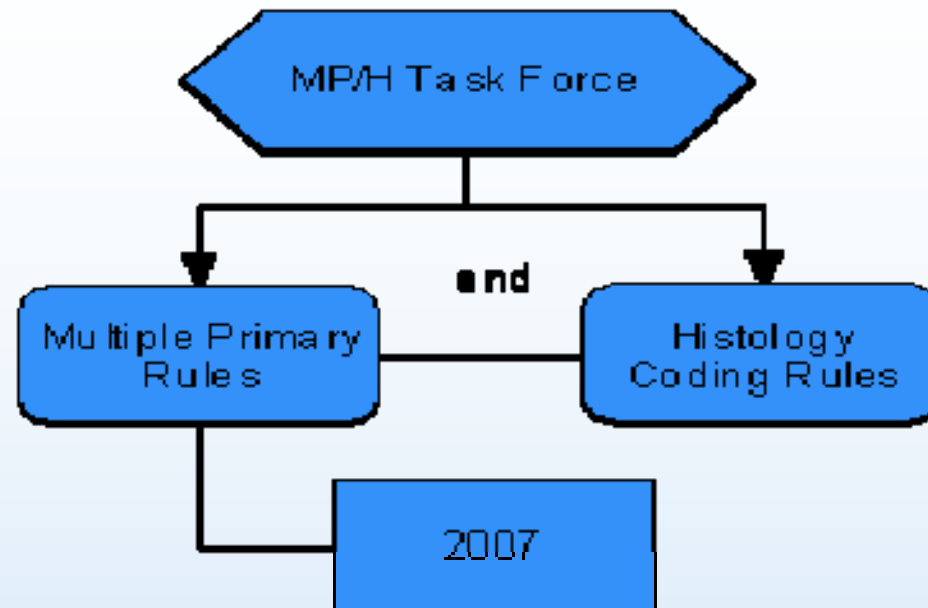


Kidney



Equivalent Terms, Definitions, Tables and Illustrations

Introduction

- Renal cell: glandular (adeno) carcinoma of kidney
- 85% renal cell or specific renal cell

Introduction

- Transitional cell very rare
- Medullary vs. collecting duct ca
 - Controversy about relationship

Table 1

Renal Cell and Specific Renal Cell

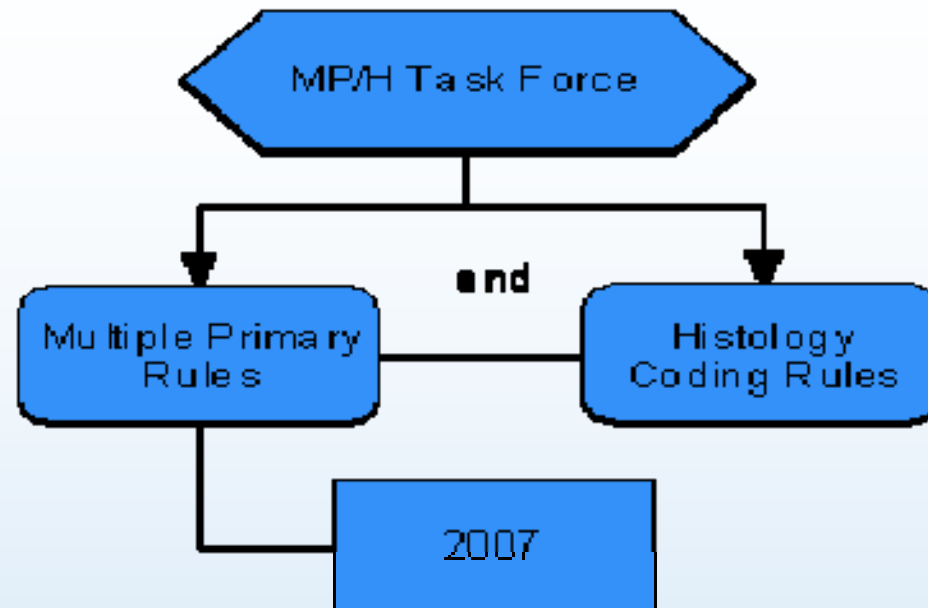
Renal cell carcinoma, NOS (8312) is the non-specific term under which the specific renal cell carcinoma types are listed.

This table **is a complete listing** of specific renal cell carcinoma types.

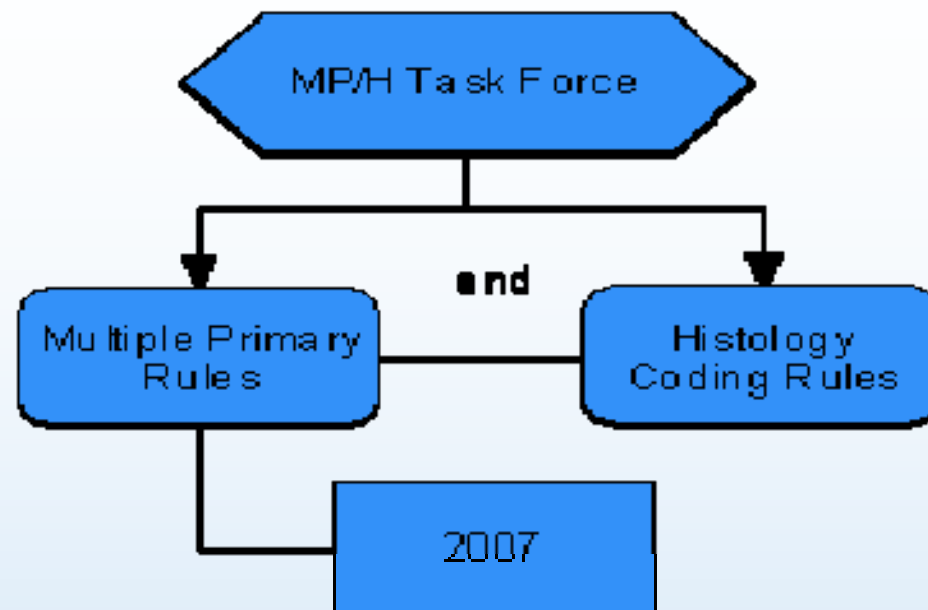
Column 1: Code	Column 2: Specific Renal Cell Carcinoma Types
8260	Papillary (Chromophil) *
8310	Clear Cell
8316	Cyst associated, cystic
8317	Chromophobe *
8318	Sarcomatoid (Spindle cell)
8319	Collecting duct type (Bellini duct)
8320	Granular cell
8510	Medullary carcinoma, NOS; medullary adenocarcinoma
8959	Malignant cystic nephroma; malignant multilocular cystic nephroma
* Note: Chromophil and chromophobe are different histologies	

Change Site Group

- Kidney previously grouped with
 - Renal pelvis
 - Ureter

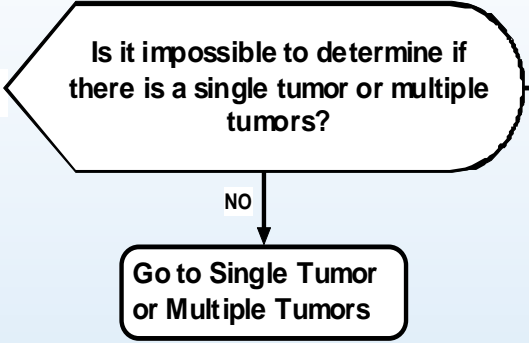


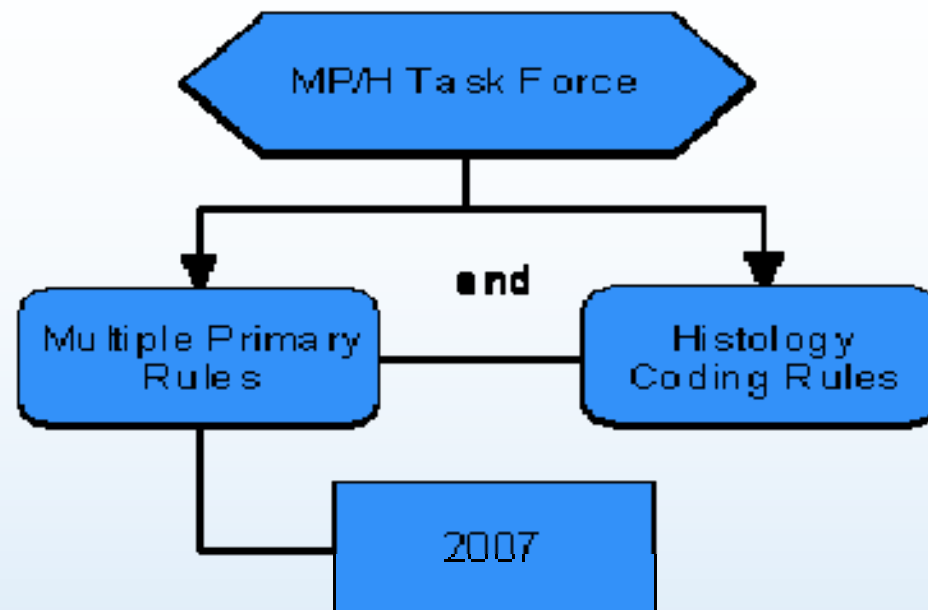
Multiple Primary Rules



Unknown if Single or Multiple Tumors

KIDNEY

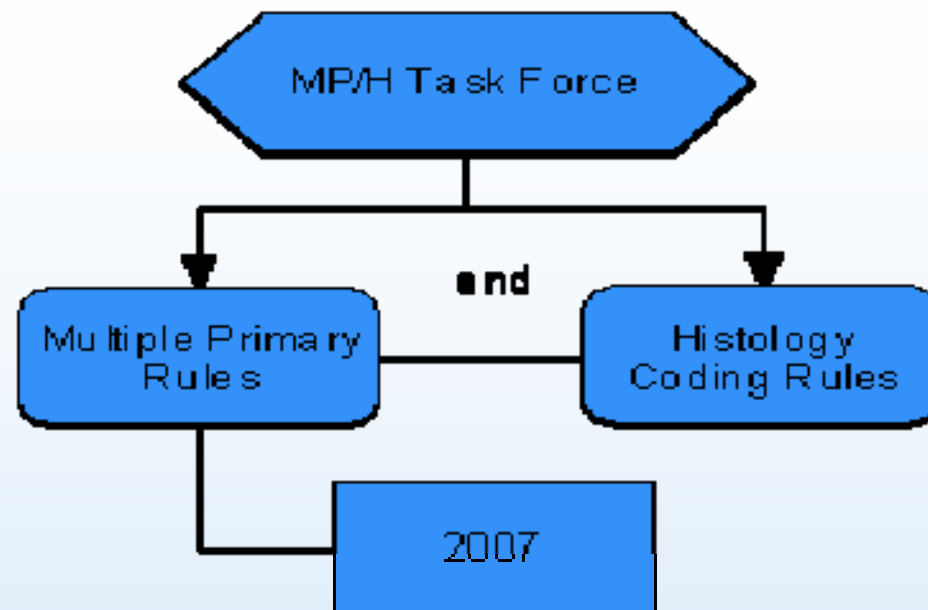
UNKNOWN IF SINGLE OR MULTIPLE TUMORS	DECISION	NOTES
<p>M1 </p> <pre> graph TD A{Is it impossible to determine if there is a single tumor or multiple tumors?} -- YES --> B{{SINGLE Primary*}} A -- NO --> C[Go to Single Tumor or Multiple Tumors] </pre>	<p>SINGLE Primary*</p> <p>End of instructions for Unknown if Single or Multiple Tumors</p>	<p>Tumor(s) not described as metastasis.</p> <p>Use this rule only after all information sources have been exhausted.</p>



Single Tumor

KIDNEY

SINGLE TUMOR	DECISION	NOTES
<p>M2</p> <pre> graph TD Q{Is there a single tumor?} -- YES --> A{{SINGLE Primary*}} Q -- NO --> B[Go to Multiple Tumors.] </pre>	<p>End of instructions for Single Tumor.</p>	<p>1. Tumor not described as metastasis. 2. Includes combinations of in situ and invasive</p> <p>The tumor may overlap onto or extend into adjacent/contiguous site or subsite.</p>



Multiple Tumors

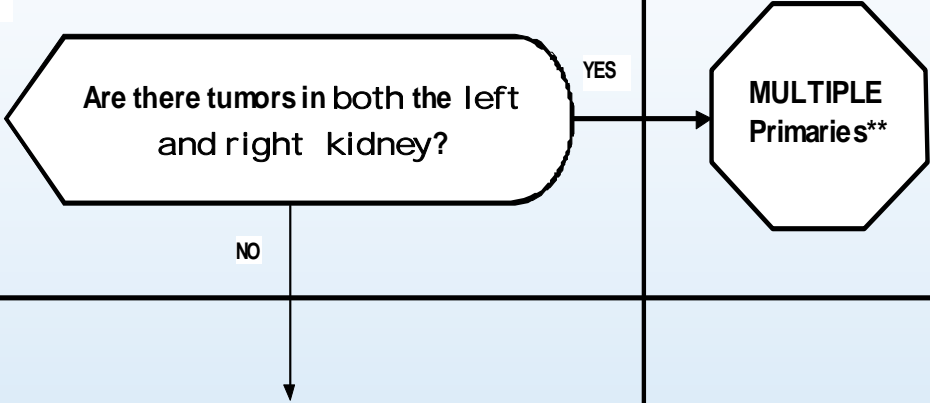
KIDNEY

MULTIPLE TUMORS Multiple tumors may be a single primary or multiple primaries.	DECISION	NOTES <div style="border: 1px solid black; padding: 5px;"><ol style="list-style-type: none">1. Tumors not described as metastases.2. Includes combinations of in situ and invasive.</div>
<p>M3</p> <pre>graph LR; A{Is the diagnosis Wilms tumor?} -- YES --> B[SINGLE Primary*]; A -- NO --> C[];</pre>		

KIDNEY

MULTIPLE TUMORS	DECISION	NOTES
<p>Multiple tumors may be a single primary or multiple primaries.</p>		<p>1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.</p>
<p>M4</p>		
<pre> graph TD Q{Are there tumors in sites with ICD-O-3 topography codes that are different at the second (Cx) and/or third (xx) character?} Q -- YES --> A[MULTIPLE Primaries**] Q -- NO --> B[] </pre>		

KIDNEY

<p>MULTIPLE TUMORS</p> <p>Multiple tumors may be a single primary or multiple primaries.</p>	<p>DECISION</p>	<p>NOTES</p> <p>1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.</p>
<p>M5</p>  <pre> graph TD Q{Are there tumors in both the left and right kidney?} -- YES --> A[MULTIPLE Primaries**] Q -- NO --> B[] </pre>	<p>MULTIPLE Primaries**</p>	<p>Abstract as a single primary when the tumors in one kidney are documented to be metastatic from the other kidney.</p>

KIDNEY

MULTIPLE TUMORS, continued	DECISION	NOTES
<p>M6</p> <p>Are there tumors diagnosed more than three (3) years apart?</p> <p>NO</p>	<p>YES</p> <p>MULTIPLE Primaries**</p>	<p>1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.</p>

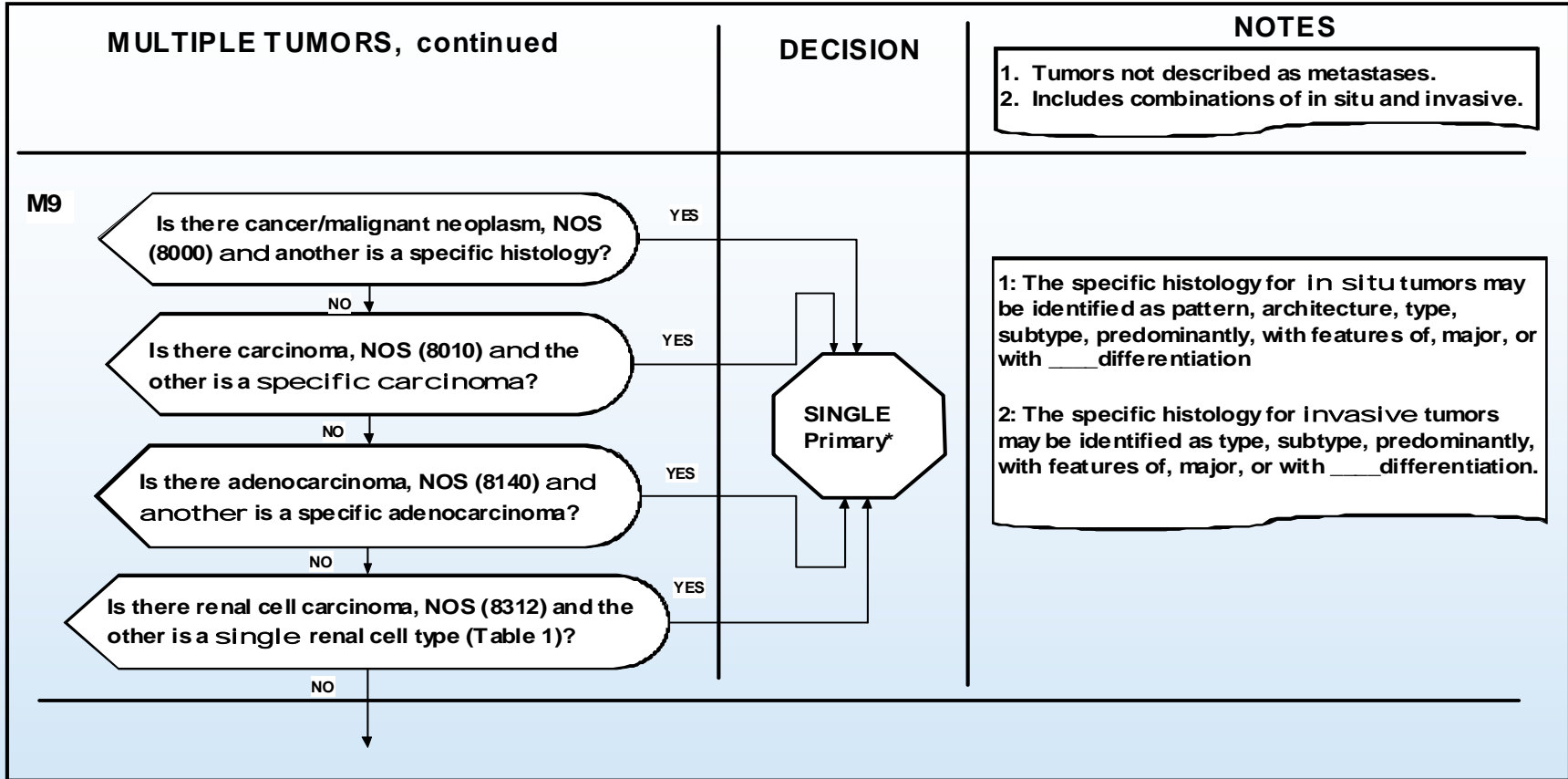
KIDNEY

MULTIPLE TUMORS, continued	DECISION	NOTES
<p>M7</p> <pre> graph TD Q{Is there an invasive tumor following an in situ tumor more than 60 days after diagnosis?} Q -- YES --> D[MULTIPLE Primaries**] Q -- NO --> Exit[] style Exit fill:none,stroke:none </pre>	<p>MULTIPLE Primaries**</p>	<p>1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.</p> <p>1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.</p> <p>2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.</p>

KIDNEY

MULTIPLE TUMORS, continued	DECISION	NOTES
<p>MB</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin: 10px auto;"> <p>Is there one tumor with a specific renal cell type and another tumor with a different specific renal cell type (Table 1)?</p> </div> <p style="text-align: center;">NO</p> <p style="text-align: center;">↓</p>	<div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 10px auto;"> <p>MULTIPLE Primaries**</p> </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.</p> </div>

KIDNEY

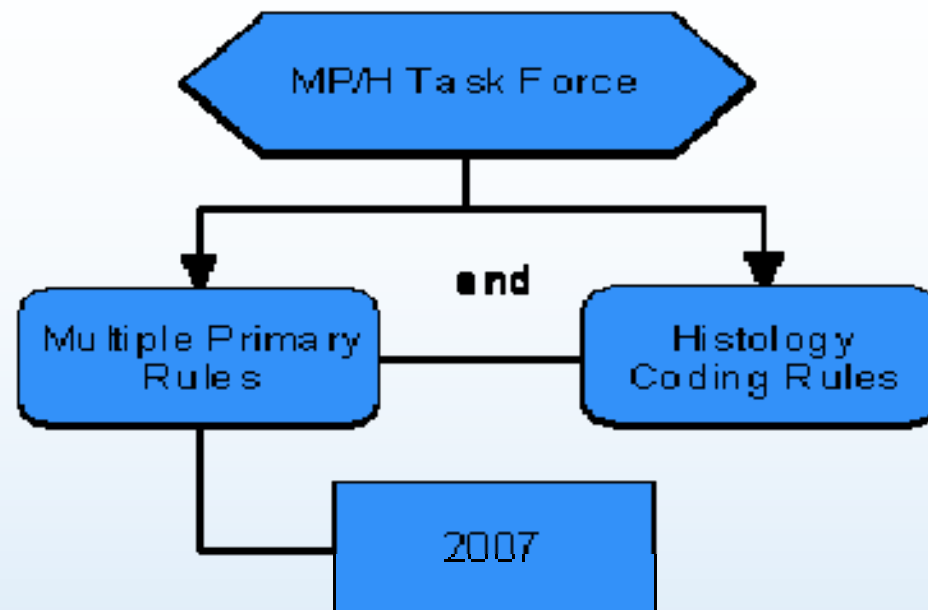


KIDNEY

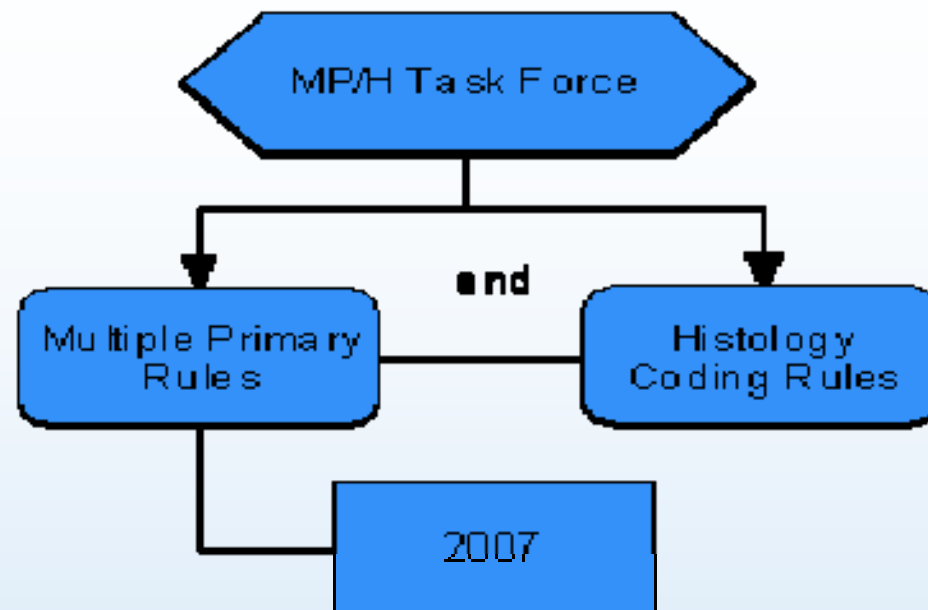
MULTIPLE TUMORS, continued	DECISION	NOTES
<p>M10</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; display: inline-block;"> <p>Do the tumors have ICD-O-3 histology codes that are different at the first (Xxxx), second (xXxx), or third (xxXx) number?</p> </div> <p style="margin-left: 20px;">YES →</p> <p style="margin-left: 100px;">NO ↓</p>	<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block; text-align: center;"> <p>MULTIPLE Primaries**</p> </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.</p> </div>

KIDNEY

MULTIPLE TUMORS, continued	DECISION	NOTES
<p>M11</p> <pre> graph TD A([Does not meet any of the above criteria (M1 through M10)]) -- YES --> B{{SINGLE Primary*}} A -- NO --> C([ERROR: Recheck rules. Stop when a match is found.]) </pre>	<p>End of instructions for Multiple Tumors.</p>	<p>1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.</p> <p>When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.</p>
<p>Rule M11 Examples: The following are examples of cases that use Rule M11. 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.</p>		
<p>Example 1. Multiple tumors in one kidney with the same histology</p>	<p>Example 2. An in situ and invasive tumor diagnosed within 60 days</p>	

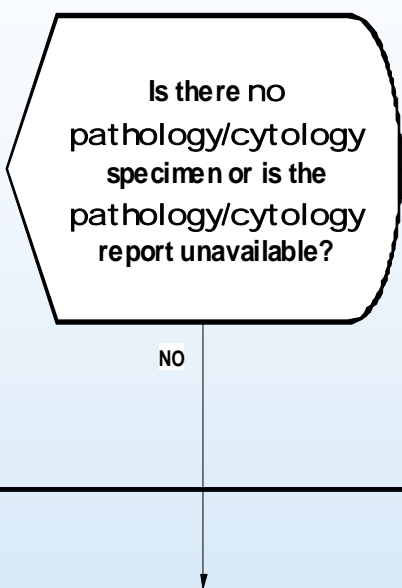
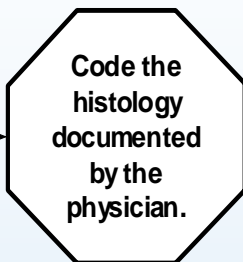
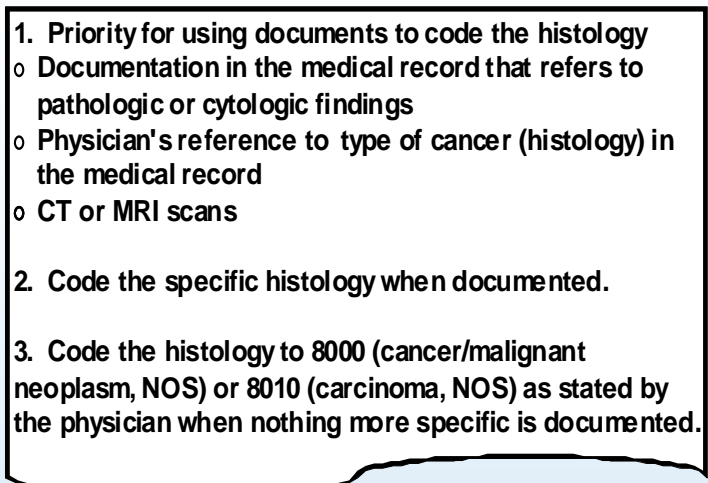


Histology Rules



Single Tumor

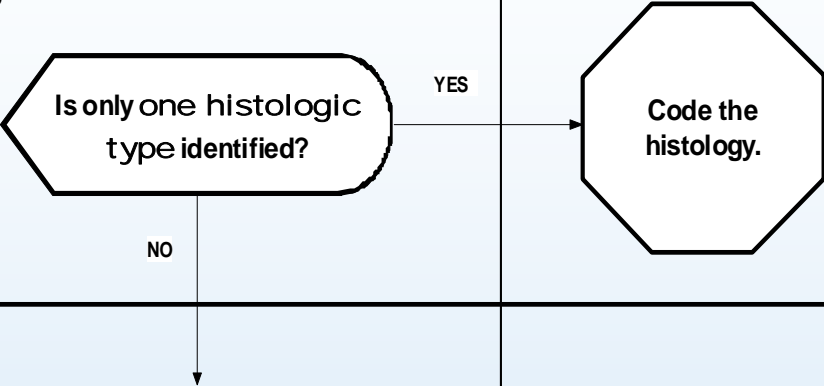
KIDNEY

Rule	Action	Notes and Examples
<p>H1</p>  <p>Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?</p> <p>YES</p> <p>NO</p>	 <p>Code the histology documented by the physician.</p>	 <ol style="list-style-type: none"> 1. Priority for using documents to code the histology <ul style="list-style-type: none"> o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o CT or MRI scans 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

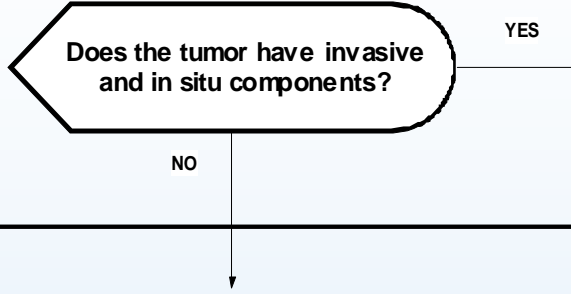
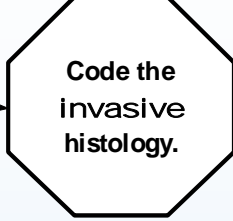
KIDNEY

Rule	Action	Notes and Examples
<p>H2</p> <p>Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)</p> <p>YES</p> <p>NO</p>	<p>Code the histology from a metastatic site.</p>	<p>Code the behavior /3.</p>

KIDNEY

Rule	Action	Notes and Examples
<p data-bbox="212 380 254 412">H3</p>  <pre data-bbox="247 402 1066 786">graph LR; A{{Is only one histologic type identified?}} -- YES --> B{{Code the histology.}}; A -- NO --> C[];</pre>		

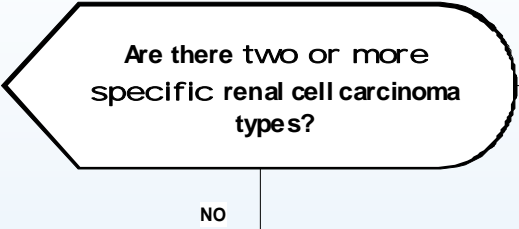
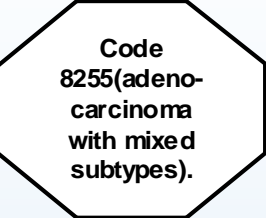
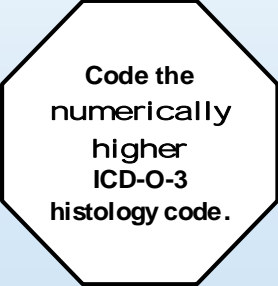
KIDNEY

Rule	Action	Notes and Examples
<p>H4</p>  <pre>graph LR; Q{Does the tumor have invasive and in situ components?} -- YES --> A[Code the invasive histology.]; Q -- NO --> Exit[];</pre>		

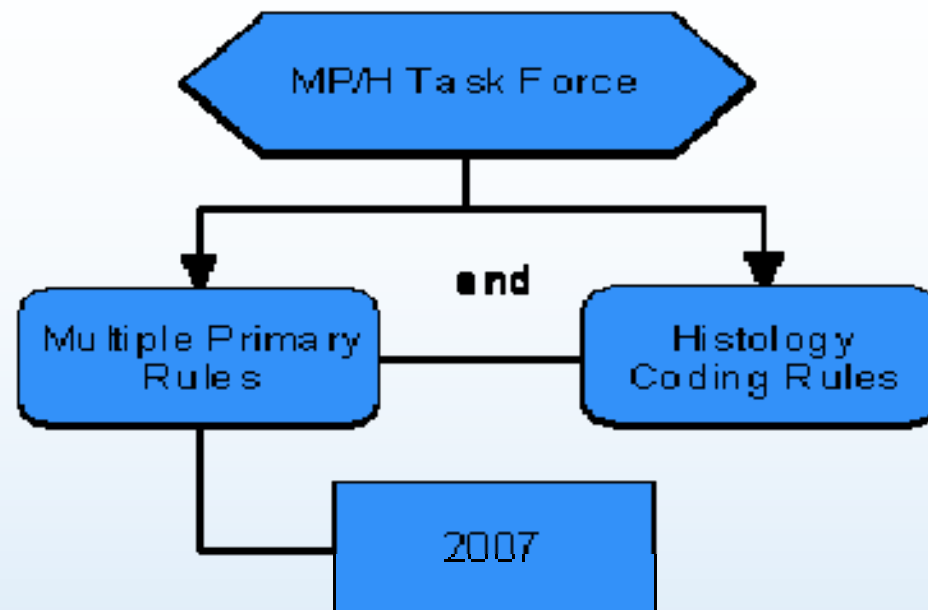
KIDNEY

Rule	Action	Notes and Examples
<p>H5</p> <p>Is there cancer/malignant neoplasm, NOS (8000) and a more specific histology?</p> <p>NO</p> <p>Is there carcinoma, NOS (8010) and a more specific carcinoma?</p> <p>NO</p> <p>Is there adenocarcinoma, NOS (8140) and one specific adenocarcinoma type?</p> <p>NO</p> <p>Is there renal cell carcinoma, NOS (8312) and one specific renal cell type?</p> <p>NO</p>	<p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>Code the specific type.</p>	<ol style="list-style-type: none"> 1. Use Table 1 to identify specific renal cell types 2. The specific histology for In situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____ differentiation 3. The specific histology for Invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation.

KIDNEY

Rule	Action	Notes and Examples
<p>H6</p> 		<p>Use Table 1 to identify specific renal cell types.</p> <p><i>Example:</i> Renal cell carcinoma, papillary and clear cell types. Assign code 8255.</p>
<p>H7</p>		

This is the end of instructions for Single Tumor.
 Code the histology according to the rule that fits the case.

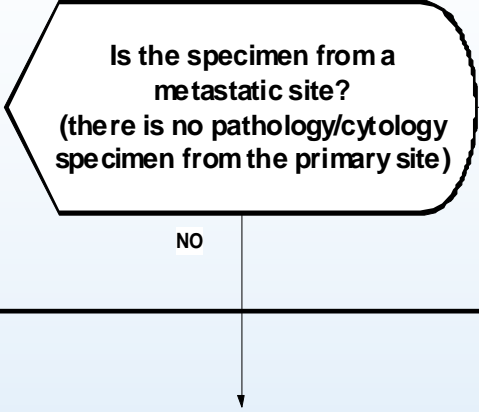




Multiple Tumors Abstracted as a Single Primary

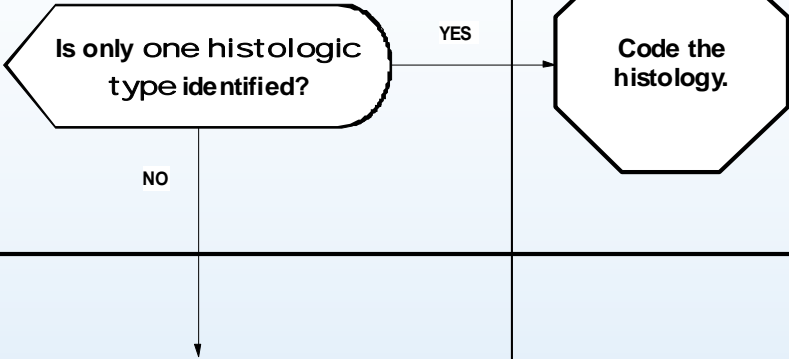
KIDNEY

Rule	Action	Notes and Examples
<p>H8</p> <p>Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?</p> <p>NO</p>	<p>Code the histology documented by the physician.</p>	<ol style="list-style-type: none"> 1. Priority for using documents to code the histology <ul style="list-style-type: none"> o Documentation in the medical record refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o CT or MRI scans 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

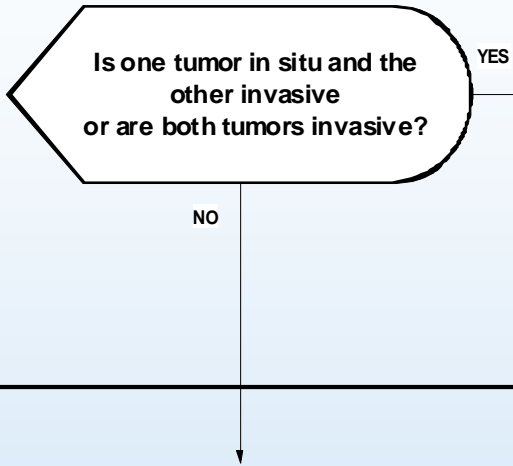

KIDNEY

Rule	Action	Notes and Examples
<p>H9</p>  <pre> graph LR A{{"Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)"}} -- YES --> B{{"Code the histology from a metastatic site."}} A -- NO --> C[] style C fill:none,stroke:none </pre>		

KIDNEY

Rule	Action	Notes and Examples
<p data-bbox="218 363 275 391">H10</p>  <pre data-bbox="289 435 1073 792">graph LR; Q{Is only one histologic type identified?} -- YES --> A{{Code the histology.}}; Q -- NO --> Exit[];</pre>		

KIDNEY

Rule	Action	Notes and Examples
<p>H11</p>  <pre> graph TD Q{Is one tumor in situ and the other invasive or are both tumors invasive?} Q -- YES --> A[Code the histology of the most invasive tumor] Q -- NO --> Exit[] </pre>		<ol style="list-style-type: none"> 1. This rule should only be used when the first three numbers of the histology codes are identical. (This is a single primary.) 2. See the Kidney Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive. <ul style="list-style-type: none"> ○ If one tumor is in situ and one is invasive, code the histology from the invasive tumor. ○ If both/all histologies are invasive, code the histology of the most invasive tumor.

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Rule	Action	Notes and Examples
<p>H12</p> <p>Is there cancer/malignant neoplasm, NOS (8000) and a more specific histology?</p> <p>NO</p> <p>Is there carcinoma, NOS (8010) and a more specific carcinoma?</p> <p>NO</p> <p>Is there adenocarcinoma, NOS (8140) and one specific adenocarcinoma type?</p> <p>NO</p> <p>Is there renal cell carcinoma, NOS (8312) and one specific renal cell type?</p> <p>NO</p>	<p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>Code the specific type.</p>	<p>1. Use Table 1 to identify specific renal cell types</p> <p>2. The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ___ differentiation</p> <p>3. The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with ___ differentiation.</p>
<p>H13</p>	<p>Code the numerically higher ICD-O-3 histology code.</p>	

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

MP/H Task Force



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