V.
Terms & Definitions – Multiple Primary and Histology Coding Rules
Head and Neck Terms and Definitions
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)

Guidelines for Head and Neck
The head and neck rules cover the following sites: Lip C000-C009, Oral Cavity C019-C069, Salivary Gland C079-C089, Tonsil C090-C099, Oropharynx C100-C109, Nasopharynx C110-C119, Pyriform Sinus C129, Hypopharynx C130-C139, Other and Ill-defined Sites in Lip, Oral cavity and Pharynx C140-C148, Nasal Cavity C300, Middle Ear C301, Accessory Sinuses C310-C319, and Larynx C320-C329.

Head and neck tumors frequently extend into adjacent anatomic sites, or overlap multiple contiguous sites. The workup for these tumors often includes physical examinations, imaging, scans, endoscopies, biopsies and surgical observations. Each of these diagnostic tools provides a unique view of the tumor. More than one anatomic location may be involved with tumor and reports may contain conflicting information regarding the primary site.

Coding the Primary Site
Code the site where the tumor originated; do not simply code the biopsy site.

When there are multiple biopsies and the primary site is not documented, or when there is discrepant information, code the primary site using the following priority order.

Priority Order
1. Tumor board
   a. Specialty
   b. General
2. Staging physician’s site assignment
   a. AJCC staging form
   b. TNM statement in medical record

If neither 1 nor 2 are available, the priority order for using information depends upon whether the patient had a surgical resection of the primary tumor.

3. Total (complete) resection of primary tumor
   Note: The primary tumor is completely removed. The surgical margins may be microscopically positive.
   a. Surgeon’s statement from operative report
   b. Final diagnosis from pathology report
4. No resection (biopsy only):
   
   Documentation from:
   a. Endoscopy (physical exam with scope)
   b. Radiation oncologist
   c. Diagnosing physician
   d. Primary care physician
   e. Other physician
   f. Radiologist impression from diagnostic imaging
   g. Physician statement based on physical exam (clinical impression)

When the point of origin cannot be determined, use a topography code for overlapping sites:

- C02.8 Overlapping lesion of tongue
- C08.8 Overlapping lesion of major salivary glands
- C14.8 Overlapping lesion of lip, oral cavity, and pharynx.

**Equivalent or Equal Terms**

- In situ, noninvasive, intraepithelial
- Squamous cell carcinoma, squamous cell epithelioma, epidermoid carcinoma
- Tumor, mass, lesion, neoplasm
- Contiguous, continuous

**Definitions**

**In Situ:** A tumor that is confined to the epithelium without penetration of the basement membrane

**Invasive:** A tumor that penetrates the basement membrane and involves at least the lamina propria

**Most invasive:** The tumor with the greatest continuous extension (see focal and foci definitions in the general instructions). The least to the greatest extension for mouth and oral cavity:

- epithelium
- lamina propria, submucosa (not found in gum and hard palate)
- muscularis propria (not found in gum and hard palate)
Table 1 – Paired Sites

*Table Instructions:* Use this table to determine multiple primary status for sites listed in Column 1.

<table>
<thead>
<tr>
<th>Column 1: Paired Sites</th>
<th>Column 2: Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parotid Glands</td>
<td>C079</td>
</tr>
<tr>
<td>Major Salivary Glands</td>
<td>C080; C081</td>
</tr>
<tr>
<td>Tonsils</td>
<td>C090; C091; C098, C099</td>
</tr>
<tr>
<td>Nasal Cavity</td>
<td>C300</td>
</tr>
<tr>
<td>Accessory Sinuses</td>
<td>C310; C312</td>
</tr>
<tr>
<td>Middle Ear</td>
<td>C301</td>
</tr>
</tbody>
</table>
Table 2 – Changes to Previous SEER Site Grouping Table

Previous to 2007, tumors in sites on the same row were abstracted as a single primary.

<table>
<thead>
<tr>
<th>Code</th>
<th>Site Groupings</th>
</tr>
</thead>
<tbody>
<tr>
<td>C01</td>
<td>Base of tongue</td>
</tr>
<tr>
<td>C02</td>
<td>Other and unspecified parts of tongue</td>
</tr>
<tr>
<td>C05</td>
<td>Palate</td>
</tr>
<tr>
<td>C06</td>
<td>Other and unspecified parts of mouth</td>
</tr>
<tr>
<td>C07</td>
<td>Parotid gland</td>
</tr>
<tr>
<td>C08</td>
<td>Other and unspecified major salivary glands</td>
</tr>
<tr>
<td>C09</td>
<td>Tonsil</td>
</tr>
<tr>
<td>C10</td>
<td>Oropharynx</td>
</tr>
<tr>
<td>C12</td>
<td>Pyriform sinus</td>
</tr>
<tr>
<td>C13</td>
<td>Hypopharynx</td>
</tr>
<tr>
<td>C30</td>
<td>Nasal cavity and middle ear</td>
</tr>
<tr>
<td>C31</td>
<td>Accessory sinuses</td>
</tr>
</tbody>
</table>
Chart 1 – Head and Neck Histology Groups and Specific types

Note: Greater than 85% of cancers in the Head and Neck are squamous cell carcinoma

Chart Instructions: Use this chart with the histology rules to code the most specific histologic term. The tree is arranged in descending order. Each branch is a histology group, starting with the NOS or group terms and descending into the specific types for that group. As you follow the branch down, the terms become more specific.
Head and Neck Terms and Definitions

Head and Neck Equivalent Terms, Definitions, Charts, Tables and Illustrations
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)
Head and Neck Terms and Definitions

Head and Neck Equivalent Terms, Definitions, Charts, Tables and Illustrations
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January 1, 2007
Head and Neck Terms and Definitions

Head and Neck Equivalent Terms, Definitions, Charts, Tables and Illustrations
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)

Larynx

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January 1, 2007
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Colon Equivalent Terms, Definitions and Illustrations  
C180-C189  
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Introduction  
*Note 1:* Rectum and rectosigmoid are covered by The Other Sites rules.  
*Note 2:* For the purpose of these rules, the words "exophytic" and "polypoid" are not synonymous with a polyp.

Use these rules only for cases with primary colon cancer.

Ninety-eight percent of colon cancers are adenocarcinoma. Ten to fifteen percent of these cases produce enough mucin to be categorized as mucinous/colloid.* Mixed histologies and specific types other than mucinous/colloid or signet ring cell are rare.

*ACS Clinical Oncology*

Equivalent or Equal Terms  
*Note:* For the purpose of these rules, the words “exophytic” and “polypoid” are not synonymous with a polyp.

- Familial polyposis, familial adenomatous polyposis, (FAP)
- Intramucosal, lateral extension
- Invasion through colon wall, extension through colon wall, transmural
- Low grade neuroendocrine carcinoma, carcinoid
- Most invasive, most extensive
- Mucin producing, mucin secreting
- Mucinous, colloid
- Polyp, adenoma
- Serosa, visceral peritoneum
- Tumor, mass, lesion, neoplasm
- Type, subtype, predominantly, with features of, major, or with ____differentiation.

Definitions

Adenocarcinoid (8245/3): A specific histology commonly found in the appendix.

Adenocarcinoma with mixed subtypes (8255): Rarely used for colon primaries (see introduction).

Adenocarcinoma, intestinal type (8144) is a form of stomach cancer. Do not use this code when the tumor arises in the colon.

Adenoma: A benign lesion composed of tubular or villous structures showing intraepithelial neoplasia (See definition of intraepithelial neoplasia).
Colon Terms and Definitions

Colon Equivalent Terms, Definitions and Illustrations  
C180-C189  
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

**Composite carcinoid** (8244): One tumor which contains both carcinoid and adenocarcinoma.

**Familial polyposis, familial adenomatous polyposis** (FAP), **adenocarcinoma in**: a condition characterized by the development of many adenomatous polyps, often seen in several members of the same family.

**Frank adenocarcinoma**: Adenocarcinoma arising from the colon wall (no evidence of a polyp)

**In Situ**: Noninvasive; intraepithelial; (adeno)carcinoma in a polyp or adenoma, noninvasive.

**Intestinal type adenocarcinoma** (8144) is a gastric histology term and is not listed in the WHO Histological Classification of Tumors of the Colon and Rectum.

**Intraepithelial neoplasia, high grade** may be either severe dysplasia or carcinoma in situ. Report cases of carcinoma in situ only.

**Intraepithelial neoplasia, low grade** is not a reportable condition. A person with intraepithelial neoplasia is at risk for developing invasive cancer.

**Intramucosal** tumors may be noninvasive or invasive. The term intramucosal may refer to the surface epithelium, the basement membrane, or the lamina propria.

**Invasive tumor**: A tumor that penetrates the basement membrane and invades the lamina propria.

**Most invasive**: The tumor with the greatest continuous extension through the wall of the colon. The layers of the colon wall in order of least to greatest extension:

- Mucosa (surface epithelium, lamina propria, basement membrane)
- Submucosa
- Muscularis propria
- Subserosa (pericolic fat, subserosal fat)
- Retroperitoneal fat (pericolic fat)
- Mesenteric fat (pericolic fat)
- Serosa (visceral peritoneum).
Colon Equivalent Terms, Definitions and Illustrations
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(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Mucinous/colloid adenocarcinoma (8480): An adenocarcinoma containing extra-cellular mucin comprising more than 50% of the tumor. Note that “mucin-producing” and “mucin-secreting” are not synonymous with mucinous.

Neuroendocrine carcinoma (8246): Neuroendocrine carcinoma is a group of carcinomas that include typical carcinoid tumor (8240), atypical carcinoid tumor (8249).

Pericolic fat: A general term for the fat surrounding the colon. Subserosal fat, retroperitoneal fat and mesenteric fat are pericolic fat.

Signet ring cell carcinoma (8490): An adenocarcinoma containing intra-cellular mucin comprising more than 50% of the tumor.

Transmural: Through the wall of the colon (the tumor has extended through the colon wall and may invade a regional organ or regional tissue.

Undifferentiated carcinoma (8020): A high grade malignancy lacking glandular structures or other specific features that can be used to better classify the tumor. Undifferentiated carcinoma is not a histologic type; it is a non-specific term.
Colon Equivalent Terms, Definitions and Illustrations
C180-C189
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Colonoscopy Measurements*

Hepatic flexure
Ascending 132-147
Cecum 150
Rectum 4-16
Rectosigmoid 15-17
Anus 0-4

Transverse 82-132
Sigmoid 17-57
Splenic flexure
Descending 57-82

*Figures are approximate only.
Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations
C340-C349
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Introduction
Use these rules only for cases with primary lung cancer.

Lung carcinomas may be broadly grouped into two categories, small cell and non-small cell carcinoma.
Frequently a patient may have two or more tumors in one lung and may have one or more tumors in the contralateral lung. The physician may biopsy only one of the tumors. Code the case as a single primary (See Rule M1, Note 2) unless one of the tumors is proven to be a different histology. It is irrelevant whether the other tumors are identified as cancer, primary tumors, or metastases.

Equivalent or Equal Terms
- Low grade neuroendocrine carcinoma, carcinoid
- Tumor, mass, lesion, neoplasm (for multiple primary and histology coding rules only)
- Type, subtype, predominantly, with features of, major, or with ___differentiation

Obsolete Terms for Small Cell Carcinoma (Terms that are no longer recognized)
- Intermediate cell carcinoma (8044)
- Mixed small cell/large cell carcinoma (8045) (Code is still used; however current accepted terminology is combined small cell carcinoma)
- Oat cell carcinoma (8042)
- Small cell anaplastic carcinoma (No ICD-O-3 code)
- Undifferentiated small cell carcinoma (No ICD-O-3 code)

Definitions

Adenocarcinoma with mixed subtypes (8255): A mixture of two or more of the subtypes of adenocarcinoma such as acinar, papillary, bronchoalveolar, or solid with mucin formation.

Adenosquamous carcinoma (8560): A single histology in a single tumor composed of both squamous cell carcinoma and adenocarcinoma.

Bilateral lung cancer: This phrase simply means that there is at least one malignancy in the right lung and at least one malignancy in the left lung. Do not base multiple primary decision on this phrase; bilateral does not mean this is a single primary. Use the multiple primary rules to decide whether to code bilateral lung cancers as a single or multiple primary.

Combined small cell carcinoma (8045): A small cell carcinoma that is combined with a non-small cell carcinoma. The combinations are small cell and adenocarcinoma, or squamous cell carcinoma, or large cell carcinoma.
Large cell carcinoma (8012): Large cell is a diagnosis that is used when the tumor is a non-small cell carcinoma that is undifferentiated. Because the tumor is undifferentiated, the pathologist cannot find glandular (adeno), or squamous differentiation.

Large cell neuroendocrine carcinoma (8013): A non-small cell carcinoma with neuroendocrine differentiation proven by immunohistochemical stain, currently classified as large cell carcinoma. These tumors require further study before being included as a separate category in a histologic classification.

Most invasive: The tumor with the greatest continuous extension.

Neuroendocrine carcinoma (8246): Neuroendocrine carcinoma is a group of carcinomas that include typical carcinoid tumor and small cell carcinoma. Code the specific histology when given. Code neuroendocrine carcinoma, NOS (8246) when no specific histology is documented.

Non-small cell carcinoma (8046): The term non-small cell is used two ways, as a group term describing all carcinomas that are not small cell; and as a default diagnosis when there isn’t enough tissue to classify the tumor beyond the exclusion of small cell.

Pancoast tumor: An anatomic designation (not a specific histology) for a lung cancer that starts in the upper lobe of the lung and extends outward to destroy the ribs and vertebrae. The tumor may compress or directly invade the brachial plexus (nerve bundles) of the neck, causing pain. Pancoast tumor may also be called superior sulcus tumor.

Pleomorphic carcinoma (8022): A poorly differentiated non-small cell carcinoma (squamous cell carcinoma, adenocarcinoma, or large cell carcinoma) containing spindle cells and/or giant cells or, a carcinoma containing only spindle cells and giant cells. These fall under the general category of sarcomatoid carcinoma.

Sarcomatoid carcinoma: A group of tumors that are non-small cell in type and contain spindle cells and/or giant cells. Depending on the histologic features the tumor may be designated: pleomorphic carcinoma (8022); spindle cell carcinoma (8032); giant cell carcinoma (8031), carcinosarcoma (8980); or pulmonary blastoma (8972)

Small cell carcinoma: Malignant epithelial tumor consisting of small cells. There are many types of lung cancer, but most can be categorized into one of two basic types, "small cell carcinoma" or “non-small cell carcinoma”

Undifferentiated carcinoma (8020): A high grade malignancy lacking glandular structures or other specific features that can be used to better classify the tumor. Undifferentiated carcinoma is used by pathologists when they believe the tumor is a carcinoma (not lymphoma, melanoma, or sarcoma) but they are not sure if the tumor is small cell or non-small cell.
Chart 1 – Lung Histology Groups and Specific Types

**Chart Instructions:** Use this chart with multiple primary rule M10 to identify types of non-small cell carcinoma. Use this chart with the histology rules to code the most specific histologic term. The tree is arranged in descending order. Each branch is a histology group, starting with the NOS or group terms and descending into the specific types for that group. As you follow the branch down, the terms become more specific.

- **Malignant neoplasm, NOS and Malignant tumor cells**
  - **(8000 and 8001)**
- **Carcinoma, NOS, Carcinoma, undifferentiated, NOS and Carcinoma, anaplastic, NOS**
  - **(8010, 8020 and 8021)**
- **Non-Small Cell CA**
  - **(8046)**
- **Sarcomatoid CA**
  - **(8033)**
- **Large Cell CA, NOS**
  - **(8012)**
- **Neuroendocrine CA, NOS**
  - **(8246)**
- **Carcinoid, NOS**
  - **(8240)**
  - **Combined Small Cell CA**
  - **(8045)**
  - **Small Cell CA, NOS**
  - **(8041)**
- **Atypical carcinoid**
  - **(8249)**
- **Fusiform cell CA**
  - **(8043)**
- **AdenoCA, NOS**
  - **(8140)**
- **Adenoid cystic CA**
  - **(8200)**
  - **Mucoepidermoid CA**
  - **(8430)**
- **Adenosquamous**
  - **(8560)**
- **Squamous Cell CA, NOS**
  - **(8070)**
- **Large cell neuroendocrine CA**
  - **(8013)**
  - **Large cell CA with rhabdoid phenotype**
  - **(8014)**
  - **Lymphoepithelioma like CA**
  - **(8082)**
  - **Basaloid CA**
  - **(8123)**
  - **Clear cell CA**
  - **(8310)**
- **Basaloid squamous cell CA**
  - **(8083)**
- **Papillary squamous cell CA**
  - **(8052)**
- **Squamous cell CA, clear cell type**
  - **(8084)**
- **Squamous cell CA, keratinizing, NOS**
  - **(8071)**
- **Squamous cell CA, large cell, nonkeratinizing, NOS**
  - **(8072)**
- **Squamous cell CA, small cell, nonkeratinizing, (8073)**
Chart 2 – Most Common Lung Histology Groups

*Chart Instructions:* Use this chart to identify the most common group terms and histology types.

*Note:* This chart is based on the *WHO Classification of Tumors* for tumors of the lung. The chart is **not** a complete listing of histologies that may occur in the lung.
# Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations

C340-C349

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

## Table 1 – Combination/Mixed Codes for Lung Histologies

*Table Instructions:* Use this table to select combination/mixed histology codes. Compare the terms in the diagnosis to the terms in columns 1 and 2. If the terms match, abstract the case using the ICD-O-3 histology code in column 4. Use the combination/mixed codes listed in this table only when the histologies in the tumor match the histologies listed below. Use the combination/mixed codes for a *single tumor* when all histologies are present in a single tumor.

*Note:* This table is not a complete listing of histologies that may occur in the lung.

<table>
<thead>
<tr>
<th>Column 1: Required Terms</th>
<th>Column 2: Additional Required Terms</th>
<th>Column 3: ICD-O-3 Term</th>
<th>Column 4: ICD-O-3 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giant cell carcinoma AND spindle cell carcinoma</td>
<td></td>
<td>Giant cell and spindle cell carcinoma</td>
<td>8030</td>
</tr>
<tr>
<td>Small cell carcinoma AND one of the histologies in Column 2</td>
<td>Adenocarcinoma</td>
<td>Combined small cell carcinoma</td>
<td>8045</td>
</tr>
<tr>
<td></td>
<td>Large cell carcinoma</td>
<td>Mixed small cell carcinoma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Squamous cell carcinoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Squamous cell carcinoma* AND large cell nonkeratinizing</td>
<td></td>
<td>Squamous cell carcinoma, large cell, nonkeratinizing</td>
<td>8072</td>
</tr>
<tr>
<td>Squamous cell carcinoma AND small cell nonkeratinizing</td>
<td></td>
<td>Squamous cell carcinoma, small cell, nonkeratinizing</td>
<td>8073</td>
</tr>
<tr>
<td>Squamous cell carcinoma* AND one of the histologies in Column 2</td>
<td>Spindle cell carcinoma</td>
<td>Squamous cell carcinoma, spindle cell</td>
<td>8074</td>
</tr>
<tr>
<td></td>
<td>Sarcomatoid</td>
<td>Squamous cell carcinoma, sarcomatoid</td>
<td></td>
</tr>
<tr>
<td>A combination of at least two of the histologies in Column 2**</td>
<td>Acinar</td>
<td>Adenocarcinoma with mixed subtypes**</td>
<td>8255**</td>
</tr>
<tr>
<td></td>
<td>Bronchioloalveolar carcinoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bronchioloalveolar carcinoma non mucinous (Clara cell/type II pneumocyte)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bronchioloalveolar carcinoma mucinous (goblet cell)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bronchioloalveolar carcinoma mixed mucinous and non-mucinous</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clear cell adenocarcinoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Papillary adenocarcinoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Solid adenocarcinoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Well-differentiated fetal adenocarcinoma</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations

**C340-C349**

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

<table>
<thead>
<tr>
<th>Column 1: Required Terms</th>
<th>Column 2: Additional Required Terms</th>
<th>Column 3: ICD-O-3 Term</th>
<th>Column 4: ICD-O-3 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adenocarcinoma AND squamous cell carcinoma <strong>Note: Diagnosis must be adenocarcinoma (NOS), not a subtype of adenocarcinoma</strong></td>
<td></td>
<td>Adenosquamous carcinoma</td>
<td>8560</td>
</tr>
<tr>
<td>Epithelial carcinoma AND myoepithelial carcinoma</td>
<td></td>
<td>Epithelial-myepithelial carcinoma</td>
<td>8562</td>
</tr>
</tbody>
</table>

* Squamous cell carcinoma and epidermoid carcinoma are synonyms.
** DO NOT USE code 8255 for adenocarcinoma combined with mucinous subtypes such as mucinous “colloid” adenocarcinoma (8480) mucinous cystadenocarcinoma (8470) or signet ring adenocarcinoma (8490).
Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations
C340-C349
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)
Lung Terms and Definitions

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Cutaneous Melanoma Equivalent Terms, Definitions and Illustrations
C440-C449 with Histology 8720-8780
(Excludes melanoma of any other site)

Introduction
Cutaneous melanoma starts in the melanocyte cells of the skin. Melanocytes lie in the epidermis, the outermost layer of the skin. Melanocytes often cluster together and form moles (nevi). Most moles are benign, but some may go on to become malignant melanomas.

Melanomas are divided into 5 main types, depending on their location, shape and whether they grow outward or downward into the dermis:
- **Acral melanoma:** occurs on the palms of the hand, soles of the feet, or nail beds
- **Desmoplastic melanoma:** is a rare malignant melanoma marked by non-pigmented lesions on sun-exposed areas of the body
- **Lentigo maligna:** usually occur on the faces of elderly people
- **Superficial spreading or flat melanoma:** grows outwards at first to form an irregular pattern on the skin with an uneven color
- **Nodular melanomas:** are lumpy and often blue-black in color and may grow faster and spread downwards

These types account for the majority of melanomas occurring in the US population. For a more complete listing of histologic types of melanoma, see the *AJCC Cancer Staging Manual, 6th Ed.*

Melanoma can also start in the mucous membranes of the mouth, anus and vagina, in the eye or other places in the body where melanocytes are found. This scheme is used only for melanomas that occur on the skin.

Equivalent or Equal Terms
- Tumor, mass, lesion, neoplasm
- Type, subtype, predominantly, with features of, major, or with ____differentiation.
- Giant pigmented nevus, giant congenital nevus
- Mole, Nevus
- Mixed epithelioid and spindle cell melanoma (8770): Epithelioid melanoma and spindle cell melanoma

Synonyms for In Situ
- Behavior code 2
- Clark level 1 (limited to the epithelium)
- Hutchinson freckle (See synonyms for Hutchinson freckle)
- Intraepidermal, NOS
- Intraepithelial, NOS
- Lentigo maligna
- Noninvasive
- Precancerous melanoma of Dubreuilh
- Stage 0
- Tis
Cutaneous Melanoma Equivalent Terms, Definitions and Illustrations
C440-C449 with Histology 8720-8780
(Excludes melanoma of any other site)

Synonyms for Hutchinson freckle
- Circumscribed precancerous melanosis
- Intraepidermal malignant melanoma
- Lentigo maligna
- Precancerous melanosis of Dubreuilh

Definitions

Amelanotic melanoma: A non-pigmented malignant melanoma.

Atypical melanocytic hyperplasia (dysplasia): Tumor-like lesion or condition may represent precursor stage or stage in development of melanoma. Not reportable.

Different lateralities: The right side of the body, the left side of the body and the midline are separate lateralities in the melanoma coding rules.

Evolving melanoma (borderline evolving melanoma): Evolving melanoma are tumors of uncertain biologic behavior. Histological changes of borderline evolving melanoma are too subtle for a definitive diagnosis of melanoma in situ. The tumors may be described as "proliferation of atypical melanocytes confined to epidermal and adnexal epithelium," "atypical intraepidermal melanocytic proliferation, "atypical intraepidermal melanocytic hyperplasia"; or "severe melanocytic dysplasia." Not reportable.

Familial Atypical Multiple Mole Melanoma Syndrome (FAMM, FAM-M): An inherited condition identified when:
- Melanoma has been diagnosed in a family member, including grandparents, aunts, uncles, and cousins
- Several family members have large numbers of moles (often more than 50) which may be abnormal or atypical moles.

Giant pigmented nevus: Diameter larger than 20 cm; frequently covers large areas of the body in a garment-like fashion. The trunk, head and neck are the most common sites.

Junctional nevus: Smooth, hairless, light to dark brown mole. Can be slightly elevated, usually multiple and can occur on any part of the body. Melanocytes are confined to the dermo-epidermal junction.

Hypodermis: A subcutaneous layer of loose connective tissue containing a varying number of fat cells.
Synonyms: subcutaneous fat; subcutis.
**Cutaneous Melanoma Equivalent Terms, Definitions and Illustrations**  
C440-C449 with Histology 8720-8780  
(Excludes melanoma of any other site)

**In-transit metastasis:** Metastasis found in the lymphatic channels more than 2cm away from the primary melanoma, but not reaching the regional lymph nodes.

**Invasive tumor:** A tumor that penetrates the basement membrane and invades the dermis.

**Laterality:** For skin sites, laterality divides the body into a right and left half as though a line were drawn from mid forehead to mid pelvis and from mid skull to mid buttocks. A midline laterality describes a tumor that is in the center of the “line” drawn from the mid forehead to mid pelvis or from the mid skull to the mid buttocks; it is impossible to categorize the tumor as being on the right or left side of the body.

**Lentigo maligna:** Is a specific histologic type of in situ melanoma. It appears as a brown or black mottled, irregular, lesion with increased numbers of scattered atypical melanocytes in the epidermis. It usually occurs on the face.

**Lentigo maligna melanoma:** Is an invasive melanoma that begins as lentigo maligna, but usually after many years the dermis is invaded by the tumor. Once invasion has occurred, the lesion is called lentigo maligna melanoma.

**Midline:** the middle dividing line that separates the body into right and left sides.

**Most invasive:** the histology that has the greatest extension into the dermis or subcutaneous fat.

**Non-invasive tumor:** A tumor confined to epithelium (intraepithelial), in situ tumor, with no penetration below the basement membrane.

**Precancerous melanosis:** An obsolete term for lentigo maligna.

**Proliferation of atypical melanocytes confined to epidermis:** Number of (proliferation) pigmented cells (melanocytes) not showing the normal cell structure (atypical). Not reportable.

**Regressing melanoma:** The term “regressing melanoma” does not refer to a specific histology; it refers to the physical appearance and size of the lesion. A regressing melanoma is reacting to the body’s immune system by shrinking in size. Partial spontaneous regression is not an uncommon finding in invasive primary melanoma; partial regression can be an indicator of poor prognosis. Proven complete regression is very rare; one website stated that only 33 cases of total regression have been reported. A regressive melanoma is usually thinner than it was originally. Although regression is a prognostic factor, the histologic type is more important for histology coding purposes. See Histology coding rules, Rule H5.

**Satellite lesion or metastasis:** Grossly evident metastatic skin lesion within the immediate vicinity (usually within 2 cm) of a primary malignant tumor; e.g., skin adjacent to primary malignant melanoma. This is a metastasis, not a separate primary.

**Severe melanotic dysplasia:** Tumor-like lesion or condition. Not reportable.
Skin Layers:

- Epidermis – upper surface, thin layer (outermost layer)
- Dermis – lower, intermediate thicker layer (intermediate layer)
- Hypodermis – also called subcutis or subcutaneous fat – lowest layer (innermost layer)
Cutaneous Melanoma Equivalent Terms, Definitions and Illustrations
C440-C449 with Histology 8720-8780
(Excludes melanoma of any other site)

Image from LUMEN - Loyola University Medical Education Network, used with permission.
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Equivalent or Equal Terms

- And, with (used in histology rules, i.e. duct and lobular is equivalent to duct with lobular)
- Duct, ductal
- Mammary, breast
- Mucinous, colloid
- NOS, NST
- Tumor, mass, lesion, neoplasm

Synonyms for “in situ”
- Behavior code ‘2’
- DCIS
- Intracystic
- Intraductal
- Noninfiltrating
- Noninvasive

Definitions

**Carcinoma with osteoclast-like giant cells (8035):** This is a specific type of duct carcinoma. The carcinomatous part of the lesion is most commonly an infiltrating duct carcinoma.

**Ductular carcinoma (8521):** A malignancy that is infrequently found in the breast and may be found with greater frequency in other organs such as pancreas or prostate. Code 8521 is seldom, if ever, applied to the breast. Although the ICD-O-3 suggests that 8521 is a site-associated code; the addition of (C50._) after this code may be misleading. The WHO Histological Classification of Tumours of the Breast does not list 8521, ductular carcinoma.

**Duct carcinoma, NOS (8500):** The largest group of breast cancers. Duct carcinoma, NOS is not a specific histologic type because it lacks specific features that can be used to better classify the tumor. See Table 1 and Table 2 for intraductal and duct types.
Inflammatory breast carcinoma (IBC): A breast cancer with a distinctive clinical presentation believed to be due to lymphatic obstruction from an underlying invasive adenocarcinoma. The vast majority of cases have a prominent dermal lymphatic infiltration by tumor. Dermal lymphatic infiltration without the characteristic clinical picture is insufficient to qualify as inflammatory carcinoma.

Intracystic carcinoma/Intracystic papillary carcinoma: Variant of intraductal carcinoma used to describe encysted forms of papillary carcinoma. Code intracystic carcinoma as in situ (/2) unless the histology is described as invasive intracystic carcinoma.

In Situ: A tumor that is confined to the duct system (ductular or lobular) and does not invade surrounding stroma.

Invasive: A tumor that penetrates beyond the ductal basement membrane into the adjacent stroma of the breast parenchyma.

Lobular Carcinoma: Lobular carcinoma includes solid and alveolar patterns. About 5 to 10% of breast cancers are lobular. There is about a 20% chance that the opposite breast will also be involved, and many of them arise multicentrically in the same breast.

Paget Disease: Paget disease of the nipple is a condition where the epidermis of the nipple is infiltrated with neoplastic cells. ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3). Under the matrix system, only if the Paget disease is explicitly specified as in situ or non-invasive by the pathologist, code the behavior in situ (/2).

Phyllodes tumor (cystosarcoma phyllodes): A rare tumor with incidence ranging from 0.3% to 0.9% of all breast cancers. These tumors have a natural history and clinical behavior different from carcinoma of the breast. Criteria to classify benign, borderline and malignant cystosarcoma phyllodes utilize histologic parameters such as cellular atypia, mitotic activity and tumor margins. The reported incidence of malignant cystosarcoma phyllodes is approximately 25% of all phyllodes tumors.

Pleomorphic carcinoma (8022): This is a specific duct carcinoma type; A rare variant of high grade ductal carcinoma, NOS.

Sarcoma of breast: Primary sarcomas of the breast are rare accounting for less than 0.1% of all malignant tumors of the breast. Diagnoses may include fibrosarcoma, angiosarcoma, pleomorphic sarcoma, leiomyosarcoma, myxofibrosarcoma, hemangio-pericytoma, and osteosarcoma (extra-osseous osteosarcoma of breast).

Scirrhous Carcinoma: An adenocarcinoma with a firm-hard nodule associated with a dense connective tissue in the stroma. Scirrhous carcinoma is descriptive term, not a specific type of ductal carcinoma.
**Breast Equivalent Terms, Definitions, Tables and Illustrations**

**C500-C509**

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

Table 1 – Intraductal(8500/2) and Specific Intraductal Carcinomas

*Note:* These are the most common specific intraductal carcinomas. This is not intended to be a complete list of all possible intraductal types. If a histology appears only on table 1, it does not mean that it is impossible for that histology to occur with a malignant behavior (/3).

<table>
<thead>
<tr>
<th>Column 1: Code</th>
<th>Column 2: Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>8201</td>
<td>Cribriform</td>
</tr>
<tr>
<td>8230</td>
<td>Solid</td>
</tr>
<tr>
<td>8401</td>
<td>Apocrine</td>
</tr>
<tr>
<td>8500</td>
<td>Intraductal, NOS</td>
</tr>
<tr>
<td>8501</td>
<td>Comedo</td>
</tr>
<tr>
<td>8503</td>
<td>Papillary</td>
</tr>
<tr>
<td>8504</td>
<td>Intracyctic carcinoma</td>
</tr>
<tr>
<td>8507</td>
<td>Micropapillary/Clinging</td>
</tr>
</tbody>
</table>

Table 2 – Duct (8500/3) and Specific Duct Carcinomas

*Note:* These are the most common specific duct carcinomas. This is not intended to be a complete list of all possible duct types. If a histology appears only on table 2, it does not mean that it is impossible for that histology to occur with an in situ behavior (/2).

<table>
<thead>
<tr>
<th>Column 1: Code</th>
<th>Column 2: Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>8022</td>
<td>Pleomorphic carcinoma</td>
</tr>
<tr>
<td>8035</td>
<td>Carcinoma with osteoclast-like giant cells</td>
</tr>
<tr>
<td>8500</td>
<td>Duct, NOS</td>
</tr>
<tr>
<td>8501</td>
<td>Comedocarcinoma</td>
</tr>
<tr>
<td>8502</td>
<td>Secretory carcinoma of breast</td>
</tr>
<tr>
<td>8503</td>
<td>Intracyctic papillary adenocarcinoma with invasion</td>
</tr>
<tr>
<td>8508</td>
<td>Cystic hypersecretory carcinoma</td>
</tr>
</tbody>
</table>
Table 3 – Combination Codes for Breast Cancers

Use this **two-page** table with rules H5, H6, H7, H8, H16, H17, H18, H19, H24, H25, H26 and H28 to select combination histology codes. Compare the terms in the diagnosis to the terms in Columns 1 and 2. If the terms match, code the case using the ICD-O-3 histology code in column 4. Use the combination codes listed in this table only when the histologies in the tumor match the histologies listed below.

<table>
<thead>
<tr>
<th>Column 1: Required Histology</th>
<th>Column 2: Combined with Histology</th>
<th>Column 3: Combination Term</th>
<th>Column 4: Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any combination excluding lobular and duct histologies from Tables 1 and 2</td>
<td>Other than ductal and lobular</td>
<td>Adenocarcinoma with mixed subtypes*</td>
<td>8255/3*</td>
</tr>
<tr>
<td>Intraductal carcinoma and</td>
<td>Lobular carcinoma in situ</td>
<td>Intraductal carcinoma and lobular carcinoma in situ</td>
<td>8522/2</td>
</tr>
<tr>
<td>Infiltrating duct and</td>
<td>Infiltrating lobular carcinoma</td>
<td>Infiltrating duct and lobular carcinoma</td>
<td>8522/3</td>
</tr>
<tr>
<td>Intraductal and two or more of the histologies in Column 2 OR two or more of the histologies in Column 2</td>
<td>Cribriform</td>
<td>Infiltrating duct mixed with other types of carcinoma</td>
<td>8523/2</td>
</tr>
<tr>
<td>Solid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apocrine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Papillary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Micropapillary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinging</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infiltrating duct and one or more of the histologies in Column 2</td>
<td>Tubular</td>
<td>Infiltrating duct mixed with other types of carcinoma</td>
<td>8523/3</td>
</tr>
<tr>
<td>Apocrine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mucinous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secretory carcinoma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intraductal papillary adenocarcinoma with invasion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intracystic carcinoma, NOS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medullary</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3 continues on the next page
<table>
<thead>
<tr>
<th>Column 1: Required Histology</th>
<th>Column 2: Combined with Histology</th>
<th>Column 3: Combination Term</th>
<th>Column 4: Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infiltrating lobular carcinoma and</td>
<td>Tubular</td>
<td>Infiltrating lobular mixed with other types of carcinoma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Apocrine</td>
<td>Note: Invasive carcinomas only. Do not use this code for in situ</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mucinous</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Secretory carcinoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intraductal papillary adenocarcinoma with invasion</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intraductal carcinoma, NOS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medullary</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Paget disease (NOS and invasive)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paget disease and</td>
<td>Infiltrating duct carcinoma (includes any specific duct type listed in Table 2)</td>
<td>Paget disease and infiltrating duct carcinoma</td>
<td>8541/3</td>
</tr>
<tr>
<td>Paget disease and</td>
<td>Intraductal carcinoma (includes any specific intraductal type in Table 1)</td>
<td>Paget disease and intraductal carcinoma</td>
<td>8543/3</td>
</tr>
</tbody>
</table>

*Rarely used for breast cancer*
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.
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>Code</th>
<th>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 Terms and Definitions

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>

January 1, 2007
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Renal Pelvis, Ureter, Bladder, and Other Urinary

The renal pelvis, ureters, bladder and proximal portion of the urethra are lined by transitional epithelium, also known as urothelium. Tumors of the urothelium are more often multifocal compared to other sites. Two mechanisms have been proposed to explain this phenomenon: 1) a “field effect” and 2) tumor cell implantation.

1. The field effect theory suggests that the urothelium has undergone a widespread change, perhaps in response to a carcinogen, making it more sensitive to malignant transformations. As a result, multiple tumors arise more easily.

2. The implantation theory suggests that tumor cells in one location lose their attachments and float in the urine until they attach (implant) on another site. Transitional cell tumors commonly spread in a head-to-toe direction, for example from the renal pelvis to the ureter.

Molecular evidence has been found to support both of these theories, but neither has been proven to be the case for all tumors. Similarly, the widespread presence of flat carcinoma in situ may be a result of direct spread of neoplastic cells within the epithelium, direct extension, or due to implantation or field effect. The rules regarding histology and number of primaries are an attempt to reconcile these observations so that incidence data are consistent and reproducible.

Bladder

In the United States, transitional cell carcinomas account for more than 90% of all bladder cancers. Squamous cell carcinomas make up 3-8%, and adenocarcinomas make up about 1-2%. Pure squamous cell carcinoma of the bladder has a poor prognosis. See histology coding rules H5 and H13 for coding instructions.

Equivalent or Equal Terms

- Flat transitional cell, flat urothelial
- In situ transitional cell carcinoma, in situ urothelial carcinoma
- Tumor, mass, lesion, neoplasm
- Urothelial and transitional
- Urothelium and transitional epithelium
- Intramucosal and in situ
- Papillary transitional cell carcinoma, papillary urothelial carcinoma

Definitions

Contiguous Sites:

- Renal pelvis
- Ureter
- Bladder
- Urethra/prostatic urethra

Field effect: Widespread changes in normal or relatively normal tissue that predispose a person to cancer
Flat Tumor (bladder)/Noninvasive flat TCC: A flat tumor is a non-papillary bladder tumor that lies flat against the bladder tissue. Flat tumors usually have a poor prognosis. Noninvasive flat TCC (also called carcinoma in situ, or CIS) grows in the layer of cells closest to the inside of the bladder and appears as flat lesions on the inside surface of the bladder. Flat, invasive TCC may invade the deeper layers of the bladder, particularly the muscle layer.

*Note 1:* Flat tumors may have foci or focus of invasion. This definition is for those flat tumors described as being carcinoma in situ, CIS, or non-invasive.

*Note 2:* Flat tumors could be called in situ or non-invasive. If the term “non-invasive” is used to describe flat carcinoma, be aware that for staging this would be an in situ carcinoma.

**In situ:** A tumor confined to epithelium (intraepithelial) with no penetration below the basement membrane.

**Intraluminal (Ureter):** Within the lumen of a tubular or hollow structure. Urinary tumors may spread intraluminally to adjacent urinary organs.

**Intramucosal:** Within the mucosal surface.

**Invasive:** A tumor that penetrates beyond the basement membrane.

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

**Bladder**
- The walls of the bladder in order from least to greatest extension are:
  - Mucosa
  - Lamina propria (some pathologists equate this to submucosa)
  - Muscularis mucosae (this layer not always present, may not be mentioned)
  - Submucosa
  - Muscular layer (muscularis propria, detrusor muscle)
  - Serosa, adventitia

**Renal pelvis and ureter**
- The walls of the renal pelvis and ureter from least to greatest extension are:
  - Epithelium
  - Subepithelial connective tissue, submucosa
  - Muscularis mucosa
  - Adventitia, perireteric fat, peripelvic fat

**Multicentric, multifocal, and polycentric are often used as synonyms.** The tumor has multiple centers. The foci are not contiguous.

**Non-invasive tumor:** A tumor confined to epithelium (intraepithelial) with no penetration below the basement membrane.
Renal Pelvis, Ureter, Bladder, and Other Urinary Equivalent Terms, Definitions, Tables and Illustrations
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Papillary tumor: A papillary bladder, ureter, or renal pelvis tumor is a warty growth that is attached to the wall by a stalk.

Papillary and Flat Carcinomas: Urothelial carcinomas may be either flat or papillary. The terms papillary and flat describe the structure or architecture of the tumor, not a specific histologic type. Both are transitional cell/urothelial carcinoma, although there are behavioral differences between the two.

Prostatic Urethra: Adenocarcinoma of the prostatic urethra is usually an extension of adenocarcinoma of the prostate. Transitional cell/urothelial carcinoma in the prostatic urethra may be an extension from the bladder or may be primary in the prostatic urethra.

Satellite lesion or metastasis: Metastatic lesion within the immediate vicinity of the primary tumor.

Transitional cell carcinoma usually begins in the renal pelvis, not in the kidney. The cancer cells are different from renal cell carcinoma.

Transitional epithelium: A highly expandable epithelium that has a layered appearance with large cube-shaped cells in the relaxed state that transform and stretch into broad and flat cells in the expanded or distended state.

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

Urothelium: The transitional epithelium lining the wall of the bladder, ureter, and renal pelvis, external to the basement membrane.
Table 1 – Urothelial Tumors

*Note:* Excludes pure squamous carcinoma, glandular (adenocarcinoma), or other bladder tumor histologies.

<table>
<thead>
<tr>
<th>Urothelial/Transitional Cell Tumors</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>With squamous differentiation</td>
<td>8120</td>
</tr>
<tr>
<td>With glandular differentiation</td>
<td></td>
</tr>
<tr>
<td>With trophoblastic differentiation</td>
<td></td>
</tr>
<tr>
<td>Nested</td>
<td></td>
</tr>
<tr>
<td>Micocystic</td>
<td></td>
</tr>
<tr>
<td>Transitional cell, NOS</td>
<td></td>
</tr>
<tr>
<td>Papillary carcinoma</td>
<td>8130</td>
</tr>
<tr>
<td>Papillary transitional cell</td>
<td></td>
</tr>
<tr>
<td>Micropapillary</td>
<td>8131</td>
</tr>
<tr>
<td>Lymphoepithelioma-like</td>
<td>8082</td>
</tr>
<tr>
<td>Plasmacytoid</td>
<td></td>
</tr>
<tr>
<td>Sarcomatoid</td>
<td>8122</td>
</tr>
<tr>
<td>Giant cell</td>
<td>8031</td>
</tr>
<tr>
<td>Undifferentiated</td>
<td>8020</td>
</tr>
</tbody>
</table>

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>
Renal Pelvis, Ureter, Bladder, and Other Urinary Equivalent Terms, Definitions, Tables and Illustrations
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

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Renal Pelvis, Ureter, Bladder, and Other Urinary Equivalent Terms, Definitions, Tables and Illustrations
C659, C669, C670-C679, C680-C689
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Renal Pelvis, Ureter, Bladder, and Other Urinary Equivalent Terms, Definitions, Tables and Illustrations
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Source: TNM Atlas, 3rd edition, 2nd revision
Benign and Borderline Intracranial and CNS Tumors
Equivalent Terms, Definitions, Charts and Illustrations
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

Note: Malignant intracranial and CNS tumors have a separate set of rules.

Do not change the behavior code when during the lifetime of the patient when a tumor(s) progresses from a benign /0 to an uncertain whether benign or malignant /1 behavior.

These rules apply to tumors that occur within the cranial vault or within the spinal canal (reportable)

Note: Non-malignant peripheral nerve tumors are not reportable

Equivalent or Equal Terms (Terms that can be used interchangeably)

- Tumor, mass, lesion, neoplasm
- Type, subtype, variant

Definitions

Benign: ICD-O-3 behavior code of /0.

Borderline: ICD-O-3 behavior code of /1.

Cerebellum: The part of the brain below the back of the cerebrum. It regulates balance, posture, movement, and muscle coordination.

Corpus Callosum: A large bundle of nerve fibers that connect the left and right cerebral hemispheres. In the lateral section, it looks a bit like a "C" on its side.

Different lateralities: The right side of a site and the left side of a site are different lateralities.

Frontal Lobe of the Cerebrum: The top, front region of each of the cerebral hemispheres. Used for reasoning, emotions, judgment, and voluntary movement.

Infratentorial: Tumors located in the posterior fossa, cerebellum, or fourth ventricle.

Invasive: ICD-O-3 behavior code of /3.

Medulla Oblongata: The lowest section of the brainstem (at the top end of the spinal cord). It controls automatic functions including heartbeat, breathing, etc.
Meninges: The three membranes that cover the brain and spinal cord. The outside layer is the dura mater and is the most resilient. The center layer is the arachnoid membrane. The thin innermost layer is the pia mater.

Mesencephalon: The region of the brainstem located above the pons.

Nerve sheath: A protective covering around nerves.

Occipital Lobe of the Cerebrum: The region at the back of each cerebral hemisphere that contains the centers of vision and reading ability (located at the back of the head).

Parietal Lobe of the Cerebrum: The middle lobe of each cerebral hemisphere between the frontal and occipital lobes. It contains important sensory centers (located at the upper rear of the head).

Pituitary Gland: A gland attached to the base of the brain that secretes hormones. It is located between the Pons and the Corpus Callosum, above the Medulla Oblongata. Synonym: Hypophysis.

Pons: The region of the brainstem located below the mesencephalon and above the medulla oblongata.

Progression of disease: For the purposes of these rules, progression is defined as a change to a more aggressive behavior (Example: a change from /0 to /1).

Spinal Cord: A thick bundle of nerve fibers that runs from the base of the brain to the hip area, running through the spine (vertebrae).

Supratentorial: Tumors located in the sellar or suprasellar region or in other areas of the cerebrum.

Temporal Lobe of the Cerebrum: The region at the lower side of each cerebral hemisphere; contains centers of hearing and memory (located at the sides of the head).

Timing: The amount of time between the original and subsequent tumors is not used to determine multiple primaries because the natural biology of non-malignant tumors is that of expansive, localized growth.

Transformation: The histology of a disease process may change over time.

Revised April 30, 2008
Table 1 – Paired Sites

*Table Instructions:* Use this table to identify paired sites (Rule M5).

<table>
<thead>
<tr>
<th>Column 1: Paired Sites</th>
<th>Column 2: Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerebral meninges, NOS</td>
<td>C700</td>
</tr>
<tr>
<td>Cerebrum</td>
<td>C710</td>
</tr>
<tr>
<td>Frontal lobe</td>
<td>C711</td>
</tr>
<tr>
<td>Temporal lobe</td>
<td>C712</td>
</tr>
<tr>
<td>Parietal lobe</td>
<td>C713</td>
</tr>
<tr>
<td>Occipital lobe</td>
<td>C714</td>
</tr>
<tr>
<td>Olfactory nerve</td>
<td>C722</td>
</tr>
<tr>
<td>Optic nerve</td>
<td>C723</td>
</tr>
<tr>
<td>Acoustic nerve</td>
<td>C724</td>
</tr>
<tr>
<td>Cranial nerve</td>
<td>C725</td>
</tr>
</tbody>
</table>
Chart 1: Benign and Borderline Intracranial and CNS Tumors

*Note:* This chart is based on the *WHO Classification of Tumors* of the Benign Brain. Use this chart to determine multiple primaries and to code histology as instructed in the coding rules.
Benign and Borderline Intracranial and CNS Tumors
Equivalent Terms, Definitions, Charts and Illustrations
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

www.gender.org.uk/about/07neur/74_brain.htm

Revised April 30, 2008
Meninges

URL: www.cardioliving.com/consumer/Stroke/Hemorrhagic_Stroke.sht 7/18/03

Revised April 30, 2008
There are two types of cells that make up the nervous system: neurons and neuroglia. Neurons send and receive nerve messages. Neuroglia, otherwise known as glial cells, often surround the neurons. Glial cells play a supportive role by nourishing, protecting and supporting neurons. There are six kinds of glial cells: oligodendrocytes, astrocytes, ependymal cells, Schwann cells, microglia, and satellite cells.

It is important to know that any of the glial tumors (Chart 1) can recur as a glioblastoma or glioblastoma multiforme.

**Equivalent or Equal Terms (Terms that can be used interchangeably)**
- Tumor, mass, lesion, neoplasm
- Type, subtype, variant

**Definitions**

**Anaplastic Ependymomas (9392)** are ependymal tumors that do not look like normal cells and grow more quickly than well-differentiated ependymal tumors

**Astrocytoma**: A tumor that begins in the brain or spinal cord in small, star-shaped cells called astrocytes. “Astrocytoma” is a term that applies to a group of neoplasms that can be divided into the following clinical-pathological components: Diffuse astrocytomas, anaplastic astrocytomas (grade III), and glioblastoma multiforme (grade IV).

**Cerebellum**: The part of the brain below the back of the cerebrum. It regulates balance, posture, movement, and muscle coordination.

**Corpus Callosum**: A large bundle of nerve fibers that connect the left and right cerebral hemispheres. In the lateral section, it looks a bit like a "C" on its side.

**Ependymoblastoma (9302)** is an embryonal tumor

**Ependymoma**: A glioma derived from relatively undifferentiated ependymal cells, comprising approximately 1–3% of all intracranial neoplasms. Ependymomas occur in all age groups and may originate from the lining of any of the ventricles or, more commonly, from the central canal of the spinal cord. Histologically, the neoplastic cells tend to be arranged radially around blood vessels, to which they are attached by means of fibrillary processes.

**Frontal Lobe of the Cerebrum**: The top, front region of each of the cerebral hemispheres. Used for reasoning, emotions, judgment, and voluntary movement.
Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland

Equivalent Terms, Definitions, Charts and Illustrations

C700, C701, C709, C710-C719, C720-725, C728, C729, C751-C753
(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)

Glioblastoma: A malignant rapidly growing Astrocytoma of the central nervous system. These neoplasms grow rapidly, invade extensively, and occur most frequently in the cerebrum of adults. Any glial tumor can recur as a glioblastoma or a glioblastoma multiforme (see Chart 1).

Glioma: Any neoplasm derived from one of the various types of cells that form the interstitial tissue of the brain, spinal cord, pineal gland, posterior pituitary gland, and retina. About half of all primary brain tumors and one-fifth of all primary spinal cord tumors form from glial cells. Gliomas tend to grow in the cerebral hemispheres, but may also occur in the brain stem, optic nerves, spinal cord, and cerebellum. Gliomas are divided into subgroups depending on the origin of the glial cells. The most common type of glioma is an astrocytoma.

Infratentorial: Tumors located in the posterior fossa, cerebellum, or fourth ventricle.

Medulla Oblongata: The lowest section of the brainstem (at the top end of the spinal cord). It controls automatic functions including heartbeat, breathing, etc.

Medulloblastoma: A tumor consisting of neoplastic cells that resemble the undifferentiated cells of the primitive medullary tube; medulloblastomas are usually located in the vermis of the cerebellum, and may be implanted discretely or coalescently on the surfaces of the cerebellum, brainstem, and spinal cord. They comprise approximately 3% of all intracranial neoplasms, and occur most frequently in children. A type of primitive neuroectodermal tumor.

Mixed glioma: The presence of at least two of the following cells/differentiation in a single tumor: astrocytic; oligodendroglial; ependymal

Occipital Lobe of the Cerebrum - the region at the back of each cerebral hemisphere that contains the centers of vision and reading ability (located at the back of the head).

Oligodendroglioma: A relatively rare, relatively slowly growing glioma derived from oligodendrocytes that occurs most frequently in the cerebrum of adults

Parietal Lobe of the Cerebrum: The middle lobe of each cerebral hemisphere between the frontal and occipital lobes. It contains important sensory centers (located at the upper rear of the head).

Pituitary Gland: A gland attached to the base of the brain that secretes hormones. It is located between the Pons and the Corpus Callosum, above the Medulla Oblongata. Synonym: Hypophysis.
Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland
Equivalent Terms, Definitions, Charts and Illustrations
C700, C701, C709, C710-C719, C720-725, C728, C729, C751-C753
(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)

PNET (Primitive Neuroectodermal Tumor): A group of malignant central nervous system tumors that includes medulloblastoma, pineoblastoma, ependymoblastoma, retinoblastoma, neuroblastoma, esthesioneuroblastoma, medulloepithelioma and ganglioneuroblastoma. Tumors are composed of primitive, undifferentiated embryonal cell lines and frequently classified according to anatomic location. Also known as central PNET or supratentorial PNET, depending on location of the tumor.

pPNET (peripheral Primitive Neuroectodermal Tumor): These tumors usually occur in the soft tissues of the chest, pelvis, and retroperitoneum and are rarely intracranial. There is known clinical and histological association between pPNET and both extraosseous Ewing sarcoma and peripheral neuroblastoma. Peripheral PNET is clinically and pathologically distinct from central PNET.

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

Spinal Cord - a thick bundle of nerve fibers that runs from the base of the brain to the hip area, running through the spine (vertebrae).

Supratentorial: Tumors located in the sellar or suprasellar region or in other areas of the cerebrum.

Temporal Lobe of the Cerebrum: The region at the lower side of each cerebral hemisphere; contains centers of hearing and memory (located at the sides of the head).
Chart 1 – Neuroepithelial Malignant Brain and Central Nervous System Tumors

Note: This chart is based on the WHO Classification of Tumors of the brain and central nervous system. The chart is not a complete listing of histologies that may occur in the brain or central nervous system.

Chart Instructions: Use this chart to code histology. The tree is arranged in descending order. Each branch is a histology group, starting at the top with the least specific terms and descending into more specific terms.

Key: The ovals (○) represent group terms.
Chart 2 – Non-neuroepithelial Malignant Brain and Central Nervous System Tumors

Chart Instructions: Use this chart to code histology. The tree is arranged in descending order. Each branch is a histology group, starting at the top with the least specific terms and descending into more specific terms.

Note: Chart 2 is based on the WHO Classification of Tumors of the brain and central nervous system. This chart is not a complete listing of histologies that may occur in the brain or central nervous system.

Non-Neuroepithelial

Peripheral Nerve
- Malignant peripheral nerve sheath tumor (9540)
- Malignant peripheral nerve sheath tumor with rhabdomyoblastic differentiation (MPNST) (9561)
- Neurilemoma, malignant (9560)
- Perineurioma, malignant (9571)

Germ Cell Tumors
- Choriocarcinoma (9100)
- Embryonal carcinoma (9070)
- Germinoma (9064)
- Immature teratoma (9080)
- Mixed germ cell tumor (9085)
- Teratoma with malignant transformation (9084)
- Yolk sac tumor (9071)

Meningioma, malignant
- Meningeal sarcomatosis (9539)
- Papillary meningioma, rhabdoid meningioma (9538)
Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland
Equivalent Terms, Definitions, Charts and Illustrations
C700, C701, C709, C710-C719, C720-725, C728, C729, C751-C753
(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)

www.gender.org.uk/about/07neur/74_brain.htm

Revised November 1, 2007
Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland
Equivalent Terms, Definitions, Charts and Illustrations
C700, C701, C709, C710-C719, C720-725, C728, C729, C751-C753
(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)

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

Equivalent Terms, Definitions, Charts and Illustrations

C700, C701, C709, C710-C719, C720-725, C728, C729, C751-C753

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

The Other Sites rules cover rectosigmoid, rectum and all sites not included in the site-specific rules.

EQUIVALENT TERMS

Acinar adenocarcinoma, adenocarcinoma (For prostate primaries only)
Adenocarcinoma, glandular carcinoma

DEFINITIONS

**Acinar adenocarcinoma of the prostate:** The prostate gland is sponge-like consisting primarily of acini or very tiny sacs that produce the fluids for ejaculation. Acinar adenocarcinoma is not a specific histologic type. The term acinar refers to the fact that the adenocarcinoma originates in the prostatic acini. 95% of all prostate cancers are (acinar) adenocarcinoma.

**Adenoacanthoma:** Adenocarcinoma with squamous metaplasia.

**Parametrium:** The connective tissue of the pelvic floor extending from the fibrous subserous coat of the supracervical portion of the uterus laterally between the layers of the broad ligament.

**Uterine adnexa:** The appendages of the uterus, namely the ovaries, fallopian tubes, and ligaments that hold the uterus in place.
### Other Sites Terms and Definitions

#### Other Sites Equivalent Terms, Definitions and Tables
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

#### Table 1 – Paired Organs and Sites with Laterality

*Note:* This table only includes anatomic sites covered by the Other Sites Rules.

<table>
<thead>
<tr>
<th>Site Code</th>
<th>Site or Subsite</th>
</tr>
</thead>
<tbody>
<tr>
<td>C384</td>
<td>Pleura</td>
</tr>
<tr>
<td>C400</td>
<td>Long bones of upper limb, scapula, and associated joints</td>
</tr>
<tr>
<td>C401</td>
<td>Short bones of upper limb and associated joints</td>
</tr>
<tr>
<td>C402</td>
<td>Long bones of lower limb and associated joints</td>
</tr>
<tr>
<td>C403</td>
<td>Short bones of lower limb and associated joints</td>
</tr>
<tr>
<td>C413</td>
<td>Rib, clavicle (excluding sternum)</td>
</tr>
<tr>
<td>C414</td>
<td>Pelvic bones (excluding sacrum, coccyx, symphysis pubis)</td>
</tr>
<tr>
<td>C441</td>
<td>Skin of the eyelid</td>
</tr>
<tr>
<td>C442</td>
<td>Skin of the external ear</td>
</tr>
<tr>
<td>C443</td>
<td>Skin of other and unspecific parts of the face (if midline, assign code 9)</td>
</tr>
<tr>
<td>C445</td>
<td>Skin of the trunk (if midline, assign code 9)</td>
</tr>
<tr>
<td>C446</td>
<td>Skin of upper limb and shoulder</td>
</tr>
<tr>
<td>C447</td>
<td>Skin of the lower limb and hip</td>
</tr>
<tr>
<td>C471</td>
<td>Peripheral nerves and autonomic nervous system of upper limb and shoulder</td>
</tr>
<tr>
<td>C472</td>
<td>Peripheral nerves and autonomic nervous system of the lower limb and hip</td>
</tr>
<tr>
<td>C491</td>
<td>Connective, subcutaneous, and other soft tissues of upper limb and shoulder</td>
</tr>
<tr>
<td>C492</td>
<td>Connective, subcutaneous, and other soft tissues of the lower limb and hip</td>
</tr>
<tr>
<td>C569</td>
<td>Ovary</td>
</tr>
<tr>
<td>C570</td>
<td>Fallopian tube</td>
</tr>
<tr>
<td>C620-C629</td>
<td>Testis</td>
</tr>
<tr>
<td>C630</td>
<td>Epididymis</td>
</tr>
<tr>
<td>C631</td>
<td>Spermatic cord</td>
</tr>
<tr>
<td>C690-C699</td>
<td>Eye and adnexa</td>
</tr>
<tr>
<td>C740-C749</td>
<td>Adrenal gland</td>
</tr>
<tr>
<td>C754</td>
<td>Carotid body</td>
</tr>
</tbody>
</table>

Revised November 1, 2007
Table 2 – Mixed and Combination Codes
This table is used to determine mixed and combination codes ONLY

Apply the multiple primary rules FIRST. Combination codes are most often used when multiple histologies are present in a single tumor; they are rarely used for multiple tumors. Use a combination code for multiple tumors ONLY when the tumors meet the rules for a single primary.

Use this two-page table to select combination histology codes. Compare the terms in the diagnosis to the terms in Columns 1 and 2. If the terms match, code the case using the ICD-O-3 histology code in column 4. Use the combination codes listed in this table only when the histologies in the tumor match the histologies listed below.

<table>
<thead>
<tr>
<th>Column 1: Required Histology</th>
<th>Column 2: Combined with Histology</th>
<th>Column 3: Combination Term</th>
<th>Column 4: Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small cell carcinoma</td>
<td>Large cell carcinoma</td>
<td>Combined small cell carcinoma</td>
<td>8045</td>
</tr>
<tr>
<td></td>
<td>Adenocarcinoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Squamous cell carcinoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Squamous carcinoma</td>
<td>Basal cell carcinoma</td>
<td>Basosquamous carcinoma</td>
<td>8094</td>
</tr>
<tr>
<td>Islet cell</td>
<td>Exocrine</td>
<td>Mixed islet cell and exocrine adenocarcinoma (pancreas)</td>
<td>8154</td>
</tr>
<tr>
<td>Acinar</td>
<td>Endocrine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatocellular carcinoma</td>
<td>Cholangiocarcinoma</td>
<td>Combined hepatocellular carcinoma and cholangiocarcinoma</td>
<td>8180</td>
</tr>
<tr>
<td>Adenocarcinoma</td>
<td>Carcinoi d</td>
<td>Composite carcinoid</td>
<td>8244</td>
</tr>
<tr>
<td>Adenocarcinoma and two or more of the histologies from column 2 OR two or more of the histologies from column 2</td>
<td>Papillary</td>
<td>Adenocarcinoma with mixed subtypes</td>
<td>8255</td>
</tr>
<tr>
<td></td>
<td>Clear cell</td>
<td>Adenocarcinoma combined with other types of carcinoma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mucinous (colloid)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Signet ring</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acinar</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2 continues on the next page
### Other Sites Terms and Definitions

**Other Sites Equivalent Terms, Definitions and Tables**

Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

<table>
<thead>
<tr>
<th>Column 1: Required Histology</th>
<th>Column 2: Combined with Histology</th>
<th>Column 3: Combination Term</th>
<th>Column 4: Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Table 2 continued</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gyn malignancies with two or more of the histologies in column 2</td>
<td>Clear cell Endometroid Mucinous Papillary Serous Squamous Transitional (Brenner)</td>
<td>Mixed cell adenocarcinoma</td>
<td>8323</td>
</tr>
<tr>
<td>Papillary and Follicular</td>
<td></td>
<td>Papillary carcinoma, follicular variant</td>
<td>8340</td>
</tr>
<tr>
<td>Medullary</td>
<td>Follicular</td>
<td>Mixed medullary-follicular carcinoma</td>
<td>8346</td>
</tr>
<tr>
<td>Medullary</td>
<td>Papillary</td>
<td>Mixed medullary-papillary carcinoma</td>
<td>8347</td>
</tr>
<tr>
<td>Squamous carcinoma and Adenocarcinoma</td>
<td></td>
<td>Adenosquamous carcinoma</td>
<td>8560</td>
</tr>
<tr>
<td>Any combination of histologies in Column 2</td>
<td>Myxoid Round cell Pleomorphic</td>
<td>Mixed liposarcoma</td>
<td>8855</td>
</tr>
<tr>
<td>Embryonal rhabdomyosarcoma</td>
<td>Alveolar rhabdomyosarcoma</td>
<td>Mixed type rhabdomyosarcoma</td>
<td>8902</td>
</tr>
<tr>
<td>Teratoma</td>
<td>Embryonal carcinoma</td>
<td>Teratocarcinoma</td>
<td>9081</td>
</tr>
<tr>
<td>Teratoma and one or more of the histologies in Column 2</td>
<td>Seminoma Yolk sac tumor</td>
<td>Mixed germ cell tumor</td>
<td>9085</td>
</tr>
<tr>
<td>Choriocarcinoma</td>
<td>Teratoma Seminoma Embryonal</td>
<td>Choriocarcinoma combined with other germ cell elements</td>
<td>9101</td>
</tr>
</tbody>
</table>

Revised November 1, 2007
Other Sites Equivalent Terms, Definitions and Tables
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Table 3 – Changes to Previous SEER Site Grouping Table

Previous to 2007, tumors in sites on the same row were abstracted as a single primary.

<table>
<thead>
<tr>
<th>Code</th>
<th>Site Groupings</th>
</tr>
</thead>
<tbody>
<tr>
<td>C23</td>
<td>Gallbladder</td>
</tr>
<tr>
<td>C24</td>
<td>Other and unspecified parts of the biliary tract</td>
</tr>
<tr>
<td>C37</td>
<td>Thymus</td>
</tr>
<tr>
<td>C380</td>
<td>Heart</td>
</tr>
<tr>
<td>C381-3</td>
<td>Mediastinum</td>
</tr>
<tr>
<td>C388</td>
<td>Overlapping lesion of heart, mediastinum, and pleura</td>
</tr>
<tr>
<td>C51</td>
<td>Vulva</td>
</tr>
<tr>
<td>C52</td>
<td>Vagina</td>
</tr>
<tr>
<td>C577</td>
<td>Other specified female genital organs</td>
</tr>
<tr>
<td>C578-9</td>
<td>Unspecified female genital organs</td>
</tr>
<tr>
<td>C569</td>
<td>Ovary</td>
</tr>
<tr>
<td>C570</td>
<td>Fallopian tube</td>
</tr>
<tr>
<td>C571</td>
<td>Broad ligament</td>
</tr>
<tr>
<td>C572</td>
<td>Round ligament</td>
</tr>
<tr>
<td>C573</td>
<td>Parametrium</td>
</tr>
<tr>
<td>C574</td>
<td>Uterine adnexa</td>
</tr>
<tr>
<td>C60</td>
<td>Penis</td>
</tr>
<tr>
<td>C63</td>
<td>Other and unspecified male genital organs</td>
</tr>
<tr>
<td>C74</td>
<td>Adrenal gland</td>
</tr>
<tr>
<td>C75</td>
<td>Other endocrine glands and related structures</td>
</tr>
</tbody>
</table>