**Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland**

**Multiple Primary Rules – Text**

C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)

*Note:* Benign and borderline intracranial and CNS tumors have a separate set of rules.

### UNKNOWN IF SINGLE OR MULTIPLE TUMORS

*Note:* Tumor(s) not described as metastasis

| Rule M1 | An invasive brain tumor (/3) and either a benign brain tumor (/0) or an uncertain/borderline brain tumor (/1) are always multiple primaries. ** |
| Rule M2 | When it is not possible to determine if there is a single tumor or multiple tumors, opt for a single tumor and abstract as a single primary.*  
  *Note:* Use this rule only after all information sources have been exhausted

This is the end of instructions for Unknown if Single or Multiple Tumors.  
* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

### SINGLE TUMOR

*Note:* Tumor not described as metastasis

| Rule M3 | A single tumor is always a single primary. *  
  *Note:* The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

This is the end of instructions for Single Tumor.  
* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

### MULTIPLE TUMORS

Multiple tumors may be a single primary or multiple primaries.  
*Note:* Tumors not described as metastases

| Rule M4 | An invasive brain tumor (/3) and either a benign brain tumor (/0) or an uncertain/borderline brain tumor (/1) are always multiple primaries. ** |
Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland

Multiple Primary Rules – Text

C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753
(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)

Rule M5  Tumors in sites with ICD-O-3 topography codes with different second (Cxxy) and/or third characters (Cyyyy) are multiple primaries.**

Rule M6  A glioblastoma or glioblastoma multiforme (9440) following a glial tumor is a single primary* (See Chart 1)

Rule M7  Tumors with ICD-O-3 histology codes on the same branch in Chart 1 or Chart 2 are a single primary.*
   Note: Recurrence, progression, or any reappearance of histologies on the same branch in Chart 1 or Chart 2 is always the same disease process.
   Example: Patient has an astrocytoma. Ten years later the patient is diagnosed with glioblastoma multiforme. This is a progression or recurrence of the earlier astrocytoma.

Rule M8  Tumors with ICD-O-3 histology codes on different branches in Chart 1 or Chart 2 are multiple primaries. **

Rule M9  Tumors with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries. **

Rule M10  Tumors that do not meet any of the above criteria are a single primary. *
   Note 1: Neither timing nor laterality is used to determine multiple primaries for malignant intracranial and CNS tumors.
   Example: The patient is treated for an anaplastic astrocytoma (9401) in the right parietal lobe. Three months later the patient is diagnosed with a separate anaplastic astrocytoma in the left parietal lobe. This is one primary because laterality is not used to determine multiple primary status.
   Note 2: Multicentric brain tumors which involve different lobes of the brain that do not meet any of the above criteria are the same disease process.

This is the end of instructions for Multiple Tumors.
* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.