INTRODUCTION

Renal cell carcinoma (8312) is a group term for glandular (adeno) carcinomas of the kidney. Approximately 85% of all malignancies of the kidney are renal cell and specific renal cell types.

Transitional cell carcinoma rarely arises in the kidney parenchyma (C649). Transitional cell carcinoma found in the upper urinary system usually arises in the renal pelvis (C659). Only code transitional cell carcinoma to kidney in the rare instance when pathology confirms the tumor originated in the parenchyma of the kidney.

Equivalent or Equal Terms

- Multifocal and multicentric
- Renal cell carcinoma (RCC) and hypernephroma (obsolete term)
- Tumor, mass, lesion, and neoplasm

Definitions

Adenocarcinoma with mixed subtypes (8255): A mixture of two or more of the specific renal cell carcinoma types listed in Table 1.

Carcinoma of the collecting ducts of Bellini/collecting duct carcinoma (8319) is a malignant epithelial tumor. There is controversy about the relationship between medullary carcinoma and collecting duct carcinoma; some advocate that there is a relationship, others are not convinced. Genetic studies are ongoing. We will code medullary carcinoma originating in the kidney to 8510 so we can differentiate between the medullary and the collecting duct carcinoma.

Chromophobe RCC (8317) is a rare form of kidney cancer. Chromophobe is a renal carcinoma characterized by large pale cells with prominent membranes.

Clear cell RCC (8310) is the most common type of RCC. Clear cell is composed of clear or eosinophilic cytoplasm. Clear cell is architecturally diverse, with solid alveolar and acinar patterns the most common.
Cystic: Cystic may be used to describe the gross appearance or it may be used as a morphologic term. Cysts are common in clear cell renal cell carcinomas. Tumors composed completely of cysts are rare.

Medullary carcinoma of the kidney (8510) is a rare tumor almost exclusively associated with sickle cell trait. There is controversy about the relationship between medullary carcinoma and collecting duct carcinoma; some advocate that there is a relationship, others are not convinced. Genetic studies are ongoing. We will code medullary carcinoma originating in the kidney to 8510 so we can differentiate between the medullary and the collecting duct carcinoma.

Most invasive: The tumor with the greatest continuous extension (see focal and foci/focus definitions).

In hierarchical order, the evaluation of least to greatest extension for kidney is based on:
- The largest tumor size
- Extension into major veins, adrenal gland, or perinephric tissue.
- Involvement of Gerota’s fascia.

Papillary RCC (8260) form finger-like projections. Some doctors call these cancers chromophilic because the cells take up certain dyes making them appear pink. A malignant renal parenchymal tumor with papillary or tubular papillary architecture.

Renal cell carcinoma (RCC) (8312) is the most common type of kidney cancer. Renal cell is a group name that includes several specific types. See Table 1.

Renal sarcoma is a rare disease of the kidney’s connective tissues.

Satellite lesion or metastasis: Metastatic lesion within the immediate vicinity of the primary tumor. This is a metastasis, not a separate primary.

Urinary tract: Structures lined by transitional epithelium also known as urothelium

Wilms Tumor/nephroblastoma, NOS (8960) can arise anywhere in the kidney tissue. Wilms tumor typically appears in children between 2-5 years of age.
**Kidney Equivalent Terms, Definitions, Tables and Illustrations**

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

Table 1 - Renal cell carcinoma and specific renal cell types

*Table Instructions:* Use this table to identify specific renal cell carcinoma types. 
*Note:* Renal cell carcinoma, NOS (8312) is the non-specific term under which the specific renal cell carcinoma types are listed. This table is a complete listing of specific renal cell carcinoma types.

<table>
<thead>
<tr>
<th>Column 1: Code</th>
<th>Column 2: Specific Renal Cell Carcinoma Types</th>
</tr>
</thead>
<tbody>
<tr>
<td>8260</td>
<td>Papillary (Chromophil) *</td>
</tr>
<tr>
<td>8310</td>
<td>Clear Cell</td>
</tr>
<tr>
<td>8316</td>
<td>Cyst associated, cystic</td>
</tr>
<tr>
<td>8317</td>
<td>Chromophobe *</td>
</tr>
<tr>
<td>8318</td>
<td>Sarcomatoid (Spindle cell)</td>
</tr>
<tr>
<td>8319</td>
<td>Collecting duct type (Bellini duct)</td>
</tr>
<tr>
<td>8320</td>
<td>Granular cell</td>
</tr>
<tr>
<td>8510</td>
<td>Medullary carcinoma, NOS; medullary adenocarcinoma</td>
</tr>
<tr>
<td>8959</td>
<td>Malignant cystic nephroma; malignant multilocular cystic nephroma</td>
</tr>
</tbody>
</table>

*Note:* Chromophil and chromophobe are different histologies.
Kidney Equivalent Terms, Definitions, Tables and Illustrations

C649
(Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

Table 2 – Changes to Previous SEER Site Grouping Table

Previous to 2007, tumors in the sites below were abstracted as a single primary.

<table>
<thead>
<tr>
<th>Code</th>
<th>Site Grouping</th>
</tr>
</thead>
<tbody>
<tr>
<td>C64</td>
<td>Kidney</td>
</tr>
<tr>
<td>C65</td>
<td>Renal pelvis</td>
</tr>
<tr>
<td>C66</td>
<td>Ureter</td>
</tr>
<tr>
<td>C68</td>
<td>Other and unspecified urinary organs</td>
</tr>
</tbody>
</table>
Kidney Equivalent Terms, Definitions, Tables and Illustrations
C649
(Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

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