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**Equivalent Terms, Definitions and Illustrations**

- Skin only C440-C449
- Definitions identify reportable tumors
  - Evolving melanoma – not reportable

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**Regressing Melanoma**

- Not a histology
  - Has ICD-O-3 code
- Prognostically significant
  - Thinner
  - Staging difficult

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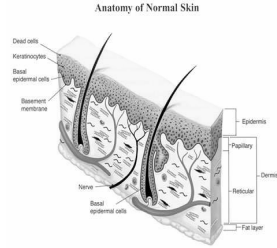
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### Equivalent Terms, Definitions and Illustrations

- Skin layers
  - Epidermis
  - Dermis
  - Hypodermis



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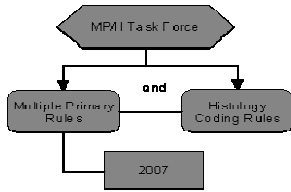
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### Multiple Primary Rules

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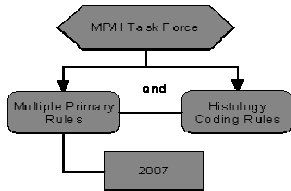
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### Unknown if Single or Multiple Melanomas

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### M1

When it is not possible to determine if there is a **single** melanoma **or multiple** melanomas, opt for a single melanoma and abstract as a single primary.

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

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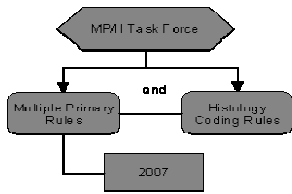
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### Single Melanoma

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### M2

A **single melanoma** is always a single primary.

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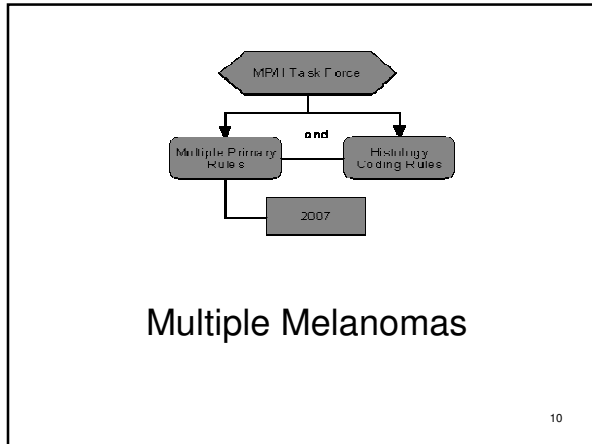
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**M3**

Melanomas in sites with ICD-O-3 **topography** codes that are **different** at the second (Cxxx), third (Cxxx) or fourth (C44x) character are multiple primaries.

**Skin of the arm C44.6 and skin of the abdomen C44.5 are different at the fourth character.**

**Skin of the chest C44.5 and skin of the abdomen are the same at the first, second and third character.**

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**M4**

•Melanomas with a **different laterality** are multiple primaries.

- A **midline** melanoma is a different laterality than right or left.

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### M4 Examples

**Example 1:** A melanoma of the right side of the chest (C44.5) and a melanoma of the left side of the abdomen (C44.5) are multiple primaries.

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### M4 Examples

**Example 1:** Melanoma of the right side of the chest and a melanoma at midline of the chest are different laterality, multiple primaries.

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### M5

Melanomas with ICD-O-3 **histology** codes that are **different** at the first (xxxx), second (xxxx) or third number (xxxx) are multiple primaries.

Amelanotic melanoma (8730/3) and a spindle cell melanoma (8772/3)

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**M6**

An **invasive** melanoma that occurs **more than 60 days after** an **in situ** melanoma is a multiple primary.

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**M6 Notes**

**Note 1:** The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.

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**M6 Notes**

**Note 2:** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

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**M7**

Melanomas diagnosed **more than 60 days** apart are multiple primaries.

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**M8**

Melanomas that **do not meet any** of the above **criteria** are abstracted as a single primary.

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**M8 Notes**

**Note 1:** Use the data item "Multiplicity Counter" to record the number of melanomas abstracted as a single primary.

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### M8 Notes

**Note 2:** When an invasive melanoma follows an in situ melanoma within 60 days, abstract as a single primary.

**Note 3:** All cases covered by this rule are the same site and histology.

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### M8 Examples

This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary.

**Warning:** *Using only these case examples to determine the number of primaries can result in major errors.*

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### M8 Examples

**Example 1:** Solitary melanoma on the left back and another solitary melanoma on the left chest

**Example 2:** Solitary melanoma on the right thigh and another solitary melanoma on the right ankle

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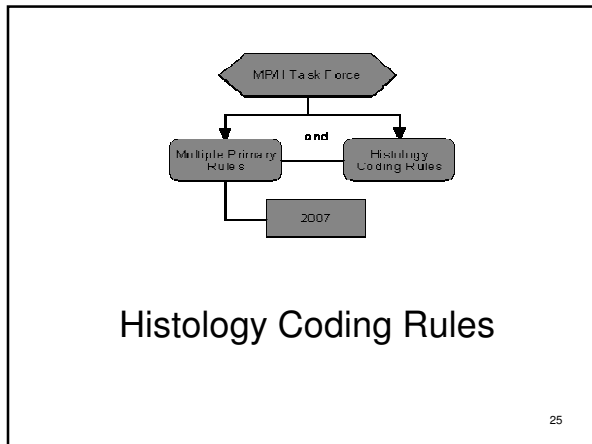
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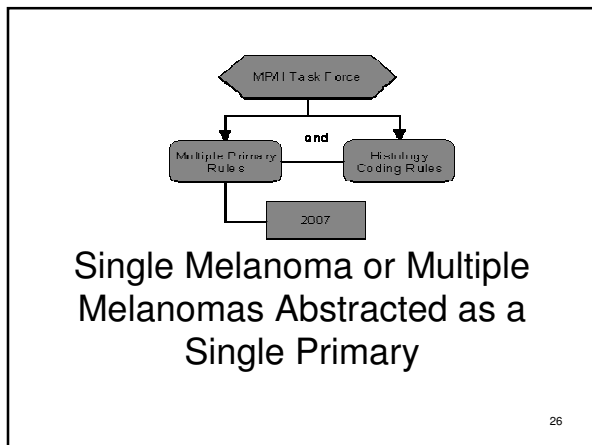
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H1

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

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**H1 Notes**

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

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of melanoma in the medical record
- PET scan

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**H1 Notes**

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

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**H2**

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

**Note:** Code the behavior /3

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**H3**

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

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**H4**

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

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**H5**

Code the histologic type when the diagnosis is regressing melanoma and a histologic type.

**Example:** Nodular melanoma with features of regression. Code 8721 (Nodular melanoma).

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**H6**

Code 8723 (Malignant melanoma, regressing) when the diagnosis is regressing melanoma.

**Example:** Malignant melanoma with features of regression. Code 8723.

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**H7**

Code the **histologic type** when the diagnosis is **lentigo maligna melanoma** and a **histologic type**.

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**H8**

Code 8742 (Lentigo maligna melanoma) when the diagnosis is **lentigo maligna melanoma**

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**H9**

**Code the most specific histologic term** when the diagnosis is melanoma, NOS (8720) with a single specific type.

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**H9 Notes**

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

**Melanoma in situ, nodular type**

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**H9 Notes**

**Note 2:** The specific type for **invasive** lesions may be identified as type, subtype, predominantly, with features of, major, or with \_\_\_\_ differentiation

**Melanoma (8720/3) and spindle cell features (8772/3)**

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**H10**

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

Melanoma (8720/3) with nodular (8721/3) and spindle cell features (8772/3)

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Questions?

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**MP/H Task Force**



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Quiz

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```
graph TD; A[MPMI Task Force] --> B[Multiple Primary Rules]; A --> C[Histology Coding Rules]; B --- D[and]; B --- E[2007];
```

2007 New Data Items

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2007 New Data Items

- Multiplicity Counter
- Date of Multiple Tumors
- Type of Multiple Tumors Reported as One Primary

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**2007 New Data Items**

- Ambiguous Terminology
- Date of Conclusive Terminology

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```

graph TD
    A[MPMI Task Force] --> B[Multiple Primary Rules]
    A --> C[Histology Coding Rules]
    B --- D[and] --- C
    B --- E[2007]
  
```

**Multiplicity Counter**

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**Multiplicity Counter**

- Counts number of tumors (multiplicity) abstracted as a single primary
- Do not count metastatic tumors
- Use multiple primary rules to determine if single primary or multiple primaries
- Leave blank for cases diagnosed prior to 01/01/2007

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**Multiplicity Counter - Codes**

- 01 One tumor only
- 02 Two tumors present
- 03 Three tumors present
- ..
- 88 Information on multiple tumors not collected/not applicable for this site
- 99 Multiple tumors present, unknown how many

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**Multiplicity Counter - Instructions**

- Code number of tumors abstracted as a single primary
- Do not count metastasis
- Do not count 'foci' when single or multiple foci present

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**Multiplicity Counter - Instructions**

- Code 01
  - Single tumor in the primary site
  - Single tumor with separate foci of tumor
  - Unknown if single tumor or multiple tumors and the multiple primary rules instructed you to default to a single tumor

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### Multiplicity Counter - Instructions

- Code 88
  - Leukemia
  - Lymphoma
  - Immunoproliferative disease
  - Unknown primary

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### Multiplicity Counter - Instructions

- Code 99
  - Pathology report not available and other report(s) do not specify number of tumors
  - Tumor described as multifocal/multicentric and number of tumors not mentioned
  - Tumor described as diffuse
  - Operative/pathology report describes multiple tumors but does not give exact number

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### Multiplicity Counter Examples

- **Example 1:** The patient has a 2 cm infiltrating duct carcinoma in the LIQ and a 1 cm infiltrating duct carcinoma in the UIQ of the left breast.
  - Accession as a single primary and enter the number 02 in the data item Multiplicity Counter

SEER Program Coding and Staging Manual 2007

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**Multiplicity Counter  
Examples**

- **Example 2:** Operative report for TURB mentions multiple bladder tumors. Pathology report: Papillary transitional cell carcinoma present in tissue from bladder neck, dome, and posterior wall.
  - Record 99 (multiple tumors, unknown how many) in Multiplicity Counter.

SEER Program Coding and Staging Manual 2007 55

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**Multiplicity Counter  
Examples**

- **Example 3:** Pathology from colon resection shows a 3 cm adenocarcinoma in the ascending colon. Biopsy of liver shows a solitary metastatic lesion compatible with the colon primary.
  - Record 01 in Multiplicity Counter (do not count the metastatic lesion).

SEER Program Coding and Staging Manual 2007 56

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**Multiplicity Counter  
Examples**

- **Example 4:** Patient has an excisional biopsy of the soft palate. The pathology shows clear margins.
  - Record 01 in the Multiplicity Counter.
- Within six months another lesion is excised from the soft palate.
  - Use the head and neck multiple primary rules to determine this tumor is not accessioned as a second primary. Change the Multiplicity Counter to code 02 to reflect the fact that there were two separate tumors abstracted as a single primary.

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### Multiplicity Counter Examples

- **Example 5:** CT of chest shows two lesions in the left lung and a single lesion in the right lung. Biopsy of the right lung lesions shows adenocarcinoma. No other workup is done.
  - Using the multiple primary rules for lung, the case is abstracted as a single primary.
  - Enter the number 03 in the data item Multiplicity Counter.

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```

    graph TD
      A[MPMI Task Force] --> B[Multiple Primary Rules]
      A --> C[Histology Coding Rules]
      B --- D[and] --- C
      B --- E[2007]
  
```

### Date of Multiple Tumors

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### Date of Multiple Tumors

- Identifies the date patient diagnosed with multiple tumors
- Use multiple primary rules to determine if single primary or multiple primaries

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**Date of Multiple Tumors**

- MMDDCCYY format
- 99 for unknown month or day
- 9999 for unknown year
- Leave blank for cases diagnosed prior to 01/01/2007

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**Special (Date) Codes**

- 00000000 – Single tumor
- 88888888 – Information on multiple tumors not collected/not applicable for this site
- 99999999 – Unknown date

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**Date of Multiple Tumors**

- Same as date of diagnosis when multiple tumors present at diagnosis
- Change Multiplicity Counter to 02 and enter the date the second tumor was diagnosed when subsequent tumor(s) are counted as same primary

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### Date of Multiple Tumors

- **Example:** The patient has multiple tumors; a 2 cm infiltrating duct in the lower inner quadrant and a 1 cm infiltrating duct carcinoma in the upper inner quadrant of the left breast. According to the breast multiple primary rules these tumors are accessioned as a single primary.

- Enter the date of diagnosis in Date of Multiple Tumors

SEER Program Coding and Staging Manual 2007

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### Date of Multiple Tumors

- **Example:** Patient has an excisional biopsy of a single tumor in the soft palate on January 2, 2007. The pathology shows clear margins. Record 01 in Multiplicity Counter. On July 10, 2007 another tumor is excised from the soft palate. The multiple primary rules for head and neck state that this tumor is the same primary.

- Change the 01 in Multiplicity Counter to 02 and enter 07102007, the date the second tumor was diagnosed in Date of Multiple Tumors.

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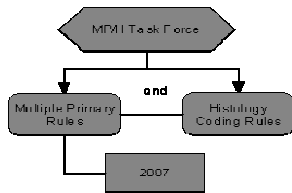
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### Type of Multiple Tumors Reported as one Primary

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### Type of Multiple Tumors Reported as one Primary

- Identifies the type(s) of multiple tumors abstracted as a single primary
- Do not count metastatic tumors
- Leave blank for cases diagnosed prior to 01/01/2007

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Code	Code Text	Description
00	Single tumor	All <b>single tumors</b> . Includes single tumors with both in situ and invasive components
10	Multiple benign	At least two benign tumors in same organ/primary site Use this code for reportable tumors in <b>intracranial</b> and <b>CNS</b> sites only May be used for reportable by agreement cases
11	Multiple borderline	At least two borderline tumors in the same organ/primary site Use this code for reportable tumors in <b>intracranial</b> and <b>CNS</b> sites only May be used for reportable by agreement cases

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Code	Code Text	Description
12	Benign and borderline	At least one benign <b>AND</b> at least one borderline tumors in the same organ/primary site Use this code for reportable tumors in <b>intracranial</b> and <b>CNS</b> sites only May be used for reportable by agreement cases
20	Multiple in situ	At least two in situ tumors in the same organ/primary site

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Code	Code Text	Description
30	In situ and invasive	One or more in situ tumor(s) <b>AND</b> one or more invasive tumors in the same organ/primary site
31	Polyp and adenocarcinoma	One or more polyps with either <ul style="list-style-type: none"> <li>• In situ carcinoma or</li> <li>• Invasive carcinoma</li> </ul> <b>AND</b> one or more frank adenocarcinoma(s) in the same segment of colon, rectosigmoid, and/or rectum
32	FAP with carcinoma	Diagnosis of familial polyposis (FAP) <b>AND</b> carcinoma (in situ or invasive) is present in at least one of the polyps

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Code	Code Text	Description
40	Multiple invasive	At least two invasive tumors in the same organ
80	Unk in situ or invasive	Multiple tumors present in the same organ/primary site, unknown if in situ or invasive
88	NA	Information on multiple tumors not collected/not applicable for this site
99	Unk	Unknown

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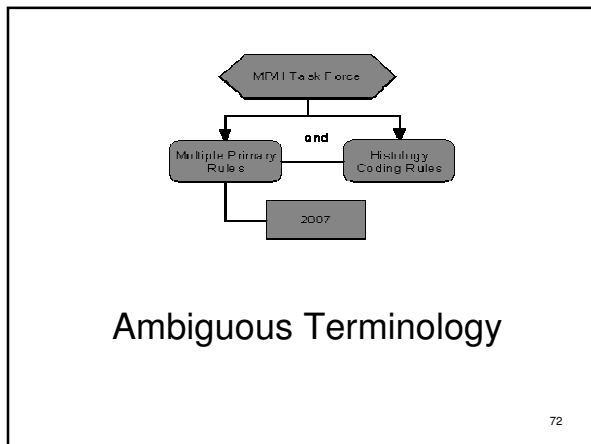
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**Ambiguous Terminology**

- Identifies all cases, including DCO and autopsy only, **accessioned** based on ambiguous terminology
- Allows identification of cases in database

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**Ambiguous Terminology**

- Cases excluded from research studies
- Direct patient contact not recommended
- Leave blank for cases diagnosed prior to 01/01/2007

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**Ambiguous Terminology**

- Reportable case when term used as basis for a diagnosis
- See list of terms
- Detailed instructions
  - 2007 SEER Coding and Staging Manual
  - FORDS

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**Conclusive Terminology**

- A clear and definite statement of cancer
  - Statement may be from a physician (clinical diagnosis); or from a laboratory test, autopsy, cytologic findings, and/or pathology

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**Ambiguous terms that are reportable**

- Apparent(ly)
- Appears (effective with cases diagnosed 1/1/1998 and later)
- Comparable with (effective with cases diagnosed 1/1/1998 and later)
- Compatible with (effective with cases diagnosed 1/1/1998 and later)
- Consistent with
- Favor(s)

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**Ambiguous terms that are reportable**

- Malignant appearing (effective with cases diagnosed 1/1/1998 and later)
- Most likely
- Presumed
- Probable
- Suspect(ed)
- Suspicious (for)
- Typical (of)

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Code	Label	Definition	Time Frame
0	Conclusive term	There was a conclusive diagnosis within 60 days of the original diagnosis. Case was accessioned based on conclusive terminology. Includes all diagnostic methods such as clinical diagnosis, cytology, pathology, etc.	Within 60 days of the date of initial diagnosis.

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Code	Label	Definition	Time Frame
1	Ambiguous term only	The case was accessioned based only on ambiguous terminology. There was no conclusive terminology during the first 60 days following the initial diagnosis. Includes all diagnostic methods except cytology. <i>Note:</i> Cytology is excluded because registrars are not required to collect cases with ambiguous terms describing a cytology diagnosis.	N/A

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Code	Label	Definition	Time Frame
2	Ambiguous term followed by conclusive term	The case was originally assigned a code 1 (was accessioned based only on ambiguous terminology). More than 60 days after the initial diagnosis the information is being updated to show that a conclusive diagnosis was made by any diagnostic method including clinical diagnosis, cytology, pathology, autopsy, etc.	60 days or more after the date of diagnosis
9	Unknown term	There is no information about ambiguous terminology.	N/A

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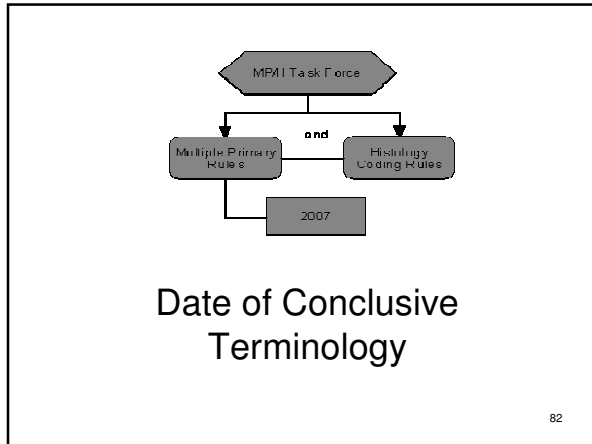
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Date of Conclusive Terminology

- Date of definite statement of malignancy
- Abstractor must change the code for “Ambiguous Terminology” from a 1 to a 2
- Abstractor must enter the date that the malignancy was described conclusively

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Date of Conclusive Terminology

- MMDDCCYY format
- 99 for unknown month or day
- 9999 for unknown year
- Leave blank for cases diagnosed prior to 01/01/2007

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**Special (Date) Codes**

- 00000000 – Accessioned based on ambiguous terminology only  
– Code 1 in data item “Ambiguous Terminology”
- 88888888 – Not applicable. Case was accessioned based on conclusive diagnosis  
– Code 0 in data item “Ambiguous Terminology”

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**Special (Date) Codes**

- 99999999 – Unknown date; unknown if diagnosis was based on ambiguous terminology or conclusive terminology  
– Code 9 in data item “Ambiguous Terminology”

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**Questions?**

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# MP/H Task Force

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# Quiz

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