Introduction

Note 1: Tables and rules refer to ICD-O rather than ICD-O-3.2. The version is not specified to allow for updates. Use the currently approved version of ICD-O. 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 Other Site Rules and 2018 Solid Tumor Other Site Rules are used based on date of diagnosis.

- Tumors diagnosed 01/01/2007 through 12/31/2022: Use 2007 MPH Rules
- Tumors diagnosed 01/01/2023 and later: Use the 2023 Solid Tumor Rules and Solid Tumor General Instructions
- An original tumor diagnosed *before* 1/1/2018 and a subsequent tumor diagnosed 1/1/2023 or later in the same primary site: Use the 2023 Solid Tumor Rules and Solid Tumor General Instructions
- *Note 3:* For those sites/histologies which have recognized biomarkers, the biomarkers are most frequently used to target treatment. Currently, there are clinical trials being conducted to determine whether these biomarkers can be used to identify multiple primaries and/or histologic type. Follow the Multiple Primary Rules; do not code multiple primaries based on biomarkers.

Note 4: De novo (previously called frank) adenocarcinoma arises in the mucosa of the small bowel/intestines, not in a polyp.

Note 5: Polyp-specific ICD-O codes remain valid for small bowel/intestine sites.

Changes from 2007 MPH Rules

These changes are effective with cases diagnosed 1/1/2023 and later. Changes are based on 4th and 5th Edition WHO Classification of Tumors Books for the following sites: Digestive System Tumors, Female Genital Tumors, Endocrine Organs, Tumors of the Eye, Soft Tissue and Bone, and Urinary and Male Genital Organs.

1. The previous 2007 MPH Rules instructed you to "Code the histology from the most representative specimen." For all sites included in 2023 Other Sites Solid Tumor Rules, the instruction is now "Code the most specific histology from biopsy or

resection. When there is a discrepancy between the biopsy and resection (two distinctly different histologies), code the histology from the most representative specimen (the greater amount of tumor)."

- 2. Histology tables for the majority of site groups covered by Other Sites Solid Tumor Rules have been added as histology coding reference tools. See the Site or Site Group Histology-Specific Tables section for more information.
- 3. In place of adding numerous site-based histology rules to the 2023 revision, the histology tables will include additional coding instructions and notes to assign the correct ICD-O code when appropriate.

Note 1: Not all sites are included in the tables

- *Note 2:* Each histology table may include coding tips specific to that site group.
- *Note 3:* To assign the correct ICD-O code, it is necessary to refer to the site-specific histology table to determine if there are additional coding instructions or criteria that must be met to assign a code.
- *Note 4:* Given the number of sites included in Other Sites Rules, additional histology coding (H) rules were limited to the more common sites.
- 4. Rectum and Rectosigmoid were included in the Colon Rules beginning 1/1/2018.
- 5. Bilateral epithelial ovarian tumors must be the same histology or be an NOS and subtype/variant in order to be coded as a single primary beginning 1/1/2023.
- 6. Paraganglioma histologies 8680/3, 8690/3, 8692/3, and 9693/3 for primary sites C754 and C755 ONLY are in the Head and Neck module (Table 9) for cases diagnosed 1/1/2019 forward. All other histologies (except for hematopoietic and lymphoid), and paraganglioma histologies before 2019 should use Other Sites.

Equivalent or Equal Terms

These terms can be used interchangeably:

- Acinar adenocarcinoma, adenocarcinoma (for prostate only)
- Adenocarcinoma, glandular carcinoma
- And; with; (duct **and** lobular is equivalent to duct **with** lobular) *Note:* "And" and "with" are used as synonyms when **describing multiple histologies** within a **single tumor**.
- Basal cell carcinoma; basal cell adenocarcinoma (Prostate primaries only, both are coded 8147)

Jump to	Multiple Primary Rules
Jump to	Histology Coding Rules

- Carcinoid; NET; neuroendocrine tumor
- Carcinoma; adenocarcinoma
 - A histology type must be stated for these terms to be equal
 - o Example: Serous carcinoma and serous adenocarcinoma are both coded 8441
- Contiguous; continuous
- In situ; noninvasive; intraepithelial
- Multicentric; multifocal
- Mucinous; mucoid; mucous; colloid
- Neuroendocrine carcinoma; NEC
- Polyp; adenoma; polyp NOS; adenomatous polyp
- Serosa; visceral peritoneum
- 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, and neoplasm 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
 - **<u>Do not</u>** use these terms for **casefinding** or **determining reportability**
- Type; subtype; variant

Terms that are NOT Equivalent or Equal

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

- Bilateral is not equivalent to either single primary or multiple primaries. See Multiple Primary rules for instructions.
- 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/sarcoma
- Phenotype is not equivalent to subtype/type/variant

Jump to <u>Multiple Primary Rules</u> Jump to <u>Histology Coding Rules</u>

Site or Site Group Histology-Specific Tables

Nineteen site-specific histology tables have been added to the Solid Tumor Other Sites module. Each table applies to a site or site group and lists histologies that commonly occur in those sites. These tables are based on the most recent WHO Classification of Tumors Books and/or College of American Pathologist (C.A.P.) protocols and do not list all possible histologies that may arise in that site.

In place of adding numerous site-based histology rules to the 2023 revision, the histology tables will include additional coding instructions and notes to assign the correct ICD-O code when appropriate. Follow the H rules and refer to the tables if directed.

Coding instructions and/or helpful information are located above the tables. Additional notes are found next to specific histologies listed in the table columns.

IMPORTANT: It is important to refer to these tables when determining a histology code as the notes may provide coding guidance.

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Table 1: Paired Organs and Sites with Laterality

Laterality must be coded for all of the following sites. SEER does allow coding laterality for sites not listed in Table 1.

Site Code	Site or Subsite
C384	Pleura
C400	Long bones of upper limb, scapula, and associated joints
C401	Short bones of upper limb and associated joints
C402	Long bones of lower limb and associated joints
C403	Short bones of lower limb and associated joints
C413	Rib, clavicle (excluding sternum)
C414	Pelvic bones (excluding sacrum, coccyx, symphysis pubis)
C441	Skin of the eyelid
C442	Skin of the external ear
C443	Skin of other and unspecific parts of the face (if midline, assign code 5)
C444	Skin of scalp and neck
C445	Skin of the trunk (if midline, assign code 5)
C446	Skin of upper limb and shoulder
C447	Skin of the lower limb and hip
C471	Peripheral nerves and autonomic nervous system of upper limb and shoulder
C472	Peripheral nerves and autonomic nervous system of the lower limb and hip
C491	Connective, subcutaneous, and other soft tissues of upper limb and shoulder

Jump to <u>Multiple Primary Rules</u> Jump to <u>Histology Coding Rules</u>

Site Code	Site or Subsite
C492	Connective, subcutaneous, and other soft tissues of the lower limb and hip
C569	Ovary
C570	Fallopian tube
C620-C629	Testis
C630	Epididymis
C631	Spermatic cord
C690-C699	Eye and adnexa
С740-С749	Adrenal gland

Table 2: Mixed and Combination Codes

Instructions:

- 1. Compare the terms in the diagnosis (pathology, cytology, radiographic, clinical) to the terms in Column 1.
- 2. When the terms match, use the combination code listed in Column 2.
- 3. The last row in the table is a "last resort" code: adenocarcinoma mixed subtypes 8255.
- 4. Do not use this table unless instructed to by the Histology Rules.

IMPORTANT NOTE: Histology Tables 3-21 may include additional coding instructions for "mixed" histologies.

Note 1: **Do not** use Table 2 in the following situations:

- For tumors with both **invasive** and **in situ** behavior. The <u>Histology Rules</u> instruct to code the invasive histology.
- When one of the histologies is described as **differentiation or features.** A histology with differentiation or features is a single histology.
- When the terms are a **NOS** and a **subtype/variant** of that NOS. See the <u>Histology Rules</u> for instructions on coding a NOS and a subtype/variant in a single tumor or multiple tumors abstracted as a single primary.

Note 2: Some combinations can be either in situ or invasive; others are limited to a /2 or /3 behavior code.

- When a code is **limited to in situ**, /2 will be **added** to the code (both components are in situ)
- When a code is **limited to invasive**, /3 will be **added** to the code (both components are invasive)

Note 3: This table is not a complete listing of histology combinations.

Column 1 lists the **required terms** for **the combination code**. **Column 2** lists the **combination term** and **code** for histologies **in Column 1**.

Table begins on next page.

Required Histology Terms	Histology Combination Term and Code
Small cell carcinoma/neuroendocrine tumor (NET)	Combined small cell carcinoma 8045
AND	
 At least one of the following: Adenocarcinoma and any subtype/variant of adenocarcinoma Adenosquamous carcinoma Large cell carcinoma and any subtype/variant of large cell carcinoma (includes large cell neuroendocrine carcinoma) Squamous cell carcinoma and any subtype/variant of squamous cell carcinoma Non-small cell carcinoma 	
Large cell neuroendocrine carcinoma	Combined large cell neuroendocrine carcinoma 8013
AND	
Adenocarcinoma NOS OR Squamous cell carcinoma NOS OR Spindle cell carcinoma OR Giant cell carcinoma	
Squamous carcinoma	Basosquamous carcinoma 8094
AND	
Basal cell carcinoma	

Required Histology Terms	Histology Combination Term and Code
Islet cell	Mixed islet cell and exocrine adenocarcinoma 8154
AND	
Exocrine carcinoma	
Acinar	Mixed acinar-endocrine/neuroendocrine carcinoma
AND	8154
Endocrine/neuroendocrine	
Acinar	Mixed acinar-endocrine-ductal carcinoma 8154
AND	
Both of the following: Endocrine Ductal	
Ductal	Mixed ductal-endocrine carcinoma 8154 Mixed ductal-neuroendocrine carcinoma 8154
AND	wixed ductar-neuroendocrine carcinoma 8134
Endocrine/neuroendocrine	
Endocrine	Mixed endocrine and exocrine adenocarcinoma 8154
AND	
Exocrine	

Required Histology Terms	Histology Combination Term and Code
Hepatocellular carcinoma	Combined hepatocellular carcinoma and
AND	cholangiocarcinoma 8180
Cholangiocarcinoma	
Adenocarcinoma	Mixed adenoneuroendocrine carcinoma/combined
AND	carcinoid and adenocarcinoma 8244
Carcinoid/neuroendocrine carcinoma(NEC)/neuroendocrine tumor (NET)	
Adenocarcinoma	Adenocarcinoma with mixed
AND	subtypes/Adenocarcinoma combined with other types of carcinoma 8255
At least two of the following:	<i>Note:</i> Code 8255 does not apply to GYN primaries.
Papillary	Continue through the table to determine correct
Clear cell	mixed histology code for GYN neoplasms.
Mucinous/colloid Signet ring	
Acinar	

Required Histology Terms	Histology Combination Term and Code
Gyn malignancies with two or more of the following:	Mixed cell adenocarcinoma 8323
Clear cell Endometrioid Mucinous Papillary Serous Squamous	 <i>Note:</i> First refer to ICD-O-3.2 and ICD-O updates to confirm if the mixed histology has a specific code. <i>Example:</i> Serous papillary adenocarcinoma is coded 8441 per ICD-O-3.2.
Papillary thyroid carcinoma (includes subtype/variants)	Papillary carcinoma, follicular variant 8340
AND	<i>Note:</i> First refer to ICD-O-3.2 and ICD-O updates to confirm if the mixed histology has a specific code.
Follicular (includes subtype/variants)	
Medullary	Mixed medullary-follicular carcinoma 8346
AND	
Follicular (includes subtype/variants)	
Medullary	Mixed medullary-papillary carcinoma 8347
AND	
Papillary (includes subtype/variants)	
Squamous carcinoma	Adenosquamous carcinoma 8560
AND	
Adenocarcinoma	

Required Histology Terms	Histology Combination Term and Code
Any combination of the following sarcomas:	Mixed liposarcoma 8855
Myxoid Round cell Pleomorphic	
Embryonal rhabdomyosarcoma	Mixed type rhabdomyosarcoma 8902
AND	
Alveolar rhabdomyosarcoma	
Teratoma	Teratocarcinoma 9081
AND	
Embryonal carcinoma	
Any combination of the following:	Mixed germ cell tumor 9085
Embryonal carcinoma Seminoma Teratoma Yolk sac tumor	

Required Histology Terms	Histology Combination Term and Code
Choriocarcinoma	Choriocarcinoma combined with other germ cell
	elements 9101
AND	
Any of the following:	
Embryonal	
Seminoma	
Teratoma	

Table 3: Prostate Histologies

Table 3 lists the more common histologies for prostate.**C619** Prostate gland; prostate, NOS

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the Hematopoietic Database.

Column 1 contains specific and NOS 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 list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).
- Column 3 may contain NOS histologies which are part of a bigger histologic group. For example, acinar adenocarcinoma NOS 8140/3 (column 1) is a generic term which encompasses a number of histologies, including ductal adenocarcinoma 8500/3 (column 3). Ductal adenocarcinoma is also a NOS because it has subtypes/variants. The subtypes/variants are indented under the NOS (ductal adenocarcinoma) in column 3. There is also a note in column 1 which calls attention to the fact that ductal adenocarcinoma 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, ductal adenocarcinoma 8500/3 and papillary adenocarcinoma 8260/3 are a NOS and a subtype/variant, NOT two different subtypes.

Continued on next page

Other Sites Solid Tumor Rules May 2023 Update For cases dx'd 1/1/2023+

Coding notes for acinar adenocarcinoma subtype/variants:

- **Ductal adenocarcinoma 8500/3:** In prostate biopsies, the term "adenocarcinoma of prostate with ductal features" should be used in the pathology report and is coded 8140/3. In order to code ductal adenocarcinoma 8500/3, the ductal component must comprise >50% of the tumor with the percentage reported and from a radical prostatectomy specimen.
- Intraductal carcinoma of prostate 8500/2: Intraductal prostate carcinoma is most often associated with invasive acinar adenocarcinoma of ductal carcinoma.
- Mucinous adenocarcinoma 8480/3: In order to code 8480/3, the mucinous adenocarcinoma component must comprise >25% of the tumor, so the diagnosis must be made only in excision specimens.
- Sarcomatoid carcinoma 8572/3: Exceedingly rare and most commonly occurs during the development of high-grade adenocarcinoma, especially after irradiation.
- Signet ring cell-like adenocarcinoma 8490/3: In order to code 8490/3, the signet-ring-like cells must comprise >25% of tumor, so the diagnosis must be made only in excision specimens.

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Acinar adenocarcinoma 8140 <i>Note:</i> Ductal/intraductal adenocarcinoma 8500 is also a NOS with the following subtypes/variants: Cribriform adenocarcinoma 8201/3 Papillary adenocarcinoma 8260/3 Solid adenocarcinoma 8230/3	Acinar carcinoma Adenocarcinoma in situ 8140/2 Adenocarcinoma, NOS 8140/3 Adenocarcinoma with ductal features 8140/3 Atrophic adenocarcinoma 8140/3 Foamy gland adenocarcinoma 8140/3 Microcystic adenocarcinoma 8140/3 Pseudohyperplastic adenocarcinoma 8140/3 Prostatic intraepithelial-like carcinoma 8140/3	Acinar adenocarcinoma, sarcomatoid variant 8572 Ductal/intraductal adenocarcinoma 8500 Cribriform adenocarcinoma 8201 Papillary adenocarcinoma 8260 Solid adenocarcinoma 8230 Mucinous (colloid) adenocarcinoma 8480 Signet ring-like cell adenocarcinoma 8490

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Adenocarcinoma with neuroendocrine differentiation 8574/3		
 Note 1: This histology is considered treatment-related neuroendocrine prostatic carcinoma demonstrating complete neuroendocrine differentiation or partial neuroendocrine differentiation with adenocarcinoma after androgen- deprivation therapy. Note 2: Code 8574/3 only when there is no history of previous prostate adenocarcinoma or history of 		
androgen-deprivation therapy.		
Adenosquamous carcinoma 8560	Prostatic carcinoma with adenosquamous differentiation	
Basal cell adenocarcinoma 8147	Adenoid cystic basal cell carcinoma Adenoid cystic carcinoma Adenoid cystic carcinoma (solid pattern) Basal cell carcinoma of prostate	
Mixed acinar-ductal adenocarcinoma 8552		
<i>Note</i> : Assign code 8552 when the ductal component is not stated or less than 50% of the tumor.		

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Neuroendocrine tumor 8240/3	Well differentiated neuroendocrine tumor WD neuroendocrine tumor	Large cell neuroendocrine carcinoma 8013/3
<i>Note 1:</i> 50% of SmCC of prostate cases present as a de novo malignancy		Small cell neuroendocrine carcinoma 8041/3
<i>Note 2:</i> SmCC of the prostate often occurs following androgen deprivation treatment for acinar adenocarcinoma		
Sarcoma, NOS 8800/3	Mesenchymal tumor, malignant	Stromal sarcoma 8935/3 Leiomyosarcoma 8890/3 Rhabdomyosarcoma 8900/3 Angiosarcoma 9120/3 Synovial sarcoma 9040/3 Osteosarcoma 9180/3 Undifferentiated pleomorphic sarcoma 8802/3 Solitary fibrous tumor, malignant 8815/3

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Squamous cell carcinoma 8070	SCC, NOS	
<i>Note</i> : In >50% of reported cases, there is an association with previous hormone or radiation therapy for prostatic adenocarcinoma. If a patient has a known history of acinar adenocarcinoma of prostate treated with hormone and/or radiation and subsequent findings of SCC, this is recurrence and not a new primary.		
Urothelial carcinoma 8120		
<i>Note 1:</i> Primary urothelial carcinoma of the prostate can rarely occur in the absence of a bladder tumor.		
<i>Note 2</i> : Urothelial carcinoma of the prostate are almost always found in the prostatic urethra.		

Table 4: Testis Histologies

Table 4 lists the more common histologies for testis as stated in the College of American Pathologists (C.A.P.) testis protocol
C620 Undescended testis
C621 Descended testis
C629 Testis, NOS

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the Hematopoietic Database.

Column 1 contains specific and NOS 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 list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Table begins on next page

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Germ cell tumor, NOS 9064 <i>Note</i> : The following teratomas are not reportable : Teratoma, prepubertal type 9084/0 Teratoma, mature, prepubertal type 9084/0	Germ cell neoplasia in situ 9064/2 Intratubular germ cell neoplasia 9064/2 Intratubular malignant germ cells 9064/2	Choriocarcinoma 9100 Embryonal carcinoma 9070 Spermatocytic seminoma/Spermatocytic tumor with sarcomatous differentiation 9063 Yolk sac tumor/Yolk sac tumor, prepubertal 9071 Teratoma with malignant transformation/Teratoma with somatic-type malignancy 9084
Leydig cell tumor, malignant 8650/3		
Seminoma, NOS 9061	Seminoma with syncytiotrophoblastic cells	
Sertoli cell carcinoma 8640/3	Sertoli cell tumor, malignant	

Table 5: Esophagus Histologies

Table 5 list the more common histologies for the following esophagus subsites:
C150 Cervical esophagus
C151 Thoracic esophagus
C152 Abdominal esophagus
C153 Upper third of esophagus (proximal third of esophagus)
C154 Middle third of esophagus
C155 Lower third of esophagus (Distal third of esophagus)
C158 Overlapping lesion of esophagus
C159 Esophagus, NOS

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the Hematopoietic Database.

Column 1 contains specific and NOS 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 list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

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Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Adenocarcinoma, NOS 8140	Adenocarcinoma in situ 8140/2	
Adenoid cystic carcinoma 8200		
Adenosquamous carcinoma 8560		
Mucoepidermoid carcinoma 8430		
Squamous cell carcinoma 8070	Squamous carcinoma Squamous cell carcinoma in situ 8070/2 Squamous cell carcinoma, usual type	Basaloid squamous cell carcinoma 8083 Squamous cell carcinoma, spindle cell/squamous cell carcinoma, sarcomatoid 8074 Verrucous squamous cell carcinoma 8051
Undifferentiated carcinoma 8020/3		
Neuroendocrine tumor 8240/3	NET	Neuroendocrine carcinoma 8246 /3 Large cell neuroendocrine carcinoma 8013 /3 Small cell neuroendocrine carcinoma 8041 /3
Mixed neuroendocrine-non-endocrine neoplasm (MiNEN) 8154/3	MiNEN	
<i>Note</i> : Esophageal MiNENs usually consist of poorly differentiated NEC and either squamous cell carcinoma or adenocarcinoma		

Table 6: Stomach Histologies

Table 6 list the more common histologies for the following stomach subsites:

- C160 Cardia, NOS; gastric cardia; cardioesophageal junction; esophagogastric junction; gastroesophageal junction
- C161 Fundus of stomach; gastric fundus
- C162 Body of stomach; corpus of stomach; gastric corpus
- C163 Gastric antrum; antrum of stomach; pyloric antrum
- C164 Pylorus; pyloric canal; prepylorus
- C165 Lesser curvature of stomach, NOS
- C166 Greater curvature of stomach, NOS
- C168 Overlapping lesion of stomach
- C169 Stomach, NOS; gastric, NOS

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the Hematopoietic Database.

Column 1 contains specific and NOS 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 list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

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Other Sites Solid Tumor Rules May 2023 Update For cases dx'd 1/1/2023+

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Adenocarcinoma, NOS 8140	Adenocarcinoma in situ 8140/2 Adenocarcinoma of fundic gland type	Adenocarcinoma, intestinal type 8144/3 ; Intestinal type adenoma, high grade
<i>Note</i> : For stomach sites, code mucinous carcinoma (8480) or signet-ring cell carcinoma (8490) regardless of percentage		8144/2Hepatoid adenocarcinoma/Paneth cell carcinoma 8576Medullary carcinoma with lymphoid stroma 8512Micropapillary carcinoma 8265Mucinous adenocarcinoma 8480Mucoepidermoid carcinoma 8430Papillary adenocarcinoma 8260Parietal cell carcinoma 8214Signet ring cell carcinoma 8490Tubular adenocarcinoma 8211
Adenomatous polyp, high grade 8210/2	Adenomatous polyp, high grade dysplasia	
Adenosquamous carcinoma 8560		
Gastroblastoma 8976/3		
Glandular intraepithelial neoplasia, high grade 8148/2	Glandular intraepithelial neoplasia, grade III	
Mixed adenoneuroendocrine carcinoma 8244/3	Combined carcinoid and adenocarcinoma Composite carcinoid MANEC Mixed carcinoid and adenocarcinoma	
Mixed neuroendocrine-non- neuroendocrine neoplasm (MiNEN) 8154/3		

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Neuroendocrine carcinoma (NEC) 8246/3		Large cell neuroendocrine carcinoma 8013/3
		Small cell neuroendocrine carcinoma 8041/3
Neuroendocrine tumor, NOS 8240/3 Serrated dysplasia, high grade 8213/2	Carcinoid Neuroendocrine tumor, grade 1 Well differentiated endocrine tumor/carcinoma	Enterochromaffin-like cell tumor 8242/3 Neuroendocrine tumor, EC-cell, serotonin-producing 8241/3 Neuroendocrine tumor, gastrin-producing (gastrinoma) 8153/3 Neuroendocrine tumor grade 2/neuroendocrine tumor grade 3 8249/3
Squamous cell carcinoma 8070		
Undifferentiated carcinoma 8020/3		Carcinoma with osteoclast-like giant cells 8035/3 Large cell carcinoma with rhabdoid phenotype 8014/3 Pleomorphic carcinoma 8022/3 Sarcomatoid carcinoma 8033/3

Table 7: Small Intestine and Ampulla of Vater Histologies

 Table 7 list the more common histologies for the following small intestine subsites:

C170 Duodenum

C171 Jejunum

C172 Ileum (excludes ileocecal valve C180)

C173 Meckel diverticulum

C178 Overlapping lesion of small intestine

C179 Small intestine, NOS; small bowel, NOS

C241 Ampulla of Vater; periampullary

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the Hematopoietic Database.

Column 1 contains specific and NOS 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 list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Table begins on next page

Other Sites Solid Tumor Rules May 2023 Update For cases dx'd 1/1/2023+

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Adenocarcinoma 8140	Ampullary carcinoma	Adenocarcinoma, intestinal type 8144/3 ; Intestinal type adenoma, high grade 8144/2 Medullary adenocarcinoma 8510 Mucinous adenocarcinoma 8480 Non-invasive pancreatobiliary papillary neoplasm with high grade dysplasia 8163/2 Pancreatobiliary-type carcinoma 8163 Poorly cohesive carcinoma/signet-ring cell carcinoma 8490 Tubular adenocarcinoma 8211
Adenomatous polyp, high grade 8210/2	Adenomatous polyp, high grade dysplasia	
Mixed neuroendocrine-non- neuroendocrine neoplasm (MiNEN) 8154/3		
Neuroendocrine carcinoma 8246/3		Large cell neuroendocrine carcinoma 8013/3 Small cell neuroendocrine carcinoma 8041/3
Neuroendocrine tumor 8240/3	Neuroendocrine tumor, grade 1	Neuroendocrine tumor, grade 2/neuroendocrine tumor, grade 3 8249/3
Serrated dysplasia, high grade 8213/2		

Table 8: Anus Histologies

Table 8 list the more common histologies for the following anal subsites:
C210 Anus, NOS
C211 Anal canal; anal sphincter
C212 Cloacogenic zone
C218 Overlapping lesion of rectum, anus, and anal canal

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the Hematopoietic Database.

Column 1 contains specific and NOS 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 list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Coding Notes for Anus: p16 test results can be used to code squamous cell carcinoma, HPV positive (8085) and squamous cell carcinoma, HPV negative (8086).

Table begins on next page

Specific or NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma 8140		
Mixed neuroendocrine-non- neuroendocrine neoplasm (MiNEN) 8154/3		
Neuroendocrine carcinoma 8246/3		Large cell neuroendocrine carcinoma 8013/3 Small cell neuroendocrine carcinoma 8041/3
Neuroendocrine tumor 8240/3	Neuroendocrine tumor, grade 1	Neuroendocrine tumor, grade 2/neuroendocrine tumor, grade 3 8249/3
Squamous cell carcinoma 8070	Squamous cell carcinoma, usual type	Squamous cell carcinoma, HPV negative 8086 Squamous cell carcinoma, HPV positive 8085 Verrucous squamous cell carcinoma 8051
Squamous intraepithelial neoplasia, high grade 8077/2	AIN, grade II AIN, grade III Anal intraepithelial neoplasia, grade II Anal intraepithelial neoplasia, grade III HSIL Squamous intraepithelial neoplasia, grade II Squamous intraepithelial neoplasia, grade III	

Table 9: Liver and Intrahepatic Bile Duct Histologies

Table 9 list the more common histologies for the following liver and intrahepatic bile duct subsites:**C220** Liver; hepatic, NOS**C221** Intrahepatic bile duct; biliary canaliculus; cholangiole

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the Hematopoietic Database.

Column 1 contains specific and NOS 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 list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Coding notes for Cholangiocarcinoma: Intrahepatic cholangiocarcinomas are almost exclusively adenocarcinomas and often diagnosed by cytology. Additional diagnostic molecular tests and clinical collaboration are needed to define a diagnosis of cholangiocarcinoma. Clinicians often indicate a clinical diagnosis of cholangiocarcinoma without pathologic confirmation. Per histology coding rules, pathology and cytology have priority over clinical/physician diagnosis. If the diagnosis of cholangiocarcinoma is made on a resected specimen, then code this histology.

Table begins on next page

Specific or NOS Terms and Code	Synonyms	Subtypes/Variants
Carcinoma, undifferentiated 8020/3		
Cholangiocarcinoma 8160	Bile duct adenocarcinoma/carcinoma Intrahepatic cholangiocarcinoma (iCCA) Large duct intrahepatic cholangiocarcinoma Small duct intrahepatic cholangiocarcinoma	
Combined hepatocellular carcinoma and cholangiocarcinoma 8180	Hepatocholangiocarcinoma Mixed hepatobiliary carcinoma Mixed hepatocellular-cholangiocarcinoma	
Hepatoblastoma 8970/3		
Hepatocellular carcinoma 8170	Hepatocarcinoma Hepatocellular carcinoma, steatohepatitic Hepatocellular carcinoma, macrotrabecular massive Hepatocellular carcinoma, chromophobe Hepatocellular carcinoma, neutrophile- rich Hepatocellular carcinoma, lymphocytic- rich Hepatoma, malignant Hepatoma, NOS	 Hepatocellular carcinoma, fibrolamellar 8171 Hepatocellular carcinoma, scirrhous / sclerosing hepatic carcinoma 8172 Hepatocellular carcinoma, clear cell 8174
Intraductal papillary neoplasm 8503 Mixed neuroendocrine-non-	Intraductal papillary neoplasm with associated invasive carcinoma 8503 /3 Intraductal papillary neoplasm with high grade intraepithelial neoplasia 8503 /2	
neuroendocrine neoplasm (MiNEN) 8154/3		

Specific or NOS Terms and Code	Synonyms	Subtypes/Variants
Mucinous cystic neoplasm 8470	Mucinous cystic neoplasm with associated invasive carcinoma 8470/3 Mucinous cystic neoplasm with high	
	grade intraepithelial neoplasia 8470/2	
Neuroendocrine carcinoma 8246/3		Large cell neuroendocrine carcinoma
		8013/3
		Small cell neuroendocrine carcinoma
		8041/3
Neuroendocrine tumor 8240/3	Neuroendocrine tumor, grade 1	Neuroendocrine tumor, grade 2/
		neuroendocrine tumor, grade 3 8249/3

Table 10: Gallbladder and Extrahepatic Bile Duct Histologies

Table 10 list the more common histologies for the following gallbladder and extrahepatic bile duct subsites:

C239 Gallbladder

C240 Extrahepatic bile duct; bile duct, NOS; biliary duct, NOS; choledochal duct; common bile duct; common duct; cystic bile duct; cystic duct; hepatic bile duct; hepatic duct; sphincter of Oddi

C248 Overlapping lesion of biliary tract

C249 Biliary tract, NOS

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the Hematopoietic Database.

Column 1 contains specific and NOS 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 list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Table begins on next page

Specific or NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma 8140	Biliary-type adenocarcinoma 8140	Adenocarcinoma, intestinal type 8144 Clear cell adenocarcinoma 8310 Mucinous adenocarcinoma 8480 Poorly cohesive carcinoma/signet ring cell carcinoma 8490
Adenosquamous carcinoma 8560		
Bile duct carcinoma 8160	Cholangiocarcinoma	Bile duct cystadenocarcinoma 8161 Perihilar cholangiocarcinoma 8162
Biliary intraepithelial neoplasia, high grade 8148/2		
Carcinoma, NOS 8010		Undifferentiated carcinoma 8020
Intracystic papillary neoplasm 8503	Intracystic papillary neoplasm with high grade intraepithelial neoplasia 8503 /2 Intracystic papillary tumor with high grade dysplasia 8503 /2 Intraductal papillary neoplasm with high grade dysplasia 8503 /2 Intraductal papillary neoplasm with high grade intraepithelial neoplasia 8503 /2 Intracystic papillary neoplasm with associated invasive carcinoma 8503 /3 Intraductal papillary neoplasm with associated invasive carcinoma 8503 /3	
Mixed neuroendocrine-non- neuroendocrine neoplasm (MiNEN) 8154/3		
Mucinous cystic neoplasm with invasive carcinoma 8470/3		

Specific or NOS Terms and Code	Synonyms	Subtypes/Variants
Neuroendocrine carcinoma 8246/3		Large cell neuroendocrine carcinoma 8013/3 Small cell neuroendocrine carcinoma 8041/3
Neuroendocrine tumor 8240/3	Neuroendocrine tumor, grade 1	Neuroendocrine tumor, grade 2/neuroendocrine tumor, grade 3 8249/3
Squamous cell carcinoma 8070		

Table 11: Pancreas Histologies

Table 11 list the more common histologies for the following pancreas subsites:
C250 Head of pancreas
C251 Body of pancreas
C252 Tail of pancreas
C253 Pancreatic duct; duct of Santorini; duct of Wirsung
C254 Islet of Langerhans; islands of Langerhans; endocrine pancreas
C257 Other specified parts of pancreas; neck of pancreas
C258 Overlapping lesion of pancreas
C259 Pancreas, NOS

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the Hematopoietic Database.

Column 1 contains specific and NOS 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 list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Table begins on next page

Other Sites Solid Tumor Rules May 2023 Update For cases dx'd 1/1/2023+

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma, NOS 8140 Adenosquamous carcinoma 8560		Acinar cell carcinoma 8550 Colloid carcinoma/mucinous carcinoma 8480 Ductal adenocarcinoma/pancreatic ductal adenocarcinoma 8500 Hepatoid carcinoma 8576 Invasive micropapillary carcinoma 8265 Medullary carcinoma 8510 Mixed acinar-ductal carcinoma 8552 Mixed acinar neuroendocrine carcinoma/ mixed acinar-ductal neuroendocrine carcinoma 8154 /3 Signet-ring cell (poorly cohesive) carcinoma 8490
Glandular intraepithelial neoplasia, high	Intestinal pancreatic intraepithelial	
grade 8148/2	neoplasia Oncocytic pancreatic intraepithelial neoplasia Pancreatic intraepithelial neoplasia (PanIN)	
Intraductal oncocytic papillary neoplasm 8455	Intraductal oncocytic papillary neoplasm with associated invasive carcinoma 8455/3 Intraductal oncocytic papillary neoplasm, NOS 8455/2	

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Intraductal papillary mucinous neoplasm 8453	Intraductal papillary mucinous neoplasm with high grade-dysplasia 8453 /2 High-grade IPMN 8453 /2 Intraductal papillary mucinous carcinoma, non-invasive 8453 /2 Intraductal oncocytic papillary neoplasm with an associated invasive carcinoma 8453 /3 Intraductal papillary mucinous carcinoma, invasive 8453 /3	
Intraductal tubulopapillary neoplasm 8503	Intraductal tubulopapillary neoplasm 8503/2 Intraductal tubulopapillary neoplasm with associated invasive carcinoma 8503/3	
Mucinous cystic neoplasm 8470	Mucinous cystic neoplasm with high- grade dysplasia 8470/2 Mucinous cystadenocarcinoma, non- invasive 8470/2 Mucinous cystic neoplasm with high grade intraepithelial neoplasia 8470/2 Mucinous cystic tumor with high grade dysplasia 8470/2 Mucinous cystic neoplasm with an associated invasive carcinoma 8470/3	
Pancreatoblastoma 8971/3		
Solid pseudopapillary neoplasm of pancreas 8452	Solid pseudopapillary carcinoma Solid pseudopapillary neoplasm with high-grade carcinoma 8452/3	

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Squamous cell carcinoma 8070		
Undifferentiated carcinoma 8020/3		Undifferentiated carcinoma with
		osteoclast-like giant cells 8035/3
		Undifferentiated carcinoma with rhabdoid
		cells 8014/3

Table 12: Thyroid Histologies

Table 12 list the more common histologies for thyroid:**C739** Thyroid gland; thyroid, NOS; thyroglossal duct

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the Hematopoietic Database.

Column 1 contains specific and NOS 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 list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Carcinoma, anaplastic 8021/3		Carcinoma, undifferentiated 8020/3
Follicular thyroid carcinoma, NOS 8330	Follicular adenocarcinoma Follicular carcinoma Follicular carcinoma, widely invasive 8330/3 Infiltrative follicular carcinoma 8330/3	Follicular carcinoma, encapsulated angioinvasive 8339/3 Follicular thyroid carcinoma, minimally invasive 8335/3 Well differentiated follicular adenocarcinoma 8331 Moderately differentiated follicular adenocarcinoma/ trabecular follicular carcinoma 8332

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Medullary thyroid carcinoma 8345	C cell carcinoma Parafollicular cell carcinoma Medullary carcinoma with amyloid stroma	
Oxyphilic adenocarcinoma 8290	Hurthle cell adenocarcinoma Hurthle cell carcinoma Follicular carcinoma, oxyphilic cell Oncocytic adenocarcinoma Oncocytic carcinoma	
Papillary thyroid carcinoma, NOS 8260 <i>Note:</i> For thyroid cancer only, the terms micropapillary and papillary microcarcinoma do not refer to a specific histologic type. It means that the papillary portion of the tumor is minimal or occult.	Classical (usual) papillary carcinoma Cribriform-morular variant of PTC Hobnail variant of PTC Micropapillary thyroid carcinoma (see note) Papillary microcarcinoma (see note) Papillary thyroid carcinoma with fibromatosis/fasciitis-like stroma PTC Solid/trabecular variant of PTC	Columnar cell variant of PTC/Tall cell PTC 8344 Diffuse sclerosing PTC 8350 Encapsulated variant of PTC 8343/3 Follicular variant of papillary thyroid carcinoma 8340 Oncocytic variant of PTC 8342
Poorly Differentiated thyroid carcinoma 8337/3	Insular carcinoma	

Table 13: Ovary Histologies

Table 13 list the more common histologies for ovary: includes reportable neoplasms onlyC569 Ovary

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the Hematopoietic Database.

Column 1 contains specific and NOS 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 list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Coding Notes for Ovary: For ovarian primaries, code **9084/3 Teratoma with malignant transformation** when a malignant (/3) histology arises in a benign teratoma.

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma of rete ovarii 9110/3		
Adenosarcoma 8933/3		
Adult granulosa cell tumor 8620/3		
Carcinosarcoma, NOS 8980/3	Malignant Mixed Mullerian Tumor/MMMT <i>Note</i> : WHO indicates this term is now a related term/synonym for carcinosarcoma	
Choriocarcinoma, NOS 9100		
Clear cell carcinoma, NOS 8310		
Endometrioid carcinoma, NOS 8380		
Germ cell tumor, NOS 9064	Germinoma	Immature teratoma 9080 Dysgerminoma 9060 Yolk sac tumor, NOS 9071/3 Embryonal carcinoma 9070 Mixed germ cell tumor 9085
Malignant Brenner tumor 9000/3		
Mesonephric-like adenocarcinoma 9111/3		
Mucinous carcinoma 8480		
Sarcoma, NOS 8800/3		Endometrioid stromal sarcoma, high grade 8930/3 Endometrioid stromal sarcoma, low grade 8931/3 Leiomyosarcoma, NOS 8890/3 Fibrosarcoma, NOS 8810/3

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Serous carcinoma, NOS 8441	Serous intraepithelial carcinoma 8441/2 Serous tubal intraepithelial carcinoma 8441/2 Serous endometrial intraepithelial carcinoma 8441/2 Serous cystadenocarcinoma, NOS 8441/3 Serous adenocarcinoma 8441/3 Serous papillary adenocarcinoma, NOS 8441/3 Papillary serous adenocarcinoma 8441/3 Serous surface papillary carcinoma 8441/3	High-grade serous carcinoma/HGSC 8461/3 Low-grade serous carcinoma/micropapillary serous carcinoma 8460/3 Serous borderline tumor, micropapillary variant/serous carcinoma, non-invasive, low grade 8460/2
Small cell carcinoma hypercalcemic type 8044/3		
Steroid cell tumor, malignant 8670/3		
Struma ovarii, malignant 9090/3		
Teratoma with malignant transformation 9084/3		
Undifferentiated carcinoma 8020/3	Dedifferentiated carcinoma	

Table 14: Peritoneum Histologies

Table 14 list the more common histologies for peritoneum as noted in the 5th Ed WHO Female Genital Tumors *only* C482 Peritoneum, NOS; peritoneal cavity

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the Hematopoietic Database.

Column 1 contains specific and NOS 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 list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Gastrointestinal stromal tumor 8936/3	GIST	
High-grade serous carcinoma 8461/3	Peritoneal serous carcinoma, high	
Low-grade serous carcinoma 8460/3		
Mesothelioma, Malignant 9050/3	Mesothelioma, NOS	Epithelioid mesothelioma, malignant 9052/3 Mesothelioma, biphasic 9053/3 Sarcomatoid mesothelioma 9051/3
Sarcoma, NOS 8800/3		Desmoplastic small round cell tumor 8806/3 Endometrioid stromal sarcoma, high-grade 8930/3 Endometrioid stromal sarcoma, low-grade 8931/3
Solitary fibrous tumor, malignant 8815/3		

Table 15: Fallopian Tube Histologies

Table 15 list the more common histologies for fallopian tube**C570** Fallopian tube; uterine tube

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the Hematopoietic Database.

Column 1 contains specific and NOS 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 list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenosarcoma 8933/3	Mesodermal adenosarcoma	
Carcinosarcoma 8980/3	Malignant mixed Mullerian tumor	
Endometrioid adenocarcinoma, NOS 8380		
Serous carcinoma, NOS 8441	Serous tubal intraepithelial carcinoma (STIC) 8441/2	High-grade serous carcinoma 8461/3 Low-grade serous carcinoma 8460/3
Teratoma, malignant 9080/3	Immature teratoma	

Table 16: Uterine Corpus Histologies

Table 16 list the more common histologies for uterine corpus
C540 Isthmus uteri; lower uterine segment
C541 Endometrium; endometrial gland; endometrial stroma
C542 Myometrium
C543 Fundus uteri
C548 Overlapping lesion of corpus uteri
C549 Corpus uteri; body of uterus
C559 Uterus, NOS

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the Hematopoietic Database.

Column 1 contains specific and NOS 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 list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

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Other Sites Solid Tumor Rules May 2023 Update For cases dx'd 1/1/2023+

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenosarcoma 8933/3	Mullerian adenosarcoma	
	Adenocarcinoma with sarcomatous overgrowth	
Carcinoma, undifferentiated NOS 8020/3	Carcinoma, poorly differentiated	
	Dedifferentiated carcinoma	
Carcinosarcoma, NOS 8980/3	Malignant mixed Mullerian tumor	
<i>Note:</i> The most common carcinomas		
present in carcinosarcoma is		
endometrioid and/or serous.		
Clear cell adenocarcinoma 8310		
Endometrioid adenocarcinoma, NOS 8380	Endometrial atypical	Endometrioid carcinoma with squamous
	hyperplasia/endometrioid intraepithelial	differentiation 8570/3
	neoplasia 8380/2	
	Mismatch repair-deficient endometrioid carcinoma 8380/3	
	No specific molecular profile (NSMP) endometrioid carcinoma 8380/3	
	P53-mutant endometrioid carcinoma	
	8380/3	
	POLE-ultramutated endometrioid	
	carcinoma 8380/3	
Mesonephric adenocarcinoma 9110/3		Mesonephric-like adenocarcinoma 9111/3

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Mixed cell adenocarcinoma 8323		
<i>Note:</i> Mixed cell adenocarcinoma is comprised of endometrial carcinoma with two distinct histological types, in which one component is either serous or clear cell. Excludes dedifferentiated carcinoma and carcinosarcoma		Musin and some intesting 1 true 9144
Mucinous carcinoma, NOS 8480 Neuroendocrine carcinoma NOS 8246/3		Mucinous carcinoma, intestinal type 8144 Large cell neuroendocrine carcinoma 8013/3 Mixed neuroendocrine non-neuroendocrine carcinoma (MiNEN) 8154/3 Small cell neuroendocrine carcinoma 8041/3
Perivascular epithelioid tumor, malignant 8714/3	PEComa, malignant	
Primitive neuroendocrine tumor 9473/3	PNET	
Sarcoma NOS 8800/3		Endometrial stromal sarcoma, high grade 8930/3 Endometrial stromal sarcoma, low grade 8931/3 Epithelioid leiomyosarcoma 8891/3 Leiomyosarcoma NOS/spindle leiomyosarcoma 8890/3 Myxoid leiomyosarcoma 8896/3 Undifferentiated sarcoma 8805/3
Serous carcinoma, NOS 8441		
Squamous cell carcinoma 8070		

Table 17: Uterine Cervix Histologies

 Table 17 list the more common histologies for uterine cervix

C530 Endocervix; internal os; cervical canal; endocervical canal; endocervical gland; Nabothian gland

C531 Exocervix; external os

C538 Overlapping lesion of cervix uteri; cervical stump; squamocolumnar junction of cervix

C539 Cervix uteri; cervix, NOS; uterine cervix

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the Hematopoietic Database.

Column 1 contains specific and NOS 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 list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Uterine Cervix Coding Notes

- In situ carcinoma of cervix (/2), any histology, is not reportable
- p16 is a valid test to determine HPV status and can be used to code HPV associated and HPV independent histologies

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Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma NOS 8140/3		Adenocarcinoma, HPV-associated 8483/3 Adenocarcinoma, HPV-independent 8484/3 Adenocarcinoma, HPV-independent, gastric type 8482/3 Adenocarcinoma, HPV-independent, clear cell type 8310/3 Adenocarcinoma, HPV-independent, mesonephric type 9110/3
Adenoid basal carcinoma 8098/3		· · · · · · · · · · · · · · · · · · ·
Adenosarcoma 8933/3	Adenocarcinoma with sarcomatous overgrowth	
Adenosquamous carcinoma 8560/3		
Carcinosarcoma 8980/3		
Endometrioid adenocarcinoma NOS 8380/3		
Germ cell tumor NOS 9064/3		Choriocarcinoma NOS 9100/3 Endodermal sinus tumor/Yolk sac tumor 9071/3
Mucoepidermoid carcinoma 8430/3		
Neuroendocrine carcinoma, NOS 8246/3		Large cell neuroendocrine carcinoma 8013/3 Mixed neuroendocrine non- neuroendocrine carcinoma (MiNEN) 8154/3 Small cell neuroendocrine carcinoma 8041/3
Neuroendocrine tumor, NOS 8240/3	Neuroendocrine tumor, grade 1	Neuroendocrine tumor, grade 2 8249/3

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Perivascular epithelioid tumor, malignant 8714/3	PEComa, malignant	
Sarcoma, NOS 8800/3		Endometrial stromal sarcoma, high grade 8930/3
		Endometrial stromal sarcoma, low grade 8931/3
		Epithelioid leiomyosarcoma 8891/3 Leiomyosarcoma NOS/spindle
		leiomyosarcoma 8890/3
		Myxoid leiomyosarcoma 8896/3
		Rhabdomyosarcoma 8900/3 Undifferentiated sarcoma 8805/3
Squamous cell carcinoma NOS 8070/3	SCC, NOS	Squamous cell carcinoma, HPV- associated 8085/3
		Squamous cell carcinoma, HPV- independent 8086/3

Table 18: Vagina Histologies

Table 18 list the more common histologies for vagina**C529** Vagina NOS; vaginal vault; fornix of vagina; Gartner duct; hymen

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the Hematopoietic Database.

Column 1 contains specific and NOS 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 list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Vagina Coding Note: p16 is a valid test to determine HPV status and can be used to code HPV associated and HPV independent histologies.

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Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma NOS 8140	Adenocarcinoma, Skene, Cowper and	Adenocarcinoma, HPV-associated 8483
	Littre gland origin	
	Skene/periurethral gland	
	adenocarcinoma	
Adenoid basal carcinoma 8098		
Adenosarcoma 8933/3	Adenocarcinoma with sarcomatous	
	overgrowth	
	Mullerian adenosarcoma	
Adenosquamous carcinoma 8560		
Carcinosarcoma 8980/3	Malignant mixed Mullerian tumor	
Clear cell carcinoma 8310		
Endometrioid carcinoma 8380		
Germ cell tumor 9064/3		Yolk sac tumor 9071/3
Mesonephric adenocarcinoma 9110/3		
Mucinous carcinoma, NOS 8480		Mucinous carcinoma, gastric type 8482
		Mucinous carcinoma, intestinal type 8144
Neuroendocrine carcinoma, NOS 8246/3		Combined small cell neuroendocrine
		carcinoma 8045/3
		Large cell neuroendocrine
		carcinoma/combined large cell
		neuroendocrine carcinoma 8013/3
		Small cell neuroendocrine carcinoma 8041/3
Neuroendocrine tumor, NOS 8240/3		

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Squamous cell carcinoma NOS 8070	SCC, NOS Squamous cell carcinoma in-situ 8070/2	 High-grade squamous intraepithelial lesion/vaginal intraepithelial neoplasia, grade 2/vaginal intraepithelial neoplasia, grade 3 8077/2 Squamous cell carcinoma, HPV-associated 8085 Squamous cell carcinoma, HPV-independent 8086
Undifferentiated carcinoma 8020/3		

Table 19: Vulva Histologies

Table 19 list the more common histologies for vulva

C510 Labium majus; labia majora, NOS; Bartholin gland; Skin of labia majora

C511 Labium minus; labia minora

C512 Clitoris

C518 Overlapping lesion of vulva

C519 Vulva, NOS; external female genitalia; fourchette; labia, NOS; labium, NOS; mons pubis; mons veneris; pudendum; skin of vulva

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the Hematopoietic Database.

Column 1 contains specific and NOS 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 list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Vulva Coding Note: p16 is a valid test to determine HPV status and can be used to code HPV associated and HPV independent histologies.

Table begins on next page

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma 8140	Adenocarcinoma of anogenital mammary-like glands 8140/3	Adenocarcinoma, intestinal type 8144
Adenoid cystic carcinoma 8200		
Adenosquamous carcinoma 8560		
Basal cell carcinoma 8090		
Carcinoma, poorly differentiated 8020/3		
Epithelial-myoepithelial carcinoma 8562/3		
Germ cell tumor 9064/3		Yolk sac tumor NOS 9071/3
Myoepithelial carcinoma 8982/3		
Neuroendocrine carcinoma, NOS 8246/3		Combined small cell neuroendocrine carcinoma 8045/3 Large cell neuroendocrine carcinoma/combined large cell neuroendocrine carcinoma 8013/3 Small cell neuroendocrine carcinoma 8041/3
Neuroendocrine tumor, NOS 8240/3	Neuroendocrine tumor, grade 1	Neuroendocrine tumor, grade 2 8249/3
Paget disease, extramammary 8542/3		
Phyllodes tumor, malignant 9020/3		
Squamous cell carcinoma, NOS 8070		Squamous cell carcinoma, HPV-associated 8085 Squamous cell carcinoma, HPV-independent 8086
Sweat gland adenocarcinoma 8400		Adenoid cystic carcinoma 8200 Apocrine adenocarcinoma 8401 Eccrine adenocarcinoma 8413 Porocarcinoma, NOS 8409

Table 20: Soft Tissue Histologies

Table 20 list the more common histologies for soft tissue as stated in the College of American Pathologists (C.A.P.) soft tissue protocol

- *Note*: Table 20 lists sarcomas arising in the soft tissue sites listed below only. Soft tissue neoplasms can arise in other organs. See the site-specific Solid Tumor Modules.
- C490* Connective, subcutaneous and other soft tissues of head, face and neck
- C491* Connective, subcutaneous and other soft tissues of upper limb and shoulder
- C492* Connective, subcutaneous and other soft tissues of lower limb and leg
- C493* Connective, subcutaneous and other soft tissues of thorax
- C494* Connective, subcutaneous and other soft tissues of abdomen
- C495* Connective, subcutaneous and other soft tissues of pelvis
- C496* Connective, subcutaneous and other soft tissues of trunk
- C498 Overlapping lesion of connective, subcutaneous and other soft tissues
- C499* Connective, subcutaneous and other soft tissues, NOS

*For specific sites and C-codes, please refer to ICD-O-3 or ICD-O-3.1 topography lists

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the Hematopoietic Database.

Column 1 contains specific and NOS 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 list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).
- 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 histologies, including synovial sarcoma 9044/3 (column 3).

Synovial sarcoma is also a NOS because it has subtypes/variants. The subtypes/variants are indented under the NOS (synovial sarcoma) in column 3. There is also a note in column 1 which calls attention to the fact that synovial sarcoma 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, synovial sarcoma 9044/3 and synovial sarcoma, biphasic/synovial sarcoma, poorly differentiated 9043/3 are a NOS and a subtype/variant, NOT two different subtypes.

Soft Tissue Coding Notes

- This is not an exhaustive list of all malignant soft tissue tumors. If a histology is not listed, refer to the current ICD-O versions and ICD-O updates. If the term is not listed, submit your question to <u>Ask A SEER Registrar</u>.
- Soft tissue terminology used in clinical practice may differ from the terms listed in the table, ICD-O, and C.A.P. protocol. Many soft tissue histologies are compound terms and the word roots may be inverted. It is not possible to list all combinations and permutations of such compound terms. Check various permutations of the word roots in a compound term if the version is not listed in ICD-O.

Example: Myxofibrosarcoma and fibromyxosarcoma are the same and both coded 8811/3. The word roots have been inverted.

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Angiosarcoma 9120/3		
Epithelioid hemangioendothelioma 9133/3	Epithelioid hemangioendothelioma with WWTR1-CAMTA1 fusion Epithelioid hemangioendothelioma with YAP1-TFE3 fusion	
Fibrosarcoma, NOS 8810/3	Adult fibrosarcoma	Infantile fibrosarcoma 8814/3 Low-grade fibromyxoid sarcoma /Sclerosing epithelioid fibrosarcoma 8840/3 Myofibroblastic sarcoma/myofibrosarcoma 8825/3 Myxofibrosarcoma 8811/3 Solitary fibrous tumor, malignant 8815/3

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Leiomyosarcoma 8890/3		
Liposarcoma, NOS 8850/3		Dedifferentiated liposarcoma 8858/3
		Epithelioid/Pleomorphic liposarcoma 8854/3
		Myxoid liposarcoma 8852/3
		Myxoid pleomorphic liposarcoma 8854 /3
		Well differentiated liposarcoma 8851/3
Osteosarcoma, NOS 9180/3	Osteosarcoma, extraskeletal	
Rhabdomyosarcoma, NOS 8900/3		Alveolar rhabdomyosarcoma 8920/3
		Ectomesenchymoma 8921/3
		Embryonal rhabdomyosarcoma 8910/3
		Pleomorphic rhabdomyosarcoma 8901/3
		Spindle cell/sclerosing rhabdomyosarcoma
		8912/3 (synonyms below)
		Congenital spindle cell rhabdomyosarcoma
		VGLL2/NCOA2/CITED2 rearrangement
		MYOD1-mutant spindle cell/sclerosing
		rhabdomyosarcoma
		Intraosseous spindle cell
		rhabdomyosarcoma (with TFCP2/NCOA2
		rearrangements

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Sarcoma, NOS 8800/3 <i>Note:</i> Synovial Sarcoma 9040/3 is also a NOS with the following subtypes/variant: Synovial sarcoma, biphasic/synovial sarcoma, poorly differentiated 9043/3		CIC-rearranged sarcoma 9367/3 Clear cell sarcoma of soft tissue 9044/3 Epithelioid sarcoma NOS/epithelioid sarcoma classical type/epithelioid sarcoma proximal or large cell type 8804/3 Extraskeletal Ewing sarcoma 9364/3 Extraskeletal myxoid chondrosarcoma 9231/3 Mixed tumor, malignant 8940/3 Myoepithelioma, NOS/myoepithelial carcinoma 8982/3 Ossifying fibromyxoid tumor, malignant 8842/3 Phosphaturic mesenchymal tumor, malignant 8990/3 Round cell sarcoma with EWSR1-non ETS fusions 9366/3 Sarcoma with BCOR genetic alterations 9368/3 Synovial sarcoma NOS 9040/3 Synovial sarcoma, biphasic/synovial sarcoma, poorly differentiated 9043/3
Undifferentiated sarcoma 8805/3		Undifferentiated pleomorphic sarcoma 8802/3 Undifferentiated round cell sarcoma 8803/3 Undifferentiated spindle cell sarcoma 8801/3

Table 21: Bone Histologies

Table 21 list the more common histologies for bone as stated in the College of American Pathologists (C.A.P.) bone protocol

C400* Long bones of upper limbs, scapula and associated joints

C401* Short bones of upper limb and associated joints

C402* Long bones of lower limb and associated limbs

C403* Short bones of lower limb and associated joints

C408 Overlapping lesion of bones, joints and articular cartilage of limbs

C409* Bone of limb, NOS

C412* Vertebral column

C413* Rib, sternum, clavicle, and associated joints

C414* Pelvic bones, sacrum, coccyx, and associated joints

C418* Overlapping lesions of bones, joints and articular cartilage

C419* Bone, NOS

*For specific sites and C-codes, please refer to ICD-O-3 or ICD-O-3.1 topography lists

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the Hematopoietic Database.

Column 1 contains specific and NOS 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 list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Bone Coding Note: This is not an exhaustive list of all malignant bone tumors. If a histology is not listed, refer to the current ICD-O versions and ICD-O updates. If the term is not listed, submit your question to <u>Ask A SEER Registrar</u>.

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adamantinoma 9261/3	Dedifferentiated adamantinoma	
Angiosarcoma 9120/3		
Chondrosarcoma, NOS 9220/3	Chondrosarcoma, grade 2 Chondrosarcoma, grade 3 Fibrochondrosarcoma	Chondrosarcoma, grade 1 9222/3 Clear cell chondrosarcoma 9242/3 Dedifferentiated chondrosarcoma 9243/3
		Mesenchymal chondrosarcoma 9240/3 Periosteal chondrosarcoma 9221/3
Chordoma, NOS 9370/3	Poorly differentiated chordoma	Chondroid chordoma 9371/3 Dedifferentiated chordoma 9372/3
Epithelioid hemangioendothelioma, NOS 9133/3		
Fibrosarcoma, NOS 8810/3		
Giant cell tumor of bone, malignant 9250/3		
Leiomyosarcoma, NOS 8890/3		
Osteosarcoma, NOS 9180/3 Sarcoma, NOS 8800/3	Conventional osteosarcoma Osteoblastic sarcoma Osteogenic sarcoma, NOS Osteochondrosarcoma Osteosarcoma, extraskeletal Small cell osteosarcoma Telangiectatic osteosarcoma	High grade surface osteosarcoma 9194/3 Parosteal osteosarcoma 9192/3 Periosteal osteosarcoma 9193/3 Secondary osteosarcoma 9184/3 CIC-rearranged sarcoma 9367/3
Undifferentiated high grade pleomorphic		Ewing sarcoma 9364/3 Round cell sarcoma with EWSR1-non ETS fusions 9366/3 Sarcoma with BCOR genetic alterations 9368/3
sarcoma of bone 8830/3		

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Undifferentiated pleomorphic sarcoma 8802/3		

Note 1: These rules are **NOT** used for tumor(s) described as metastases.

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

- Tumors diagnosed 01/01/2007 through 12/31/2022: Use the 2007 MPH Rules
- Tumors diagnosed 01/01/2023 and later: Use the Solid Tumor Rules
- The original tumor diagnosed before 1/1/2023 and a subsequent tumor diagnosed 1/1/2023 or later in the same primary site: Use the Solid Tumor Rules

Unknown if Single or Multiple Tumors

Rule M1 Abstract a single primaryⁱ when it is not possible to determine if there are single 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
 - o Outpatient biopsy with no follow-up information available
 - o 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 <u>histology rules</u> to assign the appropriate histology code.

Single Tumor

Rule M2 Abstract a single primaryⁱ when there is a single tumor.

Note 1: A single tumor is <u>always</u> a single primary

Note 2: The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

Note 3: The tumor may be comprised of both in situ and invasive histologies.

Note 4: The invasive malignancy may arise in or is in a background of in situ/non-invasive neoplasm.

This is the end of instructions for Single Tumors

ⁱ Prepare one abstract. Use the <u>histology rules</u> to assign the appropriate histology code.

Multiple Tumors

Note 1: Multiple tumors may be single primary or multiple primaries.

Note 2: Includes combinations of in situ and invasive.

Important change to 2023 Other Sites Multiple Primary Rules: Rules M3 through M9 apply to specific sites and histologies.

Rule M3 Acinar Adenocarcinoma (8140) of the prostate is always a single primaryⁱ.

- Note 1: Report only one acinar/adenocarcinoma of the prostate per patient lifetime.
- *Note 2:* 95% of prostate malignancies are the common (acinar) adenocarcinoma histology (8140/3).
- *Note 3:* If the patient has a previous acinar adenocarcinoma of the prostate in the database and is diagnosed with adenocarcinoma in 2023, it is a single primary.
- *Note 4:* The rule applies to multiple occurrences of acinar adenocarcinoma of prostate and/or subtype variants of acinar adenocarcinoma of prostate listed in <u>Table 3</u>.
- **Rule M4** Abstract **multiple primaries**ⁱⁱ when the patient has a subsequent **small cell carcinoma** of the **prostate** more than 1 year following a diagnosis of acinar adenocarcinoma and/or subtype/variant of acinar adenocarcinoma of prostate (<u>Table 3</u>). *Note 1:* Small cell carcinoma (SmCC) of the prostate is rare and accounts for less than 1% of prostate cancers.
 - Note 2: 50% of SmCC of the prostate cases present as a de novo malignancy
 - *Note 3:* SmCC of the prostate often occurs following androgen deprivation treatment (ADVT) and/or radiation therapy for acinar adenocarcinoma

Note 4: SmCC of the prostate are aggressive with poor clinical outcomes and survival.

- **Rule M5** Retinoblastoma is always a single primaryⁱ (unilateral or bilateral).
- **Rule M6** Kaposi sarcoma (of any site(s)) is always a single primaryⁱ.

Rule M7 Abstract a **single primary**ⁱ when **follicular** and **papillary** tumors in the **thyroid** are diagnosed **within 60 days** and tumors are:

- Papillary thyroid carcinoma, NOS and follicular carcinoma, NOS OR
- Papillary carcinoma, follicular variant and papillary thyroid carcinoma OR
- Papillary carcinoma, follicular variant and follicular carcinoma OR
- Any papillary thyroid carcinoma subtype/variant and any follicular subtype/variant listed in Column 3, Table 12.

Rule M8 Abstract **multiple primaries**ⁱⁱ when separate/non-contiguous tumors are **anaplastic carcinoma** and any other histologies in the **thyroid**.

Note: This rule does not apply to multiple tumors that are anaplastic carcinoma and undifferentiated carcinoma.

Rule M9 Bilateral epithelial tumors (8000-8799) of the ovary within 60 days are a single primaryⁱ.

Note 1: Tumors must be same histology or be an NOS and subtype/variant (are on the same row in <u>Table 13</u>).

- *Note 2:* Same row means the tumors are:
 - The same histology (same four-digit ICD-O code) **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)
- **Rule M10** Tumors on both sides (right and left) of a site listed in <u>Table 1</u> are **multiple primaries**ⁱⁱ.
- **Rule M11** Adenocarcinoma in **adenomatous polyposis coli** (familial polyposis) with one or more in situ or malignant polyps is a **single primary**ⁱ.

Note: Tumors may be present in a single or multiple segments of small bowel, colon, rectosigmoid, rectum.

Rule M12 Abstract **multiple primaries**ⁱⁱ when the patient has a subsequent tumor after being clinically disease-free for greater than **one year** after the original diagnosis or recurrence.

Note 1: Clinically disease-free means that there was no evidence of recurrence in the same site on follow-up.

- Scopes are NED
- Scans are NED
- All other work-up is NED
- *Note 2:* When there is a recurrence less than or equal to one year 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 one year from the date of the last recurrence.
- *Note 3:* When it is unknown/not documented whether the patient had a recurrence, **use date of diagnosis** to compute the time interval.
- *Note 4:* The physician may state this is a recurrence, meaning the patient had a previous tumor and now has another tumor. Follow the rules; do not attempt to interpret the physician's statement.
- **Rule M13** Tumors with ICD-O-3 topography codes that are different at the second (CXxx) and/or third characters (CxXx) are **multiple primaries**ⁱⁱ.
 - *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*: A tumor in the ceric C539 and a tumor in the vulva C519 have different third characters in their ICD-O-3 topography codes, so they are multiple primaries.
- **Rule M14** Tumors with ICD-O-3 **topography** codes that **differ** only at the **fourth character** (CxxX) and are in any **one** of the following primary sites are **multiple primaries**ⁱⁱ.
 - Anus and anal canal (C21_)
 - Bone, joints, and articular cartilage (C40_ to C41_)
 - Connective subcutaneous and other soft tissues (C49_)
 - Skin (C44_)
- **Rule M15** A de novo (frank) in situ or malignant adenocarcinoma and an in situ or malignant tumor in a **polyp** are a **single primary**ⁱ.

- Rule M16Multiple in situ and/or malignant polyps are a single primaryi.Note:Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.
- **Rule M17** Abstract **multiple primaries**ⁱⁱ when separate/non-contiguous tumors are two or more **different subtypes/variants** in Column 3, <u>Table 3-21</u> in the Equivalent Terms and Definitions.
 - *Note*: The tumors may be subtypes/variants of the same or different NOS histologies:
 - Same NOS: Micropapillary carcinoma of stomach 8265/3 and mucinous adenocarcinoma of stomach 8480/3 are both subtypes of adenocarcinoma, NOS of stomach but are distinctly different histologies. Abstract multiple primaries.
 - **Different NOS**: Myxofibrosarcoma 8811/3 is a subtype/variant of fibrosarcoma, NOS 8810/3; myxoid liposarcoma 8852/3 is a subtype liposarcoma, NOS 8850/3. They are distinctly different histologies. Abstract multiple primaries.
- **Rule M18** Abstract a single primaryⁱ when synchronous, separate/non-contiguous tumors are on the same row in <u>Table 3-21</u> in the Equivalent Terms and Definitions.
 - *Note*: The same row means the tumors are:
 - The same histology (same four-digit ICD-O code) **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)
- Rule M19Abstract multiple primariesⁱⁱ when separate/non-contiguous tumors are on multiple rows in Table 2-21 in the
Equivalent Terms and Definitions. Timing is irrelevant
Note: Each row in the table is a distinctly different histology.
- Rule M20 Abstract multiple primariesⁱⁱ when an invasive tumor occurs more than 60 days after an in situ tumor.
 - *Note 1:* This rule applies to multiple tumors, one in situ and a separate malignant tumor.
 - Note 2: The purpose of this rule is to ensure the case is counted as an incident (invasive) case when incidence data are analyzed.
 - Note 3: Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

Rule M21Abstract a single primaryⁱ when there are multiple tumors that do not meet any of the above criteria.Note 1:Use this rule as a last resort. Confirm that you have not overlooked an applicable rule.Note 2:When an invasive tumor follows an in situ tumor within 60 days, abstract a single primary.

This is the end of instructions for Multiple Tumors

ⁱ Prepare one abstract. Use the <u>histology rules</u> to assign the appropriate histology code. ⁱⁱPrepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

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, 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 for 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 the 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. Tissue 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 (this is not the same as the CAP synoptic report)

Other Sites Solid Tumor Rules May 2023 Update For cases dx'd 1/1/2023+

- *Note 1:* Addendums and comments on the pathology report are given highest priority because they often contain additional 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
- Cytology (Fine needle biopsy from primary site, retroperitoneal, peritoneal, abdominal cavity fluid, ascites)
 Example: Fine needle aspiration of ascites shows adenocarcinoma, and the resection pathology shows serous adenocarcinoma. Code serous adenocarcinoma 8441/3
- 3. Tissue/pathology from metastatic site
 - *Note 1:* Code behavior /3.
 - *Note 2:* The **tissue** from a **metastatic** site 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
 - D. Ultrasound
- 5. Code the histology **documented** by the physician when none of the above are available. Use the documentation in the following
 - A. Priority order:
 - B. Treatment plan
 - C. Documentation from Tumor Board
 - D. Documentation from the medical record that refers to the original pathology, cytology, or scan(s)
 - E. 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

Coding Histology

Important Information for using Other Sites Histology Tables:

- Site-specific histology tables have been added to Other Sites Solid Tumor Rules.
- Not all site groups have individual histology tables and will require the use of ICD-O and updates.
- Site-specific histology tables are based on current WHO Classification of Tumors books and the current version of ICD-O. The tables may not include all histologies that could occur in that site.
- In place of adding numerous site-based histology rules to the 2023 revision, the histology tables in Other Sites Terms and Definitions include additional coding instructions and notes to assign the correct ICD-O code when appropriate.
 - *Note 1:* The priority is to code the most specific histology. **DO NOT USE BREAST HISTOLOGY CODING RULES FOR THIS MODULE.**
 - 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

- *Note 1:* Some site-specific histologies must meet a percentage requirement in order to be coded. Refer to the Histology Rules and the appropriate site group Histology Table for coding guidance.
- Note 2: The terms above (A, B, C) must describe a <u>carcinoma</u> or <u>sarcoma</u> in order to code a histology described by those terms.
 Example: When the diagnosis is adenocarcinoma with a component of papillary <u>carcinoma</u>, code papillary carcinoma 8260.
 Negative example: When the diagnosis is simply adenocarcinoma with a papillary component. Code adenocarcinoma 8140. Do not assume this is a papillary carcinoma. This could be papillary differentiation or features.
- Note 3: When the most specific histology is described as differentiation or features, see #2.

Code the histology described as differentiation or features/features of <u>ONLY</u> when there is a specific ICD-O code for the "NOS with ______ features" or "NOS with ______ differentiation".
 Example: Endometrioid carcinoma with squamous differentiation has an ICD-O code of 8570/3
 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
 - The final pathology diagnosis is an ambiguous term followed by a histology type
 - Case is accessioned (added to your database) based on ambiguous terminology and no other histology information is available/documented
 - *Example:* Outpatient biopsy says **consistent with adenocarcinoma**. The case is accessioned (entered into the database) as required by both SEER and COC. No further information is available. Code the histology to adenocarcinoma. 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 adenocarcinoma consistent with tubular adenocarcinoma. The oncology consult says the patient has tubular adenocarcinoma of the stomach. This is clinical confirmation of the diagnosis, code tubular adenocarcinoma. The case meets the criteria in **bullet 1**.
 - *Example 2:* The pathology diagnosis is sarcoma consistent with myxosarcoma. The treatment plan says the patient will receive treatment for myxosarcoma. Treatment plan confirms myxosarcoma; code myxosarcoma. The case meets the criteria in **bullet 2**.

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

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

Single Tumor: In Situ Only (All parts are in situ)

Rule H1 Code the histology documented by the physician when the **pathology/cytology** report is **not available**. *Note 1:* Priority for using documents to code histology when pathology/cytology report is not available

- Documentation in the medical record that refers to the pathologic or cytologic findings
- Physician's reference to type of cancer in the medical record
- *Note 2:* Code the specific histology when documented.
- *Note 3:* Code the histology to 8000/2 (cancer, in situ/non-invasive) or 8010/2 (carcinoma in situ, NOS) as stated by the physician when nothing more specific is documented.
- **Rule H2** Code the histology when only **one histologic type** is identified.
 - Note 1: Do not code terms that do not appear in the histology description.
 - *Note 2:* Use <u>Tables 3-21</u> to code histology. New codes, terms, and synonyms are included in Tables 3-21 and coding errors may occur if the table is not used.
 - *Example*: Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the final diagnosis.
- **Rule H3** Code **8077/2** (squamous intraepithelial neoplasia, high grade) for the following:
 - AIN, grade II/Anal intraepithelial neoplasia, grade II
 - AIN, grade III/Anal intraepithelial neoplasia, grade III
 - CIN with severe dysplasia
 - Conjunctival intraepithelial neoplasia grade III (CIN III)
 - High-grade squamous intraepithelial neoplasia, grade II
 - High-grade intraepithelial neoplasia, grade III
 - High-grade squamous intraepithelial lesion (HSIL)
 - Intraepithelial neoplasia grade II/III
 - Squamous intraepithelial neoplasia, grade II
 - Squamous intraepithelial neoplasia, grade III
 - Vaginal intraepithelial neoplasia, grade III/VAIN III

Note 1: Code 8077 cannot be used for glandular intraepithelial neoplasia such as pancreatic intraepithelial neoplasia (PAIN).

- *Note 2:* This list may not include all reportable neoplasms for 8077/2. See SEER Program Coding and Staging Manual or STORE manual for reportable neoplasms.
- Rule H4 Code 8148/2 (glandular intraepithelial neoplasia, grade III) for the following:
 - Pancreatic intraepithelial neoplasia (PanIN III)
 - High grade biliary intraepithelial neoplasms (BiIN III)
 - Biliary intraepithelial neoplasm Grade 3/BiIN-3
 - Esophageal intraepithelial neoplasm, high grade
 - *Note*: This list may not include all reportable neoplasms for 8148/2. See SEER Program Coding and Staging Manual or STORE manual for reportable neoplasms.
- Rule H5 Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma) only when:
 - The final diagnosis is adenocarcinoma/carcinoma in a polyp OR
 - The final diagnosis is **adenocarcinoma**, and a residual polyp or polyp architecture is recorded in other parts of the pathology report **OR**
 - The final diagnosis is **adenocarcinoma/carcinoma** and there is reference to residual or pre-existing polyp **OR**
 - There is documentation that the patient had a **polypectomy**

Important note: For cases diagnosed 1/1/2023 forward: If the final diagnosis indicates a histology other than adenocarcinoma/carcinoma arising in a polyp, code the specific histology. This applies to all sites.

Example: Endometrial biopsy shows endometrioid adenocarcinoma in situ arising in a polyp. Code endometrioid adenocarcinoma, in situ.

Rule H6 Code the subtype/variant when a NOS and a <u>single</u> subtype/variant of that NOS are present.

- Adenocarcinoma in situ, NOS (8140) and a specific in situ adenocarcinoma
- Carcinoma in situ, NOS (8010) and a specific in situ carcinoma
- Melanoma in situ, NOS (8720) and a specific in situ melanoma
- Sarcoma, NOS (8800) and a specific sarcoma

 Squamous cell carcinoma, NOS (8070) and a specific squamous cell carcinoma
 Note 1: The specific type may be identified as type, subtype, variant or predominantly.
 Note 2: Do not code architecture and pattern.
 Note 3: Refer to Tables 3-21 in Terms and Definitions for additional coding instructions. There may be exceptions to this rule.

Rule H7 Code a **combination code** when there are multiple specific in situ histologies or when there is an NOS with multiple specific in situ histologies **AND**

- The combination is listed in Table 2 in Equivalent Terms and Definitions, ICD-O and all updates OR
- You receive a combination code from Ask A SEER Registrar
- *Note 1:* The rules are hierarchical. Use this rule when previous rules do not apply.
- *Note 2:* Submit a question to Ask A SEER Registrar when a combination is not listed in Table 2 in Equivalent Terms and Definitions, ICD-O, and all ICD-O updates.

This is the end of instructions for a Single Tumor: In Situ Components Code the histology according to the rule that fits the case

Single tumor: Invasive and In Situ Components

Rule H8 Code the **invasive histology** when both invasive and in situ components are present.

Note 1: Use <u>Tables 3-21</u>, ICD-O, and all ICD-O updates to determine if the term containing both invasive and in situ histologies has a specific ICD-O code.

Example: Intraductal papillary mucinous neoplasm with associated carcinoma has both in situ (intraductal) and associated invasive carcinoma and has an ICD-O code of 8453/3

Note 2: When the term is not listed in Tables 3-21, ICD-O, and ICD-O updates, ignore the in situ term.

This is the end of instructions for a Single Tumor: Invasive and In Situ Components Code the histology according to the rule that fits the case

Jump to <u>Equivalent Terms and Definitions</u> Jump to <u>Multiple Primary Rules</u>

Single Tumor: Invasive Only

Rule H9 Code the histology documented by the physician when the **pathology/cytology** report is **not available**. *Note 1:* Priority for using documents to code histology when pathology/cytology report is not available

- Documentation in the medical record that refers to the pathologic or cytologic findings
- Physician's reference to type of cancer in the medical record
- CT, PET, or MRI scans
- *Note 2:* Code the specific histology when documented.
- *Note 3:* Code the histology to 8000/3 (cancer, malignant neoplasm) or 8010/3 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
- Rule H10 Code the histology from a metastatic site when there is no pathology/cytology from the primary site. *Note*: Code the behavior /3.
- Rule H11 Code 8140 (adenocarcinoma, NOS) for prostate primaries when the diagnosis is:
 - Acinar adenocarcinoma/carcinoma **OR**
 - Adenocarcinoma **OR**
 - Adenocarcinoma with ductal features **OR**
 - Atrophic adenocarcinoma **OR**
 - Foamy gland adenocarcinoma OR
 - Microcystic adenocarcinoma **OR**
 - Pseudohyperplastic adenocarcinoma **OR**
 - Prostatic intraepithelial-like carcinoma

- Rule H12 Code the histology when only one histologic type is identified.
 - Note 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.
 - Note 2: Some histologies are compound terms meaning two or more histology types are combined into a single ICD-O code. Use Tables 3-21, ICD-O, and all ICD-O updates to determine if the term containing multiple histologies has a specific code. Example: Myxoid pleomorphic liposarcoma has more than one histology listed in the term and is coded 8854/3 per ICD-O-3.2
 - *Note 3:* If histology is papillary carcinoma of thyroid, continue through the rules.
- Rule H13 Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma) only when:
 - The final diagnosis is **adenocarcinoma**/carcinoma in a polyp **OR**
 - The final diagnosis is **adenocarcinoma**, and a residual polyp or polyp architecture is recorded in other parts of the pathology report **OR**
 - The final diagnosis is **adenocarcinoma/carcinoma** and there is reference to residual or pre-existing polyp **OR**
 - There is documentation that the patient had a polypectomy

Important note for cases diagnosed 1/1/2023 forward: If the final diagnosis indicates a histology other than adenocarcinoma/carcinoma arising in a polyp, code the specific histology.

Example: Cervix biopsy shows endometrioid adenocarcinoma arising in multiple polyps. Code endometrioid adenocarcinoma.

Rule H14 Code the subtype/variant for pancreas primaries when the diagnosis is <u>ductal carcinoma/adenocarcinoma</u> AND

- Adenosquamous carcinoma **8560/3**
- Colloid/mucinous carcinoma/adenocarcinoma 8480/3
- Hepatoid carcinoma 8576/3
- Large cell carcinoma with rhabdoid phenotype 8014/3
- Medullary carcinoma **8510/3**
- Signet-ring/poorly cohesive carcinoma/adenocarcinoma 8490/3
- Undifferentiated carcinoma 8020/3
- Undifferentiated carcinoma with osteo-clast-like giant cells 8035/3

Rule H15 Code the subtype/variant when there is a NOS and a <u>single</u> subtype/variant of that NOS, such as the following:

- Cancer/malignant neoplasm, NOS (8000) AND a subtype/variant of cancer
- Carcinoma, NOS (8010) AND a subtype/variant of carcinoma
- Adenocarcinoma, NOS (8140) AND a subtype/variant of adenocarcinoma
- Squamous cell carcinoma, NOS (8070) AND a subtype/variant of adenocarcinoma
- Melanoma, NOS (8720) AND a subtype/variant of melanoma
- Sarcoma, NOS (8800) AND a subtype/variant of sarcoma

Note: See <u>Tables 3-21</u> to find NOS and subtype/variants. There may be exceptions to this rule.

- Rule H16Code anaplastic carcinoma of thyroid (8021) or undifferentiated carcinoma of thyroid (8020) when other thyroid
histologies are present in a single tumor.
 - Treatment and prognosis will be largely determined by the anaplastic or undifferentiated component.
 - This rule is new for 2023
- **Rule H17** Code **dedifferentiated carcinoma** (8020) when mixed with endometrioid carcinoma/adenocarcinoma.
 - Dedifferentiated carcinoma is a distinct entity which has worse prognosis than endometrioid adenocarcinoma.
- Rule H18 Code papillary carcinoma/adenocarcinoma of the thyroid to papillary adenocarcinoma, NOS (8260).
- Rule H19
 Code papillary microcarcinoma of thyroid to papillary adenocarcinoma, NOS (8260).

 Note:
 For thyroid primaries only, the term micropapillary/papillary microcarcinoma does not refer to a specific histologic type. In North America, it means the papillary component of the tumor is minimal or occult.

Rule H20 Code **papillary carcinoma, follicular variant** of **thyroid (8340)** when there are multiple papillary and follicular carcinoma subtypes/variants:

- Papillary thyroid carcinoma, NOS and follicular carcinoma, NOS OR
- Papillary carcinoma, follicular variant and papillary thyroid carcinoma OR
- Papillary carcinoma, follicular variant and follicular carcinoma OR
- Any papillary thyroid carcinoma subtype/variant and any follicular subtype/variant listed in Column 3, <u>Table 12</u> *Note:* Some thyroid histologies are compound terms meaning two or more histology types are combined into a single ICD-O code. Use <u>Table 12</u>, ICD-O, and all ICD-O updates to determine if the term containing multiple histologies has a specific code.
- **Rule H21** Code a combination code when there are multiple specific histologies or when there is an NOS with multiple specific histologies **AND**
 - The combination is listed in <u>Table 2</u> in Equivalent Terms and Definitions, ICD-O and all updates **OR**
 - There are coding instructions for the combination in the applicable histology Tables 3-21 OR
 - You receive a combination code from Ask A SEER Registrar
 - *Note 1:* The rules are hierarchical. Use this rule when previous rules do not apply.
 - *Note 2:* Submit a question to <u>Ask A SEER Registrar</u> when a combination is not listed in Table 2 in Equivalent Terms and Definitions, ICD-O, and all ICD-O updates.

This is the end of instructions for a Single Tumor: Invasive Only Code the histology according to the rule that fits the case

Multiple Tumors Abstracted as a Single Primary

Rule H22Code the histology documented by the physician when the pathology/cytology report is not available.Note 1: Priority for using documents to code histology when pathology/cytology report is not available

- Documentation in the medical record that refers to the pathologic or cytologic findings
- Physician's reference to type of cancer in the medical record
- CT, PET, or MRI scans
- *Note 2:* Code the specific histology when documented.
- *Note 3:* Code the histology to 8000/3 (cancer, malignant neoplasm) or 8010/3 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
- **Rule H23** Code the histology from a **metastatic site** when there is **no pathology/cytology** from the primary site. *Note*: Code the behavior /3.
- Rule H24 Code 8140 (adenocarcinoma, NOS) for prostate primaries when the diagnosis is:
 - Acinar adenocarcinoma/carcinoma **OR**
 - Adenocarcinoma **OR**
 - Adenocarcinoma with ductal features **OR**
 - Atrophic adenocarcinoma **OR**
 - Foamy gland adenocarcinoma **OR**
 - Microcystic adenocarcinoma **OR**
 - Pseudohyperplastic adenocarcinoma **OR**
 - Prostatic intraepithelial-like carcinoma

Rule H25 Code **8077/2** (Squamous intraepithelial neoplasia, high grade) for the following:

- AIN, grade II/Anal intraepithelial neoplasia, grade II
- AIN, grade III/Anal intraepithelial neoplasia, grade III
- CIN with severe dysplasia
- Conjunctival intraepithelial neoplasia grade III (CIN III)
- High-grade squamous intraepithelial neoplasia, grade II
- High-grade intraepithelial neoplasia, grade III
- High-grade squamous intraepithelial lesion (HSIL)
- Intraepithelial neoplasia grade II/III
- Squamous intraepithelial neoplasia, grade II
- Squamous intraepithelial neoplasia, grade III
- Vaginal intraepithelial neoplasia, grade III/VAIN III
- Note 1: Code 8077 cannot be used for glandular intraepithelial neoplasia such as pancreatic intraepithelial neoplasia (PAIN).
- *Note 2:* This list may not include all reportable neoplasms for 8077/2. See SEER Program Coding and Staging Manual or STORE manual for reportable neoplasms.
- Rule H26 Code 8148/2 (Glandular intraepithelial neoplasia grade III) for the following:
 - Pancreatic intraepithelial neoplasia (PanIN III)
 - High grade biliary intraepithelial neoplasms (BiIN III)
 - Biliary intraepithelial neoplasm Grade 3/BiIN-3
 - Esophageal intraepithelial neoplasm, high grade
 - *Note:* This list may not include all reportable neoplasms for 8148/2. See SEER Program Coding and Staging Manual or STORE manual for reportable neoplasms.
- **Rule H27** Code the histology when only **one histologic type** is identified.

Note: 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

Rule H28 Code the histology of the underlying tumor when there is **extramammary Paget disease** and an underlying tumor of the **anus, perianal region, or vulva**.

- Rule H29 Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoca) only when:
 - The final diagnosis is adenocarcinoma/carcinoma in a polyp OR
 - The final diagnosis is **adenocarcinoma**/carcinoma, and a residual polyp or polyp architecture is recorded in other parts of the pathology report **OR**
 - The final diagnosis is **adenocarcinoma/carcinoma** and there is reference to residual or pre-existing polyp **OR**
 - There is documentation that the patient had a polypectomy *Important note for cases diagnosed 1/1/2023 forward:* If the final diagnosis indicates a histology other than adenocarcinoma/carcinoma arising in a polyp, code the specific histology. *Example:* Cervix biopsy shows endometrioid adenocarcinoma arising in multiple polyps. Code endometrioid adenocarcinoma.
- **Rule H30** Code **papillary carcinoma, follicular variant** of **thyroid** (8340) when there are multiple papillary and follicular carcinoma subtypes/variants:
 - Papillary thyroid carcinoma, NOS and follicular carcinoma, NOS OR
 - Papillary carcinoma, follicular variant and papillary thyroid carcinoma OR
 - Papillary carcinoma, follicular variant and follicular carcinoma OR
 - Any papillary thyroid carcinoma subtype/variant and any follicular subtype/variant listed in Column 3, Table 12
- Rule H31
 Code papillary microcarcinoma of thyroid to papillary carcinoma/adenocarcinoma of the thyroid to 8260.

 Note:
 For thyroid primaries only, the term micropapillary/papillary microcarcinoma does not refer to a specific histologic type. In North America, it means the papillary component of the tumor is minimal or occult.
- Rule H32 Code the single invasive histology for combinations of invasive and in situ. Ignore the in situ terms.
 Note: If the Multiple Primary Rules indicate an invasive tumor and separate in situ tumor are a single primary, code the invasive histology.

Rule H33 Code the subtype/variant for pancreas primaries when the diagnosis is <u>ductal carcinoma/adenocarcinoma</u> AND

- Adenosquamous carcinoma **8560**/3
- Colloid/mucinous carcinoma/adenocarcinoma 8480/3
- Hepatoid carcinoma **8576/3**
- Large cell carcinoma with rhabdoid phenotype 8014/3
- Medullary carcinoma 8510/3
- Signet-ring/poorly cohesive carcinoma/adenocarcinoma **8490/3**
- Undifferentiated carcinoma **8020/3**
- Undifferentiated carcinoma with osteo-clast-like giant cells 8035/3

Rule H34 Code the subtype/variant when there is a NOS and a <u>single</u> subtype/variant of that NOS, such as the following:

- Cancer/malignant neoplasm, NOS (8000) AND a subtype/variant of cancer
- Carcinoma, NOS (8010) AND a subtype/variant of carcinoma
- Adenocarcinoma, NOS (8140) AND a subtype/variant of adenocarcinoma
- Squamous cell carcinoma, NOS (8070) AND a subtype/variant of adenocarcinoma
- Melanoma, NOS (8720) AND a subtype/variant of melanoma
- Sarcoma, NOS (8800) AND a subtype/variant of sarcoma
- *Note*: See <u>Tables 3-21</u> in to find NOS and subtype/variants. There may be exceptions to this rule.
- **Rule H35** Code a combination code when there are multiple specific histologies or when there is an NOS with multiple specific histologies **AND**
 - The combination is listed in Table 2 in Equivalent Terms and Definitions, ICD-O and all updates OR
 - There are coding instructions for the combination in the applicable histology <u>Tables 3-21</u> OR
 - You receive a combination code from Ask A SEER Registrar

Note 1: The rules are hierarchical. Use this rule when previous rules do not apply.

Note 2: Submit a question to <u>Ask A SEER Registrar</u> when a combination is not listed in Table 2 in Equivalent Terms and Definitions, ICD-O, and all ICD-O updates.

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