

1

2026 Solid Tumor Rules

- Download the 2026 STR manual
- 2026 STR Manual:
<https://seer.cancer.gov/tools/solidtumor/>

2026 update (view [revision history](#))

Reporting Guidelines	
Casefinding Lists	
SEER Coding and Staging Manual	+
Hematopoietic Project	+
ICD-O-3 Coding Materials	
Solid Tumor Rules	-
2026 Update Revisions	
Revision Archive	
Histology Coding Clarifications	

[Download the Solid Tumor Rules 2026 Update](#) (PDF, 8.7 MB) (December 12, 2025)

Purpose of Solid Tumor Rules

The purpose of the Solid Tumor Rules is to determine the number of primaries to abstract and the histology to code. **The most recent Solid Tumor Rules update should be used as soon as it is released** and can be applied to 2018+ cases (see General Instructions for start years for each Site-group). If a specific code or instruction has an effective year later than 2018, it will be noted in the text.

2026 Solid Tumor Rules Release Announcement

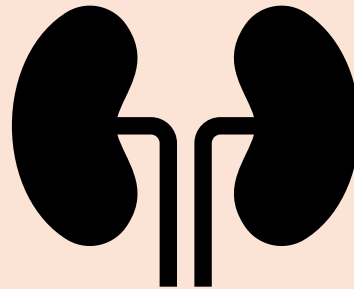
The Solid Tumor Rules have been updated for 2026. In addition to the standard annual updates, the Solid Tumor Manual underwent a substantial reformatting to improve clarity and usability.

Key updates include the following:

2

2

Kidney Solid Tumor Rules



Introduction
Tables
MP Rules
Histology Rules

3

3

Kidney Parenchyma

- **Urothelial carcinoma and papillary urothelial carcinoma are biologically impossible in the kidney (C649)**
 - Most likely primary site is Renal Pelvis (C659)
- **Renal Cell Carcinoma (8312)**
 - Glandular carcinoma of the kidney – 85% are RCC or S/V
 - Clear cell RCC (ccRCC) is the most common (8310)

4

4

Table 1: Specific Histologies

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

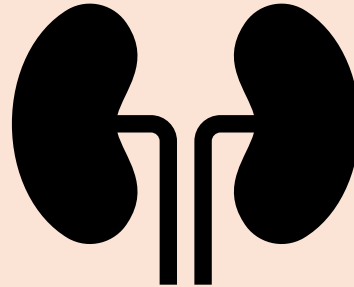
#	NOS or Specific Histology Term, Code, and Synonym(s)	Subtype(s)/Variant(s) and Synonym(s)
1	Medullary carcinoma 8510 <ul style="list-style-type: none"> Medullary adenocarcinoma Renal medullary carcinoma SMARCB1-deficient medullary-like RCC SMARCB1-deficient undifferentiated RCC NOS SMARCB1-deficient dedifferentiated RCC of other specific subtypes 	
2	Nephroblastoma 8960 <ul style="list-style-type: none"> Wilms tumor 	
3	Neuroendocrine carcinoma 8246 (/3)	Large cell neuroendocrine carcinoma 8013 (/3) <ul style="list-style-type: none"> Large cell neuroendocrine tumor Small cell neuroendocrine carcinoma 8041 (/3)
4	Neuroendocrine tumor 8240 (/3) <ul style="list-style-type: none"> Carcinoid [OBS] NET Neuroendocrine tumor, grade 1 Well-differentiated neuroendocrine tumor 	Neuroendocrine tumor, grade 2 8249 (/3)
5	Paraganglioma 8693 (/3) ¹ <ul style="list-style-type: none"> Extra-adrenal paraganglioma Parasympathetic paraganglioma Sympathetic paraganglioma 	
6	Renal cell carcinoma NOS 8312 <ul style="list-style-type: none"> Eosinophilic renal cell carcinoma Oncocytic renal cell carcinoma ² RCC Renal cell spindle cell carcinoma Sarcomatoid carcinoma ^{3,4} Sarcomatoid renal cell carcinoma ⁵ Succinate dehydrogenase-deficient renal cell carcinoma ⁶ <ul style="list-style-type: none"> SDHD Unclassified renal cell carcinoma 	Acquired cystic disease-associated renal cell carcinoma 8316 <ul style="list-style-type: none"> Tubulocystic renal cell carcinoma Chromophobe renal cell carcinoma 8317 <ul style="list-style-type: none"> ChRCC Hybrid oncocytic chromophobe tumor Clear cell papillary renal cell carcinoma 8323 (/3) ⁷ Clear cell renal cell carcinoma 8310 <ul style="list-style-type: none"> ccRCC Collecting duct carcinoma 8319
Continued on next page (same row)		Subtypes/variants continue on next page (same row)

Table 2: Non-Reportable Neoplasms

Table 2: Neoplasms which are Not Reportable

Non-Reportable Histology Term and Code
Hemangioma 9120 (/0)
Juxtaglomerular cell tumor 8361 (/0) <ul style="list-style-type: none"> Functioning juxtaglomerular cell tumor Non-functioning juxtaglomerular cell tumor
Leiomyoma 8890 (/0)
Lymphangioma 9170 (/0)
Metanephric adenofibroma 9013 (/0) <ul style="list-style-type: none"> Nephrogenic adenofibroma
Metanephric adenoma 8325 (/0)
Metanephric stromal tumor 8935 (/1)
Multilocular cystic renal neoplasm of low malignant potential 8316 (/1)
Nephrogenic rests (no code)
Oncocytic tumor NOS (no code) <ul style="list-style-type: none"> Oncocytic tumor, low grade
Oncocytoma 8290 (/0)
Ossifying renal tumor of infancy 8967 (/0)

Multiple Primary Rules



7

7

MP Rules Modules

- **Unknown if Single or Multiple Tumors**

- **M1 – Single Primary**

- Use this rule after you have exhausted all information sources
 - Outpatient biopsy with no follow-up
 - Limited information
 - Records are unclear how many tumors are present

- **Single Tumor**

- **M2 – Single Primary**

- Single tumor is always a single primary
 - May contain multiple types of histologies
 - May contain in situ and invasive components

8

8

MP Rules Modules

• Multiple Tumors

- **M3 – Multiple Primaries**
 - ICD-O site code different at second (C~~X~~XX), third (C~~X~~XX), and fourth (C~~X~~XX)
- **M4 – Single Primary**
 - Bilateral nephroblastomas (aka Wilms Tumors)
- **M5 – Multiple Primaries**
 - Right and Left Kidneys involved
 - Single tumor in each
 - Single tumor in one and multiple in the other
 - Multiple tumors in both kidneys
 - *EXCEPTION*: if pathology states one is metastatic from the other kidney

9

9

MP Rules Modules

• Multiple Tumors

- **M6 – Multiple Primaries**
 - Subsequent tumor after being clinically disease free for **more than 3 years**
 - Disease free: scans WNL, Urine cytology negative, all other work up WNL
 - Count timing from last recurrence
 - If recurrence unknown count from date of diagnosis
- **M7 – Multiple Primaries**
 - Separate tumors that are **2+ different S/V** (Column 2, *Table 1*)
 - Same NOS or Different NOS histologies
- **M8 – Single Primary**
 - Synchronous, separate tumors on the **same row** (*Table 1*) in the **same kidney**

10

10

Different S/V

• Example:

- R kidney, nephrectomy:
1.2cm clear cell RCC, and
0.8cm clear cell papillary
RCC
- **M7** – Single Primary

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

NOS or Specific Histology Term, Code, and Synonym(s)	Subtype(s)/Variant(s) and Synonym(s)
Renal cell carcinoma NOS 8312 <ul style="list-style-type: none"> • Eosinophilic renal cell carcinoma • Oncocytic renal cell carcinoma² • RCC • Renal cell spindle cell carcinoma • Sarcomatoid carcinoma^{3,4} • Sarcomatoid renal cell carcinoma⁵ • Succinate dehydrogenase-deficient renal cell carcinoma⁶ <ul style="list-style-type: none"> ◦ SDHD • Unclassified renal cell carcinoma 	Acquired cystic disease-associated renal cell carcinoma 8316 <ul style="list-style-type: none"> • Tubulocystic renal cell carcinoma Chromophobe renal cell carcinoma 8317 <ul style="list-style-type: none"> • ChrRCC • Hybrid oncocytic chromophobe tumor Clear cell papillary renal cell carcinoma 8323 (J3) ⁷
Clear cell renal cell carcinoma 8310 <ul style="list-style-type: none"> • ccRCC Collecting duct carcinoma 8319	
Continued on next page (same row)	Subtypes/variants continue on next page (same row)

11

11

MP Rules Modules

• Multiple Tumors

- **M9 – Multiple Primaries**
 - Separate tumors on **different rows** (Table 1)
- **M10 – Single Primary**
 - In Situ tumor after an invasive tumor **AND** in **same kidney**
- **M11 – Single Primary**
 - Invasive tumor diagnosed **less than or equal to 60 days** after an in situ tumor in **same kidney**
- **M12 – Multiple Primaries**
 - Invasive tumor occurs **more than 60 days** after an in situ tumor
- **M13 – Single Primary**
 - Do not meet any of the previous rules

12

12

Same Row vs. Different Row

• Example:

• Same Row

- L kidney, nephrectomy:
 - 1.2cm NEC
 - 1cm large cell NET
- **M8** – Single primary

• Different Row

- 2023 R kidney, partial nephrectomy: medullary carcinoma
- 2025 R kidney, radical nephrectomy: Clear cell RCC
- **M9** – Multiple Primaries

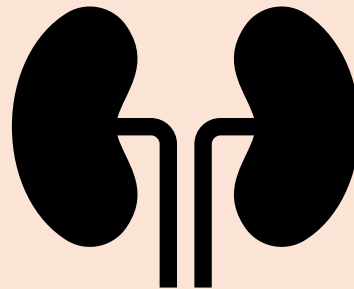
Table 1: Specific Histologies, NOS, and Subtypes/Variants

NOS or Specific Histology Term, Code, and Synonym(s)	Subtype(s)/Variant(s) and Synonym(s)
Medullary carcinoma 8510 <ul style="list-style-type: none"> • Medullary adenocarcinoma • Renal medullary carcinoma • SMARCB1-deficient medullary-like RCC • SMARCB1-deficient undifferentiated RCC NOS • SMARCB1-deficient dedifferentiated RCC of other specific subtypes 	
Nephroblastoma 8960 <ul style="list-style-type: none"> • Wilms tumor 	
Neuroendocrine carcinoma 8246 (/3)	Large cell neuroendocrine carcinoma 8013 (/3) <ul style="list-style-type: none"> • Large cell neuroendocrine tumor Small cell neuroendocrine carcinoma 8041 (/3)
Neuroendocrine tumor 8240 (/3) <ul style="list-style-type: none"> • Carcinoid (OBS) • NET • Neuroendocrine tumor, grade 1 • Well-differentiated neuroendocrine tumor 	Neuroendocrine tumor, grade 2 8249 (/3)
Paraganglioma 8693 (/3) ¹ <ul style="list-style-type: none"> • Extra-adrenal paraganglioma • Parasympathetic paraganglioma • Sympathetic paraganglioma 	
Renal cell carcinoma NOS 8312 <ul style="list-style-type: none"> • Eosinophilic renal cell carcinoma • Oncocytic renal cell carcinoma ² • RCC • Renal cell spindle cell carcinoma • Sarcomatoid carcinoma ^{1*} • Sarcomatoid renal cell carcinoma ⁴ • Succinate dehydrogenase-deficient renal cell carcinoma ⁵ <ul style="list-style-type: none"> ◦ SDHD • Unclassified renal cell carcinoma 	Acquired cystic disease-associated renal cell carcinoma 8316 <ul style="list-style-type: none"> • Tubulocystic renal cell carcinoma Chromophobe renal cell carcinoma 8317 <ul style="list-style-type: none"> • ChrCC • Hybrid oncocytic chromophobe tumor Clear cell papillary renal cell carcinoma 8323 (/3) ⁷ <ul style="list-style-type: none"> • ccRCC Clear cell renal cell carcinoma 8310 <ul style="list-style-type: none"> • ccRCC Collecting duct carcinoma 8319
Continued on next page (same row)	Subtypes/variants continue on next page (same row)

13

13

Histology Rules



14

14

Histology Priority List

• Single Tumors only

- Includes multiple tumors abstracted as a single primary
- *Notes:*
 - Code the histology prior to neoadjuvant treatment
 - **Exception:** initial diagnosis is based on FNA, smears, or cytology from the primary site **OR** is based on histology from a regional or metastatic site, and neoadjuvant treatment is given and followed by resection of primary tumor which identifies a different or specific histology, code the histology from the resected primary tumor
 - Code the histology using the following priority order
 - This hierarchical list is of source documentation
 - Code the most specific pathology/tissue from either resection or biopsy
 - “most specific” usually refers to S/V
 - Follow the histology rules for proper coding

15

15

Priority List

1. Tissue or pathology report from primary site
 - a) Addendum and/or comment
 - b) Final diagnosis/synoptic report
 - c) CAP Protocol
2. Cytology (urine)
3. Tissue/pathology from a metastatic site
4. Scan/imaging
5. Documentation by physician (when the previous are not available)
 - a) Treatment plan
 - b) Tumor board documentation
 - c) Documentation in medical record refers to original path, cytology, or imaging
 - d) Physician's reference to type of cancer in the medical record

16

16

Coding Histology

- **ONLY** use this section for **1+ histologies** in a **SINGLE TUMOR**
 - Still use histology rules to accurately code histology
1. Code the most specific histology or S/V
 - 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
 - *Example: adenocarcinoma w/ neuroendocrine differentiation, 8574*
 3. Code specific histology described by ambiguous terms **ONLY** when A or B true:
 - A. One histology described as ambiguous terminology
 - B. NOS histology and a more specific (S/V) described by ambiguous term
 4. Do **NOT** code histology described as:
 - Architecture
 - Foci; Focus; Focal
 - Pattern

17

17

Ambiguous Terms

- *Table 3: Ambiguous Terms*
 - Use for coding histology instruction #3
- *Table 4: Definitive Terms*
 - Code the histology if described by these terms

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

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

18

18

Histology Rules

Histology	Description	Notes	ST	MTASP
One histology	See <i>Table 1</i>	Multiple tumors have all the same single histology	H1	H4
Code NOS	NOS and 2+ variants of that NOS OR 2+ more variants of a NOS		H2	H5
Code S/V	NOS and single S/V of that NOS		H3	H6

19

19

Case Scenarios



20

20

Case Scenario 1

HPI: 66yo WF found on CT to have 2 nodules in R kidney, 4cm in upper pole and 1cm in lower pole; plan: radical nephrectomy

3/17/25 Radical nephrectomy, R kidney: Renal cell carcinoma, clear cell type, 3.5cm confined to kidney; smaller 1cm nodule of renal medullary carcinoma in lower pole; adrenal gland neg

- **How many tumors?**

- 2 tumors
 - RCC, Clear cell type
 - Renal medullary carcinoma

- **Working histology for each tumor**

- RCC, clear cell – 8310
- Renal medullary carcinoma - 8510

Multiple Primary Rules:
Multiple Tumor Modules
 Start M3
STOP M0 – Multiple Primaries
 Histologies on different rows *Table 1*

22

22

Case Scenario 1

- **Tumor 1** – 3.5cm RCC, clear cell type
 - Histology Rules – **Single Tumor Module**
 - Start H1
 - **STOP H3** – 8310
 - RCC, NOS and Clear cell type (S/V)
- **Tumor 2** – 1cm renal medullary carcinoma
 - Histology Rules – **Single Tumor Module**
 - Start H1
 - **STOP H1** - 8510
 - Single histology type

23

23

Case Scenario 2

70yo WM with back pain and work up identified a 6cm tumor in L kidney; plan: total nephrectomy

5/30/25 L kidney, nephrectomy: renal cell carcinoma, papillary RCC and mucinous tubular and spindle cell carcinoma

How many primaries? Rule?
What is the appropriate histology(ies)? Rule?

24

24

Case Scenario 3

43yo AAF with back pain thought due to kidney stone; work up revealed an 8cm tumor in L kidney

2/15/25 L kidney, nephrectomy: renal cell carcinoma with clear cell carcinoma, 6.5cm

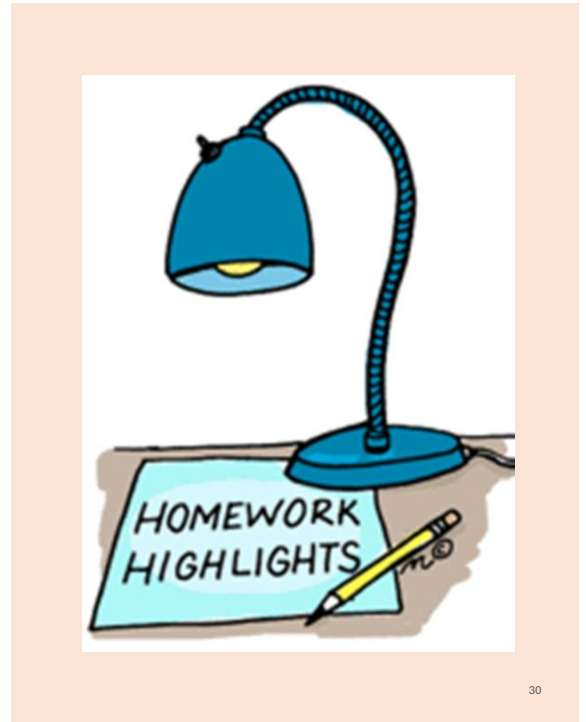
How many primaries? Rule?
What is the appropriate histology(ies)? Rule?

27

27

SEER*Educate

- Training – Coding CEs
 - Dx 2018-2025 Solid Tumor Rules
 - Kidney cases 1-5



30

30

Questions? Contact me.

Melissa Riddle, ODS-C
 Education & Training
 Iowa Cancer Registry
melissa-riddle@uiowa.edu



31

31