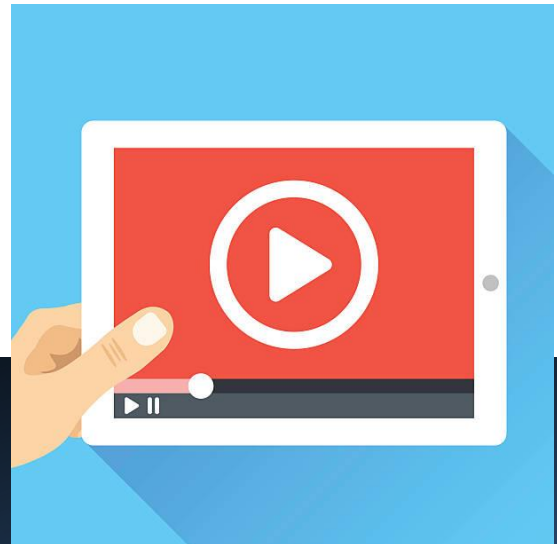


URINARY TRACT (BLADDER, RENAL PELVIS) EOD & GRADE

Presented by Melissa Riddle, ODS-C
ICR VIDEO TRAINING SERIES | Iowa Cancer Registry
March 2025



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EOD Manual

- General Coding instructions, page 15
https://seer.cancer.gov/tools/staging/eod/2018_EOD-General-Instructions_2024.pdf
 - Timing rules
 - What to include re clinical or path findings
 - Rules re neoadjuvant therapy
 - Discrepancies between op/path

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EOD Manual

- https://staging.seer.cancer.gov/eod_public/list/3.1/
 - Select the version/Go
 - Select the schema
 - Click on Bladder

EOD Data v3.1 NAACCR 2024
SEER*RSA

This information is for an older version of EOD which was compatible with NAACCR 2024. [View the latest version](#)

EOD Home > Schema List

Cancer Schema List

☒ Standard Search
☐ Site/Hist Search

Search Term(s)

Adnexa Uterine Other	Eye Other
Adrenal Gland	Fallopian Tube
Ampulla of Vater	Floor of Mouth
► Anus	Gallbladder
► Appendix	Genital Female Other
Bile Duct Distal	Genital Male Other
Bile Ducts Intrahepatic	GIST
Bile Ducts Perihilar	Gum
Biliary Other	Heart, Mediastinum and Pleura
Bladder	HemeRetic
Bone Appendicular Skeleton	Hypopharynx

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Bladder - EOD

- **SEER*RSA v3.1**
 - Schema: Bladder C67X
 - EOD Primary Tumor
 - EOD Regional Nodes
 - EOD Mets

EOD Data v3.1 NAACCR 2024
SEER*RSA

This information is for an older version of EOD which was compatible with NAACCR 2024. [View the latest version](#)

EOD Home > Schema List > Bladder

Bladder

Primary Site	Histology
C670-C679	8000-8700, 8720-8790

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BLADDER EOD PRIMARY TUMOR

Note 1: Two main types of bladder cancer

– **Flat (sessile)**

- Called **in situ** when tumor has not penetrated basement membrane

– **Papillary type**

- Called **noninvasive** when tumor has not penetrated basement membrane

Note 2: Noninvasive papillary transitional carcinoma: Pathologists use many descriptive terms for noninvasive papillary TCC. Frequently the path report does not contain a definitive statement of non-invasion.

- **Non-invasion can be inferred from microscopic description**
- List of terms in SEER*RSA schema

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Definite statements non-invasion 'for papillary TCC (Ta)'

- Noninfiltrating
- Noninvasive
- No evidence of invasion
- No extension into lamina propria
- No stromal invasion
- No extension into underlying supporting tissue
- Neg lamina propria and superficial muscle
- Neg muscle and (subepithelial) connective tissue
- No infiltrative behavior/component

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Inferred descriptions of non-invasion 'for papillary TCC'

- No involvement of musc propria and no mention of subepithelium/submucosa
- No statement of invasion (microscopic description present)
- (Underlying) tissue insufficient to judge depth of invasion
- No invasion of bladder wall
- No involvement of muscularis propria
- Benign deeper tissue
- Microscopic description problematic (non-invas vs superficial invas)
- Frond surfaced by transitional cell
- No mural infiltration
- No evidence of invasion (no sampled stroma)
- Confined to mucosa

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EOD PRIMARY TUMOR

Note 3: Noninvasive (in situ) **flat** transitional cell carcinoma:

- "**confined to mucosa**"
 - Historically, coded localized
 - Also used as non-invasion
 - Invasion of mucosa, grade 1 vs grade 2 for noninvasion vs invasive carcinoma
 - To code accurately "confined to mucosa" ... abstractors should determine: 5 criteria in note 3.

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Confined to Mucosa

If...	CODE
Tumor confined to epithelium and is non-invasive papillary carcinoma	000
Tumor confined to epithelium and is non-invasive, non-papillary (transitional)	050
Tumor has penetrated basement membrane to invade lamina propria; then it is invasive. Lamina propria and submucosa tend to merge when no muscularis mucosa, so may be used interchangeably, along with stroma and subepithelial connective tissue.	100
Distinction between involvement of epithelium and lamina propria cannot be made, tumor coded as confined to mucosa NOS	100

Statements meaning confined to mucosa, NOS, for flat TCC:

- Confined to mucosal surface
- Limited to mucosa, no invasion of submucosa and muscularis
- No infiltration/invasion of fibromuscular and muscular stroma
- Superficial, NOS

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EOD Primary Tumor

Note 4: In case of multifocal papillary noninvasive tumors (**code 000**) and nonpapillary in situ (code 050), **code to 050**

Note 5: Invasion of muscularis propria

- Coding involvement of MP is divided into superficial muscle (inner) and deep muscle (outer). This distinction can only be made when cystectomy is done.
 - If TURB only and states “invasion of muscularis propria” code 170
 - Invasion of muscularis propria and distal ureter involved code 400
 - TURB only and path/physician documents superficial muscle or deep muscle code 370 or 400 as appropriate
- Codes 200, 250, 300, 350 should ONLY be used when cystectomy performed

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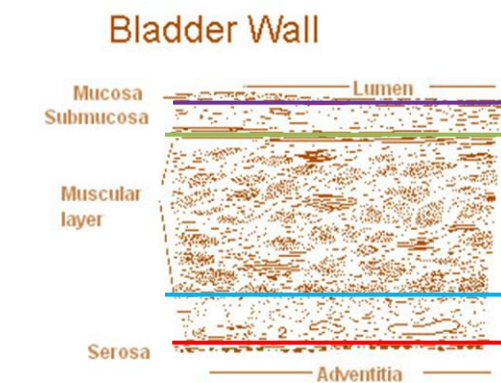
EOD Primary Tumor

- **Note 6:** An associated in situ component of tumor extending into the prostatic ducts, prostatic glands, or ureter without invasion is disregarded in staging classification. Assign the code that best describes **depth of bladder wall invasion**.
- **Note 7:** Direct invasion distal ureter classified by depth of greatest invasion in bladder or ureter. **Code 100** if distal ureter is defined as below iliac vessel, within the pelvic brim is involved.
- **Note 8: Code 130** Extension from bladder into subepithelial tissue of prostatic urethra.

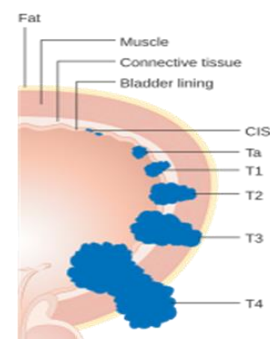
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Bladder Wall Layers



Source: Feneis, Pocket Atlas of Human Anatomy, 2nd ed.



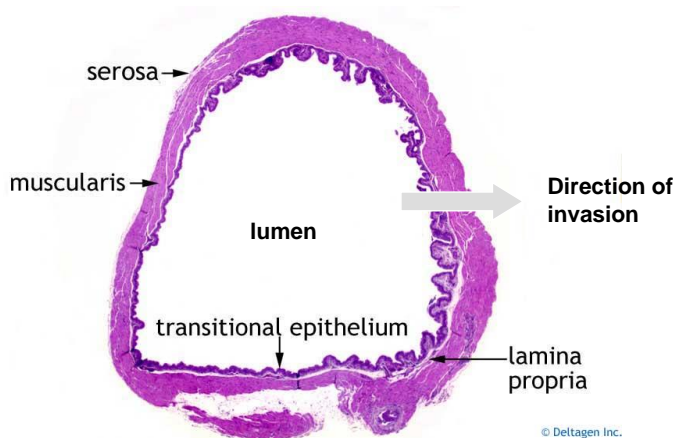
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“Most Invasive” – Bladder Wall

Cross Section of Bladder



Source: Deltagen.com Histology Atlas

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In Situ/Non-invasive

Code	Description
000	Papillary (8130/2, 8131/2, other histologies, see code 050) <ul style="list-style-type: none"> > Non-infiltrating or non-invasive papillary transitional cell carcinoma > Non-infiltrating or non-invasive papillary urothelial carcinoma > Papillary transitional cell carcinoma, with inferred description of non-invasion > Papillary urothelial carcinoma, with inferred description of non-invasion
050	Nonpapillary <ul style="list-style-type: none"> > Carcinoma in situ, NOS > Sessile (flat) (solid) carcinoma in situ > Transitional cell carcinoma in situ > Urothelial carcinoma (in situ, non-infiltrating, non-invasive) Multifocal papillary and nonpapillary non-invasive tumors (see Note 4)

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Bladder EOD Regional LNs

Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in EOD Mets.

Note 2: Regional lymph nodes include

- Iliac, NOS
 - Common
 - External
 - Internal (hypogastric)
- Obturator
- Pelvic, NOS
- Perivesical pelvic, NOS
- Sacral, NOS
 - Lateral (laterosacral)
 - Presacral
 - Sacral promontory (Gerota's)

Note 3: Code 800 if regional LNs involved, no indication which ones

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EOD Regional Nodes

Code	Description
000	No regional lymph node involvement
300	SINGLE regional lymph node (excluding common iliac)
400	MULTIPLE regional lymph nodes (excluding common iliac)
700	Common iliac lymph node(s) WITH or WITHOUT other regional lymph node(s)
800	Regional lymph node(s), NOS Lymph node(s), NOS
999	Unknown; regional lymph node(s) not stated Regional lymph node(s) cannot be assessed Not documented in patient record Death Certificate Only

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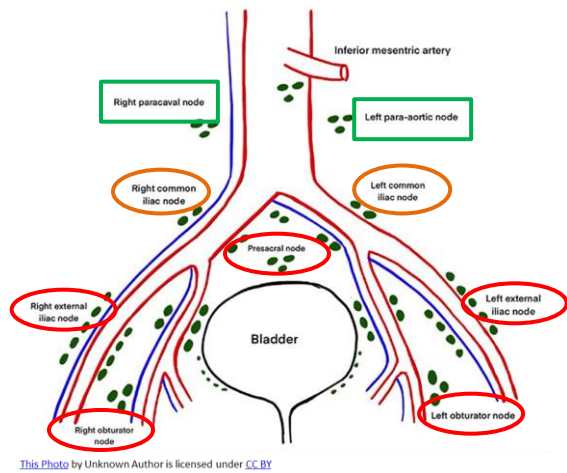
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Bladder Lymph Nodes

EOD Nodes = 300 or 400 (single or mult)

EOD Nodes = 700

EOD Mets – Distant LN



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EOD Mets

Code	Description	SS2018 M
00	No distant metastasis Unknown if distant metastasis	NONE
10	Intraaortacaval Paracaval Superior mesenteric Distant lymph node(s), NOS	D
50	Other specified distant metastasis WITH or WITHOUT distant lymph node(s) Carcinomatosis	D
70	Distant metastasis, NOS	D
99	Death Certificate Only	U

Use only when you can't use codes 10 or 50

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RENAL PELVIS URETER

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Cancer Schema List

☒ Standard Search
☐ Site/History Search

Search Term(s)

Adnexa Uterine Other	Eye Other
Adrenal Gland	Fallopian Tube
Ampulla of Vater	Floor of Mouth
▶ Anus	Gallbladder
▶ Appendix	Genital Female Other
Bile Duct Distal	Genital Male Other
Bile Ducts Intrahepatic	GIST
Bile Ducts Perihilar	Gum
Biliary Other	Heart, Mediastinum and Pleura
Bladder	HemeRetic
Bone Appendicular Skeleton	Hypopharynx
Bone Pelvis	III-Defined Other
Bone Spine	▶ Intracranial Gland
▶ Brain	Kaposi Sarcoma
Breast	Kidney Parenchyma
Buccal Mucosa	Kidney Renal Pelvis
Cervical Lymph Nodes and	Lacrimal Gland

Renal Pelvis & Ureter EOD

https://staging.seer.cancer.gov/eod_public/list/3.1/

- SEER*RSA v3.1 (2024)
 - Select the version/Go
 - Select the schema
 - Click on Kidney Renal Pelvis (C659)
 - Includes Ureter (C669)

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EOD Primary Tumor

Note 1: In case of multifocal non-invasive and in situ tumors, code 050

Note 2: Tumor involving both renal pelvis and ureter (unifocal or multifocal) is classified by depth of greatest invasion in either organ.

Note 3: Direct invasion of bladder by ureteral tumor is classified by depth of greatest invasion of the bladder or ureter.

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EOD Primary Tumor

- For non-invasive/in situ cases pay attention to the histologic type:
 - **Papillary** urothelial types code **000**
 - **Nonpapillary** (flat/sessile) urothelial types code **050**
 - multifocal **papillary** and **nonpapillary** non-invasive tumors (Note 1)

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EOD Regional Nodes

Note 1: Code only regional nodes and nodes, NOS in this field.
Distant nodes are coded in EOD Mets.

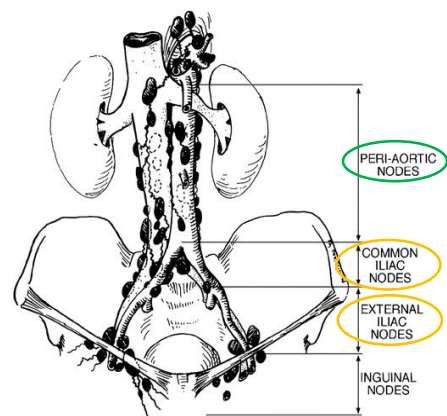
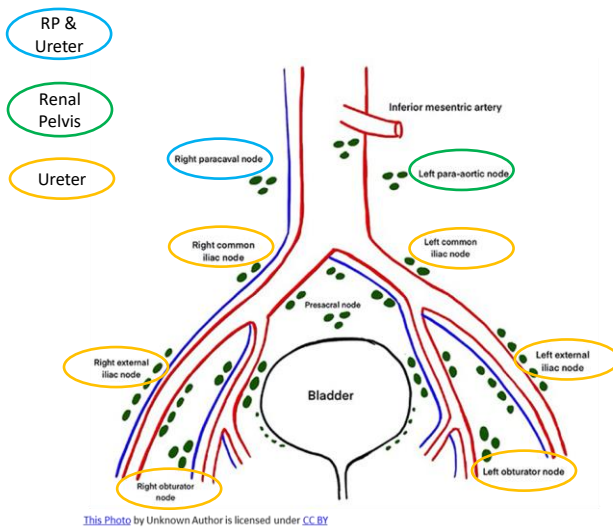
Note 2: Regional nodes include bilateral and contralateral involvement of named nodes.

Note 3: Code 800 regional nodes NOS

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EOD Regional Nodes



<https://pubs.rsna.org/cms/10.1148/rg.236035704/asset/images/medium/g03nv14l3a.jpeg>

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EOD
Regional
Nodes

Code	Description
000	No regional lymph node involvement
200	SINGLE regional lymph node, less than or equal to 2 cm SINGLE regional lymph node, size UNKNOWN
300	SINGLE lymph node greater than 2 cm
400	Multiple lymph nodes
800	Regional lymph node(s), NOS Lymph node(s), NOS
999	Unknown; regional lymph node(s) not stated Regional lymph node(s) cannot be assessed Not documented in medical record Death Certificate Only

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EOD METS

Code	Description
00	No distant metastasis Unknown if distant metastasis
10	Distant lymph node(s), NOS
70	Carcinomatosis Distant metastasis WITH or WITHOUT distant lymph node(s) Distant metastasis, NOS
99	Death Certificate Only

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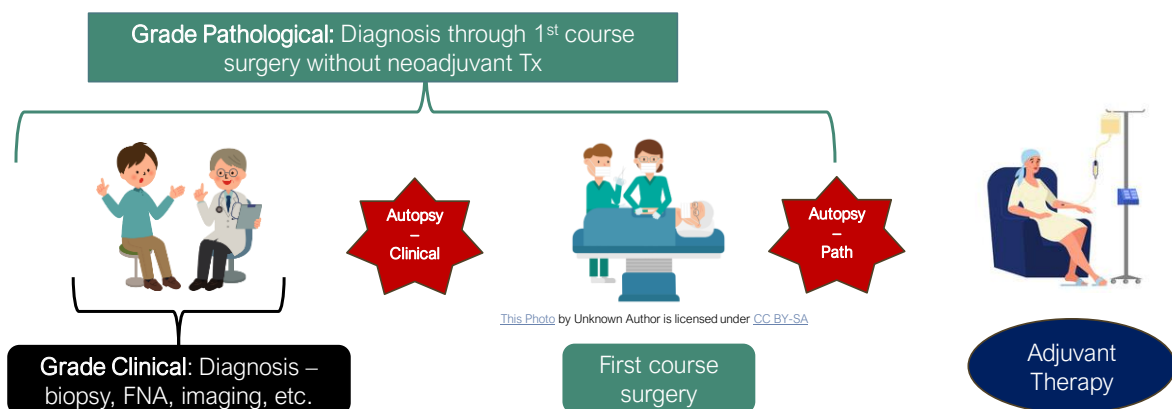
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GRADE CODING

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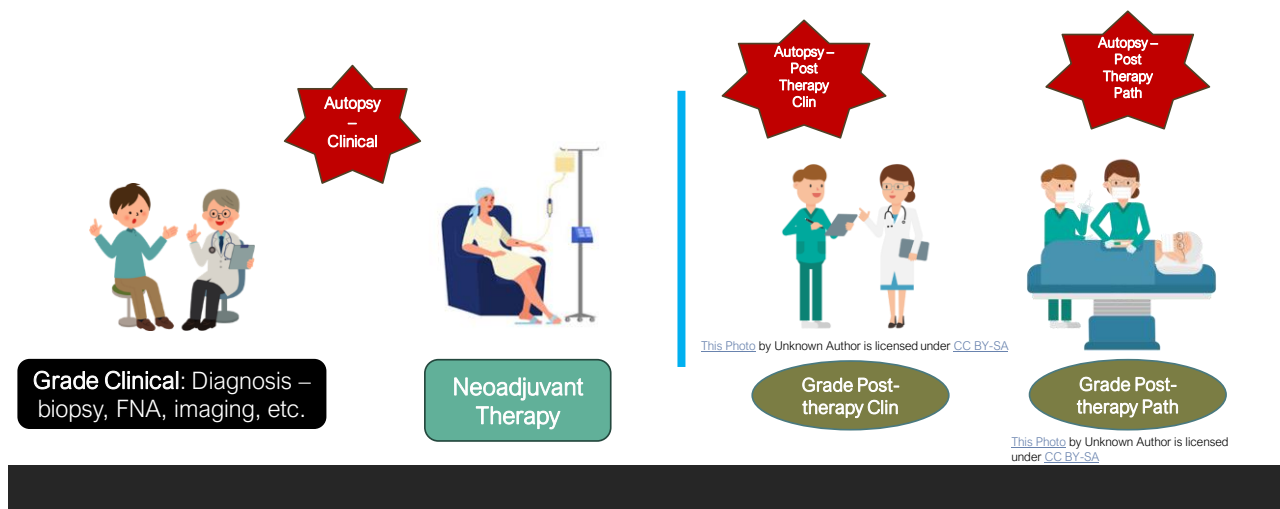
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Clinical & Path Grade Coding Timeframe



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Post-Therapy Grade Coding Timeframe



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URINARY GRADE TABLE 19

Sites included:

Kidney Renal Pelvis C659

Ureter C669

Bladder C67X

Urethra/Urethra-Prostatic C680

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Urinary Grade Table 19

Code	Description	
1	G1: Well differentiated	} Adenocarcinoma and SCC
2	G2: Moderately differentiated	
3	G3: Poorly differentiated <small>Includes anaplastic & undifferentiated</small>	
L	LG: Low-grade	} Urothelial Carcinoma (s/v)
H	HG: High-grade	
9	Grade cannot be assessed (GX); Unknown	→ Any histology

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Urinary Clinical Grade Coding

- Can **NOT** be blank
- Assign the highest grade from primary tumor during clinical timeframe
- Multiple Tumors abstract as single with different grades – code the highest
- **Bladder: TURB = Clinical grade ONLY!**
- Code 9 (Unknown)
 - Grade from primary not documented
 - Clinical work up not performed
 - Grade checked “not applicable” on CAP protocol

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Urinary Grade Post Therapy Clin (yc)

- Leave blank when:
 - No neoadjuvant therapy
 - Clin or path case only
 - Neoadjuvant therapy completed; no micro exam done prior to resection
 - Only one grade available, cannot determine if clin, path, yc or yp
- Assign highest grade from microscopic sampled specimen of primary site following neoadjuvant therapy
- Code 9 (Unknown):
 - Microscopic exam done after neoadjuvant therapy and grade not documented or there is no residual cancer
 - Grade checked “not applicable” on CAP protocol

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Urinary Pathological Grade Coding

- Can **NOT** be blank
- Assign highest grade from primary tumor during pathological timeframe
- Multiple tumors abstract single with different grades – code the highest
- **Bladder: Cystectomy or partial cystectomy = Path Grade**

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Urinary Grade Pathological Grade Coding

Note 8: Code clinical grade from primary tumor as pathologic grade based on:

- **Behavior**
 - Tumor behavior for clin/path same **AND** clin grade is highest
 - Tumor behavior for clin is invasive and path is in situ
- **Surgical Resection**
 - Surgical resection done on primary tumor, no grade from resection
 - Surgical resection done on primary tumor, no residual cancer
- **No surgical resection**
 - Surgical resection of primary tumor has not been done, but pos microscopic confirmation of distant mets during clinical time frame.

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Urinary Grade Pathological Grade Coding

Note 9 - Code 9 (unknown) when:

- Grade from primary site not documented
- No resection of primary site (see note 8 exception)
- Neoadjuvant therapy is followed by a resection (see Grade Post-Therapy path)
- Grade checked “not applicable” on CAP
- Clinical case only (see grade clin)
- Only one grade available and unknown if clin or path, yc or yp

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Urinary Grade Post Therapy Path (yp)

- Leave blank when:
 - No neoadjuvant therapy
 - Clinical or pathological case only
 - Neoadjuvant therapy completed; surgical resection not done
 - There is only one grade available, and it cannot be determined if it is clinical, pathological or post therapy
- Assign highest grade from resected primary tumor after the completion of neoadjuvant therapy

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Urinary Grade Post Therapy Path (yp)

- Use grade from post therapy clinical (yc) work up when:
 - Behavior
 - Tumor behavior for yc and yp diagnoses are the same AND yc grade is higher
 - Invasive behavior during yc and yp behavior is in-situ (non-invasive), code yc grade
 - Surgical Resection
 - Resection following neoadjuvant therapy and no grade documented from surgical resection
 - Resection following neoadjuvant therapy and no residual cancer
- If yc grade uses the preferred grade system and yp grade does not use preferred, do **NOT** record yc grade in yp grade field

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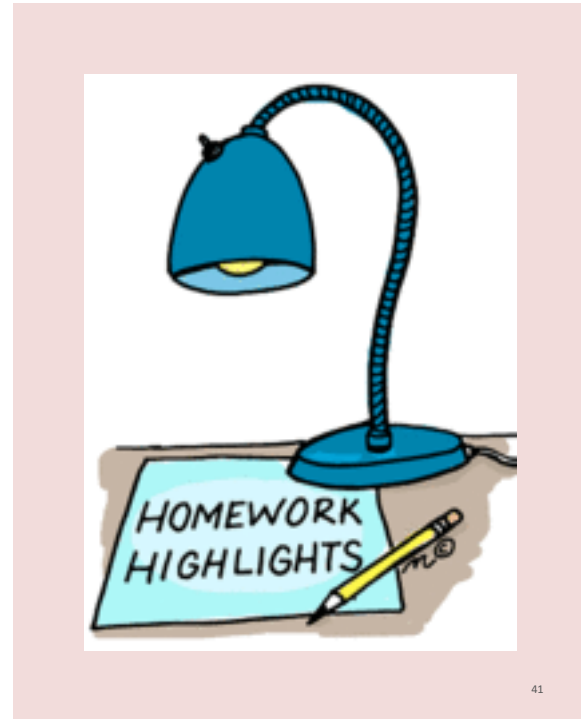
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SEER*Educate

Training | Coding CEs

— Dx 2021-2025 EOD, SS, Grade, SSDI

- Bladder 1-5
- Renal Pelvis and Ureter 1-5



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Questions?

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