Renal Pelvis, Ureter, Bladder and Other Urinary
Equivalent Terms, Definitions, Tables and Illustrations
Introduction

• Change in groupings
  – Previous: Kidney, ureter, renal pelvis
• Bladder, ureter, renal pelvis
  – Lower urinary tract
  – Lined by transitional epithelium / urothelium
Urothelium

• Frequent multiple or multifocal tumors
  – Field effect: Widespread change in urothelium
  – Implantation: Cells washed along in urine
Flat Carcinoma In Situ

- Direct spread within the epithelium
- Direct extension
- Field effect
- Implantation
Squamous Cell Carcinoma

**Pure** squamous cell carcinoma has a poor prognosis

See histology coding rules H5 and H13
Most Invasive - Bladder

• Mucosa
• Lamina propria (some pathologists equate this to submucosa)
• Muscularis mucosae (this layer not always present, may not be mentioned)
• Submucosa
• Muscular layer (muscularis propria, detrusor muscle)
• Serosa, adventitia
Most Invasive – Renal Pelvis and Ureter

- Epithelium
- Subepithelial connective tissue, submucosa
- Periureteric fat, peripelvic fat.
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.

*Note:* Use this rule only after all information sources have been exhausted.
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
When no other urinary sites are involved, tumor(s) in both the right renal pelvis and tumor(s) in the left renal pelvis are multiple primaries.

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

**Note:** Use this rule and abstract as a multiple primary unless documented to be metastatic.
An invasive tumor following a non-invasive or in situ tumor more than 60 days after diagnosis is a multiple primary.
**M5 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.
M6

Bladder tumors with any combination of the following histologies: papillary carcinoma (8050), transitional cell carcinoma (8120-8124), or papillary transitional cell carcinoma (8130-8131), are a single primary.
Tumors diagnosed more than three (3) years apart are multiple primaries.
M8

Urothelial tumors in two or more of the following sites are a single primary (See Table 1)

- Renal pelvis (C659)
- Ureter (C669)
- Bladder (C670-C679)
- Urethra /prostatic urethra (C680)
M9

Tumors with ICD-O-3 **histology** codes that are **different** at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries.
M10

Tumors in sites with ICD-O-3 topography codes with different second (Cxxx) and/or third characters (Cxxx) are multiple primaries.
Tumors that do not meet any of the above criteria are a single primary.

*Note:* When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.
Histology Rules
Single Tumor
H1

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 or MRI scans
H1 Notes

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

**Note 3:** Code the histology to 8000 (cancer/malignant neoplasm) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
H2

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

*Note:* Code the behavior /3
H3

Code 8120 (transitional cell/urothelial carcinoma) (Table 1 - Code 8120) when there is:
H3 Continued

• Pure transitional cell carcinoma or
• Flat (non-papillary) transitional cell carcinoma or
• Transitional cell carcinoma with squamous differentiation or
H3 Continued

- Transitional carcinoma with glandular differentiation or
- Transitional cell carcinoma with trophoblastic differentiation or
- Nested transitional cell carcinoma or
- Microcystic transitional cell carcinoma
H4

Code **8130** (papillary transitional cell carcinoma) (Table 1 - Code 8130) when there is:

- Papillary carcinoma or
- Papillary transitional cell carcinoma or
- Papillary carcinoma and transitional cell carcinoma
Code the histology when only one histologic type is identified.

*Note:* Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).
Code the invasive histologic type when a single tumor has invasive and in situ components.
H7

**Code the most specific histologic term.**

**Examples**

- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Sarcoma, NOS (8800) and a more specific sarcoma (invasive only)
Note 1: The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____ differentiation

Note 2: The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation
H8

Code the histology with the *numerically higher* ICD-O-3 code.
Multiple Tumors Abstracted as a Single Primary
H9

Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available.
**H9 Notes**

**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 or MRI scans
H9 Notes

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

**Note 3:** Code the histology to 8000 (cancer/malignant neoplasm) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
H10

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

Note: Code the behavior /3
Code **8120** (transitional cell/urothelial carcinoma) (Table 1 – Code 8120) when there is:

- Pure transitional cell carcinoma or
- Flat (non-papillary) transitional cell carcinoma or
H11 Continued

• 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
H12

Code 8130 (papillary transitional cell carcinoma) (Table 1 – Code 8130) when there is:

• Papillary carcinoma or
• Papillary transitional cell carcinoma or
• Papillary carcinoma and transitional cell carcinoma
H13

Code the histology when only one histologic type is identified.

*Note:* Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).
H14

Code the histology of the most invasive tumor.

Note: See the Renal Pelvis, Ureter, Bladder and Other Urinary Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive.
H14 Continued

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