

# SEER Inquiry System - Report

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## Question 20010128

### References:

#1: 2004 SEER Manual, 78

#2: SINQ 20010144

### Question:

Multiple Primaries (Pre-2007)--Bladder/Prostatic Urethra: When invasive TCC of the bladder and TCC in-situ of the prostatic urethra are diagnosed at the same time, are they reportable as two primaries? See discussion.

### Discussion:

There is no direct extension of tumor from the bladder to the urethra. According to the SEER rules for determining separate primaries, bladder (C67) and urethra (C68) are separate sites. However, it seems that TCC in the bladder and urethra should be reported as a single primary.

### Answer:

For tumors diagnosed prior to 2007:

This is one primary. Mucosal spread of in situ cancer from a hollow organ (bladder) into another hollow organ (prostatic urethra) is coded as a single primary.

This type of mucosal spread of tumor is sometimes referred to as "intramucosal extension" or "in situ component extending to." Mucosal spread can also be expressed as a statement of an invasive component in one organ with adjacent or associated in situ carcinoma in a contiguous organ with the same type of epithelium.

This case represents an invasive bladder tumor with in situ extension to the prostatic urethra. A tumor that is breaking down can be invasive in the center with in situ cancer at its margins. Occasionally, the in situ margin can move into a contiguous organ with the same type of epithelium.

For tumors diagnosed 2007 or later, refer to the MP/H rules. If there are still questions about how this type of tumor should be coded, submit a new question to SINQ and include the difficulties you are encountering in applying the MP/H rules.

### Cancer Site Category:

Bladder

### Data Item Category:

N/A

### Other Category:

Multiple primaries

### Year:

2001