1

Coding Primary Site

2

SEER Program Coding & Staging Manual 2025 Pages 108-113

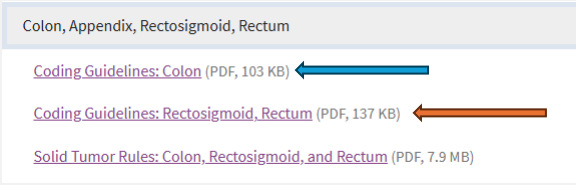
- The primary site is where the primary tumor originates
  - Even if it extends onto/into adjacent subsites or organs
    - Some terms you may see:
      - "tumor arose from…"
      - "tumor originated in…"
      - "tumor emanated from…"
  - Site of origin may not necessarily be the site of the biopsy
  - Tumors may involve multiple sites
    - Code the site where the tumor arose or originated from as the primary site
- Primary site, histology, and behavior are the foundation of an abstract
  - Software uses this information to determine the correct schema and ensures appropriate coding and applicable data items

2

SEER – Appendix C: Coding Guidelines

- **Coding Guidelines: Colon**
  - Priority Order for coding primary site
  - Subsites – when a single tumor overlaps two colon subsites, code C188
- **Coding Guidelines: Rectosigmoid, Rectum**
  - Primary site coding
  - Anatomic transition from sigmoid to rectum notes
  - Glossary

https://seer.cancer.gov/manuals/2025/appendixc.html



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Coding Guidelines: Colon

- Priority order for coding primary site:
  - Resected cases
    - Op report with surgeon's description
    - Path report
    - Imaging
  - Polypectomy or excision without resection
    - Endoscopy report
    - Path report

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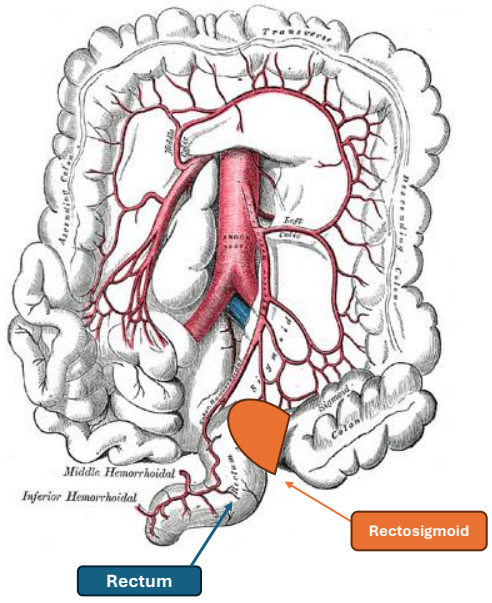

Coding Guidelines: Rectosigmoid/Rectum

- **Primary Site**:
  - **Rectosigmoid** – differentiation between rectum and sigmoid is not possible
    - Rectosigmoid junction – between sigmoid colon and upper rectum
  - Code as **rectum** when
    - Lower margin is less than 16cm from anal verge or
    - Any part of the tumor is located at least partly within the supply of the superior rectal artery

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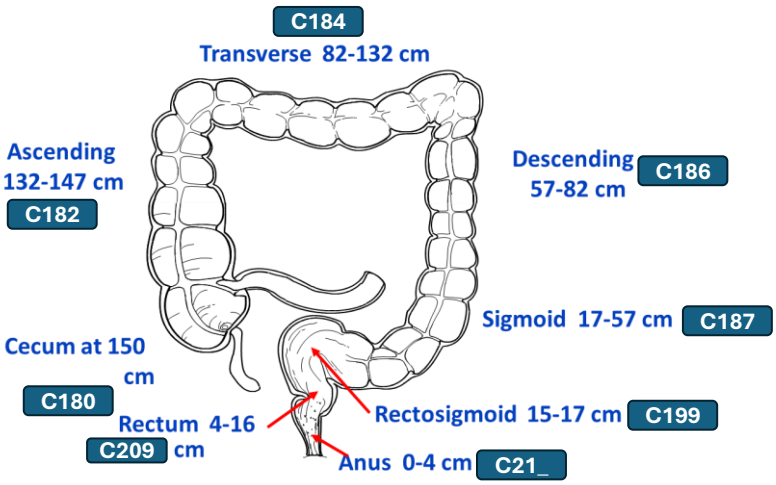
Colonoscopy Measurements



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

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STR Table 3: Primary Site Codes

7

Table 3: Primary Site Codes

Column 1 includes the primary site code and term for colon and rectum sites.
Column 2 includes additional terms associated with the term.

Site Code and Term	Associated Terminology
C180 Cecum	Ileocecal valve Ileocecal junction
C181 Appendix	
C182 Ascending colon	Right colon
C183 Hepatic flexure	
C184 Transverse colon	
C185 Splenic flexure of colon	
C186 Descending colon	Left colon
C187 Sigmoid colon	Sigmoid, NOS Sigmoid flexure of colon Pelvic colon
C188 Overlapping lesion of colon	Left colon
C189 Colon, NOS	Large intestine (Excludes rectum, NOS C20.9 and rectosigmoid junction C19.9) Large bowel, NOS
C199 Rectosigmoid junction	Rectosigmoid, NOS Rectosigmoid colon Colon and Rectum Pelvirectal junction
C209 Rectum, NOS	Rectal ampulla

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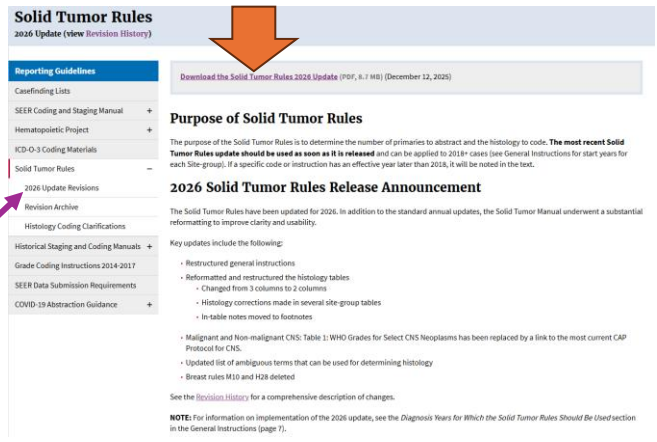
2026 STR

- Download the latest manual
  - https://seer.cancer.gov/tools/solidtumor/
  - Rename saved manual as 2026 STM (or STR)
- Review the changes in the Revision History:
  - https://seer.cancer.gov/tools/solidtumor/revisions.html



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Solid Tumor Rules Manual (STR)

- Effective with cases diagnosed 1/1/2018 and forward
- Updated
- Colon Section
  - C180-C189; C199; C209
    - Excludes lymphoma and leukemia; Kaposi sarcoma
    - Colon sites (C18_)
    - Rectosigmoid junction (C199)
    - Rectum (C209)

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STR - Introduction

- Notes:
  - 98% colon cancer are adenocarcinoma (S/V)
  - Mixed histologies are rare
    - Mixed adenoneuroendocrine carcinoma (MANEC) 8244 is less common
      - Previously adenocarcinoma and carcinoid
  - De novo = arise in mucosa, not a polyp
  - Pseudomyxoma peritonei
    - Usually associated with mucinous tumors of the appendix
      - High grade = malignant (/3)
      - Low grade = non-malignant (/1)
  - Some dysplasias have been assigned behavior in situ (/2) and are ***NOT*** reportable in the U.S.

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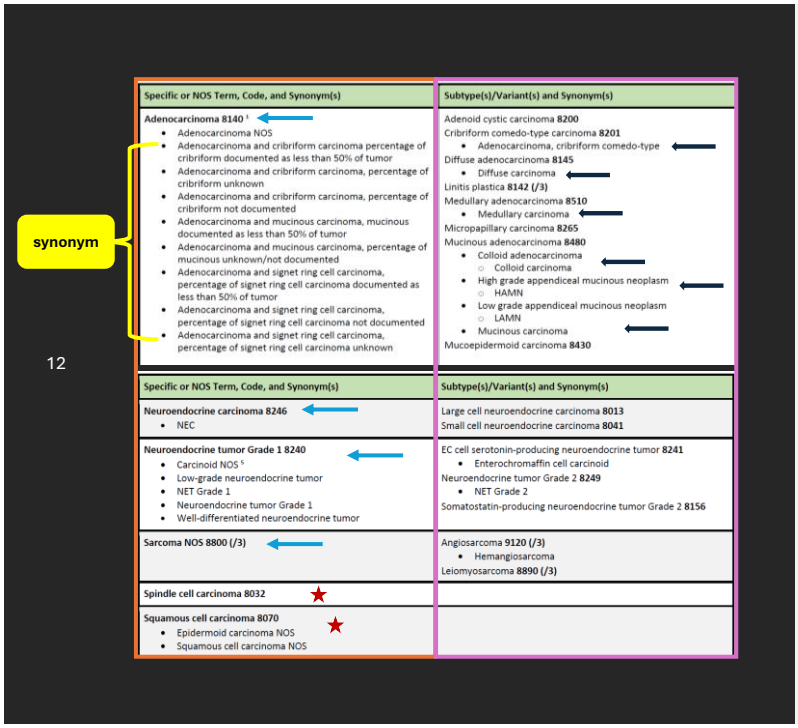

Specific or NOS Term, Code, and Synonym(s)	Subtype(s)/Variant(s) and Synonym(s)
Adenocarcinoma 8140 [1] • Adenocarcinoma NOS • Adenocarcinoma and cribriform carcinoma percentage of cribriform documented as less than 50% of tumor • Adenocarcinoma and cribriform carcinoma, percentage of cribriform unknown • Adenocarcinoma and cribriform carcinoma, percentage of cribriform not documented • Adenocarcinoma and mucinous carcinoma, mucinous documented as less than 50% of tumor • Adenocarcinoma and mucinous carcinoma, percentage of mucinous unknown/not documented • Adenocarcinoma and signet ring cell carcinoma, percentage of signet ring cell carcinoma documented as less than 50% of tumor • Adenocarcinoma and signet ring cell carcinoma, percentage of signet ring cell carcinoma not documented • Adenocarcinoma and signet ring cell carcinoma, percentage of signet ring cell carcinoma unknown	Adenoid cystic carcinoma **8200** Cribriform comedo-type carcinoma **8201** • Adenocarcinoma, cribriform comedo-type Diffuse adenocarcinoma **8145** • Diffuse carcinoma Linitis plastica **8142 (/3)** Medullary adenocarcinoma **8510** • Medullary carcinoma Micropapillary carcinoma **8265** Mucinous adenocarcinoma **8480** • Colloid adenocarcinoma ○ Colloid carcinoma • High grade appendiceal mucinous neoplasm ○ HAMN • Low grade appendiceal mucinous neoplasm ○ LAMN • Mucinous carcinoma Mucoepidermoid carcinoma **8430**
Specific or NOS Term, Code, and Synonym(s)	**Subtype(s)/Variant(s) and Synonym(s)**
Neuroendocrine carcinoma 8246 • NEC	Large cell neuroendocrine carcinoma **8013** Small cell neuroendocrine carcinoma **8041**
Neuroendocrine tumor Grade 1 8240 • Carcinoid NOS [5] • Low-grade neuroendocrine tumor • NET Grade 1 • Neuroendocrine tumor Grade 1 • Well-differentiated neuroendocrine tumor	EC cell serotonin-producing neuroendocrine tumor **8241** • Enterochromaffin cell carcinoid Neuroendocrine tumor Grade 2 **8249** • NET Grade 2 Somatostatin-producing neuroendocrine tumor Grade 2 **8156**
Sarcoma NOS 8800 (/3)	Angiosarcoma **9120 (/3)** • Hemangiosarcoma Leiomyosarcoma **8890 (/3)**
Spindle cell carcinoma 8032 ★	
Squamous cell carcinoma 8070 ★ • Epidermoid carcinoma NOS • Squamous cell carcinoma NOS	

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Histology Table 1: Specific, NOS, and S/V

- Use Table 1 as instructed by Histology Rules
  - Assist in assigning a "working" histology for MP rules
- Rare histologies may not be included
  - Review ICD-O and updates
  - Submit question to Ask a SEER Registrar

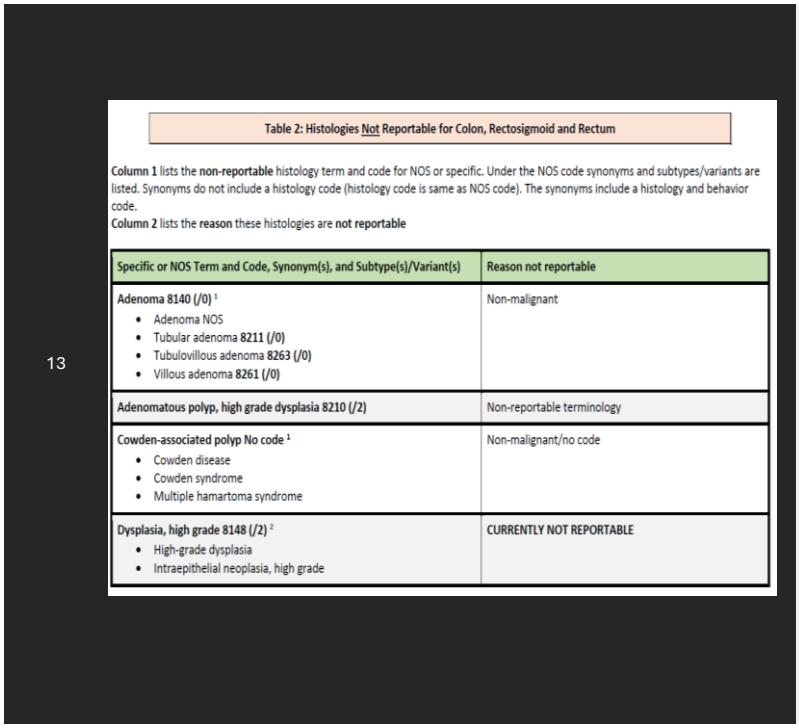

Table 2: Histologies Not Reportable for Colon, Rectosigmoid and Rectum

Column 1 lists the **non-reportable** histology term and code for NOS or specific. Under the NOS code synonyms and subtypes/variants are listed. Synonyms do not include a histology code (histology code is same as NOS code). The synonyms include a histology and behavior code.
Column 2 lists the **reason** these histologies are **not reportable**

Specific or NOS Term and Code, Synonym(s), and Subtype(s)/Variant(s)	Reason not reportable
Adenoma 8140 (/0) [1] • 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 [1] • Cowden disease • Cowden syndrome • Multiple hamartoma syndrome	Non-malignant/no code
Dysplasia, high grade 8148 (/2) [2] • High-grade dysplasia • Intraepithelial neoplasia, high grade	**CURRENTLY NOT REPORTABLE**

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Histology Table 2: Non-Reportable

- Histologies that are **NOT** reportable
- **Column 1**
  - Specific/NOS term
- **Column 2**
  - Why it isn't reportable

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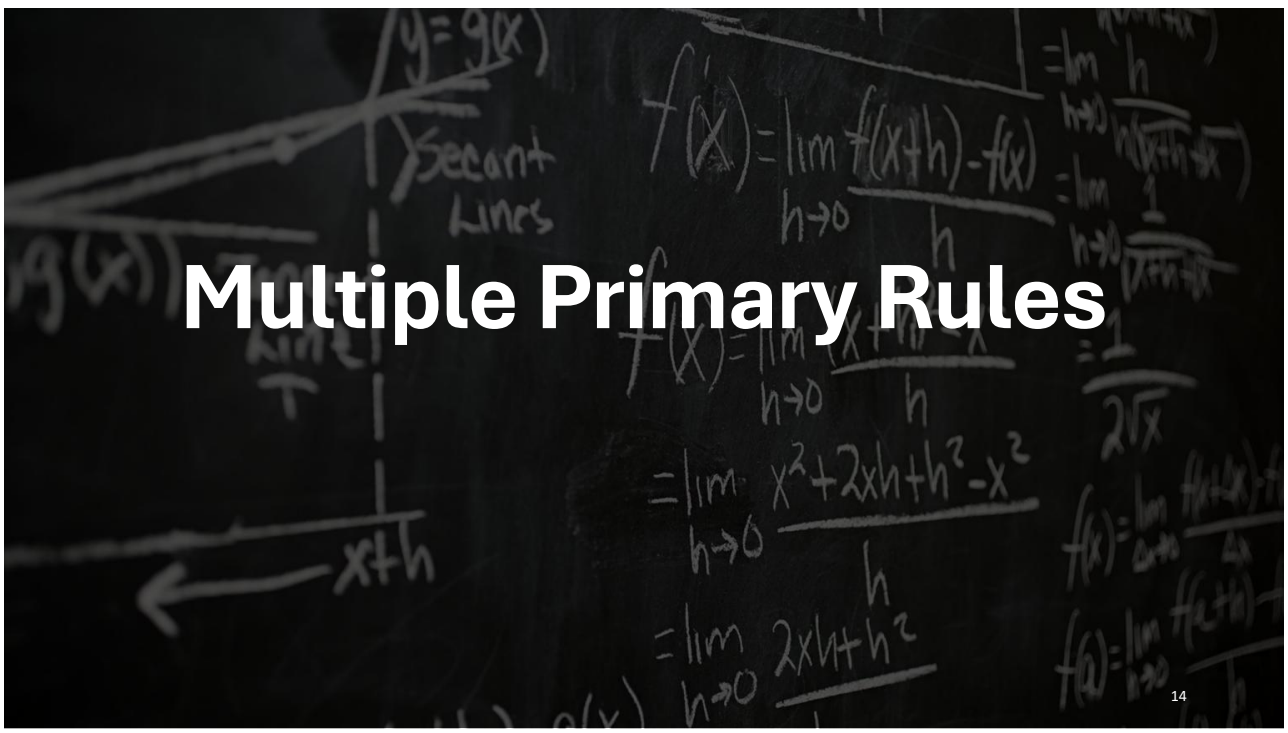

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Multiple Primary Rules

- **MP Modules:**
  - Unknown if Single of Multiple Tumors
    - Collision tumors – counted as 2 separate tumors
      - Use multiple tumors module
  - Single Tumor
    - One tumor
  - Multiple Tumors
    - 2+ tumors

Metastatic tumors are not included in determining how many tumors are present

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MP Rules

- <u>Unknown if Single or Multiple Tumors</u>
  - **M1** – **Single Primary**
    - Cases with minimal information
    - Cases where you are unsure how many tumors there are and you have exhausted all information sources

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- <u>Single Tumor</u>
  - **M2** – **Single Primary**
    - Single tumor = single primary
      - May overlap onto or extend into adjacent sites or subsites (still one tumor)
      - Have in situ and invasive components (still one tumor)
      - Have 2+ histologic components (still one tumor)

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MP Rules

- Multiple Tumors
  - **M3** – **Single Tumor**
    - Diagnosis of adenocarcinoma in a polyp **AND**
    - Clinical diagnosis of FAP (genetic disease) **OR**
    - Greater than 100 polyps documented **OR**
    - Polyps referred to as carpeting the bowel
  - **M4** – **Multiple Primaries**
    - Separate tumors, non-contiguous tumors in sites differ at second C**X**xx and/or third Cx**X**x character
      - Do ***NOT*** overlap or merge
  - **M5** – **Multiple Primaries**
    - Separate, non-contiguous tumors are 2+ different S/V in *Table 1*
    - Timing irrelevant

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Familial Adenomatous Polyposis (FAP)

- AKA: Familial polyposis coli; Gardner syndrome (with other neoplasms)
- Genetic defect
  - Defect in the adenomatous polyposis coli (APC) gene
  - Increase cancer risk to nearly 100% by age 40
- Patients have >100 colon polyps (typically thousands)
  - Most are tubular adenomas
- Prophylactic colectomy by 20-25 years old
- **ONLY** reportable when there is cancer found

https://www.pathologyatlas.ca/wp-content/uploads/2024/02/nggallery_import/colon-fap.jpg

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MP Rules

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- **M6** – **Multiple Primaries**
  - Separate, non-contiguous tumors on different rows *Table 1*
    - Timing is irrelevant
- **M7** – **Multiple Primaries**
  - Subsequent tumor arises in the anastomotic site **AND**:
    - One tumor is NOS, and the other is S/V of that NOS **OR**
    - Subsequent tumor occurs greater than 36mo after original resection **OR**

      (cases diagnosed prior 1/1/22, timing is 24mo)
    - Subsequent tumor arises in mucosa (does NOT apply to GIST)
- **M8** – **Single Primary**
  - Subsequent tumor arises in the anastomotic site **AND**:
    - Subsequent tumor less than or equal to 36mo after original resection **OR**
    - Tumor arises in the colon/rectal wall and/or surrounding tissue (mucosa NOT involved) **OR**
    - Pathologist or clinician states anastomotic recurrence

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MP Rules

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- **M9** – **Multiple Primaries**
  - Separate, non-contiguous tumors with site codes differ at the fourth character C18**X**
- **M10** – **Multiple Primaries**
  - Subsequent tumor after being clinically disease free for greater than 1 year after original diagnosis or last recurrence
    - Clinically disease-free means that there was no evidence of recurrence on follow up
      - Colonoscopies WNL or Scans/Imaging are WNL
    - Recurrence in less than 1 year the clock starts over
      - If unknown, then use date of diagnosis to calculate

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MP Rules

- **M11** – **Single Primary**
  - Synchronous, separate/non-contiguous tumors are on the **same row** in *Table 1*
- **M12** – **Single Primary**
  - **In-situ tumor** diagnosed **after invasive** tumor
- **M13** – **Single Primary**
  - Invasive tumor diagnosed **less than or equal to 60 days** after an in-situ tumor
- **M14** – **Multiple Primaries**
  - Invasive tumor diagnosed more than 60 days after an in-situ tumor
- **M15** – **Single Primary**
  - Tumors don't meet any of the above rules (last resort)

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Histology – Priority Order

- Important notes:
  1. Code the histology prior to neoadjuvant therapy
     - *Exception*: if initial diagnosis is based on FNA, smears, or cytology from the primary **OR** based on histology from a regional/metastatic site, **and** neoadjuvant therapy is given and followed by resection of primary tumor which identifies a different or specific histology, **code from resected primary**.
  2. Code histology using the following priority list and histology rules
     - The priority list is used for single primaries or multiple tumors abstracted as a single primary
     - Code most specific from either resection or biopsy
       - "most specific" = subtype/variant (S/V)
       - Code invasive histology when there is in situ and invasive components
       - Discrepancy between biopsy and resection (2 distinctly different histologies/different rows), code the histology from the most representative specimen (greater amount of tumor)

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Histology – Priority Order

24

1. Tissue or pathology from primary site
   A. Addendum(s) and/or comment(s)
   B. Final diagnosis/synoptic report as required by CAP
   C. CAP protocol
2. Tissue/pathology from a metastatic site
   - Code behavior to malignant (/3)
3. Scans/Imaging:
   A. CT
   B. PET
   C. MRI
4. Code histology documented by physician
   A. Treatment plan
   B. Tumor board
   C. Reference to original path, cytology, or scan(s) in medical record
   D. Physician reference type of cancer in medical record
5. Cytology (rare for colon, rectosigmoid, and rectum)

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Coding Histology

- This section is **only used for 1+ histologies in a single tumor**
- Do **NOT** use this section in place of Histology Rules

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1. Code the **most specific S/V** regardless if described as:
   A. Majority or predominant
   B. Minority of tumor
   C. Component
2. Code the histology described as differentiation or features/features of **ONLY** when there is a specific ICD-O code
   - Do not code if there is no specific ICD-O code

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Coding Histology

26

3. Code the specific histology described by ambiguous term **ONLY** when A or B is true:
   A. Only diagnosis is one histology described by an ambiguous term
   B. There is a NOS histology and a more specific (S/V) described by ambiguous term
      - The S/V is clinically confirmed by a physician **OR**
      - Patient is receiving treatment based on the S/V described by ambiguous term

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

26

Coding Histology

- Definitive terminology
  - Support a definitive diagnosis of a histologic subtype
  - Doesn't require a clinical verification of the S/V

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

27

Coding Histology

4. Do **NOT** code histology when described as:
   - Architecture
   - Foci; focus; focal
   - Pattern
   - Phenotype

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Histology Modules

29

- **Single Tumor**
  - Single tumor
  - Multiple tumors but MP rules instruct to abstract multiple primaries
    - **Rules: H1-H11**

- **Multiple Tumors Abstracted as a Single Primary**
  - Multiple tumors and MP rules instruct to abstract a single primary
    - **Rules: H12-H16**

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Single Tumor Histology Rules

30

H1

- **Code 8574**
- Final diagnosis "adenocarcinoma with neuroendocrine differentiation"
- Do NOT use when diagnosis is a S/V of adenocarcinoma with neuroendocrine differentiation or any modifier other than differentiation

H2

- **Code the histology**, ignore the polyp

H3

- **Code 8045**
- Final diagnosis is small cell AND any other carcinoma

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Single Tumor Histology Rules

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H4

- Code mixed mucinous and signet ring cell as follows:
  - Adenocarcinoma w/ mucinous and signet ring features: **8140**
  - Mucinous carcinoma & Signet ring cell carcinoma
    - More than 50% mucinous: **8480**
    - More than 50% signet ring: **8490**
    - Percentage unknown: **8255**

H5

- **Code LAMN and HAMN 8480/2**
  - Diagnosis 2022+ **AND**
  - Behavior stated as in situ/non-invasive **OR**
  - Behavior unknown

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Single Tumor Histology Rules

32

H6

- **Code 8480 Mucinous adenocarcinoma when:**
  - Exactly "mucinous adenocarcinoma"
  - HAMN or LAMN stated to be invasive (2022+)
  - High-grade or invasive pseudomyxoma peritonei
  - 2 histologies documented and mucinous is greater than 50%

H7

- **Code 8490 Signet Ring Cell adenocarcinoma when**
  - Exactly signet ring cell carcinoma
  - Adenocarcinoma and signet ring cell carcinoma and signet ring is greater than 50%

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Single Tumor Histology Rules

33

H8

- **Code 8140 Adenocarcinoma when:**
  - 2 histologies:
    - Adenocarcinoma and mucinous carcinoma – percentage mucinous unknown or less than 50%
    - Adenocarcinoma and signet ring cell carcinoma – percentage signet ring unknown or less than 50%
    - Exactly adenocarcinoma
    - Intestinal type adenocarcinoma

H9

- Only one histology present – **code the histology**

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Single Tumor Histology Rules

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H10

- **Code invasive histology** when in situ and invasive histologies are present in the same tumor

H11

- **Code S/V** when there is a NOS and a single S/V of that NOS

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Multiple Tumors Abstracted as a Single Tumor

35

H12

- **Code 8220 (**Adenocarcinoma in FAP)
  - Clinical history states patient has FAP **AND**
  - Final diagnosis on resection path report is adenocarcinoma in FAP **OR**
  - Greater than 100 polyps in resected specimen

H13

- **Code 8221** (Adenocarcinoma in multiple adenomatous polyps)
  - FAP not mentioned AN**D**
  - At least 2 polyps with adenocarcinoma (/2 or /3) **AND**
    - Less than or equal to 100 polyps identified **OR**
    - Exact number of polyps is unknown/not documented

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Multiple Tumors Abstracted as a Single Tumor

36

H14

- **Code invasive tumor**
  - When there are in situ (/2) and invasive (/3) tumors

H15

- **Code histology** when only **one histology** is present in **ALL tumors**

H16

- **Code S/V** when diagnosis is a NOS and a **single S/V** of that NOS

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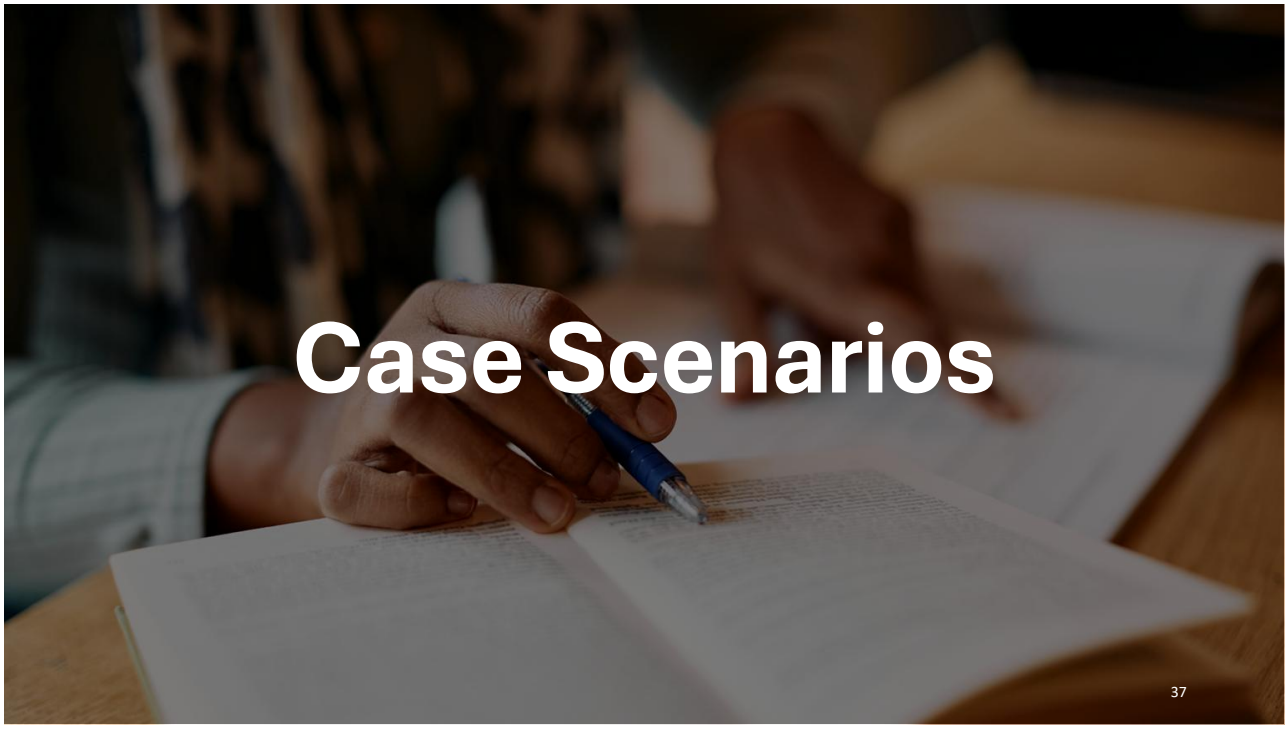

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Scenario 1

3/17/2025 Malignant mass found in the transverse colon (C184) and another malignant mass in the descending colon (C186)

38 3/17/2025 Transverse colon bx: adenocarcinoma; Descending colon bx: adenocarcinoma

How many primaries/abstracts?

Rule:

38

Scenario 1 Answer Sheet

39

Data Item	Primary 1	Primary 2
Sequence		
Date of Diagnosis		
Primary Site		
Laterality		
Histology/Behavior		
Histology Rule		

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Scenario 2

41

Patient with a history of ascending colon adenocarcinoma diagnosed in 2001 s/p right hemicolectomy

- 3/9/2001 C182 8140/3 (in your registry database)

4/3/25 Colonoscopy: abnormal area and erythema in the hemicolectomy anastomotic site; no other abnormalities

4/3/25 Anastomotic site, biopsy: mucinous adenocarcinoma

How many primaries?

Rule:

41

Scenario 2 Answer Sheet

Data Item	Primary 1	Primary 2
Sequence		
Date of Diagnosis		
Primary Site		
Laterality		
Histology/Behavior		
Histology Rule		

42

Scenario 3

6/9/25 Left hemicolectomy: mass noted in transverse colon

6/9/25 Left hemicolectomy: MD adenocarcinoma and signet ring cell carcinoma in 47% of tumor, 4cm, arising from transverse colon

45

How many primaries?

Rule:

Scenario 3 Answer Sheet

Data Item	Primary 1	Primary 2
Sequence		
Date of Diagnosis		
Primary Site		
Laterality		
Histology/Behavior		
Histology Rule		

46

Scenario 4

8/25/25 Screening colonoscopy: numerous polyps carpeting transverse and descending colon; largest polyps were resected: transverse colon, splenic flexure, and descending colon

48

8/25/25 Transverse colon, polypectomy: MD adenocarcinoma; Splenic flexure, polypectomy: Adenocarcinoma in situ; Descending colon, polypectomy: adenocarcinoma

How many primaries?

Rule:

Scenario 4 Answer Sheet

Data Item	Primary 1	Primary 2
Sequence		
Date of Diagnosis		
Primary Site		
Laterality		
Histology/Behavior		
Histology Rule		

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SEER*Educate Cases

- For further practice complete the following SEER*Educate Cases
- Training – Coding CE's
  - Select DX 2018-2025 Solid Tumor Rules
  - **Colon cases 1-5**

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Questions? Contact Me.

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