



# Solid Tumor Rules

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2021 Updates

# Reminders: Using the Solid Tumor Rules

- The purpose of these rules: Determine multiple primaries **AND** to code histology **ONLY!**
- Rules are based on Date of diagnosis
  - 2 exceptions
    - Other Sites modules – use 2007 MPH rules
    - Cutaneous Melanoma – use 2007 MPH rules till 2020
- Rules are hierarchical order within each module – use 1<sup>st</sup> rule that applies and **STOP**

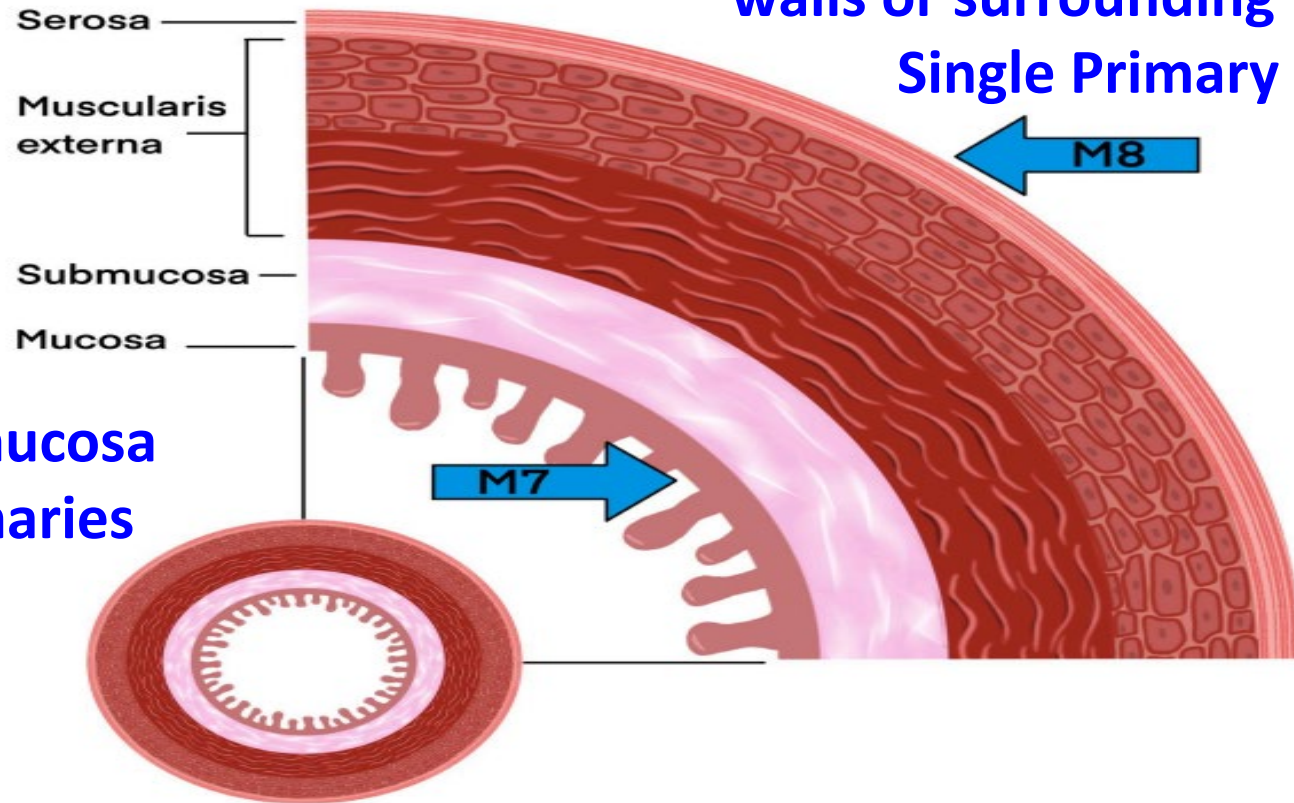
# 2021 Updates to Solid Tumor Rules

- Change log – **Recommend Reviewing!**
  - <https://seer.cancer.gov/tools/solidtumor/revisions.html>
- Due to ICDO-3.2 – Histology tables
  - New preferred terms
  - Synonyms and subtype/variants added
  - Histology's moved from synonyms to subtype/variant columns
- Notes added or clarified (Tables and Rules)
- New Histology Coding Rules

# Colon Updates

**M8: Arise in colon/rectal walls or surrounding tissue**  
**Single Primary**

**M7: Arise in mucosa**  
**Multiple Primaries**



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

Colon Solid Tumor Rules  
December 2020 Update

# Colon Updates cont.

- Rule H5 - Added sub-bullet
  - H5 = Code invasive mucinous adenocarcinoma 8480 when the diagnosis is any of the following:
    - Two histologies and mucinous is documented to be **greater than 50%** of the tumor
      - “**Mucinous carcinoma must meet a percentage requirement in order to be coded. Do not use majority of tumor, predominantly, or predominant part of the tumor to code mucinous 8480**”
- Rule H7 - Added to sub-bullet
  - Percentage requirement clarified as less than **or equal** to 50%

# Colon Updates cont.

- New Rule H6

Code invasive signet ring cell adenocarcinoma 8490 when the diagnosis is any of the following:

- Exactly signet ring cell carcinoma (no modifiers)
- Adenocarcinoma and signet ring cell carcinoma, where signet ring cell is documented to be greater than 50% of the tumor
  - Signet ring cell adenocarcinoma must meet a percentage requirement in order to be coded. Do not use majority of tumor, predominantly, or predominant part of tumor to code signet ring cell 8490.

# Breast Updates

- Metaplastic Carcinoma
  - Added to Table 2 and H rules
  - Per breast SME:

“Metaplastic carcinoma, NOS and subtypes are almost always mixed with invasive mammary carcinoma, NST and at times lobular carcinoma. These tumors should be **coded to metaplastic regardless of percent** invasive mammary carcinoma or lobular carcinoma present”

# Breast Updates cont.

- Rule M10

Abstract a single primary when multiple tumors of the same behavior are carcinoma NST/duct and lobular

- If the 1<sup>st</sup> was in-situ and 2<sup>nd</sup> invasive – continue through rules and stop at M17 – multiple primaries when invasive more than 60 days of in-situ



# Lung Updates

- Table 2: Combination/Mixed Histologies
  - Added new row:
    - Large cell neuroendocrine carcinoma **AND**
      - Adenocarcinoma, NOS **OR**
      - Squamous cell carcinoma **OR**
      - Spindle cell carcinoma **OR**
      - Giant cell carcinoma

**Code 8013: Combined large cell neuroendocrine carcinoma**

# Lung Updates cont.

- Table 3: Specific Histologies, NOS & Subtype/Variants
  - Terms added
    - Minimally invasive adenocarcinoma, mucinous **8257**
    - Minimally invasive adenocarcinoma, non-mucinous **8256**
    - Minimally invasive adenocarcinoma, NOS **8140**

# Lung Updates cont.

- Rule M6 – Note 2 added

“Note 2: The tumors **may be different behaviors:** Acinar adenocarcinoma 8551/3 and mucinous carcinoma, in situ 8253/2 are both subtypes of adenocarcinoma NOS 8140/3 but are distinctly different histologies. Abstract multiple primaries.”

# Lung Updates cont.

- Rule H7 – Clarified Note 2 about percentages
  - Code the histology that comprises the greatest percentage of tumor when two or more of the following histologies are present:
    - Acinar, lepidic, micropapillary, papillary, or Solid

“Note 2: If the percentages are unknown/not documented, or are equal percentages, continue through the rules”

# Malignant Brain/CNS Updates

- Table 1: WHO Grade for Select CNS Neoplasms
  - Added section: **WHO Grade II CNS Tumors: Non-malignant and Malignant**
- Glioblastoma Multiforme (GBM) – Single or Multiple primaries

Note 4: This rule applies to multiple tumors. A glioblastoma multiforme (GBM) that is subsequently diagnosed in residual tumor from a glial tumor is a single primary. See previous rules. (M2)

# Non-Malignant CNS Updates

- Pilocytic astrocytoma/juvenile pilocytic astrocytoma  
**Exception:** Primary site is optic nerve (C723) with diagnoses as optic glioma or pilocytic astrocytoma – coded as non-malignant (9421/1)
- Adding terms/synonyms to Table 6: Specific Histologies, NOS and Subtypes/Variants

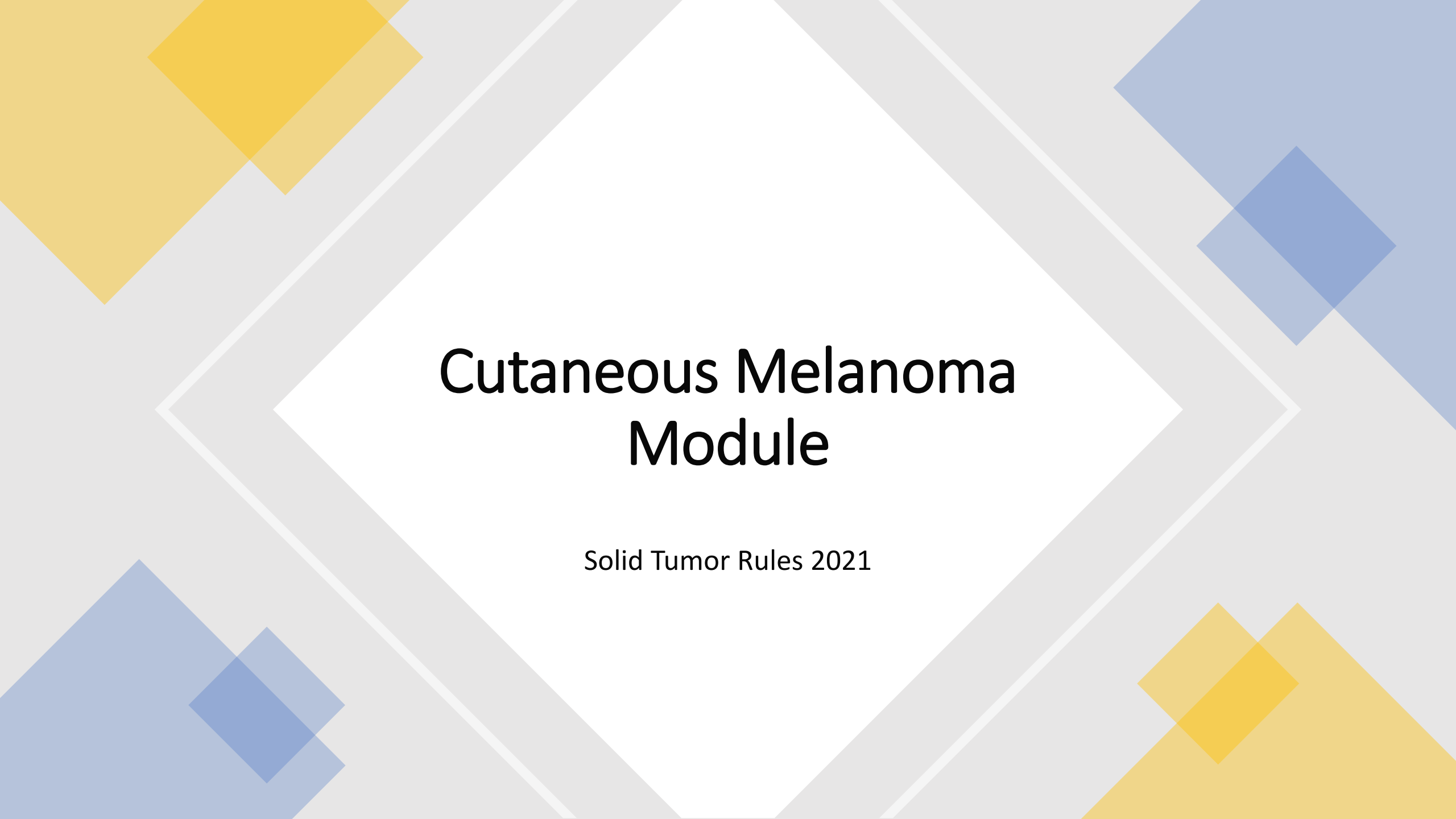
# Other Sites Module

- 2007 Multiple Primary and Histology Rules (MPH)
- New Site-Specific Modules created
  - Female Reproductive Organs
  - Other GI
  - Soft Tissue & Bone
  - Endocrine Organs
  - Male Genital Organs

# All Other Sites Module

- Sites included:
  - Retroperitoneum
  - Peritoneum
  - Skin: Merkle cell and Kaposi
  - Eye
  - Heart
  - Mediastinum





# Cutaneous Melanoma Module

Solid Tumor Rules 2021

# Reminders

- Implementation date: January 1, 2021
  - Tumors Dx 2007-2020: Use 2007 MPH Rules
  - Tumors Dx 2021+: Use Solid Tumor Rules 2021 (**new rules**)
- Applicable for **C440-C449** with histology codes **8720-8780**
  - Excludes melanoma of any other primary site:
    - Melanoma of the Eye
    - Non-melanoma of skin

# Changes from 2007 MPH Rules

- Early/Evolving melanoma (insitu/invasive) **8720** are reportable beginning with 1-1-2021 and later
- New histology terms included in histology table (ID by asterisks\*)
  - No new histology codes for Skin tumors
- WHO 4<sup>th</sup> Ed. Skin Tumors classifies melanoma's into 2 groups:
  - Melanoma arising in sun-exposed skin
  - Melanoma arising at sun-shielded sites without known etiological association with AV radiation exposure

# Changes from 2007 MPH Rules cont.

- New Sections

- Terms that are not Equivalent or Equal
- Anatomical Dermatology Terms
- Table 1: Primary Sites and Laterality
- Table 2: Specific Histologies, NOS, and Subtype/Variants
- Table 3: Non-Reportable Neoplasms

# Terms Not Equivalent or Equal

- Component  $\neq$  Subtype/Type/Variant
  - Component is only coded when pathologist specifies as a 2<sup>nd</sup> melanoma
- Phenotype  $\neq$  Subtype/Type/Variant

# Anatomical Dermatology Terms

<b>Term</b>	<b>Definition</b>
Cutaneous	Pertaining to skin
Dermal	Pertaining to skin
Epidermal	Pertaining to upon the skin
Hypodermic	Pertaining to below the skin
Intradermal	Pertaining to within the skin
Subcutaneous	Pertaining to under the skin
Ungual	Pertaining to the nail

# Table 1: Primary Sites and Laterality

Terminology	Site Term and Code	Laterality Required
<p><b>Skin of other &amp; unspecified parts of face</b>            Skin of:                Cheek                Chin                Face                Forehead                Jaw                Nose                Temple            Ala nasi            Chin, NOS            Columnella            Eyebrow                Brow            External cheek            External nose            Forehead, NOS            Lid-cheek junction            Nasaljugal groove            Temple, NOS</p>	<p>Skin of other and unspecified parts of face <b>C443</b></p>	<p><b>Yes</b></p>
<p><b>Skin of scalp and neck</b>            Skin of head, NOS            Skin of neck            Skin of scalp                Scalp, NOS            Skin of cervical region</p>	<p>Skin of scalp and neck <b>C444</b></p>	<p><b>Yes (New)</b></p>

# Table 1: Primary Sites and Laterality cont.

<b>Overlapping lesion of skin</b>	<b>Overlapping lesion of skin C448</b> For Head and Neck: Do not use C448 for overlapping lesions of the Head & Neck. Assign the primary site code for the site where the bulk of the tumor is or where the epicenter is; do not use code C448.	<b>No</b>
<b>Skin, NOS</b>  <i>Note:</i> Code to Skin, NOS (C44.9) if a patient is diagnosed with metastatic melanoma and the primary site is not identified.	<b>Skin, NOS C449</b>	<b>No</b>



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

- Table similar to those in other modules
  - Column 1: Specific histology terms that **DO NOT** have subtypes/variants **OR** NOS histology terms that have subtypes/variants
  - Column 2: Synonyms for Column 1 (have **same** histology code)
  - Column 3: Subtypes/variants of NOS histology (**different** histology code)

# Table 2 cont.

NOS Histology Terms and Codes	Synonyms	Subtypes/Variants
<p>Melanoma, NOS 8720</p> <p><i>Note:</i> Sarcomatoid melanoma is a rare subtype of melanoma characterized by almost complete loss of melanocytic differentiation both morphologically and phenotypically, with the bulk of the tumor being replaced by a spindle cell, sarcomatoid component. Use code 8772/3, spindle cell melanoma.</p>	<p>Melanoma in situ 8720/2</p> <p>Early/Evolving melanoma in situ** 8720/2</p> <p>Nevoid melanoma 8720/3</p> <p>Early/Evolving invasive melanoma** 8720/3</p>	<p>Acral melanoma*/acral lentiginous melanoma, malignant 8744/3</p> <p>Amelanotic melanoma 8730/3</p> <p>Balloon cell melanoma 8722/3</p> <p>Desmoplastic melanoma/desmoplastic melanoma, amelanotic/neurotropic melanoma, malignant 8745/3*</p> <p>Epithelioid cell melanoma 8771/3</p> <p>Lentigo maligna/Hutchinson melanotic freckle 8742/2</p> <p>Lentigo maligna melanoma/Melanoma in Hutchinson melanotic freckle 8742/3</p> <p>Low cumulative sun damage melanoma*/superficial spreading melanoma 8743/3</p> <p>Melanoma arising in a blue nevus 8780/3*</p> <p>Malignant melanoma arising in giant congenital nevus*/malignant melanoma in giant pigmented nevus 8761/3</p>

# Table 3: Non-Reportable Neoplasms

Non-Reportable Histology Term	Non-Reportable Histology Code
Lentiginous melanocytic nevus Simple lentigo Lentigo simplex	8742/0
Acral nevus	8744/0
Dermal nevus Intradermal nevus Stromal nevus	8750/0
Compound nevus Dermal and epidermal nevus	8760/0

Non-Reportable Histology Term	Non-Reportable Histology Code
Intermediate lesion Melanocytic neoplasm of low malignant potential Melanocytic tumor of uncertain malignant potential (MELTUMP) Superficial atypical melanocytic proliferation of uncertain significance (SAMPUS) Primary acquired melanosis	No ICD-O code



# Multiple Primary Rules

Cutaneous Melanoma 2021  
Module

# General

- 3 sections
  - Unknown if Single or Multiple Melanomas (M1)
  - Single (M2)
  - Multiple Melanomas (M3-M8)
- Start in the section that pertains to your case
  - If you have multiple tumors (regardless of timing) -> start with Rule M3
- These rules apply to cases coded to:
  - Skin (C44)
  - Melanoma (8720-8780)

# Section 1: Unknown if Single or Multiple Melanomas

## Rule M1:

Abstract a single primary when it is not possible to determine if there is a single melanoma or multiple melanomas

# Section 2: Single Melanoma

Rule M2:

Abstract a single primary when there is a single melanoma

# Section 3: Multiple Melanoma

## Rule M3:

Abstract multiple primaries when there are separate, non-contiguous melanomas in sites with ICD-O site codes that differ at the second (C**X**xx), third (Cx**X**x) or fourth (C44**X**) character

## Rule M4:

Abstract multiple primaries when there are separate, non-contiguous melanomas with different lateralities



# Section 3: Multiple Melanoma cont.

## Rule M5:

Abstract **multiple primaries** when separate/non-contiguous tumors are two or more **different subtypes/variants** in Column 3, Table 2

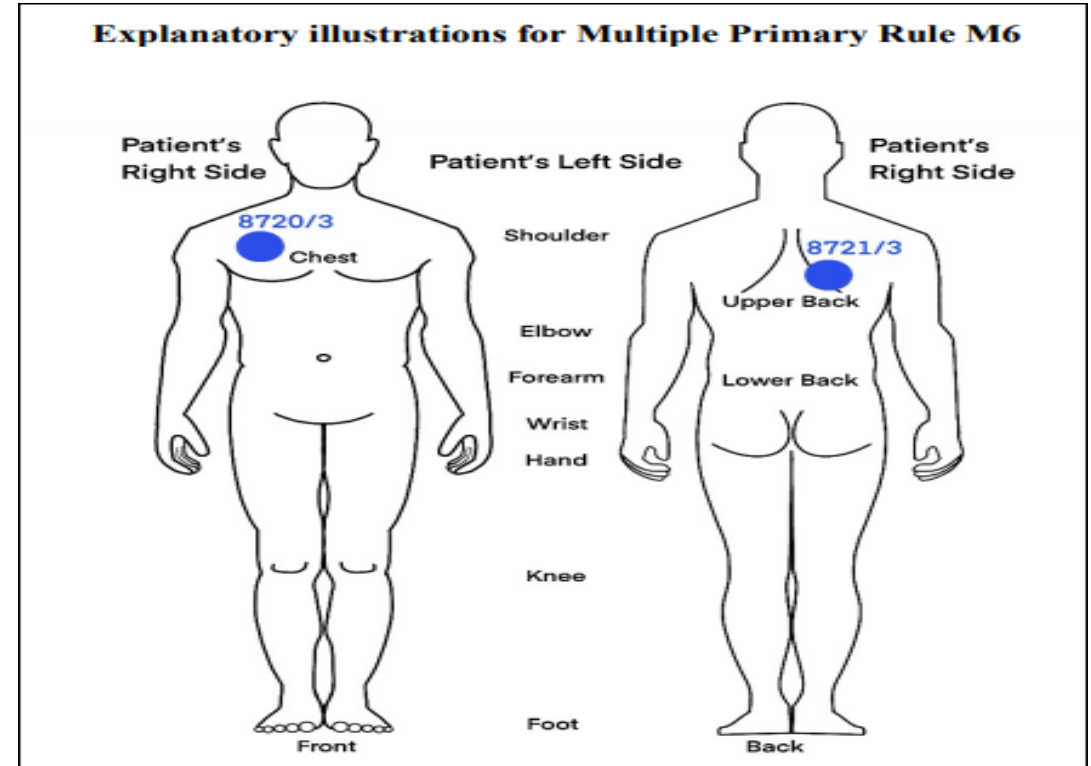
Subtypes/Variants
Acral melanoma*/acral lentiginous melanoma, malignant 8744/3
Amelanotic melanoma 8730/3
Balloon cell melanoma 8722/3
Desmoplastic melanoma/desmoplastic melanoma, amelanotic/neurotropic melanoma, malignant 8745/3*
Epithelioid cell melanoma 8771/3
Lentigo maligna/Hutchinson melanotic freckle 8742/2
Lentigo maligna melanoma/Melanoma in Hutchinson melanotic freckle 8742/3
Low cumulative sun damage melanoma*/superficial spreading melanoma 8743/3
Melanoma arising in a blue nevus 8780/3*
Malignant melanoma arising in giant congenital nevus*/malignant melanoma in giant pigmented nevus 8761/3
Malignant melanoma in a precancerous melanosis 8741/3
Malignant melanoma, regressing 8723/3
Malignant Spitz tumor*/mixed epithelioid and spindle cell melanoma 8770/3
Nodular melanoma 8721/3
Spindle cell melanoma 8772/3
Spindle cell melanoma, type A 8773/3
Spindle cell melanoma, type B 8774/3

# Section 3: Multiple Melanoma cont.

## Rule M6:

Abstract a **single primary** when synchronous, separate/non-contiguous tumors are on the **same row in Table 2**. Tumors **must**:

- Have the same site code **AND**
- Have the same laterality



Both tumors would be coded to C445, both on the right side. Chest tumor is 8720 is Melanoma NOS – listed in column 1 of Table 2. Back tumor is 8721 – Nodular melanoma – a variant of 8720 in column 3 – Rule applies – Single primary

## Section 3: Multiple Melanoma cont.

### Rule M7:

Abstract multiple primaries when melanomas are diagnosed more than 60 days apart

### Rule M8:

Abstract a single primary when melanomas do not meet any of the above criteria



# Histology Rules

Cutaneous Melanoma 2021  
Module

# Update to General Rule

- Code histology prior to neoadjuvant treatment
  - **Exception:** Initial diagnosis based on histology from FNA, smears, cytology, or a regional or metastatic site, and resection of primary is after neoadjuvant treatment identifies a different or specific histology, code histology from primary site

# Coding Histology

- Code the **most specific** histology or subtype/variant, regardless of whether it is described as:
  - The majority or predominant part of tumor
  - The minority of tumor
  - A component

# Coding Histology cont.

- Hierarchical list of source documentation - **Review on own!**
- 4 General guidelines – **Review on own!**
- Deleted and revised some histology rules

# Histology Rules

## Rule H1:

Code the histology when only one histologic type is identified

## Rule H2:

Code the invasive histology when there are invasive and in situ components

## Rule H3:

Code the histologic type when the diagnosis is regressing melanoma and a histologic type



# Histology Rules cont.

- Rule H4

Code 8723/3 (Malignant melanoma, regressing) when the diagnosis is regressing melanoma

*Example: Malignant melanoma with features of regression*

- Rule H5

Code the histologic type when the diagnosis is lentigo maligna melanoma and a histologic type

*Example: Lentigo maligna melanoma with desmoplastic melanoma*

# Histology Rules cont.

## Rule H6

Code 8742/3 (Lentigo maligna melanoma) when the diagnosis is lentigo maligna melanoma with no other histologic types

## Rule H7

Code the subtype/variant when there is a NOS and a single subtype/variant of that NOS

# Histology Rules cont.

## Rule H8

When two or more melanoma subtype/variants are present in a single tumor, submit a question to Ask a SEER Registrar for coding instructions

## Why?

- Should be rare
- The WHO classification of skin tumors does not include ICDO for tumors with mixed melanoma subtype/variants

# I'M DONE!



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