Kidney Equivalent Terms and Definitions
C649
(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)

Introduction

Note 1: Tables and rules refer to ICD-O rather than ICD-O-3. The version is not specified to allow for updates. Use the currently approved version of ICD-O.

Note 2: 2007 MPH Rules and 2018 Solid Tumor Rules are used based on **date of diagnosis**.

- Tumors diagnosed 01/01/2007 through 12/31/2017: Use 2007 MPH Rules
- Tumors diagnosed 01/01/2018 and later: Use 2018 Solid Tumor Rules
- The original tumor diagnosed before 1/1/2018 and a subsequent tumor diagnosed 1/1/2018 or later **in the same primary site**: Use the 2018 Solid Tumor Rules.

Note 3: **Renal cell carcinoma** (RCC) **8312** is a **group term** for glandular (adeno) carcinoma of the kidney. Approximately 85% of all malignancies of the kidney C649 are RCC or subtypes/variants of RCC.

- See **Table 1** for renal cell carcinoma subtypes/variants.
- Clear cell renal cell carcinoma (ccRCC) 8310 is the most common subtype/variant of RCC.

Note 4: **Transitional cell carcinoma** rarely arises in the kidney C649. Transitional cell carcinoma of the upper urinary system usually arises in the renal pelvis C659. Only code a transitional cell carcinoma for kidney in the **rare** instance when **pathology confirms** the tumor originated in the kidney.

Note 5: For those sites/histologies which have recognized **biomarkers**, the biomarkers are most frequently used to target treatment. Biomarkers may identify the histologic type. Currently, there are clinical trials being conducted to determine whether these biomarkers can be used to identify multiple primaries. Follow the Multiple Primary Rules; do not code multiple primaries based on biomarkers.

Changes from 2007 Rules

These changes are effective with cases diagnosed 1/1/2018 and later. WHO Classification of Tumors of the Urinary System and Male Genital Organs was published in 2016.

1. 2007 Rules instruct "Code the histology from the most representative specimen." For all sites except breast and CNS, 2018 Rules instruct "Code the most specific histology from biopsy or resection. When there is a discrepancy between the biopsy and resection

(two distinctly different histologies/different rows), code the histology from the most representative specimen (the greater amount of tumor)."

2. **New histology terms and codes were included** (identified by asterisks (*) in the histology table in the Terms and Definitions).
   A. Histologies with terms that indicate they are **hereditary** (hereditary leiomyomatosis and renal cell carcinoma syndrome–associated RCC **8311**)
   B. Histologies with **genetic anomalies** (succinate dehydrogenase–deficient RCC)
3. Some histologies are rare and are not listed in the tables; refer to ICD-O and all updates.
   Note: Renal cell spindle cell carcinoma 8318 is no longer a recommended term.

Equivalent or Equal Terms

These terms can be used interchangeably:

- And; with
  Note: "And" and "with" are used as synonyms when describing multiple histologies within a single tumor.
- Multifocal; multicentric
- Carcinoma; adenocarcinoma
  - A histology type must be stated for these terms to be equal
  - Example: Renal cell carcinoma and renal cell adenocarcinoma are both coded 8312
- Simultaneous; existing at the same time; concurrent; prior to first course treatment
- Site; topography
- Tumor; mass; tumor mass; lesion, neoplasm
  - The terms tumor, mass, tumor mass, lesion, neoplasm and nodule are **not** used in a **standard manner** in clinical diagnoses, scans, or consults. **Disregard** the terms **unless** there is a **physician's statement** that the term is **malignant/cancer**
  - These terms are used **ONLY** to **determine** multiple **primaries**
  - **Do not** use these terms for **casefinding** or **determining reportability**
- Type; subtype; variant

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Terms that are NOT Equivalent or Equal

These terms are **not equivalent**. There are no casefinding implications.

- Carcinoma, NOS 8010 is not equivalent to adenocarcinoma, NOS 8140
- **Component** is not equivalent to **subtype/type/variant**
  Note: Component is only coded when the pathologist specifies the component as a second **carcinoma**
- **Phenotype** is not equivalent to **subtype/type/variant**

Table 1: Specific Histologies, NOS, and Subtypes/Variants

Use Table 1 as directed by the **Histology Rules** to assign the more common histology codes for kidney tumors.

Column 1 contains specific and NOS ICD-O histology terms.
- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.
Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

Column 3 may contain NOS histologies which are part of a bigger histologic group. For example, sarcoma NOS 8800/3 (column 1) is a generic term which encompasses a number of soft tissue tumors, including rhabdomyosarcoma 8900/3 (column 3). Rhabdomyosarcoma is also a NOS because it has subtypes/variants. The subtypes/variants are indented under the NOS (rhabdomyosarcoma) in column 3. There is also a note in column 1 which calls attention to the fact that rhabdomyosarcoma has subtypes/variants.

When subtypes/variants are indented under a NOS in Column 3, use coding rules for a NOS and a single subtype/variant. For example, rhabdomyosarcoma **8900/3** and alveolar type rhabdomyosarcoma **8920/3** are a NOS and a subtype/variant, **NOT** two different subtypes.

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NOS/Specific Histology Term and Code	Synonyms	Subtypes/Variants
Nephroblastoma **8960**	Wilms tumor	
Neuroendocrine tumor (NET) **8240**	Carcinoid [OBS] Well-differentiated neuroendocrine tumor	Large cell neuroendocrine carcinoma/tumor **8013** Small cell neuroendocrine carcinoma **8041**
Renal cell carcinoma NOS **8312** ***Note 1:*** WHO, IARC, and CAP agree that sarcomatoid carcinoma is a pattern of differentiation, not a specific subtype, of renal cell carcinoma. ***Note 2:*** Sarcomatoid is listed in the CAP Kidney protocol under the header "features." ***Note 3:*** Continue coding sarcomatoid renal cell carcinoma as 8312 until otherwise indicated. ***Note 4:*** "Oncocytic" indicates cells that have abundant eosinophilic cytoplasm due to the accumulation of mitochondria and is not a histologic type unless listed in column 3. ***Note 5:*** Beginning with cases diagnosed 1/1/2022 forward, SDHD is coded 8311/3. Cases diagnosed prior to 1/1/2022 should be coded 8312.	Eosinophilic renal cell carcinoma Oncocytic renal cell carcinoma RCC Sarcomatoid carcinoma Sarcomatoid renal cell carcinoma Succinate dehydrogenase-deficient renal cell carcinoma (SDHD) (pre-2022) Unclassified renal cell carcinoma	Acquired cystic disease-associated renal cell carcinoma/tubulocystic renal cell carcinoma **8316*** Chromophobe renal cell carcinoma (ChRCC)/Hybrid oncocytic chromophobe tumor **8317** Clear cell papillary renal cell carcinoma **8323/3** ***Note:*** The 2016 WHO 4th Edition Classification of Tumors of the Urinary System and Male Genital Organs has reclassified this histology as a /1 because it is low nuclear grade and is now thought to be a neoplasia. This change has **NOT** yet been implemented and it **remains reportable.** Clear cell renal cell carcinoma (ccRCC) **8310** Collecting duct carcinoma **8319** Hereditary leiomyomatosis and renal cell carcinoma-associated renal cell carcinoma **8311*** MiT family translocation renal cell carcinomas **8311*** Succinate dehydrogenase-deficient renal cell carcinoma (SDHD) **8311* (reportable beginning 1/1/2022)** ***Note*:** Hereditary leiomyomatosis and renal cell carcinoma-associated renal cell carcinoma, MiT family translocation renal cell carcinomas, and succinate dehydrogenase-deficient renal cell carcinomas have the same ICD-O code but are distinctly different histologies. Because they are different, they are on different lines in column 3 (see M rules). Mucinous tubular and spindle cell carcinoma **8480***

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NOS/Specific Histology Term and Code	Synonyms	Subtypes/Variants
		Papillary renal cell carcinoma (PRCC) **8260** Renal medullary carcinoma **8510*** ***Note*:** This is a **new** term (previously called renal spindle cell carcinoma).
Sarcoma **8800/3** ***Note*: Rhabdomyosarcoma** is a NOS with the following subtype/variants: Alveolar rhabdomyosarcoma **8920** Embryonal rhabdomyosarcoma **8910** Pleomorphic rhabdomyosarcoma **8901** Spindle cell/sclerosing rhabdomyosarcoma **8912**		Angiosarcoma **9120/3** Clear cell sarcoma/bone-metastasizing renal tumor of childhood **8964/3** Leiomyosarcoma/renal vein leiomyosarcoma **8890/3** Osteosarcoma **9180/3** Primitive/peripheral neuroectodermal tumor (pNET)/Ewing sarcoma **9364/3** Rhabdomyosarcoma **8900/3** Alveolar rhabdomyosarcoma **8920/3** Embryonal rhabdomyosarcoma **8910/3** Pleomorphic rhabdomyosarcoma **8901/3** Spindle cell/sclerosing rhabdomyosarcoma **8912/3** Synovial sarcoma **9040/3**

*** These new codes were approved by the IARC/WHO Committee for ICD-O.**

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Table 2: Neoplasms which are Not Reportable

Column 1 lists the not reportable histology **term** and **code**. Not all of the non-reportable neoplasms have codes.
Column 2 lists **synonyms** for the term in column 1. Synonyms have the same histology code (if applicable) as listed in column 1.

Not Reportable Histology Term and Code	Synonyms
Adult cystic teratoma **8959/0**	Mixed epithelial and stromal tumor Renal epithelial stromal tumor
Angiomyolipoma **8860/0**	
Congenital mesoblastic nephroma **8960/1**	CMN
Cystic partially-differentiated nephroblastoma **8959/1**	
Epithelioid angiolipoma **8860/1***	
Hemangioblastoma **9161/1**	
Hemangioma **9120/0**	
Juxtaglomerular cell tumor **8361/0**	
Leiomyoma **8890/0**	
Lymphangioma **9170/0**	
Metanephric adenofibroma **9013/0**	Nephrogenic adenofibroma
Metanephric adenoma **8325/0**	
Metanephric stromal tumor **8935/1**	
Multilocular cystic renal neoplasm of low malignant potential **8316/1***	
Nephrogenic rests **(no code)**	
Oncocytoma **8290/0**	
Papillary adenoma **8260/0**	
Paraganglioma **8700/0**	Extra-adrenal pheochromocytoma
Pediatric cystic nephroma **8959/0**	
Renomedullary interstitial cell tumor **8966/0**	Medullary fibroma
Schwannoma **9560/0**	
Solitary fibrous tumor **8815/1**	

*** These new codes were approved by the IARC/WHO Committee for ICD-O.**

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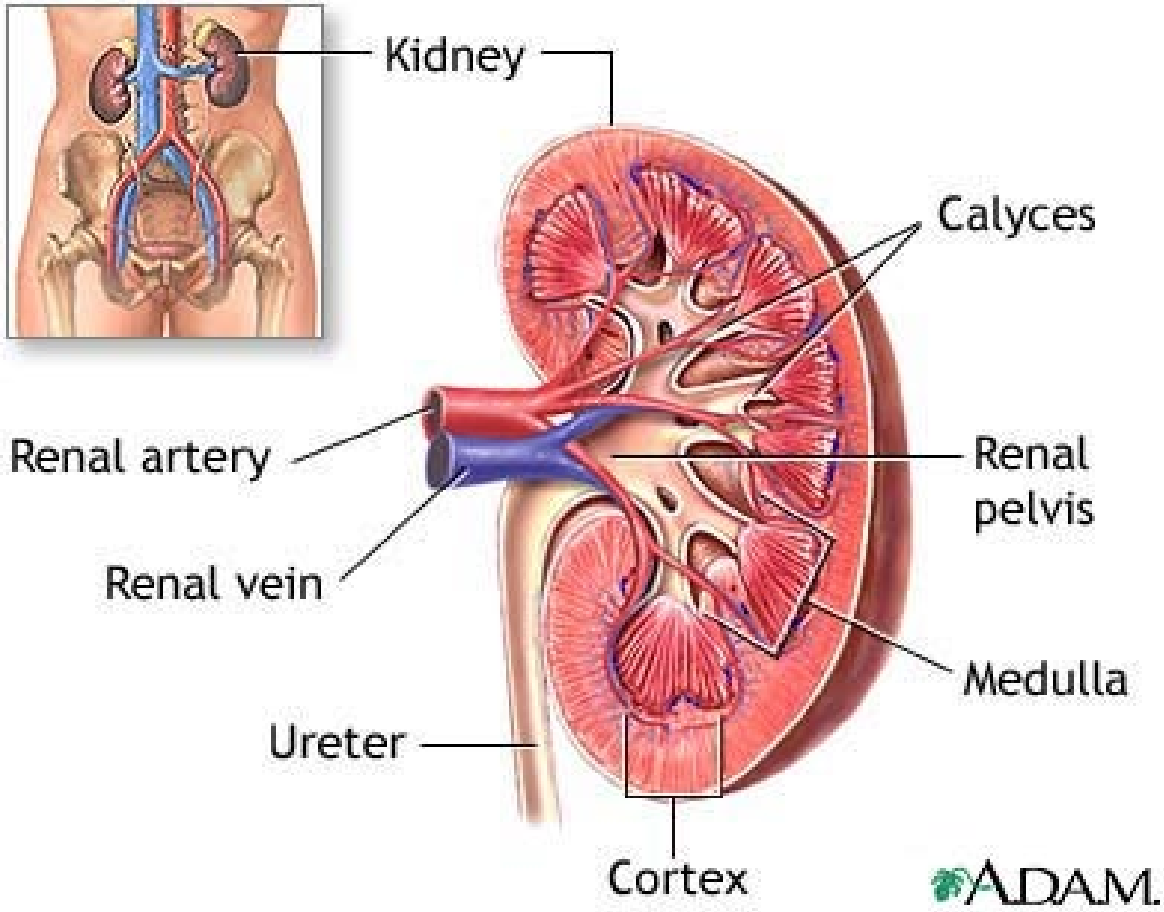
Illustrations

Kidney Anatomy (Includes Renal Pelvis)



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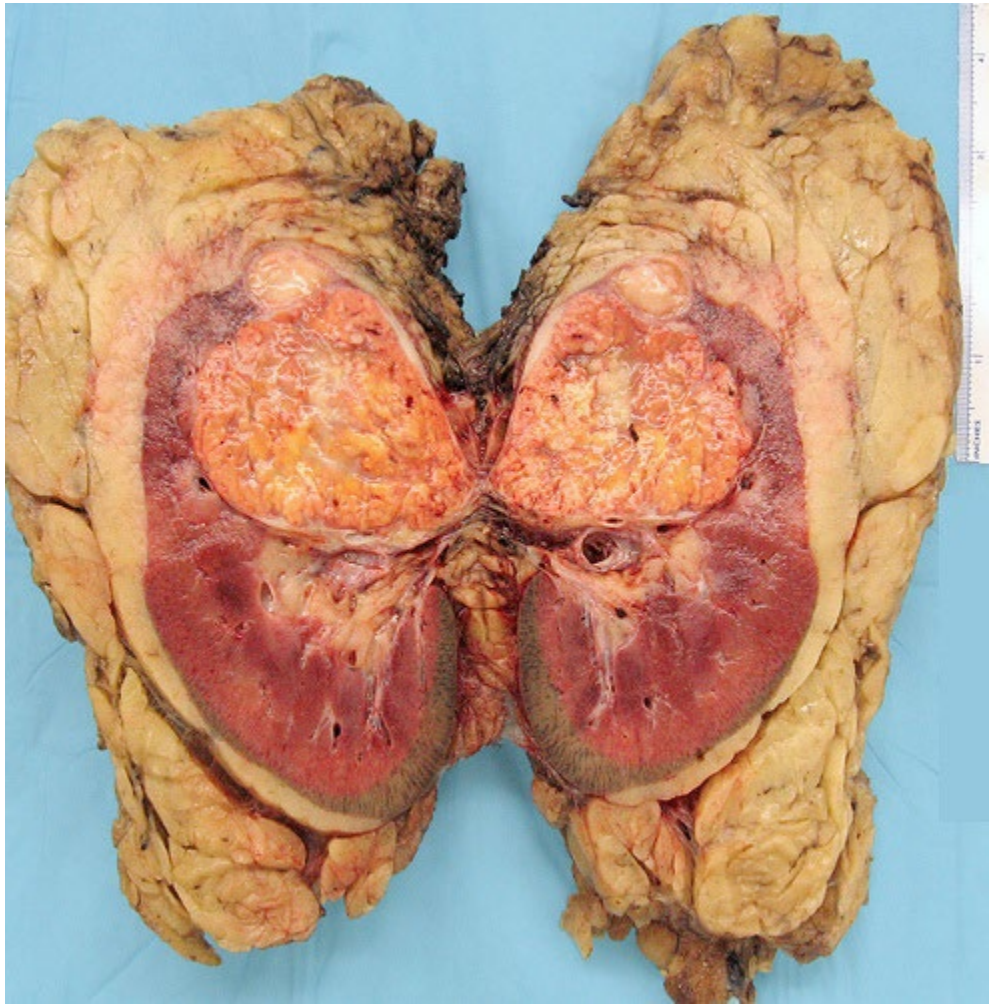
Pathology Specimen Kidneys



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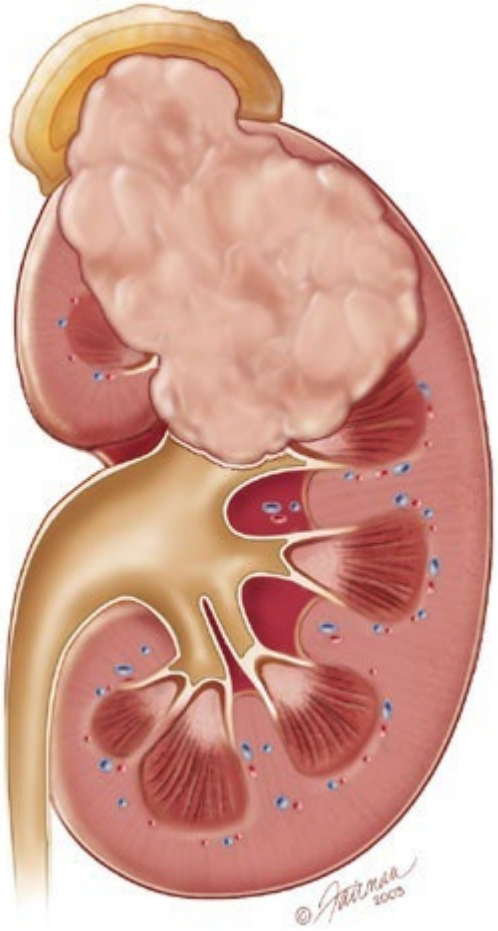
Kidney Cancer



Kidney Multiple Primary Rules
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Note 1: These rules are **NOT** used for tumor(s) described as metastases. Metastatic tumors include but are not limited to:

- Adrenal gland
- Bones
- Bowel
- Brain
- Discontinuous nodules in surrounding tissue
- Regional and distant lymph nodes as identified in Summary Staging Manual
- Liver
- Lung

Note 2: 2007 MPH Rules and 2018 Solid Tumor Rules are used based on **date of diagnosis**.

- Tumors diagnosed 01/01/2007 through 12/31/2017: Use 2007 MPH Rules
- Tumors diagnosed 01/01/2018 and later: Use 2018 Solid Tumor Rules
- The original tumor diagnosed before 1/1/2018 and a subsequent tumor diagnosed 1/1/2018 or later **in the same primary site**: Use the 2018 Solid Tumor Rules.

Unknown If Single or Multiple Tumors

Rule M1 Abstract a **single primary**[i] when it is not possible to determine if there is a **single** tumor **or multiple** tumors.

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

Note 2: Examples of cases with minimal information include

- Death certificate only (DCO)
- Cases for which information is limited to pathology report only
  - Outpatient biopsy with no follow-up information available
  - Multiple pathology reports which do not specify whether a single tumor or multiple tumors have been biopsied and/or resected

This is the end of instructions for Unknown if Single or Multiple Tumors.

[i] **Prepare one abstract. Use the** histology rules **to assign the appropriate histology code.**

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Single Tumor

Rule M2 Abstract a **single primary**[i] when there is a **single tumor**.
Note 1: A single tumor is always a single primary.
Note 2: The tumor may overlap onto or extend into adjacent/contiguous site or subsites.
Note 3: The tumor may have in situ and invasive components.
Note 4: The tumor may have two or more histologic components.

This is the end of instructions for Single Tumor.

[i] **Prepare one abstract. Use the histology rules to assign the appropriate histology code.**

Multiple Tumors

Note: Multiple tumors may be a **single** primary **OR multiple** primaries.

Rule M3 Abstract **multiple primaries**[ii] when **multiple tumors** are present in sites with ICD-O **site** codes that **differ** at the second (C**X**xx), third (Cx**X**x) and/or fourth characters (Cxx**X**).
Note: When codes differ at the second, third, or fourth characters, the tumors are in different primary sites.

Rule M4 Abstract a **single primary**[i] when there are **bilateral nephroblastomas** (previously called Wilms tumors).
Note: Timing is irrelevant**;** the tumors may occur simultaneously OR the contralateral tumor may be diagnosed later (no time limit).

Rule M5 Abstract **multiple primaries**[ii] when there are tumors in **both** the **right kidney** and in the **left kidney**. There may be:
- A single tumor in each kidney
- A single tumor in one kidney and multiple tumors in the contralateral kidney
- Multiple tumors in both kidneys

Note 1: The rules are **hierarchical**. Only use this rule when none of the previous rules apply.
Note 2: **ONLY** abstract a single primary when **pathology** proves the tumor(s) in one kidney is/are **metastatic** from the other kidney.

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Rule M6 Abstract **multiple primaries**[ii] when the patient has a subsequent tumor after being clinically disease-free for greater **than three years** after the original diagnosis or last recurrence.

Note 1: Clinically disease-free means that there was **no evidence** of recurrence on follow-up.

- Scans are NED
- Urine cytology is negative
- All other work-up is NED

Note 2: When there is a **recurrence** less than or equal to three years of diagnosis, the **"clock" starts over**. The time interval is calculated from the date of last recurrence. In other words, the patient must have been disease-free for greater than three years from the date of the last recurrence.

Note 3: When it is unknown/not documented whether the patient had a recurrence, **default** to **date of diagnosis** to compute the time interval.

Note 4: The physician may state this is a **recurrence,** meaning the patient had a previous kidney tumor and now has another kidney tumor. **Follow the rules;** do not attempt to interpret the physician's statement.

Note 5: The location and histology of the subsequent tumor is irrelevant. Kidney tumors that occur more than 3 years apart are always multiple primaries.

Rule M7 Abstract **multiple primaries**[ii] when separate/non-contiguous tumors are two or more **different subtypes/variants** in Column 3, **Table 1** in the Equivalent Terms and Definitions.

Note 1: The tumors may be subtypes/variants of the **same** or **different** NOS histologies.

- **Same NOS**: Clear cell renal cell carcinoma (ccRCC) 8310/3 and papillary renal cell carcinoma 8260/3 are both subtypes of renal cell carcinoma NOS 8312/3 but are distinctly different histologies. Abstract multiple primaries.
- **Different NOS**: Pleomorphic rhabdomyosarcoma 8901/3 is a subtype/variant of rhabdomyosarcoma 8900/3; large cell neuroendocrine carcinoma 8013/3 is a subtype of small cell neuroendocrine tumor 8041/3. They are distinctly different histologies. Abstract multiple primaries.

Note 2: Abstract multiple primaries when you have any of the following combinations (all coded 8311):

- MiT family translocation renal cell carcinoma
- Succinate dehydrogenase-deficient renal cell carcinoma (SDHD)
- Hereditary leiomyomatosis and renal cell carcinoma-associated renal cell carcinoma (HLRCC)

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Rule M8 Abstract a **single primary**[i] when synchronous, separate/non-contiguous tumors are on the **same row** in **Table 1** in the Equivalent Terms and Definitions. Tumors must be in the same kidney.

Note: The same row means the tumors are:

- The same histology (same four-digit ICD-O code; see exception for 8311) **OR**
- One is the preferred term (column 1) and the other is a synonym for the preferred term (column 2) **OR**
- A NOS (column 1/column 2) and the other is a subtype/variant of that NOS (column 3) **OR**
- A NOS histology in column 3 with an indented subtype/variant

Rule M9 Abstract **multiple primaries**[ii] when separate/non-contiguous tumors are on **different rows** in **Table 1** in the Equivalent Terms and Definitions.

Note: Each row in the table is a **distinctly different** histology.

Rule M10 Abstract a **single primary**[i] when an **in situ** tumor is diagnosed **after** an **invasive** tumor **AND** tumors occur in the same kidney.

Note 1: The rules are **hierarchical**. Only use this rule when none of the previous rules apply.

Note 2: The tumors **may** be a **NOS** and a **subtype/variant** of that NOS. See **Table 1** in the Equivalent Terms and Definitions for listings of NOS and subtype/variants.

Note 3: Once the patient has an invasive tumor, the **in situ** is recorded as a **recurrence** for those registrars who collect recurrence data.

Rule M11 Abstract a **single primary**[i] (the invasive) when an **invasive** tumor is diagnosed **less than or equal to 60** days **after** an **in situ** tumor in the same kidney.

Note 1: The rules are **hierarchical.** Only use this rule when none of the previous rules apply.

Note 2: The tumors may be a **NOS** and a **subtype/variant** of that NOS.

Note 3: When the case has been abstracted, **change behavior** code on original abstract from /2 to /3.

Note 4: Do **not** change **date of diagnosis**.

Note 5: If the case has already been submitted to the central registry, **report** all changes.

Note 6: The physician may **stage both** tumors because staging and determining multiple primaries are done for different reasons. Staging determines which treatment would be most effective. Determining multiple primaries is done to stabilize the data for the study of epidemiology (long-term studies done on incidence, mortality, and causation of a disease with the goal of reducing or eliminating that disease).

Note 7: See the **COC** and **SEER** manuals for **instructions** on coding **other data items** such as Date of Diagnosis, Accession Year and Sequence Number.

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Rule M12 Abstract **multiple primaries**[ii] when an **invasive** tumor occurs **more than 60** days after an **in situ** tumor.
Note 1: The rules are **hierarchical**. Only use this rule when none of the previous rules apply.
Note 2: Abstract **both** the invasive and in situ tumors.
Note 3: Abstract as multiple primaries even if **physician states** the invasive tumor is disease **recurrence** or **progression.**

Rule M13 Abstract a **single primary**[i] when there are multiple tumors that **do not meet any** of the **above criteria.**
Note: Use this rule as a last resort. Please confirm that you have not overlooked an applicable rule.
Example 1: Patient presents in 2018 with renal cell carcinoma in the right kidney. Patient has a history of a previous renal cell carcinoma in the right kidney diagnosed in 2016. This is a single primary because it is the same primary site and the same histology.
Example 2: Patient presents in 2020 with a clear cell renal cell carcinoma 8310/3 in the left kidney. The patient was diagnosed with renal cell carcinoma 8312/3 in 2018. This is a single primary because it is the same primary site and a NOS and subtype/variant of that NOS.

This is the end of instructions for Multiple Tumors.

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[i] **Prepare one abstract. Use the histology coding rules to assign the appropriate histology code. For registries collecting recurrence data: When a subsequent tumor is "single primary," record that subsequent tumor as a recurrence.**
[ii] **Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.**

Kidney Histology Rules
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Priority Order for Using Documents to Identify Histology

IMPORTANT NOTES

1. Code the histology diagnosed ***prior*** to **neoadjuvant treatment.**
   Note 1: Histology changes may occur following immunotherapy, chemotherapy, targeted therapy, and radiation therapy.
   Note 2: Neoadjuvant treatment is any tumor-related treatment given prior to surgical removal of the malignancy.

Exception: If the initial diagnosis is based on histology from **FNA, smears, cytology,** or from a regional or metastatic site, and neoadjuvant treatment is given and followed by resection of primary site which identifies a different or specific histology, code the histology from the primary site.

2. Code the histology using the following priority list and the Histology Rules. Do not change histology in order to make the case applicable to staging.

The priority list is used for **single primaries** (including multiple tumors abstracted as a single primary).

This is a hierarchical list of source documentation.

Code the **most specific** pathology/tissue from either **resection** or **biopsy**.
Note 1: The term "most specific" usually refers to a subtype/variant.
Note 2: The histology rules instruct to code the invasive histology when there are in situ and invasive components in a single tumor.
Note 3: When there is a discrepancy between the biopsy and resection (two distinctly different histologies/different rows), code the histology from the most representative specimen (the greater amount of tumor).

1. Ti**ssue** or **pathology report from primary site** (in priority order)
   A. Addendum(s) and/or comment(s)
   B. Final diagnosis / synoptic report as required by CAP
   C. CAP protocol
      Note 1: Addendums and comments on the pathology report are given the highest priority because they often contain information about molecular testing, genetic testing, and/or special stains which give a more specific diagnosis.
      Note 2: The pathologist's diagnosis from the pathology report is always reliable, so the final diagnosis is the second priority.

Note 3: The CAP protocol is a checklist which:

- Provides guidelines for collecting the essential data elements for complete reporting of malignant tumors and optimal patient care
- Allows physicians to check multiple histologies

2. **Cytology** (urine)
3. Tissue/pathology from a **metastatic** site
   Note 1: Code the behavior /3.
   Note 2: The tissue from a metastatic **s**ite often shows **variations** from the primary tumor. When it is the only tissue available, it is more accurate than a scan.
4. **Scan:** The following list is **not in priority** order because they are not a reliable method for identifying specific **histology**(ies).
   A. MRI
   B. CT
   C. PET
5. Code the histology **documented** by the physician when none of the above are available. Use the documentation in the following priority order:
   A. Treatment plan
   B. Documentation from Tumor Board
   C. Documentation in the medical record that refers to original pathology, cytology, or scan(s)
   D. Physician's **reference to** type of cancer (**histology**) in the medical record
   Note 1: Code the specific histology when documented.
   Note 2: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or as stated by the physician when nothing more specific is documented.

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Coding Histology

Note 1: The priority is to code the most specific histology. **DO NOT USE BREAST HISTOLOGY CODING RULES FOR THIS SITE.**
Note 2: Only use this section for one or more histologies within a single tumor.
Note 3: Do not use this section in place of the Histology Rules.

1. **Code** the **most specific** histology or **subtype/variant, regardless of whether it is described as:**
   A. The majority or predominant part of tumor
   B. The minority of tumor
   C. A component

   Example 1: Diagnosis for a single tumor is renal cell carcinoma 8312 with the majority or predominant part of tumor being clear cell renal cell carcinoma 8310. Code the subtype/variant: clear cell renal cell carcinoma 8310.

   Example 2: Diagnosis for a single tumor is neuroendocrine tumor 8041 with minority of tumor being large cell neuroendocrine tumor 8013. Code the subtype/variant: large cell neuroendocrine tumor 8013.

   Example 3: Diagnosis for a single tumor is sarcoma NOS 8800/3 with a component of leiomyosarcoma 8890/3. Code the subtype/variant: leiomyosarcoma 8890/3.

   Note 1: The terms above (A, B, C) must describe a **carcinoma** or **sarcoma** in order to code a histology described by those terms.

   Example: When the diagnosis is adenocarcinoma with a clear cell **carcinoma** component, code clear cell carcinoma 8310.

   Negative Example: When the diagnosis is simply adenocarcinoma with a clear cell component, code adenocarcinoma NOS 8140. Do not assume this is a clear cell carcinoma. This could be clear cell differentiation or features.

   Note 2: When the most specific histology is described as differentiation or features, see #2.

2. Code the histology described as **differentiation** or **features/features of ONLY** when there is a specific ICD-O code for the "NOS with ____ features" or "NOS with ____ differentiation".

   Note: Do not code differentiation or features when there is no specific ICD-O code.

3. Code the specific histology described by **ambiguous terminology** (list follows) **ONLY** when A or B is true:
   A. The only diagnosis available is **one histology** term described by ambiguous terminology
      - CoC and SEER require reporting of cases diagnosed only by ambiguous terminology
      - Case is accessioned (added to your database) based on ambiguous terminology and no other histology information is available/documented

      Example: Outpatient biopsy says probably papillary renal cell carcinoma. The case is accessioned (entered into the database) as required by both SEER and COC. No further information is available. Code the histology papillary renal cell carcinoma. The case meets the criteria in #**3A.**

   B. There is a **NOS histology and a more specific** (subtype/variant) described by ambiguous terminology
      - Specific histology is clinically confirmed by a physician (attending, pathologist, oncologist, etc.) **OR**
      - Patient is receiving treatment based on the specific histology described by ambiguous term

      Example 1: The pathology diagnosis is renal cell carcinoma consistent with chromophobe renal cell carcinoma. The oncology consult says the patient has chromophobe renal cell carcinoma of the right kidney. This is clinical confirmation of the diagnosis, code chromophobe renal cell carcinoma. The case meets the criteria in **bullet 1**.

      Example 2: The pathology diagnosis is neuroendocrine tumor consistent with large cell neuroendocrine tumor. The treatment plan says the patient will receive treatment for large cell neuroendocrine tumor. Treatment plan confirms large cell neuroendocrine tumor; code large cell neuroendocrine tumor. The case meets the criteria in **bullet 2**.

If the specific histology does not meet the criteria in #3B, then code the NOS histology.

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List of Ambiguous Terminology

Apparently	Most likely
Appears	Presumed
Comparable with	Probable
Compatible with	Suspect(ed)
Consistent with	Suspicious (for)
Favor(s)	Typical (of)
Malignant appearing	

4. **Do not code** histology when described as:

   - Architecture
   - Foci; focus; focal
   - Pattern

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Single Tumor

Rule H1 Code the histology when only **one histology** is present.

Note 1: Use **Table 1** to code histology. New codes, terms, and synonyms are included in **Table 1** and coding errors may occur if the table is not used.

Note 2: When the histology is **not listed** in **Table 1** use the **ICD-O** and all **updates**.

Note 3: Submit a question to **Ask a SEER Registrar** when the histology code is not found in Table 1, ICD-O or all updates.

Rule H2 Code the **NOS** histology when there are:

- A **NOS** and **two or more variants** of that **NOS** present in the tumor **OR**
- **Two or more variants** of a NOS present in the tumor

Example 1: The diagnosis is a single tumor with renal cell carcinoma (RCC) 8312, papillary renal cell carcinoma 8260, and mucinous tubular and spindle cell carcinoma 8480. Papillary renal cell carcinoma and mucinous tubular and spindle cell carcinoma are subtypes/variants of renal cell carcinoma. Code the histology to the NOS, RCC 8312.

Example 2: The diagnosis is spindle cell rhabdomyosarcoma 8912 and alveolar rhabdomyosarcoma 8920. Both are subtypes/variants of rhabdomyosarcoma 8900. Code the NOS, rhabdomyosarcoma.

Informational Item: WHO 4th edition Tumors of the Urinary System has proposed ICD-O code 8323/1 for clear cell papillary renal cell carcinoma. This has not been approved for implementation by the standard setters in 2018.

Note: Use **Table 1** in the Equivalent Terms and Definitions to determine NOS and subtype/variant.

Rule H3 Code the **subtype/variant** when a **NOS** and a **single subtype/variant** of that NOS are present.

- Renal cell carcinoma NOS **8312** and a subtype/variant of RCC
- Rhabdomyosarcoma **8900** and a subtype/variant of rhabdomyosarcoma
- Well differentiated neuroendocrine tumor **8240** and subtype/variant of well differentiated neuroendocrine tumor

Note: Use **Table 1** in the Equivalent Terms and Definitions to determine NOS and subtype/variant.

This is the end of instructions for Single Tumor.

Code the histology according to the rule that fits the case.

Kidney Histology Rules
C649
(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)

Multiple Tumors Abstracted as a Single Primary

Note: Multiple tumors **must be a single primary** to use these rules. See the **Multiple Primary Rules** to determine whether these tumors are a single primary.

Rule H4 Code the histology when only **one** histology is present in **all** tumors.

Note 1: Use **Table 1** to code histology. New codes, terms, and synonyms are included in **Table 1** and coding errors may occur if the table is not used.

Note 2: When the histology is **not listed** in **Table 1** use the **ICD-O** and all **updates**.

Note 3: Submit a question to **Ask a SEER Registrar** when the histology code is not found in Table 1, ICD-O or all updates.

Rule H5 Code the NOS when there are:

- A **NOS** and **two or more variants** of that **NOS p**resent in the tumors **OR**
- **Two or more variants** of a NOS present in the tumors

Example 1: The diagnosis is a single tumor with renal cell carcinoma (RCC) 8312, papillary renal cell carcinoma 8260, and mucinous tubular and spindle cell carcinoma 8480. Papillary renal cell carcinoma and mucinous tubular and spindle cell carcinoma are subtypes/variants of renal cell carcinoma. Code the histology to the NOS: RCC 8312.

Example 2: The diagnosis is spindle cell rhabdomyosarcoma 8912 and alveolar rhabdomyosarcoma 8920. Both are subtypes/variants of rhabdomyosarcoma 8900. Code the NOS: rhabdomyosarcoma.

Informational Item: WHO 4th edition Tumors of the Urinary System has proposed ICD-O code 8323/1 for clear cell papillary renal cell carcinoma. This has not been approved for implementation by the standard setters in 2018.

Note: Use **Table 1** in the Equivalent Terms and Definitions to determine NOS and subtype/variant.

Rule H6 Code the **subtype/variant** when a **NOS** and a **single subtype/variant** of that NOS are present such as the following:

- Renal cell carcinoma **8312** and a subtype/variant of renal cell carcinoma
- Rhabdomyosarcoma **8900** and a subtype/variant of rhabdomyosarcoma
- Well differentiated neuroendocrine tumor **8240** and subtype/variant of well differentiated neuroendocrine tumor

Note: Use **Table 1** in the Equivalent Terms and Definitions to determine NOS and subtype/variant.

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