Kidney Equivalent Terms and Definitions
C649
(Excludes lymphoma and leukemia M9590–M9992 and Kaposi sarcoma M9140)

Introduction

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

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

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

Note 3: **Renal cell carcinoma** (RCC) **8312** is a **group term** for glandular (adeno) carcinoma of the kidney. Approximately 85% of all malignancies of the kidney C649 are RCC or subtypes/variants of RCC.
Note 1: See **Table 1** for renal cell carcinoma **subtypes/variants.**
Note 2: **Clear cell renal cell carcinoma** (ccRCC) **8310** is the most **common** subtype/variant of RCC.

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

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

Changes from 2007 Rules

These changes are effective with cases diagnosed 1/1/2018 and later.

WHO Classification of Tumors of the Urinary System and Male Genital Organs was published in 2016.

1. **New histology terms and codes were included** (identified by asterisks (*) in the histology table in the Terms and Definitions).
   A. Histologies with terms that indicate they are **hereditary** (hereditary leiomyomatosis and renal cell carcinoma syndrome–associated RCC **8311**)
   B. Histologies with **genetic anomalies** (succinate dehydrogenase–deficient RCC)

Jump to **Multiple Primary Rules**
Jump to **Histology Coding Rules**

2. Some histologies are rare and are not listed in the tables; refer to ICD-O and all updates.
Note: Renal cell spindle cell carcinoma 8318 is no longer a recommended term.

Equivalent or Equal Terms

These terms can be used interchangeably:

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

Terms that are NOT Equivalent or Equal

This is a **term that is not equivalent**. There are no casefinding implications.

- **Component** is not equivalent to subtype/variant
  Note: Component is **only** coded when the pathologist specifies the component as a second **carcinoma**

Jump to **Multiple Primary Rules**
Jump to **Histology Coding Rules**

Kidney Equivalent Terms and Definitions
C649
(Excludes lymphoma and leukemia M9590–M9992 and Kaposi sarcoma M9140)

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

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

Column 1 contains specific and NOS ICD-O histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants.**

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

NOS/Specific Histology Term and Code	Synonyms	Subtypes/Variants
Nephroblastoma **8960**	Wilms tumor	
Renal cell carcinoma NOS **8312** ***Note 1:*** WHO, IARC, and CAP agree that sarcomatoid carcinoma is a pattern of differentiation, not a specific subtype, of renal cell carcinoma. ***Note 2:*** Sarcomatoid is listed in the CAP Kidney protocol under the header "features."	RCC Sarcomatoid carcinoma Sarcomatoid renal cell carcinoma Succinate dehydrogenase-deficient renal cell carcinoma (SDHD) Unclassified renal cell carcinoma	Acquired cystic disease-associated renal cell carcinoma/tubulocystic renal cell carcinoma **8316*** Chromophobe renal cell carcinoma (ChRCC) **8317** Clear cell papillary renal cell carcinoma **8323/3** ***Note:*** The 2016 WHO 4th Edition Classification of Tumors of the Urinary System and Male Genital Organs has reclassified this histology as a /1 because it is low nuclear grade and is now thought to be a neoplasia. This change was not implemented in the 2018 ICD-O update. Clear cell renal cell carcinoma (ccRCC) **8310** Collecting duct carcinoma **8319** Hereditary leiomyomatosis and renal cell carcinoma-associated renal cell carcinoma **8311*** MiT family translocation renal cell carcinomas **8311*** ***Note*:** Hereditary leiomyomatosis and renal cell carcinoma-associated renal cell carcinoma and MiT family

Jump to **Multiple Primary Rules**
Jump to **Histology Coding Rules**

Kidney Equivalent Terms and Definitions
C649
(Excludes lymphoma and leukemia M9590–M9992 and Kaposi sarcoma M9140)

NOS/Specific Histology Term and Code	Synonyms	Subtypes/Variants
		translocation renal cell carcinomas have the same ICD-O code but are distinctly different histologies. Because they are different, they are on different lines in column 3. Mucinous tubular and spindle cell carcinoma **8480*** Papillary renal cell carcinoma (PRCC) **8260** Renal medullary carcinoma **8510*** ***Note*:** This is a **new** term (previously called renal spindle cell carcinoma).
Sarcoma **8800/3** ***Note*: Rhabdomyosarcoma** is a NOS with the following subtype/variants: Alveolar rhabdomyosarcoma **8920** Embryonal rhabdomyosarcoma **8910** Pleomorphic rhabdomyosarcoma **8901** Spindle cell/sclerosing rhabdomyosarcoma **8912**		Alveolar rhabdomyosarcoma **8920/3** Angiosarcoma **9120/3** Clear cell sarcoma/bone-metastasizing renal tumor of childhood **8964/3** Embryonal rhabdomyosarcoma **8910/3** Leiomyosarcoma **8890/3** Osteosarcoma **9180/3** Pleomorphic rhabdomyosarcoma **8901/3** Primitive/peripheral neuroectodermal tumor (pNET)/Ewing sarcoma **9364/3** Renal vein leiomyosarcoma **8890/3** Rhabdomyosarcoma **8900/3** Spindle cell/sclerosing rhabdomyosarcoma **8912/3** Synovial sarcoma **9040/3**
Small cell neuroendocrine tumor **8041**	Carcinoid [OBS] Small cell neuroendocrine carcinoma	Large cell neuroendocrine carcinoma/tumor **8013** Well-differentiated neuroendocrine tumor **8240**

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

Jump to **Multiple Primary Rules**
Jump to **Histology Coding Rules**

Kidney Equivalent Terms and Definitions
C649
(Excludes lymphoma and leukemia M9590–M9992 and Kaposi sarcoma M9140)

Table 2: Neoplasms which are Not Reportable

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

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

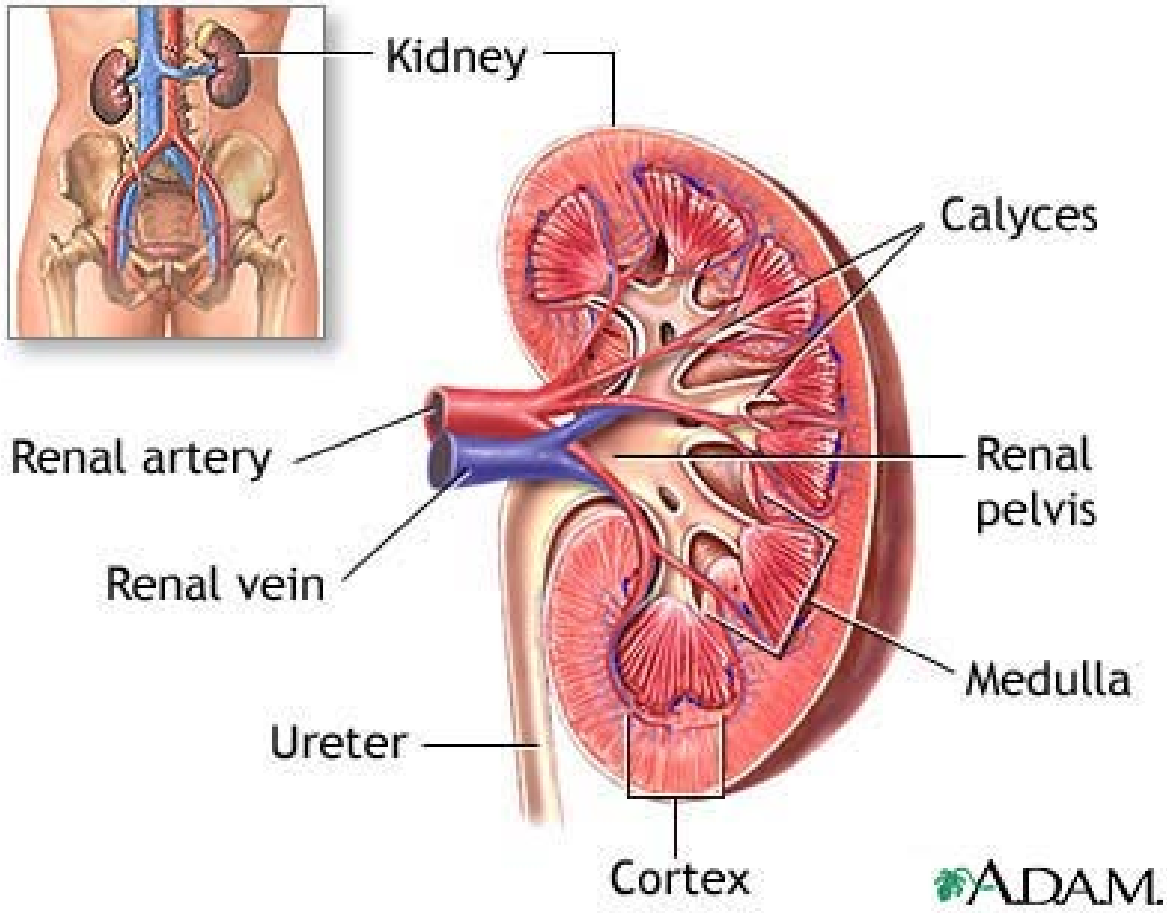
* **These new codes were approved by the IARC/WHO Committee for ICD-O**

Jump to **Multiple Primary Rules**
Jump to **Histology Coding Rules**

Kidney Equivalent Terms and Definitions
C649
(Excludes lymphoma and leukemia M9590–M9992 and Kaposi sarcoma M9140)

Illustrations

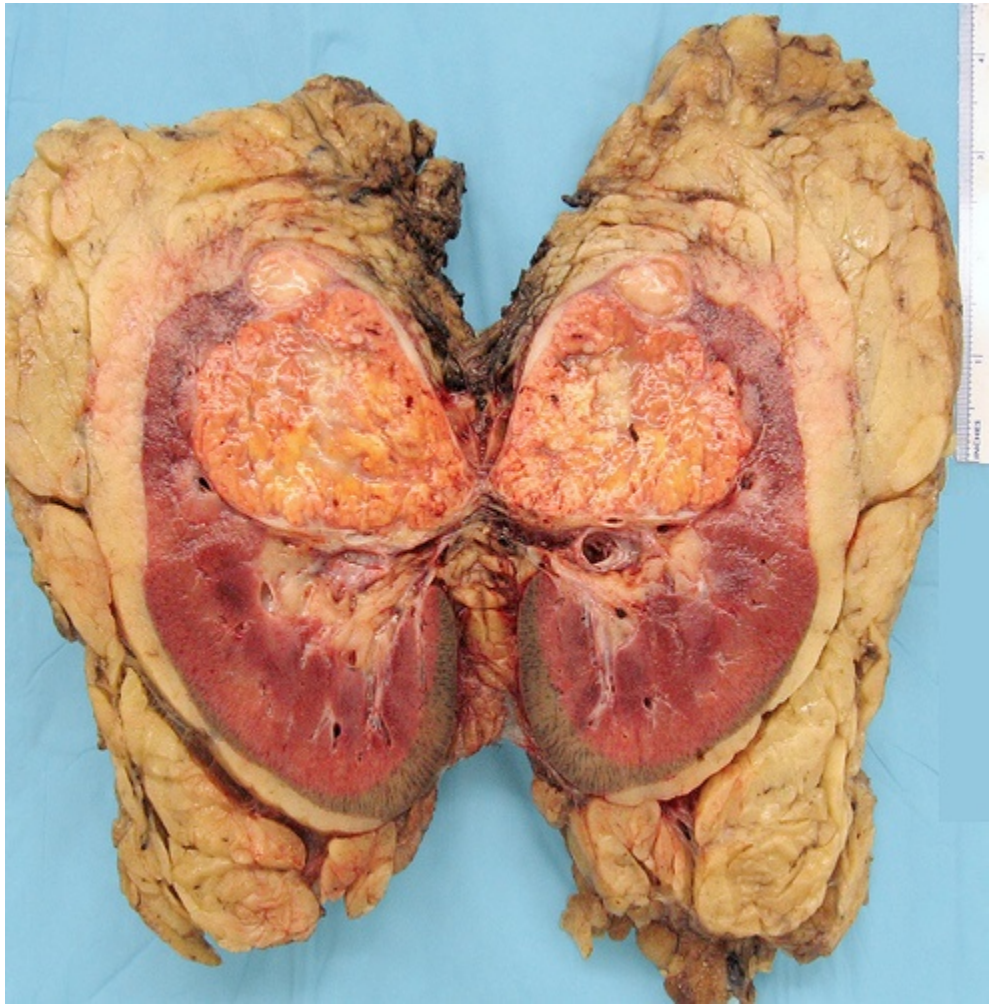
Kidney Anatomy (Includes Renal Pelvis)



Jump to **Multiple Primary Rules**
Jump to **Histology Coding Rules**

Kidney Equivalent Terms and Definitions
C649
(Excludes lymphoma and leukemia M9590–M9992 and Kaposi sarcoma M9140)

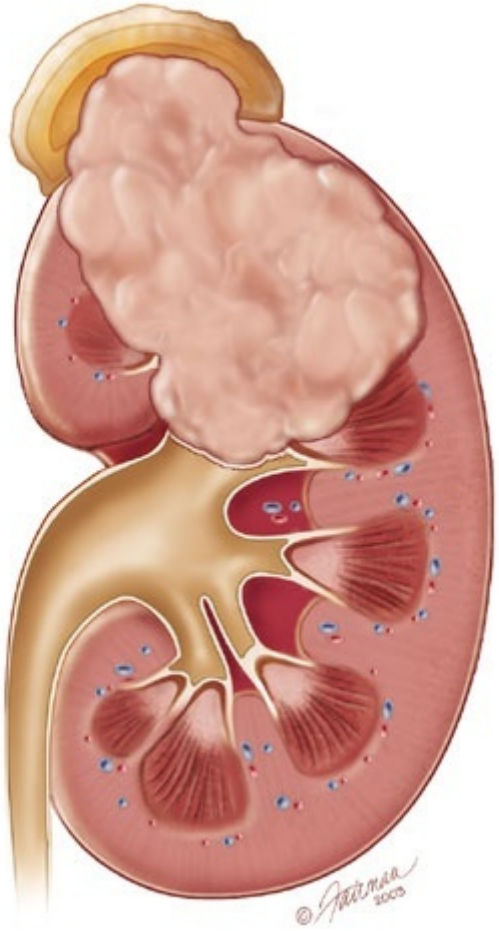
Pathology Specimen Kidneys



Jump to **Multiple Primary Rules**
Jump to **Histology Coding Rules**

Kidney Equivalent Terms and Definitions
C649
(Excludes lymphoma and leukemia M9590–M9992 and Kaposi sarcoma M9140)

Kidney Cancer



Jump to **Multiple Primary Rules**
Jump to **Histology Coding Rules**

Kidney Multiple Primary Rules
C649
(Excludes lymphoma and leukemia M9590–M9992 and Kaposi sarcoma M9140)

Note 1: These rules are **NOT** used for tumor(s) described as metastases.
Note 2: 2007 MPH Rules and 2018 Solid Tumor Rules are used based on **date of diagnosis**.

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

Unknown If Single or Multiple Tumors

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

Note 1: Use this rule only after all information sources have been exhausted
Note 2: Examples of cases with minimal information include

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

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

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

Single Tumor

Rule M2 Abstract a **single primary**[i] when there is a **single tumor**.

Note 1: A single tumor is always a single primary.
Note 2: The tumor may overlap onto or extend into adjacent/contiguous site or subsites.
Note 3: The tumor may have in situ and invasive components.
Note 4: The tumor may have two or more histologic components.

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

Kidney Multiple Primary Rules
C649
(Excludes lymphoma and leukemia M9590–M9992 and Kaposi sarcoma M9140)

This is the end of instructions for Single Tumor.

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

Multiple Tumors

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

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

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

Rule M5 Abstract **multiple primaries**[ii] when there are tumors in **both** the **right kidney** and in the **left kidney**. There may be:

- A single tumor in each kidney
- A single tumor in one kidney and multiple tumors in the contralateral kidney
- Multiple tumors in both kidneys

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

Rule M6 Abstract **multiple primaries**[ii] when separate/non-contiguous tumors are two or more **different subtypes/variants** in Column 3, **Table 1** in the Equivalent Terms and Definitions. Tumors must be in same kidney and timing is irrelevant.
Note: The tumors may be subtypes/variants of the **same** or **different** NOS histologies.

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

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

Kidney Multiple Primary Rules
C649
(Excludes lymphoma and leukemia M9590–M9992 and Kaposi sarcoma M9140)

Rule M7 Abstract a **single primary**[i] when separate/non-contiguous tumors are on the **same row** in **Table 1** in the Equivalent Terms and Definitions. Tumors must be in the same kidney and timing is irrelevant.

Note 1: The tumors **must be the same behavior**. When one tumor is in situ and the other invasive, continue through the rules.

Note 2: 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 M8 Abstract **multiple primaries**[ii] when separate/non-contiguous tumors are on **different rows** in **Table 1** in the Equivalent Terms and Definitions. Tumors must be in the same kidney and timing is irrelevant.

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

Rule M9 Abstract a **single primary**[i] when an **in situ** tumor is diagnosed **after** an **invasive** tumor **AND** tumors occur in the same kidney.

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

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

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

Rule M10 Abstract a **single primary**[i] (recurrence) when tumors recur less than or equal to **three years apart.**

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

Note 2: Using the previous rules, the recurrence must be

- In the same kidney **AND**
- The histology must be on the same row in Table 1
  - Identical histologies
  - A histology (column 1) and a synonym (column 2)
- NOS and a subtype/variant

Note 3: Examples of NOS and subtypes/variants include:

- Renal cell carcinoma **8312** and a subtype/variant of renal cell
- Rhabdomyosarcoma **8900** and a subtype/variant of rhabdomyosarcoma
- Sarcoma **8800** and a subtype/variant of sarcoma
- Small cell neuroendocrine tumor **8041** and a subtype/variant of small cell neuroendocrine tumor

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

Kidney Multiple Primary Rules
C649
(Excludes lymphoma and leukemia M9590–M9992 and Kaposi sarcoma M9140)

Rule M11 Abstract **multiple primaries**[ii] when the patient has a subsequent tumor after being clinically disease-free for greater **than three years** after the original diagnosis or last recurrence.

Note 1: **Clinically** disease-free means that there was **no evidence** of recurrence on follow-up.
- Scans are NED
- Urine cytology is negative
- All other work-up is NED

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

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

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

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

Rule M12 Abstract a **single primary**[i] when there are multiple tumors that **do not meet any** of the **above criteria.**

Note: Use caution when applying this default rule. Please confirm that you have not overlooked an applicable rule.

This is the end of instructions for Multiple Tumors.

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

[ii] **Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.**

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

Kidney Histology Rules
C649
(Excludes lymphoma and leukemia M9590–M9992 and Kaposi sarcoma M9140)

Priority Order for Using Documents to Identify Histology

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

This is a hierarchical list of source documentation.
Code the **most specific** pathology/tissue from either **resection** or **biopsy**.

Note: The term "most specific" usually refers to a subtype/variant.

1. **Biomarkers**
2. **Tissue** or **pathology report** (in priority order)
   A. Addendum(s) and/or comment(s)
   B. Final diagnosis
   C. CAP protocol
      Note 1: Addendums and comments on the pathology report are given a high priority because they often contain information about molecular testing, genetic testing, and/or special stains which give a more specific diagnosis.
      Note 2: The pathologist's diagnosis from the pathology report is always reliable, so the final diagnosis is the second priority.
      Note 3: The CAP protocol is a checklist which:
      - Provides guidelines for collecting the essential data elements for complete reporting of malignant tumors and optimal patient care.
      - Allows physicians to check multiple histologies

      Note: The CAP protocol must be documented in one location. Most frequently, in the:
      - The pathology final diagnosis
      - Addendum to the path report
3. **Cytology** (urine)
4. Tissue/pathology from a **metastatic** site
   Note 1: Code the behavior /3
   Note 2: The **tissue** from a **metastatic s**ite often shows **variations** from the primary tumor. When it is the only tissue available, it is **more accurate** than a **scan**.
5. **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

Jump to **Equivalent Terms and Definitions**
Jump to **Multiple Primary Rules**

6. Code the histology **documented** by the physician when none of the above are available. Use the documentation in the following priority order
   A. Documentation from Tumor Board
   B. Documentation in the medical record that refers to original pathology, cytology, or scan(s)
   C. 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 Multiple Histologies

1. **Code** histology when the:
   A. **Exact term is documented OR**
   B. **Histology is described as**
      - Subtype
      - Type
      - Variant
2. **Do not** code the histology when:
   A. The following **modifiers** are used as a descriptor:
      - Architecture
      - Differentiation

        Note: Only **code differentiation** when there is **a specific code** for the NOS with differentiation in **Table 1** in the Equivalent Terms and Definitions, **ICD-O** and all **updates.**
      - Features (of)/with features of

        Note: Only **code features** when there is **a specific code** for the NOS with features in **Table 1** in the Equivalent Terms and Definitions, **ICD-O** and all **updates.**
      - Foci; focus, focal
      - Major/majority of

        Note: Major describes the greater amount of tumor.
      - Pattern(s)

Jump to **Equivalent Terms and Definitions**
Jump to **Multiple Primary Rules**

- Predominantly

  Note: Predominantly describes the greater amount of tumor.

B. The following **ambiguous terminology** is used as a modifier:

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

Note 1: See SEER Program Manual and COC Manual. **Ambiguous** terminology is used to **determine reportability.**

Note 2: Histology described by ambiguous terminology is coded **ONLY** when a case is accessioned based on ambiguous terminology and no other histology information is available/documented.

Single Tumor

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

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

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

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

Jump to **Equivalent Terms and Definitions**
Jump to **Multiple Primary Rules**

Kidney Histology Rules
C649
(Excludes lymphoma and leukemia M9590–M9992 and Kaposi sarcoma M9140)

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

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

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

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

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

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

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

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

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

This is the end of instructions for Single Tumor.

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

Multiple Tumors Abstracted as a Single Primary

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

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

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

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

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

Jump to **Equivalent Terms and Definitions**
Jump to **Multiple Primary Rules**

Kidney Histology Rules
C649
(Excludes lymphoma and leukemia M9590–M9992 and Kaposi sarcoma M9140)

Rule H5 Code the NOS when there are

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

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

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

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

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

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

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

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

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.

Code the histology according to the rule that fits the case

Jump to **Equivalent Terms and Definitions**
Jump to **Multiple Primary Rules**