


Solid Tumor Rules

Effective with Cases Diagnosed 1/1/2018 and Forward

Updated September 2021




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Citation: Dickie, L., Johnson, CH., Adams, S., Negoita, S. (September 2021). Solid Tumor Rules Institute, Rockville, MD 20850.

Solid Tumor Rules

MANUAL MANIA
LORI SOMERS, RN
IOWA CANCER REGISTRY



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General Instructions

Specific instructions preceding each set of histology rules. In accordance with current WHO and CAP guidelines.

2018 Revisions: 2018 General instructions apply ONLY to the revised sites listed below:

- Head & Neck
- Colon (includes rectosigmoid, rectum)
- Lung
- Breast
- Kidney
- Urinary sites
- Non-malignant CNS
- Malignant CNS and peripheral nerves

2021 Revision: Cutaneous Melanoma Tumors diagnosed 01/01/2021 and later: Use 2021 Solid Tumor Rules and Solid Tumor General Instructions



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General Instructions

Specific instructions preceding each set of histology rules. In accordance with current WHO and CAP guidelines.

Use the 2007 General Instructions, Other Sites for cases diagnosed 2007-2021.

- [2007 General Instructions](#) (PDF, 516 KB)
- [2007 Other Sites](#) (PDF, 849 KB)

Use the 2007 General Instructions, Cutaneous Melanoma sections for cutaneous melanoma cases diagnosed 2007-2020.

- [2007 General Instructions](#) (PDF, 516 KB)
- [2007 Cutaneous Melanoma](#) (PDF, 345 KB)



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General Equivalent or Equal Terms

Terms used interchangeably

- Tumor – Mass – Tumor mass – Lesion –
Neoplasm – Nodule

ONLY TO DETERMINE MULTIPLE PRIMARIES!!

Disregard the terms unless there is a physician's statement that the term is malignant/cancer

Navigating through the manual (pg 6)



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How to Use the Solid Tumor Rules

Note: The rules do not apply to hematopoietic primaries (lymphoma and leukemia) of any site. Use the Hematopoietic & Lymphoid Neoplasm Coding Manual and Database for histologies M9590-M9992.

1. Purpose
2. Staging does not determine number of primaries or histology
3. Site-specific for the sites mentioned on slide 2
4. Cutaneous Melanoma 1/1/2021 and forward; otherwise based on date of dx.
5. Other sites (not updated for 2018) 1/1/2007-12/31/2022 effective

Use STR in this order:

Use STR to assign "working histology". Go directly to Multiple primary rules to determine if single or multiple. Then code histology accordingly per Histology Rules.

Multiple primary rules do not apply to mets.



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Timing Rules

Differ by site and type of recurrence

Definitions – Clarifications – Examples added

Use the rules in effect with the subsequent (new) tumor

- If you have a tumor diagnosed prior to 1/1/2018 and a subsequent tumor diagnosed 1/1/2018 or later in the same primary site: Use the 2018 solid tumor rules.

Example: R breast cancer in 2008. New R breast mass in 2022 – Which rules would you use? **2018 Solid Tumor Rules**



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Timing Rules

Clinically Disease Free: No evidence of recurrence on follow up

Date of last recurrence: If recurrence is less than or equal to X years, clock starts over. Calculate time from date of last recurrence.

If date of last recurrence unknown, default to date of dx to compute time interval.

Never code multiple primaries based only on a physician's statement of recurrence or recurrent.

NED means complete response to treatment



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How to Use the Multiple Primary Rules

1. To choose the appropriate module (Unknown if Single or Multiple Tumors, Single Tumor, Multiple Tumors), determine the **number of tumors**.
 - A. Do not count **metastatic** lesions when determining which module to use.
 - B. When the number of tumors is **unknown/not documented**, use the "Unknown if Single or Multiple Tumors" module.
 - i. When there is a tumor or tumors with separate microscopic foci, ignore the microscopic foci.
 - C. When the patient has a **single tumor**, use the "Single Tumor" module.
 - D. When the patient has **multiple tumors**, use the "Multiple Tumors" module.
2. When the rules return a single primary, prepare one abstract.
3. When the rules return multiple primaries, prepare two or more abstracts.
4. For those sites/histologies which have recognized **biomarkers**, the biomarkers frequently identify the histologic type. Currently, there are clinical trials being conducted to determine whether these biomarkers can be used to identify multiple primaries. Follow the Multiple Primary Rules; do not code multiple primaries based on biomarkers.
5. Do not use physician staging to determine multiple primaries.



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Multiple Primary Rules

1. Choose appropriate module.
 - a. Headers are important
 - b. Do not count metastatic nodules
- Unknown if single or multiple Tumors M1
- Single Tumor – M2
- Multiple Tumors – M3-M15



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How to use Histology Rules

Note 1: Do not use rules to determine reportability

Note 2: First use the Multiple Pri rules to determine single or multiple primaries. THEN determine histology for each case.

1. Rules are hierarchical. Stop at first rule that applies.
2. CODE HISTOLOGY prior to neoadjuvant therapy.



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Using Histology Rules

3. Code histology assigned by physician. Do not change histology to stage.
4. List of terms used to code histology in each set of rules
5. Do not code histologies or subtype/variants described by ambig terms. [3 scenarios have to be met]



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Ambig Terms

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

Do not use
these terms
to describe
histology

NOTE: Histology described by ambig terms is coded ONLY when no other info



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Example

Pathology states:

Non-small cell lung cancer, adenocarcinoma.

- Code Adenocarcinoma 8140/3

Non-small cell lung cancer c/w adenocarcinoma

Preceded by ambig term.

- Code to Non-small cell lung cancer 8046/3



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Priority Order for coding histology

Priority order will differ by site

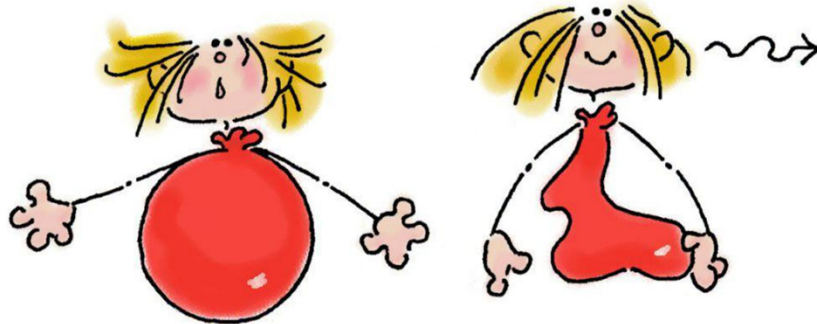
- Tissue pathology always takes precedence.
- You must use the priority order that precedes the histology rules for each site.

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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Breathe in

Breathe out



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Multiple Primary Rules

Colon: Single Tumor Header

❑ Rule M2: Abstract a single primary when there is a single tumor.

❑ Note 1: A single tumor is always a single primary.

Colon: Multiple Tumors Header

❑ Rule M3: FAP

❑ M4: Multiple primaries when there are separate, non-contiguous tumors in sites with ICDO site codes that differ in the second and/or third character.

❑ Note 2: Examples: Breast C50x and Colon C18x or Colon C18x and rectum C209

Multiple tumors may be found at the same time (synchronous). Also consider 'multiple' as an existing primary tumor in the database and now a new tumor. The same question for both of these scenarios: Is it the same tumor as what is in the database? Or is it a new primary?



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Histology Rules

Colon: Single Tumor Header

- ❑ H1: Code adenoca with neuroendocrine differentiation 8574 when the final dx is EXACTLY "adenocarcinoma with neuroendocrine differentiation." It has to be exactly written this way.
- ❑ H2: Code the histology and IGNORE the polyp when carcinoma originates in a polyp. (change from 2007 MPH rules)

Colon: Multiple Tumors abstracted as a single primary Header [decision already made by MP Rules]

- ❑ H16: Code the subtype/variant when dx is NOS and a SINGLE subtype/variant of that NOS
- ❑ See Table 1 for a working histology. Know what you have in the path report, go to rules.



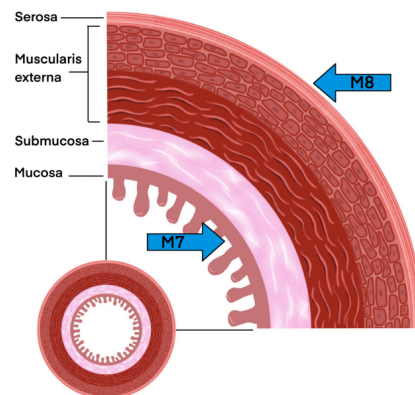
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Diagrams and Illustrations

- Site-specific references
- Diagrams and extra visuals

Colon, Rectosigmoid, and Rectum Equivalent Terms and Definitions
C180-C189, C199, C209
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)



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Quiz



Locate the MS Forms quiz with the same name as this presentation

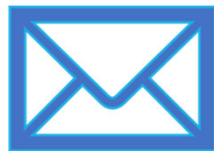
Complete the quiz before opening the next presentation.



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Questions?



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