

**NATIONAL INSTITUTES OF HEALTH  
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SURVEILLANCE, EPIDEMIOLOGY AND END RESULTS (SEER) PROGRAM  
2007 Multiple Primary and Histology Coding Rules Breeze Session  
Kidney Rules Practicum  
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## **INTRODUCTION**

Okay, everyone, welcome. What we're doing today is the Kidney Practicum and you did have ten cases to code. We're going to go over those ten cases starting with case one.

### **KIDNEY CASE #1**

For case one the multiple primary decision is really pretty simple because if you look on the clinical history it talks about a two-centimeter medial mass and then again if you look at the final diagnosis it says there is a two-centimeter tumor. So we have a single tumor and of course that's a single primary.

Now lets go on to coding the histology: The final diagnosis is renal cell carcinoma, papillary and clear cell type. The patient has renal cell carcinoma and two renal-cell subtypes. As you go through the rules you're going to find the rules that ask you, "Is this a single histology?" And, of course, the answer is, "No." And the rule that says "Is the tumor invasive and in situ?" The answer again is, "No." Then rule H5 asks about whether you have a neoplasm--NOS and a more specific-- or particularly a renal cell and a more specific. You do have a renal cell and you do have a more specific renal cell but the thing is you actually have two renal cell types so you don't want to stop at rule H5. When you get to H6 it will ask: "Are there two or more specific renal cell carcinoma types?" and the answer is, "Yes." Now, to prove that you have two specific renal cell carcinoma types you go to the Equivalent Terms and Definitions and look at the Chart for Renal Cell Carcinomas. You're going to see on this Chart that both of the terms that were used in this case are on the Renal Cell Table. So it says both papillary and clear cell are specific types of renal cell carcinoma. You would stop at rule H6 and you would use code 8255, adenocarcinoma with mixed subtypes.

Are there any questions about case one? Okay. Let's go on to case two.

### **KIDNEY CASE #2**

Again for this case there is a pretty simple decision on multiple primaries because there is only a single tumor. So a single tumor, of course, is a single primary. The final diagnosis says: "Portion of left kidney showing renal cell carcinoma, sarcomatoid type with a 30% component of clear cell type." Now this is written in a confusing way. What you have again is a renal cell carcinoma and two specific renal cell types: sarcomatoid and clear cell. So, again, if you look at the Renal Cell Table you'll find that clear cell and sarcomatoid are both specific types of renal cell carcinoma. So going through the Histology Coding Rules, once

again, for H1 it asks if you have no pathology or cytology and that's not the case. H2 asks, "Is a specimen from a metastatic site?" That's not true. H3 says, "Is only one histologic type identified?" No. H4 says, "Does the tumor have invasive and in situ components?" And the answer is, "No." Now H5 asks if there's renal cell carcinoma NOS and one specific type of renal cell. The answer is, "No," because you have renal cell carcinoma and two specific types of renal cell. So you would say, "No," to H5 and go on to H6 that asks, "Are there two or more specific renal cell carcinoma types?" Your answer is, "Yes," so you would code 8255, the adenocarcinoma with mixed subtypes.

Were there any questions about case two?

Okay. Let's go on to case three.

### Question 1, Kidney Case 2

Carol? Does it make a difference on the histology code if the percentage would be smaller or greater than thirty-percent?

### Response to Question 1, Kidney Case 2

*No. Actually the percentage isn't used in the rules and that's a change. That's really a good point to bring up because it is a change from the old rules. In the old rules we used to code the majority of the tumor. In the new rules it says we're not coding the majority of tumor; we're going to acknowledge that both types are present and we will code the combination code instead. So that is absolutely a change. And, no, it doesn't really make a difference if one is 30% and the other is 70% because you will code both of the components.*

Thank you.

*Certainly.*

Are there any other questions about the case?

### **KIDNEY CASE #3**

For case three—case three is a little bit different. The first thing that's different is in the clinical history. The clinical history says that the patient had a history of carcinoma of the kidney in January of 2007 and that was a right-sided cystic renal mass. This report is dated March of 2007 and the patient is coming in with a left renal cell carcinoma. So looking at the Multiple Primary Rules you will start with the Multiple Tumors Module, rule M3, because you know there are multiple tumors. Starting with M3 the question is: "Is the diagnosis Wilms tumor?" The answer is, "No." Then the question, M4, is: "Are there tumors in sites with ICD-O-3 topography codes that are different at the second or third digit?" No. This case does not fit that example; they're both in a kidney so the topography codes are exactly the same at the second and third characters. Then M5 says:

“Are there tumors in both the left and the right kidney?” And your answer is, “Yes.” So you would code multiple primaries. That’s the first part of the case.

Now for your first abstract, the tumor that occurred in January of 2007: It says in the clinical history that this was a right-sided cystic renal mass: “partial nephrectomy showed a cystic renal cell carcinoma, clear cell type.” The final diagnosis is not written in an easy form to read but that isn’t unusual. A lot of the pathology reports are written in a non-standard manner. What you actually have here is a renal cell carcinoma with both cystic and clear cell types. Go under “Single Tumor” in the histology rules because you’re doing just one tumor that’s in the right kidney. So, we’re going to start with H1: “Is there no pathology or cytology specimen?” And that does not fit. H2 asks if the specimen is from a metastatic site and that does not fit. Then H3: “Is there only one histologic type identified?” No. You definitely have more than one histologic type. Going to H4: It asks if there is invasive and in situ and again the answer is, “No.” Now H5 asks: “Is there renal cell carcinoma NOS and one specific type of renal cell?” Well, no, actually we have two specific types of renal cell because we have the cystic and we have the clear cell. So again you’re going to bypass H5 and you will stop at H6, which asks: “Are there two or more specific renal cell carcinoma types?” Yes, that’s correct. And again you can confirm that by going to the Equivalent Terms and Definitions looking at the Renal Cell Carcinoma Chart and you will see that the cystic and the clear cell are both listed as specific renal cell types. So the action is to code 8255, adenocarcinoma with mixed subtypes.

Are there any questions about case three?

### Question 2, Kidney Case 3

I have a question. It’s not about case three specifically, but cystic in general. Because of the definition of cystic in the Equivalent Terms that says that it can be used to describe the gross appearance or as a morphologic term, I was wondering if my pathology report only states renal cell carcinoma but I had something telling me that it’s a cystic mass would you still code the cystic renal cell carcinoma?

### Response to Question 2, Kidney Case 3

*No, not unless the term cystic was actually in the final diagnosis. That was a good question, too.*

### Question 3, Kidney Case 3

Carol? This may be splitting hairs but in this particular case instead of going all the way to rule H6 would not rule H1 also fit because you do not have a pathology or a cytology report?

### Response to Question 3, Kidney Case 3

*We tell you a lot of times that no matter how you look at things you will come up with the same answer and you will because if there is no pathology or cytology*

*you would use the statement written in the Notes and Examples that says if there is documentation in the medical record that refers to the path or histologic findings you would use that. However, for this case you have the heading, "Surgical Pathology Report." That heading is repeated in the first line of the report followed by the date. You would end up with exactly the same code using either one of those rules, H1 or H6, but that's really a good point.*

Okay. For the second tumor according to the pathology report for the left kidney it says under the final diagnosis that we have renal cell carcinoma and then, "Subtype: Clear cell (non-papillary)." To code the histology go to the "Single Tumor Module" to code the tumor in the left kidney. Starting with rule H1: "Is there no path or cytology specimen?" The answer is, "No." H2: "Is the specimen from a metastatic site?" and the answer is, "No." Rule H3 asks, "Is there only one histologic type identified?" Well, again, on this one you could use either H3 or H5 and it would depend on how you would define this renal cell carcinoma, clear cell. Some people will say, "Well, it's clear cell. So it's one histologic type and that's fine because the instructions would be to code that histology clear cell, 8310/3. If you went on to rule H5 and said this is a renal cell carcinoma and a specific subtype your instructions again would be to code the specific type and in this case it's clear cell, 8310/3.

Are there any other questions on this case? All right let's go on to case four.

#### **KIDNEY CASE #4**

Case four again is a single tumor. There is only one tumor nodule so you would again use the rule that a single tumor is a single primary. When coding the histology, you have the pathology from a left kidney radical nephrectomy that says: "a renal cell carcinoma with the following features..." The tumor architecture is alveolar and acinar. The cell type is clear. Now the reason that we added this case was because of the way the pathology report is formatted. The report documents architecture and documents cell type in a separate line. You do not code the architecture. The architecture describes how the tumor looks and the cell type describes the actual histologic make up of the tumor. So when you see histologies defined this way for kidney, you'll note that we give instructions about coding specific histologic types for kidney. We do not talk about architecture. I would refer you to rule H5. If you look at the Note it will say, "The specific histology for an *invasive tumor* may be identified as type, subtype, predominantly, with features of, major, or with \_\_\_\_ differentiation." But you do not code the "architecture." So for this specific case your choice is actually going to be renal cell carcinoma, clear cell. Again as you go through the rules: H1 says there's no pathology so you would not use that. H2 asks if it's from a metastatic site and the answer is, "No." H3 says: "Is only one histologic type identified?" H4: "Does the tumor have invasive and in situ components?" And in H5 it says, "Is there renal cell carcinoma NOS and one specific renal cell type?" Yes. The specific type is clear cell 8310/3.: Are there any questions about that? Okay, great.

Let's go on to case number five.

### **KIDNEY CASE #5**

For case number five you have a single tumor in the left kidney. So coding the multiple primary didn't present really any problems; it was a single tumor so it was a single primary. There is a rule that talks about Wilms tumor but you did only have one tumor in this case so there was no question about multiple primaries. Had the tumor been bilateral you still would have coded it as a single primary using the rule for Wilms tumor. Now for the histology, the final diagnosis says left kidney, Wilms tumor. And using the histology coding rules you would go past H1, which is no pathology or cytology; past H2 which asks: "Is the specimen from a metastatic site?" And H3 says: "Is only one histologic type identified?" And the answer is, "Yes." It's Wilms tumor. The code is 8960/3.

Are there any questions or comments about that case? Okay. Let's go on to case six.

### **KIDNEY CASE #6**

Now case six: Once again there is a single tumor in the left kidney so coding the multiple primary is not a major problem. The histologic type, however, is a little different. If you read the final diagnosis it tells you that the left kidney had renal cell carcinoma. The architecture had a dominant pattern of solid and a minor pattern of papillary and that is the information that you're given. Again, you're not going to code architecture for this tumor because it is an invasive tumor. So the only information that's codable is the renal cell carcinoma NOS, 8312/3. Are there any questions? Okay.

Let's go on to case number seven.

### **KIDNEY CASE #7**

For case number seven again we have a single tumor, and it is in the left kidney so the multiple primary is a pretty easy decision. Once again we see that we have multifocal renal cell carcinoma, but the answer sheet says "single tumor." The pathology reads, "Multifocal with satellite nodules up to 1.1 centimeters." I really don't think the answer sheet should say single tumor without an explanation. When you have a presentation like this--multifocal renal cell carcinoma, solid histology, confined to the left kidney--you use the "Single Tumor Module" even when the satellite nodules are measurable and these are because it talks about satellite nodules up to 1.1 centimeters.

### **Question 4, Kidney Case 7**

Carol? I went back to the Terms and Definitions where it says a satellite nodule is a tumor met [metastasis]—it's a metastatic deposit and we don't count mets.

#### Response to Question 4, Kidney Case 7

*You don't count them when you count tumors as far as in your tumor count. I just think we should have explained it. I'm not sure that we should have put just "single tumor." We should have put some type of explanation for there being satellite nodules. I like what you're giving me. We probably should add that to our rationale—satellites are not counted. That would be a lot better than just saying there is a single tumor. I think we should mention the satellites in our explanation. And I do like what you just said about going back to the Equivalent Terms and Definitions where it says don't count them. We'll add that to the rationale for coding this as a single primary.*

Now next in coding the histology, if you look at the final diagnosis it says: "Multifocal renal cell carcinoma, clear cell (conventional type), with sarcomatoid features." So this is written a little bit differently than the diagnoses you've seen so far. Between the two--the clear cell and the sarcomatoid--you go to Table 1 and they're both listed as specific renal cell types. So you're going to go through your H codes again. You're going past H1 that asks if there's no pathology or cytology report and past H2 that asks if the specimen's from a metastatic site. You'll go past H3, which asks if there's only one histologic type. Past H4, which asks if it's invasive and in situ. Then H5 again asks if there is renal cell and one specific renal cell type. The answer is, "No." So again you will end up with H6, which says: "Are there two or more specific renal cell carcinoma types?" And the answer is, "Yes." So your code is 8255, adenocarcinoma with mixed subtypes.

Are there any questions about that case?

#### Question 5, Kidney Case 7

Carol? Would you just reaffirm which multiple primary rules [module] you would use in this case?

#### Response to Question 5, Kidney Case 7

*Which multiple primary rule you would take? I would actually go with Single Tumor. My problem with the way the rationale is written is that it didn't acknowledge the satellites and I thought that should be in the rationale because people would be confused looking at this and saying, "What do you mean, one tumor?" The comment that was made was really good, saying if you look at the Equivalent Terms and Definitions it will tell you not to count satellites; they are not counted as a tumor. You count only the main tumor.*

#### Follow-up to Question 5, Kidney Case 7

Okay. So in this case the fact that they're describing it as multifocal with satellite nodules, we're not going to use M1 because it's being described as multifocal; we're focusing on the fact that they're satellites and therefore we ignore them.

### Response to Follow-up to Question 5, Kidney Case 7

*Yes and the fact that they are describing in here one large lesion because they talk about one lesion that measures 3.5 by 2.4 centimeters. And then they go on to staging again. They talk pathologic staging: tumor 4 cm or less in greatest dimension. So there is obviously one main tumor, a large tumor and then there are satellites. The fact is that if you did go to the Unknown if Single or Multiple Tumors Module you'd end up with the same answer; you'd end up with a single primary.*

### Follow-up to Question 5 Response, Kidney Case 7

Yes. I realize that. I want to make sure. I'm going to tell them to use the module for Single Tumor for this case.

*I see. Okay. We keep reiterating that we tried to foolproof these [rules] so that things like differences in how you see things; differences in how you describe things wouldn't cause you to get a different answer.*

### Question 6, Kidney Case 7

Carol? This is just a comment. In the General Instructions they say that when you have a multifocal, you have to use "Unknown if Single or Multiple Tumors [Module]." That's on page 11.

### Response to Question 6, Kidney Case 7

*Yes. It does. That was part of my hesitation when I went, "Wait. We're confusing people." The thing is, it's described as multifocal and then you look in another point and it talks about a large tumor; only one large tumor is mentioned. Then it talks about satellites. So when we talk about multifocal as a rule we're talking about the fact that there's no large measurable tumor; that there are just tumor foci and that's the entire disease presentation. When you have a large, measurable tumor and then individual foci around it, those are usually called "satellites" and they're counted differently. Truly it is a tricky case but the fact is that the multifocal doesn't really fit this picture. You do have one measurable very large tumor. The whole tumor picture is not that of a diffuse pattern of smaller tumors measuring maybe at the most half a centimeter, maybe a centimeter at the largest. And that's usually what you see with the multifocal tumor. So it's kind of semantics, I guess. The report is written in a way that makes it difficult for anyone to say this is multifocal; this is a tumor with satellites. Do you suggest that we address that as well in the rationale?*

I think the description you just gave really answers my question very well. Thank you. But we're talking either satellite tumors describing multifocal mets; if it's *only* described as multifocal—like you said [with] "no measurable tumor," that's when we would use the "Unknown if Single or Multiple Tumors Module."

*Yes. Absolutely.*

Thanks for clearing that up.

Okay.

Are there any further questions?

#### Question 7, Kidney Case 7

Carol? In the General Instructions on page 13 it says when the tumor is described as multifocal or multicentric you should go to the Multiple Tumors Module. I think that there might be a discrepancy there that you might want to correct.

#### Response to Question 7, Kidney Case 7

*The description that I just gave clarified that when the term multifocal or multicentric is used correctly, it really describes multiple, un-measurable tumors; there's not one large tumor mass. When you do have one large tumor mass and then diffuse around it, it's better described as satellites. So I think maybe part of that description we need to add in our revision. I think that would help.*

#### Question/Comment 8, Kidney Case 7

I have another comment for that last person. In the General Rules, page 11 is for the Multiple Primary Rules and page 13 is for the Histology Coding Rules.

#### Response to Question/Comment 8, Kidney Case 7

*Okay. Thank you very much.*

We'll go on to case eight.

### **KIDNEY CASE #8**

The first question is of course, "Is this a multiple primary?" This one is a little bit easier because there is a single tumor so it is a single primary. And the next question is, of course, coding histology... If you look at the histology report, the final diagnosis says, "Right kidney, total nephrectomy: Residual renal cell carcinoma, papillary type, solid variant." The right kidney biopsy was renal epithelial neoplasm. I think one of the first things that I want to mention is remember you are told to code from the most representative specimen so you would code from the nephrectomy, not the biopsy. So you're going to look at the terms, renal cell carcinoma, papillary type, solid variant. And the term "variant" is not coded. Let's go to the Histology Coding Rules. Again, H1 and H2 talk about special circumstances when you do not have the pathology report for H1. For H2 when the specimen is from a metastatic site so you would bypass those two rules. H3 asks if only one histologic type is identified and the answer is, "No, because you have renal cell carcinoma, papillary type. H4 asks about invasive and in situ and the answer is, "No." Now, H5 says: "Is there renal cell carcinoma and one specific renal cell type?" But notice the Notes and Examples. Note number three says the specific histology for invasive tumors "may be identified as



a type, subtype, predominantly, with features of, major, or with \_\_\_differentiation.” So “variant” is not mentioned at all. What you’re going to code is renal cell carcinoma, papillary. So you would say, “Yes,” there is a renal cell carcinoma NOS and one specific renal cell type, papillary and you would code the papillary renal cell carcinoma, 8260/3.

Are there any questions about case eight?

### Question 9, Kidney Case 8

Carol, I have a question. For this particular case it almost seems like the microscopic is set up in a checklist format.

I just need to clarify that for cases--path reports-- that are set up in the CAP Protocol checklist format can we use the information from the checklist portion of the path report to code the histology?

### Response to Question 9, Kidney Case 8

*Absolutely. Yes. The question is whether you can use the information from the CAP checklist and the answer is, “Absolutely. Yes.” That’s a part of the path report, certainly, no matter how it’s displayed because the format and placement in the pathology report often differ institution by institution. We thought about trying to say, “Look here,” or, “Look there,” or, “It may be in ...” We found that the CAP protocol was displayed very differently from institution to institution. But absolutely you use the CAP.*

Are there any other questions? Okay.

Let’s go on to case number nine.

### **KIDNEY CASE #9**

Question number one of course is, “Is this a multiple primary?” And for case number nine again we have the tumor in the left kidney and that tumor is described as a single tumor. So a single tumor is of course always a single primary. In case number nine we have kind of an exciting diagnosis because it starts out with a final diagnosis that says: “Mucinous, tubular and spindle cell carcinoma.” Then it’s amended by a comment and it says: “This case was sent in consultation to concur with the above diagnosis which is a newly described kidney carcinoma of low grade. Immunohistochemical stains are performed but show the tumor cells are positive for several epithelial markers including.... They are negative for ...” and so on and so forth. So it didn’t add a whole lot. In most cases the Comments give you additional information. You should always read the Comments or the Addenda. In many cases they give you some good information rather than being negative like this one. So what do we have? We have a diagnosis that says mucinous, tubular and spindle cell carcinoma. So going to the histology rules, we would go to the Single Tumor Module and again bypass H1 and H2 that talk about no path report or cytology report or times that

you have a specimen from a metastatic site. H3 says: "Is there only one histologic type identified?" No, absolutely not. We have mucinous, tubular, spindle cell. So H4: "Does the tumor have invasive and in situ components?" And the answer is, "No." H5: "Is this a renal cell and one specific renal cell subtype?" No. It's not. Renal cell is not mentioned. You go to H6: "Are there two or more specific renal cell carcinoma types?" Again, actually, the answer is, "No." Renal cell carcinoma is not mentioned at all in this diagnosis. So you end up at your very last default, H7: "Code the numerically higher ICD-O-3 code." It's not often that this is going to happen. In this case the mucinous carcinoma is the numerically highest code, 8480/3.

Are there any questions or comments about this case? Okay.

Did you find overall that the Kidney Rules were maybe some of the easier ones to use? I'm not sure but that may be a resounding, "No." We thought that the Kidney Rules were probably some of the more straightforward and easy rules to use. But I hope that coding the cases was helpful. You definitely gave us two really good suggestions that we're going to implement when we do our first revision and put some additional Definitions in so thank you so much for that.

If there are no further questions, thank you for participating. Are there any other questions? Okay. Well, thank you so much.