LUNG
Equivalent Terms, Def, Charts, Tables, Illustrations
Equivalent Terms

• Default
  – multiple tumors with only one biopsied

• Equivalent
  – Neuroendocrine ca – carcinoid
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.
Table 1 Instructions

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

**Note:** This table is not a complete listing of histologies that may occur in the lung
Table 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</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></td>
<td></td>
<td>Giant cell carcinoma AND one of the histologies in Column 2</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, 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>
<tr>
<td>Column 1: Required Terms</td>
<td>Column 2: Additional Required Terms</td>
<td>Column 3: ICD-O-3 Term</td>
<td>Column 4: ICD-O-3 Code</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------------------------------</td>
<td>------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Adenocarcinoma AND squamous cell carcinoma</td>
<td></td>
<td>Adenosquamous carcinoma</td>
<td>8560</td>
</tr>
<tr>
<td><em>Note: Diagnosis must be adenocarcinoma (NOS), not a subtype of adenocarcinoma</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epithelial carcinoma AND myoepithelial carcinoma</td>
<td></td>
<td>Epithelial-myoepithelial carcinoma</td>
<td>8562</td>
</tr>
</tbody>
</table>

* Squamous cell carcinoma and epidermoid carcinoma are synonyms.
** DO NOT USE code 8255 for adenocarcinoma combined with mucinous subtypes such as mucinous “colloid” adenocarcinoma (8480) mucinous cystadenocarcinoma (8470) or signet ring adenocarcinoma (8490).
Multiple Primary Rules
Unknown if Single or Multiple Tumors
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.
M1 Notes

Note 1: Use this rule only after all information sources have been exhausted.

Note 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).
Single Tumor
M2

A single tumor is always a single primary.

Note: The tumor may overlap onto or extend into adjacent/contiguous site or subsite.
Multiple Tumors
M3

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

*Note:* 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.
At least one tumor that is **non-small cell** carcinoma (8046) **and** another tumor that is **small cell** carcinoma (8041-8045) are multiple primaries.
A tumor that is adenocarcinoma with mixed subtypes (8255) and another that is bronchioloalveolar (8250-8254) are multiple primaries.
A single tumor in each lung is multiple primaries.
M6 Note

When there is a single tumor in each lung abstract as multiple primaries unless stated or proven to be metastatic.
M7

Multiple tumors in both lungs with ICD-O-3 histology codes that are different at the first (xxxx), second (xxx) or third (xxx) number are multiple primaries.
Tumors diagnosed more than three (3) years apart are multiple primaries.
An invasive tumor following an in situ tumor more than 60 days after diagnosis is a multiple primary.
M9 Notes

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

**Note 2:** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.
M10

Tumors with **non-small cell carcinoma, NOS** (8046) and a more **specific** non-small cell carcinoma **type** (Chart 1) are a single primary.
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.
Tumors with ICD-O-3 histology codes that are different at the first (xxx), second (xxx) or third (xxx) number are multiple primaries.
M11 Note

Note: Adenocarcinoma in one tumor and squamous cell carcinoma in another tumor are multiple primaries.
M12

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

**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.
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.
M12 Examples

Warning: Using only these case examples to determine the number of primaries can result in major errors.
## M12 Examples

<table>
<thead>
<tr>
<th>Example 1: Solitary tumor in one lung, multiple tumors in contralateral lung</th>
<th>Example 2: Diffuse bilateral nodules (This is the only condition when laterality = 4)</th>
<th>Example 3: An in situ and invasive tumor diagnosed within 60 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 4: Multiple tumors in left lung metastatic from right lung</td>
<td>Example 5: Multiple tumors in one lung</td>
<td>Example 6: Multiple tumors in both lungs</td>
</tr>
</tbody>
</table>
Histology Rules
Single Tumor
Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available.
Note 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
H1 Notes 2 and 3

**Note 2:** Code the specific histology when documented.

**Note 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 when there is no pathology/cytology specimen from the primary site.

*Note:* Code the behavior /3
H3

Code the histology when only one histologic type is identified.

Note: 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.
H4

Code the invasive histologic type when a single tumor has invasive and in situ components.
H5

Code the *most specific* term using Chart 1 *when* there are multiple histologies within the 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
- Squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma or
- Sarcoma, NOS (8800) and a more specific sarcoma
H5 Note

The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation
**Example 1:** Adenocarcinoma, predominantly mucinous. Code 8480 (mucinous adenocarcinoma).

**Example 2:** Non-small cell carcinoma, papillary squamous cell. Code 8052 (papillary squamous cell carcinoma).
H6

Code the appropriate combination/mixed code (Table 1) when there are multiple specific histologies or when there is a non-specific with multiple specific histologies.
**H6 Note and Examples**

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

**Example 1 (multiple specific histologies):** Solid and papillary adenocarcinoma. 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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<td>Giant cell and spindle cell carcinoma</td>
<td>8030</td>
</tr>
<tr>
<td>Small cell carcinoma AND one of the histologies in Column 2</td>
<td>Adenocarcinoma</td>
<td>Combined small cell carcinoma</td>
<td>8045</td>
</tr>
<tr>
<td><em>Note: Diagnosis must be small cell carcinoma (NOS), not a subtype of small cell</em></td>
<td>Large cell carcinoma</td>
<td>Mixed small cell carcinoma</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>Spindle cell carcinoma</td>
<td>Squamous cell carcinoma, spindle cell sarcomatoid</td>
<td>8074</td>
</tr>
<tr>
<td>Squamous cell carcinoma* AND one of the histologies in Column 2</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>Bronchiolealveolar carcinoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bronchiolealveolar carcinoma non mucinous (Clara cell/type II pneumocyte)</td>
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<td></td>
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<td></td>
<td>Bronchiolealveolar carcinoma mucinous (goblet cell)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bronchiolealveolar 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>
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</table>

Example 3 (non-specific with multiple specific histologies): Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes).
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<td></td>
<td>Squamous cell carcinoma, small cell, nonkeratinizing</td>
<td>8073</td>
</tr>
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<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>
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<td>Adenocarcinoma with mixed subtypes**</td>
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<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>

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

**Note: Diagnosis must be small cell carcinoma (NOS), not a subtype of small cell.

**Note: A combination of at least two of the histologies in Column 2.
H7

Code the histology with the **numerically higher** ICD-O-3 code.
Multiple Tumors Abstracted as a Single Primary
Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available.
**Note 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
H8 Notes 2 and 3

**Note 2:** Code the specific histology when documented.

**Note 3:** Code the histology to 8000 (cancer/malignant neoplasm), or 8010 (carcinoma) as stated by the physician when nothing more specific is documented.
H9

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

*Note:* Code the behavior /3
H10

Code the histology when only one histologic type is identified.

Note: Do not code terms that do not appear in the histology description.
H10 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.
H11

Code the histology of the most invasive tumor.
H11 Notes

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

**Note 2:** See the Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive.
H11 Notes Continued

• 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.
H12

Code the **most specific** term using Chart 1 **when** there are multiple histologies within the same branch.
H12 Continued

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
• Squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma or
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H12 Note and Examples

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

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

**Example 2:** Non-small cell carcinoma, papillary squamous cell. Code 8052 (papillary squamous cell carcinoma).
H13

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