Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Introduction

For cases diagnosed 1/1/2007 to 12/31/2018

IMPORTANT INFORMATION ON SITES COVERED IN THIS MODULE:

For cases diagnosed 1/1/2007 to 12/31/2017:
The Other Sites Rules cover rectosigmoid, rectum and all sites not included in the site-specific rules.

For cases diagnosed 1/1/2018 forward, the following sites are no longer included in the Other Sites Rules:
Rectosigmoid C199
Rectum C209
Peripheral Nerves and Autonomic Nervous System C470-C479

Beginning 1/1/2018, rectosigmoid (C199) and rectum (C209) primaries are included in the 2018 Colon Solid Tumor Rules
Beginning 1/1/2018, peripheral nerves (C470-C479) are included in the Malignant CNS and Peripheral Nerves Solid Tumor Rules

Equivalent or Equal Terms

- Acinar adenocarcinoma, adenocarcinoma (For prostate primaries only)
- Adenocarcinoma, glandular carcinoma
- 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

Jump to Multiple Primary Rules
Jump to Histology Rules

Other Sites Solid Tumor Rules 2018
Updated 9/11/2018
For cases diagnosed 2007 and later
**Table 1: Paired Organs and Sites with Laterality**

*Note:* This table only includes anatomic sites covered by the Other Sites Rules.

<table>
<thead>
<tr>
<th>Site Code</th>
<th>Site or Subsite</th>
</tr>
</thead>
<tbody>
<tr>
<td>C384</td>
<td>Pleura</td>
</tr>
<tr>
<td>C400</td>
<td>Long bones of upper limb, scapula, and associated joints</td>
</tr>
<tr>
<td>C401</td>
<td>Short bones of upper limb and associated joints</td>
</tr>
<tr>
<td>C402</td>
<td>Long bones of lower limb and associated joints</td>
</tr>
<tr>
<td>C403</td>
<td>Short bones of lower limb and associated joints</td>
</tr>
<tr>
<td>C413</td>
<td>Rib, clavicle (excluding sternum)</td>
</tr>
<tr>
<td>C414</td>
<td>Pelvic bones (excluding sacrum, coccyx, symphysis pubis)</td>
</tr>
<tr>
<td>C441</td>
<td>Skin of the eyelid</td>
</tr>
<tr>
<td>C442</td>
<td>Skin of the external ear</td>
</tr>
<tr>
<td>C443</td>
<td>Skin of other and unspecific parts of the face (if midline, assign code 9)</td>
</tr>
<tr>
<td>C445</td>
<td>Skin of the trunk (if midline, assign code 9)</td>
</tr>
<tr>
<td>C446</td>
<td>Skin of upper limb and shoulder</td>
</tr>
<tr>
<td>C447</td>
<td>Skin of the lower limb and hip</td>
</tr>
<tr>
<td>C471</td>
<td>Peripheral nerves and autonomic nervous system of upper limb and shoulder</td>
</tr>
<tr>
<td>C472</td>
<td>Peripheral nerves and autonomic nervous system of the lower limb and hip</td>
</tr>
<tr>
<td>C491</td>
<td>Connective, subcutaneous, and other soft tissues of upper limb and shoulder</td>
</tr>
<tr>
<td>C492</td>
<td>Connective, subcutaneous, and other soft tissues of the lower limb and hip</td>
</tr>
<tr>
<td>C569</td>
<td>Ovary</td>
</tr>
<tr>
<td>C570</td>
<td>Fallopian tube</td>
</tr>
<tr>
<td>C620-C629</td>
<td>Testis</td>
</tr>
<tr>
<td>C630</td>
<td>Epididymis</td>
</tr>
<tr>
<td>C631</td>
<td>Spermatic cord</td>
</tr>
<tr>
<td>C690-C699</td>
<td>Eye and adnexa</td>
</tr>
<tr>
<td>C740-C749</td>
<td>Adrenal gland</td>
</tr>
<tr>
<td>C754</td>
<td>Carotid body</td>
</tr>
</tbody>
</table>
### Table 2: Mixed and Combination Codes

This table is used to determine mixed and combination codes ONLY

Apply the Multiple Primary Rules FIRST. Combination codes are most often used when multiple histologies are present in a single tumor; they are rarely used for multiple tumors. Use a combination code for multiple tumors ONLY when the tumors meet the rules for a single primary.

Use this **two-page** table to select combination histology codes. Compare the terms in the diagnosis to the terms in Columns 1 and 2. If the terms match, code the case using the ICD-O-3 histology code in column 4. Use the combination codes listed in this table only when the histologies in the tumor match the histologies listed below.

<table>
<thead>
<tr>
<th>Column 1: Required Histology</th>
<th>Column 2: Combined with Histology</th>
<th>Column 3: Combination Term</th>
<th>Column 4: Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small cell carcinoma</td>
<td>Large cell carcinoma</td>
<td>Combined small cell carcinoma</td>
<td>8045</td>
</tr>
<tr>
<td></td>
<td>Adenocarcinoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Squamous cell carcinoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Squamous carcinoma</td>
<td>Basal cell carcinoma</td>
<td>Basosquamous carcinoma</td>
<td>8094</td>
</tr>
<tr>
<td>Islet cell</td>
<td>Exocrine</td>
<td>Mixed islet cell and exocrine adenocarcinoma (pancreas)</td>
<td>8154</td>
</tr>
<tr>
<td>Acinar</td>
<td>Endocrine</td>
<td>Mixed islet cell and exocrine adenocarcinoma (pancreas)</td>
<td>8154</td>
</tr>
<tr>
<td>Hepatocellular carcinoma</td>
<td>Cholangiocarcinoma</td>
<td>Combined hepatocellular carcinoma and cholangiocarcinoma</td>
<td>8180</td>
</tr>
<tr>
<td>Adenocarcinoma</td>
<td>Carcinoid</td>
<td>Composite carcinoid</td>
<td>8244</td>
</tr>
<tr>
<td>Adenocarcinoma and <strong>two or more</strong> of the histologies from column 2 OR <strong>two or more</strong> of the histologies from column 2</td>
<td>Papillary Clear cell Mucinous (colloid) Signet ring Acinar</td>
<td>Adenocarcinoma with mixed subtypes Adenocarcinoma combined with other types of carcinoma</td>
<td>8255</td>
</tr>
</tbody>
</table>

Jump to [Multiple Primary Rules](#)  
Jump to [Histology Rules](#)
## Other Sites Equivalent Terms and Definitions

*Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia*

<table>
<thead>
<tr>
<th>Column 1: Required Histology</th>
<th>Column 2: Combined with Histology</th>
<th>Column 3: Combination Term</th>
<th>Column 4: Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gyn malignancies with two or more of the histologies in column 2</td>
<td>Clear cell Endometrioid Mucinous Papillary Serous Squamous Transitional (Brenner)</td>
<td>Mixed cell adenocarcinoma</td>
<td>8323</td>
</tr>
<tr>
<td>Papillary and Follicular</td>
<td></td>
<td>Papillary carcinoma, follicular variant</td>
<td>8340</td>
</tr>
<tr>
<td>Medullary</td>
<td>Follicular</td>
<td>Mixed medullary-follicular carcinoma</td>
<td>8346</td>
</tr>
<tr>
<td>Medullary</td>
<td>Papillary</td>
<td>Mixed medullary-papillary carcinoma</td>
<td>8347</td>
</tr>
<tr>
<td>Squamous carcinoma and Adenocarcinoma</td>
<td></td>
<td>Adenosquamous carcinoma</td>
<td>8560</td>
</tr>
<tr>
<td>Any combination of histologies in Column 2</td>
<td>Myxoid Round cell Pleomorphic</td>
<td>Mixed liposarcoma</td>
<td>8855</td>
</tr>
<tr>
<td>Embryonal rhabdomyosarcoma</td>
<td>Alveolar rhabdomyosarcoma</td>
<td>Mixed type rhabdomyosarcoma</td>
<td>8902</td>
</tr>
<tr>
<td>Teratoma</td>
<td>Embryonal carcinoma</td>
<td>Teratocarcinoma</td>
<td>9081</td>
</tr>
<tr>
<td>Teratoma and one or more of the histologies in Column 2</td>
<td>Seminoma Yolk sac tumor</td>
<td>Mixed germ cell tumor</td>
<td>9085</td>
</tr>
<tr>
<td>Choriocarcinoma</td>
<td>Teratoma Seminoma Embryonal</td>
<td>Choriocarcinoma combined with other germ cell elements</td>
<td>9101</td>
</tr>
</tbody>
</table>
### Table 3: Changes to Previous SEER Site Grouping Table

Previous to 2007, tumors in sites on the same row were abstracted as a single primary.

<table>
<thead>
<tr>
<th>Code</th>
<th>Site Groupings</th>
</tr>
</thead>
<tbody>
<tr>
<td>C23</td>
<td>Gallbladder</td>
</tr>
<tr>
<td>C24</td>
<td>Other and unspecified parts of the biliary tract</td>
</tr>
<tr>
<td>C37</td>
<td>Thymus</td>
</tr>
<tr>
<td>C380</td>
<td>Heart</td>
</tr>
<tr>
<td>C381-3</td>
<td>Mediastinum</td>
</tr>
<tr>
<td>C388</td>
<td>Overlapping lesion of heart, mediastinum, and pleura</td>
</tr>
<tr>
<td>C51</td>
<td>Vulva</td>
</tr>
<tr>
<td>C52</td>
<td>Vagina</td>
</tr>
<tr>
<td>C577</td>
<td>Other specified female genital organs</td>
</tr>
<tr>
<td>C578-9</td>
<td>Unspecified female genital organs</td>
</tr>
<tr>
<td>C569</td>
<td>Ovary</td>
</tr>
<tr>
<td>C570</td>
<td>Fallopian tube</td>
</tr>
<tr>
<td>C571</td>
<td>Broad ligament</td>
</tr>
<tr>
<td>C572</td>
<td>Round ligament</td>
</tr>
<tr>
<td>C573</td>
<td>Parametrium</td>
</tr>
<tr>
<td>C574</td>
<td>Uterine adnexa</td>
</tr>
<tr>
<td>C60</td>
<td>Penis</td>
</tr>
<tr>
<td>C63</td>
<td>Other and unspecified male genital organs</td>
</tr>
<tr>
<td>C74</td>
<td>Adrenal gland</td>
</tr>
<tr>
<td>C75</td>
<td>Other endocrine glands and related structures</td>
</tr>
</tbody>
</table>
Other Sites Multiple Primary Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

For cases diagnosed 1/1/2007 to 12/31/2018

<table>
<thead>
<tr>
<th>IMPORTANT INFORMATION ON SITES COVERED IN THESE MODULES:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For cases diagnosed 1/1/2007 to 12/31/2017:</strong></td>
</tr>
<tr>
<td>The Other Sites Rules cover rectosigmoid, rectum and all sites not included in the site-specific rules.</td>
</tr>
<tr>
<td><strong>For cases diagnosed 1/1/2018 forward, the following sites are no longer included in the Other Sites Rules:</strong></td>
</tr>
<tr>
<td>Rectosigmoid C199</td>
</tr>
<tr>
<td>Rectum C209</td>
</tr>
<tr>
<td>Peripheral Nerves and Autonomic Nervous System C470-C479 (Specifically rule M12)</td>
</tr>
<tr>
<td>Beginning 1/1/2018, rectosigmoid (C199) and rectum (C209) primaries are included in the 2018 Colon Solid Tumor Rules</td>
</tr>
<tr>
<td>Beginning 1/1/2018, peripheral nerves (C470-C479) are included in the Malignant CNS and Peripheral Nerves Solid Tumor Rules</td>
</tr>
</tbody>
</table>

**Unknown if Single or Multiple Tumors**

*Note:* These rules are NOT used for tumor(s) described as metastases.

**Rule M1**  When it is not possible to determine if there is a single tumor or multiple tumors, opt for a single tumor 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 Tumors.
Other Sites Multiple Primary Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Single Tumor

**Note 1:** These rules are **NOT** used for tumor(s) described as metastases.
**Note 2:** Includes combinations of in situ and invasive

**Rule M2**  
A single tumor is always a single primary. *  
*Note:* The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

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

Multiple Tumors

Multiple tumors may be a single primary or multiple primaries.
**Note 1:** These rules are **NOT** used for tumor(s) described as metastases.
**Note 2:** Includes combinations of in situ and invasive

**Rule M3**  
Adenocarcinoma of the prostate is always a single primary. *  
*Note 1:* Report only one adenocarcinoma of the prostate per patient per lifetime.
*Note 2:* 95% of prostate malignancies are the common (acinar) adenocarcinoma histology (8140). See Equivalent Terms, Definitions and Tables for more information.
*Note 3:* If patient has a previous acinar adenocarcinoma of the prostate in the database and is diagnosed with adenocarcinoma in 2007 it is a single primary.

**Rule M4**  
Retinoblastoma is always a single primary (unilateral or bilateral). *

**Rule M5**  
Kaposi sarcoma (any site or sites) is always a single primary. *

**Rule M6**  
Follicular and papillary tumors in the thyroid within 60 days of diagnosis are a single primary. *

Jump to [Equivalent Terms and Definitions](#)  
Jump to [Histology Rules](#)

Other Sites Solid Tumor Rules 2018  
Updated 9/11/2018  
For cases diagnosed 2007 and later
Other Sites Multiple Primary Rules  
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,  
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule M7  Bilateral epithelial tumors (8000-8799) of the ovary within 60 days are a single primary. *

Rule M8  Tumors on both sides (right and left) of a site listed in Table 1 are multiple primaries. **  
*Note:  See Table 1: Paired Organs and Sites with Laterality

Rule M9  Adenocarcinoma in adenomatous polyposis coli (familial polyposis) with one or more in situ or malignant polyps is a single primary.*  
*Note:  Tumors may be present in a single or multiple segments of the colon, rectosigmoid, rectum.

Rule M10  Tumors diagnosed more than one (1) year apart are multiple primaries. **

Rule M11  Tumors with ICD-O-3 topography codes that are different at the second (Cxxx) and/or third characters (Cxxx) are multiple primaries. **  
Example 1:  A tumor in the penis C609 and a tumor in the rectum C209 have different second characters in their ICD-O-3 topography codes, so they are multiple primaries.  
Example 2:  A tumor in the cervix C539 and a tumor in the vulva C519 have different third characters in their ICD-O-3 topography codes, so they are multiple primaries.

Rule M12  Tumors with ICD-O-3 topography codes that differ only at the fourth character (Cxx) and are in any one of the following primary sites are multiple primaries. **  
•  Anus and anal canal (C21_)
•  Bones, joints, and articular cartilage (C40_ - C41_)
•  Peripheral nerves and autonomic nervous system (C47_) (Cases diagnosed 1/1/2007 to 12/31/2017 ONLY)
•  Connective subcutaneous and other soft tissues (C49_)
•  Skin (C44_)

Rule M13  A frank in situ or malignant adenocarcinoma and an in situ or malignant tumor in a polyp are a single primary.*

Rule M14  Multiple in situ and/or malignant polyps are a single primary. *  
*Note:  Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.
Other Sites Multiple Primary Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

**Rule M15** An **invasive** tumor following an **in situ** tumor more than 60 days after diagnosis 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 M16** Abstract as a single primary* when one tumor is:
- Cancer/malignant neoplasm, NOS (8000) and another is a specific histology or
- Carcinoma, NOS (8010) and another is a specific carcinoma or
- Squamous cell carcinoma, NOS (8070) and another is specific squamous cell carcinoma or
- Adenocarcinoma, NOS (8140) and another is a specific adenocarcinoma or
- Melanoma, NOS (8720) and another is a specific melanoma
- Sarcoma, NOS (8800) and another is a specific sarcoma

**Rule M17** Tumors with ICD-O-3 **histology** codes that are **different** at the first (xxxx), second (xxxx) or third (xxx) number are multiple primaries. **

**Rule M18** Tumors that **do not meet any** of the above **criteria** are a single primary. *

*Note:* When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

* 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 Tumors.
Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

For cases diagnosed 1/1/2007 to 12/31/2018

IMPORTANT INFORMATION ON SITES COVERED IN THESE MODULES:

For cases diagnosed 1/1/2007 to 12/31/2017:
The Other Sites Rules cover rectosigmoid, rectum and all sites not included in the site-specific rules.

For cases diagnosed 1/1/2018 forward, the following sites are no longer included in the Other Sites Rules:
- Rectosigmoid C199
- Rectum C209
- Peripheral Nerves and Autonomic Nervous System C470-C479

Beginning 1/1/2018, rectosigmoid (C199) and rectum (C209) primaries are included in the 2018 Colon Solid Tumor Rules
Beginning 1/1/2018, peripheral nerves (C470-C479) are included in the Malignant CNS and Peripheral Nerves Solid Tumor Rules

Single Tumor: In Situ Only
(All parts are in situ)

Rule H1  Code the histology documented by the physician when the pathology/cytology report is not available.

Note 1: Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician’s reference to type of cancer in the medical record

Note 2: Code the specific histology when documented.

Note 3: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
Rule H2  Code the histology when only **one histologic type** is identified.
*Note:* Do not code terms that do not appear in the histology description.
*Example:* Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.

Rule H3  Code **8210** (adenocarcinoma in **adenomatous polyp**), **8261** (adenocarcinoma in **villous adenoma**), or **8263** (adenocarcinoma in **tubulovillous adenoma**) when:
- The final diagnosis is adenocarcinoma in a polyp or
- The final diagnosis is adenocarcinoma **and** a residual polyp or polyp architecture is recorded in other parts of the pathology report or
- The final diagnosis is adenocarcinoma **and** there is reference to a residual or pre-existing polyp or
- The final diagnosis is mucinous/colloid or signet ring cell adenocarcinoma in a polyp or
- There is documentation that the patient had a polypectomy
*Note:* It is important to know that the adenocarcinoma originated in a polyp.

Rule H4  **Code the most specific histologic term** when the diagnosis is:
- Carcinoma in situ, NOS (8010) and a specific in situ carcinoma or
- Squamous cell carcinoma in situ, NOS (8070) and a specific in situ squamous cell carcinoma or
- Adenocarcinoma in situ, NOS (8140) and a specific in situ adenocarcinoma or
- Melanoma in situ, NOS (8720) and a specific in situ melanoma
*Note:* The specific histology may be identified as type, subtype, predominantly, with features of, major, with differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.

Rule H5  Code the appropriate combination/mixed code (Table 2) when there are **multiple specific histologies** or when there is a non-specific histology **with multiple specific histologies**
*Note:* The specific histology may be identified as type, subtype, predominantly, with features of, major, with ___ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.

Rule H6  Code the histology with the **numerically higher** ICD-O-3 code.

This is the end of instructions for **a Single Tumor: In Situ Carcinoma Only.**
**Code the histology according to the rule that fits the case.**

Jump to **Equivalent Terms and Definitions**
Jump to **Multiple Primary Rules**
Other Sites Solid Tumor Rules 2018
Updated 9/11/2018
For cases diagnosed 2007 and later
Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Single Tumor: Invasive And In Situ
(Both invasive and in situ components)

Rule H7  Code the single invasive histology. Ignore the in situ terms.
Note: This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.

This is the end of instructions for a Single Tumor: Invasive and In Situ Carcinoma.
Code the histology according to the rule that fits the case.

Single Tumor: Invasive Only
(All parts are invasive)

Rule H8  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 cancer (histology) in the medical record
• CT, PET, or MRI scans

Note 2: Code the specific histology when documented.
Note 3: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

Rule H9  Code the histology from a metastatic site when there is no pathology/cytology specimen from the primary site.
Note: Code the behavior /3.

Rule H10  Code 8140 (adenocarcinoma, NOS) for prostate primaries when the diagnosis is acinar (adenocarcinoma).
Rule H11  Code the histology when only one histologic type is identified  
*Note 1:* Do not code terms that do not appear in the histology description.  
*Example:* Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.  
*Note 2:* If this is a papillary carcinoma of the thyroid, go to Rule H14.

Rule H12  Code 8210 (adenocarcinoma in *adenomatous polyp*), 8261 (adenocarcinoma in *villous adenoma*), or 8263 (adenocarcinoma in *tubulovillous adenoma*) when any of the following are true:  
- The final diagnosis is adenocarcinoma in a polyp  
- The final diagnosis is adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report  
- The final diagnosis is adenocarcinoma and there is reference to a residual or pre-existing polyp  
- The final diagnosis is adenocarcinoma mucinous/colloid or signet ring cell adenocarcinoma in a polyp  
- There is documentation that the patient had a polypectomy  
*Note:* It is important to know that the adenocarcinoma originated in a polyp.

Rule H13  Code the most specific histologic term. Examples include:  
- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or  
- Carcinoma, NOS (8010) and a more specific carcinoma or  
- Squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma or  
- Adenocarcinoma, NOS (8140) and a more specific adenocarcinoma or  
- Melanoma, NOS (8720) and a more specific melanoma or  
- Sarcoma, NOS (8800) and a more specific sarcoma  
*Note:* The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ___ differentiation. The terms architecture and pattern are subtypes only for in situ cancer.  
*Example 1:* Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma 8480.  

Rule H14  Code papillary carcinoma of the thyroid to papillary adenocarcinoma, NOS (8260).

Rule H15  Code follicular and papillary carcinoma of the thyroid to papillary carcinoma, follicular variant (8340).
Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule H16  Code the appropriate combination/mixed code (Table 2) when there are multiple specific histologies or when there is a non-specific histology with multiple specific histologies

Note: The specific histologies may be identified as a type, subtype, predominantly, with features of, major, or with ____ differentiation.

Example 1 (multiple specific histologies): Mucinous and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes)

Example 2 (multiple specific histologies): Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma)

Example 3 (non-specific with multiple specific histologies): Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)

Rule H17  Code the histology with the numerically higher ICD-O-3 code.

This is the end of instructions for a Single Tumor: Invasive Carcinoma Only.
Code the histology according to the rule that fits the case.

Multiple Tumors Abstracted as a Single Primary

Rule H18  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
- From reports or notes in the medical record that document or reference pathologic or cytologic findings
- From clinician reference to type of cancer (histology) in the medical record
- CT, PET or MRI scans

Note 2: Code the specific histology when documented.

Note 3: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

Rule H19  Code the histology from a metastatic site when there is no pathology/cytology specimen from the primary site.

Note: Code the behavior /3.
Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule H20  Code 8140 (adenocarcinoma, NOS) for prostate primaries when the diagnosis is acinar (adeno)carcinoma.

Rule H21  Code 8077/2 (Squamous intraepithelial neoplasia, grade III) for in situ squamous intraepithelial neoplasia grade III in sites such as the vulva (VIN III) vagina (VAIN III), or anus (AIN III).

  Note 1:  VIN, VAIN, and AIN are squamous cell carcinomas. Code 8077 cannot be used for glandular intraepithelial neoplasia such as prostatic intraepithelial neoplasia (PIN) or pancreatic intraepithelial neoplasia (PAIN).

  Note 2:  This code may be used for reportable-by-agreement cases.

Rule H22  Code 8148/2 (Glandular intraepithelial neoplasia grade III) for in situ glandular intraepithelial neoplasia grade III in sites such as the pancreas (PAIN III).

  Note:  This code may be used for reportable-by-agreement cases such as intraepithelial neoplasia of the prostate (PIN III).

Rule H23  Code the histology when only one histologic type is identified.

  Note:  Do not code terms that do not appear in the histology description.

  Example:  Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.

Rule H24  Code the histology of the underlying tumor when there is extramammary Paget disease and an underlying tumor of the anus, perianal region, or vulva.

Rule H25  Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma) when any of the following are true:

  • The final diagnosis is adenocarcinoma in a polyp
  • The final diagnosis is adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report
  • The final diagnosis is adenocarcinoma and there is reference to a residual or pre-existing polyp
  • The final diagnosis is mucinous/colloid or signet ring cell adenocarcinoma in a polyp
  • There is documentation that the patient had a polypectomy

  Note:  It is important to know that the adenocarcinoma originated in a polyp.
Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule H26  Code papillary carcinoma of the thyroid to papillary adenocarcinoma, NOS (8260).

Rule H27  Code **follicular** and **papillary** carcinoma of the **thyroid** to papillary carcinoma, follicular variant (8340).

Rule H28  Code the single invasive histology for **combinations** of **invasive** and **in situ**. Ignore the in situ terms.

*Note:* This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.

Rule H29  **Code** the most **specific** histologic **term**. Examples include:

- Cancer/malignant neoplasm, NOS (8000) **and** a more specific histology
- Carcinoma, NOS (8010) **and** a more specific carcinoma
- Squamous cell carcinoma, NOS (8070) **and** a more specific squamous cell carcinoma
- Adenocarcinoma, NOS (8140) **and** a more specific adenocarcinoma
- Melanoma, NOS (8720) **and** a more specific melanoma
- Sarcoma, NOS (8800) **and** a more specific sarcoma

*Note:* The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation. The terms architecture and pattern are subtypes only for in situ cancer.

**Example 1:** Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma 8480.

**Example 2:** Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma 8052.

Rule H30  Code the appropriate combination/mixed code (Table 2) when there are **multiple specific histologies** or when there is a non-specific histology **with multiple specific histologies**.

*Note:* The specific histologies may be identified as a type, subtype, predominantly, with features of, major, or with ____ differentiation.

**Example 1 (multiple specific histologies):** Gyn malignancy with mucinous, serous and papillary adenocarcinoma. Code 8323 (mixed cell adenocarcinoma)

**Example 2 (multiple specific histologies):** Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma)

**Example 3 (non-specific with multiple specific histologies):** Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)
Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule H31  Code the histology with the **numerically higher** ICD-O-3 code.

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.