

SEER Inquiry System - Report

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Question 20220002

References:

#1: 2022 SEER Manual, 104. Histologic Type ICD-O-3

#2: ICD-O-3.2

Question:

Solid Tumor Rules (2018, 2021)/Histology--Cervix: For cases diagnosed 1/1/2022 and later, how is histology coded for the following three cervix cases relating to p16? See Discussion.

Discussion:

The 2022 SEER Manual indicates the p16 status (positive or negative) can be used to code more the specific histology for squamous cell carcinoma, human papilloma virus (HPV) positive (8085) and squamous cell carcinoma, HPV negative (8086). However, the histology coding instructions in the Other Sites schema have not been updated and the 2022 SEER Manual does not cover all situations commonly encountered in the registry. Does the clarification regarding p16 apply to these other situations?

1. How is histology coded when the final diagnosis of the most representative specimen is adenocarcinoma (NOS), but the immunohistochemistry is p16 negative? Is this adequate to code histology to 8484/3 (adenocarcinoma, HPV-independent, NOS)? The pathologist did not specifically indicate this was HPV-independent adenocarcinoma, and the clarification in the 2022 SEER Manual does not include this more specific adenocarcinoma histology.
2. How is histology coded when the Pap smear is positive for squamous cell carcinoma, p16 positive, but the most representative specimen from the primary tumor (the subsequent cervix biopsy) is only stated to be squamous cell carcinoma (NOS)? The p16 studies were not repeated on the most representative specimen, and the existing 2007 Multiple Primaries/Histology (MP/H) General Rules indicate to code the histology from the most representative specimen over a cytology report. Following the existing 2007 MPH General Rules, the histology should be 8070 (squamous cell carcinoma, NOS). However, this does not account for the p16 status of the tumor.
3. How is histology coded when a biopsy of a metastasis (e.g., a lymph node metastasis) proved squamous cell carcinoma, p16 negative, but a subsequent biopsy of the primary cervix tumor proved squamous cell carcinoma (NOS) without additional IHC studies? Again, the 2007 MP/H General Rules confirm the primary site specimen should be used to code the histology, resulting in a diagnosis of 8070 (squamous cell carcinoma, NOS), but this ignores the p16 status of the tumor.

Answer:

For cases diagnosed beginning 1/1/2022, assign histology based on new codes and terms for the examples of cervical cancer using the available p16 results as follows.

1. Adenocarcinoma, HPV-independent, NOS (C53._) (8484/3)
2. Carcinoma, squamous cell, HPV-associated (C53._) (8085/3)
3. Carcinoma, squamous cell, HPV-independent (C53._) (8086/3)

The 2022 SEER Manual states: Beginning with cases diagnosed 01/01/2022 forward, p16 test results can be used to code squamous cell carcinoma, HPV positive (8085) and squamous cell carcinoma, HPV negative (8086). Use the available results as the rules for Other Sites have not been updated yet. The SSDI Manual data item p16 for Cervix schema also states that p16 is based on testing results and not a physician statement. We can address these situations in a future version of the Solid Tumor Rules. The Other Sites rules will provide document priority when coding histology: biopsy vs. resection, cytology vs. histology, primary site vs. mets or regional site.

Cancer Site Category:

Cervix Uteri

Data Item Category:

Histology

Other Category:

Year:

2022