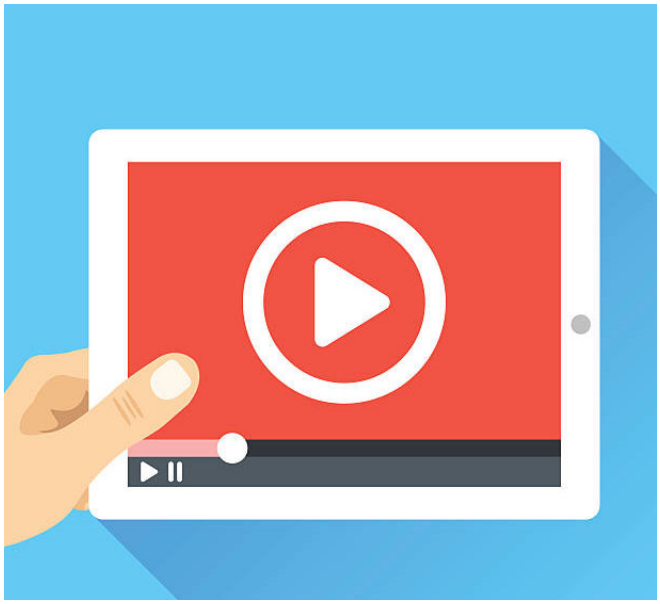


LUNG

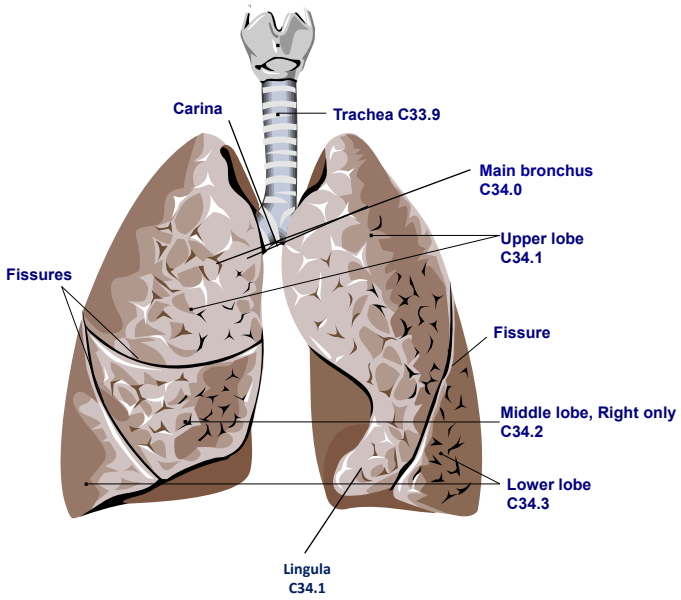
ANATOMY & SOLID TUMOR RULES

PRESENTED BY LORI SOMERS, RN

SHRI VIDEO TRAINING SERIES | IOWA CANCER REGISTRY

RECORDED 1/2023

1



2

2

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 Left or Right	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 Left or Right	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 Left or Right	Lower lobe **C343**
Overlapping lesion of lung	Bilateral Left or Right	Overlapping lesion of lung **C348** *Note*: **One** lesion/tumor which **overlaps two or more** lobes

Table continues on next page

Code C34.0 when described as Hilar Mass

3

3

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

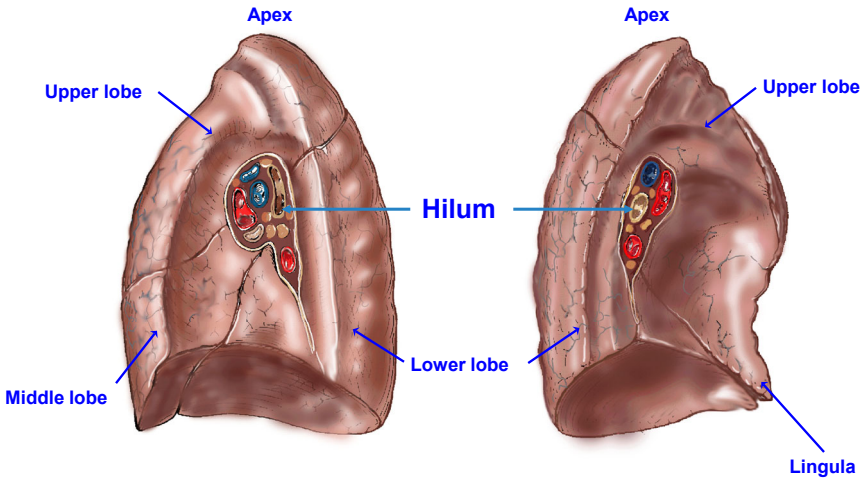
Terminology	Laterality	Site Term and Code
Bronchus NOS **Bronchogenic** **Extending up to the hilum** **Extending down to the hilar region** **Lung NOS** **Pulmonary NOS** **Suprahilar NOS**	Bilateral Left or Right	Lung NOS **C349** *Note*: Includes • Multiple tumors in different lobes of ipsilateral 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 Left or Right	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**

Code C34.9 when described as infra-hilar tumor

4

4

Important Anatomical Landmarks



Right Lung

Left Lung

Graphics source: Mediclip, Williams and Wilkins.

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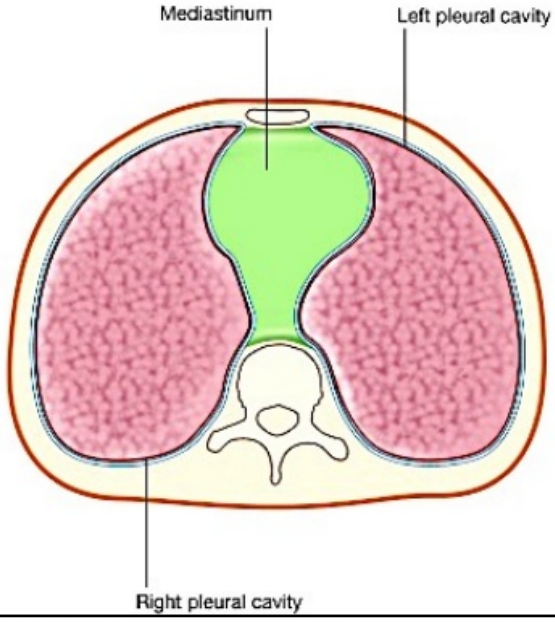
Mediastinum



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MEDIASTINUM

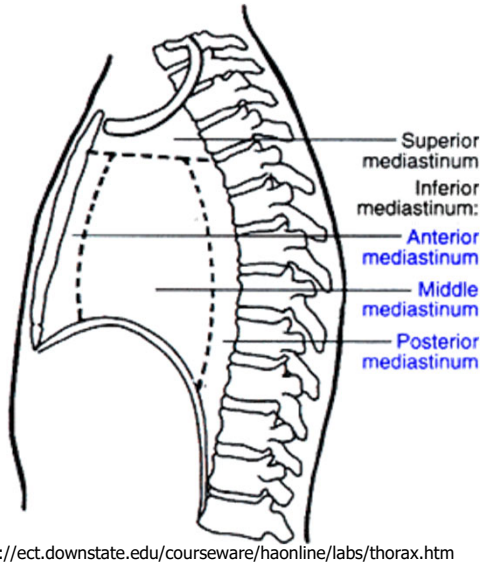
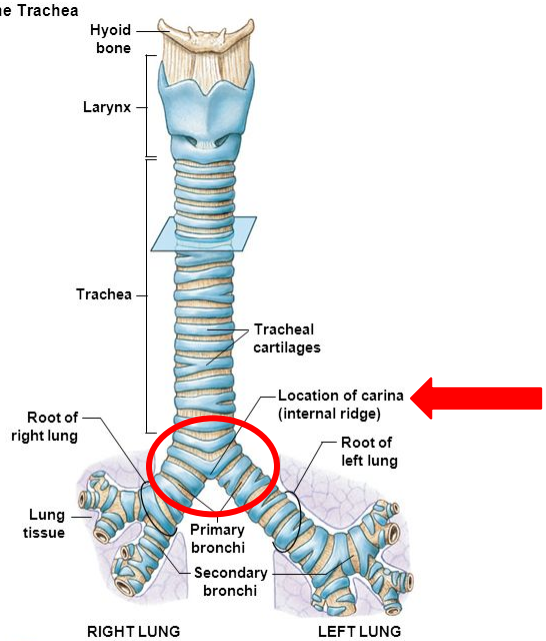


image source: http://ect.downstate.edu/courseware/haonline/labs/thorax.htm

7

7

Figure 23-6a The Anatomy of the Trachea

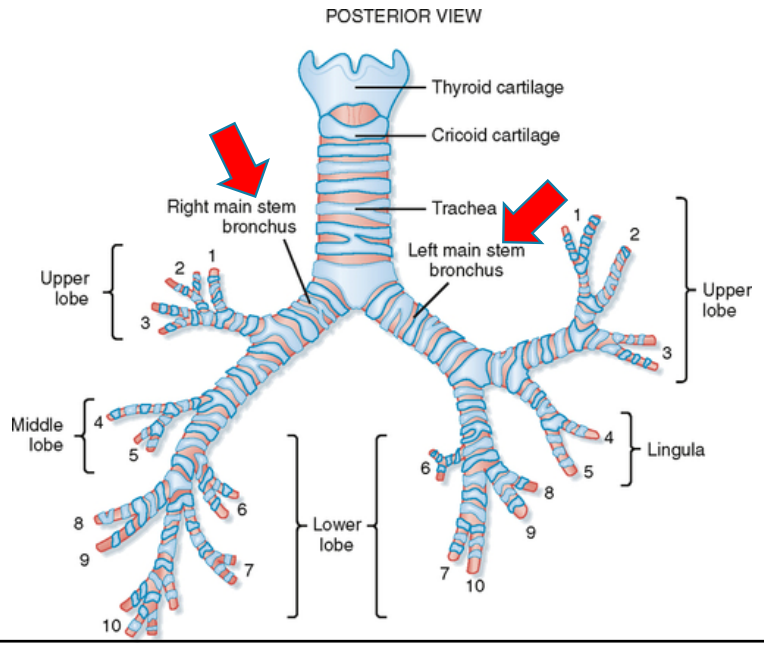


a A diagrammatic anterior view showing the plane of section for part (b)

8

8

MAIN STEM BRONCHI



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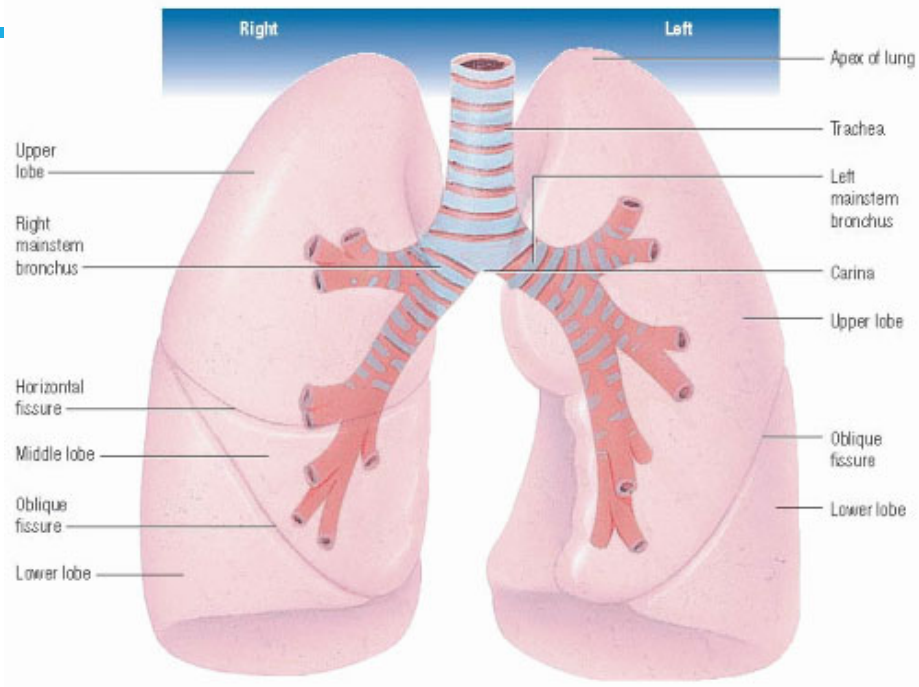

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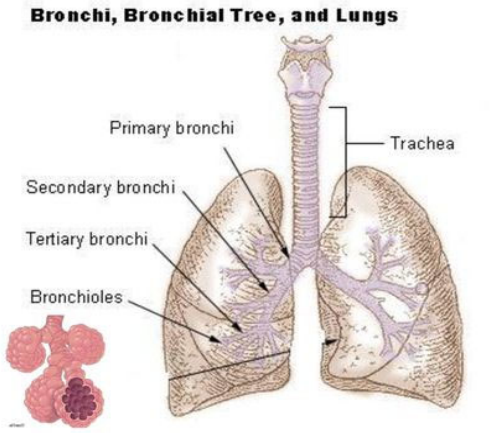
Definition: Bronchi and Bronchioles

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)
- Aveoli-gas exchange units (leaves)



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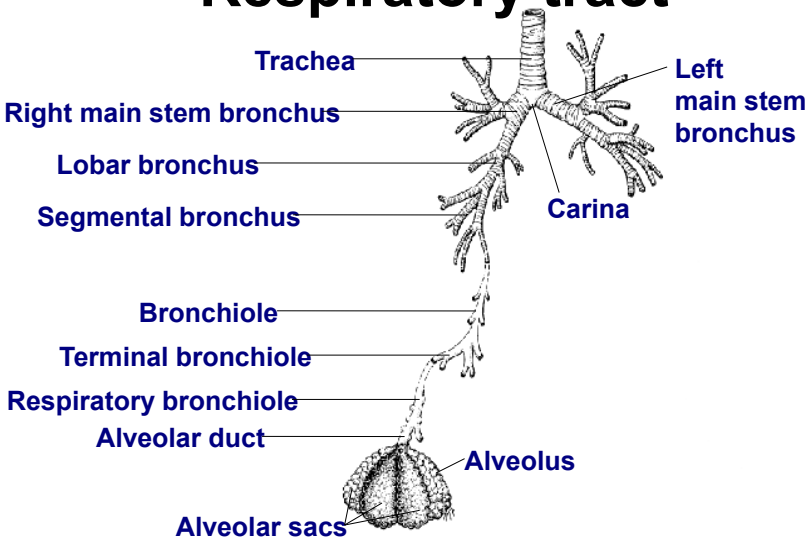
Respiratory tract

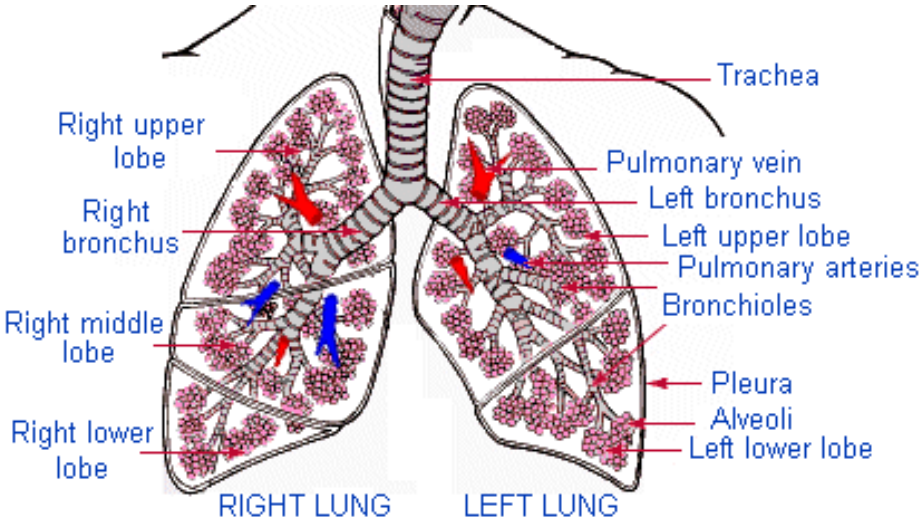


12

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

12

ALVEOLI



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

13

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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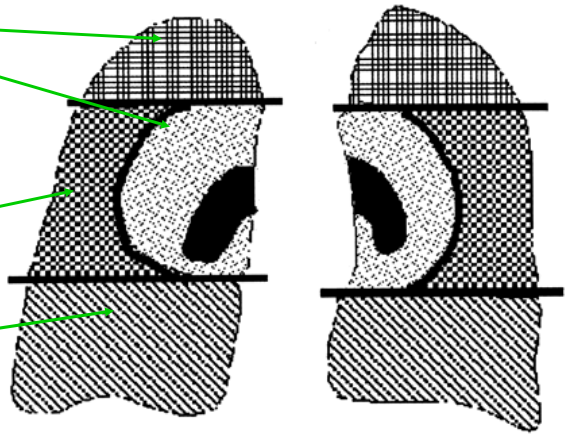
RADIOGRAPHIC AREAS OF LUNG

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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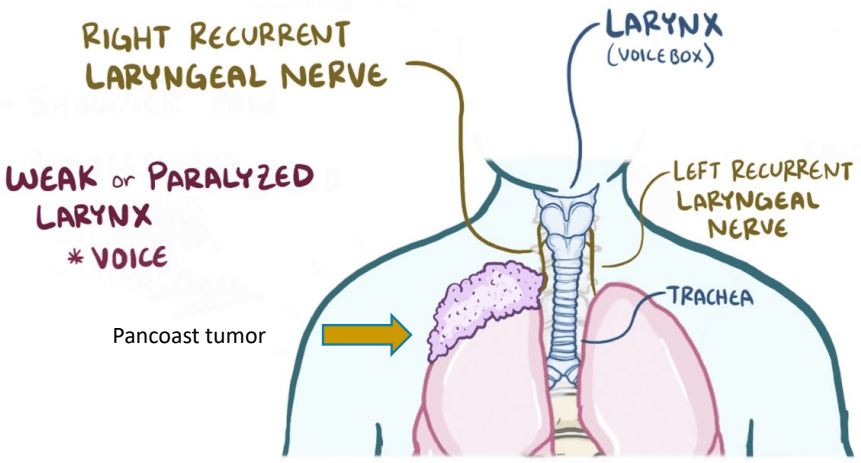
Pancoast/Superior Sulcus Tumor



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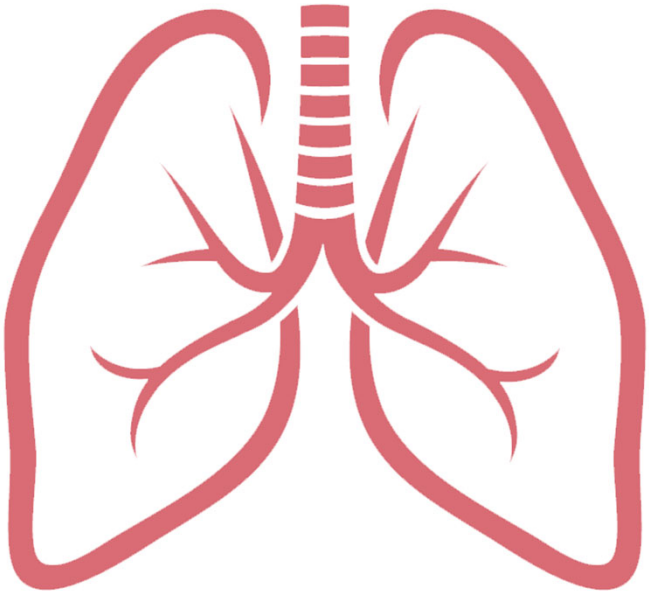

SOLID TUMOR RULES

UPDATE 9/2021

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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

18

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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.
- 2018 Lung Rules instruct:
  - Code the **most specific** histology from biopsy or resection. (all sites except breast and CNS)
  - 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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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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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**. Do not use terms for casefinding or reportability.
- Type; subtype; variant

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TERMINOLOGY

Terms **NOT equivalent** (pg 171)

- 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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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.

TABLE 2: COMBINATION/MIXED HISTO CODES

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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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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**
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***

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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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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** 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**
Adenosquamous carcinoma 8560		

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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 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.
  - Small cell carcinoma and non-small cell carcinoma are the two major classifications/divisions for lung cancer
  - 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: • **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	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***

32

32

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*** Mucinous carcinoma/adenocarcinoma
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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Rule M9 Abstract a **single primary**[i] 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.

Note 5: Multiple tumors in the same lung, or both lungs, or single tumor in one lung and multiple tumors in the contralateral lung must be diagnosed **simultaneously (same time) to apply this rule. Refer to the rules when multiple tumors are not diagnosed simultaneously.**

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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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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 USING DOCUMENTS TO IDENTIFY HISTOLOGY

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**.

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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.

The 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) [see notes]
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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HISTOLOGY RULES

Single Tumor

Rule H1 Mucinous adenoca [see additional codes and notes]

Rule H2 Non-Mucinous adenoca [see codes]

Rule *H3 Code specific when dx is NSCLC consistent with more specific. [see notes and examples]

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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Rule H3 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.

Note 2: If the case is accessioned (added to your database) based on a **single histology** described by ambiguous terminology and no other histology information is available/documented, then code that histology.

Example 1: 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 2: The pathology diagnosis is NSCLC consistent with squamous cell carcinoma. The treatment plan says the patient will receive the following treatment for squamous cell carcinoma. Treatment plan confirms squamous cell carcinoma; code squamous cell carcinoma. The case meets the criteria in **bullet 2**.

Example 3: 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 **Note 2**.

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HISTOLOGY RULES

Single Tumor

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

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

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

Rule H7: Code histology that comprises greatest % of tumor when 2 or more following histologies are present: (see list)

Example 1: Pathology reads the tumor is adenocarcinoma, acinar predominant (acinar 60%, solid predominant 20%, lepidic predominant 20%). Code the histology with the highest percentage: acinar adenocarcinoma 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 Code Mucinous

Rule H11 Code Non-Mucinous

Rule H12 Code the specific histology NSCLC c/w specific carcinoma…when…. [see bullets and examples]

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.

Rule H15 Code s/v when there is NOS and a single s/v [see list]

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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EXERCISES

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CASE #1

Pt diagnosed with squamous cell carcinoma in 2014 S/P RUL {C341} lobectomy. In 2022 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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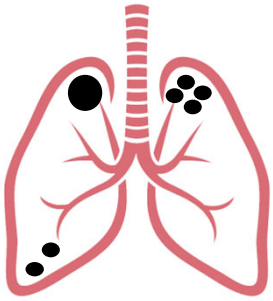
Case #2

Pt had CT 3/12/2022 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

3/17/2022 LLL lung biopsy of a single mass: Squamous cell CA (8070) with spindle cell carcinoma (8032) in the LLL.

Primary Site	
Histology	

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Case #4

6/25/2022 LUL lobectomy: Single tumor 3 cm in size, invasive adenocarcinoma, NOS, mucinous subtype in the lung.

Primary Site	
Histology	

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Case #5

2/14/2022 Pt has two R lung tumors: first tumor in RUL shows invasive papillary adenoca {8260/3}. 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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-Dx 2018-2022 Solid Tumor Rules
Lung 2018-2022 Cases 01-05

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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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WK DQ N \R X

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