

SEER Inquiry System - Report

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Question 20180039

References:

#1: WHO Class Urinary Tumors, 213-215. 4th ed.

#2: ICD-O-3

Question:

Solid Tumor Rules 2018/Histology--Testis: What is the histology code for a 2018 diagnosis of left testis tumor diagnosed as mixed germ cell tumor with secondary malignant components: primitive neuroectodermal tumor (PNET) and rhabdomyosarcoma? See Discussion.

Discussion:

The patient has testicular cancer with bilateral lung metastases and possible liver metastasis. The left orchiectomy final diagnosis was The Summary describes a single tumor that is, Germ cell neoplasia in situ (GCNIS) is also present. Although there is mixed germ cell tumor present, the PNET component of the tumor is locally invasive extending into the epididymis, hilar soft tissues, spermatic cord, and tunica vaginalis. The mixed germ cell tumor is limited to the testis only.

We are instructed not to use the term to code histology in the MP/H Rules General Instructions (Other Site Rules not updated for 2018), however the PNET comprises the majority of this tumor and represents the most extensive disease. Should the PNET histology be ignored in this case as its a ?

Answer:

Assign code 9084/3. According to our expert pathologist consultant, this is a teratoma with a somatic-type malignancy. This code is the best choice even though it does not capture the mixed germ cell elements of the tumor, or the character of the somatic component (rhabdomyosarcoma, PNET). There aren't enough histology code numbers to cover all of the possibilities. Use text fields to describe the specifics of this case.

Cancer Site Category:

N/A

Data Item Category:

Histology

Other Category:

Solid Tumor Rules (2018, 2021)

Year:

2018