Other Sites Multiple Primary Rules – Text
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

UNKNOWN IF SINGLE OR MULTIPLE TUMORS

*Note: Tumor(s) not described as metastasis

**Rule M1** 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.

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

This is the end of instructions for Unknown if Single or Multiple Tumors.

**SINGLE TUMOR**

*Note 1: Tumor not described as metastasis
*Note 2: Includes combinations of in situ and invasive

**Rule M2** A *single tumor* is always a single primary. *

*Note: The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

This is the end of instructions for Single Tumor.

**MULTIPLE TUMORS**

Multiple tumors may be a single primary or multiple primaries.

*Note 1: Tumors not described as metastases
*Note 2: Includes combinations of in situ and invasive

**Rule M3** *Adenocarcinoma of the prostate* is always a single primary. *

*Note 1: Report only one adenocarcinoma of the prostate per patient per lifetime.
*Note 2: 95% of prostate malignancies are the common (acinar) adenocarcinoma histology (8140). See Equivalent Terms, Definitions and Tables for more information.
*Note 3: If patient has a previous acinar adenocarcinoma of the prostate in the database and is diagnosed with adenocarcinoma in 2007 it is a single primary.
Other Sites Multiple Primary Rules – Text
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemi

Rule M4  Retinoblastoma is always a single primary (unilateral or bilateral). *

Rule M5  Kaposi sarcoma (any site or sites) is always a single primary. *

Rule M6  Follicular and papillary tumors in the thyroid within 60 days of diagnosis are a single primary. *

Rule M7  Bilateral epithelial tumors (8000-8799) of the ovary within 60 days are a single primary. *

Rule M8  Tumors on both sides (right and left) of a site listed in Table 1 are multiple primaries. **

Note: Table 1 – Paired Organs and Sites with Laterality

Rule M9  Adenocarcinoma in adenomatous polyposis coli (familial polyposis) with one or more in situ or malignant polyps is a single primary.*

Note: Tumors may be present in a single or multiple segments of the colon, rectosigmoid, rectum.

Rule M10  Tumors diagnosed more than one (1) year apart are multiple primaries. **

Rule M11  Tumors with ICD-O-3 topography codes that are different at the second (Cxx) and/or third characters (Cxxx) are multiple primaries. **

Example 1: A tumor in the penis C609 and a tumor in the rectum C209 have different second characters in their ICD-O-3 topography codes, so they are multiple primaries.

Example 2: A tumor in the cervix C539 and a tumor in the vulva C519 have different third characters in their ICD-O-3 topography codes, so they are multiple primaries.

Rule M12  Tumors with ICD-O-3 topography codes that differ only at the fourth character (Cxxx) and are in any one of the following primary sites are multiple primaries. **

- Anus and anal canal (C21_)
- Bones, joints, and articular cartilage (C40_ - C41_)
- Peripheral nerves and autonomic nervous system (C47_)
- Connective subcutaneous and other soft tissues (C49_)
- Skin (C44_)
Other Sites Multiple Primary Rules – Text
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule M13  A frank in situ or malignant adenocarcinoma and an in situ or malignant tumor in a polyp are a single primary. *

Rule M14  Multiple in situ and/or malignant polyps are a single primary. *
Note: Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.

Rule M15  An invasive tumor following an in situ tumor more than 60 days after diagnosis is a multiple primary. **
Note 1: The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.
Note 2: Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

Rule M16  Abstract as a single primary* when one tumor is:
• Cancer/malignant neoplasm, NOS (8000) and another is a specific histology or
• Carcinoma, NOS (8010) and another is a specific carcinoma or
• Squamous cell carcinoma, NOS (8070) and another is specific squamous cell carcinoma or
• Adenocarcinoma, NOS (8140) and another is a specific adenocarcinoma or
• Melanoma, NOS (8720) and another is a specific melanoma
• Sarcoma, NOS (8800) and another is a specific sarcoma

Rule M17  Tumors with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxxy) number are multiple primaries. **

Rule M18  Tumors that do not meet any of the above criteria are a single primary. *
Note: When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

* 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.

This is the end of instructions for Multiple Tumors.