

**Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland**  
**Multiple Primary Rules – Text**  
**C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753**  
**(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)**

*Note:* Benign and borderline intracranial and CNS tumors have a separate set of rules.

**UNKNOWN IF SINGLE OR MULTIPLE TUMORS**

*Note:* Tumor(s) not described as metastasis

**Rule M1** An **invasive** brain tumor (/3) **and either** a **benign** brain tumor (/0) **or** an **uncertain/borderline** brain tumor (/1) are always multiple primaries. \*\*

**Rule M2** When it is not possible to determine if there is a **single** tumor **or multiple tumors**, opt for a single tumor and abstract as a single primary.\*

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

**This is the end of instructions for Unknown if Single or Multiple Tumors.**

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**SINGLE TUMOR**

*Note:* Tumor not described as metastasis

**Rule M3** A **single tumor** is always a single primary. \*

*Note:* The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

**This is the end of instructions for Single Tumor.**

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**MULTIPLE TUMORS**

Multiple tumors may be a single primary or multiple primaries.

*Note:* Tumors not described as metastases

**Rule M4** An **invasive** brain tumor (/3) **and either** a **benign** brain tumor (/0) **or** an **uncertain/borderline** brain tumor (/1) are always multiple primaries. \*\*

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- Rule M5** Tumors in sites with ICD-O-3 **topography** codes with **different** second (Cxxx) and/or third characters (Cxxx) are multiple primaries.\*\*
- Rule M6** A glioblastoma or glioblastoma multiforme (9440) following a glial tumor is a single primary\* (See Chart 1)
- Rule M7** Tumors with ICD-O-3 histology codes on the **same** branch in Chart 1 or Chart 2 are a single primary.\*  
*Note:* Recurrence, progression, or any reappearance of histologies on the same branch in Chart 1 or Chart 2 is always the same disease process.  
*Example:* Patient has an astrocytoma. Ten years later the patient is diagnosed with glioblastoma multiforme. This is a progression or recurrence of the earlier astrocytoma.
- Rule M8** Tumors with ICD-O-3 histology codes on **different** branches in Chart 1 or Chart 2 are multiple primaries. \*\*
- Rule M9** Tumors with ICD-O-3 **histology** codes that are **different** at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries. \*\*
- Rule M10** Tumors that **do not meet any** of the above **criteria** are a single primary. \*  
*Note 1:* Neither timing nor laterality is used to determine multiple primaries for malignant intracranial and CNS tumors.  
*Example:* The patient is treated for an anaplastic astrocytoma (9401) in the right parietal lobe. Three months later the patient is diagnosed with a separate anaplastic astrocytoma in the left parietal lobe. This is one primary because laterality is not used to determine multiple primary status.  
*Note 2:* Multicentric brain tumors which involve different lobes of the brain that do not meet any of the above criteria are the same disease process.

**This is the end of instructions for Multiple Tumors.**

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

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

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