Train the Trainers Workshop

and

Multiple Primary

and

Histology Coding Rules

August 2006
Multiple Primary and Histology Rules
101
Format of MP/H Materials
By the end of this presentation:

- Basic understanding of MP/H rules
- Pick a usage style
- Understand the MP/H rules and how they work
- Importance of reading
- How the equivalent terms work
What we will cover:

• General Information
• Format of new rules
• When and how to use the rules
• What to expect from the General Rules
Important!

- The 2007 multiple primary rules *replace all previous* multiple primary rules.
When?

• The rules are *effective for cases diagnosed January 1, 2007 and after.*

• **Do not** use these rules to abstract cases diagnosed prior to January 1, 2007.
Question ???

“How do I code a non-analytic case that comes to our hospital after 1/1/07 with residual/metastatic cancer diagnosed in 2005?”
Answer:

Use the previous rules.
Style

• The histology/multiple primary coding rules are available in three formats: flowchart, text, matrix.
• The rules are identical, only the formats differ.
Using the Rules

• *Notes and examples* are included with some of the rules to highlight key points or to add clarity to the rules.
  – They are not exclusive.
  – They do not replace the rules.
How to Use the Rules

1. Read the **General Instructions**
   
   General Terms/Definitions
   
   Used for all cases EXCEPT:
   
   Hematopoietic Primaries
   
   Benign or borderline CNS
   
   **DO NOT** use for casefinding
How to Use the Rules

2. Read the site-specific equivalent or equal terms

“Multicentric” = “Multifocal”

or

“Tumor” = “Mass” = “Lesion”

= “Neoplasm”
How to Use the Rules

3. Used for: coding **histology**
   except for hematopoietic primaries
   *(Do Not use for casefinding)*

4. Use **multiple primary rules** before
   coding **histology**

5. Code **histology** for each primary
How to Use the Rules

6. Use **site-specific** rules for:
   - Brain, malignant
   - Breast
   - Colon
   - Head & Neck
   - Kidney
   - Lung
   - Malignant Melanoma of Skin
   - Renal Pelvis, ureter, bladder and other urinary
How to Use the Rules

7. Use “Other Sites” rules

8. Determine single vs. multiple tumors
   - Don’t count metastatic tumors
   - Multicentric/multifocal = Unknown if single or multiple tumors
   - Don’t count the foci
   - Only count tumors used to prepare abstract
How to Use the Rules

9. Each Section = Complete Set of Rules
   *Stay within module

10. Use the first rule that applies and
Pathology Reports

- Code from the pathology report
  1. from the *most representative* specimen examined
  2. from the *final diagnosis*
Pathology Reports

**Note 1:** A *revised/amended diagnosis* replaces the original final diagnosis. Code the histology from the revised/amended diagnosis.

**Note 2:** The new rules *limit* the information *to the final diagnosis*. The old rules allowed coding from information in the microscopic description.
Pathology Reports

If there is **NO** pathology report:

1. Cytology report
2. Documentation in the medical record that references pathology or cytology
Using the Rules

The Multiple Primary Rules

3 independent modules

1. Unknown if Single or Multiple Tumors
2. Single tumor
3. Multiple tumors

Rules in appropriate module
Using the Rules

The **Histology** Coding Rules

2 independent modules

1. Single Tumor (one primary site)
2. Multiple Tumors abstracted as a single primary site

Rules are hierarchical within each module
General Terms and Definitions

- Bilateral
- Clinical Diagnosis
- Contiguous tumor
- Contralateral
- Different histology
- Different (multiple) primaries
- Focal
- Foci
- Focus
- Ipsilateral
- Most representative specimen
- Multiple primaries
- Overlapping tumor
- Paired organ/site
- Single histology
- Single (one) primary
- Unilateral
General Terms and Definitions (continued)

Recurrence

1. The reappearance of disease that was thought to be cured or inactive (in remission).

2. A new occurrence of cancer arising from cells that have nothing to do with first cancer. A new occurrence of cancer
General Terms and Definitions (continued)

Recurrence continued

- **Do not** use a physician’s statement

- Use the multiple **primary** rules as written
  - unless a pathologist compares the present tumor to the “original” tumor and states that this tumor is a recurrence of the previous primary.
Ambiguous Terms

- Apparent(ly)
- Appears
- Comparable with
- Compatible with
- Consistent with
- Favor(s)

- Most likely
- Presumed
- Probable
- Suspect(ed)
- Suspicious (for)
- Typical (of)
No “Negative” Lists

• *If it isn’t listed, don’t code it.*

  ✷ No “Do not use ambiguous terms” list

  ✷ No “Terms that do not represent the majority of the tumor” list
Using the Rules

• Notes and examples are included with some of the rules:
  1. Highlight key points
  2. Add Clarity
They are NOT exclusive
They DO NOT replace the rules
Learning Styles

- Visual
- Auditory
- Read/Write
- Kinesthetic
- Text
- Flowchart
- Matrix

Use what works for you!
Example of Text Format

Multiple Primary Rules

M2  A single tumor is always a *single* primary

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

Histology Rules

H4  Code the *invasive* histologic type when a single tumor has invasive and in situ components.
Example of **Matrix Format**

### Multiple Primary Rules

<table>
<thead>
<tr>
<th>Rule</th>
<th>Site</th>
<th>Notes/Examples</th>
<th>Primary</th>
</tr>
</thead>
<tbody>
<tr>
<td>M2</td>
<td>Single Tumor</td>
<td>The tumor may overlap onto or extend into adjacent/contiguous site or subsite.</td>
<td>Single</td>
</tr>
</tbody>
</table>

### Histology Rules

<table>
<thead>
<tr>
<th>Rule</th>
<th>Behavior</th>
<th>Notes/Examples</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>H4</td>
<td>Invasive and in situ</td>
<td></td>
<td>The invasive histologic type</td>
</tr>
</tbody>
</table>
Example of Flowchart Format
Multiple Primary Rules

**LUNG**

<table>
<thead>
<tr>
<th>SINGLE TUMOR</th>
<th>DECISION</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>M2</td>
<td>Is there a single tumor?</td>
<td>SINGLE Primary*</td>
</tr>
<tr>
<td>NO</td>
<td>YES</td>
<td>Tumor not described as metastasis.</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>The tumor may overlap onto or extend into adjacent/contiguous site or subsite.</td>
</tr>
</tbody>
</table>

End of instructions for Single Tumor.
Example of **Flowchart Format**

**Histology Coding Rules**

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>H4</strong> Does the tumor have <em>invasive and in situ</em> components?</td>
<td>Code the invasive histologic type.</td>
</tr>
</tbody>
</table>

LUNG
SINGLE TUMOR
Warning!

Do not use all three format of rules at the same time
Using the Rules

First the Multiple Primary Rules

3 independent modules:
Unknown if Single or Multiple Tumors
Single Tumor
Multiple Tumors

Use rules in appropriate module
Using the Rules

Second are the **Histology** Coding Rules

Two independent modules:
- Single Tumor (one primary site)
- Multiple Tumors abstracted as a single primary site

Rules are hierarchical within each module.
Chart 1 – Lung Histology Groups and Specific Types

**Note:** This chart is based on the *WHO Classification of Tumors* for tumors of the lung. The chart is not a complete listing of histologies that may occur in the lung.

**Chart Instructions:** Use this chart with multiple primary rule M10 to identify types of non-small cell carcinoma. Use this chart with the histology rules to code the most specific histologic term. The tree is arranged in descending order. Each branch is a histology group, starting with the NOS or group terms and descending into the specific types for that group. As you follow the branch down, the terms become more specific.
Chart 2 – Most Common Lung Histology Groups

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

**Note:** This chart is based on the *WHO Classification of Tumors* for tumors of the lung. The chart is **not** a complete listing of histologies that may occur in the lung.

- Malignant neoplasm, NOS and Malignant tumor cells (8000 and 8001)
  - Carcinoma, NOS, Carcinoma, undifferentiated, NOS and Carcinoma, anaplastic, NOS (8010, 8020 and 8021)
    - Neuroendocrine CA, NOS (8246)
    - Carcinoid, NOS (8240)
    - Small Cell CA, NOS (8041)
    - Non-Small Cell CA (8046)
      - Sarcomatoid CA (8033)
        - Pleomorphic CA (8022)
          - Large Cell CA, NOS (8012)
            - AdenoCA, NOS (8140)
            - Squamous Cell CA, NOS (8070)
Table 1 – Combination/Mixed Codes for Lung Histologies

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

<table>
<thead>
<tr>
<th>Column 1: Required Terms</th>
<th>Column 2: Additional Required Terms</th>
<th>Column 3: ICD-O-3 Term</th>
<th>Column 4: ICD-O-3 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giant cell carcinoma AND spindle cell carcinoma</td>
<td></td>
<td>Giant cell and spindle cell carcinoma</td>
<td>8030</td>
</tr>
<tr>
<td>Small cell carcinoma AND one of the histologies in Column 2 <strong>Note:</strong> Diagnosis must be small cell carcinoma (NOS), not a subtype of small cell</td>
<td>Adenocarcinoma Large cell carcinoma Squamous cell carcinoma</td>
<td>Combined small cell carcinoma Mixed small cell carcinoma</td>
<td>8045</td>
</tr>
<tr>
<td>Squamous cell carcinoma* AND large cell nonkeratinizing</td>
<td></td>
<td>Squamous cell carcinoma, large cell, nonkeratinizing</td>
<td>8072</td>
</tr>
<tr>
<td>Squamous cell carcinoma AND small cell nonkeratinizing</td>
<td></td>
<td>Squamous cell carcinoma, small cell, nonkeratinizing</td>
<td>8073</td>
</tr>
<tr>
<td>Squamous cell carcinoma* AND one of the histologies in Column 2</td>
<td>Spindle cell carcinoma Sarcomatoid</td>
<td>Squamous cell carcinoma, spindle cell Squamous cell carcinoma, sarcomatoid</td>
<td>8074</td>
</tr>
<tr>
<td>A combination of at least two of the histologies in Column 2**</td>
<td>Acinar Bronchioloalveolar carcinoma Bronchioloalveolar carcinoma non mucinous (Clara cell/type II pneumocyte) Bronchioloalveolar carcinoma mucinous (goblet cell) Bronchioloalveolar carcinoma mixed mucinous and non-mucinous Clear cell adenocarcinoma Papillary adenocarcinoma Solid adenocarcinoma Well-differentiated fetal adenocarcinoma</td>
<td>Adenocarcinoma with mixed subtypes**</td>
<td>8255**</td>
</tr>
</tbody>
</table>
Other Miscellaneous

• **Other Sites**
  – Similar to site-specific rules
  – Some site-specific rules included
    • Prostate
    • Ovary
    • Retinoblastoma
    • Kaposi sarcoma
    • Thyroid
  – Address remaining combination and mixed histology issues
Lung
Multiple Primary Rules
Unknown Number of Tumors Module
Rule M1  When it is not possible to determine if there is a *single* tumor or *multiple* tumors, opt for a single tumor and abstract as a *single* primary.*

*Note 1: Use this rule only after all information sources have been exhausted*
This is the end of instructions for Unknown Number of Tumors
Single Tumor Module
Single Tumor
Note: Tumor not described as metastasis

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

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

*Prepare one abstract.
This is the end of instructions for Single Tumor.
This is the end of instructions for Single Tumors
Multiple Tumors Module
Multiple Tumors

Multiple tumors may be a single or multiple primaries
Note: Tumors not described as metastases

Rule M3 Tumors in sites with ICD-O-3 topography codes that are different at second (Cxxx) and/or third character (Cxxxx) are multiple primaries. **

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

Multiple tumors may be a single or multiple primaries
Note: Tumors not described as métastases

Rule M4  At least one tumor that is
non-small cell carcinoma (8046) and
another tumor that is small cell
carcinoma (8041-8045) are multiple
primaries.**
Multiple Tumors

Multiple tumors may be a single or multiple primaries
Note: Tumors not described as metastases

Rule M5  A tumor that is *adenocarcinoma* with *mixed* subtypes (8255) and another that is *bronchioloalveolar* (8250-8254) are multiple primaries. **
Multiple Tumors

Multiple tumors may be a single or multiple primaries
Note: Tumors not described as metastases

Rule M6  A single tumor in each lung is multiple primaries. **

Note: When there is a single tumor in each lung, abstract as multiple primaries unless stated or proven to be metastatic.
Multiple Tumors
Multiple tumors may be a single or multiple primaries
Note: Tumors not described as metastases

Rule M7  *Multiple* tumors in *both* lungs with ICD-O-3 histology codes that are different at the first (*xxxx*), second (*xxxx*) or third (*xxxx*) number are multiple primaries. **
Multiple Tumors

Multiple tumors may be a single or multiple primaries
Note: Tumors not described as metastases

Rule M8  Tumors diagnosed more than three (3) years apart are multiple primaries.**
Multiple Tumors

Multiple tumors may be a single or multiple primaries
Note: Tumors not described as metastases

Rule M9  An invasive tumor following an in situ tumor more than 60 days after diagnosis is a multiple primary.**

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

Multiple tumors may be a single or multiple primaries
Note: Tumors not described as metastases

**Rule M10** Tumors with *non-small cell carcinoma, NOS* (8046) *and a more specific non-small cell carcinoma type* (Chart 1) are a single primary.*
Multiple Tumors

Multiple tumors may be a single or multiple primaries
Note: Tumors not described as metastases

Rule M11  Tumors with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries**

Note: Adenocarcinoma in one tumor and squamous cell carcinoma in another tumor are multiple primaries.
Multiple Tumors

Multiple tumors may be a single or multiple primaries
Note: Tumors not described as metastases

Rule M12 Tumors that do not meet any of the above criteria are a single primary.*

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

Note 2: All cases covered by this rule are the same histology.
Multiple Tumors

Multiple tumors may be a single or multiple primaries
Note: Tumors not described as metastases

Footnotes:

* 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 abstract.
This is the end of instructions for Multiple Tumors
Lung Histology

Rules

Excludes lymphoma and leukemia M9590-9989 and Kaposi Sarcoma M9140
Lung Histology Rules

Single Tumor Module
Single Tumor

**Rule H1** Code histology documented by physician when there is no pathology/cytology specimen or pathology/cytology report is not available.
Single Tumor

Rule H1 continued

Note 1: Priority of documents

• Documentation referring to pathologic/cytologic findings
• Physician’s reference to type of cancer in medical record
• CT, PET, or MRI scans
• Chest x-rays
Single Tumor

Rule H1 continued

Note 2: Code the specific histology when documented

Note 3: Code histology to 8000 or 8010 as stated by the physician when nothing more specific is documented
Single Tumor

**Rule H2**  Code histology from a metastatic site when there is no pathology/cytology specimen from primary site.

*Note: Code behavior /3*
Single Tumor

Rule H3  Code histology when only one histologic type is identified.

Note: Do not code terms that do not appear in the histology description.

Ex 1: Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.

Ex 2: Do not code bronchioalveolar non-mucinous unless the words “non-mucinous” actually appear in the diagnosis.
Single Tumor

**Rule H4** Code invasive histologic type when a single tumor has invasive and in situ components
Single Tumor

**Rule H5**  Code most specific term using Chart 1 when multiple histologies within same branch.

Examples of histologies within the same branch are:

- 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
- Sarcoma, NOS (8800) and a more specific sarcoma
Rule H5 continued

Note: The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation

Ex 1: Adenocarcinoma, predominantly mucinous. Code 8480 (mucinous adenocarcinoma).

Chart 1 – Lung Histology Groups and Specific Types

Note: This chart is based on the *WHO Classification of Tumors* for tumors of the lung. The chart is not a complete listing of histologies that may occur in the lung.

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

**Rule H6** Code appropriate combination/mixed code *(Table 1)* when there are multiple specific histologies or when there is a non-specific with multiple specific histologies
Rule H6 continued

Note: The specific histologies may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.


Ex 2 (multiple specific histologies): Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma).

Ex 3 (non-specific with multiple specific histologies): Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes).
Table 1 – Combination/Mixed Codes for Lung Histologies

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

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<tr>
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<td>Giant cell and spindle cell carcinoma</td>
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</tr>
<tr>
<td>Small cell carcinoma AND one of the histologies in Column 2</td>
<td>Adenocarcinoma</td>
<td>Combined small cell carcinoma</td>
<td>8045</td>
</tr>
<tr>
<td></td>
<td>Large cell carcinoma</td>
<td>Mixed small cell carcinoma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Squamous cell carcinoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Squamous cell carcinoma* AND large cell nonkeratinizing</td>
<td></td>
<td>Squamous cell carcinoma, large cell, nonkeratinizing</td>
<td>8072</td>
</tr>
<tr>
<td>Squamous cell carcinoma AND small cell nonkeratinizing</td>
<td></td>
<td>Squamous cell carcinoma, small cell, nonkeratinizing</td>
<td>8073</td>
</tr>
<tr>
<td>Squamous cell carcinoma* AND one of the histologies in Column 2</td>
<td>Spindle cell carcinoma</td>
<td>Squamous cell carcinoma, spindle cell</td>
<td>8074</td>
</tr>
<tr>
<td></td>
<td>Sarcomatoid</td>
<td>Squamous cell carcinoma, sarcomatoid</td>
<td></td>
</tr>
<tr>
<td>A combination of at least two of the histologies in Column 2**</td>
<td>Acinar</td>
<td>Adenocarcinoma with mixed subtypes**</td>
<td>8255**</td>
</tr>
<tr>
<td></td>
<td>Bronchioloalveolar carcinoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bronchioloalveolar carcinoma non mucinous (Clara cell/type II pneumocyte)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bronchioloalveolar carcinoma mucinous (goblet cell)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bronchioloalveolar carcinoma mixed mucinous and non-mucinous</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clear cell adenocarcinoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Papillary adenocarcinoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Solid adenocarcinoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Well-differentiated fetal adenocarcinoma</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Single Tumor

**Rule H7** Code the histology with the *numerically higher* ICDO-3 code.
This is the end of instructions for Single Tumor

STOP
Lung Histology

Rules

Multiple Tumor Module
Multiple Tumors Abstracted as a Single Primary

**Rule H8** Code histology documented by physician when there is no pathology/cytology specimen/report available
Rule H8 continued

Note 1: Priority of documents

- Documentation that refers to pathologic/cytologic findings
- Physician’s reference to type of cancer in medical record
- CT, PET, or MRI scans
- Chest x-rays
Multiple Tumors Abstracted as a Single Primary

Rule H8 continued

Note 2: Code the specific histology when documented

Note 3: Code histology to 8000 or 8010 as stated by the physician when nothing more specific is documented
Multiple Tumors Abstracted as a Single Primary

**Rule H9** Code the histology from a metastatic site when there is **no** pathology/cytology specimen from primary site

*Note: Code behavior /3*
Multiple Tumors Abstracted as a Single Primary

**Rule H10** Code the histology when only one histologic type is identified.

*Note:* Do not code terms that do not appear in the histology description.

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

*Ex 2:* Do not code bronchioalveolar non-mucinous unless the words “non-mucinous” actually appear in the diagnosis.
Multiple Tumors Abstracted as a Single Primary

Rule H11  Code the histology of the most invasive tumor.

Note 1: This rule should only be used when the first three numbers of histology are identical (This is a single primary).

Note 2: See Lung Equivalent Terms, Definitions, Charts, Tables, Illustrations for definition of most invasive.
This is the end of instructions for Multiple Tumors
Chart 2 – Most Common Lung Histology Groups

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

*Note:* This chart is based on the *WHO Classification of Tumors* for tumors of the lung. The chart is **not** a complete listing of histologies that may occur in the lung.
Chart 2: Most Common Lung Histology Groups

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

*Note:* This chart is based on the WHO Classification of Tumors for tumors of the lung. The chart is *not* a complete listing of histologies that may occur in the lung.
Table 1: Combination/Mixed Codes for Lung Histologies

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

Use the combination/mixed codes for a single tumor when all histologies are present in a single tumor.

*Note:* This table is not a complete listing of histologies that may occur in the lung.
### Table 1 – Combination/Mixed Codes for Lung Histologies

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

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<tr>
<td><em>Note: Diagnosis must be small cell carcinoma (NOS), not a subtype of small cell</em></td>
<td>Mixed small cell carcinoma</td>
<td></td>
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<tr>
<td>Squamous cell carcinoma* AND large cell nonkeratinizing</td>
<td>Squamous cell carcinoma, large cell, nonkeratinizing</td>
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</tr>
<tr>
<td><em>Note: Diagnosis must be small cell carcinoma (NOS), not a subtype of small cell</em></td>
<td>Squamous cell carcinoma, spindle cell</td>
<td>8074</td>
<td></td>
</tr>
<tr>
<td>A combination of at least two of the histologies in Column 2**</td>
<td>Adenocarcinoma with mixed subtypes**</td>
<td>8255**</td>
<td></td>
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*Note:* This table is not a complete listing of histologies that may occur in the lung.

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</tr>
<tr>
<td><em>Note: Diagnosis must be small cell carcinoma (NOS), not a subtype of small cell</em></td>
<td>Squamous cell carcinoma, spindle cell</td>
<td>8074</td>
<td></td>
</tr>
<tr>
<td>A combination of at least two of the histologies in Column 2**</td>
<td>Adenocarcinoma with mixed subtypes**</td>
<td>8255**</td>
<td></td>
</tr>
</tbody>
</table>
Multiple Primaries and Histology Coding Rules–Lung Cases

Case 1
Lung bx: Poorly differentiated non-small cell lung carcinoma (mixed large cell undifferentiated and adenocarcinoma).

(Single primary)
Histology code: 8140
Histology rule: H7
Multiple Primaries and Histology Coding Rules–Lung Cases

Case 2
Lung with moderately differentiated adenocarcinoma, mucin secreting cells, mixed acinar, papillary, and bronchioalveolar features.

(Single primary)
Histology code: 8255
Histology rule: H6
Multiple Primaries and Histology Coding Rules–Lung Cases

**Case 3**
Poorly differentiated carcinoma, non-small cell type.

(Single primary)
Histology code: **8046**
Histology rule: **H5**
Multiple Primaries and Histology Coding Rules–Lung Cases

Case 4
Lung, right upper lobectomy: 2 nodules of carcinoma with mucin production (c/w pulmonary primary), one nodule has bronchoalveolar features, the other shows focal squamous differentiation.

(2 primaries)   #1   #2

Histology code:  8250   8070
Histology rule:  H5   H5
MP/H Task Force