Coding Guidelines
BLADDER
C670–C679

Primary Site

C670  Trigone of bladder
      Base of bladder
      Floor
      Below interureteric ridge (interureteric crest, or interureteric fold)

C671  Dome of bladder
      Vertex
      Roof
      Vault

C672  Lateral wall of bladder
      Right wall
      Left wall
      Lateral to ureteral orifice
      Sidewall

C673  Anterior wall of bladder

C674  Posterior wall of bladder

C675  Bladder neck
      Vesical neck
      Internal urethral orifice
      Internal urethral/uretero orifice

C676  Ureteric orifice
      Just above ureteric orifice

C677  Urachus
      Mid umbilical ligament
      Urachal remnant

C678  Overlapping lesion of bladder
      Lateral-posterior wall (hyphen)
      Fundus

C679  Bladder, NOS
      Lateral posterior wall (no hyphen)
Priority Order for Coding Subsites

Use the information from reports in the following priority order to code a subsite when the medical record contains conflicting information:

Operative report (TURB)
Pathology report

Multifocal Tumors

Invasive tumor in more than one subsite

Assign site code C679 when the tumor is multifocal (separate tumors in more than one subsite of the bladder).

If the TURB or pathology proves invasive tumor in one subsite and in situ tumor in all other involved subsites, code to the subsite involved with invasive tumor.
Bladder Wall Pathology

The bladder wall is composed of three layers. There may be “sub layers” within the major layer of the bladder.

<table>
<thead>
<tr>
<th>Bladder Layer</th>
<th>Sub layer</th>
<th>Synonyms</th>
<th>Staging</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mucosa</td>
<td></td>
<td>Epithelium, transitional epithelium, urothelium, mucosal surface, transitional mucosa</td>
<td>No blood vessels, in situ/noninvasive</td>
<td>First layer on inside of bladder; Lines bladder, ureters, and urethra</td>
</tr>
<tr>
<td>Basement membrane</td>
<td></td>
<td>No invasion of basement membrane is in situ</td>
<td>Invasive</td>
<td>Single layer of cells that lies beneath the mucosal layer separating the epithelial layer from the lamina propria</td>
</tr>
<tr>
<td>Submucosa</td>
<td>Submucous coat, lamina propria, areolar connective tissue</td>
<td>Invasive</td>
<td>Areolar connective tissue interlaced with the muscular coat. Contains blood vessels, nerves, and in some regions, glands</td>
<td></td>
</tr>
<tr>
<td>Lamina propria</td>
<td>Submucosa, Suburothelial connective tissue, subepithelial tissue, stroma, muscularis mucosa, transitional epithelium</td>
<td>Invasive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscle</td>
<td>Bladder wall</td>
<td>Muscularis, muscularis propria, muscularis externa, smooth muscle</td>
<td>Invasive</td>
<td></td>
</tr>
</tbody>
</table>

Tumor extends through the bladder wall (invades regional tissue) when the tumor is stated to involve one of the following areas:

**Serosa (Tunica serosa):** The outermost serous coat is a reflection of the peritoneum that covers the superior surface and the upper parts of the lateral surfaces of the urinary bladder. The serosa is part of visceral peritoneum. The serosa is reflected from these bladder surfaces onto the abdominal and pelvic walls.

**Perivesical fat**

**Adventitia:** Some areas of the bladder do not have a serosa. Where there is no serosa, the connective tissue of surrounding structures merges with the connective tissue of the bladder and is called adventitia.
HISTOLOGY

Most bladder cancers are transitional cell carcinomas. Other types include squamous cell carcinoma and adenocarcinoma. Adenocarcinomas tend to occur in the urachus or, frequently, the trigone of the bladder. Other bladder histologic types include sarcoma, lymphoma, and small cell carcinoma. Rhabdomyosarcoma occurs in children.

Behavior Code

Code the behavior as malignant /3, not in situ /2, when

- the only surgery performed is a transurethral resection of the bladder (TURB) documenting that depth of invasion cannot be measured because there is no muscle in the specimen
- and
- the physician’s TNM designation is not available
- or
- the pathology report says the submucosa is invaded with tumor
- or
- the pathology report does not mention whether the submucosa is free of tumor or has been invaded by tumor

Code the behavior as in situ /2 when

- the TNM designation is Ta for TURB with no muscle in the specimen
- or
- the pathology report says the submucosa is free of tumor

FIRST COURSE TREATMENT

TREATMENT MODALITIES (most common treatments)

TURB with fulguration
TURB with fulguration followed by intravesical BCG (bacillus Calmette-Guerin) is usually used for patients with multiple tumors or for high-risk patients.
TURB with fulguration followed by intravesical chemotherapy
Photodynamic therapy (PDT) using laser light and chemotherapy
Segmental cystectomy (rare)
Radical cystectomy in patients with extensive or refractory superficial tumor
Internal irradiation (needles, seeds, wires, or catheters placed into or near the tumor) with or without external-beam irradiation
Chemotherapy
Immunotherapy/biologic therapy

1 PDQ
2 Clinical Oncology, 8th edition