

**Cutaneous Melanoma Equivalent Terms and Definitions**  
**C440-C449 with Histology 8720 – 8780 (Excludes melanoma of any other site)**  
**Rules Apply to Cases Diagnosed 1/1/2021 forward**

**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 2021 Solid Tumor Rules are used based on date of diagnosis
- Tumors diagnosed 01/01/2007 through 12/31/2020: Use 2007 MPH Rules and 2007 General Instructions
  - Tumors diagnosed 01/01/2021 and later: Use 2021 Solid Tumor Rules and Solid Tumor General Instructions
  - The original tumor diagnosed *before* 01/01/2021 and a subsequent tumor diagnosed 01/01/2021 or later in the same primary site: Use the 2021 Solid Tumor Rules and Solid Tumor General Instructions
- Note 3:** 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*.
- Note 4:** The WHO Classification of Skin Tumors 4<sup>th</sup> Ed does not include ICD-O codes for tumors with mixed melanoma subtypes/variants
- Note 5:** Cutaneous melanoma starts in the melanocytes 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 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 melanoma: are lumpy and often blue-black in color and may grow faster and spread downwards

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**Changes from 2007 MPH Rules**

These changes are effective with cases diagnosed 1/1/2021 and later. WHO 4<sup>th</sup> Ed Classification of Skin Tumors was published in 2018.

1. 2007 Rules instruct “Code the histology from the most representative specimen.” For all sites except breast and CNS, the 2021 Rules instruct “Code the most specific histology from biopsy or resections”. 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).” **This instruction applies to the 2021 cutaneous melanoma solid tumor rules.**
2. Early/evolving melanoma in situ (8720/2) and early/evolving melanoma invasive (8720/3) are reportable for cases diagnosed 1/1/2021 and later. Please refer to [SEER Program Coding and Staging Manual 2021](#) for additional information on reportable neoplasms.
3. New histology **terms** are included (identified by asterisks (\*) in the histology table in the Terms and Definitions). No new cutaneous melanoma ICD-O histology **codes** have been proposed by WHO.
4. Some histologies are rare and may not be listed in the tables; refer to ICD-O and all updates. If the histology is not found in the tables or ICD-O, submit a question to [Ask a SEER Registrar](#).
5. WHO 4<sup>th</sup> Ed Skin Tumors now classifies melanocytic tumors into two groups:
  - A. Melanomas arising in sun-exposed skin
  - B. Melanomas arising at sun-shielded sites or without known etiological association with UV radiation exposure

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**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.
- Giant pigmented nevus; giant congenital nevus
- Mixed epithelioid and spindle cell melanoma (8770); Epithelioid melanoma and spindle cell melanoma
- Melanoma in situ, superficial spreading type; low-cumulative sun damage (CSD) melanoma in situ
- Mole; Nevus
- Simultaneous; existing at the same time; concurrent
- Site; topography
- Superficial spreading melanoma; low-cumulative sun damage (CSD) melanoma
- 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/melanoma**
  - These terms are used **ONLY** to determine multiple primaries
  - **Do not** use these terms for casefinding or determining reportability
- Type; subtype; variant

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**Terms that are not Equivalent or Equal**

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

- Component is not equivalent to subtype/type/variant  
*Note 1:* Component is only coded when the pathologist specifies the component as a second *melanoma*  
*Note 2:* Examples provided in H rules [Coding Histology](#) section
- Phenotype is not equivalent to subtype/type/variant

**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
- Precancerous melanosis (C44\_)
- Stage 0
- Tis

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**Synonyms for Hutchinson Freckle**

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

**Anatomical Dermatology Terms**

| <b>Term</b>  | <b>Definition</b>             |
|--------------|-------------------------------|
| Cutaneous    | Pertaining to skin            |
| Dermal       | Pertaining to skin            |
| Epidermal    | Pertaining to upon the skin   |
| Hypodermic   | Pertaining to below the skin  |
| Intradermal  | Pertaining to within the skin |
| Subcutaneous | Pertaining to under the skin  |
| Ungual       | Pertaining to the nail        |

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**Table 1: Primary Sites and Laterality**

Table 1 contains terms used in **clinical diagnosis**, and less frequently the **operative and pathology reports** to describe the **location** of the skin lesion. Find the **term** in Column 1 and use the **site code** in Column 2. Column 3 notes whether the site requires **laterality** to be coded.

*Note:* Excludes melanoma of non-skin sites (excludes any sites other than C44\_)

| Terminology  | Site Term and Code    | Laterality Required |
|--|-----------------------|---------------------|
| <b>Skin of lip, NOS</b><br>Skin of lower lip<br>Skin of upper lip  | Skin of lip, NOS C440 | No                  |
| <b>Eyelid</b><br>Lid, NOS<br>Palpebra<br>Horizontal palpebra fissure<br>Canthus<br>Inner canthus<br>Lateral canthus<br>Lower lid<br>Medial canthus<br>Meibomian gland<br>Outer canthus<br>Pretarsal space<br>Supratarsel crease<br>Upper lid | Eyelid C441           | Yes                 |

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| Terminology   | Site Term and Code       | Laterality Required |
|---|--------------------------|---------------------|
| <b>External ear</b><br>Auricle, NOS<br>Pinna<br>Ceruminal gland<br>Concha<br>Ear, NOS<br>Ear lobule<br>Earlobe<br>External auditory canal<br>Auditory canal, NOS<br>Auricular canal, NOS<br>External auricular canal<br>Ear canal<br>External auditory meatus<br>Helix<br>Skin of auricle<br>Skin of ear, NOS<br>Tragus | External ear <b>C442</b> | <b>Yes</b>          |

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| Terminology  | Site Term and Code                                      | Laterality Required |
|--|---|---------------------|
| <b>Skin of other &amp; unspecified parts of face</b><br>Skin of:<br>Cheek<br>Chin<br>Face<br>Forehead<br>Jaw<br>Nose<br>Temple<br>Ala nasi<br>Chin, NOS<br>Columnella<br>Eyebrow<br>Brow<br>External cheek<br>External nose<br>Forehead, NOS<br>Lid-cheek junction<br>Nasaljugal groove<br>Temple, NOS | Skin of other and unspecified parts of face <b>C443</b> | <b>Yes</b>          |
| <b>Skin of scalp and neck</b><br>Skin of head, NOS<br>Skin of neck<br>Skin of scalp<br>Scalp, NOS<br>Skin of cervical region   | Skin of scalp and neck <b>C444</b>                      | <b>Yes (New)</b>    |



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| Terminology  | Site Term and Code        | Laterality Required |
|--|---------------------------|---------------------|
| <b>Skin of trunk</b><br>Skin of:<br>Abdomen<br>Abdominal wall<br>Anus<br>Axilla<br>Back<br>Breast<br>Buttock<br>Chest<br>Chest wall<br>Flank<br>Groin<br>Perineum<br>Thoracic wall<br>Thorax<br>Trunk<br>Umbilicus<br>Gluteal region<br>Infraclavicular region<br>Inguinal region<br>Sacrococcygeal region<br>Scapular region<br>Perianal skin<br>Umbilicus, NOS | Skin of trunk <b>C445</b> | <b>Yes</b>          |

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| Terminology   | Site Term and Code                          | Laterality Required |
|---|---|---------------------|
| <b>Skin of upper limb and shoulder</b><br>Skin of:<br>Antecubital space<br>Arm<br>Elbow<br>Finger<br>Forearm<br>Hand<br>Palm<br>Shoulder<br>Thumb<br>Upper limb<br>Wrist<br>Fingernail<br>Nail Bed<br>Palmar skin | Skin of upper limb and shoulder <b>C446</b> | <b>Yes</b>          |

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| Terminology  | Site Term and Code   | Laterality Required |
|--|--|---------------------|
| <b>Skin of lower limb and hip</b><br>Skin of:<br>Ankle<br>Calf<br>Foot<br>Heel<br>Hip<br>Knee<br>Leg<br>Lower limb<br>Popliteal space<br>Thigh<br>Toe<br>Plantar skin<br>Sole of foot<br>Toenail | Skin of lower limb and hip <b>C447</b>   | <b>Yes</b>          |
| <b>Overlapping lesion of skin</b>  | <b>Overlapping lesion of skin C448</b><br>For Head and Neck: Do not use C448 for overlapping lesions of the Head & Neck. Assign the primary site code for the site where the bulk of the tumor is or where the epicenter is; do not use code C448. | <b>No</b>           |
| <b>Skin, NOS</b><br><br><i>Note:</i> Code to Skin, NOS (C44.9) if a patient is diagnosed with metastatic melanoma and the primary site is not identified.  | Skin, NOS <b>C449</b>  | <b>No</b>           |

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**Table 2: Specific Histologies, NOS, and Subtype/Variants**

Use Table 2 as directed by the [Histology Rules](#) to assign the more common histology codes for melanotic skin tumors

**Note 1:** Rare histologies may not be listed in the table. When a histology term is not found, reference ICD-O and all updates.

**Note 2:** Submit a question to [Ask a SEER Registrar](#) when the histology code is not found in Table 2, ICD-O or ICD-O updates.

**Note 3:** Behavior codes are listed when the term has only one possible behavior (either a /2 or /3). For histologies which may be either /2 or /3, a behavior code is not listed. Code behavior as documented in the pathology report.

**Note 4:** Only use the histology code from the table when the diagnosis is **EXACTLY** the term listed.

**Note 5:** **New histology terms are identified by asterisk (\*)**

**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.

**Table begins on the next page**

**\*New terms approved by IARC/WHO Committee for ICD-O**

**\*\*Terms approved by standard setters and are not listed in WHO or ICD-O**

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**Table 2: Specific Histologies, NOS, and Subtypes/Variants**

| NOS Histology Terms and Codes   | Synonyms  | Subtypes/Variants   |
|---|---|---|
| <p>Melanoma, NOS <b>8720</b></p> <p><i>Note:</i> Sarcomatoid melanoma is a rare subtype of melanoma characterized by almost complete loss of melanocytic differentiation both morphologically and phenotypically, with the bulk of the tumor being replaced by a spindle cell, sarcomatoid component. Use code 8772/3, spindle cell melanoma.</p> | <p>Melanoma in situ<br/><b>8720/2</b></p> <p>Early/Evolving melanoma in situ**<br/><b>8720/2</b></p> <p>Nevoid melanoma<br/><b>8720/3</b></p> <p>Early/Evolving invasive melanoma** <b>8720/3</b></p> | <p>Acral melanoma*/acral lentiginous melanoma, malignant <b>8744/3</b></p> <p>Amelanotic melanoma <b>8730/3</b></p> <p>Balloon cell melanoma <b>8722/3</b></p> <p>Desmoplastic melanoma/desmoplastic melanoma, amelanotic/neurotropic melanoma, malignant <b>8745/3*</b></p> <p>Epithelioid cell melanoma <b>8771/3</b></p> <p>Lentigo maligna/Hutchinson melanotic freckle <b>8742/2</b></p> <p>Lentigo maligna melanoma/Melanoma in Hutchinson melanotic freckle <b>8742/3</b></p> <p>Low cumulative sun damage melanoma*/superficial spreading melanoma <b>8743/3</b></p> <p>Melanoma arising in a blue nevus <b>8780/3*</b></p> <p>Malignant melanoma arising in giant congenital nevus*/malignant melanoma in giant pigmented nevus <b>8761/3</b></p> <p>Malignant melanoma in a precancerous melanosis <b>8741/3</b></p> <p>Malignant melanoma, regressing <b>8723/3</b></p> <p>Malignant Spitz tumor*/mixed epithelioid and spindle cell melanoma <b>8770/3</b></p> <p>Nodular melanoma <b>8721/3</b></p> <p>Spindle cell melanoma <b>8772/3</b></p> <p>Spindle cell melanoma, type A <b>8773/3</b></p> <p>Spindle cell melanoma, type B <b>8774/3</b></p> |

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**Table 3: Non-Reportable Neoplasms**

Table 3 lists non-reportable terms and codes used in the diagnosis of cutaneous melanotic neoplasms. *This table is intended to be a reference only and may not be complete.* Please refer to your standard setter program manual for additional information on reportable neoplasms.

| Non-Reportable Histology Term   | Non-Reportable Histology Code |
|---|-------------------------------|
| Pigmented nevus, NOS<br>Nevus, NOS<br>Melanocytic nevus<br>Hairy nevus<br>Nevus spilus<br>Meyerson nevus<br>Deep penetrating nevus<br>Combined nevus<br>Genital nevus<br>Conjunctival nevus | <b>8720/0</b>                 |
| Balloon cell nevus  | <b>8722/0</b>                 |
| Halo nevus<br>Regressing nevus  | <b>8723/0</b>                 |
| Neuronevus  | <b>8725/0</b>                 |
| Magnocellular nevus<br>Melanocytoma, NOS  | <b>8726/0</b>                 |
| Dysplastic nevus  | <b>8727/0</b>                 |
| Nonpigmented nevus<br>Achromic nevus  | <b>8730/0</b>                 |
| Junctional nevus, NOS<br>Intraepidermal nevus<br>Junction nevus   | <b>8740/0</b>                 |

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| Non-Reportable Histology Term   | Non-Reportable Histology Code        |
|---|--------------------------------------|
| Lentiginous melanocytic nevus<br>Simple lentigo<br>Lentigo simplex  | 8742/0                               |
| Acral nevus   | 8744/0                               |
| Dermal nevus<br>Intradermal nevus<br>Stromal nevus  | 8750/0                               |
| Compound nevus<br>Dermal and epidermal nevus  | 8760/0                               |
| Congenital melanocytic nevus, NOS<br>Giant pigmented nevus, NOS<br>Intermediate and giant congenital nevus  | 8761/0<br>8761/0<br>8761/1           |
| Proliferative dermal lesion in congenital nevus<br>Proliferative nodule in congenital melanocytic nevus   | 8762/1                               |
| Epithelioid and spindle cell nevus<br>Juvenile melanoma<br>Juvenile nevus<br>Spitz nevus<br>Spitz nevus, atypical<br>Pigmented spindle cell nevus of Reed<br>Pigmented spindle cell Spitz nevus | 8770/0                               |
| Epithelioid cell nevus  | 8771/0                               |
| Spindle cell nevus, NOS   | 8772/0                               |
| Blue nevus, NOS<br>Jadassohn blue nevus<br>Pigmented epithelioid melanocytoma<br>Blue nevus, epithelioid  | 8780/0<br>8780/0<br>8780/1<br>8780/1 |
| Cellular blue nevus   | 8790/0                               |

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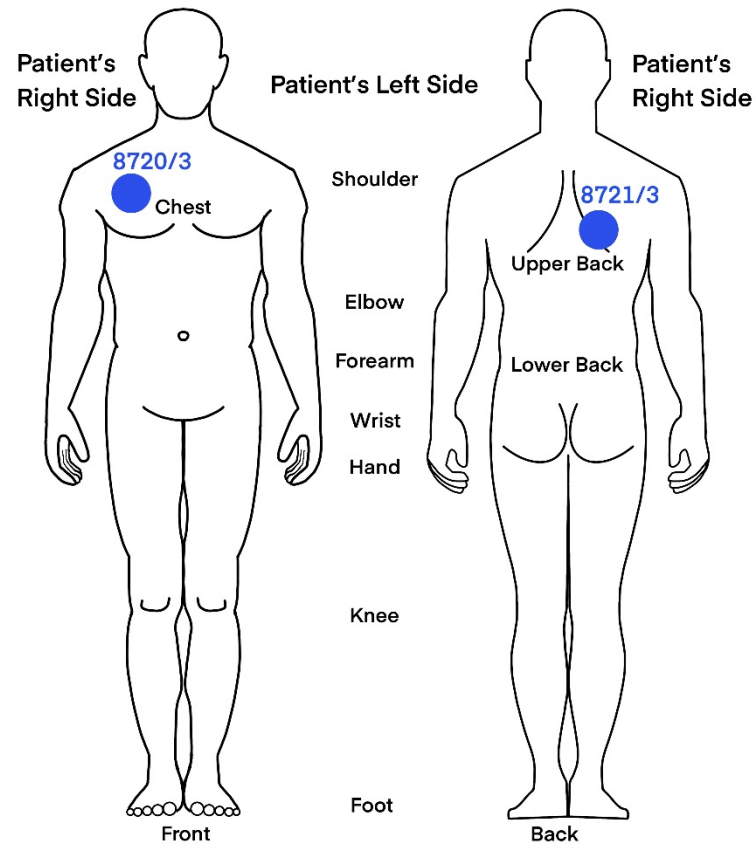
| Non-Reportable Histology Term   | Non-Reportable Histology Code |
|---|-------------------------------|
| Intermediate lesion<br>Melanocytic neoplasm of low malignant potential<br>Melanocytic tumor of uncertain malignant potential (MELTUMP)<br>Superficial atypical melanocytic proliferation of uncertain significance (SAMPUS)<br>Primary acquired melanosis | No ICD-O code                 |



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**Illustrations**

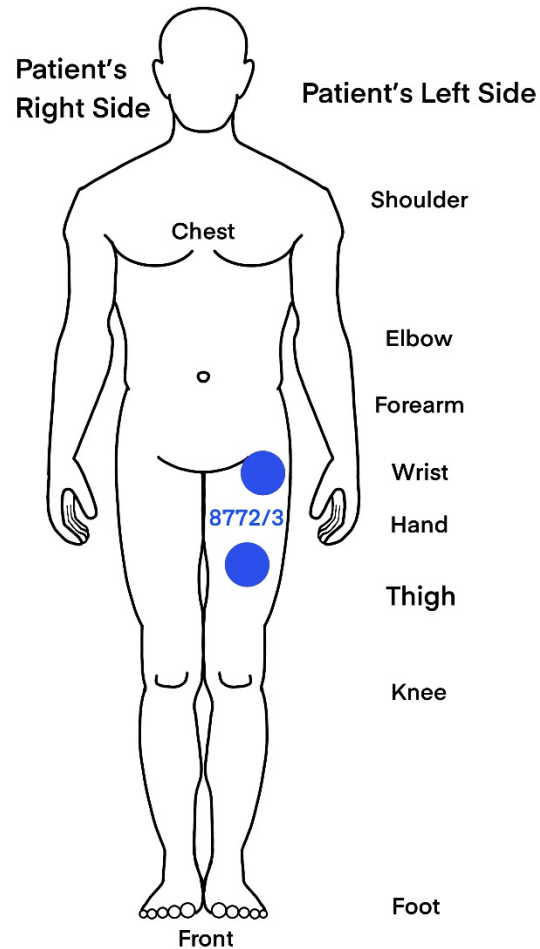
**Explanatory illustrations for Multiple Primary Rule M6**



**Example 1:** Both lesions are located on the right side of the body and sites are chest C445 and back C445. Histology for the chest lesion is melanoma, NOS (8720/3) and the back lesion is nodular melanoma (8721/3). Abstract a single primary.

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**Explanatory illustrations for Multiple Primary Rule M6**



**Example 2:** Both lesions are located on the left leg. One lesion is spindle cell melanoma (8772/3) located on the front of the left hip C447. The other lesion is spindle cell melanoma (8772/3) located on the front of the left thigh C447.

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**Note 1:** These rules are **NOT** used for tumor(s) described as metastases. Metastatic tumors include but are not limited to:

- Distant metastasis in skin, subcutaneous tissue including muscle
- Bone
- Brain
- Regional lymph nodes as identified in Summary Stage Manual
- Distant lymph nodes as identified in Summary Stage Manual
- Liver
- Lung
- In-transit metastases – metastases which occur along the lymph pathways between the primary tumor > 2 cm from the scar and the regional lymph nodes
- Satellites – new tumor within a radius of 2 cm from the scar after removal of primary tumor. Satellites may be caused by remains of the primary tumor.

**Note 2:** 2007 MPH Rules and 2021 Cutaneous Melanoma Solid Tumor Rules are used based on **date of diagnosis**.

- Tumors diagnosed 01/01/2007 through 12/31/2020: Use 2007 MPH Rules and 2007 General Instructions
- Tumors diagnosed 01/01/2021 and later: Use 2021 Solid Tumor Rules
- The original tumor diagnosed **before** 1/1/2021 and a subsequent tumor diagnosed 1/1/2021 or later in the same primary site: Use the 2021 Solid Tumor Rules

**Unknown if Single or Multiple Melanomas**

**Rule M1** Abstract a **single primary**<sup>i</sup> when it is not possible to determine if there is a **single** melanoma or **multiple** melanomas.

**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 Melanoma**

<sup>i</sup> Prepare one abstract. Use the [histology rules](#) to assign the appropriate histology code.

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**Single Melanoma**

*Note 1:* Do not use the rules for melanoma described as metastasis

*Note 2:* Includes combinations of in situ and invasive

**Rule M2** Abstract a **single primary**<sup>i</sup> when there is a **single melanoma**.

*Note 1:* A single melanoma 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.

**This is the end of instructions for Single Melanoma.**

<sup>i</sup> Prepare one abstract. Use the [histology rules](#) to assign the appropriate histology code.

**Multiple Melanomas**

*Note 1:* Multiple melanomas may be a single primary or multiple primaries

*Note 2:* Do not use the rules for melanoma described as metastasis

*Note 3:* Includes combinations of in situ and invasive

**Rule M3** Abstract **multiple primaries**<sup>ii</sup> when there are separate, non-contiguous melanomas in sites with ICD-O site codes that **differ** at the second (CXxx), third (CxXx) or fourth (C44X) character.

*Note:* This applies to a melanoma of unknown primary and a known cutaneous melanoma primary

**Rule M4** Abstract **multiple primaries**<sup>ii</sup> when there are separate, non-contiguous melanomas with **different lateralities**.

*Note 1:* A **midline** melanoma is a different laterality than right or left.

*Note 2:* If the laterality of one or both melanomas is **unknown**, then continue through the rules

*Note 3:* If one or more of the sites does not require laterality to be coded (laterality required = no in [Table 1](#)), then continue through the rules.

*Example 1:* Melanoma of the right side of the chest and melanoma at midline of the chest are different lateralities and are multiple primaries.

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*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** Abstract **multiple primaries**<sup>ii</sup> when separate/non-contiguous tumors are two or more different subtypes/variants in Column 3, [Table 2](#) in the Equivalent Terms and Definitions. Timing is irrelevant.

*Example:* Epithelioid cell melanoma 8771/3 and nodular melanoma 8721/3 are both subtypes/variants of melanoma NOS 8720/3.

**Rule M6** Abstract a **single primary**<sup>i</sup> when synchronous, separate/non-contiguous tumors are on **the same row in [Table 2](#)** in the Equivalent Terms and Definitions. Tumors must have the same site code.

*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)

**Example 1:** Both lesions are located on the right side of the body and sites are chest C445 and back C445. Histology for the chest lesion is melanoma, NOS (8720/3) and the back lesion is nodular melanoma (8721/3). Abstract a single primary. Refer to [illustration](#).

**Example 2:** Both lesions are located on the left leg. One lesion is spindle cell melanoma (8772/3) located on the front of the left hip C447. The other lesion is spindle cell melanoma (8772/3) located on the front of the left thigh C447. Refer to [illustration](#).

**Rule M7** Abstract **multiple primaries**<sup>ii</sup> when melanomas are diagnosed more than 60 days apart.

**Example:** 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.

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**Rule M8** Abstract a **single primary**<sup>i</sup> when melanomas 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 Melanomas**

<sup>i</sup> Prepare one abstract. Use the [histology 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.

<sup>ii</sup> Prepare two or more abstracts. Use the [histology rules](#) to assign the appropriate histology code for each case being abstracted.

**Cutaneous Melanoma Histology Rules**  
**C440-C449 with Histology 8720 – 8780 (Excludes melanoma of any other site)**  
**Rules Apply to Cases Diagnosed 1/1/2021 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, chemotherapy, 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 to 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 **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

*Note 1:* Addendums and comments on the pathology report are given the highest priority because they often contain information about molecular testing, genetic testing, and/or special stains which give a more specific diagnosis.

**Cutaneous Melanoma Histology Rules**  
**C440-C449 with Histology 8720 – 8780 (Excludes melanoma of any other site)**  
**Rules Apply to Cases Diagnosed 1/1/2021 forward**

**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. 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.

3. **Scans: MRI, CT, PET. There is no priority** order because scans are not a reliable method for **identifying** specific **histology(ies)**.

4. Code the histology **documented** by the physician when none of the above are available. Use the documentation in the following priority order:

- A. Treatment plan
- B. Documentation from Tumor Board
- C. Documentation in the medical record that refers to original pathology, cytology, or scan(s)
- D. 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



**Cutaneous Melanoma Histology Rules**  
**C440-C449 with Histology 8720 – 8780 (Excludes melanoma of any other site)**  
**Rules Apply to Cases Diagnosed 1/1/2021 forward**

**Coding Histology**

**Note 1:** The priority is to code the most specific histology. **DO NOT USE BREAST HISTOLOGY CODING RULES FOR THIS SITE.**

**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

**Example 1:** Diagnosis for a single melanoma is melanoma, NOS 8720 with the majority or predominant part of tumor being nodular melanoma 8721. Code the subtype/variant: nodular melanoma 8721.

**Example 2:** Diagnosis for a single melanoma is melanoma, NOS 8720 with the minority of tumor being amelanotic melanoma 8730. Code the subtype/variant: amelanotic melanoma 8730.

**Example 3:** Diagnosis for a single tumor is melanoma, NOS 8720 with a component of malignant desmoplastic melanoma 8745. Code the subtype/variant: malignant desmoplastic melanoma 8745.

**Note 1:** The terms above (A, B, C) must describe a **melanoma** in order to code a histology described by those terms.

**Example:** When the diagnosis is melanoma with a nodular **melanoma** component, code nodular melanoma 8721.

**Negative Example:** When the diagnosis is simply melanoma with a nodular component, code melanoma, NOS 8720. Do not assume this is a nodular melanoma.

**Note 2:** 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”.

**Note:** Do not code differentiation or features when there is no specific ICD-O code.

**Cutaneous Melanoma Histology Rules**  
**C440-C449 with Histology 8720 – 8780 (Excludes melanoma of any other site)**  
**Rules Apply to Cases Diagnosed 1/1/2021 forward**

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
  - Case is accessioned (added to your database) based on ambiguous terminology and no other histology information is available/documented
- Example:* Outpatient biopsy says probably melanoma. The case is accessioned (entered into the database) as required by both SEER and COC. No further information is available. Code the histology melanoma. NOS. 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 melanoma consistent with desmoplastic melanoma. The oncology consult says the patient has desmoplastic melanoma. This is clinical confirmation of the diagnosis, code desmoplastic melanoma. The case meets the criteria in **bullet 1**.
- Example 2:* The pathology diagnosis is melanoma, NOS consistent with nodular melanoma. The treatment plan says the patient will receive treatment for nodular melanoma. Treatment plan confirms nodular melanoma; code nodular melanoma. The case meets the criteria in **bullet 2**.

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

**Cutaneous Melanoma Histology Rules**  
**C440-C449 with Histology 8720 – 8780 (Excludes melanoma of any other site)**  
**Rules Apply to Cases Diagnosed 1/1/2021 forward**

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

**Cutaneous Melanoma Histology Rules**  
**C440-C449 with Histology 8720 – 8780 (Excludes melanoma of any other site)**  
**Rules Apply to Cases Diagnosed 1/1/2021 forward**

**Single Melanoma or Multiple Melanomas Abstracted as a Single Primary**

- Rule H1** Code the histology when only **one histologic type** is identified.  
*Note 1:* Use [Table 2](#) to code histology. New terms and synonyms are included in **Table 2** and coding errors may occur if the table is not used.  
*Note 2:* When the histology is **not listed** in **Table 2**, use the **ICD-O** and all **updates**.  
*Note 3:* When the histology includes the term regressing or regression, continue through the rules.  
*Note 4:* When the histology includes the term lentigo maligna melanoma, continue through the rules.  
*Note 5:* Submit a question to [Ask a SEER Registrar](#) when the histology code is not found in Table 2, ICD-O, or all updates.
- Rule H2** Code the invasive histology when there are **invasive and in situ** components.
- Rule H3** Code the **histologic type** when the diagnosis is **regressing melanoma and a histologic type**.  
*Example:* The lesion has evidence of regressing melanoma, nodular melanoma type. Code 8721/3 (Nodular melanoma).
- Rule H4** Code **8723/3** (Malignant melanoma, regressing) when the diagnosis is **regressing melanoma**.  
*Example 1:* Malignant melanoma with regression. Code 8723 malignant melanoma, regressing.  
*Example 2:* Malignant melanoma with features of regression. Code 8720/3 melanoma NOS.
- Rule H5** Code the **histologic type** when the diagnosis is **lentigo maligna melanoma and a histologic type**.  
*Example:* The diagnosis is lentigo maligna melanoma with desmoplastic melanoma, right arm. Code desmoplastic melanoma, 8745/3.
- Rule H6** Code **8742/3** (Lentigo maligna melanoma) when the diagnosis is **lentigo maligna melanoma with no** other histologic types.
- Rule H7** Code the **subtype/variant** when there is a **NOS** and a **single subtype/variant** of that NOS.  
• Melanoma NOS 8720 and a subtype/variant of melanoma  
*Note:* Use [Table 2](#) in the Equivalent Terms and Definitions to determine NOS and subtype/variant.

**Cutaneous Melanoma Histology Rules**  
**C440-C449 with Histology 8720 – 8780 (Excludes melanoma of any other site)**  
**Rules Apply to Cases Diagnosed 1/1/2021 forward**

**Rule H8** When two or more melanoma subtype/variants are present in a single tumor, submit a question to [Ask A SEER Registrar](#) for coding instructions.

*Note 1:* Two or more melanoma subtype/variants identified in a single tumor is rare.

*Note 2:* The WHO Classification of Skin Tumors 4<sup>th</sup> Ed does not include ICD-O codes for tumors with mixed melanoma subtype/variants

**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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<sup>i</sup> Prepare one abstract. Use the histology 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.

<sup>ii</sup> Prepare two or more abstracts. Use the histology rules to assign the appropriate histology code to each case abstracted.