

Data Items  
Effective with cases diagnosed 1/1/2011

**Multiplicity Counter**

**Item Length: 2**  
**NAACCR Item #: 446**  
**NAACCR Name: Multiplicity Counter**

This data item is used to count the number of tumors (multiplicity) reported as a single primary. Do not count metastatic tumors. Use the [Multiple Primary and Histology Coding Rules](#) manual multiple primary rules for the specific site to determine whether the tumors are a single primary or multiple primaries.

**Code Description**

00	No primary tumor identified (effective for cases diagnosed 1/1/2011 and forward)
01	One tumor only
02	Two tumors present; bilateral ovaries involved with cystic carcinoma
03	Three tumors present
..	
..	
88	Information on multiple tumors not collected/not applicable for this site
89	Multicentric, multifocal, number unknown (effective for cases diagnosed 1/1/2011 and forward)
99	Unknown if multiple tumors; not documented

**Coding Instructions**

1. Code the number of tumors being abstracted as a **single** primary.
2. Use any part of the medical record to obtain information on the number of tumors
  - a. Source of information is **not** limited to the pathology report final diagnosis
  - b. The pathology report is the most accurate source of information for some primary sites, for example, a breast primary
  - c. It is necessary to use other sources such as scans, operative reports, or documentation in the medical record
    - i. For primary sites such as urinary, head and neck, etc.
    - ii. When the operative report and pathology report are not available
3. Do **not** count tumors documented as metastases

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4. Include foci in the multiplicity counter when there is a tumor or tumors with separate **measured** single or multiple foci
  - a. Ignore/do not count **unmeasured** foci
  - b. Record the number of foci that are measured when the tumor description is multifocal or multicentric
  - c. See instruction number 11 for coding multifocal or multicentric tumors with unmeasured foci

5. Do **not** include satellite lesions in the multiplicity counter

6. Use **code 00** when the primary tumor is not found

*Example 1:* Metastatic melanoma with an unknown primary site

*Example 2:* Axillary nodes with metastatic duct carcinoma; no primary tumor found in breast

7. Use **code 01** when

- a. There is a single tumor in the primary site
- b. There is a single tumor with separate **unmeasured** foci of tumor

*Example 1:* 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).

*Example 2:* Pathology from mastectomy shows a 2 cm invasive duct carcinoma with foci of duct carcinoma in situ. No measurement is given for any of the foci of in situ duct carcinoma. Record 01 in Multiplicity Counter.

8. Use **code 02** when

- a. The tumor description is multifocal or multicentric and there are **two** measured foci
- b. There is a **single tumor** with separate multiple foci and **one** focus is measured

*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 in accordance with the multiple primary rules, and code 02 in Multiplicity Counter.

*Example 2:* A single breast primary composed of both in situ and invasive disease. Measurements are provided for both the invasive and in situ components. Code the multiplicity counter 02 because there are individual measurements for each of these tumors.

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**Example 3:** Pathology report for debulking: Cystadenocarcinoma, right and left ovaries. Biopsy of peritoneal implants is positive for metastatic cystadenocarcinoma. Code 02 (Two tumors present; because both ovaries are involved with cystadenocarcinoma). Do not include the peritoneal tumors; metastatic tumors are not included in the multiplicity counter.

9. Use **codes 00-87** and **code 99** for solid tumors including the following sites and histologies
- a. Dendritic cell sarcoma (9757)
  - b. Follicular dendritic cell sarcoma, extranodal (9758)
  - c. Histiocytic sarcoma (9755)
  - d. Ill-defined sites (C760-C768)
  - e. Interdigitating dendritic cell sarcoma (9757)
  - f. Kaposi sarcoma (9140)
  - g. Langerhans cell histiocytosis (9751)
  - h. Langerhans cell sarcoma (9756)
  - i. Lymphoma, extranodal primary site (9590-9729, 9735-9738)
  - j. Malignant histiocytosis (9750)
  - k. Mast cell sarcoma (9740)
  - l. Myeloid sarcoma (9930)
  - m. Plasmacytoma, extramedullary (9734) (not occurring in bone)
  - n. Plasmacytoma, solitary (9731) (occurring in bone)
10. Use **code 88** for
- a. Immunoproliferative disease and certain other hematopoietic neoplasms (9732, 9733, 9741, 9742, 9759, 9760, 9761, 9762, 9764, 9950, 9960, 9961, 9962, 9965, 9966, 9967, 9971, 9975, 9980, 9982, 9983, 9984, 9985, 9986, 9987, 9989, 9991, 9992)
  - b. Leukemia (9800-9920, 9931-9948, 9963, 9964)
  - c. Lymphoma, lymph node(s) or bone marrow primary site (9590-9729, 9735-9738)
  - d. Unknown primary (C809)
11. Use **code 89** when the tumor description is multicentric or multifocal **AND** the number of tumors is unknown

**Example 1:** 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 89 in Multiplicity Counter.

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**Example 2:** Multinodular carcinoma of the thyroid. Code the number of tumors if known. When the number of tumors is not stated, count the number of measured nodules. If the nodules are not measured, code 89.

12. Use **code 99** when

- a. The original pathology report is not available and the documentation does not specify whether there was a single or multiple tumors in the primary site
- b. The tumor is described only as diffuse or disseminated
- c. The operative or pathology report describes multiple tumors but does not give an exact number.
- d. It is unknown if there is a single tumor or multiple tumors and the multiple primary rules instructed you to default to a single tumor.
- e. The number of tumors is not specified for prostate primaries, including those with positive biopsy results in different lobes of the prostate  
**Example:** Prostate, positive biopsy of both lobes. No statement to indicate whether there is one or more nodules. Code the multiplicity counter 99.
- f. The only information available for clinically inapparent prostate cancer is positive needle biopsy(ies)

13. Leave this field blank for cases diagnosed prior to 01/01/2007

**Death Certificate Only (DCO) Cases**

See the [NAACCR Death Clearance Manual](#) for coding instructions.

**Coding Examples**

**Example 1:** 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.

**Example 2:** CT of chest shows two lesions in the left lung and a single lesion in the right lung. Biopsy of the right lung lesion shows adenocarcinoma. No other workup is done. Review the multiple primary rules for lung. For lung ONLY, the tumors in the contralateral lung are assumed to be additional primary tumors. The case is abstracted as a single primary. Enter the number 03 in the data item Multiplicity Counter.