

**Head and Neck Equivalent Terms and Definitions**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

**Introduction**

**Note 1:** Tables and rules refer to ICD-O rather than ICD-O-3. The version is not specified to allow for updates. Use the currently approved version of ICD-O.

**Note 2:** 2007 MPH Rules and 2018 Solid Tumor Rules are used based on **date of diagnosis**.

- Tumors diagnosed 01/01/2007 through 12/31/2017: Use 2007 MPH Rules
- Tumors diagnosed 01/01/2018 and later: Use 2018 Solid Tumor Rules
- The original tumor diagnosed before 1/1/2018 and a subsequent tumor diagnosed 1/1/2018 or later **in the same primary site**: Use the 2018 Solid Tumor Rules.

**Note 3:** For those sites/histologies which have recognized **biomarkers**, the biomarkers are most frequently used to target treatment. Currently, there are clinical trials being conducted to determine whether these biomarkers can be used to identify multiple primaries and/or histologic type. Follow the Multiple Primary Rules; do not code multiple primaries based on biomarkers.

**Changes from 2007 MPH Rules**

1. 2007 Rules instruct “Code the histology from the most representative specimen.” For all sites except breast and CNS, 2018 Rules instruct “Code the most specific histology from biopsy or resection. When there is a discrepancy between the biopsy and resection (two distinctly different histologies/different rows), code the histology from the most representative specimen (the greater amount of tumor).”
2. Two bone sites, mandible C411 and maxilla C410, have been added to the Head and Neck Rules.
3. Autonomic nervous system C479 has been added as a primary site for those paragangliomas reported as malignant.

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**New for 2022**

1. The 2018 Solid Tumor Head and Neck Rules, Table 5, instruct squamous cell carcinoma, HPV positive (8085) and squamous cell carcinoma, HPV negative (8086) are coded only when HPV status is determined by tests based on ISH, PCR, RT-PCR technologies to detect the viral DNA or RNA. P16 was not a valid test to assign these codes. **Beginning with cases diagnosed 1/1/2022 forward, p16 test results can be used to code squamous cell carcinoma, HPV positive (8085) and squamous cell carcinoma, HPV negative (8086).**
2. Beginning 1/1/2022, non-keratinizing squamous cell carcinoma, HPV positive is coded 8085 for sites listed in Table 5 only. A diagnosis of non-keratinizing squamous cell carcinoma, NOS is coded 8072.
3. Beginning 1/1/2022, keratinizing squamous cell carcinoma, HPV negative is coded 8086 for sites listed in Table 5 only. A diagnosis of keratinizing squamous cell carcinoma, NOS is coded 8071.

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**Equivalent or Equal Terms**

These terms can be used interchangeably:

- Adenocarcinoma; adenocarcinoma NOS; carcinoma; carcinoma NOS
- And; with  
*Note:* “And” and “with” are used as synonyms when **describing multiple histologies** within a **single tumor**
- Contiguous; continuous
- Hemangiosarcoma; angiosarcoma
- Hypopharynx; laryngopharynx
- In situ; noninvasive; intraepithelial
- Malignant tumor; malignant mass; malignant lesion; malignant neoplasm
- Simultaneous; existing at the same time; concurrent; prior to first course treatment
- Site; topography
- Squamous cell carcinoma; squamous carcinoma; squamous cell epithelioma; epidermoid carcinoma
- Squamous cell carcinoma, HPV-negative; squamous cell carcinoma, HPV-independent (8086)
- Squamous cell carcinoma, HPV-positive; squamous cell carcinoma, HPV-associated; squamous cell carcinoma, HPV-related (8085)
- Squamous cell carcinoma with verrucous **growth** pattern; squamous cell carcinoma
  - Growth pattern is not a histological type
- Tumor; mass; tumor mass; lesion; neoplasm
  - The terms tumor, mass, tumor mass, lesion, and neoplasm are **not** used in a **standard manner** in clinical diagnoses, scans, or consults. **Disregard** the terms **unless** there is a **physician’s statement** that the term is **malignant/cancer**
  - These terms are used **ONLY** to **determine** multiple **primaries**
  - **Do not** use these terms for **casefinding** or **determining reportability**
- Type; subtype; variant

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**Terms that are NOT Equivalent or Equal**

These terms are **not equivalent**. There are no casefinding implications.

- **Component** is not equivalent to **subtype/type/variant**  
*Note:* Component is **only** coded when the pathologist specifies the component as a second **carcinoma**
- **p16 positive** is not equivalent to **HPV positive (pre-2022)**
- **p16 negative** is not equivalent to **HPV negative (pre-2022)**
- **Phenotype** is not equivalent to **subtype/type/variant**
- **Squamous cell carcinoma with prominent keratinization 8070** is not equivalent to **keratinizing squamous cell carcinoma 8071**
- Salivary **gland** adenocarcinoma **8140** is not equivalent to salivary **duct** carcinoma **8500**

**Coding Primary Site When There is Conflicting Information**

Identifying the primary site is **difficult** because:

- Workups (PE scans, endoscopies, biopsies) each provide a unique view of the tumor, therefore the medical record often contains conflicting documentation on the primary site.
- The sites/organs are small and right next to each other. Tumors frequently extend into adjacent anatomic sites, or overlap multiple contiguous sites.

**Priority Order for Identifying Primary Site When There is Conflicting Information**

*Note:* Record primary site based on the most definitive indication of primary site in the medical documentation and use the priority order when there is conflicting info without a definitive statement.

1. **Tumor Board**
  - A. Specialty
  - B. General

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2. **Tissue/pathology** from tumor resection or biopsy
  - A. Operative report
  - B. Addendum and/or comments on tissue/pathology report
  - C. Final diagnosis on issue/pathology report
  - D. CAP protocol/summary
3. **Scans**
  - A. CT
  - B. MRI
  - C. PET
4. **Physician documentation.** Use the documentation in the following priority order:
  - A. Physician's **reference** in medical record to primary site from **original pathology, cytology, or scan(s), any other documentation**
  - B. Physician's **reference** to primary site in the medical record
5. Use [Tables 1-9](#) to assist in assigning primary site when a **SINGLE** lesion overlaps two or more sites.
  - A. Go to the appropriate table for each involved site (use the hyperlinked index below).
  - B. Compare the histology diagnosis to the histologies in the table for each of the involved sites.
  - C. When the histology diagnosis is listed for only one primary site (only listed in one table), code that primary site.
6. When the primary site cannot be determined using previous instructions, code as follows for an overlapping lesion:
  - A. **C028** Overlapping lesion of tongue (See [Table 4](#) for subsites of the tongue)
  - B. **C058** Overlapping lesion of palate, junction of hard and soft palate (See [Table 4](#) for subsites of the palate)
  - C. **C088** Overlapping lesion of major salivary glands (See [Table 6](#) for specific salivary glands)
  - D. **C148** Overlapping lesion of lip, oral cavity and pharynx  
*Note:* Codes and terms for overlapping lesions C\_\_.8 are **not** included in the **tables**
7. Code to the NOS region
  - A. **C069** Mouth NOS (See [Table 4](#) for mouth subsites)
  - B. **C089** Major Salivary Gland NOS (See [Table 6](#) for specific salivary glands)
  - C. **C099** Tonsil NOS (See [Table 5](#) for tonsil subsites)
  - D. **C109** Oropharynx NOS (See [Table 5](#) for oropharynx subsites)
  - E. **C119** Nasopharynx NOS (See [Table 2](#) for nasopharynx subsites)

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F. **C139** Hypopharynx NOS (See [Table 3](#) for hypopharynx subsites)

G. **C140** Pharynx NOS

*Note:* Pharynx NOS includes the oropharynx, nasopharynx, and hypopharynx.

H. **C760** Head, face, or neck NOS (organs involved unknown/not documented)

*Note:* This code is used in circumstances such as biopsy of lymph node and no information about primary site

- Patient lost to follow-up; no further information available
- Patient/family declined further work-up or treatment

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**Table 1: Tumors of Nasal Cavity, Paranasal Sinuses and Skull base**

**Table 1** lists the more common histologies for the following head and neck subsites:

- **C300** Nasal cavity; naris; nasal cartilage; nasal mucosa; nasal septum NOS; nasal turbinate; nostril; vestibule of nose
- **C310** Maxillary sinus; maxillary antrum; antrum NOS
- **C311** Ethmoid sinus
- **C312** Frontal sinus
- **C313** Sphenoid sinus
- **C318** Overlapping lesion of accessory sinuses
- **C319** Accessory sinus NOS; accessory nasal sinus; paranasal sinus

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

*Note:* Hematopoietic tumors are common to the nasal cavity and paranasal sinuses.

**Column 1** contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**.

**Column 2** contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

**Column 3** contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS.

Column 3 may contain NOS histologies which are part of a bigger histologic group. For example, sarcoma NOS 8800/3 (column 1) is a generic term which encompasses a number of soft tissue tumors, including rhabdomyosarcoma 8900/3 (column 3).

Rhabdomyosarcoma is also a NOS because it has subtypes/variants. The subtypes/variants are indented under the NOS (rhabdomyosarcoma) in column 3. There is also a note in column 1 which calls attention to the fact that rhabdomyosarcoma has subtypes/variants.

When subtypes/variants are indented under a NOS in Column 3, use coding rules for a NOS and a single subtype/variant. For example, rhabdomyosarcoma **8900/3** and Alveolar rhabdomyosarcoma **8920/3** are a NOS and a subtype/variant, **NOT** two different subtypes.



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Specific or NOS Term and Code	Synonyms	Subtypes/Variants
<b>Adenocarcinoma 8140</b>  <i>Note:</i> Adenocarcinoma intestinal-type of the sinonasal tract is morphologically similar to adenocarcinomas of the intestines	Adenocarcinoma non-intestinal type Low-grade adenocarcinoma Renal cell-like carcinoma Seromucinous adenocarcinoma TAC Terminal tubulous adenocarcinoma Tubulopapillary low-grade adenocarcinoma	Adenocarcinoma intestinal type (ITAC) <b>8144</b> Colloid-type adenocarcinoma <b>8144</b> Colonic-type adenocarcinoma <b>8144</b> Enteric-type adenocarcinoma <b>8144</b>
<b>Lymphoepithelial carcinoma 8082</b>	LEC Lymphoepithelioma-like carcinoma	
<b>Malignant peripheral nerve sheath tumor 9540/3</b>	MPNST Neurofibrosarcoma	Malignant neurilemoma/malignant schwannoma <b>9560/3</b>
<b>Mucoepidermoid carcinoma 8430</b>	Salivary gland-type mucoepidermoid carcinoma	
<b>Mucosal melanoma 8720</b>		
<b>Myoepithelial carcinoma 8982</b>	Myoepithelioma, malignant	
<b>NUT carcinoma 8023*</b>	Midline carcinoma of children and young adults with NUT rearrangement NUT midline carcinoma	
<b>Olfactory neuroblastoma 9522/3</b>	Esthesioneuroblastoma Olfactory placode tumor ONB	Esthesioneurocytoma 9521/3 Esthesioneuroepithelioma/Olfactory neuroepithelioma 9523/3

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Specific or NOS Term and Code	Synonyms	Subtypes/Variants
<b>Primitive neuroectodermal tumor 9364</b>	Adult neuroblastoma Ewings sarcoma Peripheral neuroblastoma Peripheral neuroectodermal tumor Peripheral neuroepithelioma	
<b>Sarcoma 8800/3</b>  <i>Note 1:</i> Angiosarcomas are coded to the organ in which they occur. The prognosis and disease process of angiosarcomas differ between sites. Contiguous organs, blood vessels, and lymph nodes are not the same for every organ.  <i>Note 2:</i> Rhabdomyosarcoma <b>8900/3</b> has subtypes/variants: Alveolar rhabdomyosarcoma <b>8920/3</b> Embryonal rhabdomyosarcoma <b>8910/3</b> Pleomorphic rhabdomyosarcoma, adult type <b>8901/3</b>		Angiosarcoma/hemangiosarcoma <b>9120/3</b> Biphenotypic sinonasal sarcoma (BSNS)/low-grade sinonasal sarcoma with neural and myogenic features <b>9045/3*</b> Epithelioid hemangioendothelioma <b>9133/3</b> Fibrosarcoma/adult-type fibrosarcoma <b>8810/3</b> Leiomyosarcoma <b>8890/3</b> Malignant hemangioendothelioma <b>9130/3</b> Rhabdomyosarcoma <b>8900/3</b> Alveolar rhabdomyosarcoma <b>8920/3</b> Embryonal rhabdomyosarcoma <b>8910/3</b> Pleomorphic rhabdomyosarcoma, adult type <b>8901/3</b> Spindle cell rhabdomyosarcoma <b>8912/3</b> Synovial sarcoma/synovial cell sarcoma <b>9040/3</b> Undifferentiated pleomorphic sarcoma/malignant fibrous histiocytoma <b>8802/3</b>
<b>Sinonasal undifferentiated carcinoma 8020</b>  <i>Note:</i> This is an undifferentiated carcinoma of the Sinonasal tract.	Sinonasal carcinoma, undifferentiated SNUC	

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Specific or NOS Term and Code	Synonyms	Subtypes/Variants
<p><b>Squamous cell carcinoma 8070</b></p> <p><i>Note:</i> Sinonasal squamous cell tumors account for about 3% of head and neck malignancies.</p>	<p>Squamous cell carcinoma, usual type <b>8070/3</b></p> <p>Conventional Squamous cell carcinoma NOS</p> <p>Epidermoid carcinoma, NOS <b>8070/3</b></p> <p>Epidermoid carcinoma in situ, NOS <b>8070/2</b></p> <p>Squamous carcinoma <b>8070/3</b></p> <p>Squamous cell carcinoma in situ, NOS <b>8070/2</b></p> <p>Squamous cell epithelioma <b>8070/3</b></p> <p>Intraepithelial squamous cell carcinoma <b>8070/2</b></p>	<p>Basaloid squamous cell carcinoma <b>8083</b></p> <p>Keratinizing squamous cell carcinoma (KSCC) <b>8071</b></p> <p>Epidermoid carcinoma, keratinizing</p> <p>Squamous cell carcinoma, large cell, keratinizing</p> <p>Papillary squamous cell carcinoma <b>8052</b></p> <p>Squamous cell carcinoma, large cell, nonkeratinizing/Squamous cell carcinoma, nonkeratinizing, NOS <b>8072</b></p> <p>Schneiderian carcinoma/cylindrical cell carcinoma <b>8121</b></p> <p>Sarcomatoid squamous cell carcinoma/spindle cell squamous cell carcinoma (SC-SCC) <b>8074</b></p> <p>Verrucous carcinoma <b>8051</b></p>
<p><b>Teratocarcinosarcoma 9081</b></p>	<p>Blastoma</p> <p>Malignant teratoma</p> <p>Teratocarcinoma</p> <p>Teratoid carcinosarcoma</p>	

\* These new codes were approved by the IARC/WHO Committee for ICD-O

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**Table 2: Tumors of Nasopharynx**

**Table 2** lists the more common histologies for the following head and neck subsites:

- **C110** Superior wall of nasopharynx; roof of nasopharynx
- **C111** Posterior wall of nasopharynx only (does not include adenoid/pharyngeal tonsil)
- **C112** Lateral wall of nasopharynx; fossa of Rosenmuller
- **C113** Anterior wall of nasopharynx; nasopharyngeal surface of soft palate; pharyngeal fornix; choana; posterior margin of nasal septum
- **C118** Overlapping lesion of nasopharynx. Use only when a **single lesion** overlaps **subsites** of the nasopharynx.  
*Example:* A single tumor overlaps C110 superior wall of nasopharynx and C111 posterior wall of the nasopharynx.
- **C119** Nasopharynx NOS; nasopharyngeal wall; use when a specific subsite cannot be identified.  
*Example:* The primary site is designated as pharyngeal wall. It is unknown whether it is the superior, posterior lateral, or anterior wall.

**Note 1:** The **nasopharynx** is the upper part of the pharynx. It is above the soft palate and extends to the nasal passages.

**Note 2:** Nasopharyngeal tumors are usually assigned to the subsite in which they occur.

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

**Note:** Hematopoietic tumors are common to the nasopharynx.

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**Table begins on next page.**

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Specific or NOS Term and Code	Synonyms	Subtypes/Variants
<b>Adenoid cystic carcinoma 8200</b>		
<b>Chordoma 9370</b>		
<b>Nasopharyngeal papillary adenocarcinoma 8260</b>	Thyroid-like low-grade nasopharyngeal; papillary adenocarcinoma	
<b>Squamous cell carcinoma NOS 8070</b>		Basaloid squamous cell carcinoma <b>8083</b> Keratinizing squamous cell carcinoma <b>8071</b> Non-keratinizing squamous cell carcinoma <b>8072</b> Lymphoepithelial carcinoma <b>8082</b> Undifferentiated carcinoma/Undifferentiated carcinoma with lymphoid stroma <b>8020</b>

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**Table 3: Tumors of Pyriform Sinus, Hypopharynx, Larynx, Trachea, and Parapharyngeal Space**

**Table 3** lists the more common histologies for the following head and neck subsites:

- **C129** Pyriform sinus
- **C130** Postcricoid region; cricopharynx cricoid NOS
- **C131** Hypopharyngeal aspect of aryepiglottic fold; aryepiglottic fold NOS; arytenoid fold
- **C132** Posterior wall of hypopharynx
- **C138** Overlapping lesion of hypopharynx. Use only when a **single lesion overlaps subsites** of the hypopharynx.  
*Example:* A single tumor overlaps C130 postcricoid region and C131 aryepiglottic fold.
- **C139** Hypopharynx NOS and parapharyngeal space. Use only when the subsite/site is unknown
- **C320** Glottis; intrinsic larynx; laryngeal commissure; vocal cord NOS; true vocal cord; true cord
- **C321** Supraglottis; epiglottis NOS (excludes anterior surface of epiglottis); extrinsic larynx; laryngeal aspect of aryepiglottic fold; posterior surface of epiglottis; ventricular band of larynx; false vocal cord; false cord
- **C322** Subglottis
- **C323** Laryngeal cartilage; arytenoid cartilage; cricoid cartilage; cuneiform cartilage; thyroid cartilage
- **C328** Overlapping lesion of larynx
- **C329** Larynx NOS
- **C339** Trachea

**Note 1:** The **hypopharynx** is in the inferior position of the three segments of pharynx. The hypopharynx links the oropharynx to the esophagus, lower part of the pharynx. The pyriform sinus is located in the hypopharynx.

**Note 2:** The **larynx** is only 1 1/2 inches. It is inferior to the hyoid bone and tongue. It is anterior to the esophagus.

**Note 3:** The **trachea** starts where larynx ends and continues down the middle of the neck anterior to the esophagus.

**Note 4:** The **parapharyngeal space** is an equivalent of the lateral pharyngeal space which includes the soft tissue, vessels and skeletal muscles supporting the mechanics of the pharynx. Code the specific site when the soft tissue, vessel, or skeletal muscle is documented. When specific information is not available/not documented, code hypopharynx NOS, C139.

**Note 5:** These primary sites are mostly composed of muscle and cartilage, but the most common tumors arise from the epithelial lining of the structures (squamous cell carcinoma, for example).

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

**Note:** Hematopoietic tumors are common to the hypopharynx, larynx and trachea.

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Specific or NOS Term and Code	Synonyms	Subtypes/Variants
<b>Adenoid cystic carcinoma 8200</b>	ACC (rare)	
<b>Chondrosarcoma 9220/3</b>	Chondrosarcoma grade 2/3 Chondrosarcoma NOS	Chondrosarcoma, grade 1 <b>9222/3</b> (cases diagnosed 1/1/2022 forward)
<b>Liposarcoma 8850/3</b>		Liposarcoma, well differentiated <b>8851/3</b>
<b>Neuroendocrine tumor, NOS 8240/3</b>	Carcinoid Neuroendocrine carcinoma grade 1 Well-differentiated neuroendocrine carcinoma	Large cell neuroendocrine carcinoma/LCNEC <b>8013/3</b> Neuroendocrine carcinoma grade 2/moderately-differentiated neuroendocrine carcinoma/atypical carcinoid <b>8249/3</b> Small cell neuroendocrine carcinoma/small cell carcinoma/SmCC <b>8041/3</b>
<b>Squamous cell carcinoma (SCC) 8070</b>	Epidermoid carcinoma Conventional Squamous cell carcinoma NOS	Adenosquamous carcinoma (ASC) <b>8560</b> Basaloid squamous cell carcinoma (BSCC) <b>8083</b> Lymphoepithelial carcinoma (LEC)/lymphoepithelioma-like carcinoma <b>8082</b> Keratinizing squamous cell carcinoma <b>8071</b> Non-keratinizing squamous cell carcinoma <b>8072</b> Papillary squamous cell carcinoma (PSCC) <b>8052</b> Spindle cell squamous cell carcinoma (SC-SCC) <b>8074</b> Verrucous squamous cell carcinoma (VC) <b>8051</b>

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**Table 4: Tumors of Oral Cavity and Mobile Tongue**

**Table 4** lists the more common histologies for the following head and neck subsites:

The **oral cavity category** includes the following:

**Mobile Tongue:**

- C020 Dorsal surface of tongue NOS
- C021 Border of tongue
- C022 Ventral surface of tongue NOS
- C023 Anterior 2/3 of tongue NOS
- C028 Overlapping lesion of tongue
- C029 Tongue NOS

**Gum:**

- C030 Upper gum, maxillary gingiva, upper alveolar mucosa, upper alveolar ridge mucosa, upper alveolus, upper gingiva
- C031 Lower gum mandibular gingiva, lower alveolar mucosa, lower alveolar ridge mucosa, lower alveolus, lower gingiva
- C039 Gum NOS, gingiva NOS, alveolar mucosa NOS, alveolar ridge mucosa NOS, alveolar NOS periodontal tissue, tooth socket

**Floor of Mouth:**

- C040 Anterior floor of mouth
- C041 Lateral floor of mouth
- C048 Overlapping lesion floor of mouth
- C049 Floor of mouth NOS

**Palate:**

- C050 Hard palate
- C051 Soft palate
- C052 Uvula
- C058 Overlapping lesion of palate, junction of hard and soft palate
- C059 Palate NOS, roof of mouth

**Other and unspecified parts of Mouth:**

- C060 Cheek mucosa, buccal mucosa, internal cheek
- C061 Vestibule of mouth, alveolar sulcus, buccal sulcus, labial sulcus



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**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

**C062** Retromolar area, retromolar triangle, retromolar trigone

**C068** Overlapping lesion of other and unspecified parts of mouth

**C069** Mouth NOS, buccal cavity, oral cavity, oral mucosa, minor salivary gland NOS

*Note:* There is no ICD-O site code for minor salivary glands. Many minor salivary glands are located in the lips, inner cheek (buccal mucosa) and there are extensive minor salivary glands in the linings of the mouth and throat. Code to the site in which the salivary gland is located.

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

*Note:* Hematopoietic tumors are common to the oral cavity.

**Column 1** contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**.

**Column 2** contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

**Column 3** contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

Specific or NOS Term and Code	Synonyms	Subtypes/Variants
<b>Mucoepidermoid carcinoma 8430</b>	Mucoepidermoid tumor	
<b>Myofibroblastic sarcoma 8825</b>	Myofibrosarcoma	
<b>Oral mucosal melanoma 8720</b>		
<b>Squamous cell carcinoma 8070</b>	Conventional Squamous cell carcinoma NOS Squamous carcinoma Squamous cell carcinoma NOS	Acantholytic squamous cell carcinoma <b>8075</b> Keratinizing squamous cell carcinoma <b>8071</b> Non-keratinizing squamous cell carcinoma <b>8072</b> Verrucous squamous cell carcinoma 8051

\* These new codes were approved by the IARC/WHO Committee for ICD-O

**Head and Neck Equivalent Terms and Definitions**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

**Table 5: Tumors of the Oropharynx, Base of Tongue, Tonsils, Adenoids**

**Table 5** lists the more common histologies for the following head and neck subsites and coding histologies for cases diagnosed 1/1/2022 forward:

Cases diagnosed 1/1/2018 to 12/31/2021:

Squamous cell carcinoma, HPV positive (8085) and squamous cell carcinoma, HPV negative (8086) are coded only when HPV status is determined by tests based on ISH, PCR, RT-PCR technologies to detect the viral DNA or RNA. p16 is not a valid test to assign these codes.

Cases diagnosed 1/1/2022 forward:

Beginning with cases diagnosed 1/1/2022 forward, p16 test results can be used to code squamous cell carcinoma, HPV positive (8085) and squamous cell carcinoma, HPV negative (8086).

Cases diagnosed 1/1/2023 forward:

When the diagnosis is a subtype/variant of squamous cell carcinoma and HPV status is also noted, code the subtype/variant.

EXCEPTION: Keratinizing SCC (see [Notes 1 and 2](#) in Table 5, Squamous Cell Carcinoma row)

- Example: Basaloid squamous cell carcinoma, HPV positive. Code basaloid SCC, 8083/3.

**Oropharynx:**

**C100** Vallecula

**C101** Anterior surface of epiglottis

**C102** Lateral wall of oropharynx; lateral wall of nasopharynx

**C103** Posterior wall of oropharynx; posterior wall of nasopharynx

**C104** Brachial cleft

**C108** Overlapping lesion of oropharynx; junctional region of oropharynx

**C109** Oropharynx NOS; mesopharynx NOS; fauces NOS. Use this code only when the subsite has not been identified a subsite as the origin of the lesion.

*Note:* Code overlapping lesion of oropharynx; junctional region of oropharynx **C108** when a single tumor overlaps subsites of the oropharynx. For example, a single lesion which overlaps the vallecular and the anterior surface of the epiglottis.

**C019** Base of tongue

**Head and Neck Equivalent Terms and Definitions**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

**C024 Lingual tonsil**

**Tonsils:**

**C090** Tonsillar fossa

**C091** Tonsillar pillar

**C098** Overlapping lesion of tonsil

**C099** Tonsil NOS

**C111** Adenoids/pharyngeal tonsil (does not include posterior wall of nasopharynx)

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

**Column 1** contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**.

**Column 2** contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

**Column 3** contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS.

**Head and Neck Equivalent Terms and Definitions**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

Specific or NOS Term and Code	Synonyms	Subtypes/Variants
<b>Adenoid cystic carcinoma 8200</b>		
<b>Polymorphous adenocarcinoma 8525</b>	Cribriform adenocarcinoma Polymorphous low-grade adenocarcinoma Terminal duct carcinoma	
<p><b>Squamous cell carcinoma 8070</b></p> <p><i>Note 1:</i> Beginning 1/1/2022, keratinizing squamous cell carcinoma, HPV negative is coded 8086 for sites listed in Table 5 <i>only</i>. A diagnosis of keratinizing squamous cell carcinoma, NOS is coded 8071.</p> <p><i>Note 2:</i> Beginning 1/1/2022, non-keratinizing squamous cell carcinoma, HPV positive is coded 8085 for sites listed in Table 5 <i>only</i>. A diagnosis of non-keratinizing squamous cell carcinoma, NOS is coded 8072.</p>	Conventional Squamous cell carcinoma NOS	<p>Basaloid squamous cell carcinoma <b>8083</b></p> <p>Keratinizing squamous cell carcinoma <b>8071 (see note 1)</b></p> <p>Lymphoepithelial carcinoma <b>8082</b></p> <p>Non-keratinizing squamous cell carcinoma <b>8072 (see note 2)</b></p> <p>Papillary squamous cell carcinoma <b>8052</b></p> <p>Squamous cell carcinoma HPV-negative <b>8086*</b></p> <p><b>Cases diagnosed prior to 1/1/2022:</b></p> <p><i>Note:</i> HPV-negative is not equivalent to HPV-mediated (p16-). According to the 2018 SEER Manual, HPV-type 16 refers to virus type and is different from p16 overexpression (p16+). HPV status is determined by tests designed to detect viral DNA or RNA. Tests based on ISH, PCR, RT-PCR technologies detect the viral DNA or RNA; whereas, the test for p16 expression, a surrogate marker for HPV, is IHC. HPV testing must be negative by viral detection tests in order to code histology as 8086.</p> <p><b>Cases diagnosed 1/1/2022 forward:</b></p> <p><i>Note:</i> HPV mediated (p16-) test results can be used to assign code 8086.</p> <p>Squamous cell carcinoma HPV-positive <b>8085*</b></p>

**Head and Neck Equivalent Terms and Definitions**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

Specific or NOS Term and Code	Synonyms	Subtypes/Variants
		<p><b>Cases diagnosed prior to 1/1/2022:</b>  <i>Note:</i> HPV-positive is not equivalent to HPV-mediated (p16+). According to the 2018 SEER Manual, HPV-type 16 refers to virus type and is different from p16 overexpression (p16+). HPV status is determined by tests designed to detect viral DNA or RNA. Tests based on ISH, PCR, RT-PCR technologies detect the viral DNA or RNA; whereas, the test for p16 expression, a surrogate marker for HPV, is IHC. HPV testing must be positive by viral detection tests in order to code histology as 8085.</p> <p><b>Cases diagnosed 1/1/2022 forward:</b>  <i>Note:</i> HPV mediated (p16+) test results can be used to assign code 8085.</p> <p>Squamous cell carcinoma, spindle cell <b>8074</b>  Verrucous carcinoma/Carcinoma cuniculatum  <b>8051</b></p>

\* These new codes were approved by the IARC/WHO Committee for ICD-O

**Head and Neck Equivalent Terms and Definitions**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

**Table 6: Tumors of Salivary Glands**

**Table 6** lists the more common histologies for the following head and neck subsites:

- **C079** Parotid gland, parotid NOS Stensen duct, parotid gland duct
- **C080** Submandibular gland, submaxillary gland, Wharton duct, submaxillary gland duct
- **C081** Sublingual gland; sublingual gland duct
- **C088** Overlapping lesion of major salivary glands
- **C089** Major salivary gland NOS; salivary gland NOS

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

*Note:* Hematopoietic neoplasms are common in the major salivary glands.

**Column 1** contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**

**Column 2** contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

**Column 3** contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS.

*Note 1:* **Salivary duct carcinoma** was **assigned** code **8500** because it resembles high-grade duct carcinoma as found in the breast.

These tumors are very aggressive. Code **8500 only** when the diagnosis is **exactly salivary duct carcinoma**.

*Note 2:* Assign code **8140** when the diagnosis is **salivary gland adenocarcinoma**.

**Table begins on next page**

**Head and Neck Equivalent Terms and Definitions**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

Specific or NOS Term and Code	Synonyms	Subtypes/Variants
<b>Acinic cell carcinoma 8550</b>	ACC Acinar cell carcinoma Acinic cell adenocarcinoma	
<b>Adenocarcinoma 8140</b>	Adenocarcinoma NOS Unclassified adenocarcinoma Salivary gland adenocarcinoma NOS	Basal cell adenocarcinoma <b>8147</b> Basal cell adenocarcinoma-ex-monomorphic adenoma <b>8147</b> Malignant dermal analogue tumor <b>8147</b> Carcinoma ex-pleomorphic adenoma <b>8941</b> Clear cell carcinoma (CCC)/hyalinizing clear cell carcinoma <b>8310</b> Cribriform adenocarcinoma <b>8201</b> Intestinal-type adenocarcinoma <b>8144</b> Large cell carcinoma NOS/large cell undifferentiated carcinoma <b>8012</b> Lobular carcinoma <b>8520</b> Mucinous cystadenocarcinoma <b>8470</b> Mucoepidermoid carcinoma (MEC)/malignant mucoepidermoid tumor <b>8430</b> Papillary cystadenocarcinoma <b>8450</b> Polymorphous adenocarcinoma (PAC) <b>8525</b> Polymorphous low-grade adenocarcinoma <b>8525</b> Terminal duct carcinoma <b>8525</b> Salivary duct carcinoma <b>8500</b> Cribriform cystadenocarcinoma low-grade <b>8500/2</b> Ductal carcinoma/adenocarcinoma <b>8500</b> High-grade ductal carcinoma <b>8500</b> Intraductal carcinoma <b>8500/2</b> Intraductal carcinoma low-grade <b>8500/2</b> Undifferentiated carcinoma <b>8020</b>

**Head and Neck Equivalent Terms and Definitions**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

Specific or NOS Term and Code	Synonyms	Subtypes/Variants
<b>Adenoid cystic carcinoma 8200</b>	ACC	
<b>Carcinosarcoma 8980</b>	Carcinosarcoma NOS True malignant mixed tumor	
<b>Cystadenocarcinoma 8440</b>		
<b>Epithelial-myoepithelial carcinoma 8562</b>	Adenomyoepithelioma	
<b>Lymphoepithelial carcinoma (LEC) 8082</b>	Lymphoepithelioma-like carcinoma Malignant lymphoepithelial lesion Undifferentiated carcinoma with lymphoid stroma	
<b>Myoepithelial carcinoma 8982</b>	Malignant myoepithelioma	
<b>Neuroendocrine carcinoma 8246</b>	Neuroendocrine carcinoma NOS	Large-cell neuroendocrine carcinoma <b>8013</b> Small cell carcinoma NOS/small cell neuroendocrine carcinoma <b>8041</b>
<b>Oncocytic carcinoma 8290</b>	Malignant oncocytoma Oncocytic adenocarcinoma	
<b>Sebaceous adenocarcinoma 8410</b>	Sebaceous carcinoma. NOS	
<b>Secretory carcinoma 8502*</b>	Mammary analog secretory carcinoma	
<b>Squamous cell carcinoma 8070</b>	Conventional Squamous cell carcinoma NOS SCC Squamous carcinoma Squamous cell carcinoma NOS	

\* These new codes were approved by the IARC/WHO Committee for ICD-O



**Head and Neck Equivalent Terms and Definitions**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

**Table 7: Tumors of Odontogenic and Maxillofacial Bone (Mandible, Maxilla)**

**Table 7** lists the more common histologies for the following head and neck subsites:

**C410** Bones of skull and face and associated joints; maxilla

**C411** Mandible; jaw bone NOS; lower jaw bone; temporomandibular joint

*Note:* The term odontogenic means originating in tooth forming tissue and bone. Code the primary site listed on the pathology report. The common primary sites include the maxillofacial skeleton (**C410** maxilla and **C411** mandible)

There are no hematopoietic neoplasms common to odontogenic bone or tissue. If a hematopoietic neoplasm such as lymphomas, myelomas, plasmacytoma etc., is diagnosed, verify the primary site. If the primary site is correct, see the [Hematopoietic Database](#).

**Column 1** contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**

**Column 2** contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

**Column 3** contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS.

Column 3 may contain NOS histologies which are part of a bigger histologic group. For example, sarcoma NOS 8800/3 (column 1) is a generic term which encompasses a number of soft tissue tumors, including osteosarcoma 9180/3 (column 3). Osteosarcoma is also a NOS because it has subtypes/variants. The subtypes/variants are indented under the NOS (osteosarcoma) in column 3. There is also a note in column 1 which calls attention to the fact that osteosarcoma has subtypes/variants.

When using the Solid Tumor Rules, osteosarcoma and its subtypes/variants are treated the same as all NOS and subtypes/variants.

**Table begins on next page**

**Head and Neck Equivalent Terms and Definitions**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

Specific or NOS Term and Code	Synonyms	Subtypes/Variants
<b>Ameloblastic carcinoma-primary type 9270/3</b>	AC Ameloblastic carcinoma Ameloblastic carcinoma, dedifferentiated Ameloblastic carcinoma, secondary type Primary intraosseous carcinoma NOS (PIOC) Sclerosing odontogenic carcinoma (SOC)	Metastasizing ameloblastoma <b>9310/3</b>  <i>Note:</i> This is an ameloblastoma which has a benign appearance but metastasizes
<b>Clear cell odontogenic carcinoma 9341*</b>  <i>Note: Clear cell odontogenic tumors were classified as benign prior to the 2005 edition of WHO Pathology &amp; Genetics Head and Neck Tumors</i>	CCOC	
<b>Ghost cell odontogenic carcinoma 9302*</b>	Aggressive epithelial ghost cell odontogenic tumor Calcifying ghost cell odontogenic carcinoma Carcinoma arising in calcifying odontogenic cyst Malignant calcifying ghost cell odontogenic tumor Malignant calcifying odontogenic cyst Malignant epithelial odontogenic ghost cell tumor	

**Head and Neck Equivalent Terms and Definitions**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

Specific or NOS Term and Code	Synonyms	Subtypes/Variants
<b>Odontogenic carcinosarcoma 8980/3</b>	Ameloblastic carcinosarcoma Malignant odontogenic mixed tumor Mixed odontogenic carcinoma	Odontogenic sarcoma/ameloblastic fibrosarcoma <b>9330/3</b>
<b>Sarcoma NOS 8800/3</b>  <i>Note 1:</i> Osteosarcoma <b>9180/3</b> has subtypes/variants: Chondroblastic osteosarcoma <b>9181/3</b> Intraosseous well-differentiated osteosarcoma/low-grade central osteosarcoma <b>9187/3</b> Parosteal osteosarcoma <b>9192/3</b> Periosteal osteosarcoma <b>9193/3</b>  <i>Note 2:</i> Chondrosarcoma grade 2/3 <b>9220/3</b> has a subtype/variant: Mesenchymal chondrosarcoma <b>9240/3</b>		Chondrosarcoma grade 2/3 <b>9220/3</b> Mesenchymal chondrosarcoma <b>9240/3</b> Osteosarcoma/osteogenic sarcoma <b>9180/3</b> Chondroblastic osteosarcoma <b>9181/3</b> Intraosseous well-differentiated osteosarcoma/low-grade central osteosarcoma <b>9187/3</b> Parosteal osteosarcoma <b>9192/3</b> Periosteal osteosarcoma <b>9193/3</b>

\* These new codes were approved by the IARC/WHO Committee for ICD-O.

**Head and Neck Equivalent Terms and Definitions**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

**Table 8: Tumors of Ear**

**Table 8** lists the more common histologies for the following head and neck subsites:

- **C301** Middle ear; inner ear; auditory tube; eustachian tube; mastoid antrum; tympanic cavity

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

**Column 1** contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**.

**Column 2** contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

**Column 3** contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS.

Specific or NOS Term and Code	Synonyms
<b>Endolymphatic sac tumor 8140</b>  <i>Note:</i> The endolymphatic sac is located within the inner ear C301.	Adenocarcinoma Heftner tumor Low-grade papillary adenocarcinoma of endolymphatic sac origin
<b>Squamous cell carcinoma of the middle ear 8070</b>  <i>Note:</i> This neoplasm <b>arises</b> in the squamous epithelium within the middle ear C301.	SCC Squamous carcinoma Squamous cell carcinoma NOS

**Head and Neck Equivalent Terms and Definitions**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

**Table 9: Paraganglioma of Carotid Body, Extra-adrenal, Larynx, Middle Ear, Vagal Nerve**

**Table 9** lists codes for paragangliomas diagnosed prior to 1/1/2021 and new codes for cases diagnosed 1/1/2021 forward. Table 9 does not list all paragangliomas, only those common to head and neck sites.

**Cases diagnosed prior to 1/1/2021:**

Only report these neoplasms when the pathology/tissue specifies malignant (/3) behavior. Change the behavior using ICD-O-3 Rule F Matrix Concept.

**Cases diagnosed 1/1/2021 forward:**

The term “malignant” is no longer required to assign malignant (/3) behavior. Paragangliomas diagnosed 1/1/2021 or after are malignant unless otherwise stated by the pathologist.

**Coding Primary Site:**

Paragangliomas have a separate chapter in the WHO Classification of Head and Neck Tumors which is why they are included in the Head and Neck Solid Tumor Rules. Some variants of paraganglioma are specific to certain sites but may occur in sites other than the nervous system. Variants that have specific sites are noted with the appropriate C-code in Table 9. Always code the site noted by the physician. If site is not stated or unclear and histology term does not have a specific site noted in Table 9, code to autonomic nervous system **C479**.

**Definitions**

- **Ganglion:** A group of nerve cell bodies located outside the central nervous system.
- **Sympathetic nervous system:** It is a part of the autonomic nervous system and contains adrenergic fibers which depress secretion, decrease tone and contractility of smooth muscle and increase heart rate.

**Column 1** lists **ICD-O histology** term or NOS term and C-code if appropriate

**Column 2** lists **ICD-O code** for cases **diagnosed prior to 1/1/2021** and stated to be malignant (/3)

**Column 3** lists **ICD-O code** for cases **diagnosed 1/1/2021 forward**

**Column 4** lists **synonyms** for the specific term. Synonyms have the **same ICD-O code** as the specific term.

**Head and Neck Equivalent Terms and Definitions**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

<b>Specific or NOS Term and Code</b>	<b>ICD-O Code DX prior to 1/1/2021 <i>Must be stated to be malignant</i></b>	<b>ICD-O Code DX 1/1/2021 forward <i>“Malignant” no longer required to assign /3</i></b>	<b>Synonyms (Per ICD-O-3.2)</b>
<b>Aortic body paraganglioma (C75.5)</b>	8691/3	8691/3	Aortic body tumor Aorticopulmonary paraganglioma
<b>Carotid body paraganglioma (C75.4)</b>	8692/3	8692/3	Carotid body tumor
<b>Extra-Adrenal paraganglioma, NOS</b>	8693/3	8693/3	Nonchromaffin paraganglioma, NOS Chemodectoma Composite paraganglioma
<b>Laryngeal paraganglioma</b>	8690/3	8693/3	
<b>Middle ear paraganglioma (C75.5)</b>	8690/3	8690/3	Glomus jugulare tumor Jugular Jugulotympanic paraganglioma
<b>Paraganglioma, NOS</b>	8680/3	8680/3	
<b>Parasympathetic paraganglioma</b>	8682/3	8682/3	
<b>Sympathetic paraganglioma</b>	8681/3	8681/3	
<b>Vagal paraganglioma</b>  <i>Note:</i> Vagal paraganglioma has the same histology code as laryngeal paraganglioma. Extra-adrenal, laryngeal and vagal are in separate rows to emphasize primary site.	8690/3	8693/3	

**Head and Neck Equivalent Terms and Definitions**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

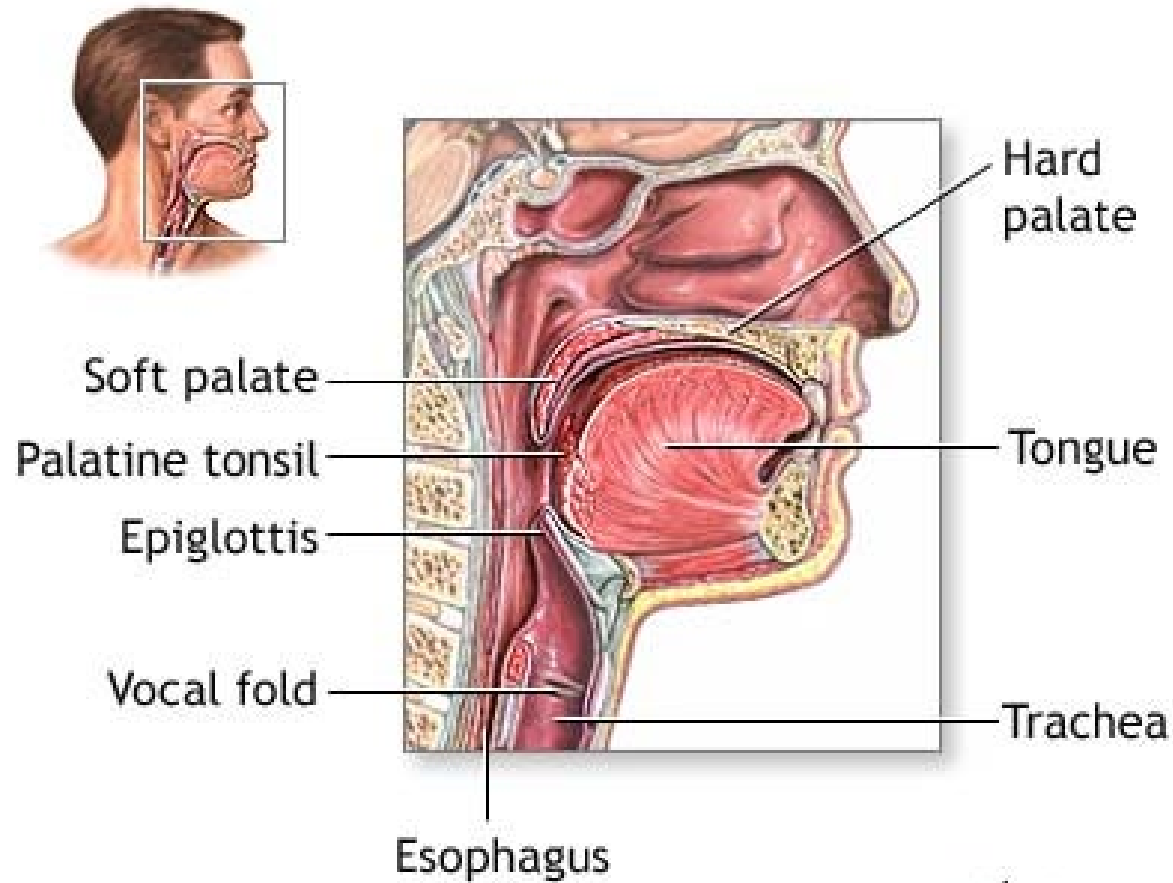
**Table 10: Paired Sites**

Laterality **must be coded** for all of the following sites. SEER does allow coding laterality for sites not listed in **Table 10**.

<b>Paired Sites</b>	<b>Site Code</b>
Carotid body	C754
Frontal sinus	C312
Maxillary sinus	C310
Middle ear	C301
Nasal cavity (excluding nasal cartilage, nasal septum)	C300
Tonsil	C098, C099
Parotid gland	C079
Sublingual gland	C081
Submandibular gland	C080

**Head and Neck Equivalent Terms and Definitions**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

**Illustrations**

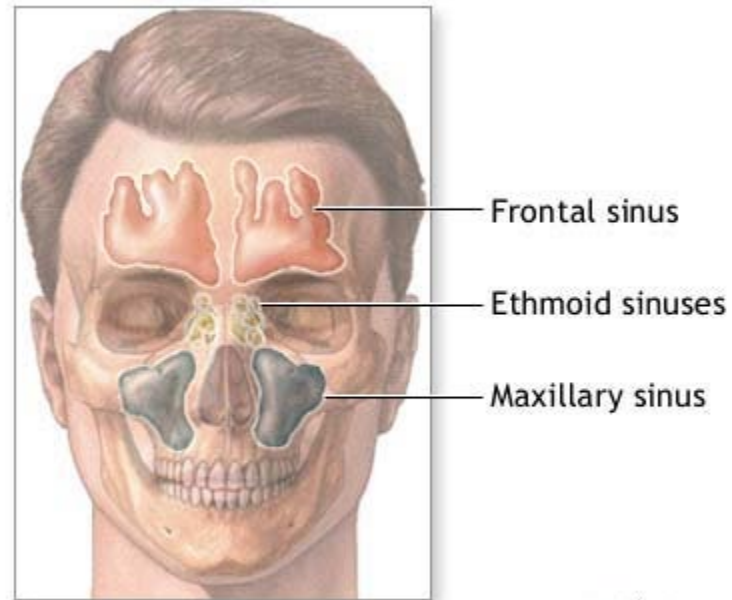


**ADAM.**

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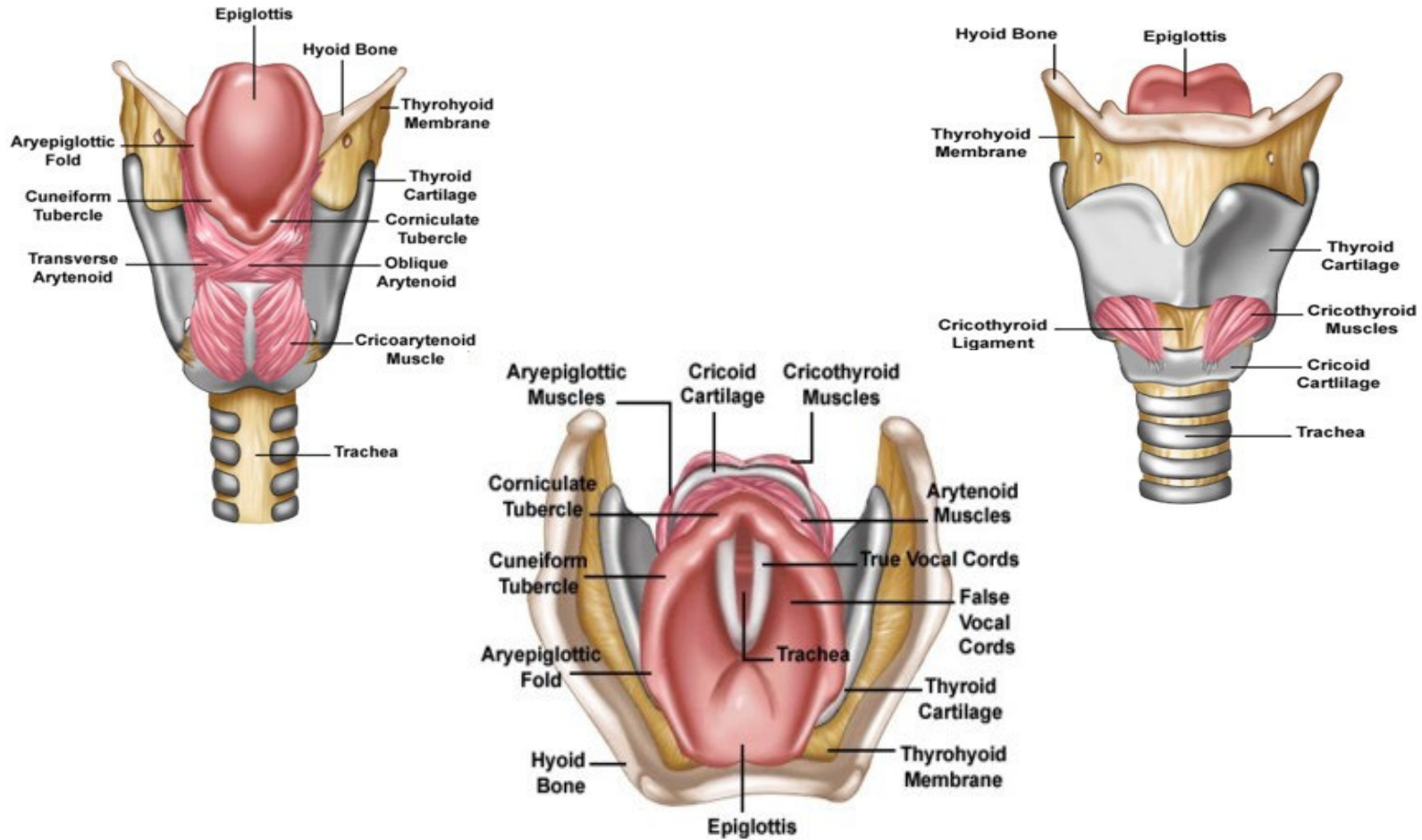
**Head and Neck Equivalent Terms and Definitions**  
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**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**



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Nasal Sinuses

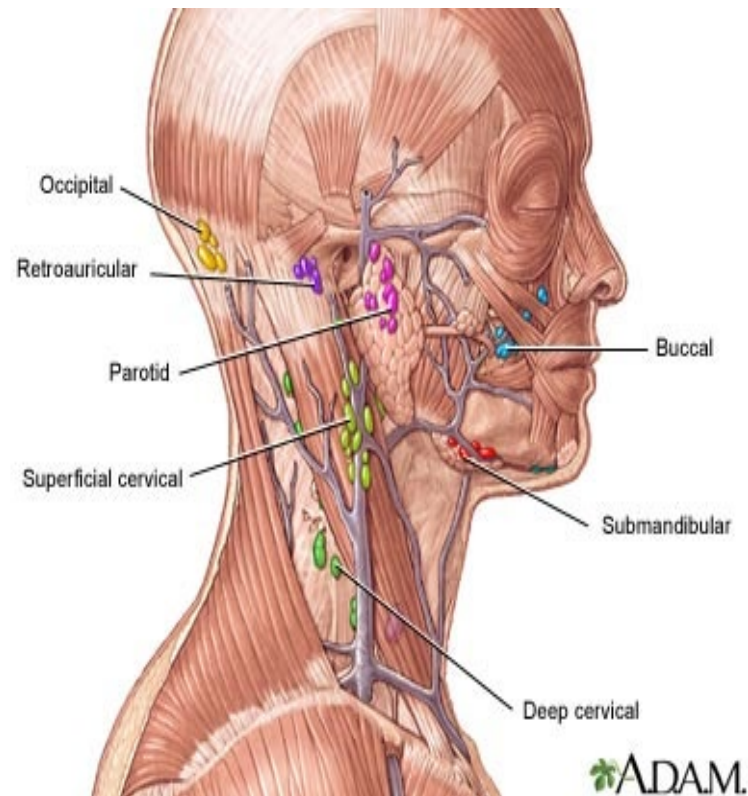
**Head and Neck Equivalent Terms and Definitions**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
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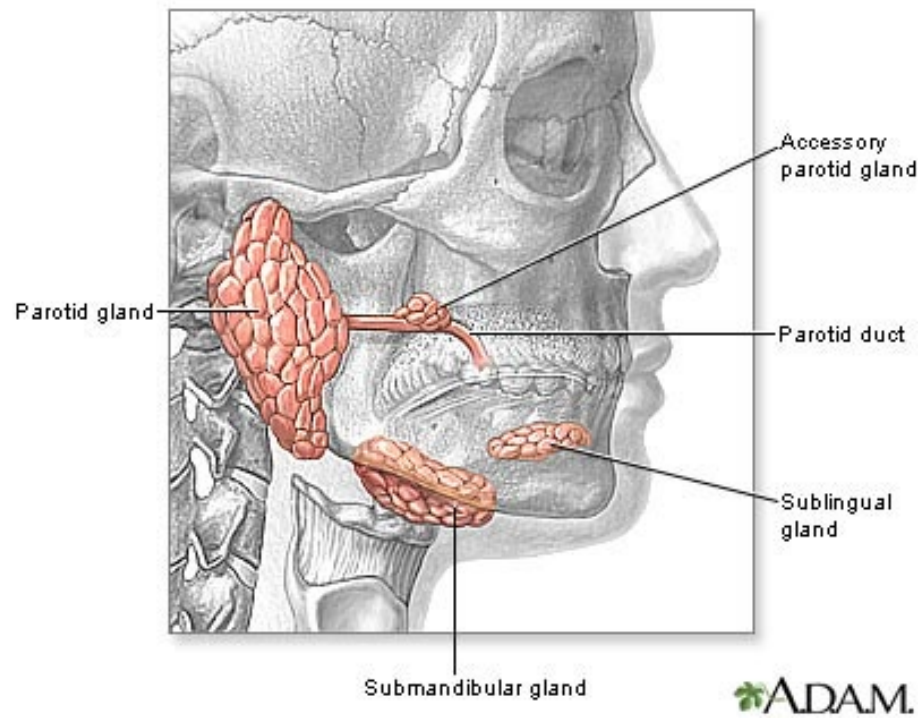
Larynx

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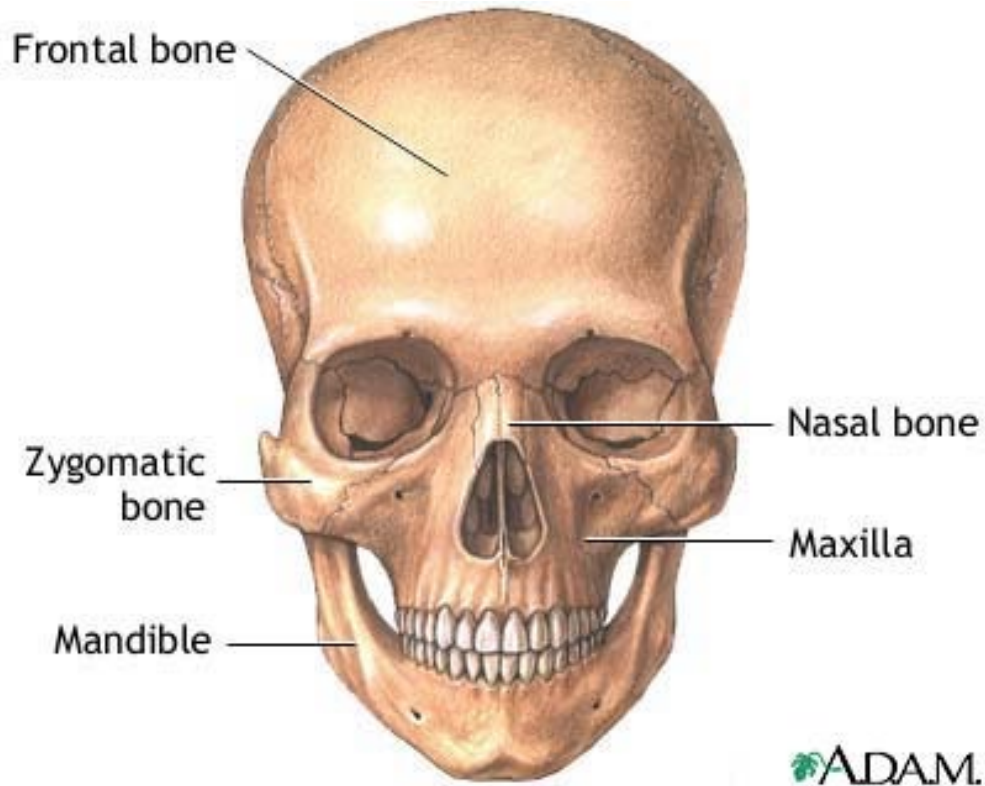
**Head and Neck Equivalent Terms and Definitions**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**



**Head and Neck Equivalent Terms and Definitions**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**



**Head and Neck Equivalent Terms and Definitions**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**





**Head and Neck Equivalent Terms and Definitions**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

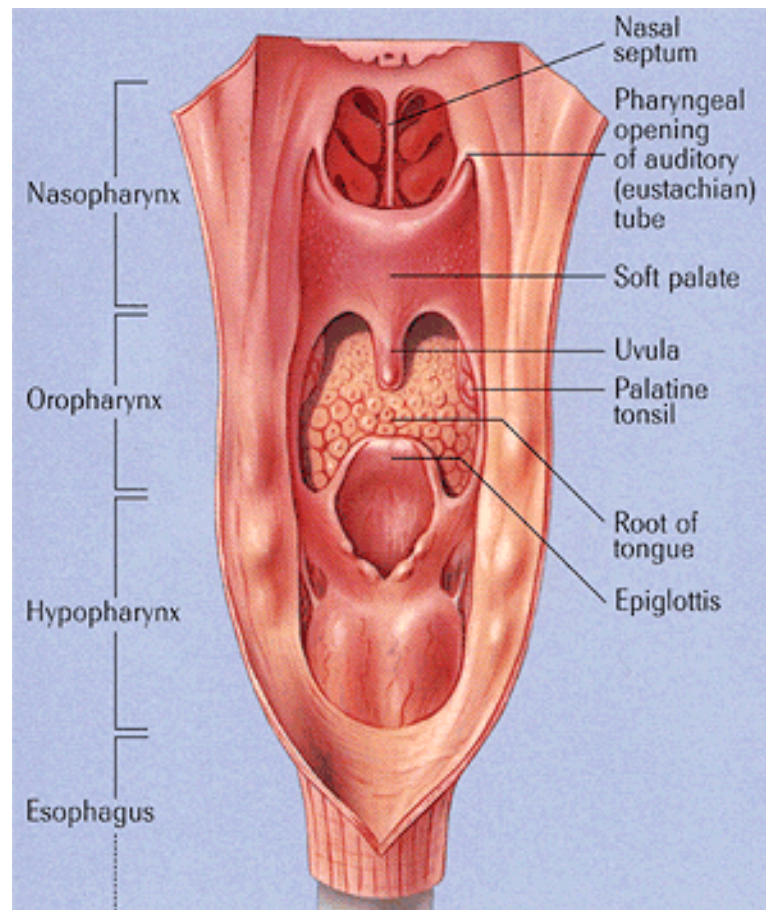


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**Head and Neck Multiple Primary Rules**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

**Note 1:** These rules are **NOT** used for tumor(s) described as metastases. Metastatic tumors include but are not limited to:

- Bone marrow
- Discontinuous lesions/nodules in soft tissue adjacent to primary site
- Regional and distant lymph nodes for the primary site being abstracted as identified in Summary Staging Manual
- Liver
- Lung
- Skin

**Note 2:** 2007 MPH Rules and 2018 Solid Tumor Rules are used based on date of diagnosis.

- Tumors diagnosed 01/01/2007 through 12/31/2017: Use 2007 MPH Rules
- Tumors diagnosed 01/01/2018 and later: Use 2018 Solid Tumor Rules
- The original tumor diagnosed before 1/1/2018 and a subsequent tumor diagnosed 1/1/2018 or later in the same primary site: Use the 2018 Solid Tumor Rules

**Unknown if Single or Multiple Tumors**

**Rule M1** Abstract a **single primary**<sup>i</sup> when it is not possible to determine if there is a **single tumor or multiple tumors**.

**Note 1:** Use this rule only after all information sources have been exhausted.

**Note 2:** Examples of cases with minimal information include

- Death certificate only (DCO)
- Cases for which information is limited to pathology report only
  - Outpatient biopsy with no follow-up information available
  - Pathology reports which do not specify whether a single tumor or multiple tumors were biopsied and/or resected

**Example 1:** History and physical exam states large tumor in nasopharynx. Biopsy base of tongue shows squamous cell carcinoma. No further information available. Abstract a single primary.

**Example 2:** Hospital A reports a biopsy of the upper lip mucosa. Hospital B reports a biopsy of the commissure of the lip. There is no information on whether this is a single tumor or whether there are separate tumors. Code a single primary.

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

<sup>i</sup> Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

**Head and Neck Multiple Primary Rules**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

**Single Tumor**

**IMPORTANT:** If the current tumor was **preceded** by a tumor in the same primary site, go to the **Multiple Tumors module**.

**Rule M2** Abstract a **single primary**<sup>i</sup> when there is a **single tumor**.

**Note 1:** A single tumor is always a single primary.

**Note 2:** The tumor may overlap onto or extend into adjacent/contiguous site or subsites.

**Note 3:** The tumor may have in situ and invasive components.

**Note 4:** The tumor may have two or more histologic components.

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

<sup>i</sup> Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

**Multiple Tumors**

**Note:** Multiple tumors may be a single primary or multiple primaries.

**Rule M3** Abstract **multiple primaries**<sup>ii</sup> when there are separate/non-contiguous tumors in any two of the following sites:

- Glottis **C320 AND/OR** supraglottis **C321 AND/OR** subglottis **C322 AND/OR** laryngeal cartilage **C323**
- Hard palate **C050 AND/OR** soft palate **C051 AND/OR** uvula **C052**
- Maxilla **C410 AND** Mandible **C411**
- Maxillary sinus **C310 AND/OR** ethmoid sinus **C311 AND/OR** frontal sinus **C312 AND/OR** sphenoid sinus **C313**
- Nasal cavity **C300 AND** middle ear **C301**
- Postcricoid **C130 AND/OR** hypopharyngeal aspect of aryepiglottic fold **C131 AND/OR** posterior wall of hypopharynx **C132**
- Submandibular gland **C080 AND** sublingual gland **C081**
- Upper gum **C030 AND** lower gum **C031**
- Upper lip **C000 or C003 AND** lower lip **C001 or C004**



**Head and Neck Multiple Primary Rules**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

*Note 1:* Use this rule only for **multiple tumors**.

*Note 2:* Timing is irrelevant.

*Note 3:* Histology is irrelevant.

*Note 4:* These primary sites differ at the fourth character of the site code CxxX. Use this rule **ONLY** for the primary sites listed.

**Rule M4** Abstract **multiple primaries**<sup>ii</sup> when separate/non-contiguous tumors are present in sites with ICD-O **site** codes that **differ** at the second CXxx, and/or third characters CxXx.

*Note 1:* Use this rule only for **multiple tumors**.

*Note 2:* Timing is irrelevant.

*Note 3:* Histology is irrelevant.

**Rule M5** Abstract **multiple primaries**<sup>ii</sup> when there are separate/non-contiguous tumors on both the **right** side and the **left** side of a paired site.

*Note 1:* See [Table 10](#) for a list of **paired sites**.

*Note 2:* Use this rule only for **multiple tumors**.

*Note 3:* Timing is irrelevant.

*Note 4:* Histology is irrelevant.

**Rule M6** Abstract **multiple primaries**<sup>ii</sup> when the patient has a subsequent tumor after being **clinically disease-free** for **greater than five years** after the original diagnosis or last recurrence.

*Note 1:* **Clinically** disease-free means that there was **no evidence** of recurrence on follow-up.

- Scopes are NED
- Scans are NED

*Note 2:* When there is a recurrence less than or equal to five years of diagnosis, the “**clock**” starts over. The time interval is calculated from the **date of last recurrence**. In other words, the patient must have been disease-free for greater than five years from the date of the last recurrence.

*Note 3:* When it is **unknown/not documented** whether the patient had a recurrence, use **date of diagnosis** to compute the time interval.

*Note 4:* When the patient has more than one Head & Neck primary, it is often difficult to determine which primary recurred. Use the last date of recurrence for any tumor to calculate the time interval.

*Note 5:* The physician may state this is a **recurrence**, meaning the patient had a previous head and neck tumor and now has another head and neck tumor. **Follow the rules**; do not attempt to interpret the physician’s statement.

**Head and Neck Multiple Primary Rules**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

- Rule M7** Abstract **multiple primaries**<sup>ii</sup> when separate/non-contiguous tumors are two or more **different subtypes/variants** in Column 3 of the appropriate site table ([Tables 1-9](#)) in the Equivalent Terms and Definitions. Timing is irrelevant.  
*Note:* The tumors may be subtypes/variants of the **same** or **different** NOS histologies.
- **Same NOS:** Alveolar rhabdomyosarcoma 8920/3 and embryonal rhabdomyosarcoma 8910/3 are both subtypes of rhabdomyosarcoma 8900/3 but are distinctly different histologies. Abstract multiple primaries.
  - **Different NOS:** Colloid-type adenocarcinoma 8144 is a subtype of adenocarcinoma NOS 8140; Spindle cell squamous cell carcinoma 8074 is a subtype of squamous cell carcinoma 8070. They are distinctly different histologies. Abstract multiple primaries.
- Rule M8** Abstract **multiple primaries**<sup>ii</sup> when separate/non-contiguous tumors are on **different rows** in the appropriate site table ([Tables 1-9](#)) in the Equivalent Terms and Definitions. Timing is irrelevant.  
*Note:* Each row in the table is a **distinctly different** histology.
- Rule M9** Abstract a **single primary**<sup>i</sup> (the invasive) when an **in situ** tumor is diagnosed **after** an **invasive tumor in the same primary site**.  
*Note 1:* The rules are **hierarchical**. Only use this rule when none of the previous rules apply.  
*Note 2:* The tumors may be a **NOS** and a **subtype/variant** of that NOS. See [Tables 1-9](#) in the Equivalent Terms and Definitions for listings of NOS and subtype/variants.  
*Note 3:* Do **not** change **date of diagnosis**.  
*Note 4:* If the case has already been submitted to the central registry, **report** all changes.  
*Note 5:* The physician **may stage both** tumors because staging and determining multiple primaries are done for different reasons. Staging determines which treatment would be most effective. Determining multiple primaries is done to stabilize the data for the study of epidemiology (long-term studies done on incidence, mortality, and causation of a disease with the goal of reducing or eliminating that disease).  
*Note 6:* See the **COC** and [SEER manuals](#) for instructions on coding **other data items** such as Date of Diagnosis, Accession Year and Sequence Number.
- Rule M10** Abstract a **single primary**<sup>i</sup> (the invasive) when an **invasive tumor** is diagnosed **less than or equal to 60 days after** an **in situ tumor in the same primary site**.  
*Note 1:* The rules are **hierarchical**. Only use this rule when none of the previous rules apply.  
*Note 2:* The tumors may be an **NOS** and a **subtype/variant** of that NOS.  
*Note 3:* When the case has been abstracted, **change behavior** code on original abstract from /2 to /3. Do **not** change **date of diagnosis**.

**Head and Neck Multiple Primary Rules**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

**Note 4:** If the case has already been submitted to the central registry, **report** all changes.

**Note 5:** The physician may **stage both** tumors because staging and determining multiple primaries are done for different reasons. Staging determines which treatment would be most effective. Determining multiple primaries is done to stabilize the data for the study of epidemiology (long-term studies done on incidence, mortality, and causation of a disease with the goal of reducing or eliminating that disease).

**Note 6:** See the **COC** and [SEER manuals](#) for instructions on coding **other data items** such as Date of Diagnosis, Accession Year and Sequence Number.

**Rule M11** Abstract **multiple primaries**<sup>ii</sup> when an **invasive** tumor occurs **more than 60** days after an **in situ** tumor.

**Note 1:** The rules are **hierarchical**. Only use this rule when none of the previous rules apply.

**Note 2:** Abstract **both** the invasive and in situ tumors.

**Note 3:** Abstract as multiple primaries even if **physician states** the invasive tumor is disease **recurrence** or **progression**.

**Note 4:** This rule is based on long-term epidemiologic studies of recurrence intervals. The specialty medical experts (SMEs) reviewed and approved these rules. Many of the SMEs were also authors, co-authors, or editors of the AJCC Staging Manual.

**Rule M12** Abstract a **single primary**<sup>i</sup> when separate/non-contiguous tumors **in the same primary site** are on **the same row** in the appropriate site table ([Tables 1-9](#)) in the Equivalent Terms and Definitions. Timing is irrelevant.

**Note:** The same row means the tumors are:

- The same histology (same four-digit ICD-O code) **OR**
- One is the preferred term (column 1) and the other is a synonym for the preferred term (column 2) **OR**
- A NOS (column 1/column 2) and the other is a subtype/variant of that NOS (column 3) **OR**
- A NOS histology in column 3 with an indented subtype/variant

**Rule M13** Abstract a **single primary**<sup>i</sup> when none of the previous rules apply.

**Note:** Use this rule as a last resort. Please confirm that you have not overlooked an applicable rule.

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<sup>i</sup> Prepare one abstract. Use the histology coding rules to assign the appropriate histology code. For registries collecting recurrence data: When a subsequent tumor is “single primary,” record that subsequent tumor as a recurrence.

<sup>ii</sup> Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted

**Head and Neck Histology Rules**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

**Priority Order for Using Documentation to Identify Histology**

**IMPORTANT NOTES**

1. Code the histology diagnosed *prior* to **neoadjuvant treatment**.

*Note 1:* Histology changes may occur following immunotherapy, chemotherapy, targeted therapy, and radiation therapy.

*Note 2:* Neoadjuvant treatment is any tumor-related treatment given prior to surgical removal of the malignancy.

**Exception:** If the initial diagnosis is based on histology from **FNA, smears, cytology**, or from a regional or metastatic site, and neoadjuvant treatment is given and followed by resection of primary site which identifies a different or specific histology, code the histology from the primary site.

2. Code the histology using the following priority list and the Histology Rules. Do not change histology in order to make the case applicable to staging.

The priority list is used for single primaries (including multiple tumors abstracted as a single primary).

Code the **most specific histology** from either **resection** or **biopsy**.

*Note 1:* The term “most specific” usually refers to a subtype/variant.

*Note 2:* The histology rules instruct to code the invasive histology when there are in situ and invasive components in a single tumor.

*Note 3:* When there is a discrepancy between the biopsy and resection (two distinctly different histologies/different rows), code the histology from the most representative specimen (the greater amount of tumor).

**This is a hierarchical list of source documentation.**

1. **Tissue or pathology report from biopsy or resection of primary site** (in priority order)

A. Addendum(s) and/or comment(s)

B. Final diagnosis / synoptic report as required by CAP

C. CAP protocol

*Note 1:* Addendums and comments on the pathology report are given a high priority because they often contain information about molecular testing, genetic testing, and/or special stains which give a more specific diagnosis.

*Note 2:* The pathologist’s diagnosis from the pathology report is always reliable, so the final diagnosis is the second priority.

*Note 3:* The CAP protocol is a checklist which:

**Head and Neck Histology Rules**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

- Provides guidelines for collecting the essential data elements for complete reporting of malignant tumors and optimal patient care.
  - Allows physicians to check multiple histologies
2. Cytology of primary site (fine needle aspirate (FNA))
  3. Tissue/pathology from a **metastatic** site
    - Note 1:* Code the behavior /3
    - Note 2:* The tissue from a metastatic site often shows **variations** from the primary tumor. When it is the only tissue available, it is **more accurate** than a **scan**.
    - Note 3:* This includes cytology from a regional lymph node.
  4. **Scan:** The following list is in **priority** order.
    - A. **CT**
    - B. **MRI**
    - C. **PET**
  5. Code the histology **documented** by the physician when none of the above are available. Use the **documentation** in the following **priority order:**
    - A. Treatment plan
    - B. Tumor Board
    - C. Documentation in the medical record that **refers to original pathology, cytology, or scan(s)**
    - D. Physician's **reference to** type of cancer (**histology**) in the medical record
    - Note 1:* Code the specific histology when documented.
    - Note 2:* Code the histology to 8000 (cancer/malignant neoplasm, NOS) or as stated by the physician when nothing more specific is documented.

**Head and Neck Histology Rules**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

**Coding Histology**

**Note 1:** The priority is to code the most specific histology. **DO NOT USE BREAST HISTOLOGY CODING RULES FOR THIS SITE.**

**Note 2:** Only use this section for one or more histologies within a single tumor.

**Note 3:** Do not use this section in place of the Histology Rules.

1. **Code the most specific histology or subtype/type/variant, regardless of whether it is described as:**

- A. The majority or predominant part of tumor
- B. The minority of tumor
- C. A component

**Example 1:** Diagnosis for a single tumor is adenocarcinoma 8140 with the majority or predominant part of tumor being enteric-type adenocarcinoma 8144. Code the subtype/variant: enteric-type adenocarcinoma 8144.

**Example 2:** Diagnosis for a single tumor is squamous cell carcinoma 8070 with minority of tumor being spindle cell squamous cell carcinoma 8074. Code the subtype/variant: spindle cell squamous cell carcinoma 8074.

**Example 3:** Diagnosis for a single tumor is sarcoma NOS 8800/3 with a component of leiomyosarcoma 8890/3. Code the subtype/variant: leiomyosarcoma 8890/3.

**Note 1:** The terms above (A, B, C) must describe a **carcinoma** or **sarcoma** in order to code a histology described by those terms.

**Example:** When the diagnosis is adenocarcinoma with an enteric-type **adenocarcinoma** component, code enteric-type adenocarcinoma 8144.

**Negative Example:** When the diagnosis is simply adenocarcinoma with an enteric-type component, code adenocarcinoma NOS 8140. Do not assume this is enteric-type adenocarcinoma. This could be enteric-type differentiation or features.

**Note 2:** When the most specific histology is described as differentiation or features, see #2.

2. Code the histology described as **differentiation** or **features/features of ONLY** when there is a specific ICD-O code for the “NOS with \_\_\_ features” or “NOS with \_\_\_ differentiation”.

**Note:** Do not code differentiation or features when there is no specific ICD-O code.

**Head and Neck Histology Rules**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

3. Code the specific histology described by **ambiguous terminology** (list follows) **ONLY** when A or B is true:

A. The only diagnosis available is **one histology** term described by ambiguous terminology

- CoC and SEER require reporting of cases diagnosed only by ambiguous terminology
- Case is accessioned (added to your database) based on ambiguous terminology and no other histology information is available/documented

**Example:** Outpatient biopsy says probably squamous cell carcinoma HPV-negative. The case is accessioned (entered into the database) as required by both SEER and COC. No further information is available. Code the histology squamous cell carcinoma HPV-negative. The case meets the criteria in **#3A**.

B. There is a **NOS histology and a more specific** (subtype/variant) described by ambiguous terminology

- Specific histology is clinically confirmed by a physician (attending, pathologist, oncologist, etc.) **OR**
- Patient is receiving treatment based on the specific histology described by ambiguous term

**Example 1:** The pathology diagnosis is adenocarcinoma consistent with intestinal type adenocarcinoma. The oncology consult says the patient has intestinal type adenocarcinoma of the sinonasal tract. This is clinical confirmation of the diagnosis, code intestinal type adenocarcinoma. The case meets the criteria in **bullet 1**.

**Example 2:** The pathology diagnosis is squamous cell carcinoma consistent with basaloid squamous cell carcinoma. The treatment plan says the patient will receive the following treatment for basaloid squamous cell carcinoma. Treatment plan confirms basaloid squamous cell carcinoma; code basaloid squamous cell carcinoma. The case meets the criteria in **bullet 2**.

**If the specific histology does not meet the criteria in #3B, then code the NOS histology.**

**Head and Neck Histology Rules**  
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**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

List of Ambiguous Terminology

Apparently	Most likely
Appears	Presumed
Comparable with	Probable
Compatible with	Suspect(ed)
Consistent with	Suspicious (for)
Favor(s)	Typical (of)
Malignant appearing	

4. **Do not code** histology when described as:

- Architecture
- Foci; focus; focal
- Pattern



**Head and Neck Histology Rules**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

**Single Tumor**

**Rule H1** Code the histology when only **one histology** is present.

*Note 1:* Use [Tables 1-9](#) to code histology. New codes, terms, and synonyms are included in **Tables 1-9** and coding errors may occur if the table is not used.

*Note 2:* When the histology is **not listed** in **Tables 1-9**, use the **ICD-O** and all **updates**.

*Note 3:* Submit a question to [Ask a SEER Registrar](#) when the histology code is not found in Tables 1-9, ICD-O or all updates.

*Note 4:* **Cases diagnosed prior to 1/1/2022:** Squamous cell carcinoma, HPV positive (8085) and squamous cell carcinoma, HPV negative (8086) are coded only when HPV status is determined by tests based on ISH, PCR, RT-PCR technologies to detect the viral DNA or RNA. p16 is not a valid test to assign these histology codes.

**Cases diagnosed 1/1/2022 forward:** p16 test results can be used to code squamous cell carcinoma, HPV positive (8085) and squamous cell carcinoma, HPV negative (8086).

**Rule H2** Code the **invasive** histology when **in situ** and **invasive** histologies are present in the **same tumor**.

*Example:* The tissue/pathologic diagnosis is invasive squamous cell carcinoma **8070/3** and keratinizing squamous cell carcinoma in situ **8071/2**. Code the invasive histology, SCC **8070/3** even though it is not the most specific histology.

**Rule H3** Code the subtype/variant when there is a **NOS** and a **single subtype/variant** of that NOS such as the following:

- Adenocarcinoma/endolymphatic sac tumor **8140** and a subtype/variant of adenocarcinoma
- Ameloblastic carcinoma primary type **9270** and a subtype variant of ameloblastic carcinoma primary type
- Chondrosarcoma grade 2/3 **9220** and a subtype/variant of chondrosarcoma grade 2/3
- Neuroendocrine carcinoma **8246** and a subtype/variant of neuroendocrine carcinoma
- Odontogenic carcinosarcoma **8980** and a subtype/variant of odontogenic carcinosarcoma
- Sarcoma **8800/3** and a subtype/variant of sarcoma
- Squamous cell carcinoma **8070** and subtype/variant of squamous carcinoma
- Well differentiated neuroendocrine carcinoma **8240** and a subtype/variant of well differentiated neuroendocrine carcinoma

*Note:* See [Tables 1-9](#) in the Equivalent Terms and Definitions to find NOS and subtypes/variants.

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

**Code the histology according to the rule that fits the case**

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**Head and Neck Histology Rules**  
**C000-C148, C300-C339, C410, C411, C479, C754, C755**  
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

**Multiple Tumors Abstracted as a Single Primary**

*Note:* Before coding histology, the **Multiple Primary Rules must be applied.**

**Rule H4** Code the **histology** when only **one** histologic type is identified for **all tumors**.

*Note 1:* Use [Tables 1-9](#) to code histology. New codes, terms, and synonyms are included in **Tables 1-9** and coding errors may occur if the table is not used.

*Note 2:* When the histology is **not listed** in **Tables 1-9**, use the **ICD-O** and all **updates**.

*Note 3:* Submit a question to [Ask a SEER Registrar](#) when the histology code is not found in Tables 1-9, ICD-O or all updates.

**Rule H5** Code the **invasive** histology when one of the following criteria are met:

- All **tumors** have both **invasive and in situ** elements **OR**
- **One** or more tumors are **invasive** and **one** or more tumors are **in situ**

*Note 1:* **Multiple Primary Rules must be applied** to be certain all tumors are a single primary.

*Note 2:* When the NOS is invasive and the subtype/variant is situ, code the NOS (invasive).

**Rule H6** Code the **subtype/variant** when **all** tumors are a **NOS** and a **single subtype/variant** of that NOS such as the following:

- Adenocarcinoma/endolymphatic sac tumor **8140** and a subtype/variant of adenocarcinoma
- Ameloblastic carcinoma primary type **9270** and a subtype variant of ameloblastic carcinoma primary type
- Chondrosarcoma grade 2/3 **9220** and a subtype/variant of chondrosarcoma grade 2/3
- Neuroendocrine carcinoma **8246** and a subtype/variant of neuroendocrine carcinoma
- Odontogenic carcinosarcoma **8980** and a subtype/variant of odontogenic carcinosarcoma
- Sarcoma **8800/3** and a subtype/variant of sarcoma
- Squamous cell carcinoma **8070** and subtype/variant of squamous carcinoma
- Well differentiated neuroendocrine carcinoma **8240** and a subtype/variant of well differentiated neuroendocrine carcinoma

*Note:* See [Tables 1-9](#) in the Equivalent Terms and Definitions to find NOS and subtypes/variants.

**This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.**

**Code the histology according to the rule that fits the case**

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