Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

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 C479, 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.

New for 2024

1. Guidelines for assigning primary sites for liver and intrahepatic bile duct neoplasms based on histology and other criteria are included in the newly added Table 9a. The criteria for coding liver (C220) versus intrahepatic bile duct (C221) is based on Cancer PathCHART Specialty Matter Expert review. The experts have determined adenocarcinoma and subtypes of adenocarcinoma cannot be primary to liver and therefore are biologically impossible. The coding instructions in Table 9a may be applied to cases diagnosed 2023 forward.

2. Several tables in the Solid Tumor Other Sites module include more than one site or site group. The tables are based on WHO Classifications of Tumors books unless otherwise noted. The Cancer PathCHART review determined that some histologies are valid for specific sites only and not for all sites within a site group. The valid C-code will be denoted in bold next to the histology or histologies in applicable tables. Coding these histologies to a site other than the one(s) noted in the tables has been determined to be biologically impossible and will not pass edits.

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)
- Carcinoid; NET; neuroendocrine tumor
- Carcinoma; adenocarcinoma
  - A histology type must be stated for these terms to be equal
  - 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
  - **Do not** 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**

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Site or Site Group Histology-Specific Tables

Twenty-one site-specific histology tables are included in 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 Other Sites module, 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.

Table Index

Table Number	Table Title
Table 1	Paired Organs and Sites with Laterality
Table 2	Mixed and Combination Codes
Table 3	Prostate Histologies **C619**
Table 4	Testis Histologies **C620, C621, C629**
Table 5	Esophagus Histologies **C150-C155, C158, C159**
Table 6	Stomach Histologies **C160-C166; C168, C169**
Table 7	Small Intestine and Ampulla of Vater Histologies **C170-C173, C178, C179, C241**
Table 8	Anus Histologies **C210-C212, C218**
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Table Number	Table Title
Table 9a	Guidelines for Assigning Primary Site for Liver and Intrahepatic Bile Duct **C220**, **C221**
Table 10	Gallbladder and Extrahepatic Bile Ducts Histologies **C239, C240, C248**, **C249**
Table 11	Pancreas Histologies **C250-C254, C257, C258, C259**
Table 12	Thyroid Histologies **C739**
Table 13	Ovary Histologies **C569**
Table 14	Peritoneum Histologies **C482**
Table 15	Fallopian Tube Histologies **C570**
Table 16	Uterine Corpus Histologies **C540-C543, C548, C549, C559**
Table 17	Uterine Cervix Histologies **C530-C531, C538, C539**
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Table 19	Vulva Histologies **C510-C512, C518, C519**
Table 20	Soft Tissue Histologies **C490-C496, C498, C499**
Table 21	Bone Histologies **C400-C403, C408, C409, C412-C414, C418, C419**
Table 22	Thymus Histologies **C379**
Table 23	Penis and Scrotum Histologies **C600-C602, C608, C609, C632**

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

Other Sites Equivalent Terms and Definitions
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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
C740-C749	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 3-23 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 **Histology Rules** 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 **Histology Rules** 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.

Jump to **Equivalent Terms and Definitions**
Jump to **Histology Coding Rules**

Other Sites Equivalent Terms and Definitions
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Required Histology Terms	Histology Combination Term and Code
Small cell carcinoma/neuroendocrine tumor (NET) **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	Combined small cell carcinoma **8045**
Large cell neuroendocrine carcinoma **AND** Adenocarcinoma NOS **OR** Squamous cell carcinoma NOS **OR** Spindle cell carcinoma **OR** Giant cell carcinoma	Combined large cell neuroendocrine carcinoma **8013**

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
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Required Histology Terms	Histology Combination Term and Code
Squamous carcinoma **AND** Basal cell carcinoma	Basosquamous carcinoma **8094**
Islet cell **AND** Exocrine carcinoma	Mixed islet cell and exocrine adenocarcinoma **8154**
Acinar **AND** Endocrine/neuroendocrine	Mixed acinar-endocrine/neuroendocrine carcinoma **8154**
Acinar **AND** **Both of the following**: Endocrine Ductal	Mixed acinar-endocrine-ductal carcinoma **8154**
Ductal **AND** Endocrine/neuroendocrine	Mixed ductal-endocrine carcinoma **8154** Mixed ductal-neuroendocrine carcinoma **8154**

Other Sites Equivalent Terms and Definitions
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Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
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Required Histology Terms	Histology Combination Term and Code
Endocrine **AND** Exocrine	Mixed endocrine and exocrine adenocarcinoma **8154**
Hepatocellular carcinoma **AND** Cholangiocarcinoma	Combined hepatocellular carcinoma and cholangiocarcinoma **8180 (C221)**
Adenocarcinoma **AND** Carcinoid/neuroendocrine carcinoma(NEC)/neuroendocrine tumor (NET)	Mixed adenoneuroendocrine carcinoma/combined carcinoid and adenocarcinoma **8244**
Adenocarcinoma **AND** **At least two** of the following: Papillary Clear cell Mucinous/colloid Signet ring Acinar	Adenocarcinoma with mixed subtypes/Adenocarcinoma combined with other types of carcinoma **8255** ***Note:*** Code 8255 does not apply to GYN primaries. Continue through the table to determine correct mixed histology code for GYN neoplasms**.**

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

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

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
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Required Histology Terms	Histology Combination Term and Code
Medullary **AND** Poorly differentiated carcinoma **OR** Anaplastic carcinoma **OR** Oncocytic carcinoma	Mixed medullary and poorly differentiated carcinoma / mixed medullary and anaplastic carcinoma / Mixed medullary and oncocytic carcinoma **8346**
Squamous carcinoma **AND** Adenocarcinoma	Adenosquamous carcinoma **8560**
Any combination of the following sarcomas: Myxoid Round cell Pleomorphic	Mixed liposarcoma **8855**
Embryonal rhabdomyosarcoma **AND** Alveolar rhabdomyosarcoma	Mixed type rhabdomyosarcoma **8902**
Teratoma **AND** Embryonal carcinoma	Teratocarcinoma **9081**

Other Sites Equivalent Terms and Definitions
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Required Histology Terms	Histology Combination Term and Code
Any combination of the following: Embryonal carcinoma Seminoma Teratoma Yolk sac tumor	Mixed germ cell tumor **9085**
Choriocarcinoma **AND** **Any of the following:** Embryonal Seminoma Teratoma	Choriocarcinoma combined with other germ cell elements **9101**

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

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** ***Note:*** 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** ***Note*:** 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** ***Note 1:*** 50% of SmCC of prostate cases present as a de novo malignancy ***Note 2:*** SmCC of the prostate often occurs following androgen deprivation treatment for acinar adenocarcinoma	Well differentiated neuroendocrine tumor WD neuroendocrine tumor	Large cell neuroendocrine carcinoma **8013/3** Small cell neuroendocrine carcinoma **8041/3**
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**
Squamous cell carcinoma **8070** ***Note*:** 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.	SCC, NOS	

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Urothelial carcinoma **8120** ***Note 1:*** Primary urothelial carcinoma of the prostate can rarely occur in the absence of a bladder tumor. ***Note 2***: 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

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Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Germ cell tumor NOS **9064** ***Note 1:*** The following teratomas are not **reportable:** • Teratoma, prepubertal type 9084/0 • Teratoma, mature, prepubertal type 9084/0 ***Note 2:*** The following yolk sac tumor patterns are all coded 9071: • Endodermal sinus/perivascular pattern • Glandular/alveolar pattern • Hepatoid pattern • Macrocystic pattern • Microcystic/reticular pattern • Myxoid pattern • Papillary pattern • Parietal pattern • Polyvesicular vitelline pattern • Sarcomatoid/spindle cell pattern • Solid pattern	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 (see Note 2)** 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 (/).

Table begins on next page

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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**		
Gastrointestinal stromal tumor **8963**	GANT Gastrointestinal pacemaker cell tumor Gastrointestinal stromal tumor GIST, NOS GIST, malignant Gastrointestinal stromal sarcoma Succinate dehydrogenase-deficient gastrointestinal stromal tumor	
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**

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Mixed neuroendocrine-non-endocrine neoplasm (MiNEN) **8154/3** ***Note*:** Esophageal MiNENs usually consist of poorly differentiated NEC and either squamous cell carcinoma or adenocarcinoma	MiNEN	

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 (/).

Coding notes for Stomach:

- When both Lauren and WHO histologies are stated, code the WHO diagnosis.
  - Exception: If WHO diagnosis is adenocarcinoma, NOS and Lauren indicates a more specific type, code the specific histology.

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Adenocarcinoma, NOS **8140** ***Note 1***: For stomach sites, code mucinous carcinoma (8480) or signet-ring cell carcinoma (8490) regardless of percentage. ***Note 2***: Paneth cell carcinoma is a rare subtype of adenocarcinoma. A specific ICD-O code has not been proposed by WHO. Code as 8140.	Adenocarcinoma in situ **8140/2** Adenocarcinoma of fundic gland type Paneth cell carcinoma	Adenocarcinoma, diffuse type **8145/3** Adenocarcinoma, intestinal type **8144/3;** Intestinal type adenoma, high grade **8144/2** Hepatoid adenocarcinoma **8576** Medullary carcinoma with lymphoid stroma **8512** Micropapillary carcinoma **8265** Mucinous adenocarcinoma **8480** Mucoepidermoid carcinoma **8430** Papillary adenocarcinoma **8260** Parietal cell carcinoma **8214** Signet ring cell carcinoma/Poorly cohesive carcinoma **8490** Tubular adenocarcinoma **8211**
Adenomatous polyp, high grade **8210/2**	Adenomatous polyp, high grade dysplasia	
Adenosquamous carcinoma **8560**		
Gastroblastoma **8976/3**		
Gastrointestinal stromal tumor **8963**	GANT Gastrointestinal pacemaker cell tumor Gastrointestinal stromal tumor GIST, NOS GIST, malignant Gastrointestinal stromal sarcoma Succinate dehydrogenase-deficient gastrointestinal stromal tumor	
Glandular intraepithelial neoplasia, high grade **8148/2**	Glandular intraepithelial neoplasia, grade III	

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Mixed adenoneuroendocrine carcinoma **8244/3**	Combined carcinoid and adenocarcinoma Composite carcinoid MANEC Mixed carcinoid and adenocarcinoma	
Mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN) **8154/3**		
Neuroendocrine carcinoma (NEC) **8246/3**		Large cell neuroendocrine carcinoma **8013/3** Small cell neuroendocrine carcinoma **8041/3**
Neuroendocrine tumor, NOS **8240/3**	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**
Serrated dysplasia, high grade **8213/2**		
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 Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

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 **8163/3** Poorly cohesive carcinoma/signet-ring cell carcinoma **8490** Tubular adenocarcinoma **8211**
Adenomatous polyp, high grade **8210/2**	Adenomatous polyp, high grade dysplasia	
Gastrointestinal stromal tumor **8963**	GANT Gastrointestinal pacemaker cell tumor Gastrointestinal stromal tumor GIST, NOS GIST, malignant Gastrointestinal stromal sarcoma Succinate dehydrogenase-deficient gastrointestinal stromal tumor	
Mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN) **8154/3**		
Neuroendocrine carcinoma **8246/3**		Large cell neuroendocrine carcinoma **8013/3** Small cell neuroendocrine carcinoma **8041/3**

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
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

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

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 (/).

Cases diagnosed before 1/1/2023:

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

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific or NOS Terms and Code	Synonyms	Subtypes/Variants
Carcinoma, undifferentiated **8020/3**		
Cholangiocarcinoma **8160/3 (C220)**	Bile duct adenocarcinoma/carcinoma Intrahepatic cholangiocarcinoma (iCCA) Large duct intrahepatic cholangiocarcinoma Small duct intrahepatic cholangiocarcinoma	
Combined hepatocellular carcinoma and cholangiocarcinoma **8180/3 (C221)**	Hepatocholangiocarcinoma Mixed hepatobiliary carcinoma Mixed hepatocellular-cholangiocarcinoma	
Hepatoblastoma **8970/3**		
Hepatocellular carcinoma **8170/3 (C220)**	Hepatocarcinoma Hepatoma, malignant Hepatoma, NOS	Hepatocellular carcinoma, fibrolamellar **8171** Hepatocellular carcinoma, scirrhous / sclerosing hepatic carcinoma **8172** Hepatocellular carcinoma (HCC), clear cell **8174** (synonyms below) HCC, chromophobe HCC, lymphocytic-rich HCC, macrotrabecular massive HCC, neutrophile-rich HCC, steatohepatitic
Intraductal papillary neoplasm **8503**	Intraductal papillary neoplasm with associated invasive carcinoma **8503/3** Intraductal papillary neoplasm with high grade intraepithelial neoplasia **8503/2**	
Mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN) **8154/3**		

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

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 9a: Guidelines for Assigning Primary Site for Liver and Intrahepatic Bile Duct

C220 Liver; hepatic, NOS
C221 Intrahepatic bile duct; biliary canaliculus; cholangiole

Guidelines for assigning primary sites for liver and intrahepatic bile duct neoplasms based on histology and other criteria are included in the newly added Table 9a. The criteria for coding liver (C220) versus intrahepatic bile duct (C221) is based on Cancer PathCHART Specialty Matter Expert review. The experts have determined adenocarcinoma and subtypes of adenocarcinoma cannot be primary to liver and therefore are biologically impossible. This table may be applied to cases diagnosed 2023 forward.

Column 1 contains the site of the biopsy specimen and/or cytology specimen
Column 2 contains the histology diagnosis as stated by the pathologist
Column 3 contains the criteria required to assign primary site based on Cancer PathCHART Specialty Matter Expert review
Column 4 contains the primary site and histology to be assigned

Site of biopsy or cytology	Pathology or cytology diagnosis	Criteria	Primary Site/ Histology
Liver C220	Adenocarcinoma Adenocarcinoma subtypes/variants	Supporting documentation such as scans, lab tests, or definitive clinical diagnosis of intrahepatic bile duct primary and/or definitive diagnosis of cholangiocarcinoma	**C221** **8160/3**
Liver C220	Adenocarcinoma Adenocarcinoma, subtypes/variants	No documentation supporting the primary site of intrahepatic bile duct is available in the medical record. This includes scans, lab tests or definitive clinical diagnosis. Liver is a common metastatic site for other neoplasms such as breast, lung, and colon. Code unknown primary site C809 when a primary site is not indicated in the pathology report or medical record.	**C809** **8140/3**

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Site of biopsy or cytology	Pathology or cytology diagnosis	Criteria	Primary Site/ Histology
Liver C220 or Intrahepatic bile ducts C221	Hepatocellular carcinoma	Cancer PathCHART review has determined hepatocellular carcinoma is valid for liver C220 only. Code C220 regardless of biopsy/cytology site.	**C220** **8170/3**
Liver C220	Combined hepatocellular carcinoma and cholangiocarcinoma	Cancer PathCHART review has determined combined hepatocellular carcinoma and cholangiocarcinoma is valid for intrahepatic bile ducts C221 only. Code C221 regardless of biopsy/cytology site	**C221** **8180/3**

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

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

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** Pancreatobiliary-type carcinoma **8163** Poorly cohesive carcinoma/signet ring cell carcinoma **8490**
Adenosquamous carcinoma **8560**		
Bile duct carcinoma **8160 (C240)**	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 Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma, NOS **8140**		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**
Adenosquamous carcinoma **8560**		
Glandular intraepithelial neoplasia, high grade **8148/2**	Intestinal pancreatic intraepithelial 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 papillary mucinous carcinoma, invasive **8453/3** Intraductal papillary mucinous neoplasm with associated invasive carcinoma **8453/3**	
Intraductal tubulopapillary neoplasm **8503**	Intraductal tubulopapillary neoplasm **8503/2** Intraductal tubulopapillary neoplasm with associated invasive carcinoma **8503/3**	
Mixed neuroendocrine non-neuroendocrine neoplasm **8154**	MiNEN Mixed acinar-endocrine carcinoma Mixed acinar-endocrine-ductal carcinoma Mixed acinar-neuroendocrine carcinoma	
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**	

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Neuroendocrine carcinoma, NOS **8246**	PanNEC	Large cell neuroendocrine carcinoma **8013** Small cell neuroendocrine carcinoma **8041**
Neuroendocrine tumor, NOS **8240** ***Note:*** Pancreatic neuroendocrine tumor, non-functioning has the following synonyms (they are not subtype/variants): • Clear cell neuroendocrine tumor, non-functioning pancreatic • Cystic neuroendocrine tumor, non-functioning pancreatic • Oncocytic neuroendocrine tumor, non-functioning pancreatic • Pleomorphic neuroendocrine tumor, non-functioning pancreatic	Neuroendocrine tumor, grade 1 PanNET	ACTH-producing tumor **8158** Enterochromaffin-cell carcinoid / Serotonin-producing tumor **8241** Gastrinoma **8153** Glucagonoma **8152** Insulinoma **8151** Neuroendocrine tumor grade 2 / neuroendocrine tumor grade 3 **8249** Pancreatic neuroendocrine tumor, non-functioning **8150** (see note for synonyms) Somatostatinoma **8156** VIPoma **8155**
Pancreatoblastoma **8971/3**		
Solid pseudopapillary neoplasm of pancreas **8452**	Solid pseudopapillary carcinoma Solid pseudopapillary neoplasm with high-grade carcinoma **8452/3**	
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 (/).

Thyroid Coding Note: Papillary carcinoma, follicular variant, encapsulated/well demarcated, non-invasive is not reportable.

Table begins on next page.

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

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**
Medullary thyroid carcinoma **8345**	C cell carcinoma Parafollicular cell carcinoma Medullary carcinoma with amyloid stroma Medullary microcarcinoma	
Oxyphilic adenocarcinoma **8290**	Encapsulated angioinvasive oncocytic carcinoma of the thyroid Hurthle cell adenocarcinoma Hurthle cell carcinoma Follicular carcinoma, oxyphilic cell Minimally invasive oncocytic carcinoma of the thyroid Oncocytic adenocarcinoma Oncocytic carcinoma Widely invasive oncocytic carcinoma of the thyroid	

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Papillary thyroid carcinoma, NOS **8260** ***Note:*** 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 Clear cell papillary thyroid 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 Spindle cell papillary thyroid carcinoma Warthin-like papillary thyroid carcinoma	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**	Differentiated high-grade thyroid carcinoma Insular carcinoma	

Table 13: Ovary Histologies

Table 13 list the more common histologies for ovary: **includes reportable neoplasms only**
C569 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.

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma, NOS **8140**		Clear cell adenocarcinoma **8310** Endometrioid adenocarcinoma **8380** Mucinous adenocarcinoma, NOS **8480**
Adenocarcinoma of rete ovarii **9110/3**		
Adenosarcoma **8933/3**		
Adult granulosa cell tumor **8620/3**		
Carcinosarcoma, NOS **8980/3** ***Note:*** This pathology diagnosis may provide subtypes/variants of the carcinoma/adenocarcinoma component and/or sarcoma subtype/variant component.	Malignant Mixed Mullerian Tumor/MMMT ***Note***: WHO indicates this term is now a related term/synonym for carcinosarcoma	
Choriocarcinoma, NOS **9100**		
Germ cell tumor, NOS **9064**	Germinoma	Immature teratoma **9080** Dysgerminoma **9060** Yolk sac tumor, NOS **9071/3** Embryonal carcinoma **9070** Mixed germ cell tumor / mixed teratoma-yolk sac tumor **9085**
Malignant Brenner tumor **9000/3**		
Mesonephric-like adenocarcinoma **9111/3**		

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Mixed cell adenocarcinoma **8323** ***Note***: At least two histologic types must be recognized in the tumor. Percentages may be stated but do not determine histology coding. The most common mixed tumor is comprised of endometrial and clear cell carcinomas.		
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**
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 carcinoma, non-invasive, low grade **8460/2**
Small cell carcinoma hypercalcemic type **8044/3**		
Steroid cell tumor, malignant **8670/3**		

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
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** ***Note***: This pathology diagnosis may provide subtypes/variants of the carcinoma/adenocarcinoma component and/or sarcoma subtype/variant component	Malignant mixed Mullerian tumor	
Endometrioid adenocarcinoma, NOS **8380/3**		
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 (/).

Table begins on next page

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenosarcoma **8933/3**	Mullerian adenosarcoma Adenocarcinoma with sarcomatous overgrowth	
Carcinoma, undifferentiated NOS **8020/3** ***Note:*** Carcinoma, undifferentiated NOS 8020/3 has been designated biologically impossible for **Myometrium (C542)** per Cancer PathCHART review.	Carcinoma, poorly differentiated Dedifferentiated carcinoma	
Carcinosarcoma, NOS **8980/3** ***Note:*** The most common carcinomas present in carcinosarcoma are endometrioid and/or serous.	Malignant mixed Mullerian tumor	
Clear cell adenocarcinoma **8310**		
Endometrioid adenocarcinoma, NOS **8380** ***Note:*** Endometrioid adenocarcinoma, NOS 8380/2 and 8380/3 have been designated biologically impossible for **Myometrium (C542)** per Cancer PathCHART review.	Endometrial adenocarcinoma/carcinoma Endometrial atypical hyperplasia/endometrioid intraepithelial 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**	Endometrioid carcinoma with squamous differentiation **8570/3**
Mesonephric adenocarcinoma **9110/3**		Mesonephric-like adenocarcinoma **9111/3**

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Mixed cell adenocarcinoma **8323** ***Note 1:*** 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. ***Note 2:*** Mixed cell adenocarcinoma 8323/2 or 8323/3 have been designated biologically impossible for **myometrium (C542)** per Cancer PathCHART review.		
Mucinous carcinoma, NOS **8480** ***Note:*** Mucinous carcinoma, NOS 8480/3 and 8480/3 have been designated biologically impossible for **Myometrium (C542)** per Cancer PathCHART review.		Mucinous carcinoma, intestinal type **8144**
Neuroendocrine carcinoma NOS **8246/3** ***Note***: Neuroendocrine carcinoma NOS 8246/3 has been designated biologically impossible for **Myometrium (C542)** per Cancer PathCHART review.		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	

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
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

Table begins on next page

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

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** ***Note***: This pathology diagnosis may provide subtypes/variants of the carcinoma/adenocarcinoma component and/or sarcoma subtype/variant component		
Endometrioid adenocarcinoma NOS **8380/3**	Endometrial adenocarcinoma/carcinoma	
Germ cell tumor NOS **9064/3**		Choriocarcinoma NOS **9100/3** Endodermal sinus tumor/Yolk sac tumor **9071/3**
Mucoepidermoid carcinoma **8430/3**		

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
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**
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.

Table begins on next page

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma NOS **8140**	Adenocarcinoma, Skene, Cowper and Littre gland origin Skene/periurethral gland adenocarcinoma	Adenocarcinoma, HPV-associated **8483**
Adenoid basal carcinoma **8098**		
Adenosarcoma **8933/3**	Adenocarcinoma with sarcomatous overgrowth Mullerian adenosarcoma	
Adenosquamous carcinoma **8560**		
Carcinosarcoma **8980/3** ***Note***: This pathology diagnosis may provide subtypes/variants of the carcinoma/adenocarcinoma component and/or sarcoma subtype/variant component	Malignant mixed Mullerian tumor	
Clear cell carcinoma **8310**		
Endometrioid carcinoma **8380**	Endometrial adenocarcinoma /carcinoma	
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**		

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

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

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

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 **8090/3**		
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 **Ask A SEER Registrar**.
- 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**

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

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 **8859/3** 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** ***Note:*** 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 **Ask A SEER Registrar**.

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

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**	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**
Sarcoma, NOS **8800/3**		CIC-rearranged sarcoma **9367/3** Ewing sarcoma **9364/3** Round cell sarcoma with EWSR1-non ETS fusions **9366/3** Sarcoma with BCOR genetic alterations **9368/3**
Undifferentiated high grade pleomorphic sarcoma of bone **8830/3**		

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

Table 22: Thymus Histologies

Table 22 lists the more common histologies for thymus
C379 Thymus

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 Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma, NOS **8140**		Adenocarcinoma, enteric-type **8144** Low-grade papillary adenocarcinoma **8260** Thymic carcinoma with adenoid cystic carcinoma-like features **8200**
Adenosquamous carcinoma **8560***		
Carcinosarcoma **8980/3***		
Clear cell carcinoma **8310***		
Mucoepidermoid carcinoma **8430***		
Neuroendocrine carcinoma (NEC) **8246/3**		Combined small cell carcinoma **8045/3** Large cell neuroendocrine carcinoma **8013/3** Small cell carcinoma **8041/3**
Neuroendocrine tumor (NET) **8240/3**	Carcinoid tumor, NOS Neuroendocrine tumor, grade 1 Typical carcinoid	Atypical carcinoid/neuroendocrine tumor, grade 2 **8249/3**
NUT carcinoma **8023/3**		
Sarcomatoid carcinoma **8033***		
Squamous cell carcinoma, NOS **8070**		Basaloid carcinoma **8123** Basaloid squamous cell carcinoma **8083** Lymphoepithelial carcinoma **8082**
Thymic carcinoma **8586/3***	Thymoma, type C	

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Thymoma, NOS **8580** ***Note***: Subtype/variants with synonyms are separated by (/)	Intrapulmonary thymoma Metaplastic thymoma Sclerosing thymoma	Thymoma, type A/medullary/spindle cell **8581** Thymoma, type AB/mixed type **8582** Thymoma, type B1/lymphocytic/lymphocyte-rich/organoid/predominantly cortical **8583** Thymoma, type B2/cortical **8584** Thymoma, type B3/atypical/epithelial/well differentiated thymic carcinoma **8585**
Undifferentiated carcinoma **8020/3**		

*** Histologies are salivary gland-like carcinomas**

Table 23: Penis and Scrotum Histologies

Table 23 lists the more common histologies for penis
C600 Prepuce; foreskin
C601 Glans penis
C602 Body of penis; corpus cavernosum; corpus of penis
C608 Overlapping lesion of penis
C609 Penis, NOS; skin of penis
C632 Scrotum, NOS; skin of scrotum

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 (/).

Penis Coding Notes

- P16 is a valid test to determine HPV status and can be used to code HPV-associated and HPV-independent histologies
- When the diagnosis is SCC, HPV-associated or SCC, HPV-independent AND a subtype/variant is also stated, code the subtype variant. The subtype/variant has priority.
  - **Example**: Basaloid SCC, HPV-associated is coded basaloid SCC 8083
- Definition of HPV-associated SCC: invasive keratinizing carcinoma arising from penile mucosal or cutaneous compartments that is associated with HPV infection.
- Definition of HPV-independent SCC: invasive keratinizing carcinoma arising from penile mucosal or cutaneous compartments that is not associated with HPV infection.

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma, NOS **8140**		Adenosquamous carcinoma **8560** Mucoepidermoid carcinoma **8430**
Paget disease, extramammary **8542/3**		
Squamous cell carcinoma, NOS **8070** ***Note 1:*** Histologies identified with **(#)** are defined as HPV-associated neoplasms per WHO ***Note 2:*** Histologies identified with **(*)** are defined as HPV-independent neoplasms per WHO	Squamous cell carcinoma, in-situ **8070/2** SCC, NOS	Basaloid SCC **8083#** Clear cell SCC **8084#** Differentiated penile intraepithelial neoplasia **8071/2** High-grade squamous intraepithelial lesion **8077/2** Lymphoepithelial carcinoma **8082#** Papillary squamous cell carcinoma **8052*** Pseudoglandular SCC / Pseudohyperplastic **SCC 8075*** Sarcomatoid squamous cell carcinoma / spindle cell SCC **8074*** Squamous cell carcinoma, HPV-associated **8085#** Squamous cell carcinoma, HPV-independent /SCC, usual type **8086*** Verrucous carcinoma / carcinoma cuniculatum / Warty carcinoma **8051**

#: This histology is defined as HPV-associated per WHO
*: This histology is defined as HPV-independent per WHO

Other Sites Multiple Primary Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

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 primary**[i] 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
  - Outpatient biopsy with no follow-up information available
  - Multiple pathology reports which do not specify whether a single tumor or multiple tumors have been biopsied and/or resected

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

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

Single Tumor

Rule M2 Abstract a **single primary**[i] when there is a **single tumor.**
Note 1: A single tumor is always a single primary
Note 2: The tumor may overlap onto or extend into adjacent/contiguous site or 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 histology rules 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 primary**[i].
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 **Table 3**.

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 (**Table 3**).
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 primary**[i] (unilateral or bilateral).

Rule M6 **Kaposi sarcoma** (of any site(s)) is always a **single primary**[i].

Other Sites Multiple Primary Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

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 primary**[i].

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

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 **Table 1** 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.

Other Sites Multiple Primary Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

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 (C**X**xx) and/or third characters (Cx**X**x) are **multiple primaries**[ii].

Example 1: A tumor in the penis C**6**09 and a tumor in the rectum C**2**09 have different second characters in their ICD-O-3 topography codes, so they are multiple primaries.

Example 2: A tumor in the ceric C5**3**9 and a tumor in the vulva C5**1**9 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** (Cxx**X)** 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].

Other Sites Multiple Primary Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Rule M16 Multiple in situ and/or malignant polyps are a **single primary**[i].
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, **Table 3-23** 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 primary**[i] when synchronous, separate/non-contiguous tumors are on **the same row in Table 3-23** 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 M19 Abstract **multiple primaries**[ii] when separate/non-contiguous tumors are on **multiple rows** in **Table 2-23** in the Equivalent Terms and Definitions. Timing is irrelevant
Note: Each row in the table is a **distinctly different** histology.

Rule M20 Abstract **multiple primaries**[ii] 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.

Other Sites Multiple Primary Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Rule M21 Abstract a **single primary**[i] 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 histology rules to assign the appropriate histology code.
[ii]Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

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)

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

2. **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 **carcinoma** or **sarcoma** in order to code a histology described by those terms.
   Example: When the diagnosis is adenocarcinoma with a component of papillary **carcinoma**, 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.

2. Code the histology described as **differentiation** or **features/features of ONLY** when there is a specific ICD-O code for the "NOS with ____ features" or "NOS with ____ differentiation".
   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 **Tables 3-23** to code histology. New codes, terms, and synonyms are included in Tables 3-23 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/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. 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 **single 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 3-23** 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 **Tables 3-23**, 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 3-23**, 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

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 3-23**, 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/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 H14 Code the subtype/variant for pancreas primaries when the diagnosis is **ductal carcinoma/adenocarcinoma 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 **single 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 **Tables 3-23** to find NOS and subtype/variants. There may be exceptions to this rule.

Rule H16 Code 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, **Table 12**

Note: Some thyroid histologies are compound terms meaning two or more histology types are combined into a single ICD-O code. Use **Table 12**, 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 **Table 2** in Equivalent Terms and Definitions, ICD-O and all updates **OR**
- There are coding instructions for the combination in the applicable histology **Tables 3-23** **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: Invasive Only
Code the histology according to the rule that fits the case

Multiple Tumors Abstracted as a Single Primary

Rule H22 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 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 **ductal carcinoma/adenocarcinoma 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 **single 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 **Tables 3-23** 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 **Tables 3-23** 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 Multiple Tumors Abstracted as a Single Primary
Code the histology according to the rule that fits the case