

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

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
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; source of information is **not** limited to the pathology report final diagnosis.
3. Do not count tumors documented as metastases
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 is multifocal or multicentric
 - c. Assign code 99 when the tumor is multifocal or multicentric and the foci of tumor are not measured
5. Include measured satellite lesions in the multiplicity counter
 - a. Ignore/do not count **unmeasured** satellite lesions
6. 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: 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).
7. Use code 02 when
 - a. The tumor 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.

Example 3: Pathology report for debulking: Cystadenocarcinoma, right and left ovaries. Biopsy of peritoneal implants positive for metastatic cystadenocarcinoma. Code 02 (Two tumors present; bilateral ovaries involved with cystadenocarcinoma). Do not include tumors stated to be metastases in the multiplicity counter.

8. Use codes 00-87 and code 99 for solid tumors including the following sites and histologies
- a. Ill-defined sites (C760-C768)
 - b. Plasmacytoma, NOS (9731/3)(solitary myeloma)
 - c. Plasmacytoma, extramedullary (9734/3) (not occurring in bone)
 - d. Mast cell sarcoma (9740)
 - e. Malignant histiocytosis (9750)
 - f. Langerhans cell histiocytosis (9751/3)
 - g. Histiocytic sarcoma (9755)
 - h. Langerhans cell sarcoma (9756)
 - i. Dendritic cell sarcoma (9757, 9758)
 - j. Myeloid sarcoma (9930)
9. Use code 88 for
- a. Leukemia (9800-9920, 9931-9948, 9963, 9964)
 - b. Lymphoma (9590-9729, 9735-9738)
 - c. 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)
 - d. Unknown primary (C809)
10. 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 tumor is described as multifocal or multicentric and the number of tumors is unknown.
 - d. The operative or pathology report describes multiple tumors but does not give an exact number.

- e. 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.
- f. 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.

- g. The only information available for clinically inapparent prostate cancer is positive needle biopsy(ies)

11. 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.