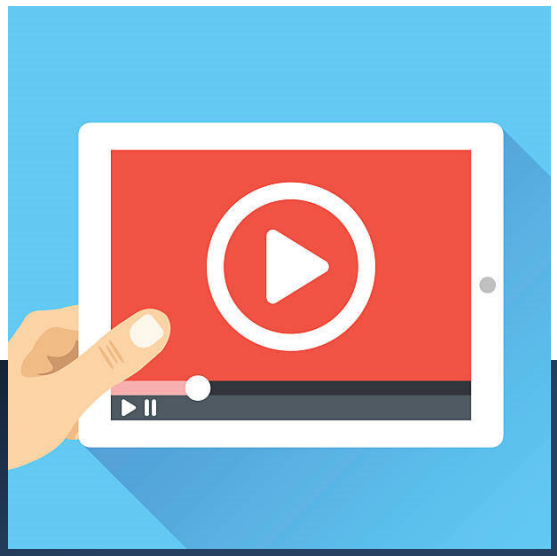
# Solid Tumor Manual Review

- **Renal Pelvis, Ureter, Bladder, Other Urinary**
- **Kidney**



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SHRI VIDEO TRAINING SERIES | Iowa Cancer Registry

Recorded 3/2023

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## Solid Tumor Manual
## Last updated 9/2021

- **Urinary**
  - 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

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# How to use…

7. 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 in each module.

Use the first rule that applies and


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# URINARY

Solid Tumor Rules Manual

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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 discontuous 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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# Priority order for coding subsites

- **Bladder**
  - Operative Report (TURB)
  - Pathology Report
  - Multifocal tumors: Assign code c679 when multifocal tumors all same behavior in more than one subsite of bladder and site of origin unknown
  - If TURB or path proves invasive tumor in one subsite and in situ tumor in all other involved subsites, code the subsite of the invasive tumor

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# Priority order for coding subsites

- **Renal Pelvis c659, Ureter c669**
  - Transitional/urothelial cell carcinoma originates in urethra, bladder, ureters, and renal pelvis.
    - Code primary site to renal pelvis (C659) when transitional/urothelial cell carcinoma originates in “kidney”
- **Urethra C680**
  - C680 is only code for urethra. Assign C680 for penile urethra and for prostatic urethra
  - Transitional urothelial cell originates in urethra, bladder, ureters and renal pelvis.
    - Code primary site to urethra (C680) when transitional/urothelial cell carcinoma involves prostate and urethra

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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<br>Vault<br>Vertex |
| Bladder, lateral wall **C672** | Lateral to ureteral orifice<br>Left wall<br>Right wall<br>Sidewall |
| Bladder neck **C675** | Internal urethral orifice<br>Vesical neck |
| Bladder NOS **C679** | Lateral posterior wall (**no hyphen**) |
| Bladder, overlapping lesion **C678** | Fundus<br>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**<br>*Note 1:* Previously called **transitional cell** carcinoma, a term that is no longer recommended.<br>*Note 2:* 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**<br>Infiltrating urothelial carcinoma **8120/3**<br>Infiltrating urothelial carcinoma with divergent differentiation **8120/3**<br>Infiltrating urothelial carcinoma with endodermal sinus lines **8120/3**<br>Infiltrating urothelial carcinoma with glandular differentiation **8120/3** | Giant cell urothelial carcinoma **8031/3**<br>Lymphoepithelioma-like urothelial carcinoma **8082/3**<br>Plasmacytoid/signet ring cell/diffuse variant<br>Papillary urothelial (transitional cell) carcinoma<br>in situ **8130/2**<br>invasive **8130/3** |

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# Table 3

Non-reportable urinary tumors

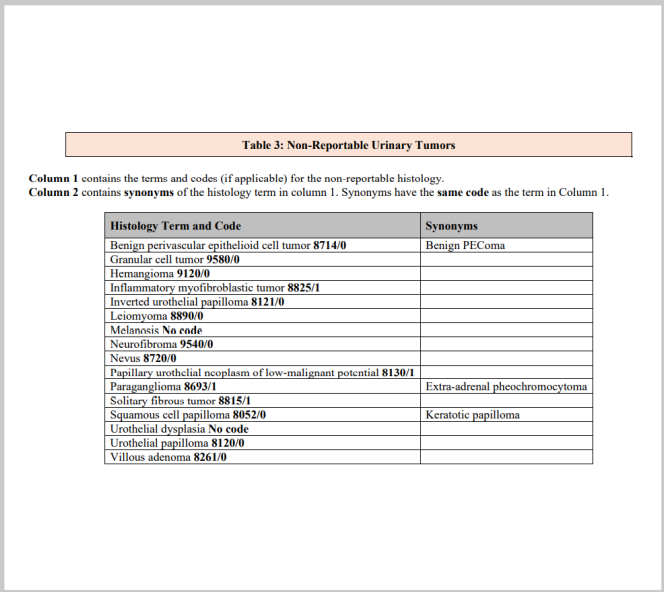

**Table 3: Non-Reportable Urinary Tumors**

**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** | |
| Paraganglioma **8693/1** | Extra-adrenal pheochromocytoma |
| Solitary fibrous tumor **8815/1** | |
| Squamous cell papilloma **8052/0** | Keratotic papilloma |
| Urothelial dysplasia **No code** | |
| Urothelial papilloma **8120/0** | |
| Villous adenoma **8261/0** | |

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# Urinary M Rules

These rules are NOT for tumor(s) described as mets.

Headings:

- Unknown if single or multiple tumors (M1)
- Single (M2) A single tumor is always a single primary
- Multiple (M3-M18)

Start in correct heading, then follow rules in order.

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# Multiple Tumors

**M3**
- Sep/noncontig tumors both R&L **renal pelvis AND** (no other sites) = multiple primary

**M4**
- Sep/noncontig tumors in R&L **ureter AND** (no other sites) = multiple primary

**M5**
- Synchronous tumors are noninvasive /2 urothelial carcinoma 8120/2 in sites: Bladder C67_ **AND**
  - One or both ureter(s) C669 = single primary

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# Multiple Tumors

**M6**
- Invasive tumor occurs more than 60 days after in situ tumor = multiple primary

**M7**
- Multiple occurrences of/2 urothelial ca in bladder (8120/2 & 8130/2)= single primary

**M8**
- Micropapillary urothelial ca 8131/3 of bladder AND urothelial carcinoma 8120/3 or 8130/3 of bladder=Multiple primary

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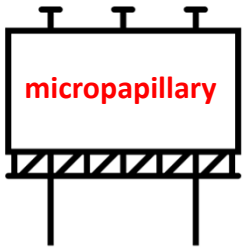
# M8




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 2018.

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 2022.

SURGERY:

12-21-22 TURB with fulguration: 5cm papillary lesion on floor.

PATH:

12-21-22 Bladder tissue/tumor: DX= papillary urothelial CA [8130/3], high grade, tumor focally lies within the submucosa.

**Will this diagnosis in 20122 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 2022.**

**SURGERY:**
**12-21-22 TURB with fulguration: 5cm papillary lesion on floor.**
**PATH:**
**12-21-22 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:

12-21-22 TURB with fulguration: 5cm pap lesion on floor.

PATH:

12-21-22 Bladder tissue/tumor: DX= **urothelial CA, high grade, non-invasive**. [8120/2].

**Will this DX in 2022 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 2022.**

**SURGERY:**
**12-21-22 TURB with fulguration: 5cm pap lesion on floor.**
**PATH:**
**12-21-22 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: 12/24/2022 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**<br><br>*Note 1:* Previously called **transitional cell** carcinoma, a term that is no longer recommended.<br>*Note 2:* 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**<br>Infiltrating urothelial carcinoma **8120/3**<br>Infiltrating urothelial carcinoma with divergent differentiation **8120/3**<br>Infiltrating urothelial carcinoma with endodermal sinus lines **8120/3**<br>Infiltrating urothelial carcinoma with glandular differentiation **8120/3**<br>Infiltrating urothelial carcinoma with squamous differentiation **8120/3**<br>Infiltrating urothelial carcinoma with trophoblastic differentiation **8120/3**<br>Lipid-rich urothelial carcinoma **8120/3**<br>Microcystic urothelial carcinoma **8120/3**<br>Nested urothelial carcinoma **8120/3**<br>Plasmacytoid urothelial carcinoma **8120/3**<br>Urothelial carcinoma in situ **8120/2** | Giant cell urothelial carcinoma **8031/3**<br>Lymphoepithelioma-like urothelial carcinoma **8082/3**<br>Papillary urothelial (transitional cell) carcinoma<br>in situ **8130/2**<br>invasive **8130/3**<br>Micropapillary urothelial carcinoma **8131/3**<br>Poorly differentiated carcinoma **8020/3**<br>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: 12/24/2022 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. [8120/3]***

| Field | Code | Resource |
|---|---|---|
| How many primaries? | 1 | M11 |
| Primary Site | C68.9 | #4, pg 316 |
| Histology | 8120/3 | Table 2 |

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# Urinary Coding Guidelines

Transurethral resection: Microscopic Diagnosis: *Bladder*, transurethral resection: Low-grade papillary urothelial carcinoma Gross Description: Received in formalin labeled with the patient's name and *bladder* tumor is a 3.0 x 2.0 1.0 cm aggregate of friable tan tissue biopsies. The specimen is submitted in toto, cassettes

**For cases diagnosed 2021 or later**

Code the behavior as in situ (/2) when the diagnosis is low grade urothelial carcinoma and there is no information regarding invasion. The SEER Manual Appendix C *Bladder* Coding Guidelines revision reflects this change. No changes have been made to EOD at this time.

The guidelines have been updated as follows.

Low grade urothelial carcinoma with no other information: Code to /2.

High grade urothelial carcinoma with no other information: Code to /3.

**For cases diagnosed prior to 2021**

Code the behavior as malignant (/3) for a *bladder* tumor with low-grade papillary urothelial carcinoma.

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# KIDNEY C64.9

Solid Tumor Rule Manual

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**Kidney Multiple Primary Rules**
**C649**
**(Excludes lymphoma and leukemia M95590 – M9992 and Kaposi sarcoma M9140)**

**Single Tumor**

**Rule M2** Abstract a **single primary**[i] when there is a **single tumor**.
***Note 1:*** A single tumor is always a single primary.
***Note 2:*** The tumor may overlap onto or extend into adjacent/contiguous site or subsites.
***Note 3:*** The tumor may have in situ and invasive components.
***Note 4:*** The tumor may have two or more histologic components.

**This is the end of instructions for Single Tumor.**

[i] **Prepare one abstract. Use the histology rules to assign the appropriate histology code.**

**Multiple Tumors**

***Note:*** Multiple tumors may be a **single** primary **OR multiple** primaries.

**Rule M3** Abstract **multiple primaries**[ii] when **multiple tumors** are present in sites with ICD-O **site** codes that **differ** at the second (C**X**xx), third (Cx**X**x) and/or fourth characters (Cxx**X**).
***Note:*** When codes differ at the second, third, or fourth characters, the tumors are in different primary sites.

**Rule M4** Abstract a **single primary**[i] when there are **bilateral nephroblastomas** (previously called Wilms tumors).
***Note:*** Timing is irrelevant; the tumors may occur simultaneously OR the contralateral tumor may be diagnosed later (no time limit).

**Rule M5** Abstract **multiple primaries**[ii] when there are tumors in **both** the **right kidney** and in the **left kidney**. There may be:
- A single tumor in each kidney
- A single tumor in one kidney and multiple tumors in the contralateral kidney
- Multiple tumors in both kidneys

***Note 1:*** The rules are **hierarchical**. Only use this rule when none of the previous rules apply.
***Note 2:*** **ONLY** abstract a single primary when **pathology** proves the tumor(s) in one kidney is/are **metastatic** from the other kidney.



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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: 3/17/2022 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?**

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# 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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| | | |
|---|---|---|
| Renal cell carcinoma NOS **8312**<br><br>***Note 1:*** WHO, IARC, and CAP agree that sarcomatoid carcinoma is a pattern of differentiation, not a specific subtype, of renal cell carcinoma.<br><br>***Note 2:*** Sarcomatoid is listed in the CAP Kidney protocol under the header "features."<br><br>***Note 3:*** Continue coding sarcomatoid renal cell carcinoma as 8312 until otherwise indicated. | RCC<br>Sarcomatoid carcinoma<br>Sarcomatoid renal cell carcinoma<br>Succinate dehydrogenase-deficient renal cell carcinoma (SDHD)<br>Unclassified renal cell carcinoma | Acquired cystic disease-associated renal cell carcinoma/tubulocystic renal cell carcinoma **8316***<br>Chromophobe renal cell carcinoma (ChRCC) **8317**<br>Clear cell papillary renal cell carcinoma **8323/3**<br>***Note:*** The 2016 WHO 4th 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 has **NOT** yet been implemented and it **remains reportable.**<br>Clear cell renal cell carcinoma (ccRCC) **8310**<br>Collecting duct carcinoma **8319**<br>Hereditary leiomyomatosis and renal cell carcinoma-associated renal cell carcinoma **8311***<br>MiT family translocation renal cell carcinomas **8311***<br>Succinate dehydrogenase-deficient renal cell carcinoma (SDHS) **8311* (reportable beginning 1/1/2022)**<br>***Note:*** Hereditary leiomyomatosis and renal cell carcinoma-associated renal cell carcinoma , MiT family translocation renal cell carcinomas, and succinate dehydrogenase-deficient 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 (see M rules).<br>Mucinous tubular and spindle cell carcinoma **8480***<br>Papillary renal cell carcinoma (PRCC) **8260** |
| **NOS/Specific Histology Term and Code** | **Synonyms** | ***Subtypes/Variants*** |
| | | Renal medullary carcinoma **8510***<br>***Note:*** This is a **new** term (previously called renal spindle cell carcinoma). |

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# Example 1

**PATH: 3/17/20122 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: 5/30/2021 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]<br>Small cell neuroendocrine tumor/carcinoma | Large cell neuroendocrine carcinoma/tumor **8013**<br>Well-differentiated neuroendocrine tumor **8240** |
| Renal cell carcinoma NOS **8312**<br>***Note 1:*** WHO, IARC, and CAP agree that sarcomatoid carcinoma is a pattern of differentiation, not a specific subtype, of renal cell carcinoma.<br>***Note 2:*** Sarcomatoid is listed in the CAP Kidney protocol under the header "features."<br>8312/3 | RCC<br>Sarcomatoid carcinoma<br>Sarcomatoid renal cell carcinoma<br>Succinate dehydrogenase-deficient renal cell carcinoma (SDHD)<br>Unclassified renal cell carcinoma | Acquired cystic disease-associated renal cell carcinoma/tubulocystic renal cell carcinoma **8316***<br>Chromophobe renal cell carcinoma (ChRCC) **8317**<br>Clear cell papillary renal cell carcinoma **8323/3**<br>***Note:*** The 2016 WHO 4th 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.<br>Clear cell renal cell carcinoma (ccRCC) **8310**<br>Collecting duct carcinoma **8319**<br>Hereditary leiomyomatosis and renal cell carcinoma-associated renal cell carcinoma **8311***<br>MiT family translocation renal cell carcinomas **8311***<br>***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.<br>Mucinous tubular and spindle cell carcinoma **8480***<br>Papillary renal cell carcinoma (PRCC) **8260**<br>Renal medullary carcinoma **8510***<br>***Note:*** This is a **new** term (previously called renal spindle cell carcinoma). |

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# Example 2

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

**Path: 5/30/2021 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: 2/14/22 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

**4.** 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: 2/14/22 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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# SEER*Educate

Training | Coding CEs

- **Dx 2018-2023 Solid Tumor Rules**
  - Kidney 1-5
  - Urinary 1-5


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# Questions
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