



SHRI VIDEO TRAINING SERIES
2018 DX forward
Recorded 2/2020

Solid Tumor Manual Review

URINARY & KIDNEY SECTIONS

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Solid Tumor Manual

- **Urinary [updated 7/2019]**
 - C659 Renal Pelvis
 - C669 Ureter
 - C670-C679 All subsites of bladder
 - C680-C689 Urethra, paraurethral gland, overlapping lesion of urinary organs and urinary system NOS
- **Kidney**
 - C649 only

How to use...

6. Use the Solid Tumor Rules in the following order:
- A. For multiple tumors, you must decide whether they are a single or multiple primaries:
 - i. Use the Histology Rules to assign a “**working**” histology for each tumor.
 - ii. Use Multiple Primary Rules to determine whether the tumors are a single primary or multiple primaries.
 - B. For a single tumor or multiple tumors determined to be a single primary:
 - i. General Instructions
 - ii. Equivalent Terms and Definitions
 - iii. Multiple Primary Rules
 - iv. Histology Rules

Rules are in hierarchical order.
Use the first rule that applies and



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Solid Tumor Rules Manual

URINARY

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Priority for Coding Primary Site

1. Overlapping lesion of urinary bladder **C678**
 - Single tumor of any histology overlaps subsites
 - Single tumor or discontinuous tumors which are:
 - Urothelial carcinoma in situ 8120/2 AND
 - Involves only blad and one or both ureters (no other urinary sites involved)
2. Bladder NOS **C679**
 - Multiple non-contiguous tumors bladder AND subsite/origin unknown/not documented

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Priority for Coding Primary Site

3. Overlapping lesion of urinary organs **C688**
 - Single tumor overlaps two urinary sites, origin unknown
 - Renal pelvis and ureter
 - Bladder and urethra
 - Bladder and ureter (for all histologies other than in situ urothelial cell)
4. Urinary system NOS **C689**
 - Multiple discontinuous tumors in multiple organs in urinary system

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Table 1

- Site Term and Code
- Synonyms found in record
- Example:
 - Lateral posterior wall (no hyphen) code C679
 - Lateral-posterior wall (hyphen) code C678
 - Lateral to ureteral orifice code C672

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.

Site Term and code	Synonyms
Bladder, anterior wall C673	-
Bladder, dome C671	Roof Vault Vertex
Bladder, lateral wall C672	Lateral to ureteral orifice Left wall Right wall Sidewall
Bladder neck C675	Internal urethral orifice Vesical neck
Bladder NOS C679	Lateral posterior wall (no hyphen)
Bladder, overlapping lesion C678	Fundus Lateral-posterior wall (hyphen)
Bladder, posterior wall C674	-

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Table 2

- Specific Histologies, NOS and Subtype/Variants
- Use as directed by rules
- Columns and rows important

Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
Urothelial carcinoma 8120 <i>Note 1:</i> Previously called transitional cell carcinoma, a term that is no longer recommended. <i>Note 2:</i> Micropapillary 8131 is a subtype/variant of papillary urothelial carcinoma 8130 . It is an invasive /3 neoplasm with aggressive behavior.	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	Giant cell urothelial carcinoma 8031/3 Lymphoepithelioma-like urothelial carcinoma 8082/3 Plasmacytoid/signet ring cell/diffuse variant Papillary urothelial (transitional cell) carcinoma in situ 8130/2 invasive 8130/3

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Table 3

- Non-reportable Urinary Tumors

Table 3: Non-Reportable Urinary Tumors

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.

Histology Term and Code	Synonyms
Benign perivascular epithelioid cell tumor 8714/0	Benign PEComa
Granular cell tumor 9580/0	
Hemangioma 9120/0	
Inflammatory myofibroblastic tumor 8825/1	
Inverted urothelial papilloma 8121/0	
Leiomyoma 8890/0	
Melanosis No code	
Neurofibroma 9540/0	
Nevus 8720/0	
Papillary urothelial neoplasm of low-malignant potential 8130/1	

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Urinary M Rules

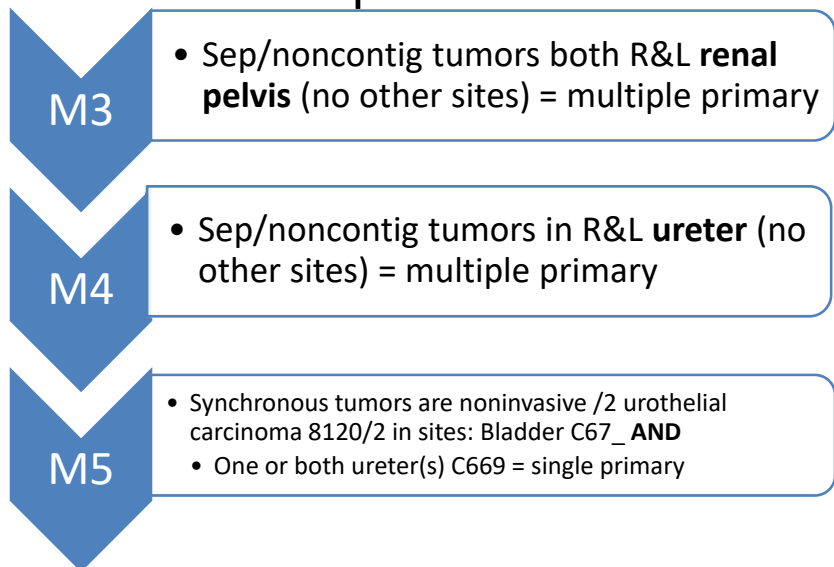
Headings:

- Unknown if single or multiple tumors (M1)
- Single (M2)
- Multiple (M3-M18)

Start in correct heading, then follow rules in order.

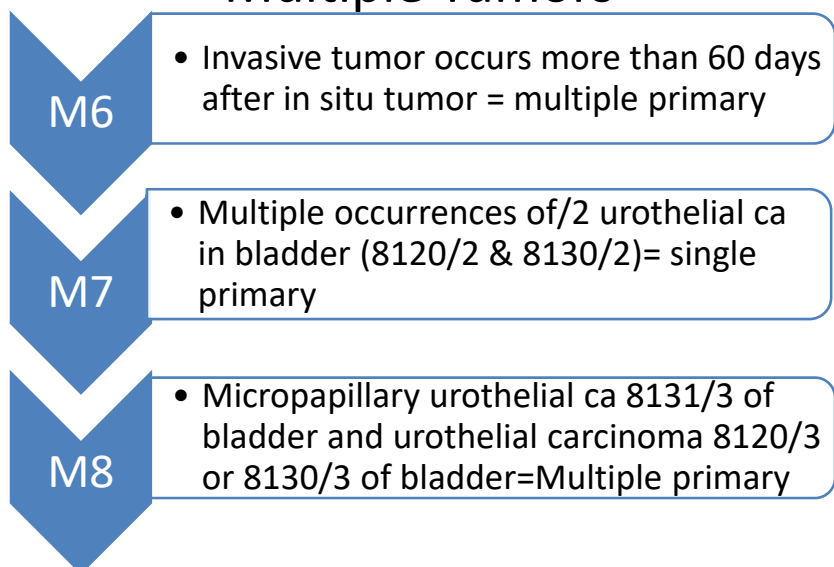
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Multiple Tumors



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Multiple Tumors



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M8

Abstract **multiple primaries**ⁱⁱ when the patient has **micropapillary** urothelial carcinoma **8131/3 of the bladder** **AND** a urothelial carcinoma **8120/3** (including papillary **8130/3**) **of the bladder**.

Note 1: This is a new rule for 2019.

Note 2: Micropapillary urothelial cell carcinoma is an extremely aggressive neoplasm. It is important to abstract a new primary to capture the incidence of micropapillary urothelial carcinoma. Micropapillary is excluded from the typical “NOS and subtype/variant” rule (same row in Table 2).

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M9

Abstract a **single primary**ⁱ when the patient has multiple **invasive** tumors in the **bladder**. All tumors are either:

- Multiple occurrences of urothelial
 - Includes urothelial subtypes (except micropapillary)
- Multiple occurrences of micropapillary

Note 1: Timing is irrelevant.

Note 2: Abstract only one /3 invasive urothelial bladder primary AND only one micropapillary urothelial 8131/3 bladder primary per lifetime.

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Example 1 Bladder

- Background: 57Y WM with a diagnosis of **low grade papillary non-invasive TCC** [8130/2] DX'ed in 2017. Pt is already on your registry database from 2017. Pt now seen again at your hospital in 2019.

SURGERY:

12-21-19 TURB with fulguration: 5cm papillary lesion on floor.

PATH:

12-21-19 Bladder tissue/tumor: DX= pap urothelial CA [8130/3], high grade, tumor focally lies within the submucosa.

Will this diagnosis in 2019 be a new primary to abstract?

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Rule M6

Abstract multiple primaries when an invasive tumor occurs more than 60 days after an in situ tumor.

Note 1: Abstract both the invasive and in situ tumors.

Note 2: Abstract as multiple primaries even if physician states the invasive tumor is disease recurrence or progression.

Note 3: This rule is based on long-term epidemiologic studies of recurrence intervals.

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Example 1

Background: 57Y WM with a diagnosis of low grade papillary non-invasive TCC [8130/2] DX'ed in 2017. Pt is already on your registry database from 2017. Pt now seen again at your hospital in 2019.

SURGERY:

12-21-19 TURB with fulguration: 5cm papillary lesion on floor.

PATH:

12-21-19 Bladder tissue/tumor: DX= papillary urothelial CA [8130/3], high grade, tumor focally lies within the submucosa.

Field	Code	Resource
Primary Site	C670	Table 1
Histology	8130/3	Table 2

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Example 2 Bladder

- Background: 87Y WM with a diagnosis of **non-invasive papillary TCC Bladder** [8130/2] DX'd in 2017. Pt is already on your database from 2017. Pt now seen again at your hospital in 2019.

SURGERY:

12-21-19 TURB with fulguration: 5cm pap lesion on floor.

PATH:

12-21-19 Bladder tissue/tumor: DX= **urothelial CA, high grade, non-invasive.** [8120/2].

Will this DX in 2018 be a new primary to abstract?

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Rule M7

Abstract a single primary when the patient has multiple occurrences of /2 urothelial carcinoma in the bladder. Tumors may be any combination of:

- In situ urothelial carcinoma **8120/2** AND/OR
- Papillary urothelial carcinoma noninvasive **8130/2** (does not include micropapillary subtype)
 - Note 1: Timing is irrelevant. Tumors may be synchronous or non-synchronous.
 - Note 2: Abstract only one /2 urothelial bladder primary per the patient's lifetime.
 - Note 3: There are no /2 subtypes for urothelial carcinoma with the exception of papillary urothelial carcinoma.

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Example 2

Background: 87Y WM with a diagnosis of non-invasive papillary TCC Bladder [**8130/2**] DX'd in 2017. Pt is already on your database from 2017. Pt now seen again at your hospital in 2019.

SURGERY:

12-21-19 TURB with fulguration: 5cm pap lesion on floor.

PATH:

12-21-19 Bladder tissue/tumor: DX= urothelial CA, high grade, non-invasive. [**8120/2**].

Field	Code	Resource

Note 2: Abstract only one in situ urothelial bladder tumor per the patient's lifetime

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Example 3 Bladder

- Background: 12/24/2019 a 72Y BF with gross hematuria, work up with US & cystoscope showed lesion in L Renal Pelvis and lesion in L wall of Bladder. Removal of these lesions showed both to be *invasive high grade urothelial CA with squamous differentiation*.

How many Primaries would be abstracted?

How would you code the histology?

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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)

Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
Urothelial carcinoma 8120 <i>Note 1:</i> Previously called transitional cell carcinoma , a term that is no longer recommended. <i>Note 2:</i> Micropapillary 8131 is a subtype/variant of papillary urothelial carcinoma 8130 . It is an invasive /3 neoplasm with aggressive behavior.	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 Nested urothelial carcinoma 8120/3 Plasmacytoid urothelial carcinoma 8120/3 Urothelial carcinoma in situ 8120/2	Giant cell urothelial carcinoma 8031/3 Lymphoepithelioma-like urothelial carcinoma 8082/3 Papillary urothelial (transitional cell) carcinoma in situ 8130/2 invasive 8130/3 Micropapillary urothelial carcinoma 8131/3 Poorly differentiated carcinoma 8020/3 Sarcomatoid urothelial carcinoma 8122/3

Code: Invasive high grade urothelial CA with
squamous differentiation.

8120/3

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Rule M11

Abstract a single primary when there are urothelial carcinomas in multiple urinary organs.

- Note 1: This rule is ONLY for urothelial carcinoma 8120 and all subtypes/variants of urothelial carcinoma. This rule does not apply to any other carcinomas or sarcomas.
- Note 2: Behavior is irrelevant.
- Note 3: This rule applies to multifocal/multicentric carcinoma which involves two or more of the following urinary sites: •Renal pelvis •Ureter •Bladder •Urethra

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Example 3

Background: 12/24/2019 a 72Y BF with gross hematuria, work up with US & cystoscopy showed lesion in L Renal Pelvis and lesion in L wall of Bladder.

Removal of these lesions showed both to be *invasive high grade urothelial CA with squamous differentiation*. [8120/3]

Field	Code	Resource
How many primaries?	1	M11
Primary Site	C68.9	#4, pg 299
Histology	8120/3	Table 2

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Bladder 4 Example

Background: 69Y WM with painful gross blood in urine, scope done in office showed several papillary lesions in bladder. Admit for treatment.

Surgery:

3-1-18 TURB: at least 3 papillary lesions seen ranging from 0.5cm to 1.0 cm in size. Installation of BCG was done.

Path:

3-1-18 Bladder tumor tissue: DX= non-invasive pap TCC [8130/2].

How many Primaries would be abstracted?

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Rule M7

Abstract a single primary when the patient has multiple occurrences of /2 urothelial carcinoma in the bladder. Tumors may be any combination of:

- In situ urothelial carcinoma **8120/2** AND/OR
- Papillary urothelial carcinoma noninvasive **8130/2** (does not include micropapillary subtype)
 - Note 1: Timing is irrelevant. Tumors may be synchronous or non-synchronous.
 - Note 2: Abstract only one /2 urothelial bladder primary per the patient's lifetime.
 - Note 3: There are no /2 subtypes for urothelial carcinoma with the exception of papillary urothelial carcinoma.

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Example 4

Background: 69Y WM with painful gross blood in urine, scope done in office showed several papillary lesions in bladder. Admit for treatment.

Surgery:

3-1-19 TURB: At least 3 papillary lesions seen ranging from 0.5cm to 1.0 cm in size. Installation of BCG was done.

Path:

3-1-19 Bladder tumor tissue: DX= non-invasive pap TCC [8130/2].

Field	Code	Resource
How many primaries?	1	M7
Primary Site	C679	Table 1
Histology	8130/2	Table 2

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KIDNEY C64.9

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Kidney Multiple Primary Rules C649 (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 . <i>Note 1:</i> A single tumor is <u>always</u> a single primary. <i>Note 2:</i> The tumor may overlap onto or extend into adjacent/contiguous site or subsites. <i>Note 3:</i> The tumor may have in situ and invasive components. <i>Note 4:</i> 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	
<i>Note:</i> Multiple tumors may be a single primary OR multiple primaries .	
Rule M3	Abstract multiple primaries ¹ when multiple tumors are present in sites with ICD-O site codes that differ at the second (Cxx), third (CxxX) and/or fourth characters (CxxX). <i>Note:</i> When codes differ at the second, third, or fourth characters, the tumors are in different primary sites.
Rule M4	Abstract a single primary ¹ when there are bilateral nephroblastomas (previously called Wilms tumors). <i>Note:</i> Timing is irrelevant; the tumors may occur simultaneously OR the contralateral tumor may be diagnosed later (no time limit).
Rule M5	Abstract multiple primaries ¹ when there are tumors in both the right kidney and in the left kidney . There may be: <ul style="list-style-type: none"> • A single tumor in each kidney • A single tumor in one kidney and multiple tumors in the contralateral kidney • Multiple tumors in both kidneys <i>Note 1:</i> The rules are hierarchical . Only use this rule when none of the previous rules apply. <i>Note 2:</i> ONLY abstract a single primary when pathology proves the tumor(s) in one kidney is/are metastatic from the other kidney.
Jump to Equivalent Terms and Definitions Jump to Histology Coding Rules	
Kidney Solid Tumor Rules 2018 July 2019 Update	
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Example 1 Kidney

Background:

66Y WF found on CT scan to have **two nodules** in her R kidney; a 4cm tumor in upper pole and a 1cm tumor in lower pole. Surgery: R Radical Nephrectomy was done.

PATH: 3/17/2019 R kidney and adrenal gland: DX= Renal cell carcinoma, clear cell type [8310/3], TS= 3.5cm confined to kidney with no invasion of capsule. Also noted was smaller 1cm kidney nodule of renal medullary carcinoma [8510/3] in lower pole. Adrenal WNL.

How many primaries is this?



Kidney Rule M7

- **Abstract multiple primaries when separate/non-contig tumors are two or more different subtypes/variants in column 3, Table 1.**

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Kidney Equivalent Terms and Definitions
C649
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

NOS/Specific Histology Term and Code	Synonyms	Subtypes/Variants
Nephroblastoma 8960	Wilms tumor	
Neuroendocrine tumor (NET) 8041	Carcinoid [OBS] Small cell neuroendocrine tumor/carcinoma	Large cell neuroendocrine carcinoma/tumor 8013 Well-differentiated neuroendocrine tumor 8240
Renal cell carcinoma NOS 8312 <i>Note 1:</i> WHO, IARC, and CAP agree that sarcomatoid carcinoma is a pattern of differentiation, not a specific subtype, of renal cell carcinoma. <i>Note 2:</i> Sarcomatoid is listed in the CAP Kidney protocol under the header "features."	RCC Sarcomatoid carcinoma Sarcomatoid renal cell carcinoma Succinate dehydrogenase-deficient renal cell carcinoma (SDHD) Unclassified renal cell carcinoma	Acquired cystic disease-associated renal cell carcinoma/tubulocystic renal cell carcinoma 8316* Chromophobe renal cell carcinoma (ChRCC) 8317 Clear cell papillary renal cell carcinoma 8323/3 <i>Note:</i> The 2016 WHO 4 th Edition Classification of Tumors of the Urinary System and Male Genital Organs has reclassified this histology as a /1 because it is low nuclear grade and is now thought to be a neoplasia. This change was not implemented in the 2018 ICD-O update. Clear cell renal cell carcinoma (ccRCC) 8310 Collecting duct carcinoma 8319 Hereditary leiomyomatosis and renal cell carcinoma-associated renal cell carcinoma 8311* MiT family translocation renal cell carcinomas 8311* <i>Note:</i> Hereditary leiomyomatosis and renal cell carcinoma-associated renal cell carcinoma and MiT family translocation renal cell carcinomas have the same ICD-O code but are distinctly different histologies. Because they are different, they are on different lines in column 3. Mucinous tubular and spindle cell carcinoma 8480* Papillary renal cell carcinoma (PRCC) 8260 Renal medullary carcinoma 8510* <i>Note:</i> This is a new term (previously called renal spindle cell carcinoma).

Example 1

PATH: 3/17/2019 R kidney and adrenal gland: DX= Renal cell carcinoma, clear cell type, TS= 3.5cm confined to kidney with no invasion of capsule. Also noted was smaller 1cm kidney nodule of renal medullary carcinoma in lower pole. Adrenal WNL.

Field	Code	Resource
How many primaries?	2	M7
Tumor 01		
Primary Site	C649	
Histology	8310/3	H3 Table 1
Tumor 02		
Primary Site	C649	
Histology	8510/3	H1 Table 1

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Kidney 2 Example

Background:

70Y WM with back pain, work up identified 6cm tumor in L kidney. Total Nephrectomy was done.

Path: 5/30/2019 L kidney: DX= Renal cell CA, papillary renal cell carcinoma and mucinous tubular and spindle cell carcinoma.

How many primaries is this?

What is the histology coded?

? renal cell: 8312 (NOS)

? Papillary renal cell: 8260 (subtype/variant)

? Mucinous tubular and spindle cell: 8480 (s/v)

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Kidney Rule H2

Kidney Histology Rules

C649

(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 1](#) to code histology. New codes, terms, and synonyms are included in [Table 1](#) and coding errors may occur if the table is not used.
Note 2: When the histology is **not listed in Table 1** 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 1, ICD-O or all updates.
- Rule H2** Code the NOS when there are:
 • A NOS and **two or more variants** of that NOS present in the tumor **OR**
 • **Two or more variants** of a NOS present in the tumor
Example 1: The diagnosis is a single tumor with renal cell carcinoma (RCC) 8312, papillary renal cell carcinoma 8260, and mucinous tubular and spindle cell carcinoma 8480. Papillary renal cell carcinoma and mucinous tubular and spindle cell carcinoma are subtypes/variants of renal cell carcinoma. Code the histology to the NOS, RCC 8312.
Example 2: The diagnosis is spindle cell rhabdomyosarcoma 8912 and alveolar rhabdomyosarcoma 8920. Both are subtypes/variants of rhabdomyosarcoma 8900. Code the NOS, rhabdomyosarcoma.
Informational Item: WHO 4th edition Tumors of the Urinary System has proposed ICD-O code 8323/1 for clear cell papillary renal cell carcinoma. This has not been approved for implementation by the standard setters in 2018.
Note: Use [Table 1](#) in the Equivalent Terms and Definitions to determine NOS and subtype/variant.

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Kidney Equivalent Terms and Definitions

C649

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

NOS/Specific Histology Term and Code	Synonyms	Subtypes/Variants
Nephroblastoma 8960	Wilms tumor	
Neuroendocrine tumor (NET) 8041	Carcinoid [OBS] Small cell neuroendocrine tumor/carcinoma	Large cell neuroendocrine carcinoma/tumor 8013 Well-differentiated neuroendocrine tumor 8240
Renal cell carcinoma NOS 8312 Note 1: WHO, IARC, and CAP agree that sarcomatoid carcinoma is a pattern of differentiation, not a specific subtype, of renal cell carcinoma. Note 2: Sarcomatoid is listed in the CAP Kidney protocol under the header "features."	RCC Sarcomatoid carcinoma Sarcomatoid renal cell carcinoma Succinate dehydrogenase-deficient renal cell carcinoma (SDHD) Unclassified renal cell carcinoma	Acquired cystic disease-associated renal cell carcinoma/tubulocystic renal cell carcinoma 8316* Chromophobe renal cell carcinoma (ChRCC) 8317 Clear cell papillary renal cell carcinoma 8323/3 Note: The 2016 WHO 4 th Edition Classification of Tumors of the Urinary System and Male Genital Organs has reclassified this histology as a /1 because it is low nuclear grade and is now thought to be a neoplasia. This change was not implemented in the 2018 ICD-O update. Clear cell renal cell carcinoma (ccRCC) 8310 Collecting duct carcinoma 8319 Hereditary leiomyomatosis and renal cell carcinoma-associated renal cell carcinoma 8311* MiT family translocation renal cell carcinomas 8311* Note: Hereditary leiomyomatosis and renal cell carcinoma-associated renal cell carcinoma and MiT family translocation renal cell carcinomas have the same ICD-O code but are distinctly different histologies. Because they are different, they are on different lines in column 3. Mucinous tubular and spindle cell carcinoma 8480* Papillary renal cell carcinoma (PRCC) 8260 Renal medullary carcinoma 8510* Note: This is a new term (previously called renal spindle cell carcinoma).

8312/3

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Example 2

70Y WM with back pain, work up identified 6cm tumor in L kidney. Total Nephrectomy was done.

Path: 5/30/2018 L kidney: DX= Renal cell CA, papillary renal cell carcinoma and mucinous tubular and spindle cell carcinoma.

Field	Code	Resource
How many primaries?	1	M2
Primary Site	C649	
Histology	8312/3	H2 Table 1

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Kidney 3 Example

Background:

60Y WM with back pain, work up identified 8cm tumor in L kidney. Radical Nephrectomy was done.

PATH: 2/14/19 L kidney, perirenal fat & adrenal gland: DX= renal cell carcinoma with clear cell carcinoma architecture.

M2 There is only one tumor=one abstract

What is the histology code?

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Kidney Histology Rules

2. DO NOT CODE histology when described as:

- Architecture
- Foci; focus; focal
- Pattern

~~DX= renal cell carcinoma with clear cell carcinoma architecture.~~

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Example 3

60Y WM with back pain, work up identified 8cm tumor in L kidney. Radical Nephrectomy was done.

PATH: 2/14/18 L kidney, perirenal fat & adrenal gland: DX= renal cell carcinoma with clear cell carcinoma architecture.

Field	Code	Resource
How many primaries?	1	M2
Primary Site	C649	
Histology	8312/3	H1 Table 1

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- Kidney 1-5
- Renal Pelvis & Ureter 1-5
- Urethra 1-5
- Urinary Bladder 1-5

– Dx 2018 Solid Tumor Rules

- Kidney 1-5
- Urinary 1-5

– Dx 2018 Grade

- Bladder 1-5

homework

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Questions

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