

Cutaneous Melanoma Equivalent Terms and Definitions
C440-C449 with Histology 8720 – 8780 (Excludes melanoma of any other site)
Rules Apply to Cases Diagnosed 1/1/2021 forward

Introduction

- Note 1:** Tables and rules refer to ICD-O rather than ICD-O-3. The version is not specified to allow for updates. Use the currently approved version of ICD-O.
- Note 2:** 2007 MPH Rules and 2021 Solid Tumor Rules are used based on date of diagnosis
- Tumors diagnosed 01/01/2007 through 12/31/2020: Use 2007 MPH Rules and 2007 General Instructions
 - Tumors diagnosed 01/01/2021 and later: Use 2021 Solid Tumor Rules and Solid Tumor General Instructions
 - The original tumor diagnosed *before* 01/01/2021 and a subsequent tumor diagnosed 01/01/2021 or later in the same primary site: Use the 2021 Solid Tumor Rules and Solid Tumor General Instructions
- Note 3:** Melanoma can also start in the mucous membranes of the mouth, anus and vagina, in the eye or other places in the body where melanocytes are found. This scheme is used *only* for melanomas that *occur on the skin*.
- Note 4:** The WHO Classification of Skin Tumors 4th Ed does not include ICD-O codes for tumors with mixed melanoma subtypes/variants
- Note 5:** Cutaneous melanoma starts in the melanocytes of the skin. Melanocytes lie in the epidermis, the outermost layer of the skin. Melanocytes often cluster together and form moles (nevi). Most moles are benign, but some may become malignant melanomas. Melanomas are divided into 5 main types, depending on their location, shape, and whether they grow outward or downward into the dermis:
- Acral melanoma: occurs on the palms of the hand, soles of the feet, or nail beds
 - Desmoplastic melanoma: is a rare malignant melanoma marked by non-pigmented lesions on sun exposed areas of the body
 - Lentigo maligna: usually occur on the faces of elderly people
 - Superficial spreading or flat melanoma: grows outwards at first to form an irregular pattern on the skin with an uneven color
 - Nodular melanoma: are lumpy and often blue-black in color and may grow faster and spread downwards

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Changes from 2007 MPH Rules

These changes are effective with cases diagnosed 1/1/2021 and later. WHO 4th Ed Classification of Skin Tumors was published in 2018.

1. 2007 Rules instruct “Code the histology from the most representative specimen.” For all sites except breast and CNS, the 2021 Rules instruct “Code the most specific histology from biopsy or resections”. When there is a discrepancy between the biopsy and resection (two distinctly different histologies), code the histology from the most representative specimen (the greater amount of tumor).” **This instruction applies to the 2021 cutaneous melanoma solid tumor rules.**
2. Early/evolving melanoma in situ (8720/2) and early/evolving melanoma invasive (8720/3) are reportable for cases diagnosed 1/1/2021 and later. Please refer to [SEER Program Coding and Staging Manual 2021](#) for additional information on reportable neoplasms.
3. New histology **terms** are included (identified by asterisks (*) in the histology table in the Terms and Definitions). No new cutaneous melanoma ICD-O histology **codes** have been proposed by WHO.
4. Some histologies are rare and may not be listed in the tables; refer to ICD-O and all updates. If the histology is not found in the tables or ICD-O, submit a question to [Ask a SEER Registrar](#).
5. WHO 4th Ed Skin Tumors now classifies melanocytic tumors into two groups:
 - A. Melanomas arising in sun-exposed skin
 - B. Melanomas arising at sun-shielded sites or without known etiological association with UV radiation exposure

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Equivalent or Equal Terms

These terms can be used interchangeably:

- And; with
Note: “And” and “with” are used as synonyms when describing multiple histologies within a single tumor.
- Giant pigmented nevus; giant congenital nevus
- Mixed epithelioid and spindle cell melanoma (8770); Epithelioid melanoma and spindle cell melanoma
- Melanoma in situ, superficial spreading type; low-cumulative sun damage (CSD) melanoma in situ
- Mole; Nevus
- Simultaneous; existing at the same time; concurrent
- Site; topography
- Superficial spreading melanoma; low-cumulative sun damage (CSD) melanoma
- Tumor; mass; tumor mass; lesion; neoplasm
 - The terms tumor, mass, tumor mass, lesion, and neoplasm are **not** used in a **standard manner** in clinical diagnoses, scans, or consults. **Disregard** the terms unless there is a **physician’s statement that the term is malignant/melanoma**
 - These terms are used **ONLY** to determine multiple primaries
 - **Do not** use these terms for casefinding or determining reportability
- Type; subtype; variant

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Terms that are not Equivalent or Equal

These terms are **not equivalent**. There are no casefinding implications.

- Component is not equivalent to subtype/type/variant
Note 1: Component is only coded when the pathologist specifies the component as a second *melanoma*
Note 2: Examples provided in H rules [Coding Histology](#) section
- Phenotype is not equivalent to subtype/type/variant

Synonyms for In Situ

- Behavior code 2
- Clark level 1 (limited to the epithelium)
- Hutchinson freckle (See [Synonyms for Hutchinson Freckle](#))
- Intraepidermal, NOS
- Intraepithelial, NOS
- Lentigo maligna
- Noninvasive
- Precancerous melanoma of Dubreuilh
- Precancerous melanosis (C44_)
- Stage 0
- Tis

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Synonyms for Hutchinson Freckle

- Circumscribed precancerous melanosis
- Intraepidermal malignant melanoma
- Lentigo maligna
- Precancerous melanosis of Dubreuilh

Anatomical Dermatology Terms

Term	Definition
Cutaneous	Pertaining to skin
Dermal	Pertaining to skin
Epidermal	Pertaining to upon the skin
Hypodermic	Pertaining to below the skin
Intradermal	Pertaining to within the skin
Subcutaneous	Pertaining to under the skin
Ungual	Pertaining to the nail

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Table 1: Primary Sites and Laterality

Table 1 contains terms used in **clinical diagnosis**, and less frequently the **operative and pathology reports** to describe the **location** of the skin lesion. Find the **term** in Column 1 and use the **site code** in Column 2. Column 3 notes whether the site requires **laterality** to be coded.

Note: Excludes melanoma of non-skin sites (excludes any sites other than C44_)

Terminology	Site Term and Code	Laterality Required
Skin of lip, NOS Skin of lower lip Skin of upper lip	Skin of lip, NOS C440	No
Eyelid Lid, NOS Palpebra Horizontal palpebra fissure Canthus Inner canthus Lateral canthus Lower lid Medial canthus Meibomian gland Outer canthus Pretarsal space Supratarsel crease Upper lid	Eyelid C441	Yes

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Terminology	Site Term and Code	Laterality Required
External ear Auricle, NOS Pinna Ceruminal gland Concha Ear, NOS Ear lobule Earlobe External auditory canal Auditory canal, NOS Auricular canal, NOS External auricular canal Ear canal External auditory meatus Helix Skin of auricle Skin of ear, NOS Tragus	External ear C442	Yes

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Terminology	Site Term and Code	Laterality Required
Skin of other & unspecified parts of face Skin of: Cheek Chin Face Forehead Jaw Nose Temple Ala nasi Chin, NOS Columnella Eyebrow Brow External cheek External nose Forehead, NOS Lid-cheek junction Nasaljugal groove Temple, NOS	Skin of other and unspecified parts of face C443	Yes
Skin of scalp and neck Skin of head, NOS Skin of neck Skin of scalp Scalp, NOS Skin of cervical region	Skin of scalp and neck C444	Yes (New)

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Terminology	Site Term and Code	Laterality Required
Skin of trunk Skin of: Abdomen Abdominal wall Anus Axilla Back Breast Buttock Chest Chest wall Flank Groin Perineum Thoracic wall Thorax Trunk Umbilicus Gluteal region Infraclavicular region Inguinal region Sacroccocygeal region Scapular region Perianal skin Umbilicus, NOS	Skin of trunk C445	Yes

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Terminology	Site Term and Code	Laterality Required
Skin of upper limb and shoulder Skin of: Antecubital space Arm Elbow Finger Forearm Hand Palm Shoulder Thumb Upper limb Wrist Fingernail Nail Bed Palmar skin	Skin of upper limb and shoulder C446	Yes

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Terminology	Site Term and Code	Laterality Required
<p>Skin of lower limb and hip Skin of: Ankle Calf Foot Heel Hip Knee Leg Lower limb Popliteal space Thigh Toe Plantar skin Sole of foot Toenail</p>	<p>Skin of lower limb and hip C447</p>	<p>Yes</p>
<p>Overlapping lesion of skin</p>	<p>Overlapping lesion of skin C448 For Head and Neck: Do not use C448 for overlapping lesions of the Head & Neck. Assign the primary site code for the site where the bulk of the tumor is or where the epicenter is; do not use code C448.</p>	<p>No</p>
<p>Skin, NOS <i>Note:</i> Code to Skin, NOS (C44.9) if a patient is diagnosed with metastatic melanoma and the primary site is not identified.</p>	<p>Skin, NOS C449</p>	<p>No</p>

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Table 2: Specific Histologies, NOS, and Subtype/Variants

Use Table 2 as directed by the [Histology Rules](#) to assign the more common histology codes for melanotic skin tumors

Note 1: Rare histologies may not be listed in the table. When a histology term is not found, reference ICD-O and all updates.

Note 2: Submit a question to [Ask a SEER Registrar](#) when the histology code is not found in Table 2, ICD-O or ICD-O updates.

Note 3: Behavior codes are listed when the term has only one possible behavior (either a /2 or /3). For histologies which may be either /2 or /3, a behavior code is not listed. Code behavior as documented in the pathology report.

Note 4: Only use the histology code from the table when the diagnosis is **EXACTLY** the term listed.

Note 5: **New histology terms are identified by asterisk (*)**

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.

Table begins on the next page

***New terms approved by IARC/WHO Committee for ICD-O**

****Terms approved by standard setters and are not listed in WHO or ICD-O**

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NOS Histology Terms and Codes	Synonyms	Subtypes/Variants
<p>Melanoma, NOS 8720</p> <p><i>Note:</i> Sarcomatoid melanoma is a rare subtype of melanoma characterized by almost complete loss of melanocytic differentiation both morphologically and phenotypically, with the bulk of the tumor being replaced by a spindle cell, sarcomatoid component. Use code 8772/3, spindle cell melanoma.</p>	<p>Melanoma in situ 8720/2</p> <p>Early/Evolving melanoma in situ** 8720/2</p> <p>Nevoid melanoma 8720/3</p> <p>Early/Evolving invasive melanoma** 8720/3</p>	<p>Acral melanoma*/acral lentiginous melanoma, malignant 8744/3</p> <p>Amelanotic melanoma 8730/3</p> <p>Balloon cell melanoma 8722/3</p> <p>Desmoplastic melanoma/desmoplastic melanoma, amelanotic/neurotropic melanoma, malignant 8745/3*</p> <p>Epithelioid cell melanoma 8771/3</p> <p>Lentigo maligna/Hutchinson melanotic freckle 8742/2 / Lentigo maligna melanoma/Melanoma in Hutchinson melanotic freckle 8742/3</p> <p>Low cumulative sun damage melanoma*/superficial spreading melanoma 8743/3</p> <p>Melanoma arising in a blue nevus 8780/3*</p> <p>Malignant melanoma arising in giant congenital nevus*/malignant melanoma in giant pigmented nevus 8761/3</p> <p>Malignant melanoma in a precancerous melanosis 8741/3</p> <p>Malignant melanoma, regressing 8723/3</p> <p>Malignant Spitz tumor*/mixed epithelioid and spindle cell melanoma 8770/3</p> <p>Nodular melanoma 8721/3</p> <p>Spindle cell melanoma 8772/3</p> <p>Spindle cell melanoma, type A 8773/3</p> <p>Spindle cell melanoma, type B 8774/3</p>

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Table 3: Non-Reportable Neoplasms

Table 3 lists non-reportable terms and codes used in the diagnosis of cutaneous melanotic neoplasms. *This table is intended to be a reference only and may not be complete.* Please refer to your standard setter program manual for additional information on reportable neoplasms.

Non-Reportable Histology Term	Non-Reportable Histology Code
Pigmented nevus, NOS Nevus, NOS Melanocytic nevus Hairy nevus Nevus spilus Meyerson nevus Deep penetrating nevus Combined nevus Genital nevus Conjunctival nevus	8720/0
Balloon cell nevus	8722/0
Halo nevus Regressing nevus	8723/0
Neuronevus	8725/0
Magnocellular nevus Melanocytoma, NOS	8726/0
Dysplastic nevus	8727/0
Nonpigmented nevus Achromic nevus	8730/0
Junctional nevus, NOS Intraepidermal nevus Junction nevus	8740/0

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Non-Reportable Histology Term	Non-Reportable Histology Code
Lentiginous melanocytic nevus Simple lentigo Lentigo simplex	8742/0
Acral nevus	8744/0
Dermal nevus Intradermal nevus Stromal nevus	8750/0
Compound nevus Dermal and epidermal nevus	8760/0
Congenital melanocytic nevus, NOS Giant pigmented nevus, NOS Intermediate and giant congenital nevus	8761/0 8761/0 8761/1
Proliferative dermal lesion in congenital nevus Proliferative nodule in congenital melanocytic nevus	8762/1
Epithelioid and spindle cell nevus Juvenile melanoma Juvenile nevus Spitz nevus Spitz nevus, atypical Pigmented spindle cell nevus of Reed Pigmented spindle cell Spitz nevus	8770/0
Epithelioid cell nevus	8771/0
Spindle cell nevus, NOS	8772/0
Blue nevus, NOS Jadassohn blue nevus Pigmented epithelioid melanocytoma Blue nevus, epithelioid	8780/0 8780/0 8780/1 8780/1
Cellular blue nevus	8790/0

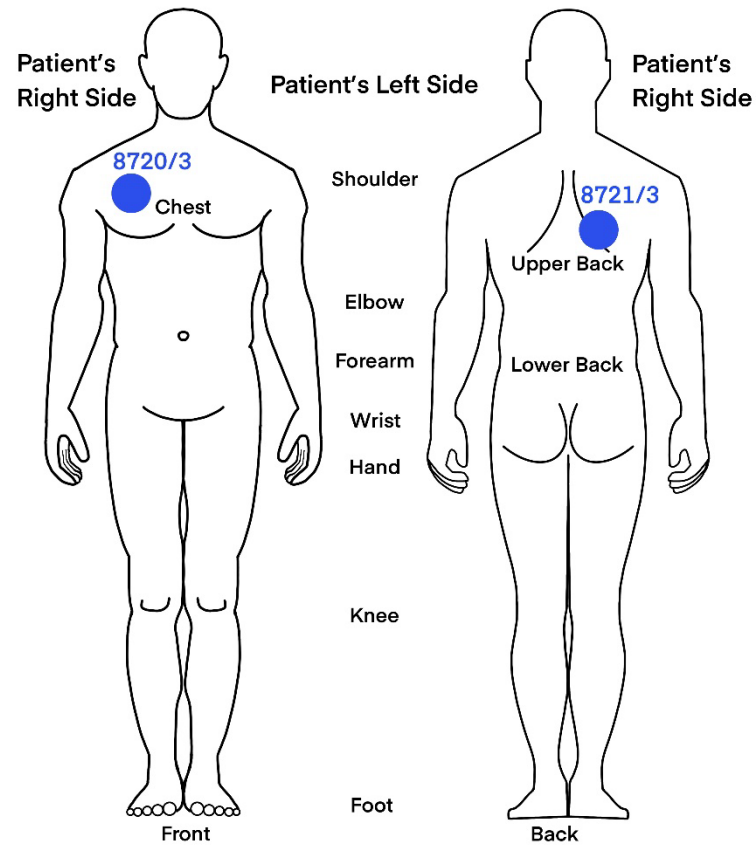
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Non-Reportable Histology Term	Non-Reportable Histology Code
Intermediate lesion Melanocytic neoplasm of low malignant potential Melanocytic tumor of uncertain malignant potential (MELTUMP) Superficial atypical melanocytic proliferation of uncertain significance (SAMPUS) Primary acquired melanosis	No ICD-O code

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Illustrations

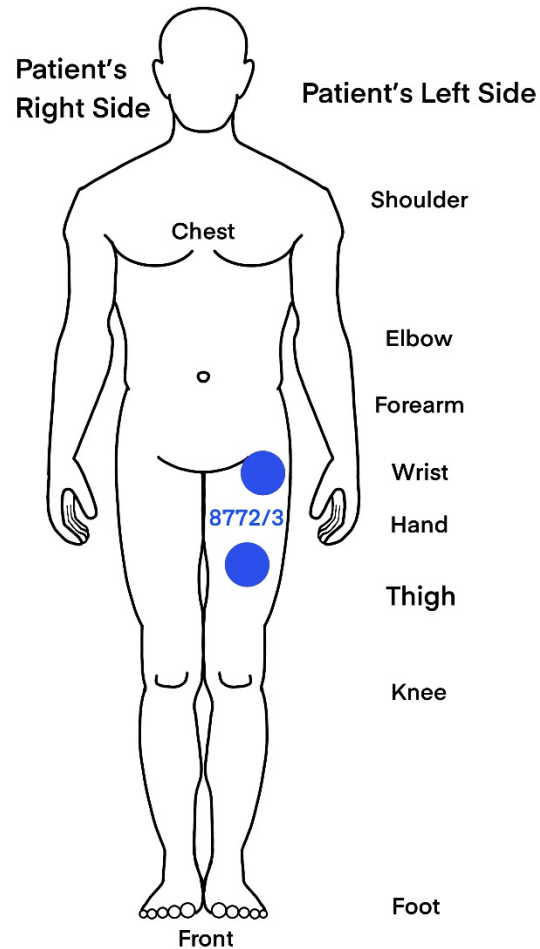
Explanatory illustrations for Multiple Primary Rule M6



Example 1: Both lesions are located on the right side of the body and sites are chest C445 and back C445. Histology for the chest lesion is melanoma, NOS (8720/3) and the back lesion is nodular melanoma (8721/3). Abstract a single primary.

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Explanatory illustrations for Multiple Primary Rule M6



Example 2: Both lesions are located on the left leg. One lesion is spindle cell melanoma (8772/3) located on the front of the left hip C447. The other lesion is spindle cell melanoma (8772/3) located on the front of the left thigh C447.

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Note 1: These rules are **NOT** used for tumor(s) described as metastases. Metastatic tumors include but are not limited to:

- Distant metastasis in skin, subcutaneous tissue including muscle
- Bone
- Brain
- Regional lymph nodes as identified in Summary Stage Manual
- Distant lymph nodes as identified in Summary Stage Manual
- Liver
- Lung
- In-transit metastases – metastases which occur along the lymph pathways between the primary tumor > 2 cm from the scar and the regional lymph nodes
- Satellites – new tumor within a radius of 2 cm from the scar after removal of primary tumor. Satellites may be caused by remains of the primary tumor.

Note 2: 2007 MPH Rules and 2021 Cutaneous Melanoma Solid Tumor Rules are used based on **date of diagnosis**.

- Tumors diagnosed 01/01/2007 through 12/31/2020: Use 2007 MPH Rules and 2007 General Instructions
- Tumors diagnosed 01/01/2021 and later: Use 2021 Solid Tumor Rules
- The original tumor diagnosed **before** 1/1/2021 and a subsequent tumor diagnosed 1/1/2021 or later in the same primary site: Use the 2021 Solid Tumor Rules

Unknown if Single or Multiple Melanomas

Rule M1 Abstract a **single primary**ⁱ when it is not possible to determine if there is a **single** melanoma or **multiple** melanomas.

Note 1: Use this rule only after all information sources have been exhausted.

Note 2: Examples of cases with minimal information include

- Death certificate only (DCO)
- Cases for which information is limited to pathology report only
 - Outpatient biopsy with no follow-up information available
 - Multiple pathology reports which do not specify whether a single tumor or multiple tumors have been biopsied and/or resected

This is the end of instructions for Unknown if Single or Multiple Melanoma

ⁱ Prepare one abstract. Use the [histology rules](#) to assign the appropriate histology code.

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Single Melanoma

Note 1: Do not use the rules for melanoma described as metastasis

Note 2: Includes combinations of in situ and invasive

Rule M2 Abstract a **single primary**ⁱ when there is a **single melanoma**.

Note 1: A single melanoma is always a single primary

Note 2: The tumor may overlap onto or extend into adjacent/contiguous site or subsites.

Note 3: The tumor may have in situ and invasive components.

Note 4: The tumor may have two or more histologic components.

This is the end of instructions for Single Melanoma.

ⁱ Prepare one abstract. Use the [histology rules](#) to assign the appropriate histology code.

Multiple Melanomas

Note 1: Multiple melanomas may be a single primary or multiple primaries

Note 2: Do not use the rules for melanoma described as metastasis

Note 3: Includes combinations of in situ and invasive

Rule M3 Abstract **multiple primaries**ⁱⁱ when there are separate, non-contiguous melanomas in sites with ICD-O site codes that **differ** at the second (CXxx), third (CxXx) or fourth (C44X) character.

Note: This applies to a melanoma of unknown primary and a known cutaneous melanoma primary

Rule M4 Abstract **multiple primaries**ⁱⁱ when there are separate, non-contiguous melanomas with **different lateralities**.

Note 1: A **midline** melanoma is a different laterality than right or left.

Note 2: If the laterality of one or both melanomas is **unknown**, then continue through the rules

Note 3: If one or more of the sites does not require laterality to be coded (laterality required = no in [Table 1](#)), then continue through the rules.

Example 1: Melanoma of the right side of the chest and melanoma at midline of the chest are different lateralities and are multiple primaries.

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Example 2: A melanoma of the right side of the chest and a melanoma of the left side of the chest are multiple primaries.

Rule M5 Abstract **multiple primaries**ⁱⁱ when separate/non-contiguous tumors are two or more different subtypes/variants in Column 3, [Table 2](#) in the Equivalent Terms and Definitions. Timing is irrelevant.

Example: Epithelioid cell melanoma 8771/3 and nodular melanoma 8721/3 are both subtypes/variants of melanoma NOS 8720/3.

Rule M6 Abstract a **single primary**ⁱ when synchronous, separate/non-contiguous tumors are on **the same row in [Table 2](#)** in the Equivalent Terms and Definitions. Tumors must have the same site code.

Note: The same row means the tumors are:

- The same histology (same four-digit ICD-O code) **OR**
- One is the preferred term (column 1) and the other is a synonym for the preferred term (column 2) **OR**
- A NOS (column 1/column 2) and the other is a subtype/variant of that NOS (column 3)

Example 1: Both lesions are located on the right side of the body and sites are chest C445 and back C445. Histology for the chest lesion is melanoma, NOS (8720/3) and the back lesion is nodular melanoma (8721/3). Abstract a single primary. Refer to [illustration](#).

Example 2: Both lesions are located on the left leg. One lesion is spindle cell melanoma (8772/3) located on the front of the left hip C447. The other lesion is spindle cell melanoma (8772/3) located on the front of the left thigh C447. Refer to [illustration](#).

Rule M7 Abstract **multiple primaries**ⁱⁱ when melanomas are diagnosed more than 60 days apart.

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

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.

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

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Rule M8 Abstract a **single primary**ⁱ when melanomas do not meet any of the above criteria.
Note: Use caution when applying this default rule. Please confirm that you have not overlooked an applicable rule.

This is the end of instructions for Multiple Melanomas

ⁱ Prepare one abstract. Use the [histology rules](#) to assign the appropriate histology code. For registries collecting recurrence data: When a subsequent tumor is “single primary,” record that subsequent tumor as a recurrence.

ⁱⁱ Prepare two or more abstracts. Use the [histology rules](#) to assign the appropriate histology code for each case being abstracted.

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Priority Order for Using Documents to Identify Histology

IMPORTANT NOTES

1. Code the histology diagnosed *prior* to **neoadjuvant treatment**.

Note 1: Histology changes may occur following immunotherapy, chemotherapy, targeted therapy, and radiation therapy.

Note 2: Neoadjuvant treatment is any tumor-related treatment given prior to surgical removal of the malignancy.

Exception: If the initial diagnosis is based on histology from **FNA, smears, cytology**, or from a regional or metastatic site, and neoadjuvant treatment is given and followed by resection of primary site which identifies a different or specific histology, code the histology from the primary site.

2. Code the histology using the following priority list and the Histology Rules. Do not change histology in order to make the case applicable to staging.

The priority list is used for **single primaries** (including multiple tumors abstracted as a single primary).

This is a hierarchical list of source documentation.

Code the **most specific** pathology/tissue from either **resection** or **biopsy**.

Note 1: The term “most specific” usually refers to a subtype/variant.

Note 2: The histology rules instruct to code the invasive histology when there are in situ and invasive components in a single tumor.

Note 3: 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).

1. **Tissue or pathology report from primary site** (in priority order)
 - A. Addendum(s) and/or comment(s)
 - B. Final diagnosis / synoptic report as required by CAP
 - C. CAP protocol

Note 1: Addendums and comments on the pathology report are given the highest priority because they often contain information about molecular testing, genetic testing, and/or special stains which give a more specific diagnosis.

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Note 2: The pathologist's diagnosis from the pathology report is always reliable, so the final diagnosis is the second priority.

Note 3: The CAP protocol is a checklist which:

- Provides guidelines for collecting the essential data elements for complete reporting of malignant tumors and optimal patient care
- Allows physicians to check multiple histologies

2. Tissue/pathology from a **metastatic** site

Note 1: Code the behavior /3.

Note 2: The tissue from a **metastatic** site often shows **variations** from the primary tumor. When it is the only tissue available, it is **more accurate** than a scan.

3. **Scans: MRI, CT, PET. There is no priority** order because scans are not a reliable method for **identifying** specific **histology(ies)**.

4. Code the histology **documented** by the physician when none of the above are available. Use the documentation in the following priority order:

- A. Treatment plan
- B. Documentation from Tumor Board
- C. Documentation in the medical record that refers to original pathology, cytology, or scan(s)
- D. Physician's **reference to** type of cancer (**histology**) in the medical record

Note 1: Code the specific histology when documented.

Note 2: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or as stated by the physician when nothing more specific is documented

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Coding Histology

Note 1: The priority is to code the most specific histology. **DO NOT USE BREAST HISTOLOGY CODING RULES FOR THIS SITE.**

Note 2: Only use this section for one or more histologies within a single tumor.

Note 3: Do not use this section in place of the Histology Rules.

1. Code the **most specific** histology or **subtype/variant**, regardless of whether it is described as:

- A. The majority or predominant part of tumor
- B. The minority of tumor
- C. A component

Example 1: Diagnosis for a single melanoma is melanoma, NOS 8720 with the majority or predominant part of tumor being nodular melanoma 8721. Code the subtype/variant: nodular melanoma 8721.

Example 2: Diagnosis for a single melanoma is melanoma, NOS 8720 with the minority of tumor being amelanotic melanoma 8730. Code the subtype/variant: amelanotic melanoma 8730.

Example 3: Diagnosis for a single tumor is melanoma, NOS 8720 with a component of malignant desmoplastic melanoma 8745. Code the subtype/variant: malignant desmoplastic melanoma 8745.

Note 1: The terms above (A, B, C) must describe a **melanoma** in order to code a histology described by those terms.

Example: When the diagnosis is melanoma with a nodular **melanoma** component, code nodular melanoma 8721.

Negative Example: When the diagnosis is simply melanoma with a nodular component, code melanoma, NOS 8720. Do not assume this is a nodular melanoma.

Note 2: When the most specific histology is described as differentiation or features, see #2.

2. Code the histology described as **differentiation** or **features/features of ONLY** when there is a specific ICD-O code for the “NOS with ___ features” or “NOS with ___ differentiation”.

Note: Do not code differentiation or features when there is no specific ICD-O code.

Cutaneous Melanoma Histology Rules
C440-C449 with Histology 8720 – 8780 (Excludes melanoma of any other site)
Rules Apply to Cases Diagnosed 1/1/2021 forward

3. Code the specific histology described by **ambiguous terminology** (list follows) **ONLY** when A or B is true:
- A. The only diagnosis available is **one histology** term described by ambiguous terminology
- CoC and SEER require reporting of cases diagnosed only by ambiguous terminology
 - Case is accessioned (added to your database) based on ambiguous terminology and no other histology information is available/documented
- Example:* Outpatient biopsy says probably melanoma. The case is accessioned (entered into the database) as required by both SEER and COC. No further information is available. Code the histology melanoma. NOS. The case meets the criteria in **#3A**.
- B. There is a **NOS histology and a more specific** (subtype/variant) described by ambiguous terminology
- Specific histology is clinically confirmed by a physician (attending, pathologist, oncologist, etc.) **OR**
 - Patient is receiving treatment based on the specific histology described by ambiguous term
- Example 1:* The pathology diagnosis is melanoma consistent with desmoplastic melanoma. The oncology consult says the patient has desmoplastic melanoma. This is clinical confirmation of the diagnosis, code desmoplastic melanoma. The case meets the criteria in **bullet 1**.
- Example 2:* The pathology diagnosis is melanoma, NOS consistent with nodular melanoma. The treatment plan says the patient will receive treatment for nodular melanoma. Treatment plan confirms nodular melanoma; code nodular melanoma. The case meets the criteria in **bullet 2**.

If the specific histology does not meet the criteria in #3B, then code the NOS histology.

Cutaneous Melanoma Histology Rules
C440-C449 with Histology 8720 – 8780 (Excludes melanoma of any other site)
Rules Apply to Cases Diagnosed 1/1/2021 forward

List of Ambiguous Terminology

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

4. **DO NOT CODE** histology when described as:

- Architecture
- Foci; focus; focal
- Pattern

Cutaneous Melanoma Histology Rules
C440-C449 with Histology 8720 – 8780 (Excludes melanoma of any other site)
Rules Apply to Cases Diagnosed 1/1/2021 forward

Single Melanoma or Multiple Melanomas Abstracted as a Single Primary

- Rule H1** Code the histology when only **one histologic type** is identified.
Note 1: Use [Table 2](#) to code histology. New terms and synonyms are included in **Table 2** and coding errors may occur if the table is not used.
Note 2: When the histology is **not listed** in **Table 2**, use the **ICD-O** and all **updates**.
Note 3: When the histology includes the term regressing or regression, continue through the rules.
Note 4: When the histology includes the term lentigo maligna melanoma, continue through the rules.
Note 5: Submit a question to [Ask a SEER Registrar](#) when the histology code is not found in Table 2, ICD-O, or all updates.
- Rule H2** Code the invasive histology when there are **invasive and in situ** components.
- Rule H3** Code the **histologic type** when the diagnosis is **regressing melanoma and a histologic type**.
Example: The lesion has evidence of regressing melanoma, nodular melanoma type. Code 8721/3 (Nodular melanoma).
- Rule H4** Code **8723/3** (Malignant melanoma, regressing) when the diagnosis is **regressing melanoma**.
Example 1: Malignant melanoma with regression. Code 8723 malignant melanoma, regressing.
Example 2: Malignant melanoma with features of regression. Code 8720/3 melanoma NOS.
- Rule H5** Code the **histologic type** when the diagnosis is **lentigo maligna melanoma and a histologic type**.
Example: The diagnosis is lentigo maligna melanoma with desmoplastic melanoma, right arm. Code desmoplastic melanoma, 8745/3.
- Rule H6** Code **8742/3** (Lentigo maligna melanoma) when the diagnosis is **lentigo maligna melanoma with no** other histologic types.
- Rule H7** Code the **subtype/variant** when there is a **NOS** and a **single subtype/variant** of that NOS.
• Melanoma NOS 8720 and a subtype/variant of melanoma
Note: Use [Table 2](#) in the Equivalent Terms and Definitions to determine NOS and subtype/variant.

Cutaneous Melanoma Histology Rules
C440-C449 with Histology 8720 – 8780 (Excludes melanoma of any other site)
Rules Apply to Cases Diagnosed 1/1/2021 forward

- Rule H8** Code single tumors with **two variants** as follows:
- Code **8721/3** when Nodular melanoma is mixed with:
 - Amelanotic melanoma **OR**
 - Desmoplastic melanoma **OR**
 - Epithelial cell melanoma
 - Code **8730/3** when amelanotic melanoma is mixed with:
 - Spindle cell melanoma, NOS
 - Code **8743/3** when Low cumulative sun damaged melanoma/superficial spreading melanoma is mixed with:
 - Desmoplastic melanoma **OR**
 - Nodular melanoma **OR**
 - Spindle cell melanoma
 - Code **8744/3** when Acral melanoma/acral lentiginous melanoma, malignant is mixed with:
 - All other melanoma subtype/variants listed in [Table 2](#)
 - Code **8745/3** when desmoplastic melanoma is mixed with:
 - Spindle cell melanoma, NOS

Note 1: Percentage of a subtype/variant is not used to determine histology for mixed melanomas

Note 2: If the mixed subtypes/variants are not included in this rule, continue to the next rule

- Rule H9** When two or more melanoma subtype/variants are present in a single tumor and are not listed in the previous rule, submit a question to [Ask A SEER Registrar](#) for coding instructions.

Note 1: Two or more melanoma subtype/variants identified in a single tumor is infrequent.

Note 2: The WHO Classification of Skin Tumors 4th Ed does not include ICD-O codes for tumors with mixed melanoma subtype/variants

This is the end of instructions for Single Melanoma or Multiple Melanomas Abstracted as a Single Primary.

Code the histology according to the rule that fits the case.

ⁱ Prepare one abstract. Use the histology rules to assign the appropriate histology code. For registries collecting recurrence data: When a subsequent tumor is “single primary,” record that subsequent tumor as a recurrence.

ⁱⁱ Prepare two or more abstracts. Use the histology rules to assign the appropriate histology code to each case abstracted.