

Cutaneous Melanoma Equivalent Terms and Definitions
C440-C449 with Histology 8720-8780 (Excludes melanoma of any other site)
Rules Apply to Cases Diagnosed 2007 through 2020

Introduction

Cutaneous melanoma starts in the melanocyte cells of the skin. Melanocytes lie in the epidermis, the outermost layer of the skin. Melanocytes often cluster together and form moles (nevi). Most moles are benign, but some may go on to become malignant melanomas.

Melanomas are divided into 5 main types, depending on their location, shape and whether they grow outward or downward into the dermis:

- **Acral melanoma:** occurs on the palms of the hand, soles of the feet, or nail beds
- **Desmoplastic melanoma:** is a rare malignant melanoma marked by non-pigmented lesions on sun-exposed areas of the body
- **Lentigo maligna:** usually occur on the faces of elderly people
- **Superficial spreading or flat melanoma:** grows outwards at first to form an irregular pattern on the skin with an uneven color
- **Nodular melanomas:** are lumpy and often blue-black in color and may grow faster and spread downwards

These types account for the majority of melanomas occurring in the US population. For a more complete listing of histologic types of melanoma, see the *AJCC Cancer Staging Manual*, 6th Ed.

Melanoma can also start in the mucous membranes of the mouth, anus and vagina, in the eye or other places in the body where melanocytes are found. This scheme is used only for melanomas that occur on the skin.

Equivalent or Equal Terms

- And; with
Note: “And” and “with” are used as synonyms when **describing multiple histologies** within a **single tumor**.
- 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

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- Type, subtype, predominantly, with features of, major, or with ____ differentiation.
- Giant pigmented nevus, giant congenital nevus
- Mole, Nevus
- Mixed epithelioid and spindle cell melanoma (8770): Epithelioid melanoma and spindle cell melanoma

Synonyms for In Situ

- Behavior code 2
- Clark level 1 (limited to the epithelium)
- Hutchinson freckle (See synonyms for Hutchinson freckle)
- Intraepidermal, NOS
- Intraepithelial, NOS
- Lentigo maligna
- Noninvasive
- Precancerous melanoma of Dubreuilh
- Stage 0
- Tis

Synonyms for Hutchinson freckle

- Circumscribed precancerous melanosis
- Intraepidermal malignant melanoma
- Lentigo maligna
- Precancerous melanosis of Dubreuilh

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Definitions

Amelanotic melanoma: A non-pigmented malignant melanoma.

Atypical melanocytic hyperplasia (dysplasia): Tumor-like lesion or condition may represent precursor stage or stage in development of melanoma. Not reportable.

Different lateralities: The right side of the body, the left side of the body and the midline are separate lateralities in the melanoma coding rules.

Evolving melanoma (borderline evolving melanoma): Evolving melanoma are tumors of uncertain biologic behavior. Histological changes of borderline evolving melanoma are too subtle for a definitive diagnosis of melanoma in situ. The tumors may be described as "proliferation of atypical melanocytes confined to epidermal and adnexal epithelium," "atypical intraepidermal melanocytic proliferation," "atypical intraepidermal melanocytic hyperplasia"; or "severe melanocytic dysplasia." Not reportable.

Familial Atypical Multiple Mole Melanoma Syndrome (FAMM, FAM-M): An inherited condition identified when:

- Melanoma has been diagnosed in a family member, including grandparents, aunts, uncles, and cousins
- Several family members have large numbers of moles (often more than 50) which may be abnormal or atypical moles.

Giant pigmented nevus: Diameter larger than 20 cm; frequently covers large areas of the body in a garment-like fashion. The trunk, head and neck are the most common sites.

Junctional nevus: Smooth, hairless, light to dark brown mole. Can be slightly elevated, usually multiple and can occur on any part of the body. Melanocytes are confined to the dermo-epidermal junction.

Hypodermis: A subcutaneous layer of loose connective tissue containing a varying number of fat cells.
Synonyms: subcutaneous fat; subcutis.

In-transit metastasis: Metastasis found in the lymphatic channels more than 2cm away from the primary melanoma, but not reaching the regional lymph nodes.

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Invasive tumor: A tumor that penetrates the basement membrane and invades the dermis.

Laterality: For skin sites, laterality divides the body into a right and left half as though a line were drawn from mid forehead to mid pelvis and from mid skull to mid buttocks. A midline laterality describes a tumor that is in the center of the “line” drawn from the mid forehead to mid pelvis or from the mid skull to the mid buttocks; it is impossible to categorize the tumor as being on the right or left side of the body.

Lentigo maligna: Is a specific histologic type of in situ melanoma. It appears as a brown or black mottled, irregular, lesion with increased numbers of scattered atypical melanocytes in the epidermis. It usually occurs on the face.

Lentigo maligna melanoma: Is an invasive melanoma that begins as lentigo maligna, but usually after many years the dermis is invaded by the tumor. Once invasion has occurred, the lesion is called lentigo maligna melanoma.

Midline: the middle dividing line that separates the body into right and left sides.

Most invasive: the histology that has the greatest extension into the dermis or subcutaneous fat.

Non-invasive tumor: A tumor confined to epithelium (intraepithelial), in situ tumor, with no penetration below the basement membrane.

Precancerous melanosis: An obsolete term for lentigo maligna.

Proliferation of atypical melanocytes confined to epidermis: Number of (proliferation) pigmented cells (melanocytes) not showing the normal cell structure (atypical). Not reportable.

Regressing melanoma: The term “regressing melanoma” does not refer to a specific histology; it refers to the physical appearance and size of the lesion. A regressing melanoma is reacting to the body’s immune system by shrinking in size. Partial spontaneous regression is not an uncommon finding in invasive primary melanoma; partial regression can be an indicator of poor prognosis. Proven complete regression is very rare; one website stated that only 33 cases of total regression have been reported. A

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regressive melanoma is usually thinner than it was originally. Although regression is a prognostic factor, the histologic type is more important for histology coding purposes. See Histology coding rules, Rule H5.

Satellite lesion or metastasis: Grossly evident metastatic skin lesion within the immediate vicinity (usually within 2 cm) of a primary malignant tumor; e.g., skin adjacent to primary malignant melanoma. This is a metastasis, not a separate primary.

Severe melanotic dysplasia: Tumor-like lesion or condition. Not reportable.

Skin Layers:

- Epidermis – upper surface, thin layer (outermost layer)
- Dermis – lower, intermediate thicker layer (intermediate layer)
- Hypodermis – also called subcutis or subcutaneous fat – lowest layer (innermost layer)

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Illustrations

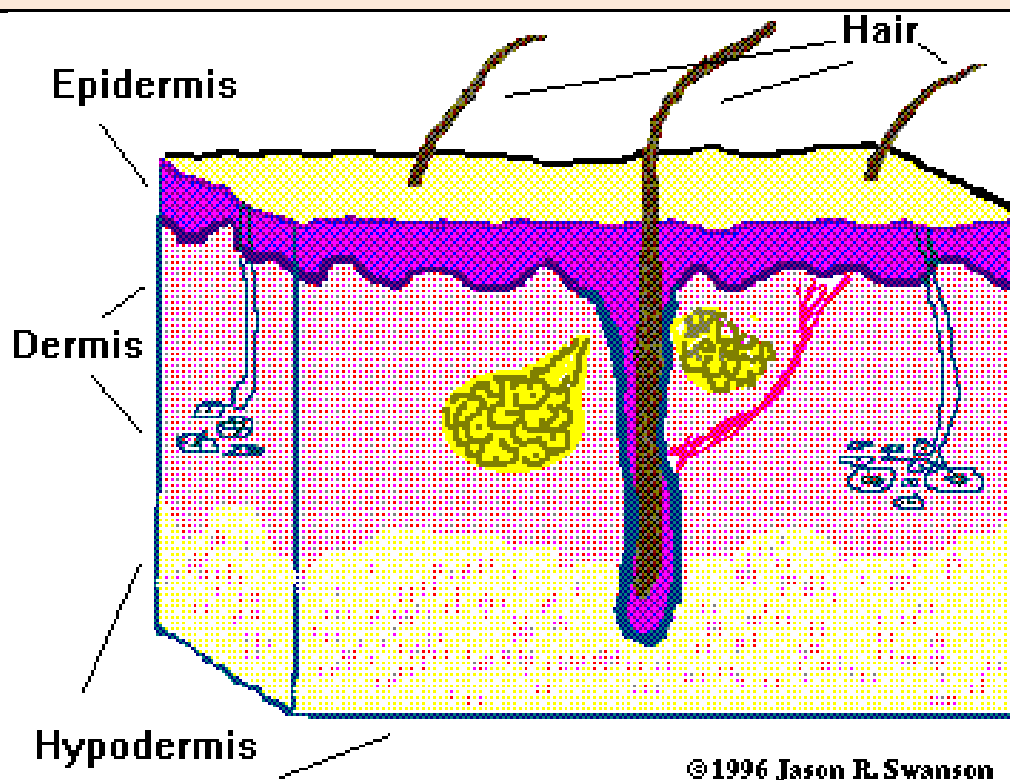


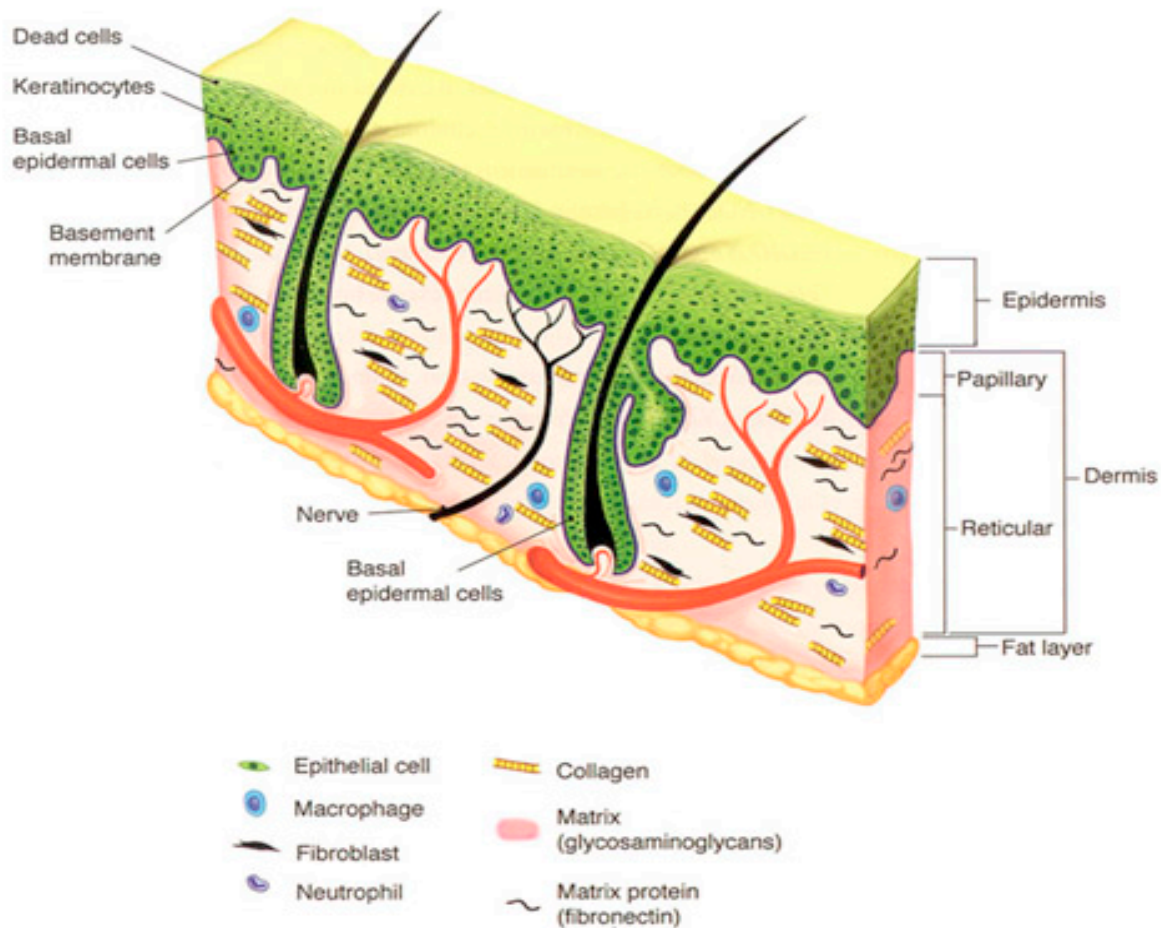
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Anatomy of Normal Skin



Source: Burnsurgery.org

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Unknown if Single or Multiple Melanomas

Note: Melanoma(s) not described as metastasis

Rule M1 When it is not possible to determine if there is a **single** melanoma **or multiple** melanomas, opt for a single melanoma and abstract as a single primary.*

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

*** Prepare one abstract. Use the histology coding rules to assign the appropriate histology code. This is the end of instructions for Unknown if Single or Multiple Melanoma.**

Single Melanoma

Note 1: Melanoma not described as metastasis

Note 2: Includes combinations of in situ and invasive

Rule M2 A **single melanoma** is always a single primary. *

*** Prepare one abstract. Use the histology coding rules to assign the appropriate histology code. This is the end of instructions for Single Melanoma.**

Multiple Melanomas

Multiple melanomas may be a single primary or multiple primaries

Note 1: Melanoma not described as metastases

Note 2: Includes combinations of in situ and invasive

Rule M3 Melanomas in sites with ICD-O-3 **topography** codes that are **different** at the second (Cxxx), third (Cxxx) or fourth (C44x) character are multiple primaries. **

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- Rule M4** Melanomas with **different laterality** are multiple primaries. **
Note: A **midline** melanoma is a different laterality than right or left.
Example 1: Melanoma of the right side of the chest and melanoma at midline of the chest are different laterality, multiple primaries
Example 2: A melanoma of the right side of the chest and a melanoma of the left side of the chest are multiple primaries.
- Rule M5** Melanomas with ICD-O-3 **histology** codes that are **different** at the first (Xxxx), second (xXxx) or third number (xxXx) are multiple primaries. **
- Rule M6** An **invasive** melanoma that occurs **more than 60 days after** an **in situ** melanoma is a multiple primary. **
Note 1: The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.
Note 2: Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.
- Rule M7** Melanomas diagnosed **more than 60 days** apart are multiple primaries. **
- Rule M8** Melanomas that **do not meet any** of the above **criteria** are abstracted as a single primary. *
Note 1: Use the data item “Multiplicity Counter” to record the number of melanomas abstracted as a single primary.
Note 2: When an invasive melanoma follows an in situ melanoma within 60 days, abstract as a single primary.
Note 3: All cases covered by this rule are the same site and histology.
Note 4: The below examples are not exhaustive.
Example 1: Solitary melanoma on the left back and another solitary melanoma on the left chest.
Example 2: Solitary melanoma on the right thigh and another solitary melanoma on the right ankle.

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

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

This is the end of instructions for Multiple Melanomas.

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Single Melanoma or Multiple Melanomas Abstracted as a Single Primary

- Rule H1** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.
Note 1: Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
 - Physician's reference to type of melanoma in the medical record
 - PET scan
- Note 2:* Code the specific histology when documented.
- Rule H2** Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site**.
Note: Code the behavior /3.
- Rule H3** Code the histology when only **one histologic type** is identified.
- Rule H4** Code the invasive histologic type when there are **invasive and in situ** components.
- Rule H5** Code the **histologic type** when the diagnosis is **regressing melanoma and a histologic type**.
Example: Nodular melanoma with features of regression. Code 8721 (Nodular melanoma).
- Rule H6** Code 8723 (Malignant melanoma, regressing) when the diagnosis is **regressing melanoma**.
Example: Malignant melanoma with features of regression. Code 8723.
- Rule H7** Code the **histologic type** when the diagnosis is **lentigo maligna melanoma and a histologic type**.
- Rule H8** Code 8742 (Lentigo maligna melanoma) when the diagnosis is **lentigo maligna melanoma**.

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Rule H9 Code the most **specific** histologic **term** when the diagnosis is melanoma, NOS (8720) with a single specific type.
Note 1: The specific type for **in situ** lesions may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____ differentiation
Note 2: The specific type for **invasive** lesions may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation.

Rule H10 Code the histology with the **numerically higher** ICD-O-3 code.

This is the end of instructions for Single Melanoma or Multiple Melanomas Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

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