Multiple Primary and Histology Site Specific Coding Rules
KIDNEY
Prerequisites

Completion of Multiple Primary and Histology General Coding Rules
There are many ways to view the Multiple Primary/Histology rules, or rather ways in which they are diagramed to aid in understanding how they are put together.

The rules themselves are provided in three formats to support different styles of learning and interaction with instructions:

- text
- matrix
- flowchart

Any abstraction from the rules does not replace the rules, but may provide insight into their underlying structure.
Borrowing from the three formats for the rules themselves, structure can be diagramed in a text or outline form, a matrix or table form, and a flowchart form.

You have previously reviewed the table format when you looked at the two color coded spreadsheets for the multiple primary and the histology rules.

The table form shows most clearly the alternating patterns of single versus multiple primary decisions across the primary sites, the commonality of rules across the primary sites, and the clustering of site-specific rules in different primary sites.
Links to illustrations and/or diagrams will be provided for each site to diagram the process of multiple-primary decision making in a sequential fashion, comparing existing and new records in a registry database. The charts included here assume the tumors have already been assigned to the appropriate anatomic site.
Multiple Primary and Histology Coding Rules
The Kidney unit provides rules for working with renal cell or glandular carcinomas of the kidney parenchyma.

The terms and definitions section notes that transitional cell carcinomas usually arise in the renal pelvis and would be coded to renal parenchyma only in the rare instances when pathologically confirmed to have arisen there and not in the pelvis.

Types of renal cell carcinoma are described, including carcinoma of collecting ducts, chromophobe, chromophilic, and medullary carcinoma of the kidney.
Levels of invasion are identified, and Wilm’s tumor grouped with the kidney cancers.

A table lists specific renal cell types by ICD-O-3 codes, for assistance in applying both the multiple primary and histology rules.

Diagrams of the internal and external structure of the kidney are provided.
Reviewing the multiple primary rules, note the standard:

- M1 and M2 rules, an unknown number of tumors are abstracted as a single primary, and a single tumor is always a single primary.

Referring to the rules for multiple tumors, the first rule is unique to kidney:

- M3, Wilms tumors are always considered a single primary, so bilateral involvement, whether synchronous or metachronous, does not indicate a second primary cancer.
• M4, that tumors in sites with ICD-O-3 topography codes differing among the first three characters are different primaries; the effect of this rule is to distinguish kidney from other primary sites, rather than to distinguish among kidney primaries, as there is only a single primary site code for the kidney parenchyma.

• M5, states that bilateral kidney tumors are multiple primaries; the exceptional case of Wilms tumors has already been dealt with by a prior rule.
• M6, tumors diagnosed more than three years apart are multiple primaries.
• The standard rule, M7, an invasive tumor more than 60 days after an in situ tumor is a new primary.

The following three rules are related to histology:
• M8, tumors with specific renal cell types are multiple primaries.
• M9, tumors with a non-specific diagnosis and a more specific diagnosis are single primaries.
• M10, tumors with ICD-O-3 histology codes that differ among the first three characters are multiple primaries.
Rules M8 and M9, both referring to the table of renal cell types, differ in that M8 addresses the situation where specific renal cell types are identified, and M9 the situation where renal cell NOS and another specific renal cell type are identified.

The last multiple primary rule,

- M11, is the standard rule, if rules to this point have not provided a decision, the case is abstracted as a single primary.

A case example covered by this rule would be the involvement of multiple tumors in one kidney, all with the same histology.
The structure of the histology rules for Kidney parallels that for Lung.

The rules are the same for both single tumors abstracted as a single primary and multiple tumors abstracted as a single primary, with the exception of the addition of a combination histology rule for single kidney tumors.
The histology rules in order:

- **H1 and H8**, code the histology documented by the physician when no pathology or cytology report available or obtained.
- **H2 and H9**, code the histology or cytology from a metastatic site when no specimen from the primary site.
- **H3 and H10**, code the histology of a single histologic type.
- **H4 and H11**, code the invasive histology when a single tumor has both invasive and in situ components or the most invasive histology when two or more invasive tumors.
- **H5 and H12**, code the most specific histologic term when non-specific and more specific histologies are stated.
The non-specific histologies for kidney are listed as:

- cancer/malignant neoplasm and a more specific histology
- carcinoma and a more specific carcinoma
- adenocarcinoma and a more specific adenocarcinoma
- renal cell carcinoma and a more specific renal cell carcinoma
- sarcoma

The next rule within the Single Tumor module,

- H6, refers to using the combination code for mixed adenocarcinoma, 8255/3, when two or more specific renal cell histologies are identified within a single tumor.

The final rule for both single and multiple tumor coding,

- H7 and H13, is to code the histology with the numerically higher ICD-O-3 code.
The patient presents with left flank pain.
On workup, two masses are noted in the left kidney parenchyma, a large 7 cm x 8 cm mass in the upper pole of the kidney and a small 2 cm x 3 cm mass in the lower pole.
Renal cell carcinoma is suspected.
The patient is taken to surgery, and the final diagnosis is renal cell carcinoma clear cell type, 7.5 x 8 cm, and a second renal cell carcinoma with sarcomatoid features, 2 x 3 cm.
Two tumors are identified.
Referring to the Multiple Tumors module for kidney, Rule M3 does not apply, this is not a Wilms tumor.

Rule M4 does not apply, the site for both tumors is C649, kidney.

Rule M5 does not apply, the tumors involve the same kidney.
Rules M6 and M7 do not apply, the tumors are diagnosed at the same time and neither one is an in situ lesion.

Rule M8 does apply, there are two tumors, each with a diagnosis of a specific renal cell type, according to the table.

These are multiple primaries.
Each primary has one tumor. Refer to the Single Tumor module for each primary cancer to determine the correct histology code.

Rules H1 and H2 do not apply to either cancer since there is pathology from the primary site.

Rule H3 does not apply for either cancer since more than one histologic type is identified in each case.

Rule H4 does not apply since there is no indication of an in situ component in the pathologic diagnosis.
Rule H5 does apply to each case, since each diagnosis is stated as renal cell carcinoma with a specific type of renal cell carcinoma.

According to Note 2 for this rule, specific types for invasive cancers can be identified with the words “type” and “with features of.”

So the histology for the larger tumor will be coded as 8310/3, clear cell carcinoma, and the histology for the smaller tumor will be coded as 8318/3, renal cell carcinoma, sarcomatoid.