

**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

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**Table 1: Paired Organs and Sites with Laterality**

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

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

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**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.

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

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

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**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.

<b>Code</b>	<b>Site Groupings</b>
C23	Gallbladder
C24	Other and unspecified parts of the biliary tract
C37	Thymus
C380	Heart
C381-3	Mediastinum
C388	Overlapping lesion of heart, mediastinum, and pleura
C51	Vulva
C52	Vagina
C577	Other specified female genital organs
C578-9	Unspecified female genital organs
C569	Ovary
C570	Fallopian tube
C571	Broad ligament
C572	Round ligament
C573	Parametrium
C574	Uterine adnexa
C60	Penis
C63	Other and unspecified male genital organs
C74	Adrenal gland
C75	Other endocrine glands and related structures

**Other Sites Multiple Primary Rules**  
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**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 (Specifically rule M12)

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

**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**  
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**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**  
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- 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** (Cxxx) 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.



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**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.**

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**Other Sites Histology Rules**  
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**IMPORTANT INFORMATION ON SITES COVERED IN THESE MODULES:**

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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.

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

**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.**

**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 (adeno)carcinoma.

**Other Sites Histology Rules**  
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**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.

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

**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**  
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**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.

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- 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.

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**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)



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**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.**

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