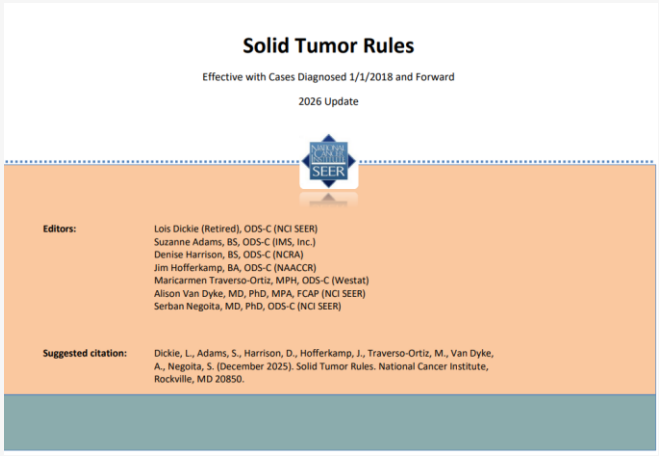
Solid Tumor Rules

Effective with Cases Diagnosed 1/1/2018 and Forward

2026 Update

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# Solid Tumor Rules

Presented by: Melissa Riddle, ODS-C

Manual Mania

Iowa Cancer Registry

Recorded December 2025

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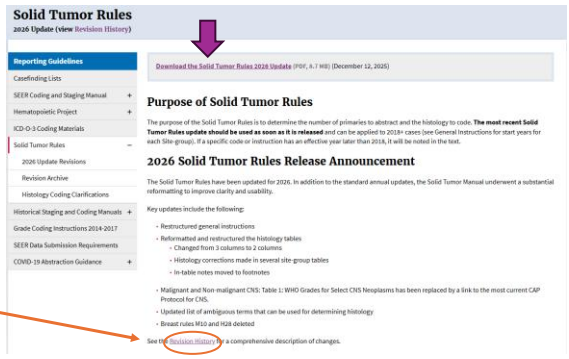
# Where can I find this manual?

- **Download the Manual**
  - https://seer.cancer.gov/tools/solidtumor/
- Use the latest STR Manual as soon as it is released
  - This manual is not dependent on diagnosis year
- Review the recent revision changes
  - Know what was updated from the previous manual




2

2

# Diagnosis Years

- STR is revised annually
  - Use the latest STR as soon as it is released
  - Each update contains start years for when new codes are valid and new instructions are applicable
    - If there is no date associated with the new code/instruction, then it applies back to the applicable date for that site-group
- Table indicates which diagnosis years the STR is applicable for that site-group
  - Use the diagnosis year of the later tumor to determine which set of rules to use
  - *Example*:
    - 2017 – R breast DCIS (8500/2)
    - 2026 – R breast ILC (8520/3)
    - Apply rules based on the 2026 case

**Table 1. Solid Tumor Rules Site-groups by Diagnosis Year**

| Site-group | Solid Tumor Rules | MP/H Rules |
|---|---|---|
| Head and Neck* | 2018-Current | 2007-2017 |
| Colon** | 2018-Current | 2007-2017 |
| Lung | 2018-Current | 2007-2017 |
| Breast | 2018-Current | 2007-2017 |
| Kidney | 2018-Current | 2007-2017 |
| Urinary Sites | 2018-Current | 2007-2017 |
| Non-Malignant CNS* | 2018-Current | 2007-2017 |
| Malignant CNS and Peripheral Nerves * | 2018-Current | 2007-2017 |
| Cutaneous Melanoma | 2021-Current | 2007-2020 |
| Other Sites | 2023-Current | 2007-2022*, ** |

*Peripheral nerves were moved from the MP/H Other Sites to the Solid Tumor Head and Neck, Non-Malignant CNS, and Malignant CNS site-groups beginning with cases diagnosed 2018. Paraganglioma histologies 8680/3, 8690/3, 8692/3, and 9693/3 for primary sites C479, C754 and C755 ONLY are in Head and Neck (Table 9) for cases diagnosed 1/1/2019 forward.

*Trachea was moved from MP/H Other Sites to Solid Tumor Head and Neck beginning with cases diagnosed 2018.

**Rectosigmoid and rectum were moved from MP/H Other Sites to Solid Tumor Colon beginning with cases diagnosed 2018.

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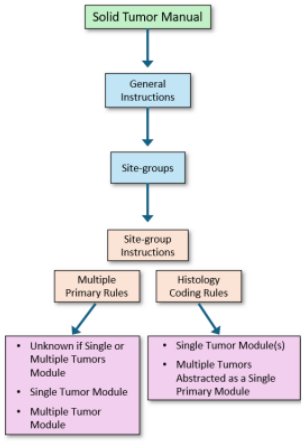
# Purpose and Structure of the STR




- **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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# Site-Group Sections

- **Site-Group Instructions**
  - Major changes and clarifications
  - Equivalent and equal terms
  - Terms that are not equivalent or equal
  - Tables for coding may include:
    - Primary site codes
    - Combination histologies
    - Reportable histologies and subtype/variants
    - Non reportable histologies
    - Paired Sites
  - Illustrations
- **Multiple Primary Rules**
  - Unknown if Single or Multiple Tumors module
  - Single Tumor module
  - Multiple Tumor module
- **Histology Rules**
  - Priority Order for Using Documentation to Identify Histology
  - Coding Histology
  - Single Tumor module
    - Some site-groups have more than one single tumor module
  - Multiple Tumors Abstracted as a Single Primary module

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# Equivalent Terms

- Each site-group has its own set of equivalent and non-equivalent terms
- **General Equivalent terms**
  - These terms are primarily used to determine histology
    - And; with
      - Used as synonyms when describing multiple histologies in a **single tumor**
    - De novo; new tumor
    - Multicentric; multifocal
    - Type; subtype; variant
  - These terms are primarily used to determine multiple primaries
    - Clinically disease free; WNL
    - Simultaneous; synchronous; at the same time; prior to first course treatment
    - Topography; site code
    - Tumor; mass; tumor mass; neoplasm; nodule
      - These are **NOT** used in a standard manner in clinical diagnosis, disregard these terms **UNLESS** there is a physician's statement that the term is malignant/cancer
      - These terms are used **ONLY** to determine multiple primaries
      - Do **NOT** use to determine reportability or casefinding
    - Type; subtype; variant

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# How to Use the Manual

Multiple Primary Rules
Histology Rules

7

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## How to Use the Multiple Primary Rules

1. Determine the **appropriate site-group** (i.e. colon, breast, etc.)
   a) Correct site-group is based on the primary site
2. Use **Multiple Primary Rules to determine the number of primaries/abstracts**
   a) Unless the rules in the site-group state otherwise, the multiple primary rules only apply to tumor(s) arising from the primary site
      - Metastatic tumors are not included when determining the **number of tumors present**
        - Includes regional LN, distant sites/LN, etc.
   b) Tumor(s) may be **synchronous** (same time) or **metachronous** (different times)
      - When there are multiple tumors present, **assign a working histology to each tumor prior to applying the multiple primary rules**
      - Tumors are **metachronous**, apply multiple primary rules to the most recently diagnosed tumor to decide if it is the same primary or new primary

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## How to Use the Multiple Primary Rules

3. Begin with the **FIRST** rule within the **Multiple Primary Rules <u>module</u>** that applies, follow the rules in order, and once a rule applies **STOP** – follow the rule instructions, Single or Multiple Primaries
   a) Single tumor, go to **Single Tumor module**
   b) Multiple tumors, go to **Multiple Tumors module**
   c) Can't be determined if there is a single or multiple tumors, use Unknown if Single or Multiple Tumors module

   *<u>Example</u>*: Patient presents with unifocal breast cancer diagnosed at a different institution. Physician refers to the patient's "history of breast cancer", but registrar isn't certain that the physician is referring to the current tumor or if the patient had a history of a different breast cancer. **Use Unknown if Single or Multiple Tumors module**

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## How to Use the Multiple Primary Rules

4. Rule states it is a single primary, abstract one case
5. Rule states it is multiple primaries, abstract each tumor/primary
   - Each one is treated as a single tumor
6. If a new tumor is found to be a recurrence, do **<u>NOT</u>** make changes to the original abstract unless instructed to by the rules
   - Follow the instructions for the rule that applies to your case

   ***Example***: Patient has previously abstracted invasive urothelial carcinoma of the bladder. Patient presents with new invasive papillary urothelial carcinoma of the bladder. **Per the MP rules, this is not a new primary**; update date last recurrence and put this information in the text.

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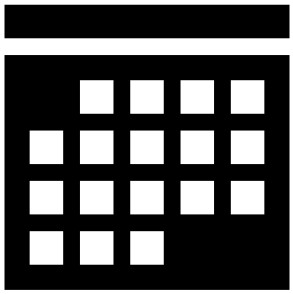
# Timing Rule



- The time between the diagnosis of a **metachronous** (different times) **tumors** in the **same site** may determine if the new tumor is a new primary
  - The length of times vary among site-groups
  - If the patient has a recurrence or develops metastasis from the original primary, the time-period starts over
  - When recurrence is less than or equal to X years of diagnosis, continue through rules
    - Unknown if there is a recurrence or mets, use date of diagnosis to calculate time span
- One year = One calendar year
- More than one year = More than one calendar year
- Clinically disease free = no evidence of recurrence on follow-up, WNL
- **ONLY *exception*** is when a pathologist compares slides from the subsequent tumor to the "original" tumor and **documents the new tumor is a recurrence of the previous primary**
  - **NEVER** abstract multiple primaries based **ONLY** on a physician's statement of "recurrence" or "recurrent" unless instructed to do so by a specific rule

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# How to Use Histology Rules

1. Use the appropriate module:
   a) **Single Tumor** (some site-groups may have more than one Single Tumor module)
   b) **Multiple Tumors Abstracted as a Single Primary**

2. Apply rules in order and **STOP** at the first rule that can be used to assign a histology
   - ***Note 1***: Don't use rules to determine case reportability
   - ***Note 2***: Code this histology prior to neoadjuvant therapy, when available
     - Refer to site-group instructions for exceptions
   - ***Note 3***: For each site-group, priorities include tissue/histology, cytology, imaging, physician diagnosis, and biomarkers. **Use the priority order that precedes the histology rules for each site.**
     - Priority order will differ by site-group

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# How to Use Ambiguous Terms

- The following instructions apply to coding histology
  - **NOT** to be used for determining reportability or assigning stage

1. In each site-group, the Coding Histology section will contain instructions for using ambiguous terms to assign a more specific histology

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

2. These terms should be treated as supporting a definitive diagnosis (previously ambiguous terms) of a histologic subtype
   - Doesn't require clinical verification of subtype/variant

| Definitive Terms for Histology | | |
|---|---|---|
| Comparable with | Compatible with | Consistent with |
| Most likely | Probable | Typical (of) |

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# Instructions for Coding Histology Described by 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 described by ambiguous term
    - CoC and SEER require reporting of cases diagnosed only be ambiguous terminology
    - The final pathology diagnosis is an ambiguous term followed by a histology type
    - Case is accessioned (added to your database) based on ambiguous term and no other histology information is available/documented
  - 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 this criteria, then code the NOS

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# How to Use Histology Tables

## Histology Combination Codes Table

Use combination codes **ONLY** when the histologies are in a **single** tumor or **multiple tumors abstracted as a single primary**

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**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)<br>**AND**<br>LCIS/lobular carcinoma (**8520**) **OR** pleomorphic lobular carcinoma in situ **8519/2** | Duct and lobular **8522** [1] [2]<br>• Invasive duct and in situ lobular **(/3)** [3]<br>• DCIS and invasive lobular **(/3)**<br>• Invasive duct and invasive lobular **(/3)**<br>• Invasive carcinoma with ductal and lobular features ("mixed type carcinoma") **(/3)** [4]<br>• DCIS and LCIS **(/2)** [3] |
| DCIS/duct carcinoma/carcinoma NST **OR** any ONE subtype/variant of carcinoma NST (see Table 3)<br>**AND** [5]<br>**Any** histology in **Table 3 with exception** of<br>• Lobular carcinoma **8520** and pleomorphic lobular carcinoma in situ **8519 (/2)**<br>• Paget disease **8540** | Invasive carcinoma NST/duct mixed with other types of invasive carcinoma **8523 (/3)**<br>DCIS mixed with other in situ carcinoma **8500 (/2)** [6] |

[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.
[5] Both histologies **must have** the **same behavior** code.
[6] Prior to 2018, DCIS and other in situ was coded 8523/2.

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# How to Use Histology Tables

## Specific Histologies, NOS, and Subtype/Variants Table

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**Kidney Site-group Instructions**
**C649**
**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

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

| NOS or Specific Histology Term, Code, and Synonym(s) | Subtype(s)/Variant(s) and Synonym(s) |
|---|---|
| **Medullary carcinoma 8510**<br>• Medullary adenocarcinoma<br>• Renal medullary carcinoma<br>• SMARCB1-deficient medullary-like RCC<br>• SMARCB1-deficient undifferentiated RCC NOS<br>• SMARCB1-deficent dedifferentiated RCC of other specific subtypes | |
| **Nephroblastoma 8960**<br>• Wilms tumor | |
| **Neuroendocrine carcinoma 8246 (/3)** | Large cell neuroendocrine carcinoma **8013 (/3)**<br>• Large cell neuroendocrine tumor<br>Small cell neuroendocrine carcinoma **8041 (/3)** |
| **Neuroendocrine tumor 8240 (/3)**<br>• Carcinoid [OBS]<br>• NET<br>• Neuroendocrine tumor, grade 1<br>• Well-differentiated neuroendocrine tumor | Neuroendocrine tumor, grade 2 **8249 (/3)** |
| **Paraganglioma 8693 (/3)** [1]<br>• Extra-adrenal paraganglioma<br>• Parasympathetic paraganglioma<br>• Sympathetic paraganglioma | |

[1] Reportable for kidney C64.9 beginning 1/1/2024.

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# How to Use Histology Tables

## Specific Histologies, NOS, and Subtype/Variants Table

17

**Kidney Site-group Instructions**
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**(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)**

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[1] Reportable for kidney C64.9 beginning 1/1/2024.

17

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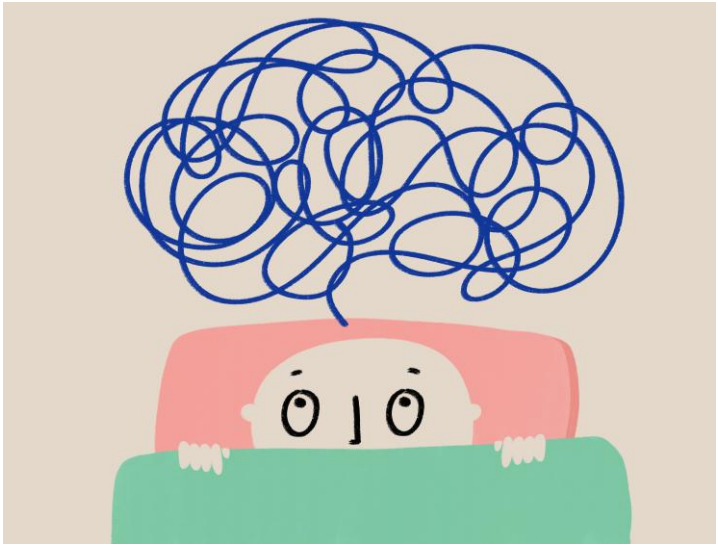
If your brain feels like this…



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It will get better

19

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# Case Scenario – Cutaneous Melanoma

- 43yr old female with history of melanoma in situ of L upper shoulder in 2021. This was excised and no recurrence. Today she is seen for an itchy, bleeding mole on her R calf. PE: raised, dark pigmented lesion on R mid-calf, approx. 1cm in size; shave biopsy.
- 4/3/2026 R calf, shave biopsy: malignant melanoma, lentigo maligna type
- **How many tumors do we have?**
  - 2021 – C446 8720/2
  - 2026 – C447 8742/3 (working histology)
- **Melanoma site-group – Multiple Primary Rules**
  - Unknown if single or multiple melanomas
  - Single melanoma
  - Multiple melanomas

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# Cutaneous Melanoma

- 2021 Primary Site: C446 Histology/Behavior: 8720/2
- 2026 Primary Site: C447 Histology/Behavior: 8742/3 (working)

- Multiple Primary Rules – **Multiple Melanomas module**
  - Start M3
  - **STOP M3** – Multiple primaries
    - We have multiple melanomas with different ICD-O site codes at the fourth character
      - C44**6** and C44**7**
- We will create a new abstract for the 2026 case

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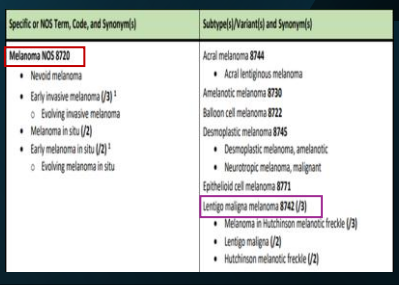
# Cutaneous Melanoma



| Specific or NOS Term, Code, and Synonym(s) | Subtype(s)/Variant(s) and Synonym(s) |
|---|---|
| Melanoma NOS 8720<br>• Nevoid melanoma<br>• Early invasive melanoma (/3) [1]<br>○ Evolving invasive melanoma<br>• Melanoma in situ (/2)<br>• Early melanoma in situ (/2) [2]<br>○ Evolving melanoma in situ | Acral melanoma 8744<br>• Acral lentiginous melanoma<br>Amelanotic melanoma 8730<br>Balloon cell melanoma 8722<br>Desmoplastic melanoma 8745<br>• Desmoplastic melanoma, amelanotic<br>• Neurotropic melanoma, malignant<br>Epithelioid cell melanoma 8771<br>Lentigo maligna melanoma 8742 (/3)<br>• Melanoma in Hutchinson melanotic freckle (/3)<br>• Lentigo maligna (/2)<br>• Hutchinson melanotic freckle (/2) |

- 4/3/2026 R calf, shave biopsy: malignant melanoma, lentigo maligna type
- Now we need to determine the correct and final histology code.
- Histology Rules: **Single Melanoma or Multiple Melanomas Abstracted as a Single Primary**
  - Start **H1** – One histologic type
    - There is Malignant Melanoma NOS and Lentigo Maligna
  - **H2** – Invasive and In Situ
  - **H3** – Histologic type and regressing melanoma
  - **H4** – Malignant melanoma, regressing
  - **H5** – Lentigo Maligna and Histologic Type
    - Lentigo Maligna with another S/V
  - **H6** – Code 8742/3 when it is Lentigo Maligna Melanoma
  - **H7** – Code S/V when there is an NOS and a single S/V
    - Malignant melanoma (8720) is an NOS and Lentigo Maligna is a S/V (8742)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# Melanoma Case Scenario

**Sequence:** 02

**Date Dx:** 04/03/2026

**Primary Site:** C447

**Laterality:** 1

**Histology/Behavior:** 8742/3

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# Case Scenario – Other Sites

- 27yr old female with Grave's disease and nodular thyroid
- 1/3/26 Thyroid nodule, right, biopsy: micropapillary thyroid carcinoma
- 2/25/26 Total thyroidectomy
  - Pathology:
    - Right lobe: micropapillary thyroid carcinoma, 0.4cm
    - Left lobe: follicular carcinoma, 1cm

- **How many tumors do we have?**
  - Right lobe & Left lobe involved with separate tumors

- **How many abstracts will we create?**

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# Other Sites

- **Multiple Primary Rules**
  - Unknown if Single or Multiple Tumors module
  - Single Tumor module
  - **Multiple Tumors module**
    - Important note – Rules M3-M9 apply to specific sites and histologies
    - Start M3
      - M3 – Prostate primary
      - M4 – Prostate primary
      - M5 – Retinoblastoma
      - M6 – Kaposi Sarcoma
      - M7 – Thyroid with tumors that are follicular & papillary within 60 days
        - **SINGLE** primary


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# Other Sites - Thyroid

- Right lobe: **8260** (working histology)
- Left lobe: **8330** (working histology)

- **M7** – Single Primary
  - Follicular & Papillary Histologies
    - R lobe is Papillary
    - L lobe is Follicular
    - Diagnosed within 60 days
      - R lobe 1/3/26
      - L lobe 2/25/26

***Table 12: Thyroid Histologies***

| Specific or NOS Term, Code, and Synonym(s) | Subtype(s)/Variant(s) and Synonym(s) |
|---|---|
| **Carcinoma, anaplastic 8021 (/3)** | Carcinoma, undifferentiated **8020 (/3)** |
| Follicular thyroid carcinoma NOS 8330<br>• Follicular adenocarcinoma<br>• Follicular carcinoma<br>• Follicular carcinoma, widely invasive **(/3)**<br>• Infiltrative follicular carcinoma **(/3)** | Follicular carcinoma, encapsulated angioinvasive **8339 (/3)**<br>Follicular thyroid carcinoma, minimally invasive **8335 (/3)**<br>Well differentiated follicular adenocarcinoma **8331**<br>Moderately differentiated follicular adenocarcinoma **8332**<br>• Trabecular follicular carcinoma |
| **Papillary thyroid carcinoma NOS 8260**<br>• Classical papillary carcinoma<br>• Clear cell papillary thyroid carcinoma<br>• Cribriform-morular variant of PTC<br>• Hobnail variant of PTC<br>• Micropapillary thyroid carcinoma [2] | Columnar cell variant of PTC **8344**<br>• Tall cell PTC<br>Diffuse sclerosing PTC **8350**<br>Encapsulated variant of PTC **8343 (/3)**<br>Follicular variant of papillary thyroid carcinoma **8340** [3]<br>Oncocytic variant of PTC **8342** |

[2] For thyroid cancer only, the terms micropapillary and papillary microcarcinoma do not refer to a specific histologic type. It means that the papillary portion of the tumor is minimal or occult.

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# Other Sites - Histology

- **Histology Rules**:
  - Single Tumor: In Situ Only module
  - Single Tumor: Invasive and In Situ Components module
  - Single Tumor: Invasive Only module
  - Multiple Tumors Abstracted as a Single Primary module
    - **Start H22**

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# Histology Rules – Multiple Tumors Abstract Single

- **H22** – No pathology/cytology – code physician documented histology
- **H23** – Metastatic site histology
- **H24** – Prostate primary histology
- **H25** – Squamous intraepithelial neoplasia

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## Histology Rules – Multiple Tumors Abstract Single

- **H26** • Glandular intraepithelial neoplasia grade 3
- **H27** • Only one histology type
- **H28** • Extramammary Paget disease
- **H29** • Adenocarcinoma in a polyp
- **H30** • Multiple Papillary and Follicular carcinoma


Histology: **8340**

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## Other Sites: Thyroid Case Scenario

- **Sequence**: 00
- **Date of Dx**: 1/3/2026
- **Primary Site**: C739
- **Laterality**: 0
- **Histology/Behavior**: 8340/3

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# Additional Sections

Primary Site Tables

Illustrations

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## Site-Group Primary Site Tables

- **Some site-groups have a primary site table and/or instructions**
  - Like Urinary site-group
    - Instructions for Coding Primary Site
    - Table 1: ICD-O Primary Site Codes

**Instructions for Coding Primary Site**

The following instructions are in priority order.

1. Code overlapping lesion of urinary bladder **C678** when:
   A. A single tumor of any histology overlaps subsites of the bladder
   B. A 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)

***Note:*** Overlapping non-invasive tumors of the bladder and ureter almost always originate in the bladder. They extend/overlap into the ureter by spreading along the mucosa. It is important to code these primaries to bladder C678, NOT to overlapping lesion of urinary organs C688.

**Table 1: ICD-O Primary Site Codes**

Use the following table to determine the correct site code.

**Column 1** contains the site term and ICD-O code.
**Column 2** contains synonyms for the site code and term in column 1.

| Site Term and code | Synonyms |
|---|---|
| Bladder, anterior wall **C673** | - |
| Bladder, dome **C671** | Roof<br>Vault<br>Vertex |
| Bladder, lateral wall **C672** | Lateral to ureteral orifice<br>Left wall<br>Right wall<br>Sidewall |
| Bladder neck **C675** | Internal urethral orifice<br>Vesical neck |
| Bladder NOS **C679** | Lateral posterior wall (**no hyphen**) |
| Bladder, overlapping lesion **C678** | Fundus<br>Lateral-posterior wall (**hyphen**) |
| Bladder, posterior wall **C674** | - |

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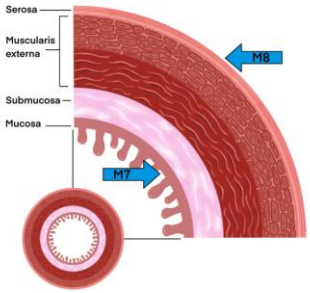
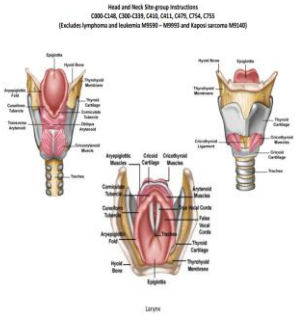
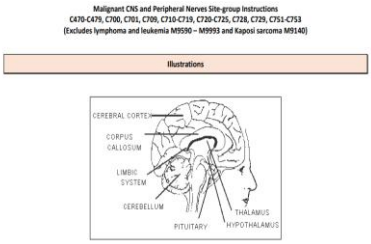
# Illustrations

Site-groups have illustrations that you may find helpful when abstracting

Colon (C18_); Rectosigmoid (C199); Rectum (C209)

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# Important Take-aways…

- Read the updates for that diagnosis year
  - 2026 STR Revision history
- Determine the number of tumors
- Follow the rules in the correct module for
  - Multiple Primary Rules
  - Histology Rules
- Once a rule applies **STOP** and follow the instructions


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# Questions? Contact me.

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