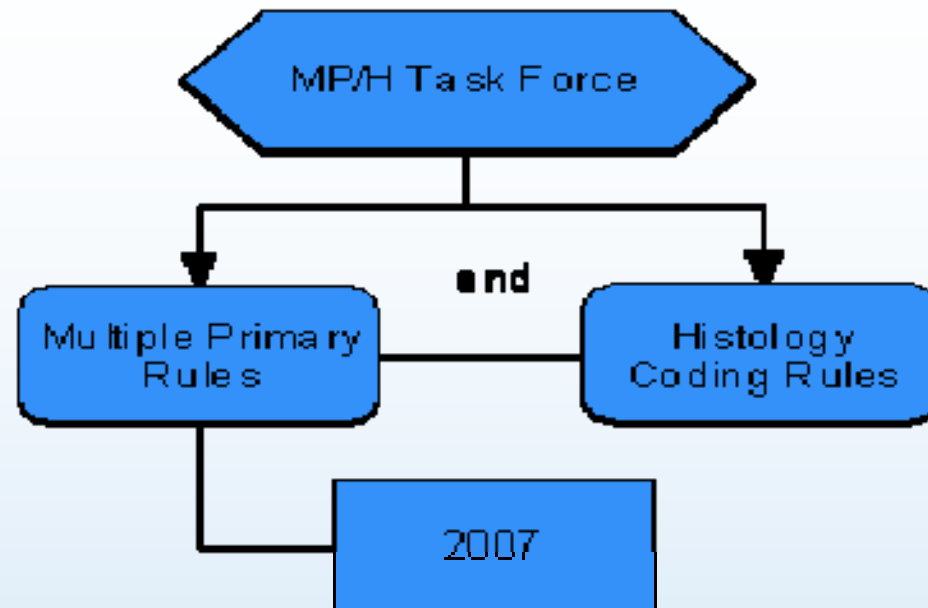


Renal Pelvis, Ureter, Bladder and Other Urinary



Equivalent Terms, Definitions, Tables and Illustrations

Introduction

- Change in groupings
 - Previous: Kidney, ureter, renal pelvis
- Bladder, ureter, renal pelvis
 - Lower urinary tract
 - Lined by transitional epithelium / urothelium

Urothelium

- Frequent multiple or multifocal tumors
 - Field effect: Widespread change in urothelium
 - Implantation: Cells washed along in urine

Flat Carcinoma In Situ

- Direct spread within the epithelium
- Direct extension
- Field effect
- Implantation

Squamous Cell Carcinoma

Pure squamous cell carcinoma has a poor prognosis

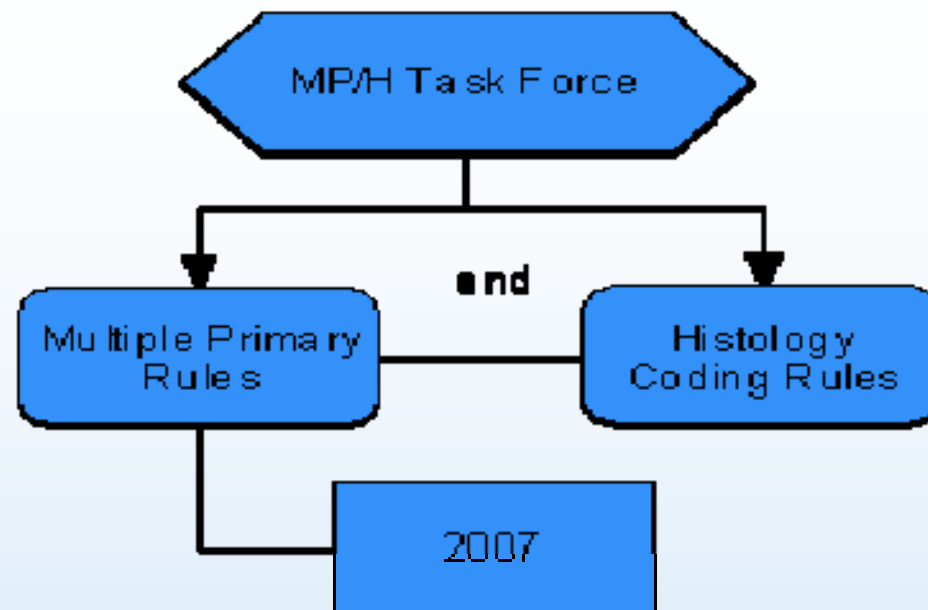
See histology coding rules H5 and H13

Most Invasive - Bladder

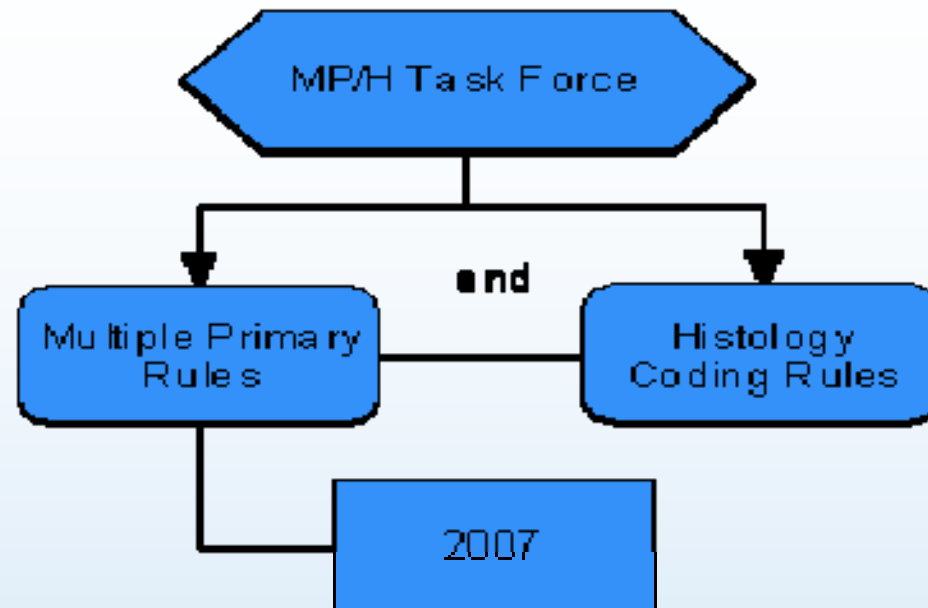
- Mucosa
- Lamina propria (some pathologists equate this to submucosa)
- Muscularis mucosae (this layer not always present, may not be mentioned)
- Submucosa
- Muscular layer (muscularis propria, detrusor muscle)
- Serosa, adventitia

Most Invasive – Renal Pelvis and Ureter

- Epithelium
- Subepithelial connective tissue, submucosa
- Periureteric fat, peripelvic fat.



Multiple Primary Rules

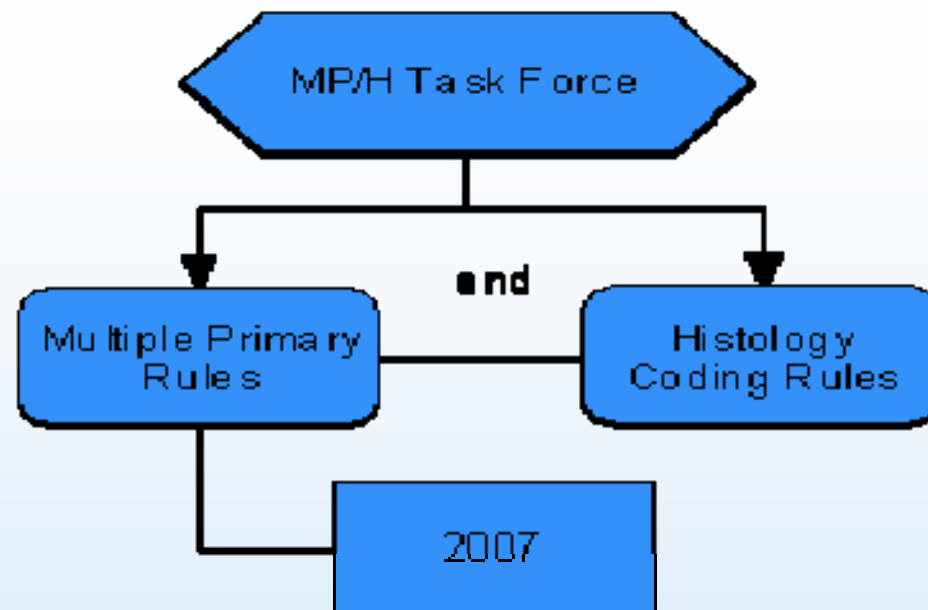


Unknown if Single or Multiple Tumors

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.

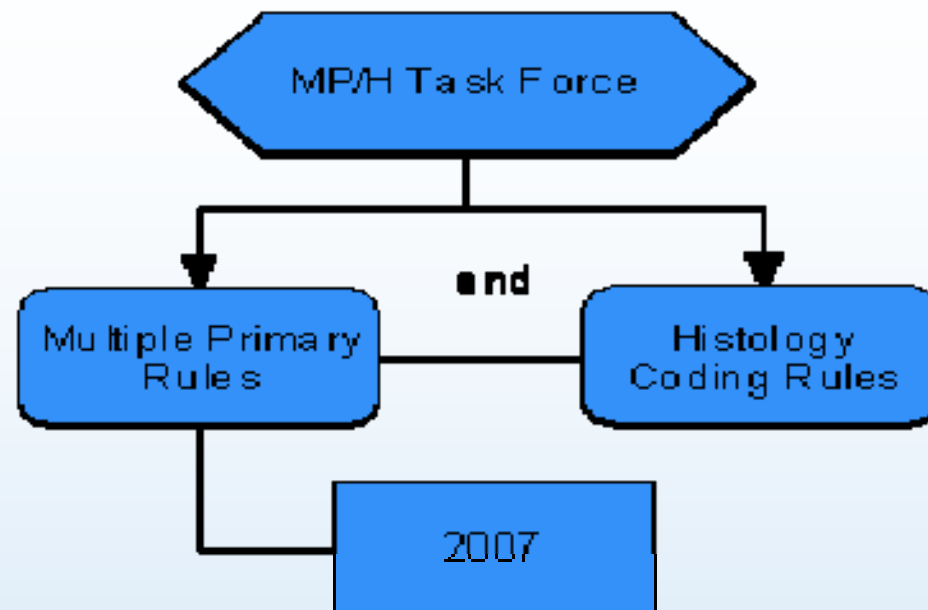


Single Tumor

M2

A **single tumor** is always a single primary.

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



Multiple Tumors

M3

When no other urinary sites are involved, tumor(s) in both the **right renal pelvis** and tumor(s) in the **left renal pelvis** are multiple primaries.

Note: Use this rule and abstract as a multiple primary unless documented to be metastatic.

M4

When no other urinary sites are involved, tumor(s) in both the **right ureter and** tumor(s) in the **left ureter** are multiple primaries.

Note: Use this rule and abstract as a multiple primary unless documented to be metastatic.

M5

An **invasive** tumor **following** a **non-invasive or in situ** tumor more than 60 days after diagnosis is a multiple primary.

M5 Notes

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.

M6

Bladder tumors with any **combination** of the following histologies: **papillary carcinoma** (8050), **transitional cell carcinoma** (8120-8124), or **papillary transitional cell carcinoma** (8130-8131), are a single primary.

M7

Tumors diagnosed **more than three (3) years** apart are multiple primaries.

M8

Urothelial tumors in two or more of the following sites are a single primary (See Table 1)

- Renal pelvis (C659)
- Ureter(C669)
- Bladder (C670-C679)
- Urethra /prostatic urethra (C680)

M9

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

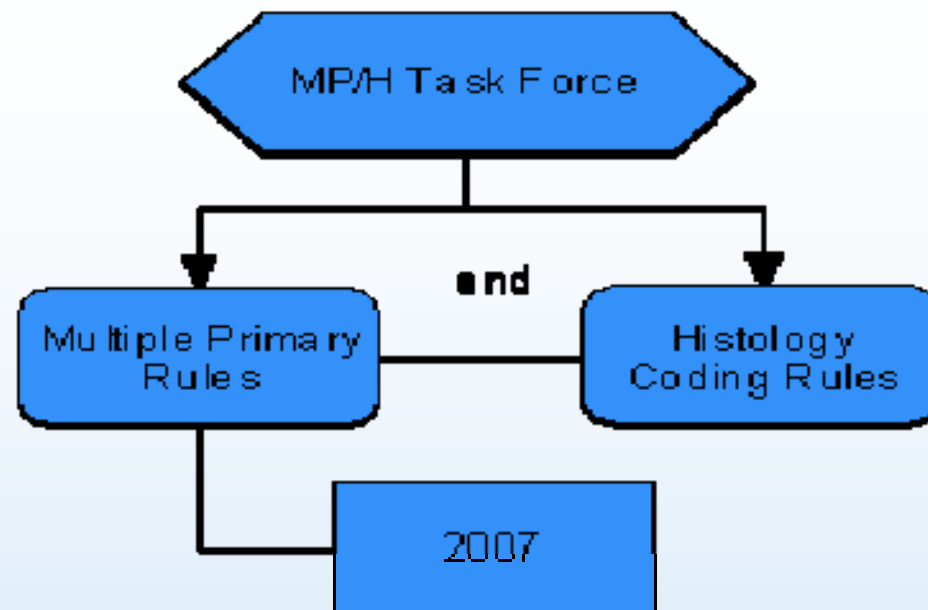
M10

Tumors in sites with ICD-O-3 **topography** codes with **different** second (Cxxx) and/or third characters (Cxxx) are multiple primaries.

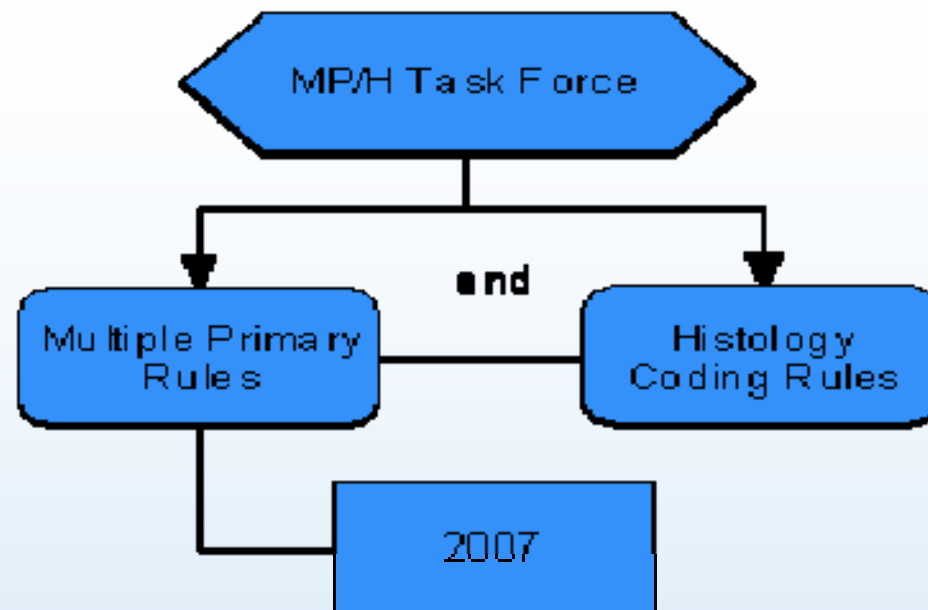
M11

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.



Histology Rules



Single Tumor

H1

Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

H1 Notes

Note 1: Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT or MRI scans

H1 Notes

Note 2: Code the specific histology when documented.

Note 3: Code the histology to 8000 (cancer/malignant neoplasm) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

H2

Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site.**

Note: Code the behavior /3

H3

Code **8120** (transitional cell/urothelial carcinoma) (Table 1 - Code 8120) when there is:

H3 Continued

- Pure transitional cell carcinoma or
- Flat (non-papillary) transitional cell carcinoma or
- Transitional cell carcinoma with squamous differentiation or

H3 Continued

- Transitional carcinoma with glandular differentiation or
- Transitional cell carcinoma with trophoblastic differentiation or
- Nested transitional cell carcinoma or
- Microcystic transitional cell carcinoma

H4

Code **8130** (papillary transitional cell carcinoma) (Table 1 - Code 8130) when there is:

- Papillary carcinoma or
- Papillary transitional cell carcinoma or
- Papillary carcinoma and transitional cell carcinoma

H5

Code the histology when only **one histologic type** is identified.

Note : Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).

H6

Code the invasive histologic type when a single tumor has **invasive and in situ** components.

H7

Code the most specific histologic term.

Examples

- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Sarcoma, NOS (8800) and a more specific sarcoma (invasive only)

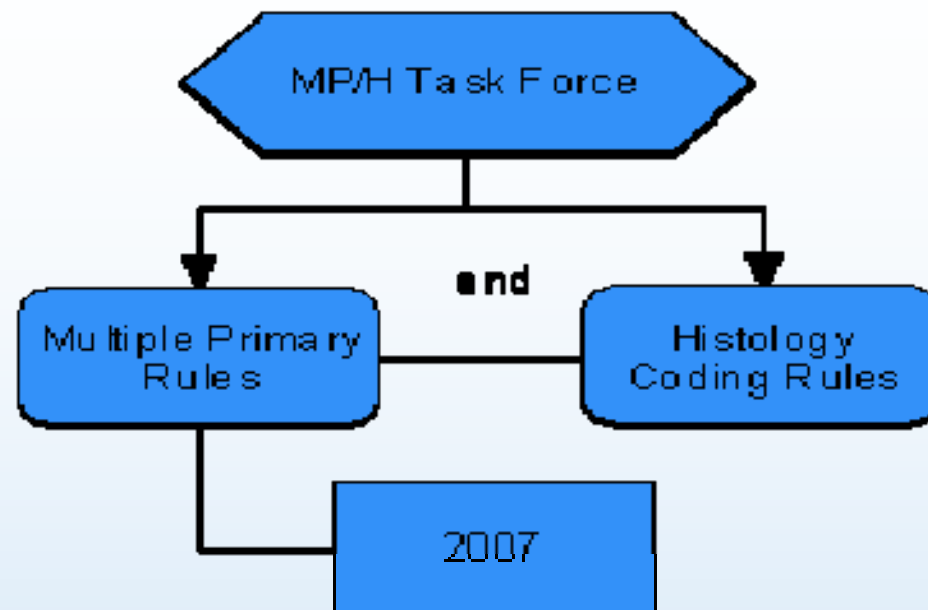
H7 Notes

Note 1: The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with _____differentiation

Note 2: The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with _____differentiation

H8

Code the histology with the **numerically higher** ICD-O-3 code.



Multiple Tumors Abstracted as a Single Primary

H9

Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

H9 Notes

Note 1: Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT or MRI scans

H9 Notes

Note 2: Code the specific histology when documented.

Note 3: Code the histology to 8000 (cancer/malignant neoplasm) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

H10

Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site.**

Note: Code the behavior /3

H11

Code **8120** (transitional cell/urothelial carcinoma) (Table 1 – Code 8120) when there is:

- Pure transitional cell carcinoma or
- Flat (non-papillary) transitional cell carcinoma or

H11 Continued

- Transitional cell carcinoma with squamous differentiation or
- Transitional cell carcinoma with glandular differentiation or
- Transitional cell carcinoma with trophoblastic differentiation or
- Nested transitional cell carcinoma or
- Microcystic transitional cell carcinoma

H12

Code **8130** (papillary transitional cell carcinoma) (Table 1 – Code 8130) when there is:

- Papillary carcinoma or
- Papillary transitional cell carcinoma or
- Papillary carcinoma and transitional cell carcinoma

H13

Code the histology when only **one histologic type** is identified.

Note: Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).

H14

Code the histology of the **most invasive** tumor.

Note: See the Renal Pelvis, Ureter, Bladder and Other Urinary Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive.

H14 Continued

- If one tumor is in situ and one is invasive, code the histology from the invasive tumor.
- If both/all histologies are invasive, code the histology of the most invasive tumor.

H15

Code the histology with the **numerically higher ICD-O-3 code.**

MP/H Task Force



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