### 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.

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

**Rule M3** When no other urinary sites are involved, tumor(s) in the right renal pelvis AND tumor(s) in the left renal pelvis are multiple primaries. **  
*Note:* Use this rule and abstract as a multiple primary unless documented to be metastatic

**Rule M4** When no other urinary sites are involved, tumor(s) in both the right ureter AND tumor(s) in the left ureter are multiple primaries. **  
*Note:* Use this rule and abstract as a multiple primary unless documented to be metastatic
Renal Pelvis, Ureter, Bladder, and Other Urinary Multiple Primary Rules – Text
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule M5  An invasive tumor following a non-invasive or 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 M6  Bladder tumors with any combination of the following histologies: papillary carcinoma (8050), transitional cell carcinoma (8120-8124), or papillary transitional cell carcinoma (8130-8131), are a single primary.*

Rule M7  Tumors diagnosed more than three (3) years apart are multiple primaries. **

Rule M8  Urothelial tumors in two or more of the following sites are a single primary* (See Table 1)
- Renal pelvis (C659)
- Ureter (C669)
- Bladder (C670-C679)
- Urethra / prostatic urethra (C680)

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

Rule M10  Tumors in sites with ICD-O-3 topography codes with different second (Cx xx) and/or third characters (Cxx xy) are multiple primaries*

Rule M11  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.

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.