Renal Pelvis, Ureter, Bladder, and Other Urinary Equivalent Terms and Definitions
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-M9992 and Kaposi sarcoma M9140)

Introduction

Note 1: The group name “urinary sites” include: Renal pelvis C659; ureter C669; trigone of bladder C670; dome of bladder C671; lateral wall of bladder C672; anterior wall of bladder C673; posterior wall of bladder C674; bladder neck C675; ureteric orifice C676; urachus C677; overlapping lesion of bladder C678; bladder NOS C679; urethra C680; paraurethral gland C681; overlapping lesion of urinary organs C688, and urinary system NOS C689.

Note 2: 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 3: 2007 MPH Rules and 2018 Solid Tumor Rules are used based on date of diagnosis.
- Tumors diagnosed 01/01/2007 through 12/31/2017: Use 2007 MPH Rules
- Tumors diagnosed 01/01/2018 and later: Use 2018 Solid Tumor Rules
- The original tumor diagnosed before 1/1/2018 and a subsequent tumor diagnosed 1/1/2018 or later in the same primary site: Use the 2018 Solid Tumor Rules.

Note 4: For those sites/histologies which have recognized biomarkers, the biomarkers frequently identify the histologic type. Currently, there are clinical trials being conducted to determine whether these biomarkers can be used to identify multiple primaries. Follow the Multiple Primary Rules; do not code multiple primaries based on biomarkers.

In US, 90% of bladder tumors are urothelial carcinoma, less than 5% are pure squamous cell carcinoma or pure adenocarcinoma.

Urothelial carcinoma originates in urothelial/transitional cells which line the urethra, bladder, ureters, and renal pelvis and has two major subdivisions: papillary and non-papillary.
- Papillary carcinoma: (commonly in bladder, ureter, or renal pelvis): A warty growth which projects from the wall on a stalk
  - Non-invasive/papillary urothelial carcinoma (occasionally called in situ)
  - Invasive papillary urothelial carcinoma
- Non-papillary urothelial: originates within the mucosa and does not project from the wall
  - Non-invasive/carcinoma in situ (CIS)
  - Invasive urothelial carcinoma

Note: Both papillary and non-papillary urothelial carcinoma can be in situ /2 or invasive /3. Code the behavior specified in the pathology report.
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Multifocal/Multicentric Tumors of Urinary Sites

Multifocality of urothelial carcinoma is a common finding. The phenomenon of multiple tumors has been theorized as being a result of the field effect.

The field effect concept has two main theories:

1. **Monoclonal**: A single malignant cell spreads throughout the urothelium by:
   a. Intraluminal spread with secondary implantation in different sites within the urinary tract **OR**
   b. Intraepithelial migration
2. **Oligoclonal**: Multifocal/multicentric tumors develop secondary to a field effect precipitated by carcinogens. The carcinogens cause genetic alterations at different sites within the urinary tract.

*Neither* theory has been conclusively proven.

**Flat/urothelial** carcinoma in situ can have a wide spread effect as a result of direct spread of neoplastic cells within the epithelium.

The rules for coding histology and defining the number of primaries are attempt to **reconcile** these observations in order to provide **incidence** data are consistent and reproducible.

Changes from 2007 MPH Rules

There are no significant changes in histology terms or codes in the 2016 WHO edition.
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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. Urothelial carcinoma and small cell neuroendocrine carcinoma is equivalent to urothelial carcinoma with small cell neuroendocrine carcinoma.
- Flat transitional cell carcinoma; flat urothelial carcinoma
- In situ transitional cell carcinoma; in situ urothelial carcinoma
- Intramucosal; in situ
- Non-invasive; cancer that has not spread into muscle; anatomic term that may be used to describe both in situ papillary and non-invasive urothelial carcinoma
- Papillary transitional cell carcinoma; papillary urothelial carcinoma
- Simultaneous; existing at the same time; concurrent; prior to first course treatment
- Topography; site code
- Tumor; mass; tumor mass; lesion; neoplasm
  o 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
  o These terms are used ONLY to determine multiple primaries
  o Do not use these terms for casefinding or determining reportability
- Type; subtype; variant
- Urothelial carcinoma; transitional cell carcinoma
- Urothelium; epithelium; transitional epithelium
Renal Pelvis, Ureter, Bladder, and Other Urinary Equivalent Terms and Definitions
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Terms that are Not Equivalent or Equal

This is a list of terms that are not equivalent. There are no casefinding implications.

- Component is not equivalent to subtype/variant
  Note: Component is only coded when the pathologist specifies the component as a second carcinoma
- Noninvasive; papillary urothelial carcinoma
  Note: Noninvasive is not equivalent to papillary urothelial carcinoma. Pathologists may use the term noninvasive to describe a tumor which does not invade the subepithelial connective tissue. Both T0 and Tis tumors are technically noninvasive because invasion is limited to the subepithelial connective tissue. Code the histology specified by the pathologist.

Priority for Coding Primary Site

The following list is in priority order.

1. Code urinary bladder C678 when
   A. The histology is non-invasive or in situ/urothelial carcinoma or any subtype/variant AND
   B. ONLY bladder and one or both ureters are involved (no tumors in other urinary sites/organs)
2. In situ/2 or invasive/3 any histology:
   A. Code overlapping tumor of bladder C678 when a single tumor
      i. Overlaps subsites of the bladder
      ii. Overlaps the bladder and ureter AND/OR urethra
   B. Code bladder NOS C679 when there are multiple tumors within the bladder and the subsite/origin is unknown/not documented.
   C. Code urinary System NOS C689 when there are tumors in multiple organs within the urinary system.
  Note: The physician subject matter experts (SME) discussed the issue of coding primary site for multifocal/multicentric urinary tract carcinoma. Although the SMEs understood and acknowledged the importance of coding a specific primary site, there is no literature or criteria for determining the organ of origin for multiple tumors involving multiple urinary sites.
Renal Pelvis, Ureter, Bladder, and Other Urinary Equivalent Terms and Definitions
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Table 1: ICD-O Primary Site Codes

Use the following table to determine the correct site code.

- **Column 1** contains the site term and ICD-O code.
- **Column 2** contains synonyms for the site code and term in column 1.

<table>
<thead>
<tr>
<th>Site Term and code</th>
<th>Synonyms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder, anterior wall C673</td>
<td>-</td>
</tr>
<tr>
<td>Bladder, dome C671</td>
<td>Roof</td>
</tr>
<tr>
<td></td>
<td>Vault</td>
</tr>
<tr>
<td></td>
<td>Vertex</td>
</tr>
<tr>
<td>Bladder, lateral wall C672</td>
<td>Lateral to ureteral orifice</td>
</tr>
<tr>
<td></td>
<td>Left wall</td>
</tr>
<tr>
<td></td>
<td>Right wall</td>
</tr>
<tr>
<td></td>
<td>Sidewall</td>
</tr>
<tr>
<td>Bladder neck C675</td>
<td>Internal urethral orifice</td>
</tr>
<tr>
<td></td>
<td>Vesical neck</td>
</tr>
<tr>
<td>Bladder NOS C679</td>
<td>Lateral posterior wall (no hyphen)</td>
</tr>
<tr>
<td>Bladder, overlapping lesion C678</td>
<td>Fundus</td>
</tr>
<tr>
<td></td>
<td>Lateral-posterior wall (hyphen)</td>
</tr>
<tr>
<td>Bladder, posterior wall C674</td>
<td>-</td>
</tr>
<tr>
<td>Bladder, trigone C670</td>
<td>Base of bladder</td>
</tr>
<tr>
<td></td>
<td>Below interureteric crest</td>
</tr>
<tr>
<td></td>
<td>Below interureteric field</td>
</tr>
<tr>
<td></td>
<td>Below interureteric ridge</td>
</tr>
<tr>
<td></td>
<td>Floor of bladder</td>
</tr>
<tr>
<td>Bladder, urachus C677</td>
<td>Mid umbilical ligament</td>
</tr>
<tr>
<td>Bladder, ureteric orifice C676</td>
<td>Just above ureteric orifice</td>
</tr>
</tbody>
</table>
Renal Pelvis, Ureter, Bladder, and Other Urinary Equivalent Terms and Definitions
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-M9992 and Kaposi sarcoma M9140)

<table>
<thead>
<tr>
<th>Site Term and code</th>
<th>Synonyms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overlapping lesion of urinary organs</td>
<td></td>
</tr>
<tr>
<td>C688</td>
<td></td>
</tr>
<tr>
<td>Paraurethral gland C681</td>
<td></td>
</tr>
<tr>
<td>Renal pelvis C659</td>
<td>Pelvis of kidney</td>
</tr>
<tr>
<td></td>
<td>Pelviureteric junction</td>
</tr>
<tr>
<td></td>
<td>Renal calyces</td>
</tr>
<tr>
<td></td>
<td>Renal calyx</td>
</tr>
<tr>
<td>Ureter C669</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Urethra C680</td>
<td>Cowper gland</td>
</tr>
<tr>
<td></td>
<td>Prostatic utricle</td>
</tr>
<tr>
<td></td>
<td>Urethral gland</td>
</tr>
<tr>
<td>Urinary system NOS C689</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Renal Pelvis, Ureter, Bladder, and Other Urinary Equivalent Terms and Definitions

**C659, C669, C670-C679, C680-C689**

(Excludes lymphoma and leukemia M9590-M9992 and Kaposi sarcoma M9140)

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

Use Table 2 as directed by the Histology Rules to assign the more common histology codes for urinary tract neoplasms.

**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>
<thead>
<tr>
<th>Specific and NOS Histology Codes</th>
<th>Synonyms</th>
<th>Subtypes/Variants</th>
</tr>
</thead>
</table>
| Adenocarcinoma NOS 8140          | Mixed adenocarcinoma | Enteric adenocarcinoma 8144  
Mucinous adenocarcinoma 8480 |
| **Note:** Adenocarcinoma and subtypes/variants are listed as subtypes of carcinoma NOS and also in a separate row in order to provide documentation of all of the subtypes/variants that are specific to adenocarcinoma. |
| Carcinoma NOS 8010               | Urachal carcinoma | Clear cell carcinoma 8310  
Endometrioid carcinoma 8380 |
| **Note:** Subtypes of carcinoma NOS include adenocarcinoma and all subtypes/variants of adenocarcinoma. |
| Malignant melanoma 8720/3        |                      |                   |
| Malignant perivascular epithelioid cell tumor 8714/3 | Malignant PEComa PEComa |                   |
| Sarcoma NOS 8800/3               |                      | Angiosarcoma 9120/3  
Chondrosarcoma 9220/3 |

Jump to [Multiple Primary Rules](#)
Jump to [Histology Coding Rules](#)

Urinary Sites Solid Tumor Rules 2018  
Updated 8/8/2018
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<table>
<thead>
<tr>
<th>Specific and NOS Histology Codes</th>
<th>Synonyms</th>
<th>Subtypes/Variants</th>
</tr>
</thead>
</table>
| **Note**: Embryonal rhabdomyosarcoma/sarcoma botryoides 8910/3 is a subtype/variant of rhabdomyosarcoma. | | Leiomyosarcoma 8890/3  
Liposarcoma 8850/3  
Malignant peripheral nerve sheath tumor (MPNST) 9540/3  
Pleomorphic sarcoma 8802/3  
Rhabdomyosarcoma 8900/3  
Embryonal rhabdomyosarcoma/sarcoma botryoides 8910/3 |
| Small cell neuroendocrine carcinoma 8041 | Neuroendocrine carcinoma  
SmCC | Large cell neuroendocrine tumor 8013  
Well-differentiated neuroendocrine tumor 8240 |
| Squamous cell carcinoma 8070 | Pure squamous cell carcinoma  
SCC | Verrucous carcinoma 8051 |
| Urothelial carcinoma 8120 | Clear cell (glycogen-rich) urothelial carcinoma 8120/3  
Infiltrating urothelial carcinoma 8120/3  
Infiltrating urothelial carcinoma with divergent differentiation 8120/3  
Infiltrating urothelial carcinoma with endodermal sinus lines 8120/3  
Infiltrating urothelial carcinoma with glandular differentiation 8120/3  
Infiltrating urothelial carcinoma with squamous differentiation 8120/3  
Infiltrating urothelial carcinoma with trophoblastic differentiation 8120/3  
Lipid-rich urothelial carcinoma 8120/3  
Microcystic urothelial carcinoma 8120/3 | Giant cell urothelial carcinoma 8031/3  
Lymphoepithelioma-like urothelial carcinoma 8082/3  
Micropapillary urothelial carcinoma 8131/3  
Papillary urothelial (transitional cell) carcinoma in situ 8130/2  
invasive 8130/3  
Poorly differentiated carcinoma 8020/3  
Sarcomatoid urothelial carcinoma 8122/3 |
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<table>
<thead>
<tr>
<th>Specific and NOS Histology Codes</th>
<th>Synonyms</th>
<th>Subtypes/Variants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nested urothelial carcinoma 8120/3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Plasmacytoid urothelial carcinoma 8120/3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Urothelial carcinoma in situ 8120/2</td>
<td></td>
</tr>
</tbody>
</table>
### Table 3: Non-Reportable Urinary Tumors

<table>
<thead>
<tr>
<th>Histology Term and Code</th>
<th>Synonyms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benign perivascular epithelioid cell tumor 8714/0</td>
<td>Benign PEComa</td>
</tr>
<tr>
<td>Granular cell tumor 9580/0</td>
<td></td>
</tr>
<tr>
<td>Hemangioma 9120/0</td>
<td></td>
</tr>
<tr>
<td>Inflammatory myofibroblastic tumor 8825/1</td>
<td></td>
</tr>
<tr>
<td>Inverted urothelial papilloma 8121/0</td>
<td></td>
</tr>
<tr>
<td>Leiomyoma 8890/0</td>
<td></td>
</tr>
<tr>
<td>Melanosis No code</td>
<td></td>
</tr>
<tr>
<td>Neurofibroma 9540/0</td>
<td></td>
</tr>
<tr>
<td>Nevus 8720/0</td>
<td></td>
</tr>
<tr>
<td>Papillary urothelial neoplasm of low-malignant potential 8130/1</td>
<td></td>
</tr>
<tr>
<td>Paraganglioma 8693/1</td>
<td>Extra-adrenal pheochromocytoma</td>
</tr>
<tr>
<td>Solitary fibrous tumor 8815/1</td>
<td></td>
</tr>
<tr>
<td>Squamous cell papilloma 8052/0</td>
<td>Keratotic papilloma</td>
</tr>
<tr>
<td>Urothelial dysplasia No code</td>
<td></td>
</tr>
<tr>
<td>Urothelial papilloma 8120/0</td>
<td></td>
</tr>
<tr>
<td>Villous adenoma 8261/0</td>
<td></td>
</tr>
</tbody>
</table>

**Column 1** contains the terms and codes (if applicable) for the non-reportable histology.  
**Column 2** contains **synonyms** of the histology term in column 1. Synonyms have the **same code** as the term in Column 1.
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肾盂、输尿管、膀胱，以及其他尿路等同术语和定义
C659, C669, C670-C679, C680-C689
（除外淋巴瘤和白血病 M9590-M9992 以及卡波西肉瘤 M9140）
Renal Pelvis, Ureter, Bladder, and Other Urinary Equivalent Terms and Definitions
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-M9992 and Kaposi sarcoma M9140)

Source: TNM Atlas, 3rd edition, 2nd revision
Renal Pelvis, Ureter, Bladder, and Other Urinary Equivalent Terms and Definitions
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Bladder Tumor

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Bladder Wall

Mucosa
Submucosa
Muscular layer
Serosa
Lumen
Adventitia

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Layers of the Bladder Wall

- peritoneum
- fat
- muscle
- lamina propria
- urothelium

Bladder wall
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(Excludes lymphoma and leukemia M9590-M9992 and Kaposi sarcoma M9140)
Renal Pelvis, Ureter, Bladder, and Other Urinary Multiple Primary Rules
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-M9992 and Kaposi sarcoma M9140)

**Note 1:** These rules are **NOT** used for tumor(s) described as metastases.

**Note 2:** 2007 MPH Rules and 2018 Solid Tumor Rules are used based on **date of diagnosis**.
- Tumors diagnosed 01/01/2007 through 12/31/2017: Use 2007 MPH Rules
- Tumors diagnosed 01/01/2018 and later: Use 2018 Solid Tumor Rules
- The original tumor diagnosed before 1/1/2018 and a subsequent tumor diagnosed 1/1/2018 or later **in the same primary site:** Use the 2018 Solid Tumor Rules.

### Unknown if Single or Multiple Tumors

**Rule M1** Abstract a [single primary](#) when it is not possible to determine if there is a [single](#) tumor or [multiple](#) tumors.

**Note 1:** Use this rule only after all information sources have been exhausted.

**Note 2:** Examples of cases with minimal information include:
- Death certificate only (DCO)
- Cases for which information is limited to pathology report only
  - Outpatient biopsy with no follow-up information available
  - Multiple pathology reports which do not specify whether a single tumor or multiple tumors have been biopsied and/or resected

**This is the end of instructions for Unknown if Single or Multiple Tumors.**

[Prepare one abstract. Use the histology rules to assign the appropriate histology code.](#)
Renal Pelvis, Ureter, Bladder, and Other Urinary Multiple Primary Rules
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-M9992 and Kaposi sarcoma M9140)

Single Tumor

Rule M2 Abstract a single primary\(^1\) when there is a single tumor.

Note 1: A single tumor is always a single primary.
Note 2: The tumor may overlap onto or extend into adjacent/contiguous site or subsites.
Note 3: The tumor may have in situ and invasive components.
Note 4: The tumor may have two or more histologic components.

This is the end of instructions for Single Tumor.

\(^1\)Prepare one abstract. Use the histology rules to assign the appropriate histology code.

Multiple Tumors

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

Rule M3 Abstract multiple primaries\(^2\) when there are:
- Separate/non-contiguous tumors in both the right AND left renal pelvis AND
- No other urinary sites are involved

Note 1: Only abstract a single primary when pathology confirms tumor(s) in the contralateral renal pelvis are metastatic.
Note 2: This rule is used only when there is no involvement (tumor) in the ureter(s), bladder, or urethra.

Rule M4 Abstract multiple primaries\(^2\) when there are:
- Separate/non-contiguous tumors in the right AND left ureter AND
- No other urinary sites are involved

Note 1: Only abstract a single primary when pathology confirms tumor(s) in contralateral ureter are metastatic.
Note 2: This rule is used only when there is no involvement (tumor) in the renal pelvis, bladder, and urethra.
Renal Pelvis, Ureter, Bladder, and Other Urinary Multiple Primary Rules
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Rule M5  Abstract a single primary\(^1\) when tumors are noninvasive in situ /2 urothelial carcinoma (flat tumor) 8120/2 in the following sites:
- Bladder C67_ AND
- One or both ureter(s) C669

Note 1: No other urinary organs are involved.
Note 2: Use this rule ONLY for noninvasive in situ urothelial carcinoma. For other histologies, continue through the rules.
Note 3: Urothelial carcinoma in situ spreads by intramucosal extension and may involve large areas of mucosal surface. The default for these cases is coding a bladder primary.

Rule M6  Abstract a single primary\(^1\) when the patient has multiple occurrences of invasive tumors in the bladder that are:
- Papillary urothelial carcinoma 8130/3 AND/OR
- Urothelial carcinoma 8120/3

Note 1: This rule applies to subtypes/variants of both urothelial carcinoma and papillary urothelial carcinoma.
Note 2: A patient can have only one invasive urothelial bladder tumor per lifetime.
Note 3: The rules are hierarchical. Only use this rule when previous rules do not apply.

Rule M7  Abstract a single primary\(^1\) when the patient has multiple recurrences of in situ papillary urothelial carcinoma 8130/2 OR non-invasive urothelial carcinoma 8120/2 which:
- Occur in the same urinary site OR
- Are multifocal/multicentric tumors in multiple urinary sites

Note 1: Once the patient has the original in situ tumor, subsequent in situ tumors are recorded as a recurrence for those registrars who collect recurrence data.
Note 2: This rule includes multiple in situ tumors of the bladder.
Note 3: Timing does not apply.

Rule M8  Abstract multiple primaries\(^4\) when separate/non-contiguous tumors are two or more different subtypes/variants in Column 3 of Table 2 in the Equivalent Terms and Definitions. Timing is irrelevant.
Note: The tumors may be subtypes/variants of the same or different NOS histologies.
- Same NOS: Leiomyosarcoma 8890/3 and liposarcoma 8850/3 are both subtypes of sarcoma NOS 8800/3 but are distinctly different histologies. Abstract multiple primaries.
Renal Pelvis, Ureter, Bladder, and Other Urinary Multiple Primary Rules
C659, C669, C670-C679, C680-C689
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- Different NOS: Verrucous carcinoma 8051 is a subtype of squamous cell carcinoma NOS 8070; giant cell urothelial carcinoma 8031 is a subtype of urothelial carcinoma 8120. They are distinctly different histologies. Abstract multiple primaries.

**Rule M9**

Abstract multiple primaries when separate/non-contiguous tumors are on different rows in Table 2 in the Equivalent Terms and Definitions. Timing is irrelevant.

*Note:* Each row in the table is a distinctly different histology. EXCEPTION is adenocarcinoma 8140 and carcinoma NOS 8010 are not multiple primaries.

- Carcinoma NOS is a very broad category which includes adenocarcinoma
- Adenocarcinoma NOS and all adenocarcinoma subtypes/variants are included in the carcinoma NOS category (they are all subtypes/variants of carcinoma NOS)

**Example:** Small cell neuroendocrine carcinoma 8041 and urothelial carcinoma 8120 are on different rows in the first column of Table 2. Abstract two primaries, one for the small cell neuroendocrine carcinoma and a second for the urothelial carcinoma.

**Rule M10**

Abstract a single primary when separate/non-contiguous tumors are on the same row in Table 2 in the Equivalent Terms and Definitions. Timing is irrelevant.

*Note 1:* The tumors must be the same behavior. When one tumor is in situ and the other invasive, continue through the rules.

*Note 2:* The same row means the tumors are:
- The same histology (same four-digit ICD-O code) OR
- One is the preferred term (column 1) and the other is a synonym for the preferred term (column 2) OR
- A NOS (column 1/column 2) and the other is a subtype/variant of that NOS (column 3)

*Note 3:* The multiple tumors may:
- Occur in the same urinary site OR
- Be multifocal/multicentric occurring in at least two of the following urinary sites:
  - Renal pelvis C659
  - Ureter C669
  - Bladder C670-C679
  - Urethra/prostatic urethra C680

*Note:* A previous rule specifically lists noninvasive urothelial carcinoma of bladder and ureter as a single primary.
Rule M11  Abstract a single primary\(^1\) (the invasive) when an in situ tumor is diagnosed after an invasive tumor AND tumors:
- Occur in the same urinary site OR
- Are multifocal/multicentric tumors in multiple urinary sites

**Example:** The first presentation was multifocal/multicentric invasive tumors in multiple urinary organs; the subsequent presentation was in situ tumor in at least one of the previously involved urinary organs.

**Note 1:** The rules are hierarchical. Only use this rule when previous rules do not apply.

**Note 2:** The tumors may be a NOS and a subtype/variant of that NOS. See Table 2 in the Equivalent Terms and Definitions for listings of NOS and subtype/variants.

**Note 3:** Once the patient has an invasive tumor, the subsequent in situ is recorded as a recurrence for those registrars who collect recurrence data.

Rule M12  Abstract multiple primaries\(^2\) when the patient has a subsequent tumor after being clinically disease-free for greater than three years after the original diagnosis or last recurrence.

**Note 1:** This rule applies to all histologies and urinary sites with the exception of invasive urothelial carcinoma of the bladder (see previous rules).

**Note 2:** Clinically disease-free means that there was no evidence of recurrence on follow-up.
- Scans are NED
- Urine cytology is NED
- Scopes are NED

**Note 3:** When there is a recurrence within three years of diagnosis, the “clock” starts over. The time interval is calculated from the date of last recurrence.

**Note 4:** When it is unknown/not documented whether the patient had a recurrence, default to date of diagnosis to compute the time interval.

**Note 5:** The physician may state this is a recurrence, meaning the patient had a previous urinary site tumor and now has another urinary site tumor. Follow the rules; do not attempt to interpret the physician’s statement.

**Example:** Patient is diagnosed with multifocal/multicentric urothelial carcinomas in the ureter and renal pelvis in January 2018. Both the kidney and ureter are surgically removed. In June 2022 the patient presents with tumor in the contralateral ureter. The physician states this is a recurrence of the original urothelial carcinoma. Code a new primary for the 2022 ureter carcinoma.
Renal Pelvis, Ureter, Bladder, and Other Urinary Multiple Primary Rules
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-M9992 and Kaposi sarcoma M9140)

Rule M13  Abstract a **single primary** (the invasive) when an invasive tumor is diagnosed **less than or equal to 60 days after** an *in situ* tumor AND tumors:
- Occur in the *same* urinary site OR
- Are multifocal/multicentric tumors in *multiple* urinary sites

*Example:* The first presentation was multifocal/multicentric in situ tumors in multiple urinary organs; the subsequent presentation was invasive tumor in at least one of the previously involved urinary organs.

*Note 1:* The rules are hierarchical. Only use this rule if none of the previous rules apply.
*Note 2:* The tumors may be an NOS and a subtype/variant of that NOS
*Note 3:* When the case has been abstracted, change behavior code on original abstract from /2 to /3. Do not change date of diagnosis.
*Note 4:* If the case has already been submitted to the central registry, report all changes.
*Note 5:* The physician may stage both tumors because staging and determining multiple primaries are done for different reasons. Staging determines which treatment would be most effective. Determining multiple primaries is done to stabilize the data for the study of epidemiology (long-term studies done on incidence, mortality, and causation of a disease with the goal of reducing or eliminating that disease).
*Note 6:* See the COC and SEER manuals for **instructions** on coding **other data items** such as Date of Diagnosis, Accession Year and Sequence Number

Rule M14  Abstract **multiple primaries** when an *invasive* tumor occurs **more than 60 days after** an *in situ* tumor AND tumors:
- Occur in the *same* urinary site OR
- Are multifocal/multicentric tumors in *multiple* urinary sites

*Example:* The first presentation was multifocal/multicentric in situ tumors in multiple urinary organs; the subsequent presentation was invasive tumor in at least one of the previously involved urinary organs.

*Note 1:* The rules are hierarchical. Only use this rule when none of the previous rules apply.
*Note 2:* Abstract both the invasive and in situ tumors.
*Note 3:* Abstract as multiple primaries even if physician states the invasive tumor is disease recurrence or progression.
*Note 4:* This rule is **based on long-term epidemiologic** studies of **recurrence intervals.** The specialty medical experts (SMEs) reviewed and **approved** these rules. Many of the SMEs were also **authors, co-authors, or editors** of the AJCC Staging Manual.
Renal Pelvis, Ureter, Bladder, and Other Urinary Multiple Primary Rules
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-M9992 and Kaposi sarcoma M9140)

Rule M15  Abstract a **single primary**\(^1\) when tumors do not meet any of the above criteria.

*Note:* Use caution when applying this default rule. Please confirm that you have not overlooked an applicable rule.

This is the end of instructions for Multiple Tumors.

\(^1\) Prepare one abstract. Use the histology coding rules to assign the appropriate histology code. For registries collecting recurrence data:

*When a subsequent tumor is “single primary,” record that subsequent tumor as a recurrence.*

\(^{ii}\) Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.
Renal Pelvis, Ureter, Bladder, and Other Urinary Histology Rules
C659, C669, C670-C679, C680-C681, C688-C689
(Excludes lymphoma and leukemia M9590-M9992 and Kaposi sarcoma M9140)

Priority Order for Using Documentation to Identify Histology

The priority list is used for single primaries (including multiple tumors abstracted as a single primary).

This is a hierarchical list of source documentation.
Code the most specific pathology/tissue from either resection or biopsy.
   Note: The term “most specific” usually refers to a subtype/variant.
1. Biomarkers
2. Tissue or pathology report (in priority order)
   A. Addendum(s) and/or comment(s)
   B. Final diagnosis
   C. CAP protocol
      Note 1: Addendums and comments on the pathology report are given a high priority because they often contain information about molecular testing, genetic testing, and/or special stains which give a more specific diagnosis.
      Note 2: The pathologist’s diagnosis from the pathology report is always reliable, so the final diagnosis is the second priority.
      Note 3: The CAP protocol is a checklist which:
          • Provides guidelines for collecting the essential data elements for complete reporting of malignant tumors and optimal patient care
          • Allows physicians to check multiple histologies
      Note: The CAP protocol must be documented in one location. Most frequently, in the:
          • The pathology final diagnosis
          • Addendum to the path report
3. Cytology (usually urine)
4. Tissue/pathology from a metastatic site
   Note 1: Code the behavior /3.
   Note 2: The tissue from a metastatic site often shows variations from the primary tumor. When it is the only tissue available, it is more accurate than a scan and only physician documentation.
5. Code the histology documented by the physician when none of the above are available. Use the documentation in the following priority order:
   A. Documentation from Tumor Board
   B. Documentation in the medical record that refers to original pathology, cytology, or scan(s)
C. Physician’s reference to type of cancer (histology) in the medical record

Note 1: Code the specific histology when documented.

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

6. Scans: CT, MRI. There is no priority order because scans are not a very reliable method for identifying specific histology(ies) for these sites.

### Coding Multiple Histologies

1. **Code** histology when the:
   - A. **Exact term is documented** OR
   - B. Histology is described as
     - i. Subtype
     - ii. Type
     - iii. Variant

2. **Do not** code the histology when:
   - A. The following **modifiers** are used as a descriptor:
     - • Architecture
     - • Differentiation
       - Note: Only code differentiation when there is a specific code for the NOS with differentiation in **Table 2** in the Equivalent Terms and Definitions, ICD-O and all updates.
     - • Features (of)/with features of
       - Note: Only code features when there is a specific code for the NOS with features in **Table 2** in the Equivalent Terms and Definitions, ICD-O and all updates.
     - • Foci; focus; focal
     - • Major/majority of
       - Note: Major/majority describes the greater amount of tumor. For example, the pathology diagnosis may be “major component is urothelial carcinoma 8120 with a smaller component of lymphoepithelioma-like urothelial carcinoma 8082/3”.
       Lymphoepithelioma-like urothelial carcinoma is a subtype/variant of urothelial carcinoma. Code the histology to the most specific (subtype/variant) even though the major or majority of tumor is urothelial carcinoma NOS.
     - • Pattern(s)
Renal Pelvis, Ureter, Bladder, and Other Urinary Histology Rules
C659, C669, C670-C679, C680-C681, C688-C689
(Excludes lymphoma and leukemia M9590-M9992 and Kaposi sarcoma M9140)

- Predominantly
  
  \textit{Note:} Predominantly describes the greater amount of tumor. For example, the diagnosis may be “predominantly sarcoma 8800 with an area of leiomyosarcoma 8890”. Leiomyosarcoma is a subtype/variant of sarcoma. Code the histology to the most specific (subtype/variant) even though the predominant part of the tumor is sarcoma NOS.

B. The following ambiguous terminology is used as a modifier:
- Apparently
- Appears
- Comparable with
- Compatible with
- Consistent with
- Favor(s)
- Malignant appearing
- Most likely
- Presumed
- Probable
- Suspect(ed)
- Suspicious (for)
- Typical (of)

\textit{Note 1:} See SEER Manual and COC Manual. Ambiguous terminology is used to determine reportability.

\textit{Note 2:} Histology described by ambiguous terminology is coded \textbf{ONLY} when a case is accessioned based on ambiguous terminology and no other histology information is available/documented.

\textbf{Example:} Urothelial carcinoma, \textbf{compatible with} giant cell urothelial carcinoma. Compatible with is an ambiguous term which modifies urothelial carcinoma. Code urothelial carcinoma.
Renal Pelvis, Ureter, Bladder, and Other Urinary Histology Rules
C659, C669, C670-C679, C680-C681, C688-C689
(Excludes lymphoma and leukemia M9590-M9992 and Kaposi sarcoma M9140)

Single Tumor

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

*Note 1:* Use Table 2 to code histology. New codes, 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:* Submit a question to Ask a SEER Registrar when the histology code is not found in Table 2, ICD-O or all updates.

*Note 4:* Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).

*Note 5:* Only code adenocarcinoma (8140) when there are no other histologies present (pure adenocarcinoma).

Rule H2  Code the invasive histology when in situ and invasive histologies are present in the same tumor.

Rule H3  Code the subtype/variant when there is a NOS and a single subtype/variant of that NOS such as the following:

- Adenocarcinoma 8140 and a subtype/variant of adenocarcinoma
- Carcinoma 8010 and a subtype/variant of carcinoma
- Sarcoma 8800 and a subtype/variant of sarcoma
- Small cell neuroendocrine carcinoma 8041 and a subtype/variant of small cell neuroendocrine carcinoma
- Urothelial carcinoma 8120 and a subtype/variant of urothelial carcinoma

*Note:* Use Table 2 to identify NOS histologies and subtypes/variants.

Rule H4  Code mixed small cell carcinoma 8045 when the final diagnosis is any of the following:

- Small cell neuroendocrine mixed with any other type of carcinoma (does not apply to sarcoma)
- Two or more subtypes/variants of small cell neuroendocrine carcinoma
- Subtype/variant of small cell neuroendocrine mixed with any other carcinoma (does not apply to sarcoma)

*Example:* Diagnosis from TURB is urothelial carcinoma and small cell neuroendocrine carcinoma. Code mixed small cell carcinoma 8045.
Renal Pelvis, Ureter, Bladder, and Other Urinary Histology Rules
C659, C669, C670-C679, C680-C681, C688-C689
(Excludes lymphoma and leukemia M9590-M9992 and Kaposi sarcoma M9140)

Rule H5  Code as follows when there is a mixture of urothelial carcinoma AND or WITH:

- Adenocarcinoma – code 8120
  - Enteric adenocarcinoma – code 8120
  - Mucinous adenocarcinoma – code 8120

*Note:* Adenocarcinoma and subtypes/variants are coded ONLY when pure (not mixed with any other histology)

- Clear cell carcinoma – code 8310
- Endometrioid carcinoma – code 8380
- Sarcoma – code 8800/3
  - Angiosarcoma - code 9120/3
  - Chondrosarcoma - code 9220/3
  - Embryonal rhabdomyosarcoma – code 8910/3
  - Leiomyosarcoma - code 8890/3
  - Liposarcoma - code 8850/3
  - Malignant peripheral nerve sheath tumor (MPNST) - code 9540/3
  - Malignant perivascular epithelioid cell tumor (PEComa) - code 8714/3
  - Pleomorphic sarcoma - code 8802/3
  - Rhabdomyosarcoma - code 8900/3
  - Sarcoma botryoides - code 8910/3
- Squamous cell carcinoma – code 8120/3
  - Verrucous carcinoma – code 8120

*Note:* Squamous cell and verrucous carcinoma are coded ONLY when pure (not mixed with any other histology)

This is the end of instructions for Single Tumor.

Code the histology using the rule that fits the case.
Renal Pelvis, Ureter, Bladder, and Other Urinary Histology Rules
C659, C669, C670-C679, C680-C681, C688-C689
(Excludes lymphoma and leukemia M9590-M9992 and Kaposi sarcoma M9140)

Multiple Tumors Abstracted as a Single Primary

Rule H6  Code the histology when only one histology is present in all tumors.

Note 1: Use Table 2 to code histology. New codes, 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: Submit a question to Ask a SEER Registrar when the histology code is not found in Table 2, ICD-O or all updates.

Note 4: Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).

Note 5: Only code adenocarcinoma (8140) when there are no other histologies present (pure adenocarcinoma).

Rule H7  Code the invasive histology when there are invasive and in situ histologies:

- Mixed in each of the tumors OR
- In separate tumors (one or more invasive and one or more in situ)

Rule H8  Code the subtype/variant when all multifocal/multicentric tumors are a NOS and a single subtype/variant of that NOS such as the following:

- Adenocarcinoma 8140 and a subtype/variant of adenocarcinoma
- Carcinoma 8010 and a subtype/variant of carcinoma
- Sarcoma 8800 and a subtype/variant of sarcoma
- Small cell neuroendocrine carcinoma 8041 and a subtype/variant of small cell neuroendocrine carcinoma
- Urothelial carcinoma 8120 and a subtype/variant of urothelial carcinoma

Note 1: Use Table 2 to identify NOS histologies and subtypes/variants.

Note 2: All tumors may be mixed histologies (NOS and a subtype/variant of that NOS) OR one tumor may be a NOS histology and the other tumor a subtype/variant of that NOS.
Rule H9

Code mixed small cell carcinoma 8045 when the final diagnosis for all tumors is any of the following:

- Small cell neuroendocrine mixed with any other type of carcinoma (does not apply to sarcoma)
- Two or more subtypes/variants of small cell neuroendocrine carcinoma
- Subtype/variant of small cell neuroendocrine mixed with any other carcinoma

Example: Diagnosis from TURB is urothelial carcinoma and small cell neuroendocrine carcinoma. Code mixed small cell carcinoma 8045.

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.

Code the histology using the rule that fits the case.