

**Other Sites Multiple Primary Rules – Text**  
**Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,  
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

**UNKNOWN IF SINGLE OR MULTIPLE TUMORS**

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

**Rule M1** 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.

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**  
**This is the end of instructions for Unknown if Single or Multiple Tumors.**

**SINGLE TUMOR**

*Note 1:* Tumor not described as metastasis

*Note 2:* Includes combinations of in situ and invasive

**Rule M2** A **single tumor** is always a single primary. \*

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

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**  
**This is the end of instructions for Single Tumor.**

**MULTIPLE TUMORS**

Multiple tumors may be a single primary or multiple primaries.

*Note 1:* Tumors not described as metastases

*Note 2:* Includes combinations of in situ and invasive

**Rule M3** **Adenocarcinoma** of the **prostate** is always a single primary. \*

*Note 1:* Report only one adenocarcinoma of the prostate per patient per lifetime.

*Note 2:* 95% of prostate malignancies are the common (acinar) adenocarcinoma histology (8140). See Equivalent Terms, Definitions and Tables for more information.

*Note 3:* If patient has a previous acinar adenocarcinoma of the prostate in the database and is diagnosed with adenocarcinoma in 2007 it is a single primary.

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- Rule M4** **Retinoblastoma** is always a single primary (**unilateral or bilateral**). \*
- Rule M5** **Kaposi sarcoma** (any site or sites) is always a single primary. \*
- Rule M6** **Follicular and papillary** tumors in the **thyroid** within 60 days of diagnosis are a single primary. \*
- Rule M7** **Bilateral epithelial** tumors (8000-8799) of the **ovary** within 60 days are a single primary. \*
- Rule M8** Tumors on **both sides** (right and left) of a site listed in Table 1 are multiple primaries. \*\*  
*Note:* Table 1 – Paired Organs and Sites with Laterality)
- Rule M9** Adenocarcinoma in adenomatous polyposis coli (**familial polyposis**) with one or more in situ or malignant polyps is a single primary.\*  
*Note:* Tumors may be present in a single or multiple segments of the **colon, rectosigmoid, rectum**.
- Rule M10** Tumors diagnosed **more than one (1) year** apart are multiple primaries. \*\*
- Rule M11** Tumors with ICD-O-3 **topography** codes that are **different** at the second (Cxxx) and/or third characters (Cxxx) are multiple primaries. \*\*  
**Example 1:** A tumor in the penis C609 and a tumor in the rectum C209 have different second characters in their ICD-O-3 topography codes, so they are multiple primaries.  
**Example 2:** A tumor in the cervix C539 and a tumor in the vulva C519 have different third characters in their ICD-O-3 topography codes, so they are multiple primaries.
- Rule M12** Tumors with ICD-O-3 **topography** codes that **differ** only at the **fourth character** (Cxxx) and are **in** any one of the following primary sites are multiple primaries. \*\*
- **Anus and anal canal** (C21\_)
  - **Bones, joints, and articular cartilage** (C40\_- C41\_)
  - **Peripheral nerves and autonomic nervous system** (C47\_)
  - **Connective subcutaneous and other soft tissues** (C49\_)
  - **Skin** (C44\_)

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**Rule M13** A **frank** in situ or malignant **adenocarcinoma** and an in situ or **malignant** tumor in a **polyp** are a single primary. \*

**Rule M14** **Multiple** in situ and/or **malignant polyps** are a single primary. \*

*Note:* Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.

**Rule M15** An **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis 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.

**Rule M16** Abstract as a single primary\* when one tumor is:

- **Cancer/malignant neoplasm, NOS (8000)** and another is a **specific histology** or
- **Carcinoma, NOS (8010)** and another is a **specific carcinoma** or
- **Squamous cell carcinoma, NOS (8070)** and another is **specific squamous cell carcinoma** or
- **Adenocarcinoma, NOS (8140)** and another is a **specific adenocarcinoma** or
- **Melanoma, NOS (8720)** and another is a **specific melanoma**
- **Sarcoma, NOS (8800)** and another is a **specific sarcoma**

**Rule M17** Tumors with ICD-O-3 **histology** codes that are **different** at the first (xxxx), second (xxxx) or third (xxx) number are multiple primaries. \*\*

**Rule M18** Tumors that **do not meet any** of the above **criteria** are a single primary. \*

*Note:* When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

\* 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.

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

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