



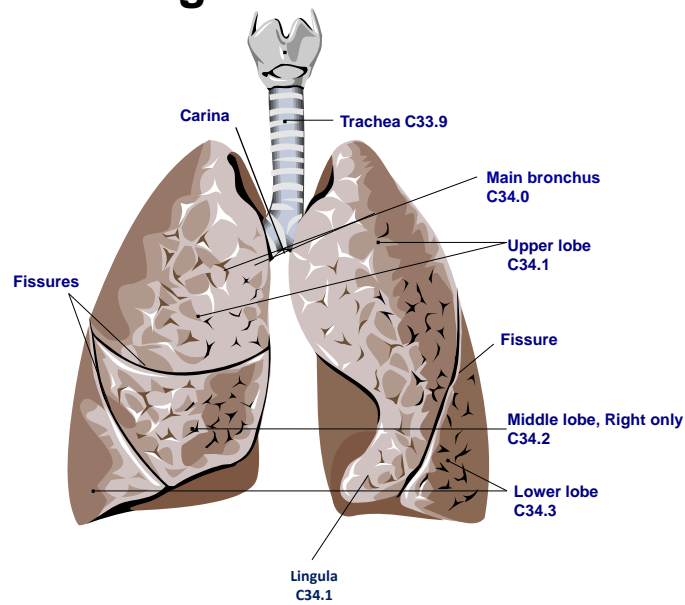
SHRI VIDEO TRAINING SERIES
2018-2020 DX

Lung Anatomy & Solid Tumor Rules v1.7

Presented by Lori Somers, RN
Iowa Cancer Registry
Jan 2021

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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	Bilateral	Mainstem bronchus C340
Carina	Left or Right	<i>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</i>
Hilus of lung		
Perihilar		
Lingula of lung	Left	Upper lobe C341
Apex	Bilateral	Upper lobe C341
Apex of lung	Left or Right	
Lung apex		
Pancoast tumor		
Superior lobar bronchus		
Upper lobe bronchi		
Middle lobe	Right	Middle lobe C342
Middle lobe bronchi		
Base of lung	Bilateral	Lower lobe C343
Lower lobar bronchus	Left or Right	
Lower lobe		
Lower lobe bronchi		
Lower lobe segmental bronchi		
Overlapping lesion of lung	Bilateral	Overlapping lesion of lung C348
	Left or Right	<i>Note: One lesion/tumor which overlaps two or more lobes</i>

Table continues on next page

Code C34.0 when described as Hilar Mass

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

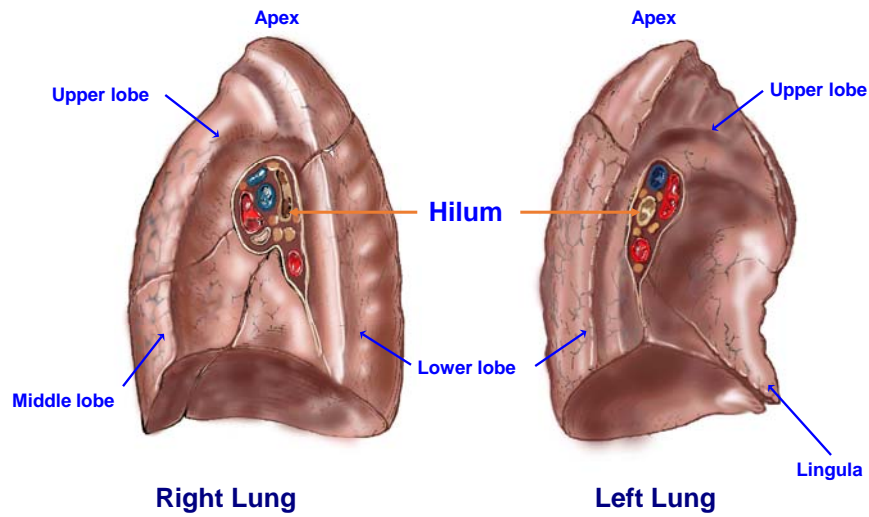
Terminology	Laterality	Site Term and Code
Bronchus NOS	Bilateral	Lung NOS C349
Bronchogenic	Left or Right	<i>Note: Includes</i>
Extending up to the hilum		<ul style="list-style-type: none"> Multiple tumors in different lobes of ipsilateral lung OR Multiple tumors in ipsilateral lung; unknown if same lobe or different lobe OR Tumor in bronchus, unknown if mainstem or lobar bronchus OR Tumor present, unknown which lobe
Extending down to the hilar region		
Lung NOS		
Pulmonary NOS		
Suprahilar NOS		
Lobar bronchi NOS	Bilateral	Code the lobe in which the lobar bronchus tumor is present C34
Lobar bronchus NOS	Left or Right	<i>Note: When lobe of origin is not documented/unknown, code to lung NOS C349</i>

Code C34.9 when described as infra-hilar tumor

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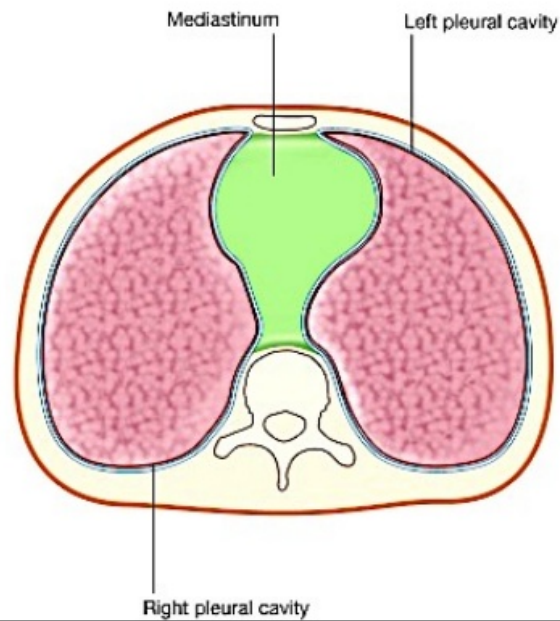
Important Anatomical Landmarks



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Mediastinum



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Mediastinum

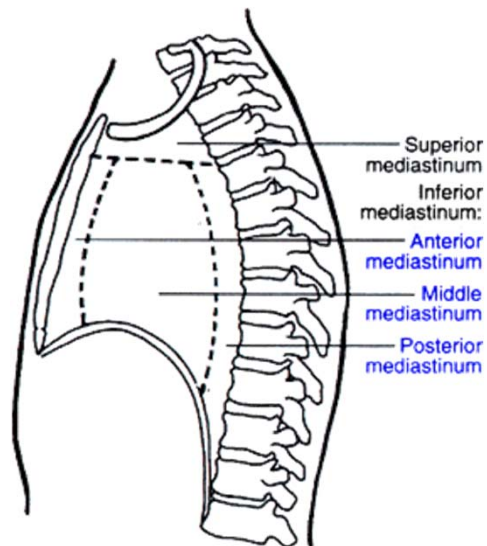
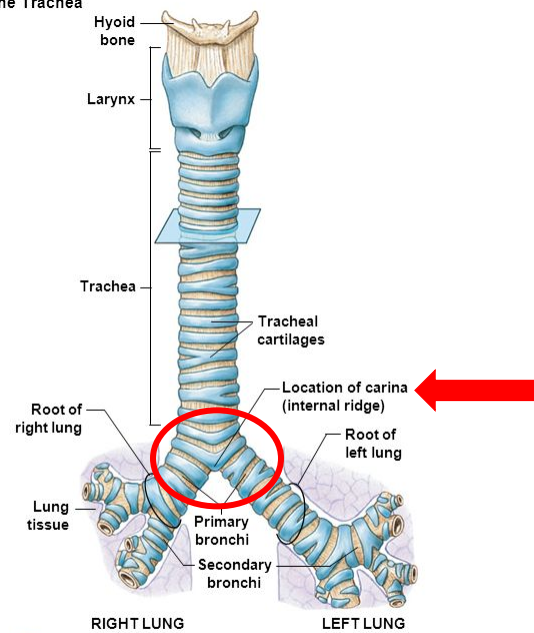


image source: <http://ect.downstate.edu/courseware/haonline/labs/thorax.htm>

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Figure 23-6a The Anatomy of the Trachea



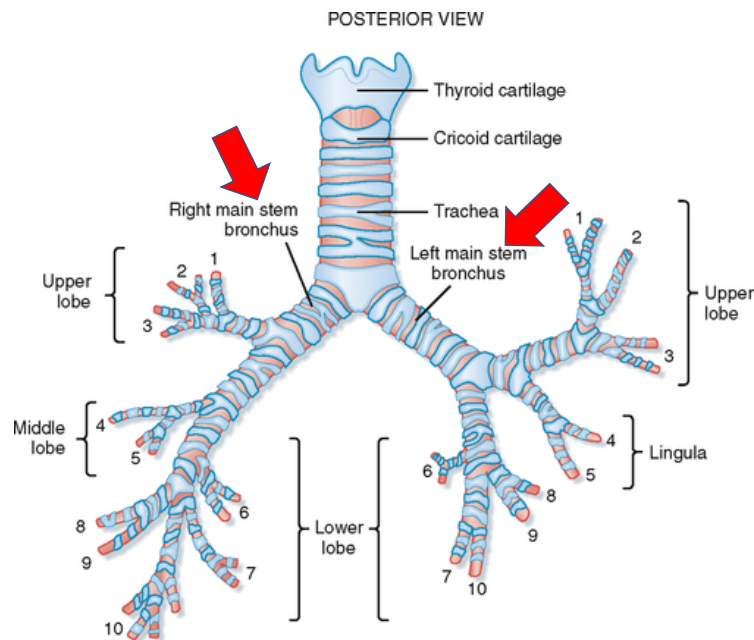
a A diagrammatic anterior view showing the plane of section for part (b)

© 2012 Pearson Education, Inc.

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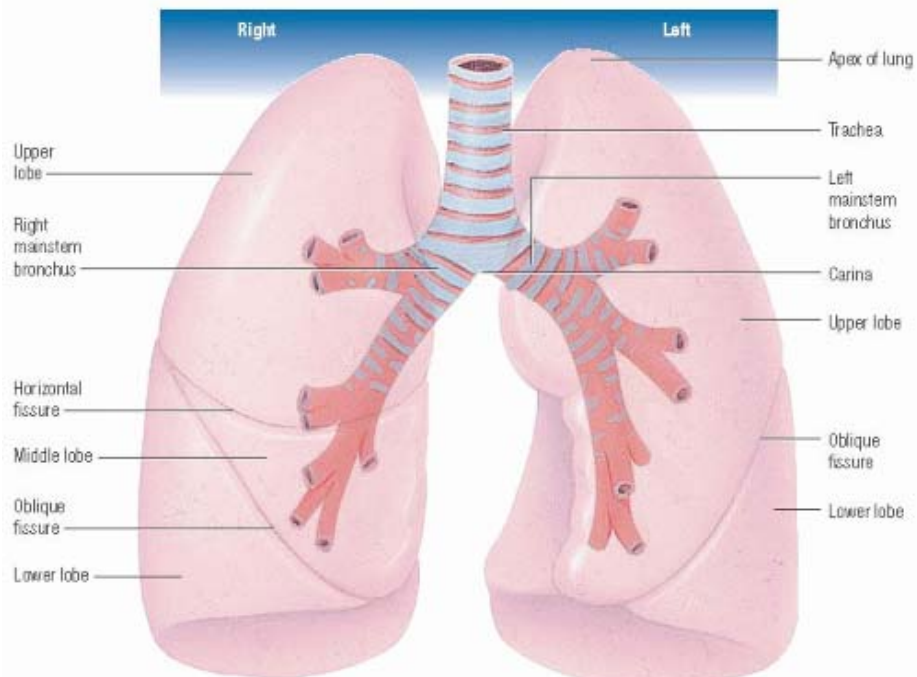
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Main Stem Bronchi



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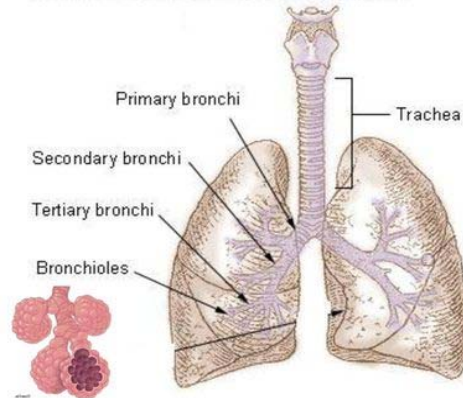
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Definition: Bronchi and Bronchioles

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**)
- Alveoli- gas exchange units (**leaves**)

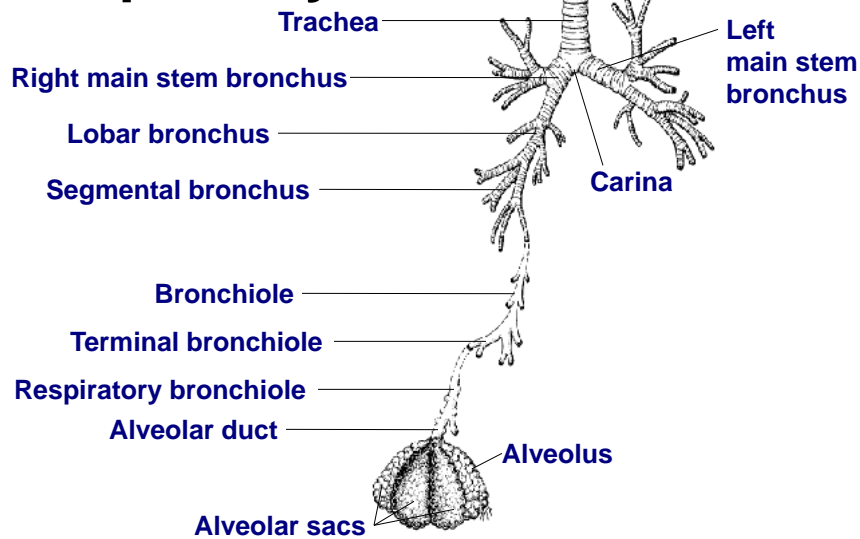
Bronchi, Bronchial Tree, and Lungs



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Respiratory tract

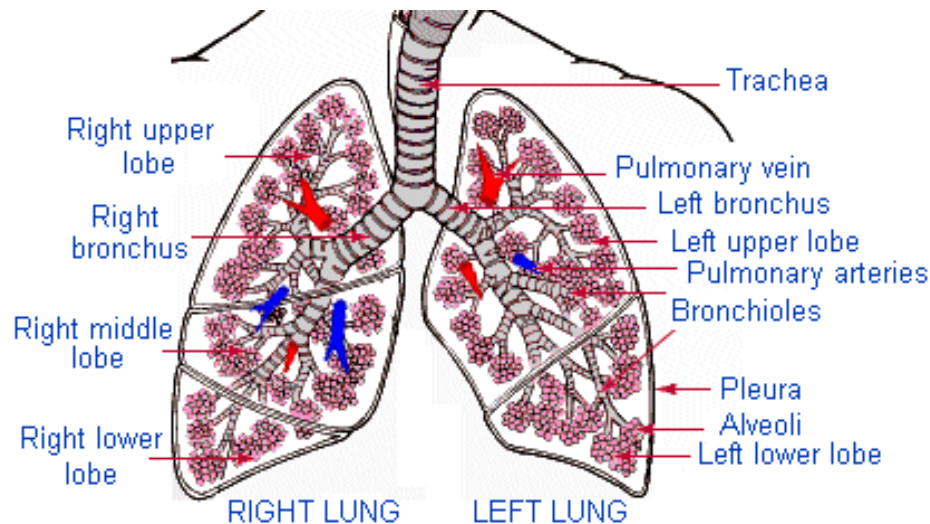


Adapted from R S Snell: Clinical Anatomy for Medical Students, 5th ed. 1995.

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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
- **Central tumor**
 - Squamous cell carcinoma
 - Arises in hilum, bronchus
- **Peripheral tumor**
 - Often adenocarcinoma or large cell tumors
 - Alveoli
 - Lung tissue

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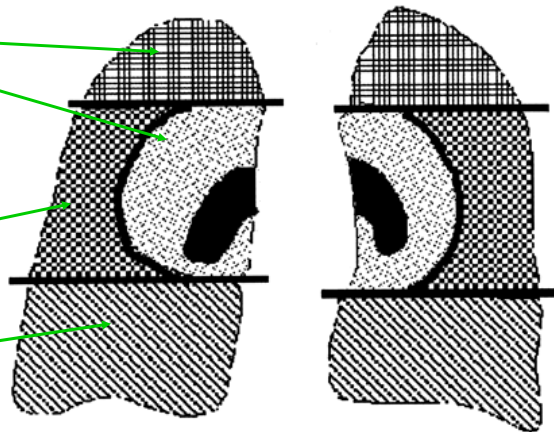
Radiographic Areas of Lung

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%

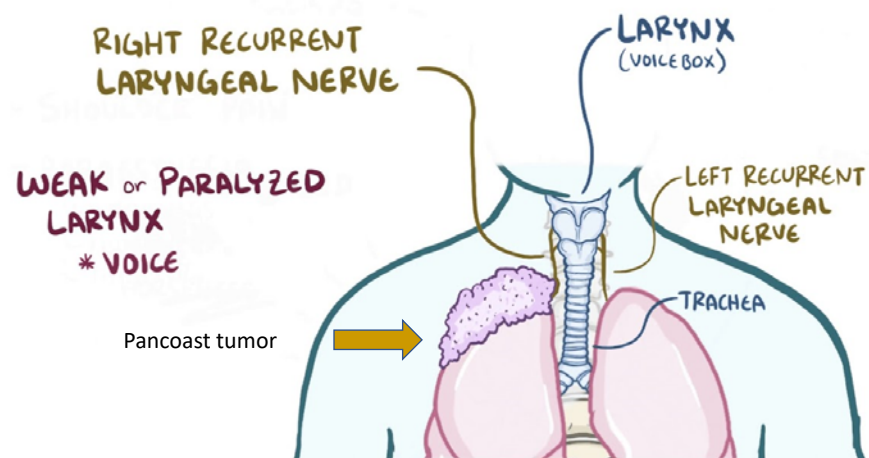


Source: *Journal of Nuclear Medicine* Vol. 43 No. 11 1469-1475, 2002.

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Pancoast/Superior Sulcus Tumor




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Solid Tumor Rules

December 2020



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General Instructions

- General Terms & Ambiguous Terms
- How to Navigate STR
- Multiple Primary Rules do NOT apply to mets
- Timing Rules
- Priority order for using documents for histology
- Definitions

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LUNG: 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. Biomarkers are most frequently used to target treatment.

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Changes from 2007 MPH Rules

- Path reports may use obsolete terms. Can be used if all you have.
- WHO 4th Ed 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 from biopsy or resection: code from most representative specimen (greatest amt of tumor)
 - New and changed ICD-O histology 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

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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Priority order for histology

- Which document to use when there is conflicting information between the final diagnosis, synoptic report, or CAP protocol:
- When there are discrepancies between the final diagnosis and synoptic report, use the document that provides the **more specific histology**. This will likely be found in the synoptic report. The CAP Protocol should be used only when a final diagnosis or synoptic report are not available. Definitions for CAP Protocol, final diagnosis, and synoptic report can be found in the Definitions section.

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Priority order for documents

1. Code histology *prior* to neoadjuvant treatment.

Note 1: Histology changes may occur following treatment.

Note 2: Neoadjuvant treatment is any tumor-related treatment given prior to surgical removal of malignancy.

Exception: If the initial diagnosis is based on histology from FNA, smears, cytology, or from a regional or metastatic site, and neoadjuvant treatment is given and followed by resection of primary site which identifies a different or specific histology, **code the histology from the primary site.**

2. Code histology using priority list and histology rules. Do not change histology in order to make the case applicable to staging.

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Priority order for documents

2. Code histology using priority list and histology rules. Do not change histology in order to make the case applicable to staging.

Use priority list for single primaries (includes multiple primaries abstracted as a single primary)

Code most specific histology from either biopsy or resection.

Note 1: Most specific usually refers to a **subtype/variant**

Note 2: Histology rules instruct to code invasive when in situ and invasive components in a single tumor.

Note 3: Discrepancy between biopsy and resection (two distinctly different histologies/different rows), code histology from most representative specimen (greater amount of tumor.)

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Priority order for documents

Hierarchical list of source documentation

1. Pathology or tissue from primary site
 - A. Addendum and/or comment
 - B. Final dx/synoptic as required by CAP
 - C. CAP protocol (checklist)
2. Cytology (FNA from primary site, pleural fluid or pericardial fluid)
3. Tissue/path from metastatic site (more accurate than a scan)
4. Scan (CT, PET, MRI, CXR in order)
5. Histology documented by physician when above not available. (Treatment plan, Tumor Board, medical record, Physician's reference to type of cancer in order)

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Terminology pg 168

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.
- NSCLC 8046; broad category includes all but small-cell carcinoma (8041)
- Simultaneous; existing at same time; concurrent; prior to first course Rx
- Site; topography
- Squamous cell ca; SCC; epidermoid carcinoma
- Tumor, mass, tumor mass, lesion, neoplasm, nodule:
 - NOT used in standard manner in clinical dx. Disregard terms unless doctor states they are **malignant/cancer**.
- Type; subtype; variant

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Terminology

Terms **NOT equivalent** (pg 169)

- Bilateral not same as single/multiple pri
- Bronchus not always = MSB
- Component not = type/subtype/variant
- LUNG ONLY: Mucinous not equiv to colloid
- Mucin-producing/mucin secreting carcinoma 8481 is not equivalent to mucinous carcinoma 8253 (new code for lung primaries only)
- Multilocular not = multinodular
- Phenotype not = subtype/type/variant

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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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Table 2:
Combination/Mixed
Histo Codes

Do not use Table 2:

- Tumors with both invasive and insitu behavior (rules code invasive)
- When one histology is described as differentiation or features.
- Histology terms are NOS and a subtype/variant of that NOS.

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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 <i>Note:</i> 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 <i>Note:</i> 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 <i>Note:</i> 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
Large cell neuroendocrine carcinoma AND Adenocarcinoma NOS OR Squamous cell carcinoma NOS OR Spindle cell carcinoma OR Giant cell carcinoma	Combined large cell neuroendocrine carcinoma 8013
Mucinous carcinoma, invasive AND Non-mucinous carcinoma, invasive	Mixed invasive mucinous and non-mucinous carcinoma 8254/3*

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

Solid Tumor Rules
December 2020 Update

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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. Reference ICD-O and all updates
- Submit question to AASR when histology not found
- Behavior codes listed when term has only one possible behavior (either /2 or /3)
- Only use histology code from table when dx is EXACTLY the term listed
- Sarcomatoid carcinoma most frequently tumor of mediastinum, so not listed in this table for lung primary site.

NSCLC broad group of cancers

- Includes all carcinoma types in Table 3 (usually adenoca, squamous cell ca, large-cell carcinoma) with exception of:
 - Small cell carcinoma/NET 8041 AND
 - All subtypes of small cell carcinoma AND
 - Sarcoma NOS 8800 (not a carcinoma) AND
 - All subtypes of sarcoma NOS

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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: <ul style="list-style-type: none"> • 8253/3* when <ul style="list-style-type: none"> o Behavior unknown/not documented (use staging form to determine behavior when available) o Invasive • 8257/3* when <ul style="list-style-type: none"> o Microinvasive o Minimally invasive • 8253/2* when <ul style="list-style-type: none"> o Preinvasive o In situ Note 2: Non-mucinous adenocarcinoma for lung only is coded as follows: <ul style="list-style-type: none"> • 8256/3* when <ul style="list-style-type: none"> o Microinvasive o Minimally invasive • 8250/2* when <ul style="list-style-type: none"> o Preinvasive o In situ 	Adenocarcinoma NOS Adenocarcinoma in situ 8140/2 Adenocarcinoma invasive 8140/3 Adenocarcinoma, non-mucinous, NOS Minimally invasive adenocarcinoma 8140/3	Acinar adenocarcinoma/adenocarcinoma, acinar predominant (for lung only) 8551* Adenoid cystic/adenocystic carcinoma 8200 Colloid adenocarcinoma 8480 Enteric adenocarcinoma/pulmonary intestinal-type adenocarcinoma 8144 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 Solid adenocarcinoma/adenocarcinoma, solid predominant 8230

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

Solid Tumor Rules
December 2020 Update

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Multiple Primary (M) Rules

Note 1: Not for tumors described as mets

Note 2: Manuals based on date of dx. Orig tumor before 2018, subsequent tumor dx 2018 or later in same primary site, use 2018 STR.

Unknown if Single or Multiple Tumors

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

Single Tumor

- **M2:** Abstract single primary when there is a single tumor. [Single tumor is always a single primary]

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Multiple Primary Rules

Multiple Tumors

- **M3** Abstract **Mult primaries** when there are separate, non-continuous tumors with ICD-O sites that differ at 2nd or 3rd char. Example: 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.

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Multiple Primary Rules

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}. Timing irrelevant.
 - 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
Adenocarcinoma 8140 Note 1: Mucinous adenocarcinoma for lung only is coded as follows: <ul style="list-style-type: none"> • 8253/3* when <ul style="list-style-type: none"> o Behavior unknown/not documented (use staging form to determine behavior when available) o Invasive • 8257/3* when <ul style="list-style-type: none"> o Microinvasive o Minimally invasive 	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*

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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: <ul style="list-style-type: none"> • 8253/3* when <ul style="list-style-type: none"> 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* Mucinous carcinoma/adenocarcinoma
<hr/>		
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 Primary Rules

Multiple Tumors

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

Note 1: Tumors must be in the same lung.

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)

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Multiple Primary Rules

Multiple Tumors

- **M8** Abstract mult pri when sep/non-contiguous tumors are:
- On different rows in Table 3
- A combination code in Table 2 and a code from Table 3
 - Timing irrelevant
 - Each row distinctly different histology

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Multiple Primary Rules

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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Rule M9 Abstract a **single primaryⁱ** 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)
- Cancer NOS **8000** or carcinoma NOS **8010** and any other histology

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
- Carcinoma NOS **8010** and adenocarcinoma

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 Primary Rules

Multiple Tumors

- M10 Single: Same lung, insitu after an invasive same lung
- M11 Multiple: Single tumor in each lung *exception proof of mets
- 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

Slide 24-26

Hierarchical list of sources

Slide 27

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Histology Rules

Single Tumor

- Rule H1 Mucinous adenoca
- Rule H2 Non-Mucinous adenoca

- Rule H3 NSCLC consistent with more specific. Use ambig when (2 conditions) confirmed, treated
- Rule H4 Code histology when only one histology present
- Rule H5 Code invasive when in situ and invasive present
- Rule H6 Code Subtype/variant when NOS & single subtype

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Histology Rules

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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Pop Quiz

- **Adenocarcinoma acinar predominant 60%**, adenocarcinoma papillary predominant 20%, and adenocarcinoma lepidic predominant 20%.
- Code histology: **8551/3**

Currently the instructions are to code to the acinar adenocarcinoma 8551.
This was changed November 2019.
The old STR instructed you to code this to 8255

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Histology Rules

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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Histology Rules

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 2020 new R lung {C349} mass with BX showing recurrent Squamous Cell Carcinoma. CT does not show any other masses.

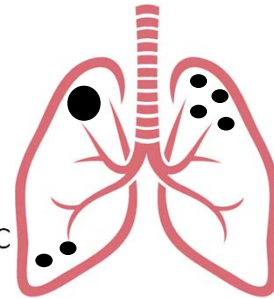
New primary?	
Primary Site	
Histology	

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Case #2

Pt had CT 3/12/2020 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. No path report available.



How many primaries?	
Primary Site	
Histology	

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Case #3

3/17/2020 LLL Biopsy single mass: Squamous Cell CA (8070) with spindle cell carcinoma (8032) in the LLL.

Primary Site	
Histology	

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Case #4

4/25/2020 Bx of single tumor in RML. Neuroendocrine tumors/NET and large cell neuroendocrine carcinoma/combined large cell neuroendocrine carcinoma in the RML.

Primary Site	
Histology	

**Large cell neuroendocrine carcinoma
8013**

Note: Per WHO, both large cell neuroendocrine carcinoma, NOS and combined large cell neuroendocrine carcinoma are coded 8013. See Table 2 for histologies included in combined large cell neuroendocrine carcinoma

**Combined large cell
neuroendocrine carcinoma**

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Case #5

6/25/2020 LUL lobectomy: Dx of Invasive
Adenocarcinoma, NOS, Mucinous subtype in the lung.

Primary Site	
Histology	

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Case #6

Pt has two R lung tumors: First tumor in RUL shows
Papillary Adenoca {8260}. Second tumor mass in RLL
shows invasive mucinous CA. {8253/3}
How many primaries?

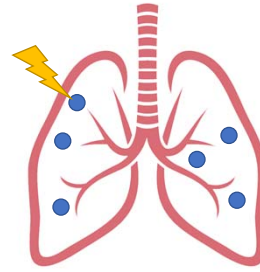
	Tumor 01	Tumor 02
How many primaries?		
Primary Site		
Histology		

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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.



	Tumor 01	Tumor 02
How many primaries?		
Primary Site		
Histology		

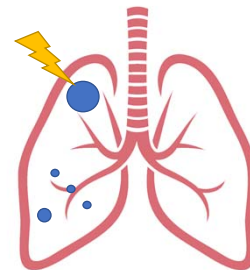
Note 4: When there are multiple tumors in one or both lungs, the physician usually biopsies only one mass/tumor. They treat the patient based on that single biopsy, assuming all of the masses/tumors are the same histology.

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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?	
Primary Site	
Histology	

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Case #9

Pt has 2 cm LLL tumor mass showing NSCLC
consistent with squamous cell carcinoma.

Primary Site	
Histology	

Code the specific histology when the diagnosis is **non-small cell lung carcinoma (NSCLC) consistent with** (or any other ambiguous term) **a specific carcinoma** (such as adenocarcinoma, squamous cell carcinoma, etc.) **when:**

- The histology is clinically confirmed by a physician (attending, pathologist, oncologist, pulmonologist, etc.)
- The patient is treated for the histology described by an ambiguous term

Note 1: If the case does not meet the criteria in the first two bullets, code non-small cell lung cancer (NSCLC) 8046.

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Case #10

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

Primary Site	
Histology	

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”.

Note: Do not code differentiation or features when there is no specific ICD-O code.

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

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(AASR) Ask A SEER Registrar

- 20200057 Question: Histology--Lung: Is there a better code for SMARCA4-deficient malignant neoplasms than 8000/3 that could be used especially given its aggressive nature? This term is not included in the Lung Solid Tumor Rules or ICD-O-3.1 and 3.2.
 - Answer: Assign code 8020/3. SMARCA4-deficient malignant neoplasms are newly identified. WHO has not proposed an ICD-O code as of yet. Our pathology experts suggest coding to undifferentiated carcinoma until they are better classified.

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W k d q n \ r x



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