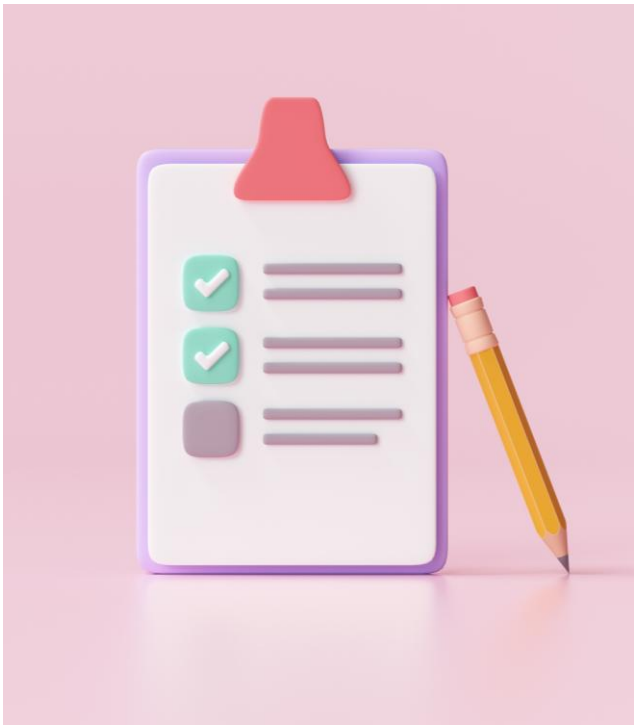

2026 Solid Tumor Rules

Presented by: Melissa Riddle, ODS-C
Iowa Cancer Registry
Recorded December 2025

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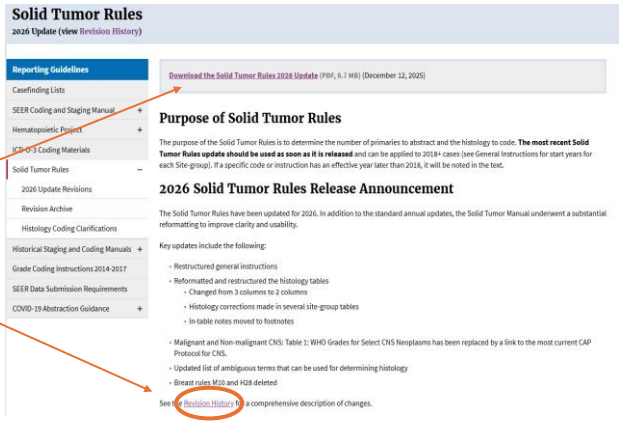
Download the 2026 STR

- Solid Tumor Rules should be <u>used as soon as they are released</u>
  - Don't wait for a specific diagnosis year
- The latest STR should be downloaded:
  - https://seer.cancer.gov/tools/solidtumor/
- Full listing of changes can be found here:
  - https://seer.cancer.gov/tools/solidtumor/revisions.html



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Chchchch… Changes…

- Solid Tumor Rules has been overhauled
  - Update Histology Tables
  - "Coding Histology" Section
  - Removed:
    - How to navigate the STR
    - How to use the STR
    - How to use equivalent terms/definitions
  - Ambiguous Terms
  - Site-Specific updates

Moved to Purpose & Structure of STR

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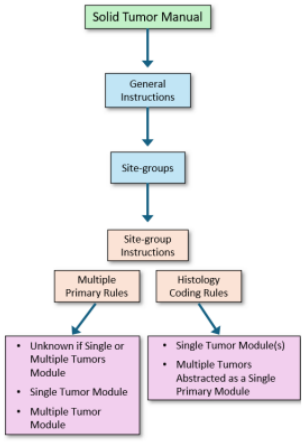
Purpose and Structure of the STR



- **Purpose:**
  - Determine multiple primaries
  - Code histology
- **Structure:**
  - Consists of 10 site-groups
    - Breast, lung, kidney, H&N, urinary, malignant CNS, non-malignant CNS, colon, melanoma
    - Other – all other sites

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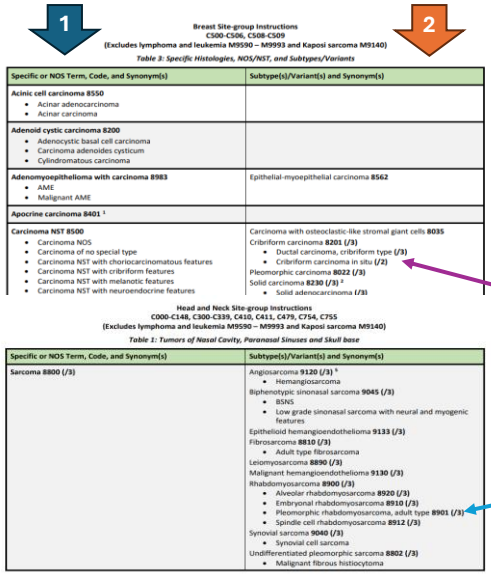
Histology Tables



- Specific Histologies, NOS/NST and Subtype/Variants Table
  - **Column 1**
    - Contains specific and NOS histology terms
      - Specific don't have subtype/variant
      - NOS have subtype/variant
      - Synonyms are indented under the specific or NOS term
  - **Column 2**
    - Contains subtype/variant of the NOS histology in column 1
      - Synonyms are indented under the term
        - **No histology codes** are given to the synonyms
      - Subtype/variant of the S/V in column 2
        - Indented under **with a histology code** assigned

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Histology Rules: Coding Histology Section

- **Ambiguous Terminology**
  - <u>Removed examples</u> from Ambiguous Terminology 3b
    - There is a NOS histology and a more specific (S/V) described by ambiguous terminology
      - Specific histology is clinically confirmed by a physician **OR**
      - Patient is receiving treatment based on the specific histology described by ambiguous terminology
    - If criteria not met, then code NOS histology
- **ADDED**:
  - See Ambiguous Terms section in the General Instructions

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General Instructions: Ambiguous Terms

- These instructions apply to coding histology
  - ***NOT*** to be used to determine reportability or assigning stage
- Within each site-group, the *Coding Histology* section will contain instructions for using *Ambiguous Terms* to assign a more specific histology

List of Ambiguous Terms		
Appears	Cannot rule out	Likely
Favor(s)	Presumed	Suspicious (for)
Suggestive of		

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General Instructions: Ambiguous Terms

- These terms were previously included as ambiguous terms for coding histology
- Now they are considered **definitive terms** for a histologic subtype
  - A definitive term does **NOT** require a clinical verification of the S/V
  - This changes applies to **ALL** years covered by the STR
    - Previously abstracted cases do not need to be reviewed or updated

List of Definitive Terms		
Comparable with	Compatible with	Consistent with
Most likely	Probable	Typical (of)

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General Instructions: Ambiguous Terms

- Code the specific histology described by ambiguous terminology **ONLY** when A or B is true:
  A. The only diagnosis available is one histology term described by ambiguous term
  B. There is a NOS histology and a more specific (s/v) described by ambiguous term
     - Specific histology is clinically confirmed by a physician **OR**
     - Patient is receiving treatment based on the specific histology described by ambiguous term

     If the specific histology doesn't meet the criteria, then code the NOS histology

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Site-Group Updates

Breast
Lung
CNS
Urinary

10

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Breast

- **Multiple Primary Rules**: Multiple T… …e
  - **M10** – Single Primary
    - Multiple tumors of … …d lobular
- **Histology Rules**: Multiple Tum… …tracted as a Single Primary
  - **H28** – Code 8522
    - Carcinoma NST ar… …multiple tumors

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Breast

- **M5** – Multiple Primaries
  - Subsequent tumor after being clinically disease-free for greater than 5 years
    - *Note 2*: Clinically disease-free means there was no evidence of recurrence on follow-up
      - Mammogram WNL
      - Scans are WNL

Update

12

Breast – Coding Histology

- ***Note***: Only code **differentiation** or **features** when there is a **specific code** for the NOS with differentiation **OR** the NOS with features in *Table 2* or *Table 3* or the ICD-O updates
  - *Example*:
    - **Do not** code **apocrine carcinoma** when the diagnosis specifies apocrine differentiation or features.
    - Apocrine differentiation is frequently present in:
      - Carcinoma NST/duct carcinoma
        - Subtype/variants of carcinoma NST/duct carcinoma
      - Lobular carcinoma NOS
        - Pleomorphic LCIS

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Breast – Table 2: Histology Combination Codes

Breast Site-group Instructions
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)

Table 2: Histology Combination Codes

Required Histology Terms	Histology Combination Term and Code
DCIS/duct carcinoma/carcinoma NST **8500 OR** any subtype/variant of carcinoma NST (see Table 3) **AND** LCIS/lobular carcinoma (**8520**) **OR** pleomorphic lobular carcinoma in situ **8519/2**	Duct and lobular **8522** [1] [2] • Invasive duct and in situ lobular **(/3)** [3] • DCIS and invasive lobular **(/3)** • Invasive duct and invasive lobular **(/3)** • Invasive carcinoma with ductal and lobular features ("mixed type carcinoma") **(/3)** [4] • DCIS and LCIS **(/2)** [3]

[1] 8522 is used when:
- Duct and lobular carcinoma are present in a single tumor **OR**
- All tumors in the same breast are mixed duct and lobular

[2] **Do not** use when the diagnosis is carcinoma NST/duct carcinoma with lobular **differentiation.**
[3] Includes pleomorphic LCIS
[4] CAP uses the term Invasive carcinoma with ductal and lobular features ("mixed type carcinoma") to indicate both duct and lobular are present. This is an exception to the instruction that features are not coded.

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Lung – Coding Histology

- *Instruction 4* – **DO NOT CODE** histology described as:
  - Architecture
  - Foci; focus; focal
  - Pattern – ***exceptions*** below
    - Acinar pattern: Adenocarcinoma, acinar predominant **8551**
    - Lepidic (growth) pattern: Adenocarcinoma, lepidic predominant **8250**
    - Micropapillary pattern: Adenocarcinoma, micropapillary predominant **8265**
    - Papillary pattern: Adenocarcinoma, papillary predominant **8260**
    - Solid pattern: Adenocarcinoma, solid predominant **8230**

Update

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Lung

- **Histology Rules**: Single Tumor
  - **H4** – Code the histology when only one histology is present
    - ***Note 5***: Single histologies identified as **pattern** should be coded

New

  - **H7** – Code the histology that comprises the greatest percentage of tumor
    - ***Note 3*:** CAP allow pathologists to identify bulleted histologies as **pattern** along with percentages; the histology pattern with the greatest percentage can be coded.

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Non-Malignant CNS – Behavior Code

- Behavior determines which set of CNS rules should be used:
  - Malignant **or**
  - Non-malignant
- **Priority Order for Using Documentation to Assign Behavior**
  1. **Pathology**: Tissue from **resection** in the following order:
     - A. Use the pathologist's description of behavior
     - B. Cases are reportable as **non-malignant** when pathology states **WHO Grade 1**
       - i. **WHO Grade 2** may be either malignant or non-malignant
         - Use the pathologist's description of behavior first
         - If not available, code corresponding histology code and behavior list in ICD-O, ICD-O updates, or STR

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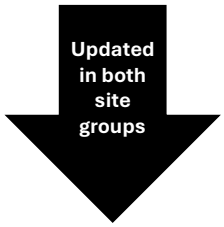
Non-Malignant CNS – WHO Grades

- ***Note 3*** (Updated)
  - WHO **does not** provide Grade for **all** CNS and peripheral nerve neoplasms



WHO Grade Definitions

WHO Grade	Definition
WHO Grade I	Non-malignant (/0 or /1)
WHO Grade II	Malignant or Non-malignant
WHO Grade III	Malignant (/3) (See Malignant CNS site-group)
WHO Grade IV	Malignant (/3) (See Malignant CNS site-group)

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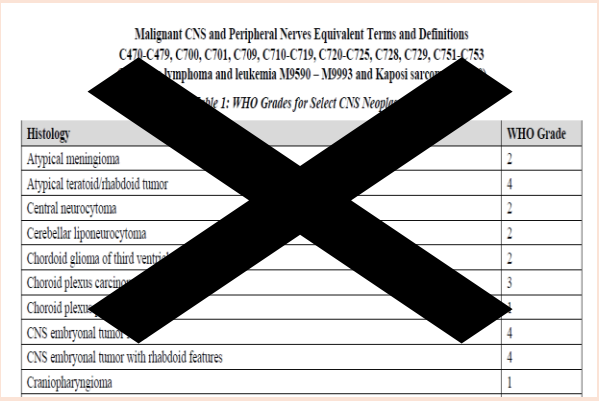
Malignant and Non-Malignant CNS – Table 1



Malignant CNS and Peripheral Nerves Equivalent Terms and Definitions
C470-C479, C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753
lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma
Table 1: WHO Grades for Select CNS Neoplasms

Histology	WHO Grade
Atypical meningioma	2
Atypical teratoid/rhabdoid tumor	4
Central neurocytoma	2
Cerebellar liponeurocytoma	2
Chordoid glioma of third ventricle	2
Choroid plexus carcinoma	3
Choroid plexus papilloma	1
CNS embryonal tumor	4
CNS embryonal tumor with rhabdoid features	4
Craniopharyngioma	1

WHO Grades for Select CNS Neoplasms

- ***Note 4***: Refer to the **CNS CAP Protocol** to code behavior based on WHO grade for **specific histologies** when grade is not available

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Malignant CNS

- **Behavior Code**
  - Priority Order for Using Documentation to Assign Behavior
    - 1B. Cases are reported as malignant when pathology states WHO Grade 3 or 4
      - i. **WHO Grade 2** may be either non-malignant or malignant
        - Use the pathologist's description of behavior first.
        - When not available and the CNS tumor is stated to be WHO Grade 2, code the corresponding ICD-O histology code and behavior listed in ICD-O, ICD-O updates, or STR
          - Code the WHO Grade in the appropriate SSDI field
        - *Example*: Astrocytoma, IDH-mutant NOS, Grade 2 – code 9400/3

Update

20

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Non-Malignant CNS –Histology Table 5

Table 5: Specific Histologies, NOS, and Subtypes/Variants

Specific or NOS Term, Code, and Synonym(s)	Subtype(s)/Variant(s) and Synonym(s)
Optic glioma 9421 (/1) • Pilocytic astrocytoma	
Papillary glioneuronal tumor 9509 (/1) [8] • Diffuse leptomeningeal glioneuronal tumor [9] • Rosette-forming glioneuronal tumor	
Paraganglioma 8693 (/1) [10]	
Perineurioma 9571 (/0)	
Pineocytoma 9361 (/1)	
Pituicytoma 9432 (/1)	
Pituitary adenoma NOS 8272 (/0) [11] • Corticotroph • Gonadotroph adenoma • Null cell adenoma • Plurihormonal and double adenomas • Somatotroph adenoma • Thyrotroph adenoma	

Added

[11] A diagnosis of pituitary adenoma NOS is coded 8272/0. A diagnosis of pituitary adenoma/PitNET (this is a single term) or PitNET is coded 8272/3.

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Non-Malignant CNS – Histology Table 5

Table 5: Specific Histologies, NOS, and Subtypes/Variants

Specific or NOS Term, Code, and Synonym(s)	Subtype(s)/Variant(s) and Synonym(s)
Polymorphous low-grade neuroepithelial tumor of the young 9413 (/0) [12] • PLNTY	
Prolactinoma 8271 (/0)	
Rhabdomyoma 8900 (/0)	
Schwannoma 9560 (/0) • Acoustic neuroma • Cellular schwannoma • Neurilemoma • Neurinoma • Plexiform schwannoma	Melanotic schwannoma **9560 (/1)**
Solitary fibrous tumor Grade 1 8815 (/1) [13] • Hemangiopericytoma Grade 1 • Hemangiopericytoma Grade 2 • Solitary fibrous tumor	
Spindle cell oncocytoma 8290 (/0)	
Subependymal giant cell astrocytoma 9384 (/1)	

Added

[13] Behavior for solitary fibrous tumor, grade I changed from /0 to /1 effective with cases diagnosed 1/1/2025 forward. The change is per Cancer PathCHART expert neuropathologist review.

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Non-Malignant CNS

- **Multiple Primary Rules** – Multiple Tumors module
  - **M8** – Multiple primaries
    - When multiple tumors are present in any of the following sites:
      - **UPDATE** to this bullet:
        - Meninges of cranial nerves **C700 and** any other part of the CNS

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Malignant CNS – Histology Table 2

Table 2: Specific Histologies, NOS, and Subtypes/Variants

Specific or NOS Term, Code, and Synonym(s)	Subtype(s)/Variant(s) and Synonym(s)
Anaplastic ganglioglioma 9505	
Astroblastoma 9430 • Astroblastoma, MN1-altered	
Astrocytoma NOS 9400 [1] • Astrocytoma, IDH-mutant, grade 2 • Diffuse astrocytoma IDH-mutant • Diffuse astrocytoma IDH-wildtype • Diffuse astrocytoma NOS	Anaplastic astrocytoma IDH-mutant **9401** • Anaplastic astrocytoma IDH-wildtype • Anaplastic astrocytoma NOS Astrocytoma, IDH-mutant, grade 3 **9401** Astrocytoma, IDH-mutant, grade 4 **9445** Gemistocytic astrocytoma IDH-mutant **9411** Pleomorphic xanthroastrocytoma **9424** • Anaplastic pleomorphic xanthroastrocytoma

Added

[1] Pathologists may use the terms glioma and astrocytoma interchangeably. These terms are equal/equivalent only when they are used to describe a synonym of astrocytoma or subtype/variant of astrocytoma. The terms glioma NOS and astrocytoma NOS are not equal/equivalent terms.

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Malignant CNS – Histology Table 2

Table 2: Specific Histologies, NOS, and Subtypes/Variants

Specific or NOS Term, Code, and Synonym(s)	Subtype(s)/Variant(s) and Synonym(s)
Oligodendroglioma NOS 9450 [9] • Oligodendroglioma 1p/19q-codeleted • Oligodendroglioma IDH-mutant • Oligodendroglioma IDH-mutant and 1p/19q-codeleted, grade 2	Anaplastic oligodendroglioma NOS **9451** • Anaplastic oligodendroglioma, IDH-mutant 1p/19q-codeleted • Anaplastic oligodendroglioma, IDH-mutant and 1p/19q-codeleted • Oligodendroglioma, IDH-mutant and 1p/19q-codeleted, grade 3
Peripheral primitive neuroectodermal tumor 9364 • Ewing sarcoma • pPNET	
Pilocytic astrocytoma 9421 [10] [11]	Pilomyxoid astrocytoma **9425**
Pineal parenchymal tumor of intermediate differentiation 9362 • Pineoblastoma	Papillary tumor of the pineal region **9395**
Pituitary adenoma/pituitary neuroendocrine tumor 8272 (/3) [12] • PitNET • Pituitary adenoma/PitNET	

Added

• Diffuse low-grade glioma, MAPK pathway- altered+

[12] A diagnosis of pituitary adenoma NOS is coded 8272/0. A diagnosis of pituitary adenoma/PitNET (this is a single term) or PitNET is coded 8272/3.

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Malignant CNS – Histology Table 2

Table 2: Specific Histologies, NOS, and Subtypes/Variants

Specific or NOS Term, Code, and Synonym(s)	Subtype(s)/Variant(s) and Synonym(s)
Sarcoma NOS 8800	Angiosarcoma **9120** Chondrosarcoma **9220** [13] • Mesenchymal chondrosarcoma **9240** Leiomyosarcoma **8890** • Granular cell leiomyosarcoma • Inflammatory leiomyosarcoma • Epithelioid leiomyosarcoma **8891** • Myxoid leiomyosarcoma **8896** Myxoid pleomorphic liposarcoma **8859** Osteosarcoma **9180** Primary intracranial sarcoma, DICER1-mutant **9480** Round cell sarcoma with EWSR1-non-ETS fusion **9366** Sarcoma with BCOR genetic alterations **9268** Undifferentiated pleomorphic sarcoma **8802** • Malignant fibrous histiocytoma

Cases diagnosed 1/1/25 forward – chondrosarcoma is **no longer valid for Malignant CNS**

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Urinary – Multiple Primary Rules

- **M9** – Single Primary
  - Multiple invasive urothelial cell carcinoma in the bladder
    - All tumors are:
      - Urothelial or Urothelial S/V (*except* micropapillary)
      - Micropapillary
    - Timing irrelevant
    - An occurrence of micropapillary and an occurrence of urothelial carcinoma would be **multiple primaries** (See Rule **M8**)
- **M11** – Single Primary
  - Urothelial carcinomas in multiple urinary organs (Renal pelvis, Bladder, Ureter, Urethra)
    - All tumors are:
      - Urothelial or urothelial S/V (*except* micropapillary)
      - Micropapillary
    - Doe **NOT** apply to other histologies
    - Applies to tumors **occur less than 3yrs apart**
    - Behavior irrelevant

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Urinary – Histology Rules

- **Single Tumor** module – **H3**
- **Multiple Tumors Abstracted as a Single Primary** module – **H9**
  - **Code the S/V** when all multifocal/multicentric tumors are a NOS and a **SINGLE** S/V of that NOS
    - **DELETED**:
      - Papillary urothelial carcinoma 8130 and a S/V of papillary urothelial carcinoma
        - This is no longer applicable for these two histology rules

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Reminders…

Use

- Use the most current STR as soon as it is released

Download

- **DOWNLOAD** the manual

Review

- Review the entire change log
  - https://seer.cancer.gov/tools/solidtumor/revisions.html

Complete the Quiz

- ***After watching all annual update training videos take the 2026 quiz***

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Questions? Contact me.

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