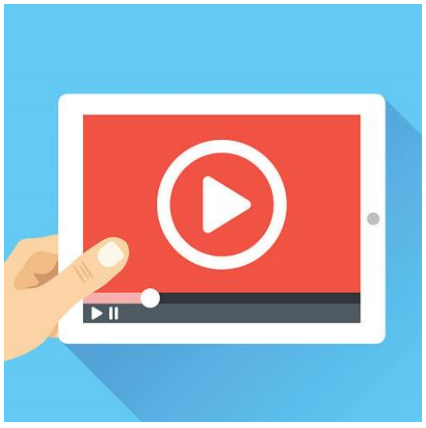


Colon, Rectosigmoid, and Rectum
Primary Site & Histology
Solid Tumor Rules
Effective 2018 dx and forward
2024 Update

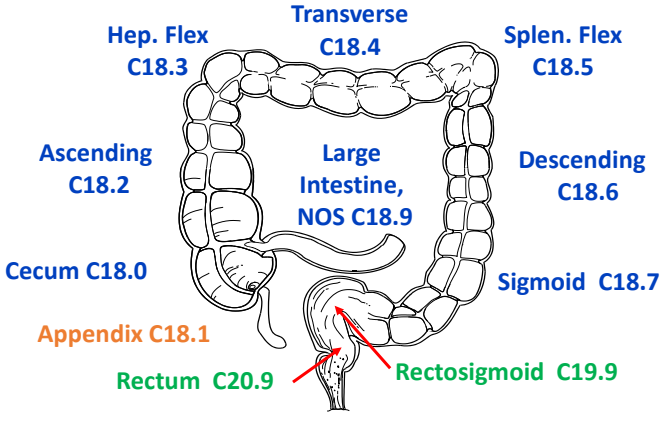
Presented by Melissa Riddle, ODS-C
ICR Video Training Series | Iowa Cancer Registry
March 2025

1

1

Colorectal Anatomy

Primary Site ICD-O Codes for Colon and Rectum



2

2

Coding Primary Site for solid tumors

- Code the site the primary tumor originated, even if it extends onto/into adjacent subsite
- Primary site helps software determine which schema to use (as well as date of diagnosis and histology)
- Some sites have specific coding guidelines in Appendix C:

9. See the site-specific coding guidelines in Appendix C for primary site coding guidelines for the following sites

Bladder	Intracranial Glands
Brain/CNS, Benign and Borderline	Kaposi Sarcoma of All Sites
Brain/CNS, Malignant	Lung
Breast	Pancreas
Colon	Rectosigmoid Junction
Esophagus	

3

3

Determining Primary Site: Coding Guidelines

https://seer.cancer.gov/manuals/2024/appendixc.html

Colon, Appendix, Rectosigmoid, Rectum –

Coding Guidelines: Colon (PDF, 94 KB)

Coding Guidelines: Rectosigmoid, Rectum (PDF, 128 KB)

Solid Tumor Rules: Colon, Rectosigmoid, and Rectum (PDF, 1.6 MB)

Surgery Codes

- Colon - (C180-C189) (PDF, 177 KB)
- Rectosigmoid - (C199) (PDF, 212 KB)
- Rectum - (C209) (PDF, 210 KB)

4

4

Determining Primary Site

COLON C180-C189

Coding Guidelines [Appendix C]

- **Priority Order for Coding Primary Site**

Resected cases

- Operative report with surgeon's description
- Pathology report
- Imaging

Polypectomy or excision without resection

- Endoscopy report
- Pathology report

RECTOSIGMOID JUNCTION C199; RECTUM C209

Coding Guidelines [Appendix C]

- Tumor classified as rectosigmoid when differentiation between rectum and sigmoid not possible.
- Tumor classified as rectal (C209) when:
  - Lower margin lies <16 cm from anal verge
    OR
  - Any part of tumor located at least partly within supply of superior rectal artery

5

5

Determining Primary Site

6

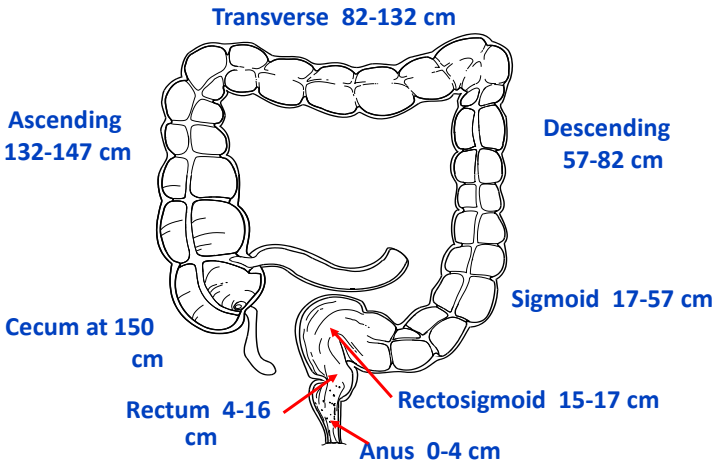
Subsites:

- Code the subsite with the most tumor when the tumor overlaps two subsites.
- Code C188 when both subsites are equally involved

Colonoscopy measurement can be used as indication of tumor location

6

Colonoscopy Measurements*



* from anal verge Approximations only.
Source: AJCC Cancer Staging Manual, fifth edition, page 85, 1997.

7

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USE
Solid Tumor Rule Manual

Effective with cases 1/1/2018 and forward
Updated December 2024

8

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Solid Tumor Rules

Effective with Cases Diagnosed 1/1/2018 and Forward

2025 Update

Editors: Lois Dickie, CTR, NCI SEER
Carol Hahn Johnson, BS, CTR (Retired), Consultant
Suzanne Adams, BS, CTR (IMS, Inc.)
Serban Negoita, MD, PhD, CTR, NCI SEER

Suggested citation: Dickie, L., Johnson, CH., Adams, S., Negoita, S. (November 2024). Solid Tumor Rules. National Cancer Institute, Rockville, MD 20850.

8

Colon STR Sections

- Introduction specific to Colon
- Equivalent or Equal Terms
- Non-equivalent terms
- Table 1: Specific Histologies
- Table 2: Histologies(Not reportable)
- Illustrations
- Multiple Primary Rules
- Histology Rules

9

9

Introduction

- 98% colon cancers are adenocarcinoma and adenocarcinoma subtypes
- Mixed histologies rare
- Terms: NET, NEC, GIST
  - NET (Neuroendocrine tumor) replacing the term carcinoid; some path still uses carcinoid
  - NEC (Neuroendocrine carcinoma) includes small cell, large cell and PD neuroendocrine carcinoma
  - GIST (gastrointestinal stromal tumor) 60% stomach; 30% small intestine
    - Reportable as of 1/1/2021+ unless specifically stated to be benign

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Introduction

Effective 1/1/2018 dx and later:

- Code **most specific histology** from biopsy or resection.
  - If discrepancy, code from most representative specimen (greater amt of tumor)
- New multiple primary rules to address anastomotic recurrence
- NET (formerly carcinoid) arising in appendix are reportable 1/1/2015 and forward.
- Rule Clarification: Pseudomyxoma peritonei now has two-tiered classification
  - High grade is malig /3
  - Low grade is NOT malig /1
- Dysplasia /2 behavior but not reportable in U.S.
  - Pathologists often use dysplasia in place of carcinoma in situ. Code CIS only if path states CIS.
- Disregard polyps when coding histology (Adenocarcinoma in adenomatous polyp = 8140)

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Terminology

Equivalent Terms

- Tumor; mass; tumor mass; lesion; neoplasm
  - These terms are **NOT** used in a standard manner in clinical diagnoses, scans, or consults.
  - Disregard the terms unless there is a physician's statement that the term is malignant/cancer
  - **ONLY** use these terms to determine multiple primaries
- Neuroendocrine; NEC
- Carcinoid; NET; neuroendocrine tumor

NOT Equivalent Terms

- Component is not equivalent to subtype/variant
- Phenotype is not equivalent to subtype/type/variant
- Exophytic and polypoid are not equivalent to either adenoma or adenomatous polyp
- Polypoid adenocarcinoma is not equivalent to adenocarcinoma in a polyp

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Terminology

- Carcinoma; Adenocarcinoma
  - A histology type **MUST** be stated
    - Mucinous carcinoma; Mucinous adenocarcinoma are equivalent 8480
    - Carcinoma NOS (8010) and Adenocarcinoma (8140) are **NOT** equivalent
      - These are not interchangeable

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Table 1: Specific Histologies, NOS and Subtypes/Variants

Note 1: Rare histologies may not be listed in table

Note 2: Submit a question to Ask a SEER Registrar when histology code is not found in Table 1, ICD-0 or all updates.

Note 3: Behavior codes are listed when term has only one possible behavior (either /2 or /3)

If not specified can be /2 or /3

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Table 1

Thomas

Tom or Tommy (nickname)

Son/Daughter of Thomas: Jason or Melissa

Table 1: Specific Histologies, NOS, and Subtypes/Variants

	Specific and NOS Term and Code	Synonyms for Specific or NOS Term	Subtypes/Variants
Row 1	**Adenosquamous carcinoma 8560** ***Note:*** This code **cannot be used** for **adenocarcinoma subtypes/variants** with squamous cell/epidermoid carcinoma	Mixed adenocarcinoma NOS and epidermoid carcinoma Mixed adenocarcinoma NOS and squamous cell carcinoma	
Row 2	**Combined small cell carcinoma 8045**	Small cell carcinoma mixed with • Adenocarcinoma **OR** • Neuroendocrine carcinoma **OR** • Any other type of carcinoma/adenocarcinoma	
Row 3	**Gastrinoma 8153**		
Row 4	**Gastrointestinal stromal tumor 8936/3** ***Note:*** Beginning with cases diagnosed 1/1/2021 forward, the word malignant is no longer required in order to be reportable.	Gastrointestinal autonomic nerve tumor GANT Gastrointestinal pacemaker cell tumor Gastrointestinal stromal tumor GIST, NOS GIST, malignant GIST, spindle cell type Gastrointestinal stromal sarcoma Succinate dehydrogenase-deficient gastrointestinal stromal tumor	
Row 5	**Mixed adenoneuroendocrine carcinoma 8244**	Adenocarcinoma ex-goblet cell Adenocarcinoma mixed with high-grade large cell neuroendocrine carcinoma Adenocarcinoma mixed with high-grade small cell neuroendocrine carcinoma MANEC Mixed neuroendocrine carcinoma	Goblet cell adenocarcinoma/Goblet cell carcinoid **8243**
Row 6	**Mixed neuroendocrine non-neuroendocrine neoplasm 8154**	MiNEN	

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Colon, Rectosigmoid, and Rectum Equivalent Terms and Definitions
C180-C189, C199, C209
(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)

Table 2: Histologies Not Reportable for Colon, Rectosigmoid and Rectum

Column 1 lists the **non-reportable** histology term and code for NOS or specific
Column 2 lists the **synonym**(s) for the term
Column 3 lists the **subtype/variant** of the NOS term with the histology code
Column 4 lists the **reason** these histologies are **not reportable**

Specific or NOS Term and Code	Synonyms	Subtype/Variant of NOS with Histology Code	Reason not reportable
Adenoma 8140/0 ***Note:*** No malignancy in polyps	Adenoma NOS	Tubular adenoma **8211/0** Tubulovillous adenoma **8263/0** Villous adenoma **8261/0**	Non-malignant
Adenomatous polyp, high grade dysplasia 8210/2			Non-reportable terminology
Cowden-associated polyp No code ***Note:*** No malignancy in polyps	Cowden disease Cowden syndrome Multiple hamartoma syndrome		Non-malignant /no code
Dysplasia, high grade 8148/2 ***Note:*** Colorectal primaries only (C180-C189, C199 and C209)	High-grade dysplasia Intraepithelial neoplasia, high grade		**CURRENTLY NOT REPORTABLE**
Dysplasia, low grade 8148/0* ***Note:*** Colorectal primaries only (C180-C189, C199 and C209)	Intraepithelial neoplasia, low grade		Non-malignant

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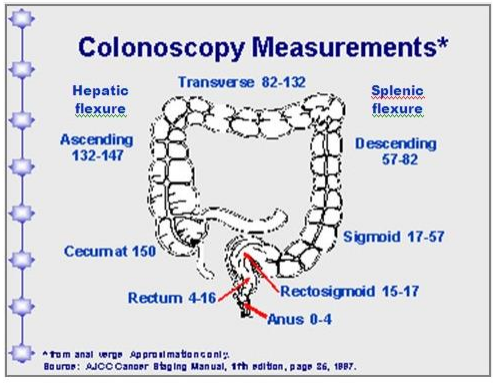
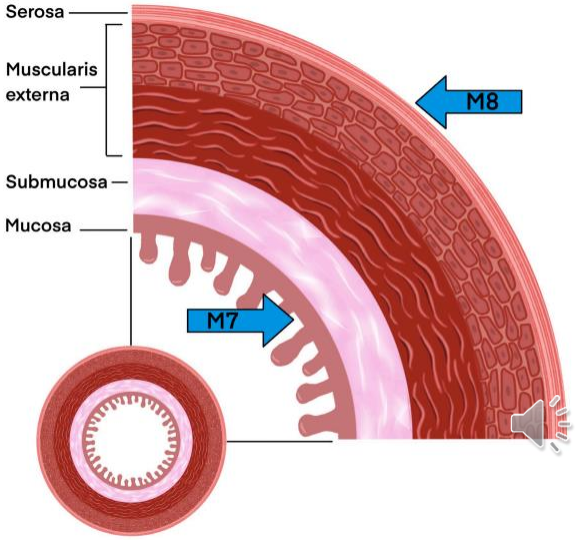
Illustrations





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Multiple Primary Rules

18

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Multiple Primary Rules

Note 1: These rules don't apply for tumors described as metastases.

- See Note 1 for metastatic tumor types

Note 2: Synchronous tumors are tumors existing at the same time

- Concurrent tumors
- Prior to first course treatment
- Simultaneous

Note 3: Separate/non-contiguous tumor are tumors that arise independently of each other

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Multiple Primary Rules

Unknown if single or multiple M1

- Single tumor if unable to determine

Single Tumor M2

- Single tumor is always a single primary
- Single tumor with multiple histology

Multiple Tumors M3-M15

- May be a single primary or multiple primaries

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Walk Through the MP Rules

Example 1: 3/17/2023 Malignant mass found in **transverse colon C18.4,** and another malignant mass found in **descending colon C18.6.**

- **Pathology: Biopsy showed adenocarcinoma (8140) of both lesions.**

- How many primaries?

Where do we begin?

How many tumors – unknown, single, multiple?

Multiple Tumors

What is our working histology for each tumor?

Both are Adenocarcinoma - 8140

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MP Rules: Multiple Tumors Section

M3 polyposis, FAP

- No mention of polyposis or FAP. Keep going…

M4 Abstract mult pri when there are separate non-contiguous tumors in sites with ICDO site codes that differ at the second, C**X**xx and or third, Cx**X**x character

- Case shows C18.4 and C18.6. Do not stop. Keep going….

M5 Two or more DIFFERENT histology subtypes in Table 1, Column 3

- Case shows both are Adenocarcinoma (8140). Keep going….

M6 Histology is on DIFFERENT rows Table 1

- Again both are Adenocarcinoma (8140). Keep going….

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MP Rules: Multiple Tumors Section

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M7 anastomotic site (mucosa)

- No anastomotic site. Keep going…

M8 anastomotic site (serosa)

- No anastomotic site. Keep going…

M9 Abstract Multiple primaries when separate non-continuous tumors in ICDO site that differ at 4th character C18X.

- Our Example: C18.4 and C18.6
- This is it! Our rule to use is **M9** – multiple primaries
  - 2 separate abstracts for each tumor

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Walk Through the MP Rules

24

Example 2:

- Patient with Colon cancer in 2000 and on your database with Site: C18.2 **Ascending** colon PD invasive adenocarcinoma, 8140/3 s/p hemicolectomy.
- In 2024 found **to have recurrence at the anastomotic site dx exactly as mucinous adenocarcinoma (8480).**

- How many primaries?

How many tumors – unknown, single, multiple?

Multiple Tumors

What is the working histology for each tumor?

2000 case – 8140

2024 case – 8480

Where do we start in the MP rules?

Multiple Tumors – start M3

24

MP Rules: Multiple Tumors Section

M3 polyposis, FAP

- No mention of polyposis or FAP. Keep going…

M4 Abstract mult pri when there are separate non-contiguous tumors in sites with ICDO site codes that differ at the second, C**X**xx and or third, Cx**X**x character

- Both are colon primary sites C18_. Keep going….

M5 Two or more DIFFERENT histology subtypes in Table 1, Column 3

- Case shows both are Adenocarcinoma (8140) and Mucinous Adeno (8480) which only one is a subtype. Keep going….

M6 Histology is on DIFFERENT rows Table 1

- Both are on the same row – Adenocarcinoma row (8480 is a subtype of adenoca). Keep going….

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MP Rules: Multiple Tumors Section

- **M7** Multiple Primaries when a subsequent tumor arises at the anastomotic site **AND**
  - One tumor is NOS and the other is a subtype/variant of that NOS **OR**
  - Subsequent tumor is greater than 36mo after original tumor resection **OR**
  - Subsequent tumor arises in mucosa (Does NOT apply to GIST)

This is our rule!

Abstract another case for 2024 – C182

Resource: AJCC Staging Manual, pg 262: If the tumor recurs at the site of surgery, it is anatomically assigned to the proximal segment of the anastomosis (unless that segment is the small intestine, in which case the colonic or rectal segment should be designated as appropriate) and restaged by the TNM Classification.

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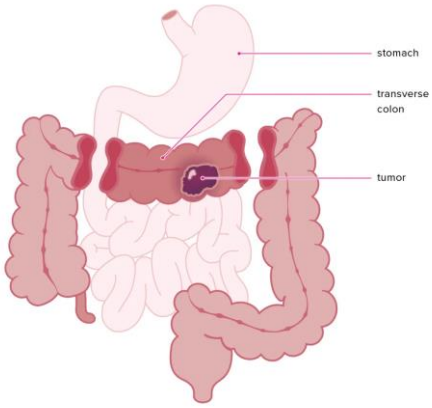
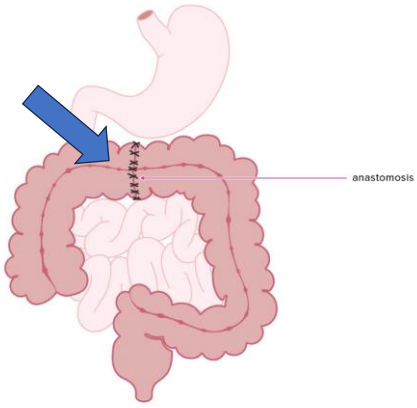
Anastomosis

- https://www.healthline.com/health/anastomosis





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MP Rules: Multiple Tumors Section

M10 Timing rule, NED rule for >1 year.

M11 Abstract single primary, synchronous tumors, same row Table 1

M12 Abstract single primary in situ after invasive

M13 Abstract single primary invasive within 60 days of in situ

M14 Abstract multiple primary invasive more than 60 days after in situ

M15 Abstract single primary when tumor do not meet criteria above

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Histology Rules

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Coding Histology

Priority Order for Using Documentation to identify Histology

Coding Histology

H Rules

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Priority Order for Using Documentation

1. Code histology prior to neoadjuvant treatment
   a. Therapy may change histology
   b. Any tumor-related treatment given prior to surgical removal of malignancy

Exception: If initial dx based on histology from FNA, smears, cytology, or from regional or metastatic site and neoadjuvant therapy given followed by resection of primary site which identifies different or specific histology, code histology from the primary site.

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Priority Order for Using Documentation

2. Code histology using the following priority list (for single primaries) and Histology Rules. Code most specific path/tissue from either resection or biopsy

Note 1: Most specific usually subtype/variant

Note 2: Code invasive if in situ and invasive components in single tumor

Note 3: Discrepancy between biopsy and resection (2 distinct different histologies/different rows) code histology from most represented specimen (greater amt of tumor)

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List of hierarchical source documents

1. Tissue or path report from primary site (includes addendums, final, synoptic, CAP)
2. Tissue/path from metastatic site
3. Scan in priority order:
   a. CT
   b. PET
   c. MRI
4. Histology documented by physician when none of above available
   a. Treatment plan
   b. Tumor board
   c. Medical record documents referring to original path, cytology, scans
   d. Physician reference to type of cancer (histology)
5. Cytology (seldom used for colon)

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Coding Histology

1

Note 1: Priority is to code most specific histology. DO NOT USE BREAST HISTOLOGY CODING RULES FOR THIS SITE.

2

Note 2: Only use this section for one or more histologies in a single tumor.

3

Note 3: Do not use this section in place of Histology Rules

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Coding Histology

1. **Code most specific histology or subtype/variant, regardless if described as:**
   A. Majority or predominant part of tumor
   B. Minority of tumor
   C. A component
2. **Code histology described as differentiation or features/features of ONLY when specific code**
3. **Histology described by ambiguous terms ONLY when A or B is true:**
   A. The only dx available is one histology described by ambiguous term
   B. There is an NOS and a more specific (subtype/variant) described by ambiguous term
      - Term is clinically confirmed by attending **OR**
      - Treatment based on specific histology described by ambiguous term
4. **DO NOT CODE**: Architecture; foci; focus; focal or pattern

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Ambiguous Terms

If the specific histology does not meet the criteria in #3B, then code the NOS histology.

List of Ambiguous Terminology

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

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Histology Rules: Sections

Single Tumor H1-H11

Multiple Tumors Abstracted as a Single Primary H12-H16

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Walk Through the Histology Rules

Example 1:

3/17/2024 Malignant mass found in **transverse colon C18.4,** and another malignant mass found in **descending colon C18.6.**

- **Pathology: Biopsy showed adenocarcinoma (8140) of both lesions.**

- How many primaries?
  - 2 – different colon sites (M9) C18.4 and C18.6
- Which histology section do we need?
  - Single Tumor (each tumor is a single tumor)
- What are the appropriate histology codes?

40

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Histology Example: Single Tumor

H1 Exactly adenocarcinoma with neuroendocrine differentiation 8574

- There is no mention of neuroendocrine. Keep going…

H2 Code histology, ignore polyp

- No polyp mentioned. Keep going…

H3 Combined small cell rule

- No small cell. Keep going…

H4 Mixed mucinous and signet ring cell (need %)

- No mixed mucinous and signet ring cell. Keep going…

H5 LAMN & HAMN /2

- No mention of LAMN/HAMN. Keep going…

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Histology Example: Single Tumor

H6 Exactly mucinous or 2 histologies and mucinous >50%

- No mention of mucinous. Keep going…

H7 Exactly signet ring cell or 2 histologies and signet ring >50%

- No mention of signet ring. Keep going…

H8 Code Adenoca – 8140;
2 histologies % unknown or < 50%; Exactly adenocarcinoma; Intestinal adenoca

- **Exactly Adenocarcinoma**
- We have a single histology – adenocarcinoma, NOS
- This is our rule – Code **8140** for **each tumor**

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Walk Through the Histology Rules

Example 2:

- Patient with Colon cancer in 2000 and in your database with Site: C18.2 Ascending colon PD invasive adenocarcinoma, 8140/3 s/p hemicolectomy.
- In 2024 found **to have recurrence at the anastomotic site dx exactly as mucinous adenocarcinoma.**

- 2 primaries
  - New case 2024 – C182
- What is the appropriate histology code for our new case?

Which histology section do we need?

Single Tumor

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Histology Example: Single Tumor

H1 Exactly adenocarcinoma with neuroendocrine differentiation 8574

- There is no mention of neuroendocrine. Keep going…

H2 Code histology, ignore polyp

- No polyp mentioned. Keep going…

H3 Combined small cell rule

- No small cell. Keep going…

H4 Mixed mucinous and signet ring cell (need %)

- No mixed mucinous and signet ring cell. Keep going…

H5 LAMN & HAMN /2

- No mention of LAMN/HAMN. Keep going…

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Histology Example: Single Tumor

- **H6** Code invasive mucinous adenocarcinoma 8480 when:
  - Exactly “mucinous adenocarcinoma”
  - HAMN stated to be invasive (2022+)
  - High-grade pseudomyxoma peritonei
  - Invasive pseudomyxoma peritonei
  - LAMN stated to be invasive (2022+)
  - Malignant pseudomyxoma peritonei
  - Two histologies and mucinous is greater than 50% tumor

This is our rule!
Histology: 8480

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Histology Example: Single Tumor

Example 3:

5/5/2024 Op Report: Hemicolectomy 5/5/2023 Pathology: A 4.0 cm size MD adenocarcinoma and signet ring cell carcinoma in 45% of tissue of the transverse colon.

- This is a single primary (M2) – Single Abstract **C184**

Where do we begin to look for our histology code?

Single Tumor Section

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Histology Example: Single Tumor

H1 Exactly adenocarcinoma with neuroendocrine differentiation 8574

- There is no mention of neuroendocrine. Keep going…

H2 Code histology, ignore polyp

- No polyp mentioned. Keep going…

H3 Combined small cell rule

- No small cell. Keep going…

H4 Mixed mucinous and signet ring cell (need %)

- No mixed mucinous and signet ring cell. Keep going…

H5 LAMN & HAMN /2

- No mention of LAMN/HAMN. Keep going…

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Histology Example: Single Tumor

H6 Exactly mucinous or 2 histologies and mucinous >50%

- No mention of mucinous. Keep going…

H7 Exactly signet ring cell or 2 histologies and signet ring >50%

- We have signet ring and adenoca but less than 50%. Keep going…

H8 Adenocarcinoma NOS; 2 histologies % unknown or < 50%

- This is our case: adenocarcinoma and signet ring cell (45%)
- **Code to 8140** (Adenocarcinoma, NOS)

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Walk Through the Histology Rules

Example 4:

5/6/24 Colonoscopy, screening: Numerous polyps carpeting the transverse and descending colon. Largest polyps were resected, transverse colon, splenic flexure, and descending colon.

5/6/24 polypectomy, transverse colon: md adenocarcinoma; polypectomy, splenic flexure: adenocarcinoma in situ; descending colon, polypectomy: adenocarcinoma

- This is a single primary per M3
- Which histology section should we use?
  - Multiple Tumors abstracted as a Single Tumor
- What is the appropriate histology code?

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Histology Rules | Multiple Tumors abstracted as Single Tumor

H12 FAP diagnosis or history of code 8220

- There is no mention or diagnosis of FAP. Keep going….

H13 FAP not mentioned but at least 2 polyps or <100 polyps identified code 8221

- This is our case.
- Adenocarcinoma in mult polyps – **code 8221**

H14 Code invasive when /2 and /3 tumors

H15 Code the histology when only one histology is present in all tumors.

H16 Code the subtype/variant if NOS and single s/v of that NOS

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Review of Specific Rules

51

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Rule H5

Code LAMN and HAMN 8480/2 when:

- Diagnosis date is 1/1/2022 forward **AND**
- Behavior is stated to be in situ/non-invasive **OR**
- Behavior is not indicated (NOS)

Note 1: ICD-O-3.2 lists LAMN with behavior /1; standard setting organizations have agreed LAMN should be collected and assigned a behavior code /2 for cases diagnosed 2022+

Note 2: It doesn't require greater than 50% of mucinous

Note 3: If pathologist states it is invasive or malignant behavior continue through rules

Note 4: If pathologist stages as T3 or T4 continue through rules

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FAP (8220)

- Familial adenomatous polyposis (FAP)
  - also known as familial polyposis coli
    - subtype: Gardner syndrome (with other neoplasms)
  - genetic defect
  - patients have >100 colon polyps (usually thousands); most are tubular adenomas
  - 100% progress to colon carcinoma
  - prophylactic colectomy by age 20-25
- **Reportable only when cancer in a polyp**
- **Rule M3 single primary**
- **Rule H12 8220**

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NET (Carcinoid)

Look for schemas starting with NET

All NET tumors are considered malignant, /3.

Effective 2015, carcinoid tumor, NOS of appendix (C18.1) is reportable, 8240/3.

Keep it simple: Code all to /3 unless designated benign.

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Other Sites (STR)

Anus

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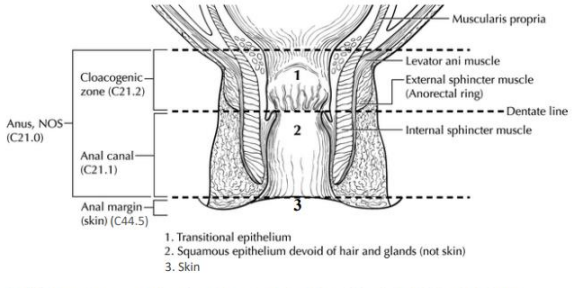
Anus – Coding Guideline

- **2024 Appendix C: Coding Guidelines**
  - Anus illustration for anus subsites included
  - **Anus, NOS C210**
    - **Cloacogenic zone C212**
      - Epithelial transitional cell zone
        - Cloacogenic carcinoma
      - 6-12mm above dentate line
    - **Anal canal C211**
      - Squamous epithelium – mucosa
        - SCC (8070) can arise from here
      - Last portion of GI tract
      - 3-4cm long
    - **Anal margin (skin) C445**
      - Perianal skin
      - Below anal verge

Primary Site

See the following image for an illustration of anus subsites.

Anus and Anal Canal, C210-C218



1. Transitional epithelium
2. Squamous epithelium devoid of hair and glands (not skin)
3. Skin

Modified from: AJCC Cancer Staging Atlas. Springer, New York, NY. https://doi.org/10.1007/978-1-4614-2080-4_15

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Other Sites
Anus – Table 8

- **Coding Notes for Anus:**
- p16 test results can be used to code SCC, HPV positive (8085) and SCC, HPV negative (8086)
- When diagnosis is a subtype/variant of SCC and HPV status is also noted ignore the HPV status and code subtype/variant. **EXCEPTION**: When keratinizing or non-keratinizing SCC are included in the diagnosis with HPV status, code appropriate HPV histology (8085 or 8086)

Table 8: Anus Histologies

Specific or NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma 8140		
Mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN) 8154/3		
Mucosal melanoma 8720/3		
Neuroendocrine carcinoma 8246/3		Large cell neuroendocrine carcinoma **8013/3** Small cell neuroendocrine carcinoma **8041/3**
Neuroendocrine tumor 8240/3	Neuroendocrine tumor, grade 1	Neuroendocrine tumor, grade 2/neuroendocrine tumor, grade 3 **8249/3**
Squamous cell carcinoma 8070	Squamous cell carcinoma, usual type	Squamous cell carcinoma, HPV negative **8086** Squamous cell carcinoma, HPV positive **8085** Verrucous squamous cell carcinoma **8051**
Squamous intraepithelial neoplasia, high grade 8077/2	AIN, grade II AIN, grade III Anal intraepithelial neoplasia, grade II Anal intraepithelial neoplasia, grade III HSIL Squamous intraepithelial neoplasia, grade II Squamous intraepithelial neoplasia, grade III	

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Primary Site and Morphology Exercises

STOP
for
EXERCISES

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Case #1

Final Pathology: 3-1-23 Sigmoid resection: Tumor in sigmoid colon, Infiltrating PD adenocarcinoma with mucinous features. Tumor invades through bowel wall. 1 out of 13 mesenteric LNs pos.	
Primary Site	C18.7
Histology/Behavior	8140/3

Rule H8: Code to adenocarcinoma NOS 8140 when final dx is 2 histologies and % of mucinous unknown not documented.

2. Code the histology described as **differentiation** or **features/features of ONLY** when there is a specific ICD-O code for the "NOS with ____ features" or "NOS with ____ differentiation".
   Note: Do not code differentiation or features when there is no specific ICD-O code.

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Case #2

FINAL Pathology: 3-1-23 L colon resection: Tumor in left colon, Infiltrating well diff adenocarcinoma and signet ring cell carcinoma (>75%). Tumor invades through bowel wall. 1 out of 13 mesenteric LNs pos.	
Primary Site	C18.6
Histology/Behavior	8490/3

Rule H7, code invasive signet ring cell carcinoma if any of following:

Adenocarcinoma and signet ring cell, documented to be >50% of tumor.

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Case #3

Scope: 7/4/2023 Colonoscopy shows tumor 10cm from dentate line. FINAL Pathology: 8/1/23 Rectosigmoid resection: Gross= A 1.5 cm rectal mass showing dysplasia, high grade, intraepithelial neoplasia.	
Primary Site	
Histology/Behavior	

According to Table 2 this would not be reportable in the US. We are not collecting dysplasia.

Dysplasia, high grade 8148/2 ***Note:*** Colorectal primaries only (C180-C189, C199 and C209)	High-grade dysplasia Intraepithelial neoplasia, high grade		**CURRENTLY NOT REPORTABLE**

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Case #4

Surgery: 10-10-23 R Hemicolectomy: Adenoma in Hepatic flexure FINAL Pathology: 10-10-23 Tubulovillous adenoma at the hepatic flexure with infiltrating mucinous adenocarcinoma, invasion into submucosa. All 10 pericolic LNs negative. Margins free.	
Primary Site	C18.3
Histology/Behavior	8480/3

Rule H2 ignore polyp/adenoma, code histology
H6 exactly mucinous adenocarcinoma

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Case #5

Surgery: 10-30-23 Right hemicolectomy: liver palpated WNL. FINAL Pathology: 10-30-23 Right colon, terminal ileum and appendix. DX= Two separate lesions are both mod diff adenoCA; Largest tumor in ascending colon is 3.7cm, infiltrates the muscularis propria and pericolonic fat. Margins negative. 5/14 LNs positive. Second tumor in hepatic flexure is 0.9 cm polyp which invades submucosa. **How many abstracts? 2**		
Primary Site	C182	C183
Histology/Behavior	8140/3	8140/3

Rule M9 Abstract multiple primaries…sites differ at 4th character.
Rule H8 code when exactly adenocarcinoma

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Coding Grade – LAMN/HAMN

Per CAnswer Forum:

- https://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018/general-instructions/139427-coding-the-grade-when-its-part-of-the-histology

- LAMN is G1 or well diff
- HAMN is G2 or mod diff

This was an update that isn't included in the Grade manual. It will be added in 2025 updates. Use with all cases diagnosed 2022+

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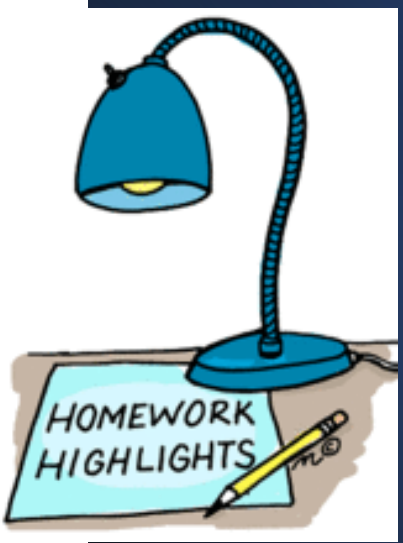
Homework

SEER Solid Tumor Rules on SEER*Edu

- https://educate.fredhutch.org/Identity/Account/Login

- Training | Coding CEs
  - Select DX 2018-2025 Solid Tumor Rules
    - Colon 2018-2025 Cases 1-5



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Questions

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