SHRI VIDEO TRAINING SERIES
2018 DX
Recorded 10/2019

Lung Anatomy & Solid Tumor Manual

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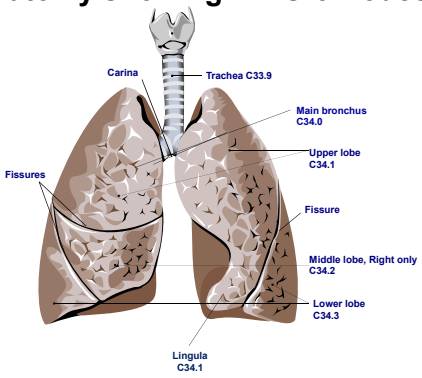
Iowa Cancer Registry
2019

Anatomy showing ICDO-3 Codes



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Lung Equivalent Terms and Definitions
C340-C343, C348, C349
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

Terminology	Laterality	Site Term and Code
Bronchus intermedius **Carina** **Hilus of lung** **Perihilar**	Bilateral	Mainstem bronchus **C340** *Note*: **Bronchus intermedius** is the portion of the **right mainstem bronchus** between the upper lobar bronchus and the origin of the middle and lower lobar bronchi
Lingula of lung	Left	Upper lobe **C341**
Apex **Apex of lung** **Lung apex** **Pancoast tumor** **Superior lobar bronchus** **Upper lobe bronchi**	Bilateral	Upper lobe **C341**
Middle lobe **Middle lobe bronchi**	Right	Middle lobe **C342**
Base of lung **Lower lobar bronchus** **Lower lobe** **Lower lobe bronchi** **Lower lobe segmental bronchi**	Bilateral	Lower lobe **C343**
Overlapping lesion of lung	Bilateral	Overlapping lesion of lung **C348** *Note*: **One** lesion/tumor which **overlaps two or more** lobes

Table continues on next page

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Lung Equivalent Terms and Definitions
C340-C343, C348, C349
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Terminology	Laterality	Site Term and Code
Bronchus NOS **Bronchogenic** **Extending up to the hilum** **Extending down to the hilar region** **Lung NOS** **Pulmonary NOS** **Suprahilar NOS**	Bilateral	Lung NOS **C349** *Note:* Includes • Multiple tumors in different lobes of ipsilateral lung **OR** • Multiple tumors in ipsilateral lung; unknown if same lobe or different lobe **OR** • Tumor in bronchus, unknown if mainstem or lobar bronchus **OR** • Tumor present, unknown which lobe
Lobar bronchi NOS **Lobar bronchus NOS**	Bilateral	Code the lobe in which the lobar bronchus tumor is present **C34_** *Note:* When **lobe** of origin is **not documented/unknown**, **code** to lung NOS **C349**

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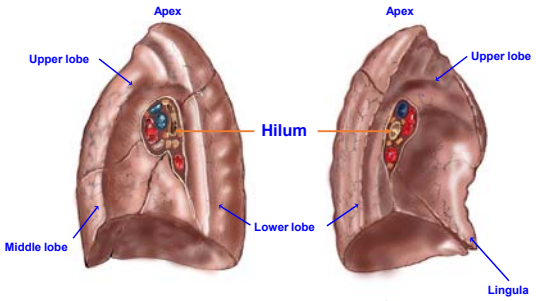
Important Anatomical Landmarks



Graphics source: Mediclip, Williams and Wilkins.

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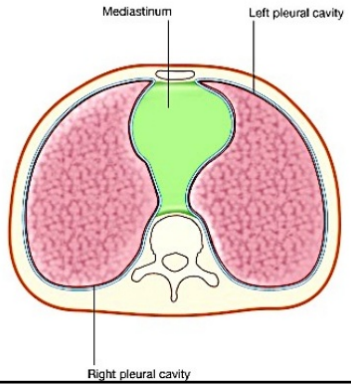
Mediastinum



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Mediastinum

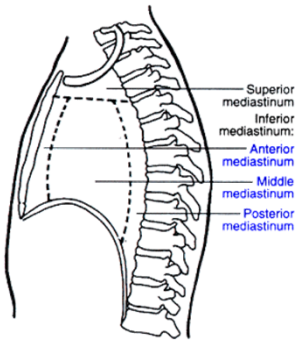

image source: http://ect.downstate.edu/courseware/haonline/labs/thorax.htm

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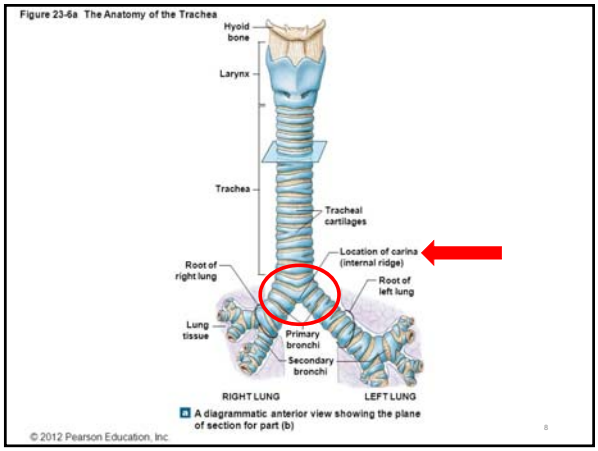

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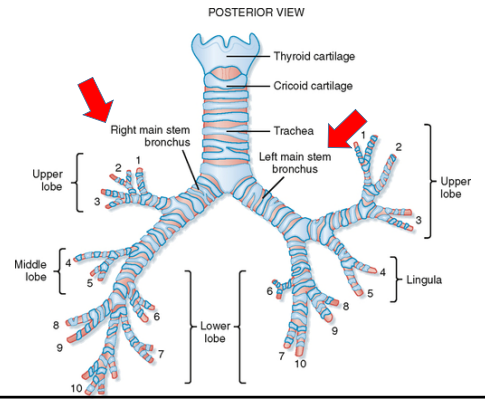
Main Stem Bronchi



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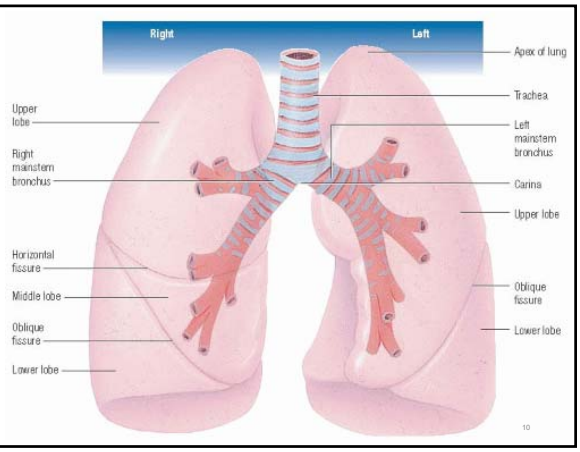
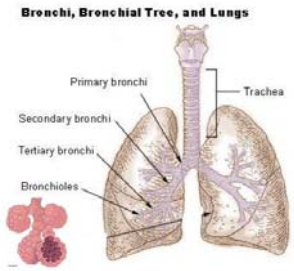


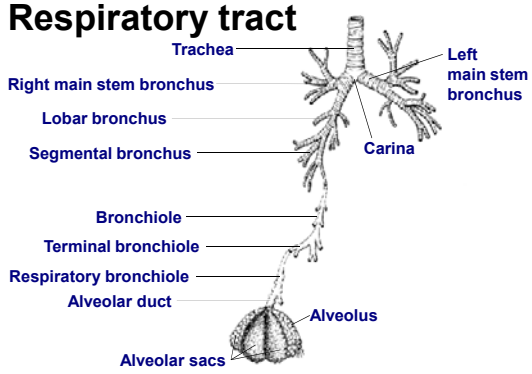
Definition: Bronchi and Bronchioles

THINK OF IT LIKE A TREE...

- Trachea- the passage for air to the lungs (the trunk)
- Bronchus- Branches off the trachea (also called primary bronchi)
- Bronchi- the two smaller subdivisions of the bronchus (smaller branches)
- Bronchioles-the even smaller subdivisions of the bronchi (even smaller branches)
- Aveoli-gas exchange units (leaves)



Respiratory tract



Adapted from R S Snell: Clinical Anatomy for Medical Students, 5th ed. 1995.

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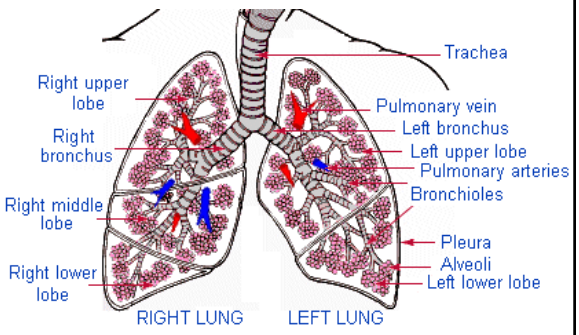
Alveoli



Source: http://www.webschoolsolutions.com/patts/systems/lungs.htm#anatomy

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Anatomy Definitions

Bronchogenic: An anatomic designation (not a specific histology) for a lung cancer arising in a bronchus. C349

Contiguous tumor: A single tumor that involves, invades, or bridges adjacent or connecting sites or subsites. C348

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Anatomy Definitions

Central tumor

- Squamous cell carcinoma
- Arises in hilum, bronchus

Peripheral tumor

- Often adenocarcinoma or large cell tumors
- Alveoli
- Lung tissue

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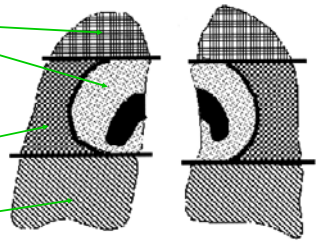
Radiographic Areas of Lung

Apex--upper 25%

Central--area surrounding lung hila up to half of distance between hila and lateral border of lung

Peripheral--remaining lateral, anterior and posterior space around central area

Base--lower 25%



Source: *Journal of Nuclear Medicine* Vol. 43 No. 11 1469-1475, 2002.

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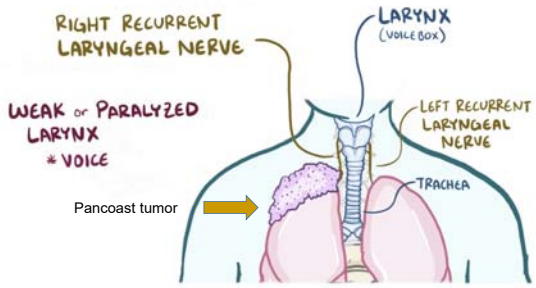
Pancoast/Superior Sulcus Tumor



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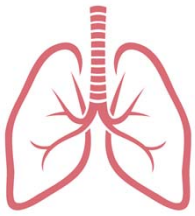

Solid Tumor Rules

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Introduction

- **Rule out mets** before abstracting a lung primary
- Multifocal/multiple discrete foci tumors often present in lepidic adenoca. Aka ground glass features.
- Do not code multiple primaries based on biomarkers.

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Changes from 2007 MPH Rules

- Path reports may use obsolete terms. Can be used if all you have.
- Discontinued use of term bronchioloalveolar carcinoma (BAC)
- Preferred term for BAC is now mucinous adenocarcinoma 8253.

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Changes from 2007 MPH Rules

- 2018 Lung Rules instruct:
  - Code the most specific histology from biopsy or resection.
  - Discrepancy, then code from most representative specimen (greatest amt of tumor)
  - New and changed ICD-O codes added to Table 3.

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New terms and codes for LUNG only

A. Mucinous carcinoma/adenocarcinoma
- **8253/3** when
  - Behavior unknown/not documented (use staging form to determine behavior when available)
  - Invasive
- **8257/3** when
  - Microinvasive
  - Minimally invasive
- **8253/2** when
  - Preinvasive
  - In situ

Note: Previously, only **invasive** /3 codes were available for mucinous adenocarcinoma of the lung. It has been recognized that not all lung cancers are invasive /3 so new codes were implemented.

B. Non-mucinous carcinoma/adenocarcinoma
- **8256/3** when
  - Microinvasive
  - Minimally invasive
- **8250/2** when
  - Preinvasive
  - In situ

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C. Adenocarcinomas (CAP Terminology)

Adenocarcinoma, acinar predominant 8551
- Adenocarcinoma, lepidic predominant 8250
- Adenocarcinoma, micropapillary predominant 8265
- Adenocarcinoma, papillary predominant 8260
- Adenocarcinoma, solid predominant 8230

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Terminology pg 158

Equivalent terms can be used interchangeably:
- Adenocarcinoma, carcinoma
- And; with
  - Note: "And" and "with" are used as synonyms when describing multiple histologies within a single tumor.
- NSCC 8046; broad cat….
- Majority; major; predominately; greater than 50%
- Simultaneous, concurrent
- Squamous cell ca; SCC; epidermoid ca
- Tumor, mass, tumor mass, lesion, neoplasm, nodule:
  - NOT used in standard manner in clinical dx. Disregard terms unless doctor statement they are **malignant/cancer**.
- Type; subtype; variant

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Terminology

Terms **NOT equivalent** (pg 159)

- Bilateral not same as single/multiple pri
- Bronchus not always = MSB
- Component not = subtype/variant
- Mucin-producing/mucin-secreting 8481 not = 8253 mucinous
- LUNG ONLY: Mucinous not equiv to colloid
- Mulitlocular not = multinodular

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Table 2: Combination/Mixed Histo Codes

Rules will send you here. Do not start in this table.

- Compare terms in path report to terms in Column 1.
- When terms match, use combination code in Column 2.
- Last row is last resort code, 8255.

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Lung Equivalent Terms and Definitions
C340-C343, C348, C349
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

Required Terms	Combination Histologies and Code
Adenocarcinoma NOS **AND** Squamous cell carcinoma NOS *Note:* Diagnosis **must be** adenocarcinoma NOS and squamous cell carcinoma NOS, **NOT** any of the **subtypes/variants** of adenocarcinoma or squamous cell carcinoma	Adenosquamous carcinoma **8560**
Giant cell carcinoma **AND** Spindle cell carcinoma *Note:* Sarcomatoid carcinoma is not in the histology table because sarcomatoid tumors primarily originate in the mediastinum. The combination code is added for the rare occasion when a tumor occurs within the lung.	Sarcomatoid carcinoma **8033** *Note:* Both giant cell carcinoma and spindle cell carcinoma are components of sarcomatoid carcinoma. The most accurate code for a combination of giant cell and spindle cell carcinoma is sarcomatoid carcinoma
Epithelial carcinoma **AND** Myoepithelial carcinoma	Epithelial-myoepithelial carcinoma **8562**
Mucinous carcinoma, invasive **AND** Non-mucinous carcinoma, invasive	Mixed invasive mucinous and non-mucinous carcinoma **8254/3***

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Table 3: Specific Histologies, NOS and Subtype/Variants

Use Table 3 as directed by histology rules

- Rare histologies may not be on table: use ICD-O if needed

NSCLC broad group of cancers

- **Includes all carcinoma types**
- **Usually adenoca, squamous cell ca or large-cell ca.**
- **Except: small cell ca/NET 8041 AND all subtypes of small cell ca AND sarcoma nos 8800 AND all subtypes of sarcoma**

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Lung Equivalent Terms and Definitions
C340-C343, C348, C349
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

Specific or NOS Histology Term and Code	Synonym of Specific or NOS	Subtype/variant of NOS and Code
Adenocarcinoma 8140 **Note 1:** Mucinous adenocarcinoma for lung only is coded as follows: • **8253/3*** when o Behavior unknown/not documented (use staging form to determine behavior when available) o Invasive • **8257/3*** when o Microinvasive o Minimally invasive • **8253/2*** when o Preinvasive o In situ **Note 2:** Non-mucinous adenocarcinoma for lung only is coded as follows: • **8256/3*** when o Microinvasive o Minimally invasive • **8250/2*** when o Preinvasive o In situ	Adenocarcinoma NOS Adenocarcinoma in situ **8140/2** Adenocarcinoma invasive **8140/3**	Acinar adenocarcinoma/adenocarcinoma, acinar predominant **(for lung only) 8551*** Adenoid cystic/adenocystic carcinoma **8200** Colloid adenocarcinoma **8480** Fetal adenocarcinoma **8333** Lepidic adenocarcinoma/adenocarcinoma, lepidic predominant **8250/3*** Mucinous carcinoma/adenocarcinoma **(for lung only)** in situ **8253/2*** invasive **8253/3*** minimally invasive **8257/3*** microinvasive **8257/3*** preinvasive **8253/2*** Micropapillary adenocarcinoma/adenocarcinoma, micropapillary predominant **8265** Mixed invasive mucinous and non-mucinous adenocarcinoma **8254*** Non-mucinous adenocarcinoma **(for lung only)** in situ **8250/2*** microinvasive **8256/3*** minimally invasive **8256/3*** preinvasive **8250/2*** Papillary adenocarcinoma/adenocarcinoma, papillary predominant **8260** Pulmonary intestinal-type adenocarcinoma/enteric adenocarcinoma **8144** Solid adenocarcinoma/adenocarcinoma, solid predominant **8230**

Multiple Primary (M) Rules

Note 1: Not for tumors described as mets

- M1: Single primary when not possible to determine if single or multiple

Single Tumor

- M2: Abstract single primary when there is a single tumor.

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Multiple Tumors

- M3 Abstract **Mult primaries** ICD-O sites differ at 2nd or 3rd char. C349 compared to C189
- M4 Abstract **Mult primaries** when patient had subsequent tumor after being clinically disease-free for >3 years after original dx or last recurrence [timing rule]. See notes.
- M5 Abstract **Mult primaries** when there is at least one tumor that is small cell carcinoma 8041 or any small cell subtype/variant and another tumor that is non-small cell carcinoma 8046 or any non-small cell carcinoma s/v.
  - Irrelevant whether tumors are in ipsilateral or bilateral lung

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Multiple Tumors

- M6 Abstract **multiple pri** when sep/non-contig tumors are two or more different subtype/variants in Column 3, Table 3. {telling you to go to table 3}
  - Note: Tumors may be s/v of **same** or **different** NOS histo

- **Same NOS:** Colloid adenocarcinoma 8480/3 and lepidic adenocarcinoma 8250/3 are both subtypes of adenocarcinoma NOS 8140/3 but are distinctly different histologies. Abstract multiple primaries.
- **Different NOS:** Keratinizing squamous cell carcinoma 8071/3 is a subtype of squamous cell carcinoma NOS 8070; Lepidic adenocarcinoma 8520/3 is a subtype of adenocarcinoma 8140/3. They are distinctly different histologies. Abstract multiple primaries.

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Lung Equivalent Terms and Definitions
C340-C343, C348, C349
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

Specific or NOS Histology Term and Code	Synonym of Specific or NOS	Subtype/variant of NOS and Code
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		Mucinous carcinoma/adenocarcinoma **(for lung only)** in situ **8253/2*** invasive **8253/3***

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Lung Equivalent Terms and Definitions
C340-C343, C348, C349
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

Specific or NOS Histology Term and Code	Synonym of Specific or NOS	Subtype/variant of NOS and Code
Adenocarcinoma 8140 **Note 1:** Mucinous adenocarcinoma for lung only is coded as follows: • **8253/3*** when o Behavior unknown/not documented (use staging form to determine behavior when available)	Adenocarcinoma NOS Adenocarcinoma in situ **8140/2** Adenocarcinoma invasive **8140/3**	Acinar adenocarcinoma/adenocarcinoma, acinar predominant **(for lung only) 8551*** Adenoid cystic/adenocystic carcinoma **8200** Colloid adenocarcinoma **8480** Fetal adenocarcinoma **8333** Lepidic adenocarcinoma/adenocarcinoma, lepidic predominant **8250/3***
Squamous cell carcinoma 8070	Epidermoid carcinoma Epidermoid carcinoma NOS Squamous carcinoma Squamous cell carcinoma NOS Squamous cell epithelioma Squamous cell carcinoma in situ **8070/2**	Basaloid carcinoma/basaloid squamous cell carcinoma **8083** Keratinizing squamous cell carcinoma **8071** Non-keratinizing carcinoma **8072**

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Multiple Tumors

- M7 Abstract single pri when synchronous, sep/non-contig tumors are in same lung are on the same row in Table 3.
  - Same lung, same behavior, same row

Note 1: Tumors must be **in the same lung.**
Note 2: The tumors **must be the same behavior.** When one tumor is in situ and the other invasive, continue through the rules
Note 3: 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)

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Multiple Tumors

- M8 Abstract mult pri when sep/non-contiguous tumors are on different rows in Table 3. Timing is irrelevant.
  - Each row distinct different histology.

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Multiple Tumors

- M9 Abstract a single pri when there are simultaneous multiple tumors:
  - In both lungs or
  - In same lung or
  - Single tumor in one lung; multiple tumors in contral lung
  - 4 Notes

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Lung Multiple Primary Rules
C340-C343, C348, C349
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

Rule M9 Abstract a **single primary**[4] when there are **simultaneous multiple** tumors:

- In **both** lungs (multiple in right and multiple in left) **OR**
- In the **same** lung **OR**
- **Single** tumor in one lung; **multiple** tumors in **contralateral** lung

Note 1: Tumors may be combinations of:

- In situ and invasive **OR**
- NOS and subtype/variant (See **Table 3** in the Equivalent Terms and Definitions)

Note 2: Examples of NOS and subtypes/variants include:

- Adenocarcinoma **8140** and a subtype/variant of adenocarcinoma
- Squamous cell carcinoma **8070** and a subtype/variant of squamous cell carcinoma
- NSCLC **8046** and a subtype/variant of NSCLC

Note 3: Code multiple primaries only when there is **proof** that one of the tumors is a different histology. Proof is any one of the following:

- Pathology from a biopsy or resection proves tumors are different histologies
- Attending, oncologist, or pulmonologist state unequivocally that the tumors are different primaries
  - **Unequivocal** means that **no words** such as "**probable**" are used in the statement. Terms which are on the "ambiguous terms" list such as "probable" cannot be used to prove different primaries.

Note 4: When there are multiple tumors in one or both lungs, the physician usually biopsies only one mass/tumor. They treat the patient based on that single biopsy, assuming all of the masses/tumors are the same histology.

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Multiple Tumors

- M10 Single: Same lung, insitu after an invasive
- M11 Multiple: Single tumor in each lung
- M12 Single: Invasive dx less than or = to 60 days after in situ.
- M13 Multiple: Invasive occurs more than 60 days after in situ same lung.
- M14 Single: When no other rules apply.

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Histology

Priority Order for using documents to identify Histology

Important Notes:

1. Code the histology prior to neoadjuvant therapy
2. Code the histology using the following priority list and Histology rules. Do not change the histology in order to stage the case.

The priority list is used for **single primaries**.

Code the **most specific** histology from either resection or biopsy.

- Note 1: Usually refers to subtype/variant
- Note 2: Histology rules instruct to code the invasive histology when there are in situ and invasive components in a single tumor.
- Note 3:If discrepancy between biopsy and resection, code the histology from the most representative specimen (greater amount of tumor).

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Hierarchical list of sources

1. Tissue or pathology from primary site
   A. Addendum (high priority because add'l testing offers more specific diagnosis)
   B. Final dx or synoptic summary
   C. CAP protocol
2. Cytology
3. Tissue/path from metastatic site
4. Scan (in order CT, PET, MRI, CXR)
5. Documentation by MD (in order Treatment plan, Tumor Board, Medical record, MD reference)

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Coding Histology

Note 1: Priority is to code the **most specific** histology. DO NOT USE BREAST histology coding rules for this site.

Note 2: Only use this section for one or more histologies within a single tumor.

Note 3: Do note use this section in place of H Rules

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Coding Histology

1. Code the **most specific** histology or subtype/variant, regardless of whether it is described as: **majority, minority, component**. These terms must describe a **carcinoma** or **sarcoma** in order to code histology described by those terms.
   - Example: Adenocarcinoma with **component of medullary** carcinoma, code medullary 8510.
   - Bad Example: Adenocarcinoma with a **medullary component**, code adenocarcinoma 8140. Do not assume this is medullary carcinoma. This could be medullary differentiation or features.
2. Code the histology described as differentiation or features/features of ONLY when there is a specific ICD-O code for the NOS with ____features or NOS with ___ differentiation.

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Lung Histology Rules
C340-C343, C348, C349
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

3. Code the specific histology described by **ambiguous terminology** (list follows) **ONLY** when A or B is true:
   A. The only diagnosis available is **one histology** term described by ambiguous terminology
      - CoC and SEER require reporting of cases diagnosed only by ambiguous terminology
      - Case is accessioned (added to your database) based on ambiguous terminology and no other histology information is available/documented

      Example: Outpatient biopsy says probably squamous cell carcinoma. The case is accessioned (entered into the database) as required by both SEER and COC. No further information is available. Code the histology squamous cell carcinoma. The case meets the criteria in **#3A.**

   B. There is a **NOS histology and a more specific** (subtype/variant) described by ambiguous terminology
      - Specific histology is clinically confirmed by a physician (attending, pathologist, oncologist, etc.) **OR**
      - Patient is receiving treatment based on the specific histology described by ambiguous term

      Example: The pathology diagnosis is NSCLC consistent with adenocarcinoma. The oncology consult says the patient has adenocarcinoma of the right lung. This is clinical confirmation of the diagnosis, code adenocarcinoma. The case meets the criteria in **bullet 1.**

      Example: The pathology diagnosis is NSCLC consistent with squamous cell carcinoma. The treatment plan says the patient will receive treatment for squamous cell carcinoma. Treatment plan confirms squamous cell carcinoma; code squamous cell carcinoma. The case meets the criteria in **bullet 2.**

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

List of Ambiguous Terminology

Apparently	Most likely
Appears	Presumed
Comparable with	Probable
Compatible with	Suspect(ed)
Consistent with	Suspicious (for)
Favor(s)	Typical (of)
Malignant appearing	

4. DO NOT CODE histology described as:
   - Architecture
   - Foci; focus; focal
   - Pattern

Jump to Equivalent Terms and Definitions
Jump to Multiple Primary Rules

Lung Solid Tumor Rules 2018
July 2019 Update

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Single Tumor

Rule H1 Mucinous
Rule H2 Non-Mucinous

Rule H3 NSCLC consistent with specific. Code the specific.
Rule H4 Code histology when only one histology present.
Rule H5 Code invasive when in situ and invasive present.

Rule H6 Code Subtype/variant

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Single Tumor

Rule H7 Code histology comprises greatest % when two or more histologies present. See list.

Rule H8 Code combination code if multiple histologies AND combo listed in Table 2. Only go to table 2 when other rules do not apply.

Rule H9 Last Resort: Code 8255 for mixed subtypes.

Note: 8255 does not apply to squamous cell carcinoma.

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Multiple tumors abstracted as a single primary

Note: Before coding histology, use M rules to determine that multiple tumors are a single primary.

Rule H10 Mucinous

Rule H11 Non-Mucinous

Rule H12 Code the specific histology NSCLC c/w specific carcinoma…when….

Rule H13 Code histology when only ONE histology is present in all tumors.

Rule H14 Code invasive when all tumors have both invasive and in situ elements.

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Multiple tumors abstracted as a single primary

Rule H15 Code s/v when there is NOS and a single s/v

Rule H16 Code combo code when all tumors have multiple histologies AND combo code listed in Table 2. Use this rule only when previous rules do not apply.

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Exercise STR Practice

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Case #1
Pt diagnosed with Squamous Cell Carcinoma in 2014 S/P RUL {C341} lobectomy. In 2018 new R lung {C349} mass with BX showing recurrent Squamous Cell Carcinoma. CT does not show any other masses.

New primary?	Yes (Rule) M4
Primary Site	C349
Histology	8070/3

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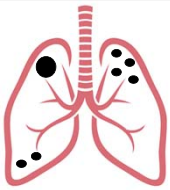
Case #2
Pt had CT 3/12/2018 showing large 5 cm mass in RUL with 2 more masses in RLL along with 4 metastatic lesions in LUL. Physician stated findings c/w bronchogenic carcinoma.



How many primaries?	1 (Rule) M9
Primary Site	C349
Histology	8010/3

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Case #3
Squamous Cell CA with spindle cell carcinoma in the LLL.

Primary Site	C343
Histology	8074/3 (Rule) H7

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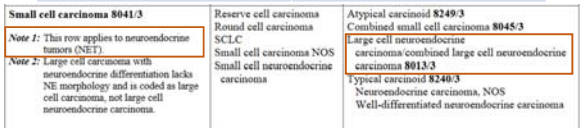
Case #4
Neuroendocrine tumors/NET and large cell neuroendocrine carcinoma/combined large cell neuroendocrine carcinoma in the RML.

Primary Site	C342
Histology	8013/3 (Rule) H6



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Case #5
Dx of Invasive Adenocarcinoma, NOS, Mucinous subtype in the lung.

Primary Site	C349
Histology	8253/3 (Rule) H6

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Case #6
Pt has two R lung tumors: First tumor shows Papillary Adenoca {8260}. Second tumor mass shows invasive mucinous CA. {8253/3}
How many primaries? 2 per M6

	Tumor 01	Tumor 02
Primary Site	C349	C349
Histology	8260/3 H4	8253/3 H1

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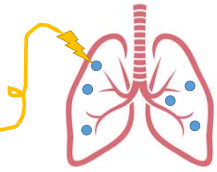
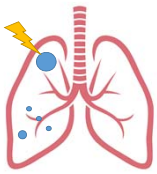
Case #7
Pt has 3 tumors in R lung & 3 tumors in L lung, all ranging around 2cm size. BX of one of tumors shows Small Cell CA.



How many primaries?	1 per M9
Primary Site	C349
Histology	8041/3 (Rule H4)

56

Case #8
Pt has 5 cm tumor mass in RUL along with 4 other nodules in R lung. BX of 5 cm tumor mass shows Squamous Cell CA.



How many primaries?	1 per M9
Primary Site	C349
Histology	8070/3

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Case #9
Pt has 2 cm LLL tumor mass showing NSCLC *consistent with* squamous cell carcinoma.

Primary Site	C343
Histology	8070/3 H3

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Case #10
Pt has resection of LUL mass showing Adenoca with areas of squamous differentiation.

Primary Site	C341
Histology	8140/3 (Rule 1C)

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SEER*Educate

- Dx 2018 EOD & SS Cases 1-10
- Dx 2018 Grade Cases 1-5
- Dx 2018 STR Cases 1-5
- DX 2018 SSDI Cases 1-10

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Questions

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