VI.  
Flowchart Format – Multiple Primary and Histology Coding Rules
Head and Neck Multiple Primary Rules-Flowchart
(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

* 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.

<table>
<thead>
<tr>
<th>UNKNOWN IF SINGLE OR MULTIPLE TUMORS</th>
<th>DECISION</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M1</strong></td>
<td>Is it impossible to determine if there is a single tumor or multiple tumors?</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td></td>
<td><strong>NO</strong></td>
<td><strong>SINGLE Primary</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Go to Single Tumor or Multiple Tumors</strong></td>
<td><strong>End of instructions for Unknown if Single or Multiple Tumors</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SINGLE TUMOR</strong></td>
<td><strong>DECISION</strong></td>
<td><strong>NOTES</strong></td>
</tr>
<tr>
<td><strong>M2</strong></td>
<td>Is there a single tumor?</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td></td>
<td><strong>NO</strong></td>
<td><strong>SINGLE Primary</strong></td>
</tr>
</tbody>
</table>
Head and Neck Multiple Primary Rules-Flowchart
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### MULTIPLE TUMORS
Multiple tumors may be a single primary or multiple primaries.

#### M3
Are there tumors in **both** the left and right sides of a paired site?
- **YES** → MULTIPLE Primaries**
- **NO** → MULTIPLE Primaries**

#### M4
Are there tumors on the **upper lip** (C000 or C003) and the **lower lip** (C001 or C004)?
- **YES** → MULTIPLE Primaries**
- **NO** → MULTIPLE Primaries**

#### M5
Are there tumors on the **upper gum** (C030) and the **lower gum** (C031)?
- **YES** → MULTIPLE Primaries**
- **NO** → MULTIPLE Primaries**

#### M6
Are there tumors in the **nasal cavity** (C300) and the **middle ear** (C301)?
- **YES** → MULTIPLE Primaries**
- **NO** → MULTIPLE Primaries**

See Table 1 for list of paired sites.

1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

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Head and Neck Multiple Primary Rules-Flowchart
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### MULTIPLE TUMORS, continued

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<thead>
<tr>
<th>DECISION</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>MULTIPLE Primaries**</td>
<td>1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.</td>
</tr>
</tbody>
</table>

**M7**

Are there tumors in sites with ICD-O-3 **topography** codes that are **different** at the second (Cxxx) and/or third character (Cxx)?

- **YES**
  - MULTIPLE Primaries**
- **NO**
  - MULTIPLE Primaries**

**M8**

Is there an **invasive** tumor following an **in situ** tumor more than 60 days after diagnosis?

- **YES**
  - MULTIPLE Primaries**
- **NO**

**M9**

Are there tumors diagnosed **more than five (5) years** apart?

- **YES**
  - MULTIPLE Primaries**
- **NO**
**Head and Neck Multiple Primary Rules-Flowchart**

(C000-C148, C300-C329)

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

*M* 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.

<table>
<thead>
<tr>
<th>MULTIPLE TUMORS, continued</th>
<th>DECISION</th>
<th>NOTES</th>
</tr>
</thead>
</table>
| **M10**                     |          | 1. Tumors not described as metastases.  
2. Includes combinations of in situ and invasive. |

- Is there cancer/malignant neoplasm, NOS (8000) and another is a specific histology? **YES**
- Is there carcinoma, NOS (8010) and another is a specific carcinoma? **YES**
- Is there adenocarcinoma, NOS (8140) and another is a specific adenocarcinoma? **YES**
- Is there squamous cell carcinoma, NOS (8070) and another is a specific squamous cell carcinoma? **YES**
- Is there melanoma, NOS (8720) and another is a specific melanoma? **YES**
- Is there sarcoma, NOS (8800) and another is a specific sarcoma? **YES**

**SINGLE Primary**

January 1, 2007
Head and Neck Multiple Primary Rules
(C000-C148, C300-C329)
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* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
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MULTIPLE TUMORS, continued

<table>
<thead>
<tr>
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<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tumors not described as metastases.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>M11</th>
<th>Do the tumors have ICD-O-3 histology codes that are different at the first (xxxx), second (xxyx) or third (xxxy) number?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>MULTIPLE Primary*</td>
</tr>
<tr>
<td>NO</td>
<td>ERROR: Recheck rules. Stop when a match is found.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>M12</th>
<th>Does not meet any of the above criteria (M1 through M11).</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>SINGLE Primary*</td>
</tr>
<tr>
<td>NO</td>
<td>End of instructions for Multiple Tumors.</td>
</tr>
</tbody>
</table>

Rule M12 Examples: The following are examples of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary.

Warning: Using only these case examples to determine the number of primaries can result in major errors.

Example 1. Multifocal tumors in floor of mouth
Example 2. An in situ and invasive tumor diagnosed within 60 days
Example 3. In situ following an invasive tumor more than 60 days apart
Head and Neck Histology Coding Rules-Flowchart
(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)
SINGLE TUMOR

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
</table>
| H1   | Code the histology documented by the physician. | 1. Priority for using documents to code the histology.  
   - Documentation in the medical record that refers to pathologic or cytologic findings  
   - Physician’s reference to type of cancer (histology) in the medical record  
   - CT, PET or MRI scans  
2. Code the specific histology when documented.  
3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented. |
| H2   | Code the histology from a metastatic site. | Code the behavior /3. |
Do not code terms that do not appear in the histology description.  
Example: Do not code 8072 (squamous cell carcinoma non-keratinizing) unless the words “non-keratinizing” actually appear in the diagnosis.  
Example: The final diagnosis is keratinizing squamous cell carcinoma (8071) with areas of squamous cell carcinoma in situ (8070). Code the invasive histologic type, keratinizing squamous cell carcinoma (8071). |
| H4   | Code the invasive histology. |  

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Head and Neck Histology Coding Rules-Flowchart
(C000-C148, C300-C329)
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SINGLE TUMOR

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</tr>
</thead>
</table>
| H5   | Are there multiple histologies within the same branch such as:  
- cancer/malignant neoplasm, NOS (8000) and a more specific histology? OR  
- carcinoma, NOS (8010) and a more specific carcinoma? OR  
- squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma? OR  
- adenocarcinoma, NOS (8140) and a more specific adenocarcinoma? OR  
- melanoma, NOS (8720) and a more specific melanoma? OR  
- sarcoma, NOS (8800) and a more specific sarcoma?  
   | Yes    | Code the most specific histologic term using Chart 1 |
|      |        | 1. The specific histology for **In situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ______ differentiation. |
|      |        | 2. The specific histology for **Invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with ______ differentiation. |
|      |        | **Example:** The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050) |
|      | No     | Code the numerically higher ICD-O-3 histology code. |

This is the end of instructions for Single Tumor.  
Code the histology according to the rule that fits the case.
Head and Neck Histology Coding Rules-Flowchart
(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

<table>
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<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
</table>
| H7   | Yes: Code the histology documented by the physician. | 1. Priority for using documents to code the histology
   o Documentation in the medical record that refers to pathologic or cytologic findings
   o Physician’s reference to type of cancer (histology) in the medical record
   o CT, PET or MRI scans
   2. Code the specific histology when documented.
   3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented. |
|      | No: Is there no pathology/cytology specimen or is the pathology/cytology report unavailable? | |
|      | No: Is the specimen from a metastatic site (there is no pathology/cytology specimen from the primary site)? | Do not code terms that do not appear in the histology description. |
| H9   | Yes: Code the histology. | Example: Do not code 8072 (squamous cell carcinoma non-keratinizing) unless the words “non-keratinizing” actually appear in the diagnosis. |
|      | No: Is only one histologic type identified? | |

Next Page
# Head and Neck Histology Coding Rules-Flowchart

(C000-C148, C300-C329)

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

## MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Flowchart Key**
- **Rule**
- **Action**
- **Notes and Examples**
- **Flow Direction**

---

**Is one tumor in situ and the other invasive or are both tumors invasive?**

- **YES**
  - Code the histology of the most invasive tumor.
  - **Notes and Examples**:
    - One tumor is in situ and one is invasive, code the histology from the invasive tumor.
    - Both/all histologies are invasive, code the histology of the most invasive tumor.

- **NO**

**Next Page**

---

1. See the Head and Neck Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive.

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Head and Neck Histology Coding Rules-Flowchart
(C000-C148, C300-C329) (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

**Rule**

**H11**

Are there multiple histologies within the same branch such as:
- cancer/malignant neoplasm, NOS (8000) and a more specific histology? OR
- carcinoma, NOS (8010) and a more specific carcinoma? OR
- squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma? OR
- adenocarcinoma, NOS (8140) and a more specific adenocarcinoma? OR
- melanoma, NOS (8720) and a more specific melanoma? OR
- sarcoma, NOS (8800) and a more specific sarcoma?

**Action**

Yes

Code the most specific histologic term using Chart 1

1. The specific histology for *in situ* tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ______ differentiation.

2. The specific histology for *invasive* tumors may be identified as type, subtype, predominantly, with features of, major, or with ______ differentiation.

**Example:** The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050)

**H12**

**Action**

Code the numerically higher ICD-O-3 histology code.

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.
**Colon Multiple Primary Rules - Flowchart**

(C180-C189)

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

* 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.

---

**UNKNOWN IF SINGLE OR MULTIPLE TUMORS**

**DECISION**

**NOTES**

- Tumor(s) not described as metastasis

**M1**

Is it impossible to determine if there is a single tumor or multiple tumors?

YES

SINGLE Primary*

End of instructions for Unknown Number of Tumors.

NO

Go to Single Tumor or Multiple Tumors

---

**SINGLE TUMOR**

**DECISION**

**NOTES**

1. Tumor not described as metastasis
2. Includes combinations of in situ and invasive.

**M2**

Is there a single tumor?

YES

SINGLE Primary*

End of instructions for Single Tumor.

NO

Go to Multiple Tumors.
Colon Multiple Primary Rules - Flowchart  
(C180-C189)  
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)  

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** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

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<tr>
<th>MULTIPLE TUMORS</th>
<th>DECISION</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M3</strong> Is there adenocarcinoma in adenomatous polyposis coli <em>(familial polyposis)</em> with one or more malignant polyps?</td>
<td><strong>YES</strong> SINGLE Primary</td>
<td>Tumors may be present in multiple segments of the colon or in a single segment of the colon.</td>
</tr>
<tr>
<td><strong>M4</strong> Are there tumors in sites with ICD-O-3 topography codes that are <em>different</em> at the second (Cxx), third (Cxxx) and/or fourth (C18xx) character?</td>
<td><strong>YES</strong> MULTIPLE Primaries**</td>
<td></td>
</tr>
<tr>
<td><strong>M5</strong> Are there tumors diagnosed <em>more than one</em> (1) year apart?</td>
<td><strong>YES</strong> MULTIPLE Primaries**</td>
<td></td>
</tr>
</tbody>
</table>
 Colon Multiple Primary Rules -Flowchart 
(C180-C189)  
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)  
* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code. 
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<table>
<thead>
<tr>
<th>MULTIPLE TUMORS, continued</th>
<th>DECISION</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M6</strong> Is there an <strong>invasive</strong> tumor following an <strong>in situ</strong> tumor more than 60 days after diagnosis?</td>
<td>YES</td>
<td>MULTIPLE Primaries**</td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td>1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.</td>
</tr>
<tr>
<td><strong>M7</strong> Is there a <strong>frank</strong> malignant or in situ <strong>adenocarcinoma</strong> and an in situ or <strong>malignant</strong> tumor in a <strong>polyp</strong>?</td>
<td>YES</td>
<td>SINGLE Primary*</td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Next Page</td>
<td></td>
</tr>
</tbody>
</table>
NOTES

DECISION

1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

**MULTIPLE TUMORS, continued**

**Is there cancer/malignant neoplasm, NOS (8000) and another is a specific histology?**

NO

**Is there carcinoma, NOS (8010) and another is a specific carcinoma?**

NO

**Is there adenocarcinoma, NOS (8140) and another is a specific adenocarcinoma?**

NO

**Is there sarcoma, NOS (8800) and another is a specific sarcoma?**

NO

Next Page
Colon Multiple Primary Rules - Flowchart
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**NOTES**

**DECISION**

**M9**
Are there multiple in situ and/or malignant polyps?

**YES**
SINGLE Primary*

**NO**

**M10**
Do the tumors have ICD-O-3 histology codes that are **different** at the first (xxxx), second (xxxx), or third (xxxx) number?

**YES**
MULTIPLE Primaries**

**NO**

**M11**
Does not meet any of the above criteria. (M1 through M10)

**YES**
SINGLE Primary*

**NO**

END OF INSTRUCTIONS FOR MULTIPLE TUMORS.

1. When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

2. All cases covered by Rule M11 are in the same segment of the colon.
Colon Histology Coding Rules - Flowchart
(C180-C189)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

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<thead>
<tr>
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</tr>
</thead>
</table>
| H1     | Is there no pathology/cytology specimen or is the pathology/cytology report unavailable? | Code the histology documented by the physician.  
1. Priority for using documents to code the histology  
   - Documentation in the medical record that refers to pathologic or cytologic findings  
   - Physician’s reference to type of cancer (histology) in the medical record  
   - CT, PET or MRI scans  
2. Code the specific histology when documented.  
3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented. |
|        | YES                                                                    |                                                                                                                                                                                                                  |
|        | Code the histology documented by the physician.                        |                                                                                                                                                                                                                  |
|        | NO                                                                    |                                                                                                                                                                                                                  |
| H2     | Is the specimen from a metastatic site? (There is no pathology/cytology specimen from the primary site) | Code the histology from a metastatic site.  
1. Code the behavior /3.                                                                                   |
|        | YES                                                                    |                                                                                                                                                                                                                  |
|        | Code the histology from a metastatic site.                             |                                                                                                                                                                                                                  |
|        | NO                                                                    |                                                                                                                                                                                                                  |
| H3     | Does the pathology report describe only intestinal type adenocarcinoma or adenocarcinoma, intestinal type? | Code 8140 (adenocarcinoma, NOS).  
1. Intestinal type adenocarcinoma usually occurs in the stomach.  
2. When a diagnosis of intestinal adenocarcinoma is further described by a specific term such as type, continue to the next rule. |
Colon Histology Coding Rules - Flowchart
(C180-C189)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

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<tbody>
<tr>
<td>H4</td>
<td>Is the final diagnosis adenocarcinoma in a polyp?</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Is the final diagnosis adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report?</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Is final diagnosis adenocarcinoma and there is reference to a residual or pre-existing polyp?</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Is the final diagnosis mucinous/colloid or signet ring cell adenocarcinoma found in a polyp?</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Is there documentation that the patient had a polypectomy?</td>
<td>NO</td>
</tr>
</tbody>
</table>

**Code 8210** (adenocarcinoma in adenomatous polyp), **8261** (adenocarcinoma in villous adenoma), or **8263** (adenocarcinoma in tubulovillous adenoma).  

1. It is important to know that the adenocarcinoma originated in the polyp.  
2. Code adenocarcinoma in a polyp only when the malignancy is in the residual polyp (adenoma) or references to a pre-existing polyp (adenoma) indicate that the malignancy and the polyp (adenoma) are the same lesion.  

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Colon Histology Coding Rules - Flowchart
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<tbody>
<tr>
<td>H5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is the final diagnosis **mucinous/collloid** (8480) or **signet ring cell** carcinoma (8490)?

- **YES**
  - Is the final diagnosis adenocarcinoma, NOS and the microscopic description documents that **50% or more** of the tumor is **mucinous/collloid**?
    - **YES**
      - Code **8480** (mucinous/collloid adenocarcinoma) or **8490** (signet ring cell carcinoma)
    - **NO**
  - **NO**

Is the final diagnosis adenocarcinoma, NOS and the microscopic description documents that **50% or more** of the tumor is **signet ring cell** carcinoma?

- **YES**
  - **NO**
- **NO**
  - Next Page
Is the final diagnosis adenocarcinoma, NOS and the microscopic description states that less than 50% of the tumor is mucinous/colloid?

- **YES**: Code 8140 (adenocarcinoma, NOS).

- **NO**: Is the final diagnosis adenocarcinoma, NOS and the microscopic description states that less than 50% of the tumor is signet ring cell carcinoma?

  - **YES**: Code 8140 (adenocarcinoma, NOS).
  
  - **NO**: Is the final diagnosis adenocarcinoma, NOS and the percentage of mucinous/colloid or signet ring cell carcinoma is unknown?

    - **YES**: Code 8140 (adenocarcinoma, NOS).
    
    - **NO**: Is there a combination of mucinous/colloid and signet ring cell adenocarcinoma?

      - **YES**: Code 8255 (adenocarcinoma with mixed subtypes).

      - **NO**: Next Page
Colon Histology Coding Rules - Flowchart
(C180-C189)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)
SINGLE TUMOR

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<tbody>
<tr>
<td>H8</td>
<td>Code 8240 (carcinoid tumor, NOS).</td>
<td></td>
</tr>
<tr>
<td>H9</td>
<td>Code 8244 (composite carcinoid).</td>
<td></td>
</tr>
<tr>
<td>H10</td>
<td>Code 8245 (adenocarcinoid).</td>
<td></td>
</tr>
<tr>
<td>H11</td>
<td>Code the histology.</td>
<td></td>
</tr>
<tr>
<td>H12</td>
<td>Code the invasive histologic type.</td>
<td></td>
</tr>
</tbody>
</table>
Colon Histology Coding Rules - Flowchart

(C180-C189)
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SINGLE TUMOR

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</tr>
</thead>
<tbody>
<tr>
<td>H13</td>
<td>Is there cancer/malignant neoplasm, NOS (8000) and a more specific histology?</td>
<td>Code the most specific histologic term.</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is there carcinoma, NOS (8010) and a more specific carcinoma?</td>
<td>1. The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ______ differentiation.</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is there adenocarcinoma, NOS (8140) and a more specific adenocarcinoma?</td>
<td>2. The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with ______ differentiation.</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is there sarcoma, NOS (8800) and a more specific sarcoma (invasive only)?</td>
<td>Code the numerically higher ICD-O-3 histology code.</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

This is the end of instructions for Single Tumor. Code the histology according to the rule that fits the case.
Colon Histology Coding Rules - Flowchart
(C180-C189)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H15</td>
<td>Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?</td>
<td>Code the histology documented by the physician.</td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>1. Priority for using documents to code the histology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Documentation in the medical record that refers to pathologic or cytologic findings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Physician’s reference to type of cancer (histology) in the medical record</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o CT, PET or MRI scans</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>2. Code the specific histology when documented.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.</td>
</tr>
<tr>
<td>H16</td>
<td>Is the specimen from a metastatic site? (There is no pathology/cytology specimen from the primary site)</td>
<td>Code the histology from a metastatic site.</td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>Code the behavior /3.</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

January 1, 2007
Colon Histology Coding Rules - Flowchart
(C180-C189)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

**MUL TIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H17</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does the <strong>clinical</strong> history say <strong>familial polyposis</strong> and the final diagnosis on the <strong>pathology report</strong> from resection is adenocarcinoma in adenomatous polyps?</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Are there &gt; <strong>100 polyps</strong> identified in the resected specimen?</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Code <strong>8220</strong> (adenocarcinoma in adenomatous polyposis coli)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is the number of polyps not given and the diagnosis is <strong>familial polyposis</strong>?</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>Use this rule only when there are multiple polyps or adenomas. Do not use this rule if there is a frank adenocarcinoma and a malignancy in a single polyp or adenoma.</td>
<td></td>
</tr>
</tbody>
</table>

| H18  | Code **8263** (adenocarcinoma in a tubulovillous adenoma) | |
|      | Are there multiple in situ or malignant polyps present, at least one of which is tubulovillous? | YES |
|      | | |
|      | | |
|      | | |

Next Page
Colon Histology Coding Rules - Flowchart
(C180-C189)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
</table>
| H19          | **Are there > 1 and ≤ 100 polyps identified in the resected specimen?** | **Yes** Code **8221** (adenocarcinoma in adenomatous polyps)  
Use this rule only when there are multiple polyps. Do not use for a single polyp (adenoma) or for a frank malignancy and a malignancy in a single polyp (adenoma). |
|              | **NO** Are there multiple polyps and the number is not given and familial polyposis is not mentioned? | **Yes** Code the histology of the most invasive tumor.  
1. See the Colon Equivalent Terms, Definitions and Illustrations for the definition of most invasive.  
   - If one tumor is in situ and one is invasive, code the histology from the invasive tumor.  
   - If both/all histologies are invasive, code the histology of the most invasive tumor.  
2. If tumors are equally invasive, go to the next rule. |
| H20          | **Is there a frank adenocarcinoma and a carcinoma in a polyp?**         | **Yes** Code the histology of the most invasive tumor.  
1. See the Colon Equivalent Terms, Definitions and Illustrations for the definition of most invasive.  
   - If one tumor is in situ and one is invasive, code the histology from the invasive tumor.  
   - If both/all histologies are invasive, code the histology of the most invasive tumor.  
2. If tumors are equally invasive, go to the next rule. |
|              | **NO** Are there in situ and invasive tumors?                          |                                                                                     |
|              | **Yes** Are there multiple invasive tumors?                            |                                                                                     |
|              | **NO**                                                                  |                                                                                     |

Revised November 1, 2007
Colon Histology Coding Rules - Flowchart
(C180-C189)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the final diagnosis adenocarcinoma and the microscopic description or surgical gross describes polyps?</td>
<td>YES</td>
<td>Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma).</td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td>It is important to know that the adenocarcinoma originated in the polyp.</td>
</tr>
<tr>
<td>Is final diagnosis adenocarcinoma and there is reference to a residual or pre-existing polyp?</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the final diagnosis mucinous/colloid or signet ring cell adenocarcinoma found in a polyp?</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there documentation that the patient had a polypectomy?</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is only one histologic type identified?</td>
<td>YES</td>
<td>Code the histology.</td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

January 1, 2007
Colon Histology Coding Rules - Flowchart
(C180-C189)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H23</td>
<td>Is there cancer/malignant neoplasm, NOS (8000) and a specific histology?</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is there carcinoma, NOS (8010) and a specific carcinoma?</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is there adenocarcinoma, NOS (8140) and a specific adenocarcinoma?</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is there sarcoma, NOS (8800) and a specific sarcoma (invasive only)?</td>
<td>YES</td>
</tr>
<tr>
<td>H24</td>
<td>Code the histology with the <strong>numerically higher</strong> ICD-O-3 histology code.</td>
<td></td>
</tr>
</tbody>
</table>
|      | Code the more specific histologic term | 1. The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ______ differentiation.  
2. The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with ______ differentiation. |

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary. Code the histology according to the rule that fits the case.
**Flowchart Key**

- **Flow direction**
- **Note**
- **Question**
- **Decision**

**Lung Multiple Primary Rules - Flowchart**

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

* 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.

<table>
<thead>
<tr>
<th><strong>UNKNOWN IF SINGLE OR MULTIPLE TUMORS</strong></th>
<th><strong>DECISION</strong></th>
<th><strong>NOTES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M1</strong> Is it impossible to determine if there is a single tumor or multiple tumors?</td>
<td><strong>YES</strong></td>
<td><strong>SINGLE Primary</strong></td>
</tr>
<tr>
<td><strong>NO</strong></td>
<td><strong>End of instructions for Unknown if Single or Multiple Tumors</strong></td>
<td><strong>Tumor(s) not described as metastasis.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Go to Single Tumor or Multiple Tumors</strong></td>
<td><strong>1. Use this rule only after all information sources have been exhausted.</strong></td>
</tr>
<tr>
<td><strong>SINGLE TUMOR</strong></td>
<td></td>
<td><strong>2. Use this rule when only one tumor is biopsied but the patient has two or more tumors in one lung and may have one or more tumors in the contralateral lung. (See detailed explanation in Lung Equivalent Terms and Definitions)</strong></td>
</tr>
<tr>
<td><strong>M2</strong> Is there a single tumor?</td>
<td><strong>YES</strong></td>
<td><strong>SINGLE Primary</strong></td>
</tr>
<tr>
<td><strong>NO</strong></td>
<td><strong>End of instructions for Single Tumor.</strong></td>
<td><strong>The tumor may overlap onto or extend into adjacent/contiguous site or subsite.</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Lung MP

Lung Multiple Primary Rules - Flowchart
(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

* 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.

M3 Are there tumors in sites with ICD-O-3 topography codes that are different at the second (CXX) and/or third character (CXxx)?

M4 Is at least one tumor non-small cell carcinoma (8046) and another tumor small cell carcinoma (8041-8045)?

M5 Is there a tumor that is adenocarcinoma with mixed subtypes (8255) and another that is bronchioalveolar (8250-8254)?

NOTES

Tumors not described as metastases.

This is a change in rules: tumors in the trachea (C33) and in the lung (C34) were a single lung primary in the previous rules.

January 1, 2007
When there is a single tumor in each lung abstract as multiple primaries unless stated or proven to be metastatic.

Is there a single tumor in each lung?

** M6 **

- ** YES **
  - MULTIPLE Primaries**
  - Tumors not described as metastases.

- ** NO **
  - MULTIPLE Primaries**
  - When there is a single tumor in each lung abstract as multiple primaries unless stated or proven to be metastatic.

Are there multiple tumors in both lungs with ICD-O-3 histology codes that are different at the first (xxx), second (xxx) or third (xxx) number?

** M7 **

- ** YES **
  - MULTIPLE Primaries**

- ** NO **
  - MULTIPLE Primaries**

Are there tumors diagnosed more than three (3) years apart?

** M8 **

- ** YES **
  - MULTIPLE Primaries**

- ** NO **
  - Next Page
Lung Multiple Primary Rules - Flowchart

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

* 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.

** MULTIPLE TUMORS, continued **

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>DECISION</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>M9 <strong>Is there an invasive tumor following an in situ tumor more than 60 days after diagnosis?</strong></td>
<td>YES</td>
<td>MULTIPLE Primaries**</td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M10 <strong>Are there tumors with non-small cell carcinoma (8046) and a more specific non-small cell carcinoma type (Chart 1)?</strong></td>
<td>YES</td>
<td>SINGLE Primary*</td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td>Next Page</td>
</tr>
</tbody>
</table>

NOTES:
- Tumors not described as metastases.
- 1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.
- 2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.
Lung Multiple Primary Rules - Flowchart

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

* 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.

M11
Do the tumors have ICD-O-3 histology codes that are different at the first (xxxx), second (xxx), or third (xxx) number?

YES
MULTIPLE Primaries**

NO
End of instructions for Multiple Tumors.

M12
Does not meet any of the above criteria (M1 through M11).

YES
SINGLE Primary*

NO
ERROR: Recheck rules. Stop when a match is found.

NOTES
Tumors not described as metastases.
Adenocarcinoma in one tumor and squamous cell carcinoma in another tumor are multiple primaries.

1. When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.
2. All cases covered by this rule are the same histology.

Rule M12 Examples: The following are examples of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary.

Warning: Using only these case examples to determine the number of primaries can result in major errors.

Example 1. Solitary tumor in one lung, multiple tumors in contralateral lung
Example 2. Diffuse bilateral nodules (This is the only condition when laterality = 4)
Example 3. An in situ and invasive tumor diagnosed within 60 days
Example 4. Multiple tumors in left lung metastatic from right lung
Example 5. Multiple tumors in one lung
Example 6: Multiple tumors in both lungs
# LUNG Histology Coding Rules - Flowchart

**Rule**

<table>
<thead>
<tr>
<th>H1</th>
<th>Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>Code the histology documented by the physician.</td>
</tr>
<tr>
<td>NO</td>
<td>Code the histology from a metastatic site.</td>
</tr>
</tbody>
</table>

**H2**

<table>
<thead>
<tr>
<th>Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>NO</td>
</tr>
</tbody>
</table>

**H3**

<table>
<thead>
<tr>
<th>Is only one histologic type identified?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>NO</td>
</tr>
</tbody>
</table>

**Rule**

1. Priority for using documents to code the histology
   - Documentation in the medical record that refers to pathologic or cytologic findings
   - Physician's reference to type of cancer (histology) in the medical record
   - CT, PET, or MRI scans
   - Chest x-rays

2. Code the specific histology when documented.

3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

**Notes and Examples**

- **Example 1:** Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.

- **Example 2:** Do not code bronchioalveolar non-mucinous unless the words "non-mucinous" actually appear in the diagnosis.
Does the tumor have invasive and in situ components?

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H4</td>
<td>YES</td>
<td>Code the invasive histologic type.</td>
</tr>
<tr>
<td>H5</td>
<td>YES</td>
<td>The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Example 1:</strong> Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma 8480.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Example 2:</strong> Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma 8052.</td>
</tr>
</tbody>
</table>

Are there multiple histologies within the same branch such as:
- cancer/malignant neoplasm, NOS (8000) and a more specific histology? OR
- carcinoma, NOS (8010) and a more specific carcinoma? OR
- adenocarcinoma, NOS (8140) and a more specific adenocarcinoma? OR
- squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma? OR
- sarcoma, NOS (8800) and a more specific sarcoma?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th></th>
</tr>
</thead>
</table>

Next Page
**LUNG Histology Coding Rules - Flowchart**

(C340 - C349)

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

**SINGLE TUMOR**

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
</table>
| **H6** Are there multiple specific histologies or is there a non-specific with multiple specific histologies? | Code the appropriate combination/mixed code (Table 1). | The specific histologies may be identified as type, subtype, predominantly, with features of, major or with __________ differentiation.  
**Example 2** (multiple specific histologies): Combined small cell and squamous cell carcinoma. Code combined small cell carcinoma 8045.  
**Example 3** (non-specific with multiple specific histologies): Adenocarcinoma with papillary and clear cell features. Code adenocarcinoma with mixed subtypes 8255. |
| **H7** | Code the numerically higher ICD-O-3 code. | |

This is the end of instructions for Single Tumor.  
Code the histology according to the rule that fits the case.
LUNG Histology Coding Rules - Flowchart
(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H8</td>
<td>Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?</td>
<td>Code the histology documented by the physician.</td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>H9</td>
<td>Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)</td>
<td>Code the histology from a metastatic site.</td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

1. Priority for using documents to code the histology
   - Documentation in the medical record that refers to pathologic or cytologic findings
   - Physician's reference to type of cancer (histology) in the medical record
   - CT, PET, or MRI scans
   - Chest x-rays

2. Code the specific histology when documented.

3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

Code the behavior /3.
LUNG Histology Coding Rules - - Flowchart

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H10</td>
<td>Is only one histologic type identified?</td>
<td><strong>YES</strong> Code the histology.</td>
</tr>
</tbody>
</table>
|       | **NO**                                      | Do not code terms that do not appear in the histology description.  
**Example 1:** Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.  
**Example 2:** Do not code bronchioalveolar non-mucinous unless the words "non-mucinous" actually appear in the diagnosis.                                                                                                                                                                      |
| H11   | Is one tumor in situ and the other invasive or are both tumors invasive? | **YES** Code the histology of the most invasive tumor.  
1. This rule should only be used when the first three numbers of the histology codes are identical. (This is a single primary.)  
2. See the Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive.  
- If one tumor is in situ and one is invasive, code the histology from the invasive tumor.  
- If both/all histologies are invasive, code the histology of the most invasive tumor.                                                                                                                                                                                                                   |
|       | **NO**                                      |                                                                                                                                                                                                                                                                                                                                                         |
The specific histology may be identified as type, subtype, predominantly, with features of, major, or with different differentiation.

**Example 1:** Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma 8480.

**Example 2:** Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma 8052.

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary. Code the histology according to the rule that fits the case.
**Melanoma MP**

### Cutaneous Melanoma Multiple Primary Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)

* 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.

#### UNKNOWN IF SINGLE OR MULTIPLE MELANOMAS

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>DECISION</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1 Is it impossible to determine if there is a single melanoma or multiple melanomas?</td>
<td>YES SINGLE Primary*</td>
<td>Melanoma(s) not described as metastasis.</td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td>Use this rule only after all information sources have been exhausted.</td>
</tr>
</tbody>
</table>

**NOTES**

1. Melanoma not described as metastasis.
2. Includes combination of in situ and invasive.

#### SINGLE MELANOMA

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>DECISION</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>M2 Is there a single melanoma?</td>
<td>YES SINGLE Primary*</td>
<td>End of instructions for Single Melanoma.</td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Cutaneous Melanoma Multiple Primary Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)

* 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.

<table>
<thead>
<tr>
<th>MULTIPLE MELANOMAS</th>
<th>DECISION</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple Melanomas may be a single primary or multiple primaries.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there melanomas in sites with ICD-O-3 topography codes that are different at the second (Cxx), third (Cxxx), and/or fourth character (C44x)?</td>
<td>YES</td>
<td>MULTIPLE Primaries**</td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M4</td>
<td>Do the melanomas have different lateralities?</td>
<td>YES</td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td>A midline melanoma is a different laterality than right or left.</td>
</tr>
<tr>
<td>M5</td>
<td>Do the melanomas have ICD-O-3 histology codes that are different at the first (xxx), second (xxx), or third (xxx) number?</td>
<td>YES</td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Example 1: Melanoma on the right side of the chest and a melanoma at midline on the chest are different laterality, multiple primaries.

Example 2: A melanoma on the right side of the chest and a melanoma on the left side of the chest are multiple primaries.
Cutaneous Melanoma Multiple Primary Rules - Flowchart
(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)

* 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.

<table>
<thead>
<tr>
<th>MULTIPLE Melanomas, continued</th>
<th>DECISION</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M6</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there an <strong>invasive</strong> melanoma following an <strong>in situ</strong> melanoma <strong>more than 60 days after</strong> diagnosis?</td>
<td>YES</td>
<td>MULTIPLE Primaries**</td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td>1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.</td>
</tr>
<tr>
<td><strong>M7</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there melanomas diagnosed <strong>more than 60 days</strong> apart?</td>
<td>YES</td>
<td>MULTIPLE Primaries**</td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td>2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.</td>
</tr>
<tr>
<td><strong>M8</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does not meet any of the above criteria (M1 through M7)</td>
<td>YES</td>
<td>SINGLE Primary*</td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td>1. Use the data item &quot;Multiplicity Counter&quot; to record the number of melanomas abstracted as a single primary.</td>
</tr>
<tr>
<td><strong>ERROR</strong>: Recheck rules. Stop when a match is found.</td>
<td></td>
<td>2. When an invasive melanoma follows an in situ melanoma within 60 days, abstract as a single primary.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. All cases covered by this rule are the same site and histology.</td>
</tr>
</tbody>
</table>

Rule M8 Examples: The following are examples of cases that use Rule M8. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. Warning: Using only these case examples to determine the number of primaries can result in major errors.

Example 1. Solitary melanoma on the left back and another solitary melanoma on the left chest.  
Example 2. Solitary melanoma on the right thigh and another solitary melanoma on the right ankle.

Melanoma MP

January 1, 2007
Cutaneous Melanoma Histology Coding Rules - Flowchart
(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)

SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
</table>
| **H1** Is there **no pathology/cytology specimen** or is the **pathology/cytology report unavailable?** | **YES** Code the histology documented by the physician. | 1. Priority for using documents to code the histology
   - Documentation in the medical record that refers to pathologic or cytologic findings
   - Physician’s reference to type of melanoma in the medical record
   - PET scan

2. Code the specific histology when documented. |
| **H2** Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site) | **YES** Code the histology from a metastatic site. | Code the behavior 3. |
| **H3** Is only **one histologic type** identified? | **YES** Code the histology. | |
| **NO** | | |

January 1, 2007
**Cutaneous Melanoma Histology Coding Rules - Flowchart**

(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)

**SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY**

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H4</td>
<td>Yes</td>
<td>Code the invasive histologic type.</td>
</tr>
<tr>
<td>H5</td>
<td>Yes</td>
<td>Code the histologic type. <strong>Example:</strong> Nodular melanoma with features of regression. Code 8721 (Nodular melanoma).</td>
</tr>
<tr>
<td>H6</td>
<td>Yes</td>
<td>Code 8723 (Malignant melanoma, regressing). <strong>Example:</strong> Malignant melanoma with features of regression. Code 8723.</td>
</tr>
</tbody>
</table>

**Flowchart Key**
- **Rule**
- **Action**
- **Notes and Examples**
- **Flow Direction**
Cutaneous Melanoma Histology Coding Rules - Flowchart
(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)

SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H7</td>
<td>Code the histologic type</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Is the diagnosis <strong>lentigo maligna melanoma</strong> and a histologic type?</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>Code 8742 (Lentigo maligna melanoma)</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Is the diagnosis <strong>lentigo maligna melanoma</strong>?</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>Next Page</td>
<td></td>
</tr>
</tbody>
</table>

January 1, 2007
Cutaneous Melanoma Histology Coding Rules - Flowchart

SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H9</td>
<td>Is the diagnosis Melanoma, NOS (8720) with a single specific type?</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Code the most specific histologic term</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. The specific type for in situ lesions may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ______ differentiation.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. The specific type for invasive lesions may be identified as type, subtype, predominantly, with features of, major, or with ______ differentiation.</td>
<td></td>
</tr>
<tr>
<td>H10</td>
<td>Code the numerically higher ICD-O-3 histology code.</td>
<td></td>
</tr>
</tbody>
</table>

This is the end of instructions for Single Melanoma or Multiple Melanomas Abstracted as a Single Primary. Code the histology according to the rule that fits the case.
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Breast Multiple Primary Rules - Flowchart
(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

* 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.

**Notes**
- Tumor(s) not described as a metastasis.
- Use this rule only after all information sources have been exhausted.
- The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

**UNKNOWN IF SINGLE OR MULTIPLE TUMORS**

**M1**
Is it impossible to determine if there is a single tumor or multiple tumors?
- **YES**
  - SINGLE Primary*
  - End of instructions for Unknown if Single or Multiple Tumors
- **NO**
  - Go to Single Tumor or Multiple Tumors

**SINGLE TUMOR**

**M2**
Is there **Inflammatory carcinoma** in one or both breasts?
- **YES**
  - SINGLE Primary*
- **NO**

**M3**
Is there a single tumor?
- **YES**
  - End of instructions for Single Tumor.
- **NO**
  - Go to Multiple Tumors.
Breast Multiple Primary Rules - Flowchart
(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

* 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.

MULTIPLE TUMORS
Multiple tumors may be a single primary or multiple primaries.

<table>
<thead>
<tr>
<th>M4</th>
<th>Are there tumors in sites with ICD-O-3 <strong>topography</strong> codes that are <strong>different</strong> at the second (Cxx) and/or third character (Cxx)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>MULTIPLE Primaries**</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>M5</th>
<th>Are there tumors diagnosed more than five (5) years apart?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>MULTIPLE Primaries**</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>M6</th>
<th>Is there <strong>inflammatory carcinoma</strong> in one or both breasts?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>MULTIPLE Primaries**</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>M7</th>
<th>Is there a tumor(s) in each breast?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>MULTIPLE Primaries**</td>
</tr>
<tr>
<td>NO</td>
<td>MULTIPLE Primaries**</td>
</tr>
</tbody>
</table>

NOTES
1. Tumors not described as metastasis.
2. Includes combinations of in situ and invasive.

Lobular carcinoma in both breasts ("mirror image") is a multiple primary.
Breast Multiple Primary Rules - Flowchart
(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

* 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.

### MULTIPLE TUMORS, continued

### DECISION

#### M8
Is there an **invasive** tumor following an **in situ** tumor more than 60 days after diagnosis?
- **YES**
  - MULTIPLE Primaries**
- **NO**

#### M9
Are the tumors intraductal or **duct** and Paget Disease?
- **NO**
- **YES**

#### M10
Are the tumors lobular (8520) and intraductal or **duct**?
- **NO**
- **YES**

#### M11
Are there multiple intraductal and/or duct carcinomas?
- **NO**

#### NOTES

- **1.** Includes combinations of in situ and invasive.
- **2.** Tumors are not described as a metastasis.

- **1.** The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.
- **2.** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

- Use Table 1 and Table 2 to identify intraductal and duct carcinomas
Breast Multiple Primary Rules - Flowchart
(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

* 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.

**Flowchart Key**
- Question
- Decision
- Note
- Flow Direction

### MULTIPLE TUMORS, continued

#### M12

Do the tumors have ICD-O-3 **histology** codes that are **different** at the first (xxx), second (xxxx), or third (xxxx) number?

- **YES**
  - MULTIPLE Primaries**

- **NO**

#### M13

Does not meet any of the above criteria (M1 through M12).

- **YES**
  - SINGLE Primary*

- **NO**

**ERROR:** Recheck rules. Stop when a match is found.

End of instructions for Multiple Tumors.

1. Includes combinations of in situ and invasive.
2. Tumors are not described as a metastasis.

**Rule M13 Examples:**

- **Example 1.** Invasive duct and intraductal carcinoma in the same breast
- **Example 2.** Multicentric lobular carcinoma, left breast

**Warning:** Using only these case examples to determine the number of primaries can result in major errors.

January 1, 2007
Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR: IN SITU CARCINOMA ONLY
(Single Tumor; all parts are in situ)

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>H1</strong></td>
<td>Is the pathology/cytology report unavailable?</td>
<td>Code the histology documented by the physician</td>
</tr>
<tr>
<td><strong>H2</strong></td>
<td>Is only one histologic type identified?</td>
<td>Code the histology.</td>
</tr>
</tbody>
</table>

1. Priority for using documents to code the histology
   - Documentation in the medical record that refers to pathologic or cytologic findings
   - Physician’s reference to type of cancer (histology) in the medical record
2. Code the specific histology when documented.
Breast Histology Coding Rules - Flowchart
(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR: IN SITU CARCINOMA ONLY
(Single Tumor; all parts are in situ)

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H3</td>
<td>Is there carcinoma in situ, NOS (8010) and a specific carcinoma in situ?</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td></td>
<td>Is there adenocarcinoma in situ, NOS (8140) and a specific adenocarcinoma in situ?</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td></td>
<td>Is there intraductal NOS (8500) and a specific intraductal carcinoma (Table 1)?</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td></td>
<td><strong>NO</strong></td>
<td></td>
</tr>
<tr>
<td>H4</td>
<td>Does the tumor have non-infiltrating comedocarcinoma and any other intraductal carcinoma (Table 1)?</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td></td>
<td><strong>NO</strong></td>
<td></td>
</tr>
<tr>
<td>H5</td>
<td>Does the tumor have a combination of in situ lobular (8520) and intraductal carcinoma (Table 1)?</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td></td>
<td><strong>NO</strong></td>
<td></td>
</tr>
</tbody>
</table>

Revised November 1, 2007
Breast Histology Coding Rules - Flowchart
(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)
SINGLE TUMOR: IN SITU CARCINOMA ONLY
(Single Tumor; all parts are in situ)

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H6</td>
<td>YES</td>
<td>1. Use Table 1 to identify the histologies.</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>2. Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).</td>
</tr>
<tr>
<td>H7</td>
<td>YES</td>
<td>Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>H8</td>
<td>YES</td>
<td>Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

This is the end of instructions for Single Tumor: In Situ Carcinoma Only. Code the histology according to the rule that fits the case.
Breast Histology Coding Rules - Flowchart
(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR: INVASIVE AND IN SITU CARCINOMA
(Single Tumor; in situ and invasive components)

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H9</td>
<td>Code the <strong>invasive</strong> histology.</td>
<td>1. Ignore the in situ terms.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was the invasive component of the tumor better explains the likely disease course and survival category. Using these new rules, combinations of invasive duct and in situ lobular are coded to invasive duct (8500/3) rather than the combination code for duct and lobular carcinoma (8522/3).</td>
</tr>
</tbody>
</table>

ERROR: Confirm Multiple Primary Rule application and then go to H1 - H8 or H10 - H29

This is the end of instructions for Single Tumor: Invasive and In Situ Carcinoma.
Code the histology according to the rule that fits the case.
Breast Histology Coding Rules - Flowchart
(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)
SINGLE TUMOR: INVASIVE CARCINOMA ONLY
(Single Tumor; all parts are invasive)

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
</table>
| H10  | Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable? | Code the histology documented by the physician. | 1. Priority for using documents to code the histology  
   o Documentation in the medical record that refers to pathologic or cytologic findings  
   o Physician’s reference to type of cancer (histology) in the medical record  
   o Mammogram  
   o PET scan  
   o Ultrasound  
   2. Code the specific histology when documented.  
   3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented. |
| H11  | Is the only specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site) | Code the histology from the metastatic site. | Code the behavior /3. |

Next Page
SINGLE TUMOR: INVASIVE CARCINOMA ONLY
(Single Tumor; all parts are invasive)

Rule | Action | Notes and Examples
--- | --- | ---
H12 | Is there carcinoma, NOS (8010) and a more specific carcinoma? | YES
NO | IS there adenocarcinoma, NOS (8140) and a more specific adenocarcinoma? | YES
NO | Is there duct carcinoma, NOS (8500) and a more specific duct carcinoma (8022, 8035, 8501-8508)? | YES
NO | Is there sarcoma NOS (8800) and a more specific sarcoma? | NO

The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation. The terms architecture and pattern are subtypes only for in situ cancer.

H13 | Does the final diagnosis of the pathology report specifically state inflammatory carcinoma? | YES
NO | Code 8530 (inflammatory carcinoma). | Record dermal lymphatic invasion in Collaborative Staging.

January 1, 2007
Breast Histology Coding Rules - Flowchart
(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR: INVASIVE CARCINOMA ONLY
(Single Tumor; all parts are invasive)

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H14</td>
<td>Is only one histologic type identified? YES</td>
<td>Code the histology.</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>H15</td>
<td>Are there two or more specific duct carcinomas? YES</td>
<td>Code the numerically higher ICD-O-3 histology code. Use Table 2 to identify duct carcinomas</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>H16</td>
<td>Is there a combination of lobular (8520) and duct carcinoma (Table 3)? YES</td>
<td>Code 8522 (duct and lobular). Use Table 2 to identify duct carcinomas</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

Revised November 1, 2007
Breast Histology Coding Rules - Flowchart
(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR: INVASIVE CARCINOMA ONLY
(Single Tumor; all parts are invasive)

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H17</td>
<td>YES</td>
<td>Code <strong>8523</strong> (duct mixed with other types of carcinoma).</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>1. Use Table 2 to identify duct carcinomas.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Other carcinomas exclude lobular and any duct carcinoma listed on Table 1 or Table 2.</td>
</tr>
<tr>
<td>H18</td>
<td>YES</td>
<td>Code <strong>8524</strong> (lobular mixed with other types of carcinoma).</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>Other carcinomas exclude lobular and any duct carcinoma listed on Table 1 or Table 2.</td>
</tr>
<tr>
<td>H19</td>
<td>YES</td>
<td>Code <strong>8255</strong> (adenocarcinoma with mixed subtypes) (Table 3).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use Table 2 to identify duct carcinomas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>This is the end of instructions for Single Tumor: Invasive Carcinoma Only.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Code the histology according to the rule that fits the case.</td>
</tr>
</tbody>
</table>

Revised November 1, 2007
# Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

## MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>H20</strong></td>
<td><strong>YES</strong></td>
<td>Code the histology documented by the physician.</td>
</tr>
<tr>
<td>Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?</td>
<td><strong>NO</strong></td>
<td>1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o Mammogram o PET Scan o Ultrasound 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.</td>
</tr>
<tr>
<td><strong>H21</strong></td>
<td><strong>YES</strong></td>
<td>Code the histology from a metastatic site.</td>
</tr>
<tr>
<td>Is the only specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)</td>
<td><strong>NO</strong></td>
<td>Code the behavior /3.</td>
</tr>
<tr>
<td><strong>H22</strong></td>
<td><strong>YES</strong></td>
<td>Code 8530 (inflammatory carcinoma).</td>
</tr>
<tr>
<td>Does the final diagnosis of the pathology report specifically state inflammatory carcinoma?</td>
<td><strong>NO</strong></td>
<td>Record dermal lymphatic invasion in Collaborative Staging.</td>
</tr>
</tbody>
</table>

Next Page
Breast Histology Coding Rules - Flowchart
(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MUTLIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H23</td>
<td>Is only one histologic type identified?</td>
<td>Code the histology.</td>
</tr>
<tr>
<td></td>
<td><strong>NO</strong></td>
<td></td>
</tr>
<tr>
<td>H24</td>
<td>Does the pathology report specifically state that the Paget disease is in situ and the underlying tumor is intraductal carcinoma (Table 1)?</td>
<td>Code 8543/2 (in situ Paget disease and intraductal carcinoma (Table 3).</td>
</tr>
<tr>
<td></td>
<td><strong>YES</strong></td>
<td>Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).</td>
</tr>
<tr>
<td>H25</td>
<td>Is there Paget disease and intraductal carcinoma (Table 3)?</td>
<td>Code 8543/3 (Paget disease and intraductal carcinoma).</td>
</tr>
<tr>
<td></td>
<td><strong>NO</strong></td>
<td></td>
</tr>
<tr>
<td>H26</td>
<td>Is there Paget disease and invasive duct carcinoma (Table 3)?</td>
<td>Code 8541/3 (Paget disease and infiltrating duct carcinoma).</td>
</tr>
<tr>
<td></td>
<td><strong>NO</strong></td>
<td></td>
</tr>
</tbody>
</table>

1. ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3).
2. Includes both invasive Paget disease and Paget disease with behavior not stated.
3. Use Table 2 to identify duct carcinomas.

Revised November 1, 2007
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

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</tr>
</thead>
</table>
| H27  | Are there invasive and in situ components? YES | Code the invasive histology.  
1. Ignore the in situ terms.  
2. This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category. Using these rules, combinations of invasive lobular and in situ duct carcinoma are coded to invasive lobular (8520/3) rather than the combination code for duct and lobular carcinoma (8522/3) |
| H28  | Is there any combination of lobular (8520) and duct carcinoma (Table 3)? YES | Code 8522 (duct and lobular).  
Use Table 2 to identify duct carcinomas. |
| H29  | Code the numerically higher ICD-O-3 histology code. | |

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary. Code the histology according to the rule that fits the case.
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Kidney  Multiple Primary Rules - Flowchart

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

* 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.

### UNKNOWN IF SINGLE OR MULTIPLE TUMORS

**M1**
- Is it impossible to determine if there is a single tumor or multiple tumors?
  - YES: SINGLE Primary
  - NO: Go to Single Tumor or Multiple Tumors

**NOTES**
- Tumor(s) not described as metastasis.
- Use this rule only after all information sources have been exhausted.
- End of instructions for Unknown if Single or Multiple Tumors

### SINGLE TUMOR

**M2**
- Is there a single tumor?
  - YES: SINGLE Primary
  - NO: Go to Multiple Tumors.

**NOTES**
- 1. Tumor not described as metastasis.
- 2. Includes combinations of in situ and invasive
- The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

- End of instructions for Single Tumor.
Kidney Multiple Primary Rules - Flowchart
(C649)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

* 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.

### MULTIPLE TUMORS

Multiple tumors may be a single primary or multiple primaries.

<table>
<thead>
<tr>
<th>M3</th>
<th>Is the diagnosis Wilms tumor?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>SINGLE Primary*</td>
</tr>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>M4</th>
<th>Are there tumors in sites with ICD-O-3 topography codes that are different at the second (CXX) and/or third character (CXX)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>MULTIPLE Primaries**</td>
</tr>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>M5</th>
<th>Are there tumors in both the left and right kidney?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>MULTIPLE Primaries**</td>
</tr>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

**Notes**

1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

**Abstract as a single primary when the tumors in one kidney are documented to be metastatic from the other kidney.**
**Kidney Multiple Primary Rules - Flowchart**

(C649)

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

* 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.

<table>
<thead>
<tr>
<th>MULTIPLE TUMORS, continued</th>
<th>DECISION</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>M6 Are there tumors diagnosed more than three (3) years apart?</td>
<td>YES</td>
<td>MULTIPLE Primaries**</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>M7 Is there an invasive tumor following an in situ tumor more than 60 days after diagnosis?</td>
<td>YES</td>
<td>MULTIPLE Primaries**</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>M8 Is there one tumor with a specific renal cell type and another tumor with a different specific renal cell type (Table 1)?</td>
<td>YES</td>
<td>MULTIPLE Primaries**</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes**

1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.

2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.
Kidney Multiple Primary Rules - Flowchart

(C649)

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

* 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.

### Flowchart Key
- **question**
- **Decision**
- **Note**
- **FlowDirection**

### Notes
1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

#### Key:
- **C649**

#### Flowchart:

**M9**

- **Is there cancer/malignant neoplasm, NOS (8000) and another is a specific histology?**
  - **YES**
  - **SINGLE Primary**
  - **NO**
  - **Is there carcinoma, NOS (8010) and the other is a specific carcinoma?**
    - **YES**
    - **SINGLE Primary**
    - **NO**
    - **Is there adenocarcinoma, NOS (8140) and another is a specific adenocarcinoma?**
      - **YES**
      - **SINGLE Primary**
      - **NO**
      - **Is there renal cell carcinoma, NOS (8312) and the other is a single renal cell type (Table 1)?**
        - **YES**
        - **SINGLE Primary**
        - **NO**

**M10**

- **Do the tumors have ICD-O-3 histology codes that are different at the first (xXXX), second (xxx), or third (xxx) number?**
  - **YES**
  - **MULTIPLE Primaries**
  - **NO**

Next Page
**NOTES**

**DECISION**

| Rule M11 Examples: The following are examples of cases that use Rule M11. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. **Warning:** Using only these case examples to determine the number of primaries can result in major errors. |
|---|---|
| Example 1. Multiple tumors in one kidney with the same histology | Example 2. An in situ and invasive tumor diagnosed within 60 days |

* 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.

---

**Multiple Tumors, continued**

| **Does not meet any of the above criteria (M1 through M10).** |
| **YES** |
| **SINGLE Primary** |
| **NO** |

**End of instructions for Multiple Tumors.**

**ERROR:** Recheck rules. Stop when a match is found.
Kidney Histology Coding Rules - Flowchart

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

SINGLE TUMOR

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
</table>
| H1   | Is there no pathology/cytology specimen or is the pathology/cytology report unavailable? | Code the histology documented by the physician.  
1. Priority for using documents to code the histology  
   - Documentation in the medical record that refers to pathologic or cytologic findings  
   - Physician’s reference to type of cancer (histology) in the medical record  
   - CT or MRI scans  
2. Code the specific histology when documented.  
3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented. |
| H2   | Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site) | Code the histology from a metastatic site.  
Code the behavior /3. |
| H3   | Is only one histologic type identified? | Code the histology. |
### Kidney Histology Coding Rules - Flowchart

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

**SINGLE TUMOR**

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H4</td>
<td><strong>YES</strong></td>
<td>Code the Invasive histology.</td>
</tr>
<tr>
<td></td>
<td><strong>NO</strong></td>
<td></td>
</tr>
</tbody>
</table>

| H5   | **YES** | Code the specific type. |
|      | **NO** |                     |

1. Use Table 1 to identify specific renal cell types.
2. The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation.
3. The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.
**Kidney Histology Coding Rules - Flowchart**

(C649)

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

**SINGLE TUMOR**

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<thead>
<tr>
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<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H6</td>
<td>Are there two or more specific renal cell carcinoma types?</td>
<td>YES Code 8255 (adenocarcinoma with mixed subtypes). Use Table 1 to identify specific renal cell types. <strong>Example:</strong> Renal cell carcinoma, papillary and clear cell types. Assign code 8255.</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>H7</td>
<td>Code the numerically higher ICD-O-3 histology code.</td>
<td></td>
</tr>
</tbody>
</table>

This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.
Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?

YES: Code the histology documented by the physician.

NO: Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)

YES: Code the histology from a metastatic site.

NO: Code the behavior /3.

1. Priority for using documents to code the histology
   - Documentation in the medical record refers to pathologic or cytologic findings
   - Physician’s reference to type of cancer (histology) in the medical record
   - CT or MRI scans

2. Code the specific histology when documented.

3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
### Kidney Histology Coding Rules - Flowchart

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

#### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
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</tr>
</thead>
</table>
| **H10**   | ![If only one histologic type identified?](yes) | **Code the histology.**  
1. This rule should only be used when the first three numbers of the histology codes are identical. (This is a single primary.)  
2. See the Kidney Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive.  
- If one tumor is in situ and one is invasive, code the histology from the invasive tumor.  
- If both/all histologies are invasive, code the histology of the most invasive tumor. |
|           | ![If not identified?](no)                  |                                                                                                                                                    |

| **H11**   | ![Is one tumor in situ and the other invasive or are both tumors invasive?](yes) | **Code the histology of the most invasive tumor**  
1. This rule should only be used when the first three numbers of the histology codes are identical. (This is a single primary.)  
2. See the Kidney Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive.  
- If one tumor is in situ and one is invasive, code the histology from the invasive tumor.  
- If both/all histologies are invasive, code the histology of the most invasive tumor. |
|           | ![If not identified?](no)                  |                                                                                                                                                    |
**Kidney Histology Coding Rules - Flowchart**

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

**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Is there cancer/malignant neoplasm, NOS (8000) and a more specific histology? | YES | 1. Use Table 1 to identify specific renal cell types  
2. The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation.  
3. The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation. |
| NO   |        |                    |
| Is there carcinoma, NOS (8010) and a more specific carcinoma? | YES |  |
| NO   | Code the **specific type**. | |
| Is there adenocarcinoma, NOS (8140) and one specific adenocarcinoma type? | YES | |
| NO   | Code the **numerically higher** ICD-O-3 histology code. | |
| Is there renal cell carcinoma, NOS (8312) and one specific renal cell type? | NO | |

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.  
Code the histology according to the rule that fits the case.
Renal Pelvis, Ureter, Bladder and Other Urinary Multiple Primary Rules - Flowchart
(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

* 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.

FLOWCHART

UNKNOWN IF SINGLE OR MULTIPLE TUMORS

<table>
<thead>
<tr>
<th>DECISION</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1 Is it impossible to determine if there is a single tumor or multiple tumors?</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>Go to Single Tumor or Multiple Tumors</td>
</tr>
</tbody>
</table>

SINGLE TUMOR

<table>
<thead>
<tr>
<th>DECISION</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>M2 Is there a single tumor?</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>Go to Multiple Tumors</td>
</tr>
</tbody>
</table>

End of instructions for Unknown if Single or Multiple Tumors

Tumor(s) not described as metastasis.

Use this rule only after all information sources have been exhausted.

1. Tumor not described as metastasis.
2. Includes combinations of in situ and invasive.

The tumor may overlap onto or extend into adjacent/contiguous site or subsite.
**Renal Pelvis, Ureter, Bladder and Other Urinary Multiple Primary Rules - Flowchart**

(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

* 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.

**Flowchart Key**
- **question**
- **Decision**
- **Note**

**MULTIPLE TUMORS**

Multiple tumors may be a single primary or multiple primaries.

- **M3**
  - Are there tumors in both the right renal pelvis and the left renal pelvis and no other urinary sites are involved?
    - **YES**
      - MULTIPLE Primaries**
    - **NO**

- **M4**
  - Are there tumors in both the right ureter and the left ureter and no other urinary sites are involved?
    - **YES**
      - MULTIPLE Primaries**
    - **NO**

- **M5**
  - Is there an **invasive** tumor **following a non-invasive** or an **in situ** tumor more than 60 days after diagnosis?
    - **YES**
      - MULTIPLE Primaries**
    - **NO**

**NOTES**

1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

**NOTES**

Use this rule and abstract as a multiple primary unless documented to be metastatic.

1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.
2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.
Are there urothelial tumors (See Table 1) in two or more of the following sites:
- Renal pelvis (C659)?
- Ureter (C669)?
- Bladder (C670-C679)?
- Urethra/prostatic urethra (C680)?

Are there tumors diagnosed more than three (3) years apart?

Are there bladder tumors with any combination of the following histologies:
- papillary carcinoma (8050)
- transitional cell carcinoma (8120-8124)
- papillary transitional cell carcinoma (8130-8131)?

NOTES
1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.
Renal Pelvis, Ureter, Bladder and Other Urinary Multiple Primary Rules - Flowchart
(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

* 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.

### MULTIPLE TUMORS, continued

<table>
<thead>
<tr>
<th>M9</th>
<th>Are there tumors with ICD-O-3 histology codes that are different at the first (xxx), second (xx) or third number (xx)?</th>
<th>YES</th>
<th>MULTIPLE Primaries**</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| M10 | Are there tumors in sites with ICD-O-3 topography codes that are different at the second (Cxxx) and/or third character (Cxx)? | YES | MULTIPLE Primaries** |
|     |                                                                                                                   |     |                      |
| NO  |                                                                                                                   |     |                      |

| M11 | Does not meet any of the above criteria (M1 through M10). | YES | SINGLE Primary*       |
|     |                                                           |     | End of instructions for Multiple Tumors |
|     |                                                           |     | When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary. |
|     |                                                           | NO  | ERROR: Recheck rules. Stop when a match is found. |
Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart
(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
</table>
| H1            | Is there no pathology/cytology specimen or is the pathology/cytology    | 1. Priority for using documents to code the histology  
|               | report unavailable?                                                   | o Documentation in the medical record that refers to pathologic or cytologic findings  
|               | YES                                                                    | o Physician's reference to type of cancer (histology) in the medical record  
|               | NO                                                                    | o CT or MRI scans  
|               | Code the histology documented by the physician.                       | 2. Code the specific histology when documented.  
|               |                                                                       | 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.  |
| H2            | Is the specimen from a metastatic site? (there is no pathology/cytology | Code the histology from the metastatic site.                                                                                                                                                                           |
|               | specimen from the primary site)                                        | Code the behavior /3.                                                                                                                                                                                                 |

January 1, 2007
Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart
(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
</table>
| H3   | Is the histology:  
- Pure transitional cell carcinoma? or  
- Flat (non-papillary) transitional carcinoma? or  
- Transitional cell carcinoma with squamous differentiation? or  
- Transitional cell carcinoma with glandular differentiation? or  
- Transitional cell carcinoma with trophoblastic differentiation? or  
- Nested transitional cell carcinoma? or  
- Microcystic transitional cell carcinoma?  
YES | Code 8120  
(transitional cell/urothelial carcinoma)  
(Table 1 - Code 8120).  
| Flat transitional cell carcinoma is a more important prognostic indicator than papillary, and is likely to be treated more aggressively. |
| NO   |        |                    |
| H4   | Is the histology:  
- papillary carcinoma? or  
- Papillary transitional cell carcinoma? or  
- Papillary carcinoma and Transitional cell carcinoma?  
YES | Code 8130  
(papillary transitional cell carcinoma)  
(Table 1 - Code 8130).  
|                    |
| NO   |        |                    |
| H5   | Is only one histologic type identified?  
YES | Code the histology.  
|                    |
| NO   |        | Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).  |
Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart
(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

<table>
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<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H6</td>
<td><strong>Does the tumor have invasive and in situ components?</strong></td>
<td><strong>YES</strong> Code the invasive histology. <strong>NO</strong></td>
</tr>
</tbody>
</table>

|     | **Is one histologic term most specific?** | **YES** Code the most specific histologic term | **NO** |

|     | **Code the numerically higher ICD-O-3 histology code.** |

Examples
- Cancer/malignant neoplasm, NOS (8000) and a more specific histology
- Carcinoma, NOS (8010) and a more specific carcinoma
- Sarcoma, NOS (8800) and a more specific sarcoma (invasive only)

1. The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ______ differentiation.
2. The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with ______ differentiation.

This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.
Urinary Histology Rules - Flowchart


Multiple Tumors Abstracted as a Single Primary

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H9</td>
<td>Yes</td>
<td>Code the histology documented by the physician.</td>
</tr>
</tbody>
</table>
|      |        | 1. Priority for using documents to code the histology:  
|      |        | - Documentation in the medical record that refers to pathologic or cytologic findings  
|      |        | - Physician’s reference to type of cancer (histology) in the medical record  
|      |        | - CT or MRI scans  
|      |        | 2. Code the specific histology when documented.  
|      |        | 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented. |
| H10  | Yes    | Code the histology from the metastatic site. |
|      |        | Code the behavior /3. |
|      | No     | Next Page |

January 1, 2007
Is the histology:
- Pure transitional cell carcinoma? or
- Flat (non-papillary) transitional cell carcinoma? or
- Transitional cell carcinoma with squamous differentiation? or
- Transitional cell carcinoma with glandular differentiation? or
- Transitional cell carcinoma with trophoblastic differentiation? or
- Nested transitional cell carcinoma? or
- Microcystic transitional cell carcinoma?

**H11**

**Action**
- Code **8120**
  (transitional cell/urothelial carcinoma)
  (Table 1 - Code 8120).

**Notes and Examples**
- Flat transitional cell carcinoma is a more important prognostic indicator than papillary, and is likely to be treated more aggressively.

Is the histology:
- papillary carcinoma? or
- Papillary transitional carcinoma? or
- Papillary carcinoma and Transitional carcinoma?

**H12**

**Action**
- Code **8130**
  (papillary transitional cell carcinoma)
  (Table 1 - Code 8130).

**Notes and Examples**
- Papillary transitional cell carcinoma is more important prognostic indicator than papillary, and is likely to be treated more aggressively.
Renal Pelvis, Ureter, Bladder and Other Urinary Histology Coding Rules - Flowchart
(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>H13</strong></td>
<td>Is only one histologic type identified?</td>
<td>Code the histology.</td>
</tr>
<tr>
<td>YES</td>
<td></td>
<td>Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).</td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **H14** | Is one tumor in situ and the other invasive or are both tumors invasive? | Code the histology of the most invasive tumor. |
| YES | | 1. This rule should only be used when the first three numbers of the histology codes are identical (This is a single primary). |
| | | 2. See the Renal Pelvis, Ureter, Bladder and Other Urinary Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive. |
| NO | | o If one tumor is in situ and one is invasive, code the histology from the invasive tumor. |
| | | o If both/all histologies are invasive, code the histology of the most invasive tumor. |

| **H15** | Code the numerically higher ICD-O-3 code. | |

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary. Code the histology according to the rule that fits the case.
Benign and Borderline Intracranial and CNS Tumors Multiple Primary Rules - Flowchart
(C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)

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

* 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.

### UNKNOWN IF SINGLE OR MULTIPLE TUMORS

<table>
<thead>
<tr>
<th>Question</th>
<th>Decision</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is it impossible to determine if there is a single tumor or multiple tumors?</td>
<td>YES SINGLE Primary*</td>
<td>Tumor(s) not described as metastasis.</td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td>Use this rule only after all information sources have been exhausted.</td>
</tr>
<tr>
<td>Error: Choose appropriate module</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SINGLE TUMOR

<table>
<thead>
<tr>
<th>Question</th>
<th>Decision</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a single tumor?</td>
<td>YES SINGLE Primary*</td>
<td>The tumor may overlap onto or extend into adjacent/contiguous site or subsite.</td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Error: Choose appropriate module</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tumor not described as metastasis.
Benign and Borderline Intracranial and CNS Tumors Multiple Primary Rules - Flowchart

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

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

* 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.

M3
Is there an invasive tumor (/3) and either a benign brain tumor (/0) or an uncertain/borderline brain tumor (/1)?

YES
MULTIPLE Primaries**

NO
M4
Are there tumors in sites with ICD-O-3 topography codes that are different at the second (C2xx), third character (Cxxx) and/or fourth character (Cxxxx)?

YES
MULTIPLE Primaries**

NO
M5
Are there tumors on both sides (left and right) of a paired site (See Table 1)?

YES
MULTIPLE Primaries**

NO

Tumors not described as metastases.

Revised April 30, 2008
Benign and Borderline Intracranial and CNS Tumors Multiple Primary Rules - Flowchart
(C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)

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

* 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.

<table>
<thead>
<tr>
<th>MULTIPLE TUMORS, continued</th>
<th>DECISION</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M6</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there an atypical choroid plexus papilloma (9390/1) following a choroid plexus papilloma, NOS (9390/0)?</td>
<td><strong>YES</strong></td>
<td>SINGLE Primary*</td>
</tr>
<tr>
<td></td>
<td><strong>NO</strong></td>
<td></td>
</tr>
</tbody>
</table>

| **M7**                    |          |       |
| Is there a neurofibromatosis, NOS (9540/1) following a neurofibroma, NOS (9540/0)? | **YES**  | SINGLE Primary* |
|                            | **NO**   |       |

| **M8**                    |          |       |
| Do the tumors have two or more histologic types on the same branch in Chart 1? | **YES**  | SINGLE Primary* |
|                            | **NO**   |       |

**NOTES**
- Tumors not described as metastases.
- Do not code progression of disease as multiple primaries.

Flowchart Key
- Question
- End Program
- Notes
- Flow Direction
Benign and Borderline Intracranial and CNS Tumors Multiple Primary Rules - Flowchart
(C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)

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

* 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.

<table>
<thead>
<tr>
<th>MULTIPLE TUMORS, continued</th>
<th>DECISION</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>M9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do the tumors have multiple histologic types on <strong>different</strong>* branches in Chart 1?</td>
<td>YES</td>
<td>MULTIPLE Primaries**</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

M10

Do the tumors have **two or more histologic types** and at least one of the histologies is not listed in Chart 1?

YES MULTIPLE Primaries**

NO

M11

Do the tumors have ICD-O-3 histology codes that are **different** at the first (xxx), second (xx), or third (x) number?

YES MULTIPLE Primaries**

NO

Use this rule when none of the histology codes are listed in Chart 1.

Next Page

Revised April 30, 2008
Benign and Borderline Intracranial and CNS Tumors Multiple Primary Rules - Flowchart
(C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)

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

* 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.

<table>
<thead>
<tr>
<th>MULTIPLE TUMORS, continued</th>
<th>DECISION</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M12</strong></td>
<td><strong>YES</strong></td>
<td>Tumors not described as metastases.</td>
</tr>
<tr>
<td>Tumors do not meet any of the above criteria (M1 through M11).</td>
<td><strong>NO</strong></td>
<td>Timing is not used to determine multiple primaries for benign and borderline intracranial and CNS tumors.</td>
</tr>
<tr>
<td>END of instructions for Multiple Tumors.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Rule M12 Examples:** The following are examples of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary.

**Warning:** Using only these case examples to determine the number of primaries can result in major errors.

<table>
<thead>
<tr>
<th>Example 1</th>
<th>Example 2</th>
<th>Example 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tumors in the same site with the same histology (Chart 1) and the same laterality as the original tumor are a single primary.</td>
<td>Tumors in the same site with the same histology (Chart 1) and it is unknown if laterality is the same as the original tumor are a single primary.</td>
<td>Tumors in the same site and same laterality with histology codes not listed in Chart 1 that have the same first three numbers are a single primary.</td>
</tr>
</tbody>
</table>

Revised April 30, 2008
Benign and Borderline Intracranial and CNS Tumors Histology Coding Rules - Flowchart
(C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)

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

**SINGLE TUMOR**

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1</td>
<td>Is there <em>no pathology/cytology</em> specimen or is the <em>pathology/cytology</em> report unavailable?</td>
<td><strong>YES</strong> Code the histology documented by the physician.</td>
</tr>
</tbody>
</table>
|      | **NO** | 1. Priority for using documents to code the histology  
|      |        | - Documentation in the medical record that refers to pathologic or cytologic findings  
|      |        | - Physician’s reference to type of tumor (histology) in the medical record  
|      |        | - PET, CT or MRI scans  
|      |        | 2. Code the specific histology when documented.  
|      |        | 3. Code the histology to 8000 (neoplasm, NOS) as stated by the physician when nothing more specific is documented. |
| H2   | Is only *one histologic type* identified? | **YES** Code the histology. |
|      | **NO** |  

Revised April 30, 2008
Benign and Borderline Intracranial and CNS Tumors Histology Coding Rules - Flowchart
(C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)

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

**SINGLE TUMOR**

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H3</td>
<td>Are there multiple histologies and all histologies are in the same branch on Chart 1?</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

| H4   | Code the numerically higher ICD-O-3 code. |

This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

Revised April 30, 2008
Benign and Borderline Intracranial and CNS Tumors Histology Coding Rules - Flowchart
(C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)

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

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
</table>
| H5   | Code the histology documented by the physician. | 1. Priority for using documents to code the histology
   |       | o Documentation in the medical record that refers to pathologic or cytologic findings
   |       | o Physician's reference to type of tumor (histology) in the medical record
   |       | o PET, CT or MRI scans
   |       | 2. Code the specific histology when documented.
   |       | 3. Code the histology to 8000 (neoplasm, NOS) or as stated by the physician when nothing more specific is documented. |
| H6   | Code to 9530/1 | 1. This is a rare condition that is usually associated with neurofibromatosis type 2 and other genetic disorders.
   |       | 2. Use this code only for meningiomas with uncertain behavior; do not use this code for multiple benign or malignant meningiomas. |

Are there multiple meningiomas of uncertain behavior? | yes | Code to 9530/1 |

Is there no pathology/cytology specimen or is the pathology/cytology report unavailable? | yes | Code the histology documented by the physician. |

| NO | | |

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Revised April 30, 2008
Benign and Borderline Intracranial and CNS Tumors Histology Coding Rules - Flowchart
(C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)

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

**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H7</td>
<td><strong>Is only one histologic type identified?</strong></td>
<td><strong>YES</strong> Code the histology. <strong>NO</strong></td>
</tr>
<tr>
<td>H8</td>
<td><strong>Was there a previous tumor(s)?</strong></td>
<td><strong>YES</strong> Code the histology from the original diagnosis. <strong>NO</strong> Do not change the behavior code when a later tumor(s) shows progression of disease.</td>
</tr>
<tr>
<td>H9</td>
<td><strong>Are there multiple histologies and all histologies are in the same branch on Chart 1?</strong></td>
<td><strong>YES</strong> Code the more specific histology. <strong>NO</strong></td>
</tr>
<tr>
<td>H10</td>
<td></td>
<td>Code the <strong>numerically higher</strong> ICD-O-3 histology code.</td>
</tr>
</tbody>
</table>

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary. Code the histology according to the rule that fits the case.
This page left blank
Is there a single tumor?

M1

Is there an invasive tumor (I/3) and either a benign (I/0) or an uncertain/borderline tumor (I/1)?

YES

MUTIPLE Primaries**

NOTES

Use this rule only after all information sources have been exhausted.

NO

Go to Single Tumor or Multiple Tumors

M2

Is it impossible to determine if there is a single tumor or multiple tumors?

YES

SINGLE Primary*

End of instructions for Unknown if Single or Multiple Tumors

NO

Go to Single Tumor or Multiple Tumors

SINGLE TUMOR

M3

Is there a single tumor?

YES

SINGLE Primary*

End of instructions for Single Tumor.

NO

Go to Multiple Tumors.

NOTES

Tumor(s) not described as metastasis.

Tumor not described as metastasis.

The tumor may overlap onto or extend into adjacent/contiguous site or subsite.
Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Multiple Primary Rules - Flowchart

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 separate set of rules.

* 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.

### MULTIPLE TUMORS
Multiple tumors may be a single primary or multiple primaries.

<table>
<thead>
<tr>
<th>Decision</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tumors not described as metastases.</td>
<td></td>
</tr>
</tbody>
</table>

#### M4
Is there an invasive tumor (/3) and either a benign (/0) or an uncertain/borderline tumor (/1)?

- **YES**
  - MULTIPLE Primaries**

- **NO**

#### M5
Are there tumors in sites with ICD-O-3 topography codes that are different at the second (Cxx) and/or third character (Cxxx)?

- **YES**
  - MULTIPLE Primaries**

- **NO**

#### M6
Is there a glioblastoma or glioblastoma multiforme (9440) following a glial tumor (See Chart 1)?

- **YES**
  - SINGLE Primary*

- **NO**

Next Page
Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Multiple Primary Rules - Flowchart

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 separate set of rules.

* 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.

** Flowchart Key
- Question
- Decision
- Note
- Flow Direction

MULTIPLE TUMORS, continued

<table>
<thead>
<tr>
<th>M7</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do the tumors have ICD-O-3 histology on the same branch in Chart 1 or Chart 2?</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>SINGLE Primary*</td>
</tr>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>M8</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do the tumors have ICD-O-3 histology codes on different branches in Chart 1 or Chart 2?</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>MULTIPLE Primaries**</td>
</tr>
<tr>
<td>NO</td>
<td>Next Page</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tumors not described as metastases.</td>
</tr>
</tbody>
</table>

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.

Brain and CNS MP

January 1, 2007
Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Multiple Primary Rules - Flowchart

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 separate set of rules.

* 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.

MULTIPLE TUMORS, continued

<table>
<thead>
<tr>
<th>DECISION</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO TUMORS, not described as metastases.</td>
<td></td>
</tr>
</tbody>
</table>

M9

Do the tumors have ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx), or third (xxxx) number?

YES

MULTIPLE Primaries**

NO

M10

Does not meet any of the above criteria (M1 through M9).

YES

SINGLE Primary*

NO

End of instructions for Multiple Tumors.

ERROR: Recheck rules. Stop when a match is found.

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.

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.
SINGLE TUMOR

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
</table>
| H1   | Code the histology documented by the physician. | 1. Priority for using documents to code the histology  
   - Documentation in the medical record that refers to pathologic or cytologic findings  
   - Physician's reference to type of cancer (histology) in the medical record  
   - CT or MRI scans  
   2. Code the specific histology when documented.  
   3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) as stated by the physician when nothing more specific is documented. |
| H2   | Code the histology from a metastatic site. | Code the behavior /3. |
| H3   | Code 9382/3 (mixed glioma). | Note: Benign and borderline intracranial and CNS tumors have separate set of rules.  
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)  
Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Histology Coding Rules - Flowchart  
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753  
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Note: Benign and borderline intracranial and CNS tumors have separate set of rules.  
Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Histology Coding Rules - Flowchart  
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753  
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Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Histology Coding Rules - Flowchart  
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753  
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Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Histology Rules - Flowchart

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.

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H4</td>
<td>Yes</td>
<td>Code the histology.</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>H5</td>
<td>Yes</td>
<td>Code the specific type</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>H6</td>
<td>Code the numerically higher ICD-O-3 code.</td>
<td></td>
</tr>
</tbody>
</table>

This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.
Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Histology Rules - Flowchart

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

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H7</td>
<td></td>
<td>1. Priority for using documents to code the histology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Documentation in the medical record that refers to pathologic or cytologic findings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Physician’s reference to type of cancer (histology) in the medical record</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- CT or MRI scans</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Code the specific histology when documented.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or as stated by the physician when nothing more specific is documented.</td>
</tr>
<tr>
<td>H8</td>
<td></td>
<td>Code the behavior /3.</td>
</tr>
</tbody>
</table>

Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?

Is the only specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)
### Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Histology Rules - Flowchart

**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.

<table>
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<th>Rule</th>
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<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>H9</strong></td>
<td>Is only <strong>one histologic type</strong> identified?</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td><strong>H10</strong></td>
<td>Does the diagnosis include a <strong>non-specific term and a specific term or type on the same branch</strong> in Chart 1 or Chart 2?</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td><strong>H11</strong></td>
<td>Code the <strong>numerically higher</strong> ICD-O-3 histology code.</td>
<td></td>
</tr>
</tbody>
</table>

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary. Code the histology according to the rule that fits the case.
Other Sites Multiple Primary Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

* 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.

---

**UNKNOW IF SINGLE OR MULTIPLE TUMORS**

**DECISION**

**NOTES**

Tumor(s) not described as metastasis.

 USE THIS RULE ONLY AFTER ALL INFORMATION SOURCES HAVE BEEN EXHAUSTED.

**SINGLE TUMOR**

**DECISION**

1. Tumor not described as metastasis.
2. Includes combinations of in situ and invasive

**NOTES**

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

---

Other Sites MP

January 1, 2007
**Other Sites Multiple Primary Rules - Flowchart**

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

* 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.

### MULTIPLE TUMORS
Multiple tumors may be a single primary or multiple primaries.

#### M3

---

Is the diagnosis adenocarcinoma of the prostate?

- **YES**
  - SINGLE Primary

- **NO**

#### M4

---

Is the diagnosis retinoblastoma (unilateral or bilateral)?

- **YES**
  - SINGLE Primary

- **NO**

---

1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

---

1. Report only one adenocarcinoma of the prostate per patient per lifetime.
2. 95% of prostate malignancies are common (acinar) adenocarcinoma histology (8140). See Equivalent Terms, Definitions and Tables for more information.
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.
* 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.

Multiple tumors may be a single primary or multiple primaries.

**M5**
Is the diagnosis Kaposi sarcoma (any site or sites)?

**M6**
Are there follicular and papillary tumors of the thyroid within 60 days of diagnosis?

**M7**
Are there bilateral epithelial tumors (8000-8799) of the ovary within 60 days of diagnosis?

1. Tumors not described as metastases.  
2. Includes combinations of in situ and invasive.
This page left blank
MULTIPLE TUMORS, continued

M8
Are there tumors in both the left and right sides of a paired site (Table 1)?

YES
MULTIPLE Primaries**

Table 1 - Paired Organs and Sites with Laterality

M9
Is the diagnosis adenocarcinoma in adenomatous polyposis coli (familial polyposis) with one or more malignant polyps?

YES
SINGLE Primary*

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

M10
Are there tumors diagnosed more than one (1) year apart?

YES
MULTIPLE Primaries**

NOTE:
1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

Other Sites Multiple Primary Rules - Flowchart (Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

* 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.
NOTES

** 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.

### MULTIPLE TUMORS, continued

#### DECISION

1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

#### NOTES

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: Example 1: A tumor in the cervix \[C539\] and a tumor in the vulva \[C519\] have different second characters in their ICD-O-3 topography codes, so they are multiple primaries.

---

**Flowchart Key**

- Question
- Decision
- Note
- Flow Direction

---

**Flowchart Diagram**

1. **M11**
   - Are there tumors in sites with ICD-O-3 topography codes that are **different** at the second (\(C_{xx}\)) and/or third character (\(C_{xxx}\))?
   - **YES**
     - MULTIPLE Primaries**
   - **NO**

2. **M12**
   - Are there tumors in sites with ICD-O-3 topography codes that **differ** at only the **fourth character** (\(C_{xxxx}\)) and are **in** any one of the following primary sites:
     - 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 (\(C44\))
   - **YES**
     - MULTIPLE Primaries**
   - **NO**

---

Next Page
Other Sites Multiple Primary Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

* 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.

<table>
<thead>
<tr>
<th>MULTIPLE TUMORS, continued</th>
<th>DECISION</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M13</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a <strong>frank</strong> in situ or malignant adenocarcinoma and an in situ or malignant tumor in a polyp?</td>
<td>YES</td>
<td>SINGLE Primary*</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

| **M14**                   |          |       |
| Are there multiple in situ and/or malignant polyps? | YES | SINGLE Primary* |
|                           | NO       |       |

| **M15**                   |          |       |
| Is there an **invasive** tumor following an in situ tumor more than 60 days after diagnosis? | YES | MULTIPLE Primary** |
|                           | NO       |       |
**Other Sites Multiple Primary Rules - Flowchart**

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

* 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.

### MULTIPLE TUMORS, continued

<table>
<thead>
<tr>
<th>Decision</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tumors not described as metastases.</td>
<td></td>
</tr>
<tr>
<td>2. Includes combinations of in situ and invasive.</td>
<td></td>
</tr>
</tbody>
</table>

**Flowchart Key**
- **question**
- **Decision**
- **Note**
- **Flow Direction**

---

**M16**

- **Is there cancer/malignant neoplasm, NOS (8000) and another is a specific histology?**
  - **NO**
  - **YES**
    - **Is there carcinoma, NOS (8010) and another is a specific carcinoma?**
      - **NO**
      - **YES**
        - **Is there squamous cell carcinoma, NOS (8070) and another is a specific squamous carcinoma?**
          - **NO**
          - **YES**
            - **Is there adenocarcinoma, NOS (8140) and another is a specific adenocarcinoma?**
              - **NO**
              - **YES**
                - **Is there melanoma, NOS (8720) and another is a specific melanoma?**
                  - **NO**
                  - **YES**
                    - **Is there sarcoma, NOS (8800) and another is a specific sarcoma?**
                      - **NO**
                      - **YES**
                        - **SINGLE Primary**
                          - **Next Page**
                          - **决

---

January 1, 2007
**Other Sites Multiple Primary Rules - Flowchart**

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

* 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.

### MULTIPLE TUMORS, continued

<table>
<thead>
<tr>
<th>DECISION</th>
<th>NOTES</th>
</tr>
</thead>
</table>
| **YES**  | **MULTIPLE Primaries****  

Do the tumors have ICD-O-3 histology codes that are different at the first (xxxx), second (xxx), or third (xxx) number? 

NO |

**YES**  

SINGLE Primary*  

When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

ERROR: Recheck rules. Stop when a match is found.

End of instructions for Multiple Tumors.

---

1. Tumors not described as metastases.
2. Includes combinations of in situ and invasive.

---

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Other Sites Histology Coding Rules - Flowchart
(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

**SINGLE TUMOR: IN SITU ONLY**

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
</table>
| H1   | Code the histology documented by the physician | 1. Priority for using documents to code the histology  
   o Documentation in the medical record that refers to pathologic or cytologic findings  
   o Physician’s reference to type of cancer (histology) in the medical record  
   2. Code the specific histology when documented.  
   3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented. |
| H2   | Code the histology. | 1. Do not code terms that do not appear in the histology diagnosis.  
*Example:* Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis. |
Is the final diagnosis adenocarcinoma in a polyp?

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma).</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>Is the final diagnosis adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report?</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>Is the final diagnosis adenocarcinoma and there is reference to a residual or pre-existing polyp?</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>Is the final diagnosis mucinous/colloid or signet ring cell adenocarcinoma found in a polyp?</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>Is there documentation that the patient had a polypectomy?</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>It is important to know that the adenocarcinoma originated in the polyp.</td>
<td></td>
</tr>
</tbody>
</table>

Other Sites Histology Coding Rules - Flowchart
(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

SINGLE TUMOR: IN SITU ONLY
Other Sites Histo

Other Sites Histology Coding Rules - Flowchart
(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia)

SINGLE TUMOR: IN SITU ONLY

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<tr>
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<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H4</td>
<td></td>
<td>The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.</td>
</tr>
</tbody>
</table>

- Is there carcinoma, NOS (8010) and a specific in situ carcinoma?  
  - Yes
  - No

- Is there squamous cell carcinoma in situ, NOS (8070) and a specific in situ squamous cell carcinoma?  
  - Yes
  - No

- Is there adenocarcinoma in situ, NOS (8140) and a specific in situ adenocarcinoma?  
  - Yes
  - No

- Is there melanoma in situ, NOS (8720) and a specific in situ melanoma?  
  - Yes
  - No

Next Page
Other Sites Histology Coding Rules - Flowchart
(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)
SINGLE TUMOR: IN SITU ONLY

<table>
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<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H5</td>
<td>Does the tumor have <em>multiple specific histologies</em> or is there a non-specific histology with <em>multiple specific histologies</em>?</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>H6</td>
<td>Code the <em>numerically higher</em> ICD-O-3 code.</td>
<td></td>
</tr>
</tbody>
</table>

This is the end of instructions for Single Tumor: In Situ Carcinoma Only. Code the histology according to the rule that fits the case.
Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

SINGLE TUMOR: INVASIVE AND IN SITU

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H7</td>
<td>Code the single invasive histology. Ignore the in situ terms.</td>
<td>This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.</td>
</tr>
</tbody>
</table>

Does the tumor have invasive and in situ components?

YES

This is the end of instructions for Single Tumor: Invasive and In Situ Carcinoma. Code the histology according to the rule that fits the case.
SINGLE TUMOR: INVASIVE ONLY

**Rule**: Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?

- **YES**: Code the histology documented by the physician.
- **NO**: Next Page

**Notes and Examples**

1. Priority for using documents to code the histology:
   - Documentation in the medical record that refers to pathologic or cytologic findings
   - Physician's reference to type of cancer (histology) in the medical record
   - CT, PET or MRI scans

2. Code the specific histology when documented.

3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

**Rule**: Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site?)

- **YES**: Code the histology from a metastatic site.
- **NO**: Code the behavior /3.
Other Sites Histology Coding Rules - Flowchart
(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

SINGLE TUMOR: INVASIVE ONLY

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
</table>
| H10  | Code 8140 (adenocarcinoma, NOS) | 1. Do not code terms that do not appear in the histology description.  
**Example:** Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.  
2. If this is a papillary carcinoma of the thyroid, go to Rule H14 |

- **H10**
  - Is the diagnosis acinar (adenocarcinoma for prostate primaries?  
  - YES: Code 8140 (adenocarcinoma, NOS)  
  - NO  

- **H11**
  - Is only one histologic type identified?  
  - YES: Code the histology.  
  - NO  

Next Page

Revised November 1, 2007
Other Sites Histology Coding Rules - Flowchart
(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

SINGLE TUMOR: INVASIVE ONLY

<table>
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<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H12</td>
<td>Is the final diagnosis adenocarcinoma in a polyp?</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Is the final diagnosis adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report?</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Is the final diagnosis adenocarcinoma and there is reference to a residual or pre-existing polyp?</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>Is the final diagnosis mucinous/colloid or signet ring cell adenocarcinoma found in a polyp?</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>Is there documentation that the patient had a polypectomy?</td>
<td>YES</td>
</tr>
</tbody>
</table>

It is important to know that the adenocarcinoma originated in the polyp.

Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma).
**Rule**

Is there cancer/malignant neoplasm, NOS (8000) and a more specific histology?

**Action**

- **YES**
  - **Is there carcinoma, NOS (8010) and a more specific carcinoma?**
    - **YES**
      - Is there squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma?
        - **YES**
          - Is there adenocarcinoma, NOS (8140) and a more specific adenocarcinoma?
            - **YES**
              - Is there melanoma, NOS (8720) and a more specific melanoma?
                - **YES**
                  - Is there sarcoma, NOS (8800) and a more specific sarcoma?
                    - **YES**
                      - **Code the most specific histologic term**
            - **NO**
              - **Is there squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma?**
                - **YES**
                  - **Code the most specific histologic term**
                - **NO**
              - **Is there adenocarcinoma, NOS (8140) and a more specific adenocarcinoma?**
                - **YES**
                  - **Code the most specific histologic term**
                - **NO**
              - **Is there carcinoma, NOS (8010) and a more specific carcinoma?**
                - **YES**
                  - **Code the most specific histologic term**
                - **NO**
            - **NO**
          - **Is there squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma?**
            - **YES**
              - **Code the most specific histologic term**
            - **NO**
          - **Is there adenocarcinoma, NOS (8140) and a more specific adenocarcinoma?**
            - **YES**
              - **Code the most specific histologic term**
            - **NO**
          - **Is there carcinoma, NOS (8010) and a more specific carcinoma?**
            - **YES**
              - **Code the most specific histologic term**
            - **NO**
        - **NO**
    - **NO**
  - **NO**
  - **Is there squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma?**
    - **YES**
      - **Code the most specific histologic term**
    - **NO**
  - **Is there adenocarcinoma, NOS (8140) and a more specific adenocarcinoma?**
    - **YES**
      - **Code the most specific histologic term**
    - **NO**
  - **Is there carcinoma, NOS (8010) and a more specific carcinoma?**
    - **YES**
      - **Code the most specific histologic term**
    - **NO**

**Notes and Examples**

The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _______ differentiation. The terms architecture and pattern are subtypes only for in situ cancer.

**Example 1:** Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma 8480.

**Example 2:** Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma 8052.
# Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

## SINGLE TUMOR: INVASIVE ONLY

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>H14</strong></td>
<td><strong>YES</strong></td>
<td>Code papillary adeno-carcinoma, NOS (8260)</td>
</tr>
<tr>
<td><strong>NO</strong></td>
<td></td>
<td>Code papillary carcinoma, follicular variant (8340)</td>
</tr>
</tbody>
</table>

### Questions and Actions

**H14**

- **Is the tumor in the thyroid papillary carcinoma?**
  - **YES**
    - Code papillary adeno-carcinoma, NOS (8260)
  - **NO**

**H15**

- **Does the tumor in the thyroid have follicular and papillary carcinoma?**
  - **YES**
    - Code papillary carcinoma, follicular variant (8340)
  - **NO**

---

January 1, 2007
**Other Sites Histology Coding Rules - Flowchart**

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

**SINGLE TUMOR: INVASIVE ONLY**

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
</table>
| H16  | Does the tumor have **multiple specific histologies** or is there a non-specific histology with **multiple specific histologies**? | YES: Code the appropriate combination/mixed code (Table 2).  
NO: The specific histologies may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation.  
**Example 1** (multiple specific histologies): Mucinous and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes).  
**Example 2** (multiple specific histologies): Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma).  
**Example 3** (non-specific with multiple specific histologies): Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes). |
|      | Code the **numerically higher** ICD-O-3 code. | |

This is the end of instructions for Single Tumor: Invasive Carcinoma Only.  
Code the histology according to the rule that fits the case.
**Other Sites Histology Coding Rules - Flowchart**

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
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</tr>
</thead>
<tbody>
<tr>
<td>H18</td>
<td>Is there <strong>no</strong> pathology/cytology specimen or is the <strong>pathology/cytology</strong> report unavailable?</td>
<td>YES</td>
</tr>
</tbody>
</table>
|      | NO     |                     | 1. Priority for using documents to code the histology:  
|      |        |                     |   - Documentation in the medical record that refers to pathologic or cytologic findings  
|      |        |                     |   - Physicians reference to type of cancer (histology) in the medical record  
|      |        |                     |   - CT, PET or MRI scans  
|      |        |                     | 2. Code the specific histology when documented. |
|      |        |                     | 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented. |
| H19  | Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site?) | YES | Code the histology from a metastatic site. |
|      | NO     |                     | Code the behavior /3. |
| H20  | Is the diagnosis acinar (adenocarcinoma) for prostate primaries? | YES | Code 8140 (adenocarcinoma, NOS) |
|      | NO     |                     | Next Page |

January 1, 2007
Other Sites Histology Coding Rules - Flowchart

(Multiple Tumors Abstracted as a Single Primary)

Rule

H21

Is the diagnosis in situ squamous intraepithelial neoplasia grade III of the vulva (VIN III), vagina (VAIN III), or anus (AIN III)?

Action

NO

YES

Code 8077/2 (squamous intraepithelial neoplasia, grade III).

Notes and Examples

1. VIN, VAIN, and AIN are squamous cell carcinomas. Code 8077 cannot be used for glandular intraepithelial neoplasia such as prostatic intraepithelial neoplasia (PIN) or pancreatic intraepithelial neoplasia (PAIN).
2. This code may be used for reportable by agreement cases.

H22

Is the diagnosis in situ glandular intraepithelial neoplasia grade III of the pancreas (PAIN III)?

Action

NO

YES

Code 8148/2 (glandular intraepithelial neoplasia, grade III).

Notes and Examples

1. This code may be used for reportable by agreement cases such as intraepithelial neoplasia of the prostate (PIN III).
Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

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<tr>
<td>H23</td>
<td>Is only one histologic type identified? YES Code the histology Do not code terms that do not appear in the histology description. Example: Do not code squamous cell carcinoma non-keratinizing unless the words &quot;non-keratinizing&quot; actually appear in the diagnosis.</td>
<td></td>
</tr>
<tr>
<td>H24</td>
<td>Is there extramammary Paget disease and an underlying tumor of the anus, perianal region, or vulva? YES Code the histology of the underlying tumor</td>
<td></td>
</tr>
</tbody>
</table>

January 1, 2007
Other Sites Histology Coding Rules - Flowchart
(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

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</thead>
<tbody>
<tr>
<td>H25</td>
<td>YES</td>
<td>Is the final diagnosis adenocarcinoma in a polyp?</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>Is the final diagnosis adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report?</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>Is the final diagnosis adenocarcinoma and there is reference to a residual or pre-existing polyp?</td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>Is the final diagnosis mucinuous/colloid or signet ring cell adenocarcinoma found in a polyp?</td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>Is there documentation that the patient had a polypectomy?</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>It is important to know that the adenocarcinoma originated in the polyp.</td>
</tr>
</tbody>
</table>
### Other Sites Histology Coding Rules - Flowchart

**(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)**

**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

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</thead>
<tbody>
<tr>
<td>H26</td>
<td>Are the tumors in the thyroid papillary carcinomas?</td>
<td>Code papillary adenocarcinoma, NOS (8260)</td>
</tr>
<tr>
<td></td>
<td><strong>YES</strong></td>
<td><strong>This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>NO</strong></td>
<td></td>
</tr>
<tr>
<td>H27</td>
<td>Do the tumors in the thyroid have follicular and papillary carcinoma?</td>
<td>Code papillary carcinoma, follicular variant (8340)</td>
</tr>
<tr>
<td></td>
<td><strong>YES</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>NO</strong></td>
<td></td>
</tr>
<tr>
<td>H28</td>
<td>Does the tumor have invasive and in situ components?</td>
<td>Code the single invasive histology. <strong>Ignore the in situ terms.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>YES</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>NO</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Flowchart Key**

- **Rule**
- **Action**
- **Notes and Examples**

January 1, 2007
**Other Sites Histology Coding Rules - Flowchart**

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

**MUTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

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<tbody>
<tr>
<td>H29</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Is there cancer/malignant neoplasm, NOS (8000) and a more specific histology?**

- **NO**
  - **Is there carcinoma, NOS (8010) and a more specific carcinoma?**
    - **NO**
      - **Is there squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma?**
        - **NO**
          - **Is there adenocarcinoma, NOS (8140) and a more specific adenocarcinoma?**
            - **NO**
              - **Is there melanoma, NOS (8720) and a more specific melanoma?**
                - **NO**
                  - **Is there sarcoma, NOS (8800) and a more specific sarcoma?**
                    - **NO**
                      - Next Page

- **YES**
  - Code the most specific histologic term

- **YES**
  - The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation. The term architecture and pattern are subtypes only for in situ cancer.

**Example 1:** Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma 8480.

**Example 2:** Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma 8052.
**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

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</table>
| H30 | Does the tumor have multiple specific histologies or is there a non-specific histology with multiple specific histologies? | Code the appropriate combination/mixed code (Table 2) | The specific histologies may be identified as a type, subtype, predominantly, with features of, major, or with differentiation.  
**Example 1** (multiple specific histologies): Gyn malignancy with mucinous, serous and papillary adenocarcinoma. Code 8323 (mixed cell adenocarcinoma)  
**Example 2** (multiple specific histologies): Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma)  
**Example 3** (non-specific with multiple specific histologies): Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes) |
| H31 | Code the histology with the numerically higher ICD-O-3 code. | | |

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary. Code the histology according to the rule that fits the case.