

Table 2 Continued

Use this **two-page** table to select combination histology codes. Compare the terms in the diagnosis to the terms in Columns 1 and 2. If the terms match, code the case using the ICD-O-3 histology code in column 4. Use the combination codes listed in this table only when the histologies in the tumor match the histologies listed below

Column 1: Required Histology	Column 2: Combined With	Column 3: Combination Term	Column 4: Code
Small cell carcinoma	Large cell carcinoma	Combined small cell carcinoma	8045
	Adeno-carcinoma		
	Squamous cell carcinoma		
Squamous carcinoma	Basal cell carcinoma	Basosquamous carcinoma	8094
Islet cell	Exocrine	Mixed islet cell and exocrine adenocarcinoma (pancreas)	8154
Acinar	Endocrine		

Column 1: Required Histology	Column 2: Combined With	Column 3: Combination Term	Column 4: Code
Hepatocellular carcinoma	Cholangio-carcinoma	Combined hepatocellular carcinoma and cholangiocarcinoma	8180
Adenocarcinoma	Carcinoid	Composite carcinoid	8244
Adenocarcinoma	Papillary	Adenocarcinoma with mixed subtypes Adenocarcinoma combined with other types of carcinoma	8255
	Clear cell		
	Mucinous (colloid)		
	Signet ring		
	Acinar		

4

Column 1: Required Histology	Column 2: Combined With	Column 3: Combination Term	Column 4: Code
Gyn malignancies with two or more of the histologies in column 2	Clear cell Endometrioid Mucinous Papillary Serous Squamous Transitional (Brenner)	Mixed cell adenocarcinoma	8323
Papillary and Follicular		Papillary carcinoma, follicular variant	8340
Medullary	Follicular	Mixed medullary-follicular carcinoma	8346

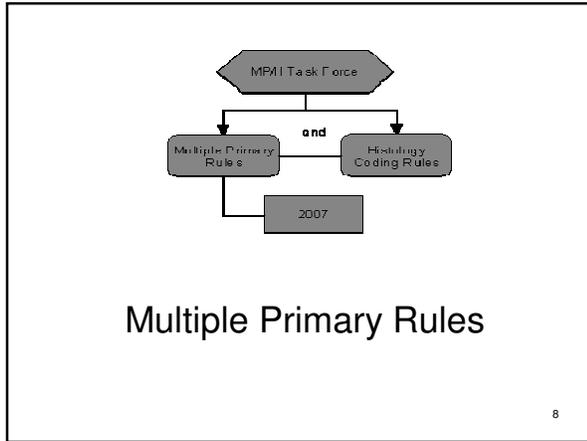
5

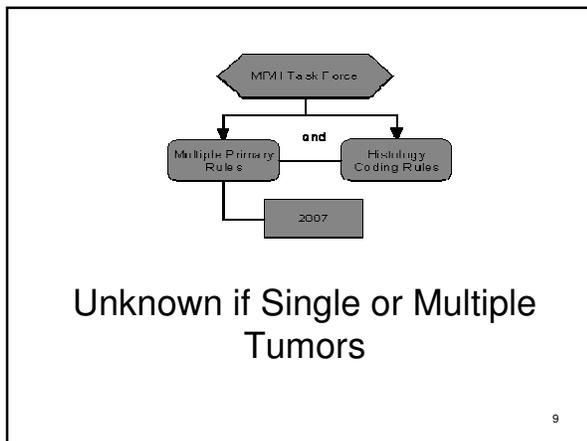
Column 1: Required Histology	Column 2: Combined With	Column 3: Combination Term	Column 4: Code
Medullary	Papillary	Mixed medullary-papillary carcinoma	8347
Squamous carcinoma and Adenocarcinoma		Adeno-squamous carcinoma	8560
Any combination of histologies in Column 2	Myxoid Round cell Pleomorphic	Mixed liposarcoma	8855
Embryonal rhabdomyo-sarcoma	Alveolar rhabdomyo-sarcoma	Mixed type rhabdomyo-sarcoma	8902

6

Column 1: Required Histology	Column 2: Combined With	Column 3: Combination Term	Column 4: Code
Teratoma	Embryonal carcinoma	Teratocarcinoma	9081
Teratoma and one or more of the histologies in Column 2	Seminoma Yolk sac tumor	Mixed germ cell tumor	9085
Choriocarcinoma	Teratoma Seminoma Embryonal	Choriocarcinoma combined with other germ cell elements	9101

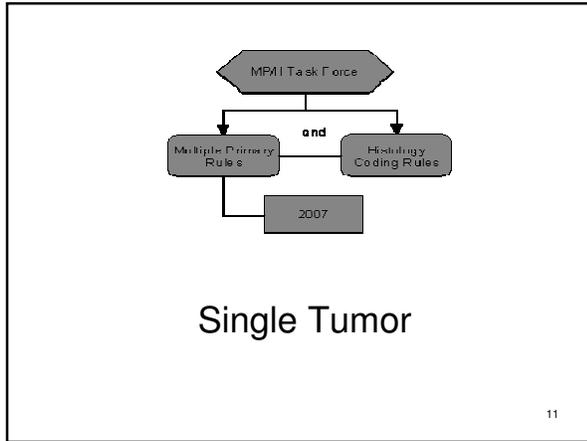
7





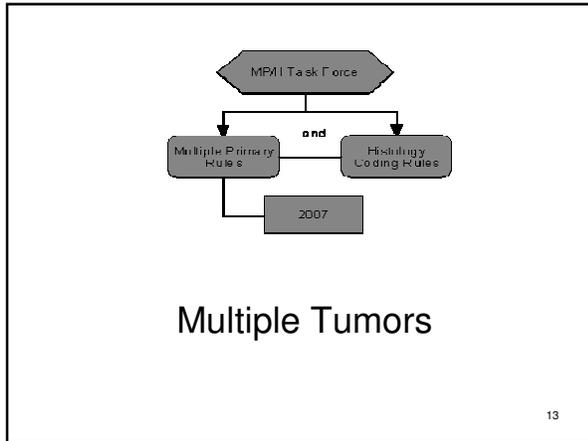
Rule	Site	Primary	Notes/Examples
UNKNOWN IF SINGLE OR MULTIPLE TUMORS			Tumor(s) not described as metastasis
M1		Single	Use this rule only after all information sources have been exhausted.

10



Rule	Site	Primary	Notes/Examples
SINGLE TUMOR			1: Tumor not described as metastasis 2: Includes combinations of in situ and invasive
M2	Single	Single	The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

12



Rule	Site	Histology	Notes/Examples	Primary
MULTIPLE TUMORS Multiple tumors may be a single primary or multiple primaries				
M3	Prostate	Adenocarcinoma	<i>1:</i> Tumors not described as metastases <i>2:</i> Includes combinations of in situ and invasive <i>1:</i> Report only one adenocarcinoma of the prostate per patient per lifetime. <i>2:</i> 95% of prostate malignancies are the common (acinar) adenocarcinoma histology (8140). See Equivalent Terms, Definitions and Tables for more information	Single

14

Rule	Site	Histology	Primary
M4	Unilateral or bilateral	Retinoblastoma	Single

15

Rule	Site	Histology		Primary
M5	Any site or sites	Kaposi sarcoma		Single

16

Rule	Site	Histology	Timing	Primary
M6	Thyroid	Follicular and papillary	Within 60 days of diagnosis	Single

17

Rule	Site	Histology	Timing	Primary
M7	Bilateral ovary	Epithelial tumors (8000-8799)	Within 60 days of diagnosis	Single

18

Rule	Site	Notes/Examples	Primary
M8	Both sides of a paired site (Table 1)	Table 1 – Paired Organs and Sites with Laterality	Multiple

19

Rule	Histology	Notes/Examples	Primary
M9	Adenocarcinoma in adenomatous polyposis coli (familial polyposis) with one or more in situ or malignant polyps	Tumors may be present in a single or multiple segments of the colon, rectosigmoid, rectum.	Single

20

Rule	Timing	Primary
M10	Diagnosed more than one (1) year apart	Multiple

21

Rule	Site	Notes/ Examples	Primary
M11	Topography codes that are different at the second (Cxxx) and/or third (Cxx) character	<i>Next slide</i>	Multiple

22

Rule	Notes/Examples
M11 Continued	<p>Example 1: A tumor in the penis C609 and a tumor in the rectum C209 have different second characters in their ICD-O-3 topography codes, so they are multiple primaries.</p> <p>Example 2: A tumor in the cervix C539 and a tumor in the vulva C519 have different third characters in their ICD-O-3 topography codes, so they are multiple primaries</p>

23

Rule	Site	Primary
M12	<p>Topography codes that differ only at the fourth (Cxx) character in any one of the following primary sites:</p> <ul style="list-style-type: none"> •Anus and anal canal (C21_) •Bones, joints and articular cartilage (C40_-C41_) •Peripheral nerves and autonomic nervous system (C47_) •Connective tissue and other soft tissues (C49_) •Skin (C44_) 	Multiple

24

Rule	Histology			Primary
M13	Frank in situ or malignant adenocarcinoma and an in situ or malignant tumor in a polyp			Single

25

Rule	Histology	Notes/Examples	Primary
M14	Multiple in situ and/or malignant polyps	<i>Note:</i> Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.	Single

26

Rule	Timing	Behavior	Notes/Examples	Primary
M15	More than 60 days after diagnosis	An invasive tumor following an in situ tumor	<i>Next slide</i>	Multiple

27

Rule	Notes/Examples
M15 Continued	<p>1: The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.</p> <p>2: Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.</p>

28

Rule	Histology	Primary
M16	<ul style="list-style-type: none"> •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 a specific squamous cell carcinoma; or •Adenocarcinoma, NOS (8140) and another is a specific adenocarcinoma; or •Melanoma, NOS (8720) and another is a specific melanoma; or •Sarcoma, NOS (8800) and another is a specific sarcoma 	Single

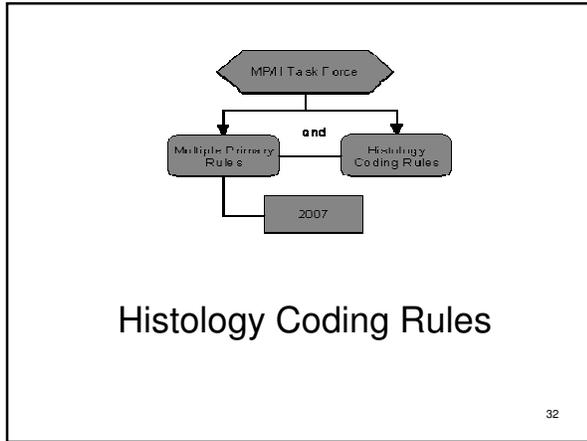
29

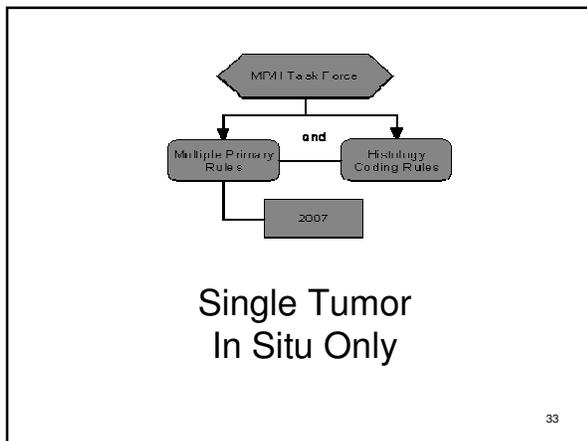
Rule	Histology	Primary
M17	Histology codes are different at the first (xxxx), second (xxxx), or third (xxx) number	Multiple

30

Rule		Notes/Examples	Primary
M18	Does not meet any of the above criteria	When an invasive lesion follows an in situ within 60 days, abstract as a single primary.	Single

31





Rule	Pathology Cytology	Notes/ Examples	Code
SINGLE TUMOR: IN SITU ONLY (Single Tumor; all parts are in situ)			
H1	The pathology/ cytology report is not available	<i>Next Slide</i>	The histology documented by the physician

34

Rule	Notes/Examples
SINGLE TUMOR: IN SITU ONLY (Single Tumor; all parts are in situ)	
H1 Continued	<p>1: Priority for using documents to code the histology</p> <ul style="list-style-type: none"> •Documentation in the medical record that refers to pathologic or cytologic findings •Physician’s reference to type of cancer (histology) in the medical record <p>2: Code the specific histology when documented.</p> <p>3: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented</p>

35

Rule	Histology	Notes/Examples	Code
H2	One type	Do not code terms that do not appear in the histology description. Example: Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.	The histology

36

Rule	Histology	Notes/ Examples	Code
H3	<p>Final diagnosis is:</p> <ul style="list-style-type: none"> Adenocarcinoma in a polyp Adenocarcinoma <i>and</i> a residual polyp or polyp architecture is recorded in other parts of the pathology report. Adenocarcinoma <i>and</i> there is reference to a residual or pre-existing polyp or Mucinous/colloid or signet ring cell adenocarcinoma in a polyp or <p>There is documentation that the patient had a polypectomy</p>	It is important to know that the adenocarcinoma originated in a polyp.	8210 (adenocarcinoma in adenomatous polyp) or 8261 (adenocarcinoma in villous adenoma) or 8263 (adenocarcinoma in tubulovillous adenoma)

37

Rule	Histology	Notes/ Examples	Code
H4	<ul style="list-style-type: none"> Carcinoma in situ, NOS (8010) and a specific in situ carcinoma or Squamous cell carcinoma in situ, NOS (8070) and a specific in situ squamous cell carcinoma or Adenocarcinoma in situ, NOS (8140) and a specific in situ adenocarcinoma or Melanoma in situ, NOS (8720) and a specific in situ melanoma 	<i>Next Slide</i>	The most specific histologic term

38

Rule	Notes/Examples
H4 Continued	The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ___ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.

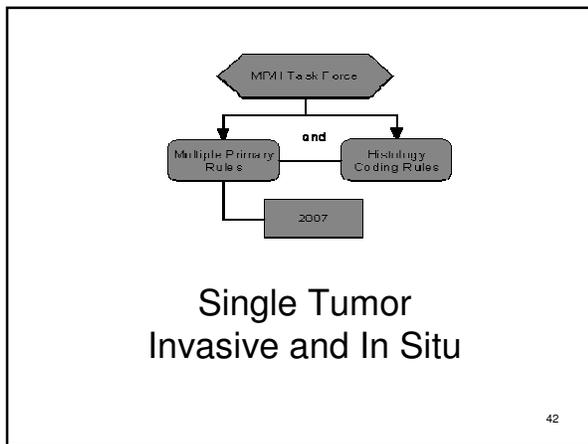
39

Rule	Histology	Notes/Examples	Code
H5	<ul style="list-style-type: none"> Multiple specific histologies or A non-specific histology with multiple specific histologies 	The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.	The appropriate combination/mixed code (Table 2)

40

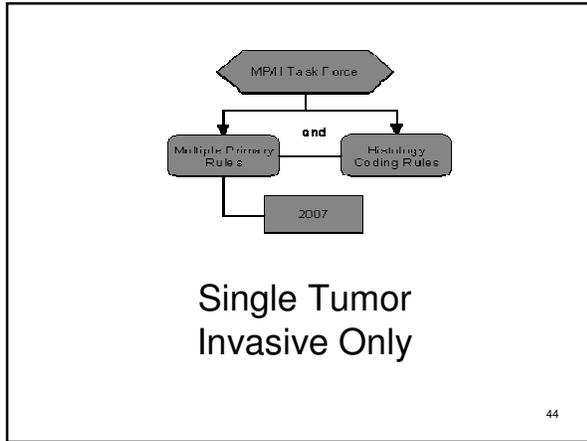
Rule		Code
H6	None of the above conditions are met	The numerically higher ICD-O-3 code

41



Rule	Behavior	Notes/Examples	Code
SINGLE TUMOR: INVASIVE AND IN SITU (Single Tumor; in situ and invasive components)			
H7	Invasive and in situ	This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.	The single invasive histology. Ignore the in situ terms.

43



Rule	Pathology Cytology	Notes/Examples	Code
SINGLE TUMOR: INVASIVE ONLY (Single Tumor; all parts are invasive)			
H8	No pathology/cytology specimen or pathology/cytology report is not available	Next Slide	The histology documented by the physician

45

Rule	Notes/Examples
SINGLE TUMOR: INVASIVE ONLY (Single Tumor; all parts are invasive)	
H8 Continued	<p>1: Priority for using documents to code the histology</p> <ul style="list-style-type: none"> •Documentation in the medical record that refers to pathologic or cytologic findings •Physician's reference to type of cancer (histology) in the medical record •CT, PET or MRI scans <p>2: Code the specific histology when documented.</p> <p>3: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented</p>

46

Rule	Pathology/Cytology	Notes/Examples	Code
H9	None from primary site	Code the behavior /3	The histology from a metastatic site

47

Rule	Primary Site	Histology	Code
H10	Prostate	Acinar (adeno) carcinoma	8140 (adenocarcinoma NOS)

48

Rule	Histology	Notes/Examples	Code
H11	One type	Do not code terms that do not appear in the histology description. <i>Example:</i> Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.	The histology

49

Rule	Histology	Notes/Examples	Code
H12	The final diagnosis is: <ul style="list-style-type: none"> adenocarcinoma in a polyp or adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report or adenocarcinoma and there is reference to a residual or pre-existing polyp or adenocarcinoma mucinous/colloid or signet ring cell adenocarcinoma in a polyp or There is documentation that the patient had a polypectomy	It is important to know that the adenocarcinoma originated in a polyp	8210 (adenocarcinoma in adenomatous polyp) or 8261 (adenocarcinoma in villous adenoma) or 8263 (adenocarcinoma in tubulovillous adenoma)

50

Rule	Histology	Notes/Examples	Code
H13	<ul style="list-style-type: none"> Cancer/Malignant neoplasm, NOS (8000) and a more specific histology Carcinoma, NOS (8010) and a specific carcinoma or Squamous cell carcinoma, NOS (8070) and a specific squamous cell carcinoma or Adenocarcinoma, NOS (8140) and a specific adenocarcinoma or Melanoma, NOS (8720) and a melanoma or Sarcoma, NOS (8800) and a more specific sarcoma 	<i>Next Slide</i>	The most specific histologic term

51

Rule	Notes/Examples
H13 Continued	The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation. The terms architecture and pattern are subtypes only for in situ cancer. <i>Example 1:</i> Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma (8480). <i>Example 2:</i> Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma (8052).

52

Rule	Primary Site	Histology	Code
H14	Thyroid	Papillary carcinoma	8260 (papillary adenocarcinoma, NOS)

53

Rule	Primary Site	Histology	Code
H15	Thyroid	Follicular and papillary carcinoma	8340 (Papillary carcinoma, follicular variant)

54

Rule	Histology	Notes/Examples	Code
H16	<ul style="list-style-type: none"> •Multiple specific histologies or •A non-specific histology with multiple specific histologies 	<i>Next slide</i>	The appropriate combination/ mixed code (Table 2)

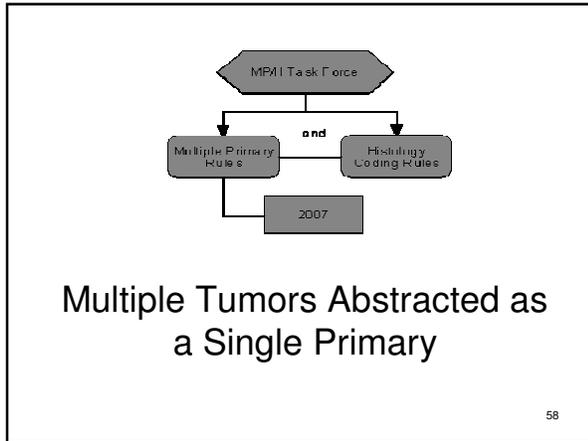
55

Rule	Notes/Examples
H16 Continued	<p>The specific histologies may be identified as a type, subtype, predominantly, with features of, major, or with ____ differentiation.</p> <p>Example 1 (multiple specific histologies): Gyn malignancy with mucinous, serous and papillary adenocarcinoma. Code 8323 (mixed cell adenocarcinoma)</p> <p>Example 2 (multiple specific histologies): Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma).</p> <p>Example 3 (non-specific with multiple specific histologies): Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)</p>

56

Rule		Code
H17	None of the above conditions are met	The numerically higher ICD-O-3 code

57



Rule	Pathology/ Cytology	Notes/ Examples	Code
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY			
H18	No pathology/ cytology specimen or the pathology/ cytology report is not available	<i>Next slide</i>	The histology documented by the physician

59

Rule	Notes/Examples
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY	
H18 Continued	1: Priority for using documents to code the histology <ul style="list-style-type: none"> •Documentation in the medical record that refers to pathologic or cytologic findings •Physician's reference to type of cancer (histology) in the medical record •CT, PET or MRI scans 2: Code the specific histology when documented 3: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented

60

Rule	Pathology/ Cytology		Notes/ Examples	Code
H19	None from primary site		Code the behavior /3	The histology from a metastatic site

61

Rule	Primary Site	Histology		Code
H20	Prostate	Acinar (adeno) carcinoma		8140 (adenocarcinoma NOS)

62

Rule	Primary Site	Histology	Behavior	Notes/ Examples	Code
H21	Sites such as: Vulva Vagina Anus	Squamous intra-epithelial neoplasia grade III such as •Vulva (VIN III) •Vagina (VAIN III) •Anus (AIN III)	In situ	<i>Next Slide</i>	8077/2 (Squamous intra-epithelial neoplasia, grade III)

63

Rule	Notes/Examples
H21 Continued	<p>1: VIN, VAIN, and AIN are squamous cell carcinomas. Code 8077 cannot be used for glandular intraepithelial neoplasia such as prostatic intraepithelial neoplasia (PIN) or pancreatic intraepithelial neoplasia (PAIN).</p> <p>2: This code may be used for reportable-by-agreement cases</p>

64

Rule	Primary Site	Histology	Behavior	Notes/Examples	Code
H22	Sites such as: Pancreas	Glandular intra-epithelial neoplasia grade III such as: •Pancreas (PAIN III)	In situ	<i>Next Slide</i>	8148/2 (Glandular intra-epithelial neoplasia grade III)

65

Rule	Notes/Examples
H22 Continued	This code may be used for reportable-by-agreement cases such as intraepithelial neoplasia of the prostate (PIN III)

66

Rule	Histology	Notes/Examples	Code
H23	One type	Do not code terms that do not appear in the histology description. <i>Example:</i> Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.	The histology

67

Rule	Primary Site	Histology	Code
H24	Anus Perianal region Vulva	Extramammary Paget disease and an underlying tumor	The histology of the underlying tumor

68

Rule	Histology	Notes/Examples	Code
H25	The final diagnosis is: <ul style="list-style-type: none"> adenocarcinoma in a polyp or adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report or adenocarcinoma and there is reference to a residual or pre-existing polyp or adenocarcinoma mucinous/colloid or signet ring cell adenocarcinoma in a polyp or There is documentation that the patient had a polypectomy	It is important to know that the adenocarcinoma originated in a polyp	8210 (adenocarcinoma in adenomatous polyp) or 8261 (adenocarcinoma in villous adenoma) or 8263 (adenocarcinoma in tubulovillous adenoma)

69

Rule	Primary Site	Histology	Code
H26	Thyroid	Papillary carcinoma	8260 (papillary adenocarcinoma, NOS)

70

Rule	Primary Site	Histology	Code
H27	Thyroid	Follicular and papillary carcinoma	8340 (Papillary carcinoma, follicular variant)

71

Rule	Behavior	Notes/Examples	Code
H28	Invasive and in situ	This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.	The single invasive histology. Ignore the in situ terms.

72

Rule	Histology	Notes/ Examples	Code
H29	<ul style="list-style-type: none"> •Cancer/Malignant neoplasm, NOS (8000) and a more specific histology •Carcinoma, NOS (8010) and a specific carcinoma or •Squamous cell carcinoma, NOS (8070) and a specific squamous cell carcinoma or •Adenocarcinoma, NOS (8140) and a specific adenocarcinoma or •Melanoma, NOS (8720) and a melanoma or •Sarcoma, NOS (8800) and a more specific sarcoma 	<i>Next Slide</i>	The most specific histologic term

73

Rule	Notes/Examples
H29 Continued	<p>The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation. The terms architecture and pattern are subtypes only for in situ cancer.</p> <p>Example 1: Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma (8480).</p> <p>Example 2: Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma (8052).</p>

74

Rule	Histology	Notes/ Examples	Code
H30	<ul style="list-style-type: none"> •Multiple specific histologies or •A non-specific histology with multiple specific histologies 	<i>Next slide</i>	The appropriate combination/mixed code (Table 2)

75

Rule	Notes/Examples
H30 Continued	<p>The specific histologies may be identified as a type, subtype, predominantly, with features of, major, or with ____ differentiation.</p> <p>Example 1 (multiple specific histologies): Gyn malignancy with mucinous, serous and papillary adenocarcinoma. Code 8323 (mixed cell adenocarcinoma)</p> <p>Example 2 (multiple specific histologies): Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma)</p> <p>Example 3 (non-specific with multiple specific histologies): Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)</p>

76

Rule		Code
H31	None of the above conditions are met	The numerically higher ICD-O-3 code

77

Questions?

78

