2019 Solid Tumor Rules:

Navigating Multiple Revisions, Using the General Instructions, Incorporating the ICD-O-3 Updates, Using the Tables & Important Highlights

FCDS Annual Conference
August 1, 2019
Orlando, Florida

Steven Peace, CTR

Outline

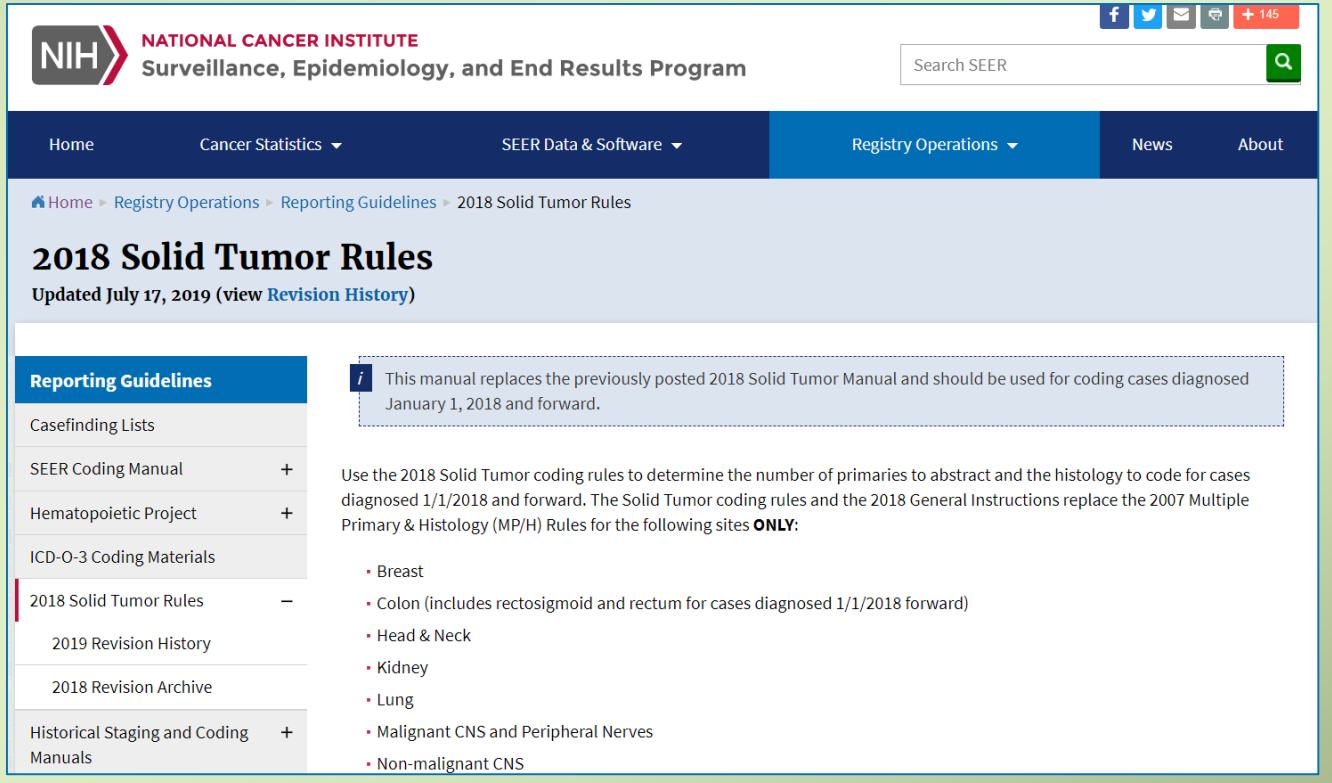
- Introduction
- Multiple Revisions to the Solid Tumor Rules
- How to Use the Solid Tumor Rules
- General Instructions
- Solid Tumor Manual & the 2018 ICD-O-3 Updates
- How to Use the Solid Tumor Manual Tables
  - Primary Site Tables
  - Specific Histologies, NOS, and Subtypes/Variants Tables
  - Combination Histologies and Code Tables
- Important Highlights of Major Changes
- Questions

2018 Solid Tumor MP/H Rules

https://seer.cancer.gov/tools/solidtumor/

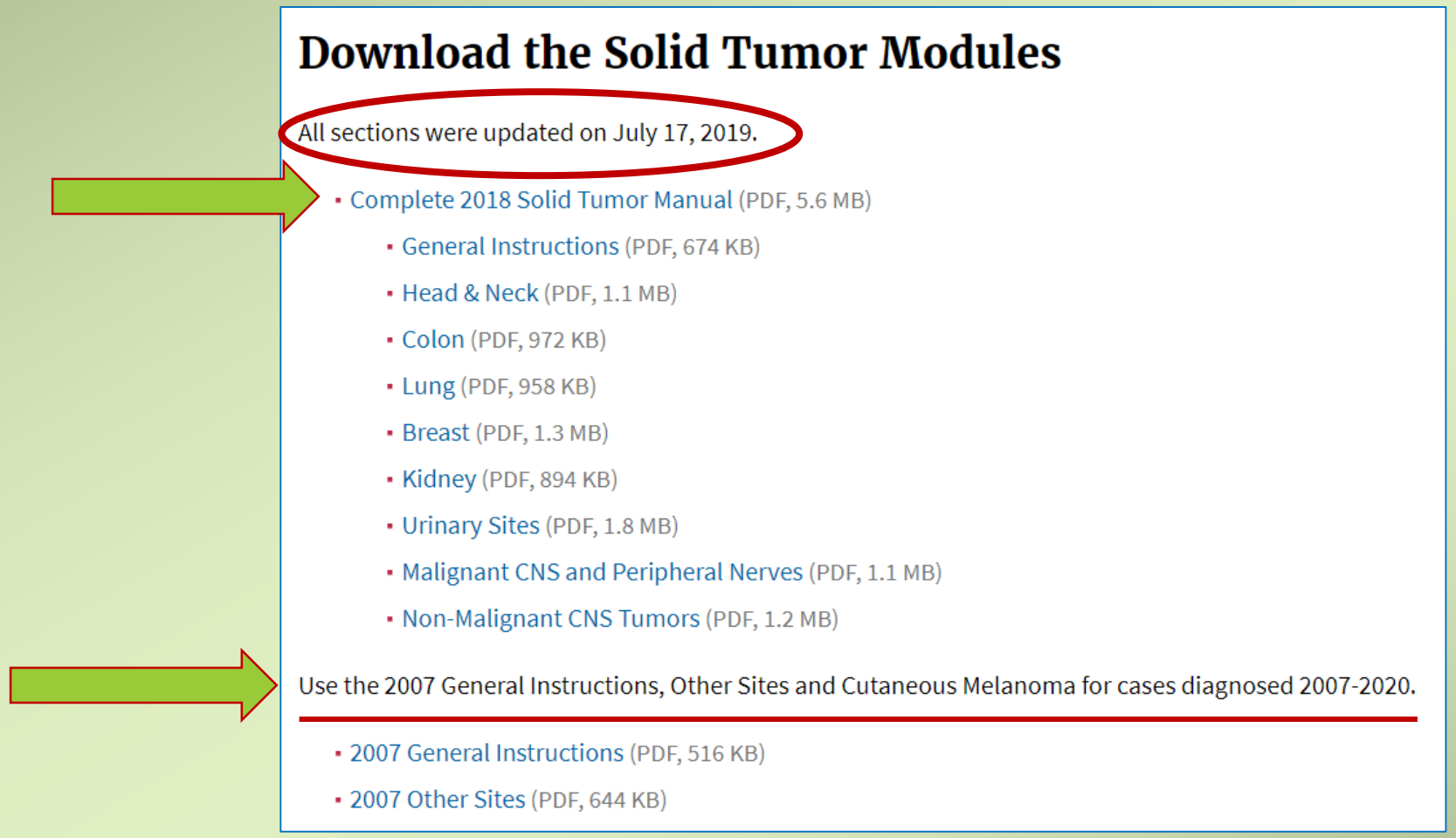
Solid Tumor Rules - Revision History

1. 6/25/2018
2. 6/28/2018
3. 7/3/2018
4. 7/19/2018
5. 7/31/2018
6. 8/2/2018
7. 8/8/2018
8. 8/13/2018
9. 8/16/2018
10. 8/20/2018
11. 8/23/2018
12. 9/11/2018
13. 10/12/2018
14. January 2019
15. July 2019



2018 Solid Tumor MP/H Rules

https://seer.cancer.gov/tools/solidtumor/



Download the Solid Tumor Modules

All sections were updated on July 17, 2019.

- Complete 2018 Solid Tumor Manual (PDF, 5.6 MB)
  - General Instructions (PDF, 674 KB)
  - Head & Neck (PDF, 1.1 MB)
  - Colon (PDF, 972 KB)
  - Lung (PDF, 958 KB)
  - Breast (PDF, 1.3 MB)
  - Kidney (PDF, 894 KB)
  - Urinary Sites (PDF, 1.8 MB)
  - Malignant CNS and Peripheral Nerves (PDF, 1.1 MB)
  - Non-Malignant CNS Tumors (PDF, 1.2 MB)

Use the 2007 General Instructions, Other Sites and Cutaneous Melanoma for cases diagnosed 2007-2020.

- 2007 General Instructions (PDF, 516 KB)
- 2007 Other Sites (PDF, 644 KB)

2018 Solid Tumor MP/H Rules

Solid Tumor Rules

Effective with Cases Diagnosed 1/1/2018 and Forward

Updated July 2019

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Serban Negoita, MD, PhD, CTR, NCI SEER

Suggested citation: Dickie, L., Johnson, CH., Adams, S., Negoita, S. (July 2019). Solid Tumor Rules. National Cancer Institute, Rockville, MD 20850.

General Instructions

- TEXT ONLY RULES INCLUDE:
  - General Instructions PLUS
  - 10 Sets of Solid Tumor MP/H Rules
  - Each Module includes Multiple Sections (Notes/Site/MP/Histology)
- Code subtypes/variants when definitively described (no modifiers)
- Do Not Use Ambiguous Terminology to Code Histology (unless):
  - Ambiguous terminology is used to determine "case reportability"
  - Ambiguous terminology is not to be used to determine histology
  - Ambiguous terminology such as "with features of", etc. are no longer used to determine a subtype OR to determine which histology should be coded. **.....MOST OF THE TIME....**
  - Use the Histology (H) Rules to determine when to use or not use any ambiguous terminology when an ambiguous term is used to describe a histologic type – sometimes you use the ambiguous term to code a subtype or variant or mixed histology -- and sometimes you do not.

General Instructions

How to Use the Solid Tumor Rules

Note: The rules do not apply to hematopoietic primaries (lymphoma and leukemia) of any site. Use the Hematopoietic & Lymphoid Neoplasm Coding Manual and Database for histologies M9590-M9992.

1. The **purpose** of these rules is to determine **multiple primaries** and to code **histology ONLY**. The Solid Tumor Rules are **not used** to determine case reportability, casefinding, stage, or tumor grade. For instructions on coding grade, stage, SSDIs, and treatment, please refer to the appropriate manuals.
2. Staging systems are **not used** to determine the number of primaries or histology.
3. Use the following site-specific rules for tumors diagnosed 1/1/2018 and forward:
   - Malignant CNS and Peripheral Nerves
   - Non-Malignant CNS
   - Breast
   - Colon
   - Head and neck
   - Kidney
   - Lung
   - Urinary sites
4. Use the following site-specific rules for tumors diagnosed 1/1/2007 through 12/31/2020:
   - Cutaneous Melanoma (not updated for 2018)
   - Other Sites (not updated for 2018) for solid tumors which occur in primary sites not covered by the site-specific rules.
5. 2007 MPH Rules and 2018 Solid Tumor Rules are used based on **date of diagnosis**.
   - Tumors diagnosed 01/01/2007 through 12/31/2017: Use 2007 MPH Rules
   - Tumors diagnosed 01/01/2018 and later: Use 2018 Solid Tumor Rules (with exceptions in #4)
   - An original tumor diagnosed before 1/1/2018 and a subsequent tumor diagnosed 1/1/2018 or later **in the same primary site**: Use the 2018 Solid Tumor Rules
6. Use the Solid Tumor Rules in the following order:
   A. For multiple tumors, you must decide whether they are a single or multiple primaries:
      i. Use the Histology Rules to assign a "working" histology for each tumor.
      ii. Use Multiple Primary Rules to determine whether the tumors are a single primary or multiple primaries.
      iii. If a single primary, follow the priority order in #6B.
      iv. If multiple primaries, follow the priority order in #6B for **EACH** of the separate tumors/primaries.
   B. For a single tumor or multiple tumors determined to be a single primary:
      i. General Instructions
      ii. Equivalent Terms and Definitions
      iii. Multiple Primary Rules
      iv. Histology Rules
7. The Solid Tumor Rules are available in text format.
8. **Notes** and **examples** are included with some of the rules to highlight key points or to add clarity to the rules.
9. Rules are in **hierarchical** order within each module. Use the first rule that applies and

STOP

Ambiguous Terminology

Note: If the histology described by ambiguous terminology does not meet any of the criteria in bullets 1, 2, or 3, **DO NOT CODE** the histology.

Ambiguous Terminology

Apparently	Most likely
Appears	Presumed
Comparable with	Probable
Compatible with	Suspect(ed)
Consistent with	Suspicious (for)
Favor(s)	Typical (of)
Malignant appearing	

Ambiguous terminology from the SEER Manual and CoC Manual is used to determine reportability, not to determine histology.

Definitions

Definitions

***Note*: Use these terms and definitions for all reportable tumors except lymphoma and leukemia primaries (M9590-9992).**

Bilateral: Relating to the right **and** left sides of the body or of a body structure; bilaterality is **not** an indication of single or multiple primaries.

Clinical Diagnosis: A diagnosis that is not microscopically confirmed. It may be based on information from the clinician's expertise.

Contiguous tumor: A single tumor that involves, invades, or bridges adjacent or connecting sites or subsites.

De novo: For colon cancer, de novo (formerly called frank) carcinoma originates in the mucosa of the colon rather than in a polyp.

Focal: An adjective meaning limited to one specific area. A focal cancer is limited to one specific area or organ. The area may be microscopic **or** macroscopic.

Foci: Plural of focus.

Focus: A term used by pathologists to describe a
different from the surrounding tissue either by th

Recurrence: This term has two meanings:

- The reappearance of disease that was thought to be cured or inactive (in remission). Recurrent cancer starts from cancer cells that were not removed or destroyed by the original therapy.
- A new occurrence of cancer in the same primary site such as a previous adenocarcinoma of the right lung and a subsequent squamous cell carcinoma of the left lung called a "recurrence" of lung cancer (the patient had lung cancer before, now has another lung cancer). This type of recurrence arises from cells that have nothing to do with the earlier (first) cancer. A new or another occurrence, incidence, episode, or report of the same disease (cancer) in a general sense – a new occurrence of cancer.

Simultaneous: This term is used in the Solid Tumor Rules to describe malignant tumors diagnosed at the same time or during initial workup (prior to first course of therapy).

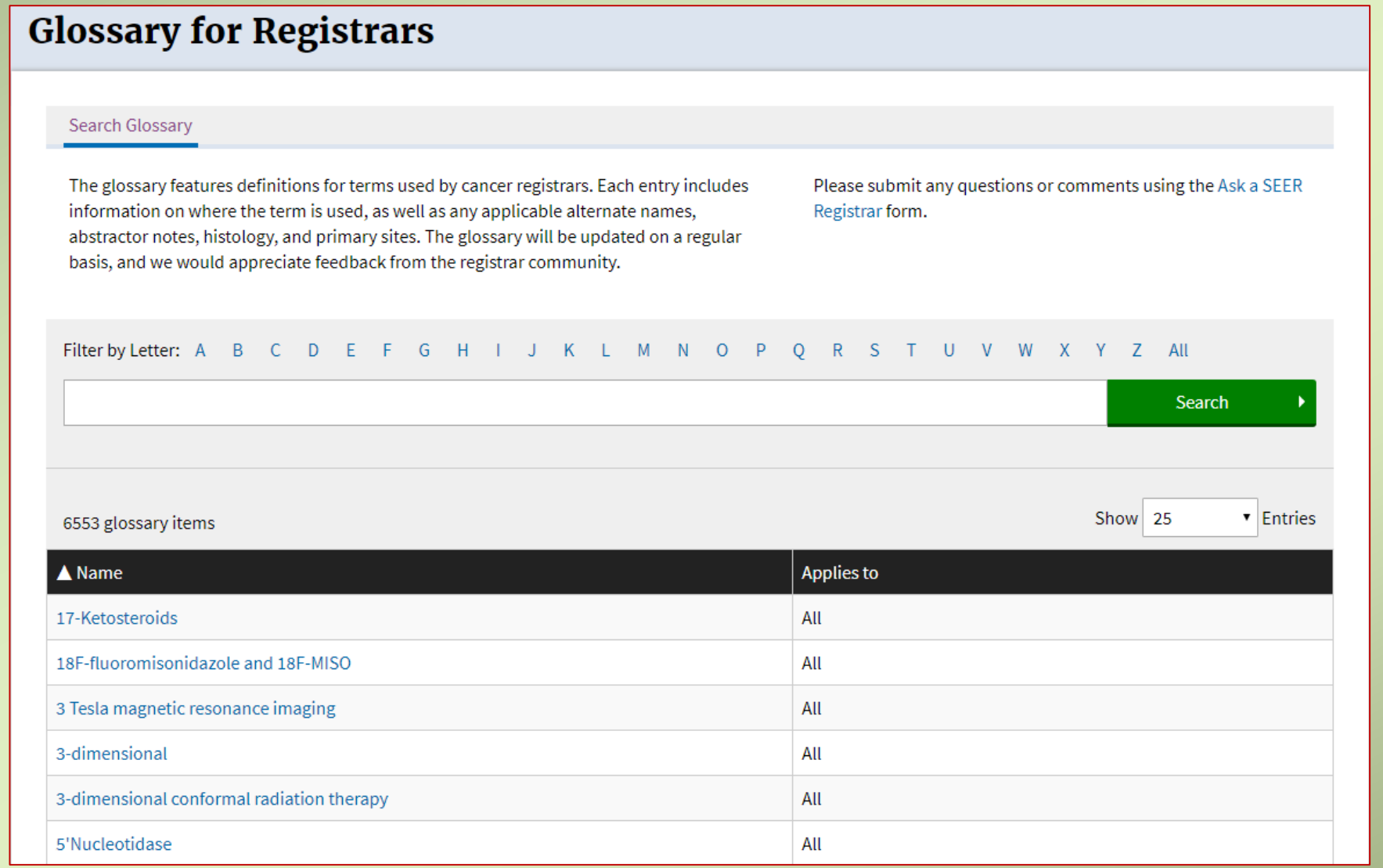
Single primary: One reportable case. The Multiple Primary Rules say "abstract a single primary" when multiple tumors are:

- Simultaneous and abstracted as a single primary **OR**
- Subsequent tumor(s) which are a recurrence rather than a multiple primary

Synchronous: See "Simultaneous".

Glossary for Registrars

https://seer.cancer.gov/seertools/glossary/



Glossary for Registrars

Search Glossary

The glossary features definitions for terms used by cancer registrars. Each entry includes information on where the term is used, as well as any applicable alternate names, abstractor notes, histology, and primary sites. The glossary will be updated on a regular basis, and we would appreciate feedback from the registrar community.

Please submit any questions or comments using the Ask a SEER Registrar form.

Filter by Letter: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z All

Search

6553 glossary items

Show 25 Entries

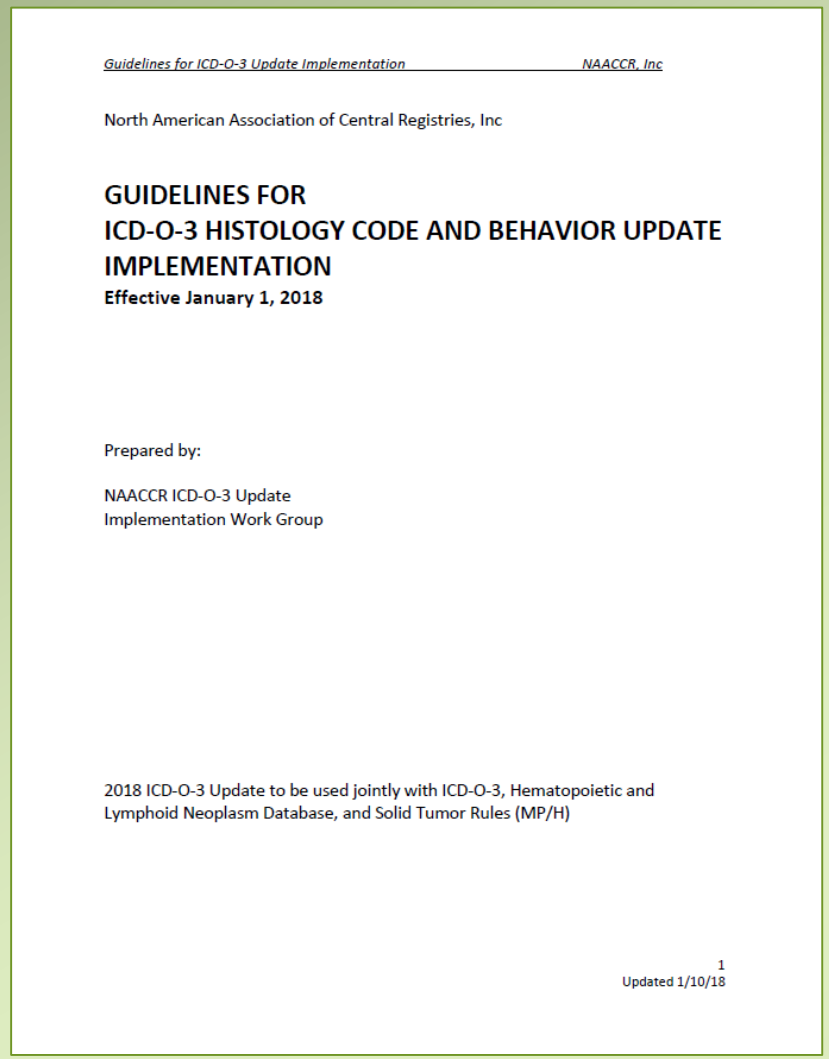
Name	Applies to
17-Ketosteroids	All
18F-fluoromisonidazole and 18F-MISO	All
3 Tesla magnetic resonance imaging	All
3-dimensional	All
3-dimensional conformal radiation therapy	All
5'Nucleotidase	All

Solid Tumor Manual & ICD-O-3 Updates

WHO Classification of Tumors New or Revised Since 2010
Digestive System (2010)
Breast (2012)
Soft Tissue and Bone (2013)
Female Reproductive Organs (2014)
Lung, Pleura, Thymus & Heart (2015)
Urinary System & Male Genital (2016)
Central Nervous System (2016 revision)
Hematopoietic & Lymphoid (2016 revision)
Head & Neck (2017)

http://codes.iarc.fr/usingicdo.php

Solid Tumor Manual & ICD-O-3 Updates



Guidelines for ICD-O-3 Update Implementation *NAACCR, Inc*

North American Association of Central Registries, Inc

GUIDELINES FOR
ICD-O-3 HISTOLOGY CODE AND BEHAVIOR UPDATE IMPLEMENTATION
Effective January 1, 2018

Prepared by:

NAACCR ICD-O-3 Update
Implementation Work Group

2018 ICD-O-3 Update to be used jointly with ICD-O-3, Hematopoietic and Lymphoid Neoplasm Database, and Solid Tumor Rules (MP/H)

1
Updated 1/10/18

2018 ICD-O-3 New Codes, Behaviors, and Terms-Updated 8/22/18

Status	istology V	eh	label	Reportab
New term	8010	3	Urachal carcinoma (C65.9, C66.9, C67._, C68._)	Y
New term	8013	3	Combined large cell neuroendocrine carcinoma (C34._, C37.9)	Y
New term & code	8023	3	Midline carcinoma of children and young adults with NUT rearrangement (C30.0, C31.9, C34._)	Y
New term & code	8023	3	NUT carcinoma (C30.0, C31.9, C34._)	Y
New term & code	8023	3	NUT midline carcinoma (C30.0, C31.9, C34._)	Y
New term	8041	3	High-grade neuroendocrine carcinoma (C54._, C55.9)	Y
New term	8041	3	Neuroendocrine carcinoma, poorly differentiated (C50._)	Y
New term	8041	3	Small cell carcinoma pulmonary type (C56.9)	Y
New term	8044	3	Small cell carcinoma, hypercalcemic type (C56.9)	Y
New term & code	8054	3	Condylomatous carcinoma (C60.0-C60.2, C60.9)	Y
New term & code	8054	3	Warty carcinoma (C60.0-C60.2, C60.9)	Y
Behavior code/term	8071	2	Differentiated penile intraepithelial neoplasia (C60._)	N
Behavior code/term	8071	2	Differentiated-type vulvar intraepithelial neoplasia (C51._)	N
New term & code	8085	3	Squamous cell carcinoma, HPV-positive (C01.9, 09.9,C10.2, C10.3, C10.8, C10.9, C31.0–C31.3, C31.9)	Y
New term & code	8086	3	Squamous cell carcinoma, HPV-negative (C01.9, C09.9, C10.2, C10.3, C10.8, C10.9, C31.0–C31.3, C31	Y
New term	8120	3	Lipid-rich urothelial carcinoma (C65.9, C66.9, C67._, C68._)	Y
New term	8120	3	Microcystic urothelial carcinoma (C65.9, C66.9, C67._, C68._)	Y
New term	8120	3	Nested urothelial carcinoma (C65.9, C66.9, C67._, C68._)	Y
New term	8120	3	Squamotransitional cell carcinoma (C53._)	Y
New term	8120	3	Urothelial carcinoma with divergent differentiation (C65.9, C66.9, C67._, C68._)	Y
New term	8120	3	Urothelial carcinoma with squamous differentiation (C65.9, C66.9, C67._, C68._)	Y
New term	8120	3	Urothelial carcinoma with trophoblastic differentiation (C65.9, C66.9, C67._, C68._)	Y
New term	8120	3	Clear cell (glycogen-rich) urothelial carcinoma (C65.9, C66.9, C67._, C68._)	Y
New term	8140	3	Minimally invasive adenocarcinoma, NOS (C34._)	Y
New term	8140	3	Endocervical adenocarcinoma usual type (C53._)	Y
New term	8140	3	Acinar adenocarcinoma (C61.9 ONLY)	Y
New term	8144	3	Enteric adenocarcinoma (C34. 0, C65.9, C66.9, C67._, C68._)	Y
New term	8144	3	Intestinal-type adenocarcinoma (C30.0, C53._)	Y
New term	8144	3	Mucinous carcinoma, intestinal type (C53._)	Y
New term & code	8158	1	ACTH-producing tumor	N
New term & code	8158	1	Endocrine tumor, functioning, NOS	N
New term & code	8163	3	Adenocarcinoma, pancreatobiliary-type (C24.1)	Y
New term & code	8163	3	Pancreatobiliary-type carcinoma (C24.1)	Y
New term	8200	3	Thymic carcinoma with adenoid cystic carcinoma-like features (C37.9)	Y
Behavior code/term	8213	3	Serrated adenocarcinoma (C18.0, C18.2, C18.9, C19.9, C20.9)	Y
New term	8246	3	Neuroendocrine tumor, well differentiated (C50._)	Y
Behavior code/term	8250	2	Adenocarcinoma in situ, non-mucinous (C34._)	Y
New term	8250	3	Lepidic adenocarcinoma (C34._)	Y
New term	8250	3	Lepidic predominant adenocarcinoma (C34._)	Y

Solid Tumor Manual & ICD-O-3 Updates

Status	ICD-O-3 Morphology Code	Term	Reportable Y/N	Comments
New Term	8453/3	Intraductal papillary mucinous neoplasm (IPMN) with an associated invasive carcinoma **(C25. _)**	Y	
New Term	8453/2	Intraductal papillary mucinous neoplasm with high-grade dysplasia **(C25. _)**	Y	
New Term	8503/2	Intraductal papilloma with ductal carcinoma in situ **(C50. _)**	Y	
New Term	8520/2	Intraductal papilloma with lobular carcinoma in situ **(C50. _)**	Y	
New Term	8503/2	Intraductal tubulopapillary neoplasm **(C25. _)**	Y	
New Term	8500/3	**Invasive carcinoma of no special type (C50. _)**	Y	
New Term	8500/3	Invasive carcinoma, NST **(C50. _)**	Y	
New Term	8343/3	Invasive encapsulated follicular variant of papillary thyroid carcinoma (invasive EFVPTC) **(C73.9)**	Y	Cases diagnosed 1/1/2017 forward
New Term	8520/3	Invasive lobular carcinoma **(C50. _)**	Y	
New Term	8520/3	Invasive lobular carcinoma, alveolar type **(C50. _)**	Y	
New Term	8520/3	Invasive lobular carcinoma, solid type **(C50. _)**	Y	
New Term	8520/3	Invasive lobular carcinoma, tubulolobular variant **(C50. _)**	Y	
New Term	8500/3	Invasive mammary carcinoma **(C50. _)**	Y	
Behavior Code/term	8507/3	**Invasive micropapillary carcinoma (C50. _)**	Y	For sites other than C50. _, see 8265/3
New Term	8253/3	**Invasive mucinous adenocarcinoma (C34. _)**	Y	**Important note**: lung primaries ONLY: For cases diagnosed 1/1/2018 forward do not use code 8480 (mucinous adenocarcinoma) for in-situ adenocarcinoma, mucinous or invasive mucinous adenocarcinoma.
New Term	8250/3	**Lepidic adenocarcinoma (C34. _)**	Y	
New Term	8250/3	Lepidic predominant adenocarcinoma **(C34. _)**	Y	

Solid Tumor Manual & ICD-O-3 Updates

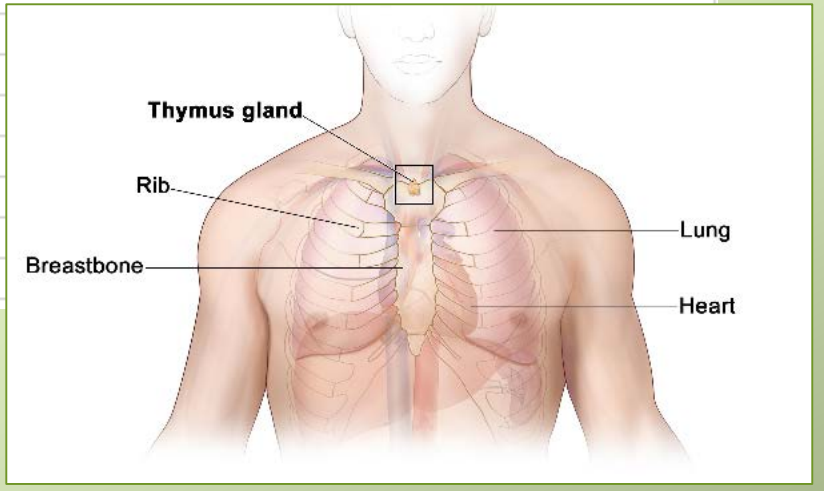
Status	ICD-O-3 Morphology Code	Term	Reportable Y/N	Comments
New Term	9560/1	Melanotic schwannoma **(C72.4, C72.5)**	**Y**	
New Term	8720/3	Meningeal melanoma **(C70. _, C71._)**	**Y**	
New Term	8575/3	Metaplastic carcinoma of no special type **(C50. _)**	**Y**	
New Term	8571/3	Metaplastic carcinoma with chondroid differentiation **(C50. _)**	**Y**	
New Term	8571/3	Metaplastic carcinoma with osseous differentiation **(C50. _)**	**Y**	
New Term	8575/3	Metaplastic carcinoma with other types mesenchymal differentiation **(C50. _)**	**Y**	
New Term	8120/3	Microcystic urothelial carcinoma **(C65.9, C66.9, C67. _, C68. _)**	**Y**	
New code/term	8265/3	Micropapillary adenocarcinoma **(C34. _)**	**Y**	Cases diagnosed prior to 1/1/2018 use code 8507/3. Code 8265 is not valid for C50._. Use 8507 for micropapillary adenocarcinoma in breast primaries
New code/term	8265/3	**Micropapillary carcinoma, NOS (C18. _, C19.9, C20.9, C34. _)**	**Y**	Cases diagnosed prior to 1/1/2018 use code 8507/3. Code 8265 is not valid for C50._. Use 8507 for micropapillary adenocarcinoma in breast primaries
New code/term	8023/3	Midline carcinoma of children and young adults with NUT rearrangement **(C30.0, C31.9, C34. _)**	**Y**	
New code/term	8257/3	**Minimally invasive adenocarcinoma, mucinous (C34. _)**	**Y**	
New code/term	8256/3	**Minimally invasive adenocarcinoma, non-mucinous (C34. _)**	**Y**	
New Term	8140/3	Minimally invasive adenocarcinoma, NOS **(C34. _)**	**Y**	
Behavior	8311/3	MiT family translocation renal cell carcinoma **(C64.9)**	**Y**	

ICD-O-3 Updates - Lung

2018 ICD-O-3 New Codes, Behaviors, and Terms-Updated 4/20/18		
Histology	Be	label
8013	3	Combined large cell neuroendocrine carcinoma (C34._, C37.9)
8023	3	NUT carcinoma (C30.0, C31.9, C34._)
8140	3	Minimally invasive adenocarcinoma, NOS (C34._)
8250	2	Adenocarcinoma in situ, non-mucinous (C34._)
8250	3	Lepidic adenocarcinoma (C34._)
8250	3	Lepidic predominant adenocarcinoma (C34._)
8253	2	Adenocarcinoma in situ, mucinous (C34._)
8253	3	Invasive mucinous adenocarcinoma (C34._)
8254	3	Mixed invasive mucinous and non-mucinous adenocarcinoma (C34._)
8256	3	Minimally invasive adenocarcinoma, non-mucinous (C34._)
8257	3	Minimally invasive adenocarcinoma, mucinous (C34._)
8265	3	Micropapillary carcinoma, NOS (C18._, C19.9, C20.9, C34._)
8265	3	Micropapillary adenocarcinoma (C34._)
8551	3	Acinar adenocarcinoma (C34._)
8580	3	Metaplastic thymoma
8581	3	Type A thymoma
8582	3	Type AB thymoma
8583	3	Type B1 thymoma
8584	3	Type B2 thymoma
8585	3	Type B3 thymoma
8580	3	Sclerosing thymoma

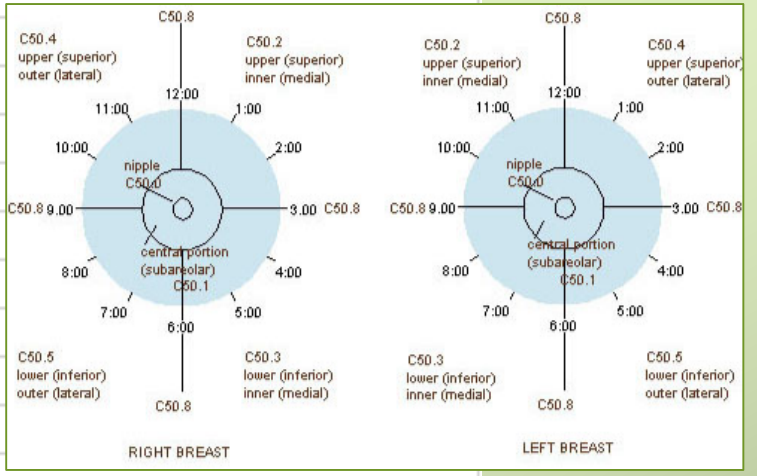
Lung

Thymus



ICD-O-3 Updates - Breast

2018 ICD-O-3 New Codes, Behaviors, and Terms-Updated 4/20/18		
Histology	Be	label
8041	3	Neuroendocrine carcinoma, poorly differentiated (C50._)
8246	3	Neuroendocrine tumor, well differentiated (C50._)
8500	2	Mammary carcinoma, in situ (C50._)
8500	2	Non-invasive mammary carcinoma (C50._)
8500	3	Invasive carcinoma of no special type (C50._)
8500	3	Invasive carcinoma, NST (C50._)
8500	3	Invasive mammary carcinoma (C50._)
8503	2	Intraductal papilloma with ductal carcinoma in situ (C50._)
8504	2	Encapsulated papillary carcinoma C50._)
8504	3	Encapsulated papillary carcinoma with invasion (C50._)
8507	3	Invasive micropapillary carcinoma (C50._)
8509	2	Solid papillary carcinoma in situ (C50._)
8509	3	Solid papillary carcinoma with invasion (C50._)
8519	2	Pleomorphic lobular carcinoma in situ (C50._)
8520	2	Intraductal papilloma with lobular carcinoma in situ (C50._)
8520	3	Invasive lobular carcinoma, alveolar type (C50._)
8520	3	Invasive lobular carcinoma, solid type (C50._)
8520	3	Invasive lobular carcinoma, tubulolobular variant (C50._)
8520	3	Pleomorphic lobular carcinoma (C50._)
8520	3	Invasive lobular carcinoma (C50._)
8520	3	Tubulolobular carcinoma (C50._)



How to Use the Tables

Using the Primary Site Tables - Breast

Terms and Descriptive Language	Site Term and Code
Areolar Nipple Paget disease **without** underlying tumor *Note:* Paget with underlying tumor is coded to the quadrant of breast in which the underlying tumor is located	Nipple **C500**
Above nipple Area extending 1 cm around areolar complex Behind the nipple Below the nipple Beneath the nipple Central portion of breast Cephalad to nipple Infra-areolar Lower central Next to areola NOS Next to nipple Retroareolar Subareolar Under the nipple Underneath the nipple	Central portion of breast **C501**
Superior inner Superior medial Upper inner quadrant (UIQ) Upper medial	Upper inner quadrant of breast **C502**

How to Use the Tables

Using the Primary Site Tables - Lung

Terminology	Laterality	Site Term and Code
Bronchus intermedius **Carina** **Hilus of lung** **Perihilar**	Bilateral	Mainstem bronchus **C340** *Note*: **Bronchus intermedius** is the portion of the **right mainstem bronchus** between the upper lobar bronchus and the origin of the middle and lower lobar bronchi
Lingula of lung	Left	Upper lobe **C341**
Apex **Apex of lung** **Lung apex** **Pancoast tumor** **Superior lobar bronchus** **Upper lobe bronchi**	Bilateral	Upper lobe **C341**
Middle lobe **Middle lobe bronchi**	Right	Middle lobe **C342**
Base of lung **Lower lobar bronchus** **Lower lobe** **Lower lobe bronchi** **Lower lobe segmental bronchi**	Bilateral	Lower lobe **C343**
Overlapping lesion of lung	Bilateral	Overlapping lesion of lung **C348** *Note*: **One** lesion/tumor which **overlaps two or more** lobes

How to Use the Tables

Using the Primary Site Tables - Head & Neck

Table Index

Table Number	Table Title
Table 1	Tumors of Nasal Cavity **C300** Paranasal Sinuses **C310-C313, C318, C319**
Table 2	Tumors of Nasopharynx **C110, C111 (posterior wall of nasopharynx only), C112, C113, C118, C119**
Table 3	Pyriform Sinus **C129** Tumors of Hypopharynx **C130-C132, C138, C139** Larynx **C320-C323, C328, C329** Trachea **C339** and Parapharyngeal Space **C139**
Table 4	Tumors of Oral Cavity and mobile tongue **C020-C024, C028, C029, C030, C031, C039, C040, C041, C048, C049, C050-C052, C058, C059, C060-C062, C068, C069**
Table 5	Tumors of Oropharynx **C100-C104, C108 C109** Base of Tongue **C019** Tonsils **C090, C091, C098, C099** Adenoids/pharyngeal tonsil only **C111**
Table 6	Tumors of Salivary Glands **C079, C080, C081, C088, C089**
Table 7	Tumors of Odontogenic and Maxillofacial Bone (Mandible **C410**, Maxilla **C411**)
Table 8	Tumors of Ear **C301** and External auditory canal **C442**
Table 9	Paraganglioma of Carotid body, Larynx, Middle Ear, Vagal nerve **C479**
Table 10	Paired Sites

How to Use the Tables

Using the Primary Site Tables - Head & Neck

Table 4: Tumors of Oral Cavity and Mobile Tongue

Table 4 lists the more common histologies for the following head and neck subsites:

The **oral cavity category** includes the following:

Mobile Tongue:
- **C020** Dorsal surface of tongue NOS
- **C021** Border of tongue
- **C022** Ventral surface of tongue NOS
- **C023** Anterior 2/3 of tongue NOS
- **C024** Lingual tonsil
- **C028** Overlapping lesion of tongue
- **C029** Tongue NOS

Gum:
- **C030** Upper gum, maxillary gingiva, upper alveolar mucosa, upper alveolar ridge mucosa, upper alveolus, upper gingiva
- **C031** Lower gum mandibular gingiva, lower alveolar mucosa, lower alveolar ridge mucosa, lower alveolus, lower gingiva
- **C039** Gum NOS, gingiva NOS, alveolar mucosa NOS, alveolar ridge mucosa NOS, alveolar NOS periodontal tissue, tooth socket

Floor of Mouth:
- **C040** Anterior floor of mouth
- **C041** Lateral floor of mouth
- **C048** Overlapping lesion floor of mouth
- **C049** Floor of mouth NOS

Palate:
- **C050** Hard palate
- **C051** Soft palate
- **C052** Uvula
- **C058** Overlapping lesion of palate, junction of hard and soft palate
- **C059** Palate NOS, roof of mouth

Other and unspecified parts of Mouth:
- **C060** Cheek mucosa, buccal mucosa, internal cheek

How to Use the Tables

Using the Primary Site Tables - Head & Neck

C061 Vestibule of mouth, alveolar sulcus, buccal sulcus, labial sulcus
C062 Retromolar area, retromolar triangle, retromolar trigone
C068 Overlapping lesion of other and unspecified parts of mouth
C069 Mouth NOS, buccal cavity, oral cavity, oral mucosa, minor salivary gland NOS
Note: There is no ICD-O site code for minor salivary glands. Many minor salivary glands are located in the lips, inner cheek (buccal mucosa) and there are extensive minor salivary glands in the linings of the mouth and throat. Code to the site in which the salivary gland is located.

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the Hematopoietic Database.
Note: Hematopoietic tumors are common to the oral cavity.

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants.**

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.
Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

Specific or NOS Term and Code	Synonyms	Subtypes/Variants
Kaposi sarcoma 9140	Kaposi disease	
Mucoepidermoid carcinoma 8430	Mucoepidermoid tumor	
Myofibroblastic sarcoma 8825	Myofibrosarcoma	
Oral mucosal melanoma 8720		
Squamous cell carcinoma 8070	Squamous carcinoma Squamous cell carcinoma NOS	Acantholytic squamous cell carcinoma **8075**

How to Use the Tables

Using the Specific Histologies, NOS, and Subtypes/Variants Tables Colon/Rectum/Rectosigmoid

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.
Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

Specific and NOS Term and Code	Synonyms for Specific or NOS Term	Subtypes/Variants
Adenocarcinoma 8140 *Note 1*: See Histology Rules for instructions on coding adenocarcinoma **subtypes/variants** arising in a polyp *Note 2*: When the term **intestinal adenocarcinoma** is used to describe a colon primary, it simply means the **appearance** is	Adenocarcinoma, NOS Adenocarcinoma/carcinoma in a polyp NOS (now coded to 8140) Adenocarcinoma/carcinoma in adenomatous polyp (now coded to 8140) Adenocarcinoma/carcinoma in polypoid adenoma (now coded to 8140) Adenocarcinoma/carcinoma in serrated adenoma (now coded to 8140) Adenocarcinoma and mucinous carcinoma, mucinous documented as less than 50% of tumor OR percentage of mucinous	Adenoid cystic carcinoma **8200** Cribriform comedo-type carcinoma/ adenocarcinoma, cribriform comedo-type **8201*** Diffuse adenocarcinoma/carcinoma **8145** Linitis plastica **8142/3** Medullary adenocarcinoma/carcinoma **8510** Micropapillary carcinoma **8265*** Mucinous/colloid adenocarcinoma/carcinoma **8480** Mucoepidermoid carcinoma **8430** Serrated adenocarcinoma **8213***

How to Use the Tables

Using the Specific Histologies, NOS, and Subtypes/Variants Tables
Colon/Rectum/Rectosigmoid

Specific and NOS Term and Code	Synonyms for Specific or NOS Term	Subtypes/Variants
similar to adenocarcinoma seen in the stomach and is coded to adenocarcinoma NOS **8140**	unknown/not documented Adenocarcinoma and signet ring cell carcinoma, percentage of signet ring cell carcinoma documented as less than 50% of tumor OR percentage of signet ring cell carcinoma unknown/not documented Adenocarcinoma/carcinoma in tubular polyp (now coded to 8140) Adenocarcinoma/carcinoma in tubulovillous polyp (now coded to 8140) Adenocarcinoma/carcinoma in villous adenoma (now coded to 8140) Adenocarcinoma in any type of polyp Adenocarcinoma, intestinal type Adenocarcinoma and cribriform carcinoma percentage of cribriform documented as less than 50% of tumor OR percentage of cribriform carcinoma unknown/not documented Adenocarcinoma with mucinous and signet ring cell features Comedocarcinoma Intestinal adenocarcinoma	Signet ring cell/poorly cohesive adenocarcinoma/carcinoma **8490** Superficial spreading adenocarcinoma **8143** Tubulopapillary carcinoma **8263** Undifferentiated adenocarcinoma/carcinoma **8020**
Adenosquamous carcinoma 8560 *Note:* This code **cannot be used** for **adenocarcinoma subtypes/variants** with squamous cell/epidermoid carcinoma	Mixed adenocarcinoma NOS and epidermoid carcinoma Mixed adenocarcinoma NOS and squamous cell carcinoma	

How to Use the Tables

Using the Specific Histologies, NOS, and Subtypes/Variants Tables Lung

Specific or NOS Histology Term and Code	Synonym of Specific or NOS	Subtype/variant of NOS and Code
Adenocarcinoma 8140 **Note 1:** Mucinous adenocarcinoma for lung only is coded as follows: • **8253/3*** when o Behavior unknown/not documented (use staging form to determine behavior when available) o Invasive • **8257/3*** when o Microinvasive o Minimally invasive • **8253/2*** when o Preinvasive o In situ **Note 2:** Non-mucinous adenocarcinoma for lung only is coded as follows: • **8256/3*** when o Microinvasive o Minimally invasive • **8250/2*** when o Preinvasive o In situ	Adenocarcinoma NOS Adenocarcinoma in situ **8140/2** Adenocarcinoma invasive **8140/3** Adenocarcinoma, non-mucinous, NOS	Acinar adenocarcinoma/adenocarcinoma, acinar predominant **(for lung only) 8551*** Adenoid cystic/adenocystic carcinoma **8200** Colloid adenocarcinoma **8480** Fetal adenocarcinoma **8333** Lepidic adenocarcinoma/adenocarcinoma, lepidic predominant **8250/3*** Mucinous carcinoma/adenocarcinoma **(for lung only)** in situ **8253/2*** invasive **8253/3*** minimally invasive **8257/3*** microinvasive **8257/3*** preinvasive **8253/2*** Micropapillary adenocarcinoma/adenocarcinoma, micropapillary predominant **8265** Mixed invasive mucinous and non-mucinous adenocarcinoma **8254*** Non-mucinous adenocarcinoma **(for lung only)** in situ **8250/2*** microinvasive **8256/3*** minimally invasive **8256/3*** preinvasive **8250/2*** Papillary adenocarcinoma/adenocarcinoma, papillary predominant **8260** Pulmonary intestinal-type adenocarcinoma/enteric adenocarcinoma **8144** Solid adenocarcinoma/adenocarcinoma, solid predominant **8230**

How to Use the Tables

Using the Specific Histologies, NOS, and Subtypes/Variants Tables

Lung

Specific or NOS Histology Term and Code	Synonym of Specific or NOS	Subtype/variant of NOS and Code
Large cell carcinoma 8012 *Note 1:* A diagnosis of large cell carcinoma is usually followed by further diagnostic testing to identify the subtype/variant. *Note 2:* The diagnosis of large cell carcinoma usually happens when there is a small amount of tissue (FNA), cytology, or when the tumor is highly differentiated. Large cell carcinoma lacks the features of small cell carcinoma, adenocarcinoma, or squamous carcinoma. *Note 3:* Large cell carcinoma with **neuroendocrine (NE) differentiation** lacks NE morphology and is coded as **large cell** carcinoma, **not large cell neuroendocrine** carcinoma.	Large cell anaplastic carcinoma Large cell carcinoma NOS Large cell carcinoma with no additional stains (subtype/variant – no ICD-O code) Large cell carcinoma with null immunohistochemical features (subtype/variant – no ICD-O code) Large cell carcinoma with unclear immunohistochemical features (subtype/variant – no ICD-O code) Large cell undifferentiated carcinoma	
Lymphoepithelioma-like carcinoma 8082		
Melanoma 8720		
Mucoepidermoid carcinoma 8430 *Note:* Mucoepidermoid tumor **is** listed as a synonym of mucoepidermoid carcinoma in WHO	Mucoepidermoid tumor	
Myoepithelial carcinoma 8982		

How to Use the Tables

Using the Specific Histologies, NOS, and Subtypes/Variants Tables

Lung

Specific or NOS Histology Term and Code	Synonym of Specific or NOS	Subtype/variant of NOS and Code
Sarcoma NOS 8800/3		Biphasic synovial sarcoma **9043/3** Epithelioid cell synovial sarcoma **9042/3** Pulmonary artery intimal sarcoma/low-grade malignant myxoid endobronchial tumor **9173/3** Pulmonary myxoid sarcoma with EWSR1 - CREB1 translocation **8842/3** Spindle cell synovial sarcoma **9041/3** Synovial sarcoma **9040/3**
Small cell carcinoma 8041/3 *Note 1:* This row applies to neuroendocrine tumors (NET). *Note 2:* Large cell carcinoma with neuroendocrine differentiation lacks NE morphology and is coded as large cell carcinoma, not large cell neuroendocrine carcinoma.	Reserve cell carcinoma Round cell carcinoma SCLC Small cell carcinoma NOS Small cell neuroendocrine carcinoma	Atypical carcinoid **8249/3** Combined small cell carcinoma **8045/3** Large cell neuroendocrine carcinoma/combined large cell neuroendocrine carcinoma **8013/3** Typical carcinoid **8240/3** Neuroendocrine carcinoma, NOS Well-differentiated neuroendocrine carcinoma
Spindle cell carcinoma 8032		
Squamous cell carcinoma 8070	Epidermoid carcinoma Epidermoid carcinoma NOS Squamous carcinoma Squamous cell carcinoma NOS Squamous cell epithelioma Squamous cell carcinoma in situ **8070/2**	Basaloid carcinoma/basaloid squamous cell carcinoma **8083** Keratinizing squamous cell carcinoma **8071** Non-keratinizing carcinoma **8072**

How to Use the Tables

Using the Specific Histologies, NOS, and Subtypes/Variants Tables

Breast

Specific and NOS/NST Terms and Code	Synonyms	Subtypes/Variants
Acinic cell carcinoma 8550	Acinar adenocarcinoma Acinar carcinoma	
Adenoid cystic carcinoma (ACC) 8200	ACC Adenocystic basal cell carcinoma Carcinoma adenoides cysticum Cylindromatous carcinoma	
Adenomyoepithelioma with carcinoma 8983	AME Malignant AME	
Apocrine carcinoma 8401 *Note:* This is a diagnosis that is **EXACTLY** apocrine **carcinoma**, **not** a carcinoma **NST** with apocrine **features**, **differentiation**, or **type.**		
Carcinoma NST 8500 *Note*: Cribriform carcinoma may consist of up to 50% tubular formations. The term cribriform/tubular carcinoma is coded as cribriform carcinoma.	Carcinoma of no special type (ductal/NST) Carcinoma/carcinoma NST with choriocarcinomatous features Carcinoma/carcinoma NST with cribriform features Carcinoma/carcinoma NST with melanotic features Carcinoma/carcinoma NST with signet ring cell differentiation DCIS **8500/2** Duct/ductal carcinoma Duct/ductal carcinoma in situ **8500/2** Duct/ductal carcinoma NOS	Carcinoma with osteoclastic-like stromal giant cells **8035** Cribriform carcinoma **8201/3** Pleomorphic carcinoma **8022/3**

How to Use the Tables

Using the Specific Histologies, NOS, and Subtypes/Variants Tables

Breast

Specific and NOS/NST Terms and Code	Synonyms	Subtypes/Variants
	Duct/ductal carcinoma NST (no special type) Duct/ductal carcinoma with apocrine features Duct/ductal carcinoma with apocrine metaplasia Duct/ductal carcinoma with lobular features Duct/ductal carcinoma with micropapillary features Duct/ductal carcinoma with mucin production Duct/ductal carcinoma with squamous metaplasia Infiltrating ductal carcinoma **8500/3** Invasive carcinoma with micropapillary features **8500/3** Invasive carcinoma not otherwise specified (ductal/NOS) **8500/3** Invasive carcinoma NST with metaplastic features **8500/3** Invasive carcinoma NST/duct with medullary features **8500/3** Invasive carcinoma, with signet-ring cell features **8500/3** Invasive carcinoma of no special type (NST) **8500/3** Invasive carcinoma with clear cell (glycogen rich) features **8500/3**	

How to Use the Tables

Using the Specific Histologies, NOS, and Subtypes/Variants Tables

Breast

Specific and NOS/NST Terms and Code	Synonyms	Subtypes/Variants
	Invasive carcinoma, NST **8500/3** Invasive carcinoma, type cannot be determined **8500/3** Invasive mammary carcinoma **8500/3** Invasive mammary carcinoma associated with encysted papillary carcinoma **8500/3** Invasive mammary carcinoma NST with lobular features **8500/3** Invasive mammary carcinoma NST with medullary features **8500/3** Invasive mammary carcinoma NST with mucinous features **8500/3** Invasive mammary carcinoma NST with tubulo-lobular variant **8500/3** Invasive mammary carcinoma with apocrine features **8500/3** Invasive mammary carcinoma with cribriform features **8500/3** Invasive mammary carcinoma with tubular features **8500/3** Mammary carcinoma in situ **8500/2** Mammary carcinoma/cancer Non-invasive mammary carcinoma **8500/2**	
Glycogen-rich clear cell carcinoma 8315	Glycogen-rich carcinoma	Clear cell carcinoma **8310**
Inflammatory carcinoma 8530		
Lipid-rich carcinoma 8314	Lipid-secreting carcinoma	

How to Use the Tables

Using the Specific Histologies, NOS, and Subtypes/Variants Tables Breast

Specific and NOS/NST Terms and Code	Synonyms	Subtypes/Variants
Lobular carcinoma 8520	Alveolar lobular carcinoma Classic lobular carcinoma Intraductal papilloma with lobular carcinoma in situ **8520/2** Invasive lobular carcinoma, alveolar type/variant **8520/3** Invasive lobular carcinoma, solid type **8520/3** Lobular carcinoma in situ **8520/2** Lobular carcinoma with cribriform features Mixed lobular carcinoma (lobular carcinoma NOS and one or more variants of lobular carcinoma) Invasive pleomorphic lobular carcinoma **8520/3** Solid lobular carcinoma Tubulolobular carcinoma	Pleomorphic lobular carcinoma in situ **8519/2*** *Note:* 8519/2 is a new code for in situ /2 tumors only.
Medullary carcinoma 8510	MC	Atypical medullary carcinoma (AMC) **8513**

Table continues on next page

How to Use the Tables

Using the Specific Histologies, NOS, and Subtypes/Variants Tables

Breast

Specific and NOS/NST Terms and Code	Synonyms	Subtypes/Variants
Paget disease of the nipple with no underlying tumor 8540/3		
Papillary carcinoma 8503	Intraductal papillary carcinoma **8503/2*** Intraductal papillary carcinoma with DCIS **8503/2*** Invasive papillary carcinoma **8503/3** Papillary carcinoma non-invasive **8503/2*** Papillary ductal carcinoma in situ **8503/2***	Encapsulated papillary carcinoma **8504** non-infiltrating/intracystic **8504/2** with invasion **8504/3** Micropapillary carcinoma **8507*** Solid papillary carcinoma in situ **8509/2*** with invasion **8509/3***
Periductal stromal tumor, low grade 9020/3	Phyllodes tumor, malignant	
Polymorphous carcinoma 8525		
Sarcoma NOS 8800/3 *Note*: Rhabdomyosarcoma **8900/3** is also a NOS with the following subtypes/variants: Alveolar type rhabdomyosarcoma **8920/3** Embryonal type rhabdomyosarcoma **8910/3** Pleomorphic rhabdomyosarcoma **8901/3**		Angiosarcoma **9120/3** Hemangiosarcoma Lymphangiosarcoma **9170/3** Malignant hemangioendothelioma Liposarcoma **8850/3** Leiomyosarcoma **8890/3** Osteosarcoma **9180/3** Rhabdomyosarcoma **8900/3** Alveolar type **8920/3** Embryonal type **8910/3** Pleomorphic **8901/3**

How to Use the Tables

Using the Combination Histologies and Code Tables
Lung

Required Terms	Combination Histologies and Code
Adenocarcinoma NOS **AND** Squamous cell carcinoma NOS *Note*: Diagnosis **must be** adenocarcinoma NOS and squamous cell carcinoma NOS, **NOT** any of the **subtypes/variants** of adenocarcinoma or squamous cell carcinoma	Adenosquamous carcinoma **8560**
Giant cell carcinoma **AND** Spindle cell carcinoma *Note:* Sarcomatoid carcinoma is not in the histology table because sarcomatoid tumors primarily originate in the mediastinum. The combination code is added for the rare occasion when a tumor occurs within the lung.	Sarcomatoid carcinoma **8033** *Note:* Both giant cell carcinoma and spindle cell carcinoma are components of sarcomatoid carcinoma. The most accurate code for a combination of giant cell and spindle cell carcinoma is sarcomatoid carcinoma
Epithelial carcinoma **AND** Myoepithelial carcinoma	Epithelial-myoepithelial carcinoma **8562**
Mucinous carcinoma, invasive **AND** Non-mucinous carcinoma, invasive	Mixed invasive mucinous and non-mucinous carcinoma **8254/3***

How to Use the Tables

Using the Combination Histologies and Code Tables

Lung

Required Terms	Combination Histologies and Code
Small cell carcinoma/neuroendocrine tumor (NET) *Note:* **Includes subtypes/variants** of small cell/neuroendocrine tumor. See Table 3 for subtypes/variants. **AND** **At least one** of the following: • Adenocarcinoma and any subtype/variant of adenocarcinoma • Adenosquamous carcinoma • Large cell carcinoma and any subtype/variant of large cell carcinoma • Squamous cell carcinoma and any subtype/variant of squamous cell carcinoma • Non-small cell carcinoma	Combined small cell carcinoma **8045**
Squamous cell carcinoma (epidermoid carcinoma) **AND** Large cell non-keratinizing squamous cell carcinoma *Note:* Squamous cell carcinoma and epidermoid carcinoma are synonyms	Squamous cell carcinoma, large cell, nonkeratinizing **8072**
Squamous cell carcinoma (epidermoid carcinoma) **AND** Small cell nonkeratinizing squamous cell carcinoma *Note:* Squamous cell carcinoma and epidermoid carcinoma are synonyms	Squamous cell carcinoma, small cell, nonkeratinizing **8073**

How to Use the Tables

Using the Combination Histologies and Code Tables
Lung

Required Terms	Combination Histologies and Code
Diagnosis must be a single tumor which meets one of the following two criteria: 1. <u>At least two</u> of the subtypes/variants of adenocarcinoma **AND** <u>percentages of each type are unknown/not stated</u> • Acinar adenocarcinoma • Clear cell adenocarcinoma • Lepidic adenocarcinoma *Note*: Lepidic adenocarcinoma may or may not have mucinous components. • Micropapillary adenocarcinoma • Papillary adenocarcinoma • Solid adenocarcinoma • Well-differentiated fetal adenocarcinoma *Note:* This includes a diagnosis of adenocarcinoma **AND** at least two subtypes/variants of adenocarcinoma. 2. A combination of histologies **<u>not listed on previous rows</u>** of this table.	Adenocarcinoma with mixed subtypes **8255/3** *Note 1*: 8255 is a "last resort" code. *Note 2:* See the **Histology Rules** to determine when it is appropriate to use this code for combination histologies other than adenocarcinoma subtypes/variants. *Note 3:* 8255 does not apply to squamous cell carcinoma, NOS and/or subtype/variants of SCC.

How to Use the Tables

Using the Combination Histologies and Code Tables

Breast

How to Use the Tables

Using the Combination Histologies and Code Tables
Breast

Required Histology Terms	Histology Combination Term and Code
Lobular carcinoma **AND** **Any** histology in **Table 3 with exception** of • Duct carcinoma/carcinoma NST/DCIS (and subtypes/variants) **8500** • Paget disease, in situ and invasive *Note 1:* See Table 3 for carcinoma NST/duct carcinoma subtypes/variants. *Note 2:* This code does not include lobular and Paget disease. See Multiple Primary Rules. Lobular carcinoma and Paget are separate primaries.	Infiltrating lobular mixed with other types of carcinoma **8524/3** In situ lobular mixed with other types of in situ carcinoma **8524/2**
Paget disease **AND** **Underlying** DCIS *Note:* Paget disease is classified as malignant /3 in the ICD-O. Paget disease is coded as in situ /2 **ONLY** when the pathology states the Paget disease is in situ.	Paget disease (invasive or behavior not specified) and DCIS/intraductal carcinoma **8543/3** **Paget disease** (specified as in situ) and DCIS/intraductal carcinoma **8543/2**
Paget disease **AND** **Underlying** infiltrating **duct** carcinoma/carcinoma NST and **all subtypes/variants** of infiltrating duct/carcinoma NST (must be a /3) *Note:* See Table 3 for subtypes/variants of carcinoma NST/duct carcinoma.	Paget disease and infiltrating duct carcinoma **8541/3**
Any two invasive carcinoma NST subtypes/variants (percentage not stated) abstracted as a single primary *Note 1:* The diagnosis may be two subtypes/variants and the pathologist may mention the presence of duct/carcinoma NST. Ignore the mention of carcinoma NST. *Note 2:* See Table 3 for subtypes/variants of carcinoma NST/duct carcinoma.	Adenocarcinoma with mixed subtypes **8255/3**

A Few Important Highlights

Breast

NST (No Special Type), mammary carcinoma NST, and carcinoma NST are the new terms for duct or ductal carcinoma. Previously, it was thought that carcinoma originated in the ducts or lobules of the breast, hence the names duct carcinoma and lobular carcinoma. Current thinking is that carcinoma originates in the "terminal duct lobular unit" therefore the preferred term is NST or carcinoma NST.

Mammary carcinoma is a synonym for carcinoma no special type (NST)/duct carcinoma not otherwise specified (NOS) **8500.** It will **no longer** be coded as carcinoma NOS **8010.**

DCIS/Carcinoma NST in situ has a major classification change.

A. Subtypes/variant, architecture, pattern, and features **ARE NOT CODED**. The majority of in situ tumors will be coded to DCIS **8500/2.**
B. It is very important to code the grade of all DCIS.
   i. Code grade as designated in current AJCC Manual, SEER Coding Manual, and COC Coding Manual.
   ii. The current breast **WHO** edition emphasizes coding the **grade** of tumor rather than the **subtype/variant**.
   iii. The WHO editions are used internationally by pathologists to keep their nomenclature and histology identification current.
   iv. Over time, **subtypes/variants** will be diagnosed **less frequently.**

The invasive subtype/variant is coded **ONLY** when it comprises **greater than 90%** of the tumor. This change has been implemented in both the WHO and in the CAP protocols.

New codes/terms are identified by asterisks (*) in the histology table in the Terms and Definitions.

Excerpt from the CAP Invasive Breast Protocol (page 17): "A modified list is presented in the protocol based on the most frequent types of invasive carcinomas and terminology that is in widespread usage. The modified list is intended to capture the majority of tumors and reduce the classification of tumors being reported as 'other.' The WHO classification is presented for completeness".

A Few Important Highlights

Colon/Rectum/Rectosigmoid

A Few Important Highlights

Head and Neck

2007 Rules instruct "Code the histology from the most representative specimen." For all sites except breast and CNS, 2018 Rules instruct "Code the most specific histology from biopsy or resection. When there is a discrepancy between the biopsy and resection (two distinctly different histologies/different rows), code the histology from the most representative specimen (the greater amount of tumor)."

Two bone sites, mandible C410 and maxilla C411, have been added to the Head and Neck Rules.

External ear C442 has been added to the Head and Neck Rules. Basal cell carcinoma, squamous cell carcinoma, and all non-reportable neoplasms are excluded.

Autonomic nervous system C479 has been added as a primary site for those paragangliomas reported as malignant.

Carotid body paraganglioma 8690 *Note 1:* This neoplasm is only reportable when documented as malignant/invasive /3 behavior. *Note 2:* Cases diagnosed as malignant in 2018 should be reported as 8690/3. The proposed new code, 8692/3, cannot be used because it has not been implemented.	Carotid body tumor Chemodectoma, carotid Non-chromaffin paraganglioma, carotid
Laryngeal paraganglioma 8690 *Note 1:* This neoplasm is only reportable when documented as malignant/invasive /3 behavior. *Note 2:* Cases diagnosed as malignant in 2018 should be reported as 8690/3. The proposed new code, 8693/3, cannot be used because it has not been implemented. *Note 3:* Vagal paraganglioma has the same proposed histology code as laryngeal paraganglioma. Laryngeal and vagal are in separate rows to emphasize the primary site.	Chemodectoma, laryngeal Non-chromaffin paraganglioma, laryngeal
Middle ear paraganglioma 8690 *Note 1:* This neoplasm is only reportable when documented as malignant/invasive /3 behavior. *Note 2:* Cases diagnosed as malignant in 2018 should be reported as 8690/3.	Glomus jugulare tumor of middle ear Glomus tympanicum Jugulotympanic chemodectoma
Vagal paraganglioma 8690 *Note 1:* This neoplasm is only reportable when documented as malignant/invasive /3 behavior. *Note 2:* Cases diagnosed as malignant in 2018 should be reported as 8690/3. The proposed new code, 8693/3, cannot be used because it has not been implemented. *Note 3:* Vagal paraganglioma has the same proposed histology code as laryngeal paraganglioma. Laryngeal and vagal are in separate rows to emphasize the primary site.	Glomus jugulare tumor of vagal trunk Chemodectoma of vagal trunk Non-chromaffin paraganglioma of vagal trunk

A Few Important Highlights

Lung

Changes are **implemented slowly** over time, so it is not unusual for a pathology report to use an obsolete term. **Obsolete** terms and codes **can be used** when they are the **only information** available.

WHO 4th Ed Tumors of Lung 2015 has a new classification of adenocarcinoma which is a significant change from the 2004 WHO classification. One of the major changes is discontinuing usage of the term **bronchioloalveolar carcinoma (BAC)** beginning with cases diagnosed 1/1/2018 and forward. The preferred term for BAC is now mucinous adenocarcinoma **8253**.

The following new adenocarcinoma terms and codes have been added. The new terms and codes are **for lung only**. See notes in Table 3.

A. Mucinous carcinoma/adenocarcinoma
- **8253/3** when
  - Behavior unknown/not documented (use staging form to determine behavior when available)
  - Invasive
- **8257/3** when
  - Microinvasive
  - Minimally invasive
- **8253/2** when
  - Preinvasive
  - In situ

Note: Previously, only **invasive** /3 codes were available for mucinous adenocarcinoma of the lung. It has been recognized that not all lung cancers are invasive /3 so new codes were implemented.

B. Non-mucinous carcinoma/adenocarcinoma
- **8256/3** when
  - Microinvasive
  - Minimally invasive
- **8250/2** when
  - Preinvasive

C. Adenocarcinomas (CAP Terminology)

Adenocarcinoma, acinar predominant 8551
- Adenocarcinoma, lepidic predominant 8250
- Adenocarcinoma, micropapillary predominant 8265
- Adenocarcinoma, papillary predominant 8260
- Adenocarcinoma, solid predominant 8230

A Few Important Highlights

Malignant Brain and CNS and Peripheral Nerves

2016 CNS WHO presents major restructuring of the diffuse gliomas, medulloblastomas and other embryonal tumors, and incorporates new entities that are defined by both histology and molecular features, including glioblastoma, IDH-wildtype and glioblastoma, IDH-mutant; diffuse midline glioma, H3 K27M-mutant, RELA fusion-positive ependymoma, medulloblastoma, WNT-activated and medulloblastoma, SHH-activated, and embryonal tumor with multilayered rosettes, C19MC-altered. The 2016 edition has added newly recognized neoplasms and has referred to some entities, variants and patterns as "not recommended" (previously called obsolete).

A. It has been determined that these "not recommended" terms no longer have diagnostic and/or biological relevance. For example, gliomatosis cerebri is a term which is no longer recommended. Gliomatosis cerebri is now termed a "growth pattern" rather than a histologic type.
B. Terms which are not recommended are not included in the tables. When one of these terms are used, refer to the ICD-O and all updates for the correct histology code. For example, glioma NOS is an umbrella term for all gliomas and astrocytomas. Glioma NOS is not recommended because diagnostic methodology is able to determine a more specific diagnosis.

Rule change: The 2007 rules said a glioblastoma multiforme (GBM) following an astrocytic or glial tumor was a single primary (recurrence). In the 2018 Solid Tumor Rules, GBM subsequent to an astrocytic or glial tumor is a multiple primary. GBM is now being collected as a new primary so it is possible to analyze the frequency with which these tumors recur in a more aggressive form (GBM).

Clarifications:

A. The following meningiomas are reportable: intraosseous, cavernous sinus and sphenoid wing.
B. Multiple cerebral meningiomas are a single primary.
C. Multiple brain tumors (same histology) are a single primary.
D. Laterality is not used to determine multiple primaries.
E. Timing is not used to determine multiple primaries.
F. The brain (C710-C719) is a single primary site.
G. Neurofibromatosis NOS, Neurofibromatosis 1 (NF1), Neurofibromatosis 2 (NF2), and schwannomatosis are genetic syndromes and not reportable neoplasms. People with this genetic syndrome do have a high risk of developing:
   i. Non-reportable non-malignant tumors occurring in skin and sites other than CNS AND
   ii. Reportable malignant tumors

A Few Important Highlights

Non-Malignant Brain and CNS Tumors

Clarifications:

- The following meningiomas are reportable: **Intraosseous**, **cavernous sinus,** and **sphenoid wing.**
- Multiple cerebral meningiomas (same histology or NOS and subtype/variant) are a single primary.
- Multiple brain tumors (same histology) are a single primary.
- Bilateral optic nerve gliomas/pilocytic astrocytomas are a single primary.
- Laterality is not used to determine multiple primaries.
- Timing is not used to determine multiple primaries.
- The brain C710-C719 is a single primary site.
- Neurofibromatosis NOS, Neurofibromatosis 1 (NF1), Neurofibromatosis 2 (NF2), and schwannomatosis are familial tumor syndromes and are not reportable conditions. People with NF1 and NF2 have a high risk of developing reportable and non-reportable tumors. Tumors associated with NF1 and NF2 are reportable when they meet the behavior (/0 or /1), site (within the CNS), and histology reportability requirements (see Reportability Criteria).

2018 Solid Tumors Database

- Genetics Data & Biomarkers
- Treatment(s)
- Abstractor Notes
- Signs & Symptoms
- Diagnostic Exams
- Recurrence & Metastasis
- Epidemiology & Mortality

STDB is Still Under Construction

Questions