Coding Guidelines

Bladder
C670–C679

Reportability

Do not report bladder cancer based on UroVysion test results alone. Report the case if there is a physician statement of malignancy and/or the patient was treated for cancer.

Not reportable
Papillary urothelial neoplasms of low malignant potential (PUNLMPs)
The WHO classification categorizes "PUNLMP" as borderline, 8130/1. The definition is "a papillary urothelial tumor which resembles the exophytic urothelial papilloma, but shows increased cellular proliferation exceeding the thickness of normal urothelium." The histopathologic description is "the papillae of PUNLMP are discrete, slender and not fused and are lined by multilayered urothelium with minimal to absent cytologic atypia….Mitoses are rare and have a basal location."

Papilloma of bladder
The WHO classification categorizes "urothelial papilloma" as benign, 8120/0. The definition is "composed of a delicate fibrovascular core covered by urothelium indistinguishable from that of normal urothelium." The histopathologic description is "characterized by discrete papillary fronds with occasional branching…the epithelium lacks atypia…mitoses are absent to rare and, if present, are basal in location and not abnormal. The lesions are often small and occasionally show concomitant inverted growth pattern. Rarely, papilloma may show extensive involvement of the mucosa."

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)

*The interureteric ridge is a fold of mucous membrane extending across the bladder between the ureteric orifices and forms one of the boundaries for the trigone of the bladder.

Bladder Anatomy and ICD-O-3

Source: UICC TNM Atlas, 3rd edition, 2nd revision
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></td>
<td>Basement membrane</td>
<td></td>
<td>No invasion of basement membrane is in situ</td>
<td>Invasion/penetration of basement membrane is invasive</td>
</tr>
<tr>
<td>Submucosa</td>
<td>Submucous coat, lamina propria, areolar connective tissue</td>
<td></td>
<td>Invasive</td>
<td>Areolar connective tissue interlaced with the muscular coat. Contains blood vessels, nerves, and in some regions, glands</td>
</tr>
<tr>
<td>Lamina propria</td>
<td></td>
<td>Submucosa, Suburothelial connective tissue, subepithelial tissue, stroma, muscularis mucosa, transitional epithelium</td>
<td>Invasive</td>
<td></td>
</tr>
<tr>
<td>Muscle</td>
<td>Bladder wall</td>
<td>Musclearis, 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

BCG
Code BCG as both surgery and immunotherapy. See the SEER manual, Appendix C, Bladder Surgery Codes, SEER Note under code 16

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)

1 PDQ
2 Clinical Oncology, 8th edition
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