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)
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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
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<table>
<thead>
<tr>
<th>NOS/Specific Histology Term and Code</th>
<th>Synonyms</th>
<th>Subtypes/Variants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nephroblastoma 8960</td>
<td>Wilms tumor</td>
<td></td>
</tr>
<tr>
<td>Renal cell carcinoma NOS 8312</td>
<td>RCC</td>
<td>Acquired cystic disease-associated renal cell carcinoma/tubulocystic renal cell carcinoma 8316*</td>
</tr>
<tr>
<td></td>
<td>Sarcomatoid carcinoma</td>
<td>Chromophobe renal cell carcinoma (ChRCC) 8317</td>
</tr>
<tr>
<td></td>
<td>Sarcomatoid renal cell carcinoma</td>
<td>Clear cell papillary renal cell carcinoma 8323/3</td>
</tr>
<tr>
<td>Note 1: WHO, IARC, and CAP agree that sarcomatoid carcinoma is a pattern of differentiation, not a specific subtype, of renal cell carcinoma.</td>
<td>Succinate dehydrogenase-deficient renal cell carcinoma (SDHD)</td>
<td><strong>Note:</strong> 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.</td>
</tr>
<tr>
<td></td>
<td>Unclassified renal cell carcinoma</td>
<td>Clear cell renal cell carcinoma (ccRCC) 8310</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Collecting duct carcinoma 8319</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hereditary leiomyomatosis and renal cell carcinoma-associated renal cell carcinoma 8311*</td>
</tr>
<tr>
<td>Note 2: Sarcomatoid is listed in the CAP Kidney protocol under the header “features.”</td>
<td></td>
<td>MiT family translocation renal cell carcinomas 8311*</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Note:</strong> Hereditary leiomyomatosis and renal cell carcinoma-associated renal cell carcinoma and MiT family</td>
</tr>
</tbody>
</table>

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.
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### Kidney Solid Tumor Rules 2018

<table>
<thead>
<tr>
<th>NOS/Specific Histology Term and Code</th>
<th>Synonyms</th>
<th>Subtypes/Variants</th>
</tr>
</thead>
<tbody>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sarcoma 8800/3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: Rhabdomyosarcoma is a NOS with the following subtype/variants: Alveolar rhabdomyosarcoma 8920 Embryonal rhabdomyosarcoma 8910 Pleomorphic rhabdomyosarcoma 8901 Spindle cell/sclerosing rhabdomyosarcoma 8912</td>
<td></td>
<td>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</td>
</tr>
<tr>
<td>Small cell neuroendocrine tumor 8041</td>
<td>Carcinoid [OBS] Small cell neuroendocrine carcinoma</td>
<td>Large cell neuroendocrine carcinoma/tumor 8013 Well-differentiated neuroendocrine tumor 8240</td>
</tr>
</tbody>
</table>

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

Jump to [Multiple Primary Rules](#)

Jump to [Histology Coding Rules](#)
## 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.

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

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

Kidney Anatomy (Includes Renal Pelvis)

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Jump to Histology Coding Rules

Kidney Solid Tumor Rules 2018
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Pathology Specimen Kidneys
Kidney Equivalent Terms and Definitions
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Kidney Cancer
Kidney Multiple Primary Rules  
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**Note 1:** These rules are NOT used for tumor(s) described as metastases.
**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 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.*

1 Prepare one abstract. Use the histology rules to assign the appropriate histology code.

### Single Tumor

#### Rule M2
Abstract a single primary 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.

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Multiple Tumors

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

Rule M3  Abstract multiple primaries when multiple tumors are present in sites with ICD-O site codes that differ at the second (CXX), third (CXX) and/or fourth characters (CXX).
Note: When codes differ at the second, third, or fourth characters, the tumors are in different primary sites.

Rule M4  Abstract a single primary 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 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 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 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.
Rule M7  Abstract a single primary\(^1\) 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\(^4\) 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\(^1\) 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\(^1\) (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
Rule M11  Abstract **multiple primaries** 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** 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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1 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.
2 Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.
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 site 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
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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)
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- 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/documentated.

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**Single Tumor**

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

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

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

**Note 3:** Submit a question to **Ask a SEER Registrar** when the histology code is not found in **Table 1**, ICD-O or all updates.
**Rule H2**  
Code the **NOS** 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.

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**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.
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Rule H5  Code the NOS when there are
• A NOS and **two or more variants** of that NOS present 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

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