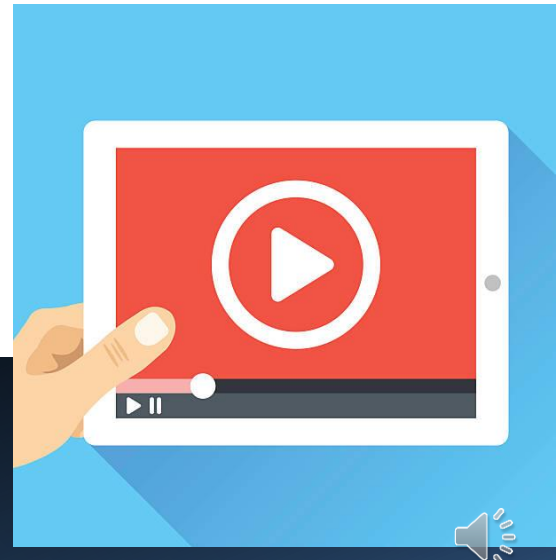


# Solid Tumor Rules:

Renal Pelvis, Ureter, Bladder, Other Urinary

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ICR VIDEO TRAINING SERIES | Iowa Cancer Registry  
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## Solid Tumor Rules Manual

Last updated 2025

- **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 (next presentation)**
  - C649 only



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## STR General Instructions

1. Purpose: determine multiple primaries, code histology ONLY
2. Staging systems are not used to determine number of primaries or histologies
3. Use STR site groups by diagnosis year chart, pg 5
4. Use latest diagnosis year to determine rules used
5. Use STR in order



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## STR General Instructions

- A. Multiple Tumors: Decide whether single or multiple primaries
  - i. Use Histology rules to assign working histology for each tumor
  - ii. Use Multiple Primary Rules to determine whether tumors are single or multiple primaries
  - iii. If single primary, follow the priority order in 5B
  - iv. If multiple determined to be single, follow priority order in 5B for each primary
- B. Single Tumor or multiple determined to be single



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## STR General Instructions

5B. Single Tumor or multiple determined to be single, consult documents in order:

- i. General instructions
- ii. Equivalent terms and Def
- iii. Multiple Pri Rules
- iv. Histology Rules

6. Notes and Examples

7. Rules are hierarchical order within each module. Use first rule that applies and STOP.



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## URINARY

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Solid Tumor Rules Manual



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## Priority for Coding Primary Site

### 1. Code Overlapping lesion of urinary bladder C678

- Single tumor of any histology overlaps subsites
- Single tumor or non-contiguous tumors which are:
  - Urothelial carcinoma in situ 8120/2 AND
  - Involves only bladder and one or both ureters (no other urinary sites involved)
- SEE NOTE in manual

### 2. Code Bladder NOS C679

- Multiple non-contiguous tumors bladder AND subsite/origin unknown/not documented



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## Priority for Coding Primary Site

### 3. Code 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. Code 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 \*laterality required\*

- 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**
  - Do **NOT** code Lupron as treatment if primary site prostatic urethra



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# Urinary 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 <b>C673</b>	-
Bladder, dome <b>C671</b>	Roof Vault Vertex
Bladder, lateral wall <b>C672</b>	Lateral to ureteral orifice Left wall Right wall Sidewall
Bladder neck <b>C675</b>	Internal urethral orifice Vesical neck
Bladder NOS <b>C679</b>	Lateral posterior wall ( <b>no hyphen</b> )
Bladder, overlapping lesion <b>C678</b>	Fundus Lateral-posterior wall ( <b>hyphen</b> )
Bladder, posterior wall <b>C674</b>	-

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# Urinary Table 2: Histology

Use only when instructed by rules

Thomas	AKA: Tom/Tommy	Children: Jason; Melissa
Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
<b>Urothelial carcinoma 8120</b>  <b>Note 1:</b> Previously called <b>transitional cell</b> carcinoma, a term that is no longer recommended.  <b>Note 2:</b> Micropapillary <b>8131</b> is a subtype/variant of papillary urothelial carcinoma <b>8130</b> . It is an invasive /3 neoplasm with aggressive behavior.  <b>Note 3:</b> The histology term is exactly Plasmacytoid/signet ring cell/diffuse variant. All three terms are used together to indicate a specific variant (coded 8082/3).	Clear cell (glycogen-rich) urothelial carcinoma <b>8120/3</b> Conventional urothelial carcinoma <b>8120/3</b> Diverticular carcinoma <b>8120/3</b> Infiltrating urothelial carcinoma <b>8120/3</b> Infiltrating urothelial carcinoma with divergent differentiation <b>8120/3</b> Infiltrating urothelial carcinoma with endodermal sinus lines <b>8120/3</b> Infiltrating urothelial carcinoma with glandular differentiation <b>8120/3</b> Infiltrating urothelial carcinoma with squamous differentiation <b>8120/3</b> Infiltrating urothelial carcinoma with trophoblastic differentiation <b>8120/3</b> Large nested urothelial carcinoma <b>8120/3</b> Lipid-rich urothelial carcinoma <b>8120/3</b> Microcystic urothelial carcinoma <b>8120/3</b> Nested urothelial carcinoma <b>8120/3</b> Plasmacytoid urothelial carcinoma (cases diagnosed prior to 1/1/2024) <b>8120/3</b> Tubular and microcystic urothelial carcinoma <b>8120/3</b> Urothelial carcinoma in situ <b>8120/2</b>	Giant cell urothelial carcinoma <b>8031/3</b> Lymphoepithelioma-like urothelial carcinoma <b>8082/3</b> Plasmacytoid/signet ring cell/diffuse variant (see Note 3) Papillary urothelial (transitional cell) carcinoma in situ <b>8130/2</b> invasive <b>8130/3</b> low-grade papillary urothelial carcinoma with inverted growth pattern <b>8130/2</b> non-invasive papillary urothelial carcinoma, high-grade <b>8130/2</b> non-invasive papillary urothelial carcinoma, low-grade <b>8130/2</b> Micropapillary urothelial carcinoma <b>8131/3</b> Plasmacytoid urothelial carcinoma (cases diagnosed 1/1/2024 forward)/ sarcomatoid urothelial carcinoma <b>8122/3</b> Poorly differentiated carcinoma/poorly differentiated urachal carcinoma <b>8020/3</b>

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# Urinary Table 2: Histology

Use only when instructed by rules

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Thomas	AKA: Tom/Tommy	Children: Jason; Melissa
Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
<b>Adenocarcinoma NOS 8140</b> <i>Note: Urachal carcinoma NOS is coded 8010/3. Urachal adenocarcinoma is coded 8140/3.</i>	Carcinoma of Cowper glands Carcinoma of Skene glands Littre gland adenocarcinoma Urachal adenocarcinoma	Clear cell carcinoma <b>8310</b> Endometrioid carcinoma <b>8380</b> Enteric adenocarcinoma <b>8144</b> Mucinous adenocarcinoma <b>8480</b>
<b>Malignant melanoma 8720/3</b>	Mucosal melanoma	Mucosal lentiginous melanoma <b>8746/3</b> Nodular melanoma <b>8721/3</b>
<b>Malignant perivascular epithelioid cell tumor 8714/3</b>	Malignant PEComa	
<b>Mixed adenocarcinoma 8323/3</b>		
<b>Mixed neuroendocrine-non-neuroendocrine carcinoma 8154/3</b>		
<b>Neuroendocrine carcinoma NOS 8246/3</b>		Large cell neuroendocrine tumor/combined large cell neuroendocrine carcinoma <b>8013/3</b> Small cell neuroendocrine carcinoma <b>8041/3</b>



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# Urinary Table 3: Non-Reportable

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 <b>8714/0</b>	Benign PEComa
Granular cell tumor <b>9580/0</b>	
Hemangioma <b>9120/0</b>	
Inflammatory myofibroblastic tumor <b>8825/1</b>	
Inverted urothelial papilloma <b>8121/0</b>	
Leiomyoma <b>8890/0</b>	
Melanosis <b>No code</b>	
Neurofibroma <b>9540/0</b>	
Nevus <b>8720/0</b>	
Papillary urothelial ncoplasm of low-malignant potential <b>8130/1</b>	
Paraganglioma <b>8693/1</b>	Extra-adrenal pheochromocytoma
Solitary fibrous tumor <b>8815/1</b>	
Squamous cell papilloma <b>8052/0</b>	Keratotic papilloma
Urothelial dysplasia <b>No code</b>	
Urothelial papilloma <b>8120/0</b>	
Villous adenoma <b>8261/0</b>	



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# MULTIPLE PRIMARY RULES



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## Urinary M Rules

**Unknown if  
single or  
multiple tumors**

**M1** = single tumor



**Single Tumor**

**M2** A single tumor is always a single primary (see notes)

- May be one large tumor overlapping subsites
- May have in situ and invasive components in one tumor
- May have two or more histologic components in one tumor



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# Urinary M Rules

## Multiple Tumors (M3-M18)

- *Note 1:* Multiple tumors may be a single primary or multiple primaries
- *Note 2:* Separate, non-contiguous tumors are always multiple primaries when:
  - Tumor in urinary system (table 1) and a site other than urinary system
    - Example: Urothelial carcinoma of bladder and a non-metastatic adenoca of lung. Lung is not a urinary site. Abstract two primaries
  - Non-synchronous tumors other than urothelial carcinoma and those subtypes in multiple urinary sites (see rule M14)



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## Multiple Tumors

M

M3

- Sep/noncontig tumors both R&L **renal pelvis AND** (no other urinary sites involved)

M

M4

- Sep/noncontig tumors in R&L **ureter AND** (no other urinary sites involved)
- SEE NOTES

S

M5

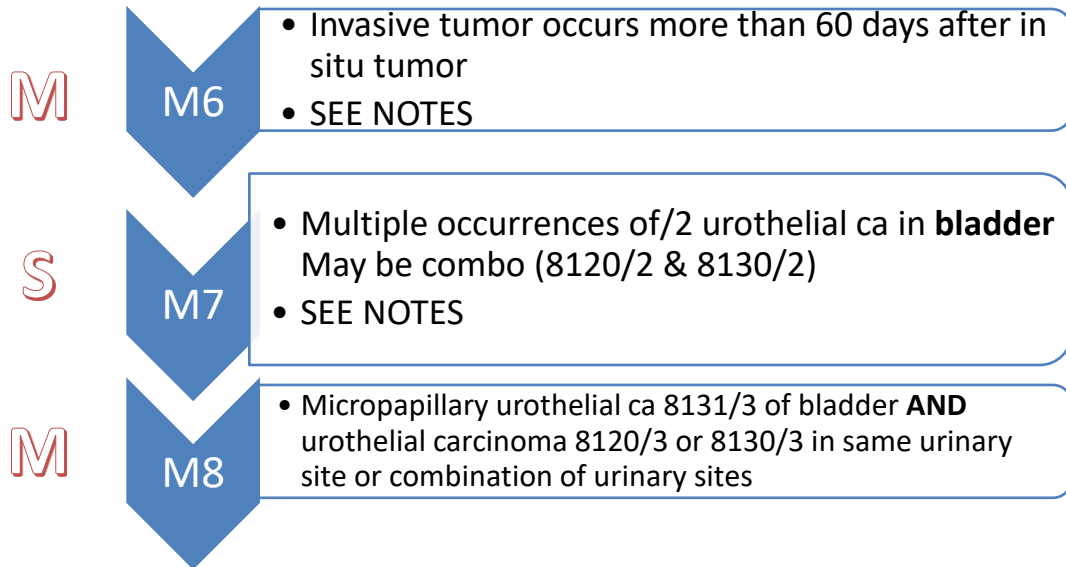
- Synchronous tumors are **noninvasive in situ /2** urothelial carcinoma (flat tumor) 8120/2 in sites: Bladder C67\_ **AND**
  - One or both ureter(s) C669
  - SEE NOTES



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# Multiple Tumors



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## Micropapillary Urothelial – M8

- Abstract **multiple primaries** 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:** 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).

Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
<b>Urothelial carcinoma 8120</b> <b>Note 1:</b> Previously called <b>transitional cell carcinoma</b> , a term that is no longer recommended. <b>Note 2:</b> Micropapillary 8131 is a subtype/variant of papillary urothelial carcinoma 8130. It is an invasive /3 neoplasm with aggressive behavior. <b>Note 3:</b> The histology term is exactly Plasmacytoid/signet ring cell/diffuse variant. All three terms are used together to indicate a specific variant (coded 8082/3).	Clear cell (glycogen-rich) urothelial carcinoma <b>8120/3</b> Conventional urothelial carcinoma <b>8120/3</b> Diverticular carcinoma <b>8120/3</b> Infiltrating urothelial carcinoma <b>8120/3</b> Infiltrating urothelial carcinoma with divergent differentiation <b>8120/3</b> Infiltrating urothelial carcinoma with endodermal sinus lines <b>8120/3</b> Infiltrating urothelial carcinoma with glandular differentiation <b>8120/3</b> Infiltrating urothelial carcinoma with squamous differentiation <b>8120/3</b> Infiltrating urothelial carcinoma with trophoblastic differentiation <b>8120/3</b> Large nested urothelial carcinoma <b>8120/3</b> Lipid-rich urothelial carcinoma <b>8120/3</b> Microcystic urothelial carcinoma <b>8120/3</b> Nested urothelial carcinoma <b>8120/3</b> Plasmacytoid urothelial carcinoma (cases diagnosed prior to 1/1/2024) <b>8120/3</b> Tubular and microcystic urothelial carcinoma <b>8120/3</b> Urothelial carcinoma in situ <b>8120/2</b>	Giant cell urothelial carcinoma <b>8031/3</b> Lymphoepithelioma-like urothelial carcinoma <b>8082/3</b> Plasmacytoid/signet ring cell/diffuse variant (see Note 3) Papillary urothelial (transitional cell) carcinoma in situ <b>8130/2</b> Invasive <b>8130/3</b> low-grade papillary urothelial carcinoma with inverted growth pattern <b>8130/2</b> non-invasive papillary urothelial carcinoma, high-grade <b>8130/2</b> non-invasive papillary urothelial carcinoma, low-grade <b>8130/2</b> <b>Micropapillary urothelial carcinoma 8131/3</b> Plasmacytoid urothelial carcinoma (cases diagnosed 1/1/2024 forward)/ sarcomatoid urothelial carcinoma <b>8122/3</b> Poorly differentiated carcinoma/poorly differentiated urachal carcinoma <b>8020/3</b>



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# Multiple Tumors

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M9

Abstract a **single primary**<sup>i</sup> when the patient has multiple **invasive** urothelial cell carcinomas in the **bladder**. All tumors are either:

- Multiple occurrences of urothelial or subtypes (exception micropapillary) **OR**
- 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 Urinary

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 2024.

### SURGERY:

12-21-24 TURB with fulguration: 5cm papillary lesion on floor.

### PATHOLOGY:

12-21-24 Bladder tissue tumor: DX= Invasive papillary urothelial CA [8130/3], high grade, tumor focally lies within the submucosa.

Will this diagnosis in 2024 be a new primary to abstract?



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## Example 1 Urinary

### M3 – Multiple Tumors in Bilateral Renal Pelvis

- Keep going...

### M4 - Multiple Tumors in Bilateral Ureters

- Keep going...

### M5 – Noninvasive urothelial carcinoma (8120/2) in Bladder and Ureter(s)

- Keep going...

### M6 – Invasive tumor more than 60 days after in-situ tumor

- Non-invasive (/2) diagnosed 2017
- Invasive (/3) diagnosed 2024
- **Abstract the 2024 invasive tumor case**



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## Example 1 Urinary

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 2024.

### SURGERY:

12-21-24 TURB with fulguration: 5cm papillary lesion on **floor**.

### PATH:

12-21-24 Bladder tissue/tumor: DX= **Invasive papillary urothelial CA**, high grade, tumor focally lies within the submucosa.

Data Item	Code	Resource
Primary Site	<b>C670</b>	Table 1
Histology	<b>8130/3</b>	Table 2



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## Example 2 Urinary

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 2024 for follow up.

### SURGERY:

12-21-24 TURB with fulguration: 5cm pap lesion on floor.

### PATHOLOGY:

12-21-24 Bladder tissue/tumor: DX= Urothelial CA, high grade, non-invasive. [8120/2].

**Will this DX in 2023 be a new primary to abstract?**



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## Example 2 Urinary

### **M3 – Multiple Tumors in Bilateral Renal Pelvis**

- Keep going...

### **M4 - Multiple Tumors in Bilateral Ureters**

- Keep going...

### **M5 – Noninvasive urothelial carcinoma (8120/2) in Blader and Ureter(s)**

- Keep going...

### **M6 – Invasive tumor more than 60 days after in-situ tumor**

- Keep going...

### **M7 – In situ urothelial and/or non-invasive papillary urothelial in Bladder**

- 2017 – 8130/2 and 2024 8120/2 in bladder
- Abstract single primary



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## Example 2 Urinary

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 2024.

### SURGERY:

12-21-24 TURB with fulguration: 5cm pap lesion on floor.

### PATH:

12-21-24 Bladder tissue/tumor: DX= urothelial CA, high grade, non-invasive. [8120/2].

Data Item	Code	Resource

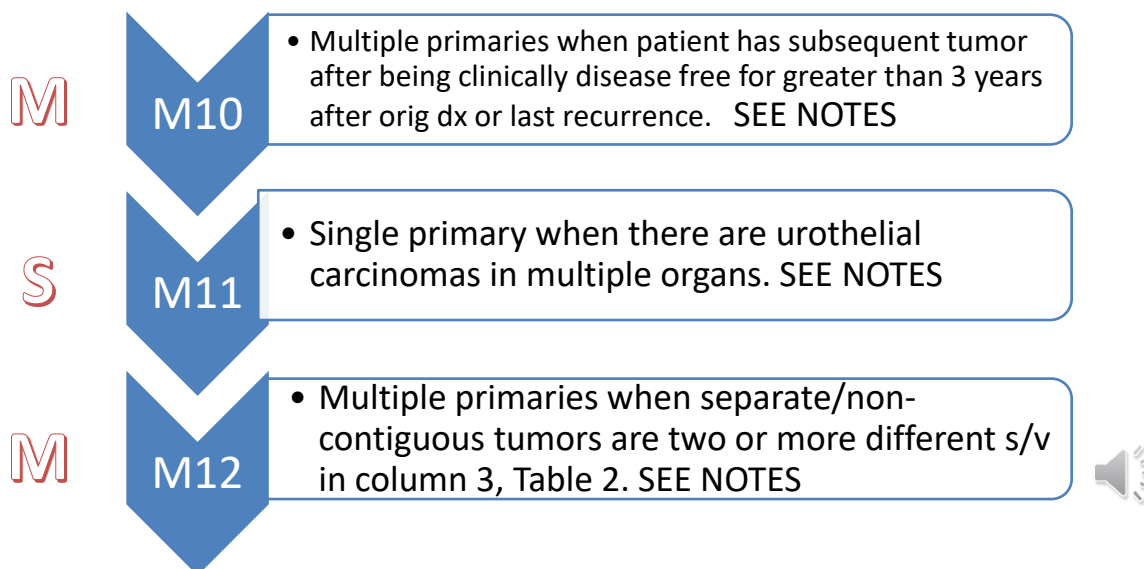
**Note 2:** Abstract only one in situ urothelial bladder tumor per the patient's lifetime



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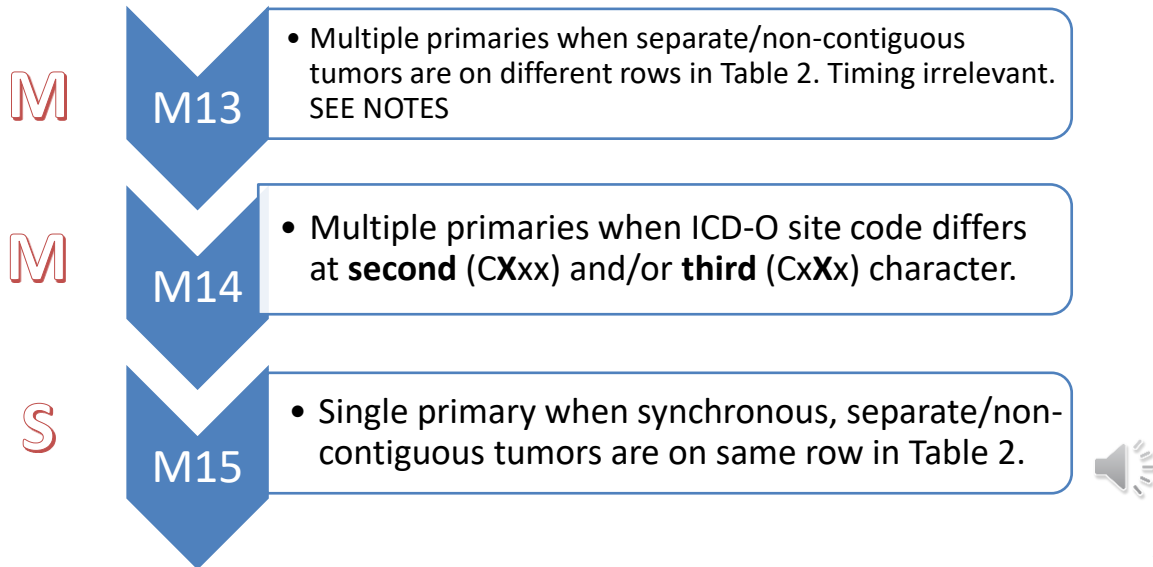
## Multiple Tumors



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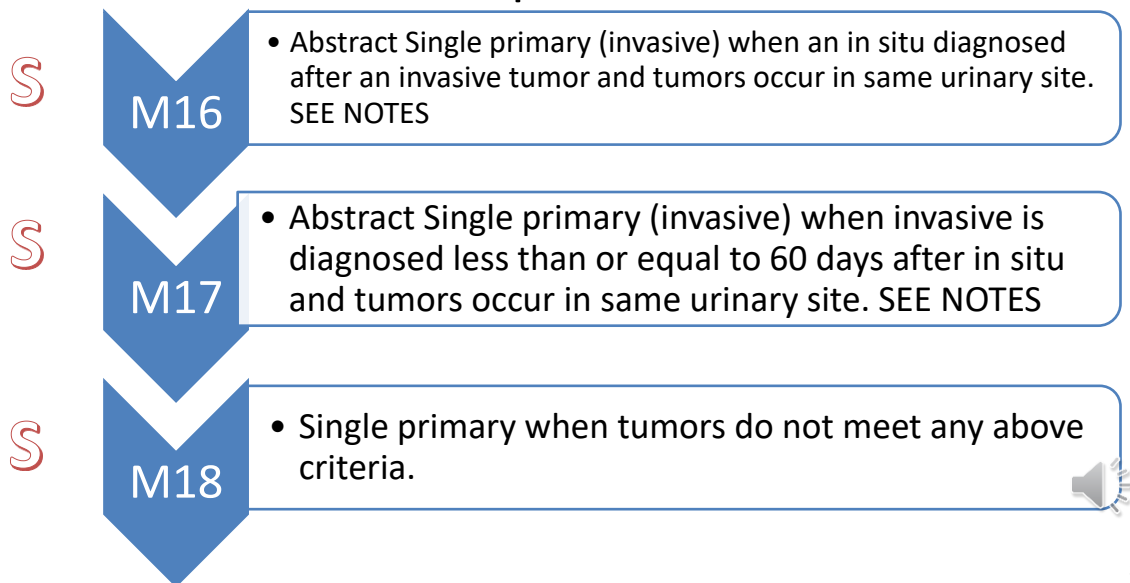
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## Multiple Tumors



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## Multiple Tumors



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## Example 3 Urinary

12/24/2024 a 72Y BF with gross hematuria, work up with US & cystoscopy 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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## Example 3 Urinary

- Let's start with a working histology

– Table 2

Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
<b>Urothelial carcinoma 8120</b> <b>Note 1:</b> Previously called <b>transitional cell carcinoma</b> , a term that is no longer recommended. <b>Note 2:</b> Micropapillary <b>8131</b> is a subtype/variant of papillary urothelial carcinoma <b>8130</b> . It is an invasive (3) neoplasm with aggressive behavior. <b>Note 3:</b> The histology term is exactly Plasmacytoid/signet ring cell/diffuse variant. All three terms are used together to indicate a specific variant (coded 8082/3).	Clear cell (glycogen-rich) urothelial carcinoma <b>8120/3</b> Conventional urothelial carcinoma <b>8120/3</b> Diverticular carcinoma <b>8120/3</b> Infiltrating urothelial carcinoma <b>8120/3</b> Infiltrating urothelial carcinoma with divergent differentiation <b>8120/3</b> Infiltrating urothelial carcinoma with endodermal sinus lines <b>8120/3</b> Infiltrating urothelial carcinoma with glandular differentiation <b>8120/3</b> <b>Infiltrating urothelial carcinoma with squamous differentiation 8120/3</b> Infiltrating urothelial carcinoma with trophoblastic differentiation <b>8120/3</b> Large nested urothelial carcinoma <b>8120/3</b> Lipid-rich urothelial carcinoma <b>8120/3</b> Microcystic urothelial carcinoma <b>8120/3</b> Nested urothelial carcinoma <b>8120/3</b> Plasmacytoid urothelial carcinoma (cases diagnosed prior to 1/1/2024) <b>8120/3</b> Tubular and microcystic urothelial carcinoma <b>8120/3</b> Urothelial carcinoma in situ <b>8120/2</b>	Giant cell urothelial carcinoma <b>8031/3</b> Lymphoepithelioma-like urothelial carcinoma <b>8082/3</b> Plasmacytoid/signet ring cell/diffuse variant (see Note 3) Papillary urothelial (transitional cell) carcinoma in situ <b>8130/2</b> invasive <b>8130/3</b> low-grade papillary urothelial carcinoma with inverted growth pattern <b>8130/2</b> non-invasive papillary urothelial carcinoma, high-grade <b>8130/2</b> non-invasive papillary urothelial carcinoma, low-grade <b>8130/2</b> Micropapillary urothelial carcinoma <b>8131/3</b> Plasmacytoid urothelial carcinoma (cases diagnosed 1/1/2024 forward)/sarcomatoid urothelial carcinoma <b>8122/3</b> Poorly differentiated carcinoma/poorly differentiated urachal carcinoma <b>8020/3</b>



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## Example 3 Urinary

### M3 – Multiple Tumors in Bilateral Renal Pelvis

- Keep going...

### M4 - Multiple Tumors in Bilateral Ureters

- Keep going...

### M5 – Noninvasive urothelial carcinoma (8120/2) in Blader and Ureter(s)

- Keep going...

### M6 – Invasive tumor more than 60 days after in-situ tumor

- Keep going...

### M7 – In situ urothelial and/or non-invasive papillary urothelial in Bladder

- Keep going...



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## Example 3 Urinary

### M8 – Micropapillary Urothelial and Urothelial type

- Keep going...

### M9 – Multiple invasive urothelial cell carcinomas in bladder

- Keep going...

### M10 – Clinically disease-free for greater than 3 years

- Keep going...

### M11 – Urothelial carcinoma in multiple urinary organs

- L renal pelvis & bladder
- Same histology – urothelial type
- Single abstract



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# Example 3 Urinary

Background: 12/24/2024 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]

Data Item	Code	Resource
How many primaries?	1	M11
Primary Site	C68.9	#4, pg 341
Histology	8120/3	Table 2

Primary Site:  
4. Code Urinary System NOS C689 when there are multiple non-contiguous tumors in multiple organs within urinary system.

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## HISTOLOGY RULES



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## SEER Appendix C: Coding Guidelines, Bladder

- Code behavior as **malignant** (/3) when:
  - Diagnosis is high grade urothelial carcinoma **AND** there is no information regarding invasion **OR**
  - Path report says submucosa invaded **OR**
  - TURB only document depth can't be measured because no muscle in specimen **AND**
    - No information regarding invasion and TNM not available **OR**
    - Path report doesn't mention submucosa is involved or not
- Code behavior as **in situ** (/2) when:
  - Diagnosis is low grade urothelial carcinoma **AND** there is no information regarding invasion **OR**
  - Path report states submucosa isn't involved (free of tumor) **OR**
  - TURB only and depth of invasion cannot be measured because there is no muscle in specimen **AND**
    - TNM is Ta or Tis **OR**
  - Path report includes terminology:
    - Non-invasive
    - No stromal invasion
    - No invasion identified
    - No lamina propria invasion identified
    - Extent of invasion: absent

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## Example – Assign Behavior

### SINQ: 20200043

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

This is all the information there is on this path report. Extent of Disease (EOD) instructions state inferred description of noninvasive: No statement of invasion (microscopic description present) SEER 2018 Appendix C Bladder Coding Guidelines state code **behavior** 3 if the only surgery performed is a transurethral resection of the bladder (TURB) documenting that depth of invasion cannot be measured because there is no muscle in the specimen OR the pathology report does not mention whether the submucosa is free of tumor or has been invaded by tumor.

- Cases diagnosed 2021+ **AND** no information on invasion:
  - Code behavior as **in situ** (/2) when diagnosis is low grade urothelial carcinoma
  - High grade urothelial carcinoma code **malignant** (/3)
  - Code behavior as **malignant** (/3) for a bladder tumor with low-grade papillary urothelial carcinoma

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# Urinary Histology Rules

## Priority Order for Using Documentation to Identify Histology

### 1. Code histology prior to neoadjuvant therapy

*Note 1:* Histology changes occur following immuno, chemo, hormone, radiation

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

**Exception:** Initial dx based on FNA, smears, cytology or from regional/metastatic site, neoadjuvant therapy given followed by resection of primary site identifying specific histology, code histology from primary site.



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# Urinary Histology Rules

### 2. Code histology using priority lists and rules. Do not change histology in order to stage case.

For single primaries (including multiple tumors abstracted as a single primary)

Code the **most specific** path/tissue from either resection or biopsy.

*Note 1:* “most specific” refers to a subtype/variant

*Note 2:* Rules instruct to code invasive histology when there are both 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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# Urinary Histology Rules

## Documentation in order to identify histology type(s):

1. Tissue or pathology report from primary site
  - A. Addendum(s) and/or comment(s)
  - B. Final diagnosis / synoptic report as required by CAP
  - C. CAP Protocol (checklist)

**Note 1:** Addendums and comments on path report are given high priority, often contain molecular testing, genetic testing and/or special stains which gives more specific diagnosis.

**Note 2:** Pathologist's diagnosis from path report is always reliable, so final diagnosis is second priority, often the synoptic CAP.

**Note 3:** CAP is a checklist to provide guidelines for collecting essential data elements and allows pathologists to check multiple histologies



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# Urinary Histology Rules

2. Cytology (usually urine)
3. Tissue/path from a metastatic site

*Note 1:* Code behavior to /3

*Note 2:* Tissue from metastatic site often shows variation from primary tumor. When it is only tissue available, it is more accurate than scan or physician documentation.

4. Code histology documented by physician when done of above are available. Use documentation in following order:
  - A. Treatment Plan
  - B. Documentation from Tumor Board
  - C. Documentation from medical record refers to original path, cytology or scan
  - D. Physician's reference to type of cancer (histology) in medical record

*Note 1:* Code specific histology when documented

*Note 2:* Code histology to 8000 (cancer/malignant neoplasm NOS) or as stated by physician when nothing more specific is documented

5. Scans: No priority order because scan are not a reliable method for identifying histologies for these sites



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## Coding Histology

- ✓ *Note 1:* Priority is to code most specific histology
- ✓ *Note 2:* Only use this section for one or more histologies within a single tumor
- ✓ *Note 3:* Do not use this section in place of Histology Rules

1. Code the **most specific** histology or **subtype/variant**, regardless if described as:

- A. Majority or predominant part of tumor
- B. Minority of tumor
- C. Component

2. Code histology described as differentiation or features/features of **ONLY** when there is specific ICD-O code

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



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## Coding Histology

3. Code specific histology described by ambiguous terms (list follows) **ONLY** when A or B is true:

- A. Only one histology term described by ambig terms
- B. There is NOS **and** more specific (s/v) histology described by ambiguous terms
  - Specific histology clinically confirmed by physician **OR**
  - Pt receiving treatment based on specific histology described by ambiguous term

4. **DO NOT CODE** histology described as:

- Architecture
- Foci; focus; focal
- Growth pattern
- Pattern



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## Examples Coding Histology

- **Example 1:** Single tumor, adenocarcinoma 8140 with majority or predominant part of tumor being endometrioid carcinoma 8380. **Code the s/v endometrioid carcinoma 8380.**
  - Histology coding instruction 1
- **Example 2:** Outpatient biopsy says **probably** papillary urothelial carcinoma; no further information. **Code histology papillary urothelial carcinoma, 8130.**
  - Histology coding instruction 3A
- **Example 3:** Pathology diagnosis is adenocarcinoma **consistent with** mucinous adenocarcinoma; treatment plan says patient will receive treatment for mucinous adenocarcinoma; **Code mucinous adenocarcinoma, 8480**
  - Histology coding instruction 3B, bullet 2



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## H Rules


Single Tumor  
Rules **H1-H6**

Multiple Tumors  
abstracted as a  
Single Primary  
**H7-H11**




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Single Tumor	
<b>Rule H1</b>	Code histology when only one histology is present Use table 2. See additional notes
<b>Rule H2</b>	Code invasive histology when in situ and invasive histologies are present in <b>same tumor</b>
<b>Rule H3</b>	Code the subtype/variant when NOS and a <b>single</b> s/v of that NOS See numerous examples Use table 2 to identify NOS and s/v
<b>Rule H4</b>	Code mixed small cell carcinoma 8045 when the final dx small cell neuroendocrine mixed with any other type of carcinoma (excludes sarcoma) see example
<b>Rule H5</b>	Code combined large cell carcinoma 8013 when final dx is large cell neuroendocrine carcinoma and any other type of carcinoma (excludes sarcoma) see example
<b>Rule H6</b>	Code mixed urothelial carcinoma as follows: see codes/examples in manual 

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Multiple Tumors Abstracted as Single Primary	
<b>Rule H7</b>	Code the histology when only <b>one</b> histology is present in <b>all</b> tumors. Use Table 2. See notes.
<b>Rule H8</b>	Code the <b>invasive</b> histology when there are invasive and in situ histologies: Mixed in each of the tumors OR in separate tumors
<b>Rule H9</b>	Code the subtype/variant when <b>all</b> multifocal/multicentric tumors are a NOS and a single s/v of that NOS such as: (see list)
<b>Rule H10</b>	Code mixed small cell carcinoma 8045 when the final dx for all tumors is small cell neuroendocrine mixed with any other type of carcinoma (excludes sarcoma)
<b>Rule H11</b>	Code combined large cell carcinoma 8013 when the final dx for all tumors is large cell neuroendocrine carcinoma and any other type of carcinoma (excludes sarcoma) 

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## Example 1 Urinary

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 2024.

### SURGERY:

12-21-24 TURB with fulguration: 5cm papillary lesion on floor.

### PATHOLOGY:

12-21-24 Bladder tissue tumor: DX= Invasive papillary urothelial CA, high grade, tumor focally lies within the submucosa.

What is the correct histology code for the 2024 abstract?



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## Example 1 Urinary

- Based on rule M6 – 2024 case is a new primary/abstract
- **How many tumors?**
  - Single tumor on the floor of the bladder
- **Which Section of Histology rules?**
  - Single Tumor
  - **H1** – only one histology present
    - *Note 1:* See Table 2

Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
<b>Urothelial carcinoma 8120</b>	Clear cell (glycogen-rich) urothelial carcinoma <b>8120/3</b> Conventional urothelial carcinoma <b>8120/3</b> Diverticular carcinoma <b>8120/3</b> Infiltrating urothelial carcinoma <b>8120/3</b> Infiltrating urothelial carcinoma with divergent differentiation <b>8120/3</b> Infiltrating urothelial carcinoma with endodermal sinus lines <b>8120/3</b> Infiltrating urothelial carcinoma with glandular differentiation <b>8120/3</b> Infiltrating urothelial carcinoma with squamous differentiation <b>8120/3</b> Infiltrating urothelial carcinoma with	Giant cell urothelial carcinoma <b>8031/3</b> Lymphoepithelioma-like urothelial carcinoma <b>8082/3</b> Plasmacytoid/signet ring cell/diffuse variant (see Note 3) <b>Papillary urothelial (transitional cell) carcinoma in situ 8130/2</b> <b>invasive 8130/3</b> low-grade papillary urothelial carcinoma with inverted growth pattern <b>8130/2</b> non-invasive papillary urothelial carcinoma, high-grade <b>8130/2</b> non-invasive papillary urothelial carcinoma, low-grade <b>8130/2</b> Micropapillary urothelial carcinoma <b>8131/3</b>
<i>Note 1:</i> Previously called <b>transitional cell carcinoma</b> , a term that is no longer recommended.		
<i>Note 2:</i> Micropapillary <b>8131</b> is a subtype/variant of papillary urothelial carcinoma <b>8130</b> . It is an invasive /3 neoplasm with aggressive behavior.		
<i>Note 3:</i> The histology term is exactly Plasmacytoid/signet ring cell/diffuse variant. All three terms are used together to indicate a specific variant (coded		

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## Example 1 Urinary

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 2024.

### SURGERY:

12-21-24 TURB with fulguration: 5cm papillary lesion on **floor**.

### PATH:

12-21-24 Bladder tissue/tumor: DX= **Invasive papillary urothelial CA**, high grade, tumor focally lies within the submucosa.

Data Item	Code	Resource
Primary Site	<b>C670</b>	M6, Table 1
Histology	<b>8130/3</b>	H1, Table 2



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## Example 3 Urinary

12/24/2024 a 72Y BF with gross hematuria, work up with US & cystoscopy 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 would you code the histology?



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## Example 3 Urinary

- Based on rule M11 we code this as a single abstract
- Start in the H rule header: Multiple Tumors Abstracted as a Single Primary
  - H7** – code the histology when only one is present in ALL tumors
    - Both tumors were invasive high grade urothelial carcinoma with squamous differentiation

– Note 1: use Table 2

Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
<b>Urothelial carcinoma 8120</b>	Clear cell (glycogen-rich) urothelial carcinoma <b>8120/3</b> Conventional urothelial carcinoma <b>8120/3</b> Divericular carcinoma <b>8120/3</b> Infiltrating urothelial carcinoma <b>8120/3</b> Infiltrating urothelial carcinoma with divergent differentiation <b>8120/3</b> Infiltrating urothelial carcinoma with endodermal sinus lines <b>8120/3</b> Infiltrating urothelial carcinoma with glandular differentiation <b>8120/3</b> Infiltrating urothelial carcinoma with squamous differentiation <b>8120/3</b> Infiltrating urothelial carcinoma with	Giant cell urothelial carcinoma <b>8031/3</b> Lymphoepithelioma-like urothelial carcinoma <b>8082/3</b> Plasmacytoid/signet ring cell/diffuse variant (see Note 3) Papillary urothelial (transitional cell) carcinoma in situ <b>8130/2</b> invasive <b>8130/3</b> low-grade papillary urothelial carcinoma with inverted growth pattern <b>8130/2</b> non-invasive papillary urothelial carcinoma, high-grade <b>8130/2</b> non-invasive papillary urothelial carcinoma, low-grade <b>8130/2</b> Micropapillary urothelial carcinoma <b>8131/3</b>

*Note 1:* Previously called transitional cell carcinoma, a term that is no longer recommended.

*Note 2:* Micropapillary **8131** is a subtype/variant of papillary urothelial carcinoma **8130**. It is an invasive /3 neoplasm with aggressive behavior.

*Note 3:* The histology term is exactly Plasmacytoid/signet ring cell/diffuse variant. All three terms are used together to indicate a specific variant (coded



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## Urinary Example 3

Background: 12/24/2024 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]

Data Item	Code	Resource
How many primaries?	1	M11
Primary Site	<b>C68.9</b>	#4, pg 341
Histology	<b>8120/3</b>	H7, Table 2

Primary Site:  
4. Code Urinary System NOS C689 when there are multiple non-contiguous tumors in multiple organs within urinary system.



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Training | Coding CEs

– Dx 2018-2024 Solid Tumor Rules

- Urinary 1-5



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## Questions

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