3b
IIIC1	Pelvic node involvement	N1
IIIC2	Para-aortic node involvement	N2
IVA	Invades bladder mucosa and/or bowel mucosa	T4
IVB	Distant metastases	M1

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Sarcoma of Corpus Uteri		
FIGO	Description	TNM Category
I	Limited to uterus	T1
IA	5 cm or less in greatest dimension	T1a
IB	More than 5 cm in greatest dimension	T1b
II	Extends beyond uterus within pelvis	T2
IIA	Involves adnexa	T2a
IIB	Involves other pelvic tissues	T2b
III	Infiltrates abdominal tissues	T3
IIIA	One site	T3a
IIIB	More than one site	T3b
IIIC	Regional node involvement	N1
IVA	Invades bladder or rectum	T4
IVB	Distant metastases	M1

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Adenosarcoma of Corpus Uteri		
FIGO	Description	TNM Category
I	Limited to uterus	T1
IA	Limited to endometrium/endocervix	T1a
IB	Invades less than ½ of myometrium	T1b
IC	Invades ½ or more of myometrium	T1c
II	Extends beyond uterus within pelvis	T2
IIA	Involves adnexa	T2a
IIB	Involves other pelvic tissues	T2b
III	Involves abdominal tissues	T3
IIIA	One site	T3a
IIIB	More than one site	T3b
IIIC	Regional node involvement	N1
IVA	Invades bladder or rectum	T4
IVB	Distant metastases	M1

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**SSF2: Corpus Uteri**

•Peritoneal Cytology

Code	Description
000	Negative
010	Malignant cells positive
020	Test done, results suspicious or undetermined
888	Obsolete
988	Not applicable
997	Test ordered, results not in patient record
998	Test not done, including no path specimen available
999	Unknown




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**SSF3: Corpus Uteri**

•Number of Positive Pelvic Nodes

Code	Description
000	All pelvic nodes examined negative
001-089	1-89 pelvic nodes positive (code exact number)
090	90 or more pelvic nodes positive
095	Positive aspiration or core biopsy of pelvic node(s)
097	Positive pelvic nodes – number unspecified
098	No pelvic nodes examined
888	Obsolete
988	Not applicable
999	Unknown if pelvic nodes positive

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**SSF4: Corpus Uteri**

•Number of Examined Pelvic Nodes

Code	Description
000	No pelvic nodes examined
001-089	1-89 pelvic nodes examined (code exact number)
090	90 or more pelvic nodes examined
095	No pelvic nodes removed but aspiration or core biopsy of pelvic node(s)
096	Pelvic node sampling & number of nodes unknown
097	Pelvic node dissection & number of nodes unknown
098	Pelvic nodes removed but number unknown & not documented as sampling or dissection
888	Obsolete
988	Not applicable
999	Unknown if nodes positive

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**Site-Specific Factors**

- SSF5
  - Number of positive para-aortic nodes
- SSF6
  - Number of examined para-aortic nodes



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**SSF7: Corpus Uteri**

•Percentage of Non-Endometrioid Cell Type in Mixed Histology Tumors

Code	Description
001	Recorded as Grade I or 1; 5% or less of non-squamous or non-morular solid growth pattern
002	Recorded as Grade II or 2; 6% to 50% of non-squamous or non-morular solid growth pattern
003	Recorded as Grade III or 3; more than 50% of non-squamous or non-morular solid growth pattern
988	Not applicable
999	No 2, 3, or 4 grade system available; unknown



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**SSF8: Corpus Uteri**

Code	Description
000	Omentectomy not performed
010	Omentectomy performed
988	Not applicable
999	Unknown if omentectomy performed



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**Summary**

**CSv2 for Corpus Uteri**

- Histology of the primary tumor defines the schema
- Peritoneal cytology is coded in SSF2
  - Do not code in CS Extension
- CorpusCarcinoma is only schema with N2 disease
- No major changes to CS Mets at DX
- Prognostic information collected in SSF1 – SSF8



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**Questions?**



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**Cervix Uteri**



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**CS Tumor Size: Cervix**

- Code largest measurement of horizontal spread or surface diameter
  - Code depth of invasion in CS Extension
- T category is assigned based on value of CS Tumor Size if CS Extension code = 200, 250, 300, 310, 380, 390, 400, 410, or 450



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**CS Extension: Cervix Uteri**

- Code involvement of anterior and/or posterior septum as involvement of vaginal wall
- Record positive pelvic or peritoneal washings as information only; do not code as metastatic disease
- FIGO no longer includes Stage 0 (Tis)
- Macroscopically visible lesions are T1b FIGO Stage IB.



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**CS Tumor Size & CS Extension**

- *Example:* Squamous cell carcinoma of the cervix; stromal microinvasion 2mm, horizontal spread 5 mm
  - CS Tumor Size
    - 005
  - CS Extension
    - 110



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**CS Tumor Size & CS Extension**

- *Example:* Poorly differentiated squamous cell carcinoma of the endocervix invades entire endocervical canal; macroscopically measures 2cm in diameter; pelvic washings positive for squamous cell carcinoma
  - CS Tumor Size
    - 020
  - CS Extension
    - 200




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**CS Lymph Nodes: Cervix**

Code	Description
000	No regional lymph node involvement
100	Regional lymph nodes
200	FIGO Stage IIIB based on lymph node involvement
800	Lymph nodes, NOS
999	Unknown




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**CS Mets at DX: Cervix**

Code	Description
00	None
10	Distant lymph nodes
40	Distant metastases except distant lymph nodes
50	10 + 40
60	Distant metastasis, NOS; Stated as M1
70	FIGO Stage IVB
80	FIGO Stage IV
99	Unknown




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**CS Tumor Size & CS Extension**

- *Example:* Poorly differentiated squamous cell carcinoma of the endocervix invades entire endocervical canal; macroscopically measures 2cm in diameter; pelvic washings positive for squamous cell carcinoma
  - CS Mets at DX
    - 00




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**SSF1: Cervix**

- FIGO Stage: Cervix

Code	Description
100	FIGO Stage I
110	FIGO Stage IA
111	FIGO Stage IA1
112	FIGO Stage IA2
120	FIGO Stage IB
200	FIGO Stage II
210	FIGO Stage IIA
211	FIGO Stage IIA1
212	FIGO Stage IIA2

Code	Description
220	FIGO Stage IIB
300	FIGO Stage III
310	FIGO Stage IIIA
320	FIGO Stage IIIB
400	FIGO Stage IV
410	FIGO Stage IVA
420	FIGO Stage IVB
888	Obsolete
987	In situ
988	Not applicable
999	FIGO Unknown




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**SSF2: Cervix**

- Pelvic Nodal Status

Code	Description
000	Negative lymph nodes
010	Positive lymph nodes
888	Obsolete
988	Not applicable
998	Lymph nodes not examined
999	Unknown




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**SSF3: Cervix**

•Assessment Method of Pelvic Node Status

Code	Description
000	Lymph nodes were not assessed
010	Clinical assessment
020	Radiography; imaging (US, CT, MRI, PET)
030	Incisional biopsy; FNA
040	Lymphadenectomy; excisional biopsy or resection
888	Obsolete
988	Not applicable
999	Unknown

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**Site-Specific Factors**

- SSF4: Para-aortic nodal status
- SSF5: Assessment method of para-aortic nodal status
- SSF6: Mediastinal node status
- SSF7: Assessment method of mediastinal node status
- SSF8: Scalene node status
- SSF9: Assessment method of scalene node status




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**Summary**

**CSv2 for Cervix Uteri**

- Code largest measurement of horizontal spread or surface diameter in CS Tumor Size
- Record positive pelvic or peritoneal washings as information only; do not code as metastatic disease
- Prognostic information collected in SSF1 – SSF8




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**Multiple Primary and Histology Rules**

Other

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**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.

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**Single Tumor**

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

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**Multiple Tumors**

- Rule M3
  - Adenocarcinoma of the prostate is always a single primary
- Rule M4
  - Retinoblastoma is always a single primary (unilateral or bilateral).
- 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.



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**Multiple Tumors**

- 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.
- Rule M9
  - Adenocarcinoma in adenomatous polyposis coli (familial polyposis) with one or more in situ or malignant polyps is a single primary.
- Rule M10
  - Tumors diagnosed more than one (1) year apart are multiple primaries.



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**Multiple Tumors**

- Rule M11
  - Tumors with ICD-O-3 topography codes that are different at the second (Cxx) and/or third characters (Cxx) 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\_).



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**Multiple Primaries**

- Rule M13
  - A frank in situ or malignant adenocarcinoma and an in situ or malignant tumor in a polyp are a single primary.
- Rule M14
  - Multiple in situ and/or malignant polyps are a single primary.
- Rule
  - M15 An invasive tumor following an in situ tumor more than 60 days after diagnosis is a multiple primary.



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**Multiple Tumors**

- 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
    - Melanoma, NOS (8720) and another is a specific melanoma or
    - Sarcoma, NOS (8800) and another is a specific sarcoma



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**Multiple Tumors**

- Rule M17
  - Tumors with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries.
- Rule M18
  - Tumors that do not meet any of the above criteria are a single primary.



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**Histology Rules**

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**Single Tumor: Invasive Only**

- 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 8140 (adenocarcinoma, NOS) for prostate primaries when the diagnosis is acinar (adeno)carcinoma.

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**Single Tumor: Invasive Only**

- Rule H11
  - Code the histology when only one histologic type is identified
- Rule H12
  - Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma) when tumor arises in a polyp

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**Single Tumor: Invasive Only**

- Rule H13
  - Code the most specific histologic term.
- 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).

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**Single Tumor: Invasive Only**

- 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

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**Table 2**

Required Histology	Combined with Histology	Combined Term	Code
Gyn malignancies with two or more of the histologies in column 2	<ul style="list-style-type: none"> <li>• Clear cell</li> <li>• Endometroid</li> <li>• Mucinous</li> <li>• Papillary</li> <li>• Serous</li> <li>• Squamous</li> <li>• Transitional (Brenner)</li> </ul>	Mixed cell adenocarcinoma	8323

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**Multiple Tumors Abstracted as a Single Primary**

- Rule H17
  - Code the histology with the numerically higher ICD-O-3 code.
- Rule H18
  - Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available.
- Rule H19
  - Code the histology from a metastatic site when there is no pathology/cytology specimen from the primary site.



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**Multiple Tumors Abstracted as a Single Primary**

- 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).
- 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).



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**Multiple Tumors Abstracted as a Single Primary**

- Rule H23
  - Code the histology when only one histologic type is identified
- 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 tumor arises in polyp.



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**Multiple Tumors Abstracted as a Single Primary**

- 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.



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**Multiple Tumors Abstracted as a Single Primary**

- Rule H29
  - Code the most specific histologic term.
- 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.
- Rule H31
  - Code the histology with the numerically higher ICD-O-3 code.



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**Pop Quiz**

- Patient had simple hysterectomy for known squamous cell carcinoma of the cervix. Pathology revealed an incidental finding of endometrioid adenocarcinoma of the endometrium.
  - How many primaries are present
  - Which multiple primary rule do we use to determine this?



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**Pop Quiz**

- Pathology from a hysterectomy showed two tumors arising the endometrium. The first was an endometrioid adenocarcinoma, secretory variant (8382/3). The second was endometrioid adenocarcinoma, variant (8383/3).
  - How many primaries are present?
  - Which multiple primary rule do we use to determine this?



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**Pop Quiz**

- Pathology from a hysterectomy showed a single tumor arising in the endometrium. The pathologist referred to the tumor as clear cell adenocarcinoma with serous features.
  - What histology code would we assign this primary?
  - What rule would we use to assign the histology code for this primary?



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**Questions?**



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**Prizes**

The winner is....



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**Thank You!!!**

Join us next month for  
*Collecting Cancer Data:*  
*Hematopoietic Disease*  
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