



SOLID TUMOR RULES

2021 Updates



Overview and Objective

- 2021 Cutaneous Melanoma Solid Tumor Rules
- 2018 Solid Tumor Updates (by site)
- Solid Tumor Revision History
- Other Sites Chapter - Status



2021 Updates to 2018 Site-Specific Instructions

The 2018 Solid Tumor Coding Rules are a comprehensive revision to the 2007 site-specific Multiple Primary and Histology Rules(MP/H), which were developed to promote consistent and standardized coding for cancer surveillance.

In 2018, eight site groups were revised:

- Malignant and Benign CNS,
- Breast
- Colon
- Head & Neck
- Kidney
- Lung
- Urinary

Minor revisions have been made to these eight site groups for 2021.



2021 Cutaneous Melanoma Solid Tumor Rules

What this covers:

- Site codes: C440-C449 with histology codes: 8720-8780 (Applied to Skin only and excludes melanoma of any other site)
- Site specific instructions for Cutaneous Melanoma have been updated for cases diagnosed January 1, 2021 forward.
 - **So what does this mean?**
 - Tumors diagnosed 1/1/2007 through 12/31/2020: Use 2007 MPH Rules
 - Tumors diagnosed 1/1/2021 and later: Use Solid Tumor Rules
 - First tumor diagnosed **before** 1/1/2021 and a subsequent tumor diagnosed **1/1/2021 or later in the same primary site**: Use 2021 Solid Tumor rules



Changes From the 2007 MPH Rules

- **Now available in text format only**

- This follows the format for the other chapters in the Solid Tumor Rules

- **Coding Histology:**

- 2007 MPH Rules: Code histology from the most representative specimen

- Take the histology from the larger specimen

- 2021 Solid Tumor Rules: Code the most specific histology from biopsy or resected specimen

- Example: Biopsy path report shows a specific subsite/variant, while the path report from the resection stated an NOS term.

- Code the histology from the biopsy. Though the biopsy sample was smaller, the histology is the most specific.



Changes From the 2007 MPH Rules



- **Early/evolving melanoma in situ (8720/2) and early/evolving melanoma, invasive (8720/3) are reportable terms for cases diagnosed 1/1/2021 and later**
 - A list of reportable neoplasms can also be found in the SEER Manual
- **New histology terms are identified by asterisks (*) in the histology table in Terms and Definitions.**
 - No new cutaneous melanoma ICD-O histology codes were proposed in the WHO 4th Ed Skin Tumors



Changes From the 2007 MPH Rules



- **WHO 4th Edition: Skin Tumors, now classifies melanotic tumors into two groups:**
 - Melanoma arising in sun-exposed skin
 - Melanoma arising at sun-shielded sites, with no known contributing association with AV radiation exposure
- CAP has added these terms to the melanoma biopsy and melanoma resection protocols



Three New Tables Introduced

Table 1: New table for coding primary site and laterality

- Three columns represented:
 - Terminology
 - Site Term and Code
 - Laterality Required

<u>Terminology</u>	<u>Site Term & Code</u>	<u>Laterality Required</u>
Eyelid Lid, NOS Palpebra Horizontal palpebra fissure Canthus Inner canthus Lateral canthus Lower lid Medial canthus Meibomian gland Outer canthus Pretarsal space Subpratarsel crease Upper lid	<u>Eyelid C441</u>	<u>Yes</u>



Table 2: Specific histologies, NOS, and subtype/variant

- Three columns represented:
 - NOS, Specific Term & Code
 - Synonyms
 - Subtypes/Variants

NOS, Specific Term & Code	Synonyms	Subtypes/Variants
Melanoma, NOS 8720	Melanoma in situ 8720/2 Early/Evolving melanoma in situ** 8720/2 Nevoid melanoma 8720/3 Early/Evolving invasive melanoma** 8720/3	Acral melanoma*/acral lentiginous melanoma, malignant 8744/3 Amelanotic melanoma 8730/3 Balloon cell melanoma 8722/3 Desmoplastic melanoma, malignant/desmoplastic melanoma, amelanotic/neurotropic melanoma, malignant 8745/3

** (Not in the ICD-O 3.2 and not in WHO Book)



Table 3: Non-reportable neoplasms

- Two columns represented:
 - Non-Reportable Histology Term
 - Non-Reportable Histology Code
- Table 3 lists non-reportable terms and codes used in the diagnosis of cutaneous melanotic neoplasms.
 - This table is intended to be a reference only and may not be complete.
- **Important:** You need to refer to your standard setter program manual for additional information on reportable neoplasms.

<u>Non-Reportable Histology Term</u>	<u>Non-Reportable Histology Code</u>
Deep penetrating nevus	8720/0
Melanocytoma, NOS	8726/0
Melanocytic neoplasm of low malignant potential	No ICD-O code



Mets Rule

Rules are **NOT** used for tumor(s) described as metastases. Metastatic tumors include but are not limited to:

- Distant metastasis in skin, subcutaneous tissue including muscle
- Bone
- Brain
- Regional lymph nodes/distant lymph nodes as identified in Summary Staging Manual
- Liver
- Lung
- In-transit metastases –metastases which occur along the lymph pathways between the primary tumor > 2 cm from the scar and the regional lymph nodes.
- Satellites –new tumor within a radius of 2 cm from the scar after removal of primary tumor. Satellites may be caused by remains of the primary tumor.



New M Rules

- **Rule M5:** Abstract a **single primary** when synchronous, separate/non-contiguous tumors are a NOS and subtype/variant on **Table 2** in the Equivalent Terms and Definitions. Tumors **must**:
 - Have the same topography code **AND**
 - Have the same laterality
 - **Example:** Melanoma, NOS 8720/3 of the left chest (C44.5) and melanoma, NOS 8720/3 of the left back (C44.5)

Note: They are researching illustrations to help give visual guidance.



Combining MPH Rules M6 & M7

MPH 2007:

MPH M6: An **invasive** melanoma that occurs **more than 60 days after** an **in-situ** melanoma is a multiple primary.

MPH M7: Melanomas diagnosed **more than 60 days** apart are multiple primaries

Solid Tumor Rules 2021:

Rule M8 Melanomas diagnosed more than 60 days apart are **multiple primaries**

- **Example:** An **invasive** melanoma that occurs **more than 60 days after** an **in-situ** melanoma is a multiple primary
- **Note 1:** The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.
- **Note 2:** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease. **Follow the rules!**



Rule H 10

MPH 2007

- **MPH H10:** Code the histology with the **numerically higher** ICD-O-3 code

Solid Tumor Rules 2021:

- **Solid Tumor H10:** When two or more melanoma subtype/variants are present in a single tumor, submit a question to **Ask A SEER Registrar** for coding instructions.
 - **Note 1:** Two or more melanoma subtype/variants identified in a single tumor is rare
 - **Note 2:** The WHO Classification of Skin Tumors 4thEd does not include ICD-O codes for tumors with mixed melanoma subtype/variants



Updates to the 2018 Solid Tumor Sites

ICD-O-3.2

- Histology tables
 - New preferred terms
 - Synonyms
 - Related terms
 - ICD-O codes approved for 2021
 - Majority of ICD codes changes:
 - Apply to a change in behavior or
 - New histologies and apply to “Other” sites or
 - New histologies and apply to hematopoietic/lymphoid neoplasms

Updates are based on the following:

- Questions submitted to SINQ and Ask A SEER Registrar (AASR)
- Internal review of rules
- Clarifications from specialty matter expert pathologists



General Instructions

- The “mets” rule
 - Added more instruction to give more understanding
- Timing rule
 - Added definitions
- Dates changed as appropriate
- Definitions clarified:
 - Final report versus
 - Synoptic report versus
 - CAP protocol

Important: Read the general Instructions. Sometimes the general instructions are not carried over into each individual chapter.



All Sites: Histology Section

- Expand criteria for coding histology diagnosed prior to neo-adjuvant treatment
- Guidance to be given when:
 - Initial diagnosis is from a FNA and cytology
 - Initial diagnosis made by metastatic site histology
 - Subsequent tumors identified following neo-adjuvant treatment with a different histology



Breast

Papillary Carcinoma

- Pending SME response:
 - Assigning histology to “Ductal carcinoma, invasive papillary subtype”
 - WHO has a code for *Intraductal* papillary carcinoma which is a synonym for papillary carcinoma but does not have one for invasive ductal papillary carcinoma.
 - Instructions for assigning default behavior when not stated by the pathologist
 - Non-infiltrating
 - With invasion



Breast

Metaplastic Carcinoma

- Per the breast SME:
 - Metaplastic NOS and subtypes are ***almost always mixed with ductal*** and at times lobular.
 - These tumors should be coded to the metaplastic variant regardless of percentage and the ductal component ignored
 - Add to Table 2 and H rules



Breast

Rule M10

- M10 Abstract a single primary when multiple tumors are carcinoma NST/duct and lobular
 - No issue: If tumors occur more than 5 years apart, they are multiple primaries
 - Issue: When tumor occur less than 5 years apart and they have different behaviors
 - First tumor is in-situ and second is invasive
 - By changing the in-situ to invasive the survival rate data gets skewed
 - They are getting guidance to help clarify how to code this
 - Clarify tumors must be same behavior and/or synchronous



Breast

M Rules

- Add note:
 - ER, PR, and/or HER2 are **NOT** used to determine multiple primaries
- Even if the physician states multiple primaries based on ER, PR and/or HER2
 - Determining multiple primaries **is based on histology**
 - Biomarkers are **not** used to determine multiple primaries



Colon

Terms & Definitions

- They are researching and looking for an illustration showing differences between M7 and M8 (anastomosis rules)
 - They want the images to illustrate the difference between a tumor originating in mucosa vs colon wall
- **Table 1**
 - Added Adenocarcinoma (ex goblet cell)
 - This is an out-dated term but is still being used



Colon: Rule H6

- Code adenocarcinoma NOS 8140 when the final diagnosis is:
 - Two histologies:
 - Adenocarcinoma and mucinous carcinoma
 - Percentage of mucinous unknown/not documented
 - **Mucinous documented as 50% OR less than 50% of tumor**
 - Adenocarcinoma and signet ring cell carcinoma
 - Percentage of signet ring unknown/not documented
 - **Signet ring cell documented as 50% OR less than 50% of tumor**



New



New



Head and Neck

- Remove **C442** External ear from rules module and Table 8
- Remove Kaposi sarcoma
- Adding histologies to tables were appropriate
 - • Keratinizing squamous cell carcinoma **8071**
 - • Non-keratinizing squamous cell carcinoma **8072**
 - • Squamous cell carcinoma HPV-negative **8086**
 - • Squamous cell carcinoma HPV-positive **8085**



Head & Neck H Rules

- **Pending** SME response:
 - If dx is SCC, NOS or SCC non-keratinizing AND HPV status determined to be positive by approved tests (not p16), can we use the code 8085?
 - If the DX is SCC, NOS or SCC keratinizing AND HPV status determined to be negative by approved tests (not p16), can we use the code 8086?



Lung

Lung Table 2: Mixed Histologies

- **Add the following combination:**

- Large cell neuroendocrine carcinoma **And**

- Adenocarcinoma, NOS **OR**

- Squamous cell carcinoma **OR**

- Spindle cell carcinoma **OR**

- Giant cell carcinoma

- **Code to combined large cell neuroendocrine carcinoma 8013**



Lung Table 3: Histologies, NOS, Subtype/Variants

- Adding the following terms per ICD-O-3.2
 - Minimally invasive adenocarcinoma, mucinous 8257
 - Minimally invasive adenocarcinoma, non-mucinous 8256
 - Minimally invasive adenocarcinoma, NOS 8140



Lung Rule M6

- M6: Abstract multiple primaries when separate/non-contiguous tumors are two or more different subtypes/variants in Column 3, Table 3 in the Equivalent Terms and Definitions. Timing is irrelevant.
- Added example for different variants of the same NOS but one with /2 and one with /3
- Added additional instructions
 - These would both be multiple primaries



Malignant and Non-Malignant CNS

Terms & Definitions

- Add clarification and instructions for assigning behavior code to CNS tumors with WHO Grade II to Section 1: Behavior Code
 - Currently it tells you to review the medical record
- These instructions will address the issue of coding behavior when either the pathology report does not indicate benign versus malignant and/or additional information is not available to determine



Malignant CNS

New M Rule Module

- **New module between Single Tumor and Multiple Tumors**
 - **Solid Tumor Rules**
 - Rule M6 Abstract **multiple primaries** when a patient has a glial tumor and is subsequently diagnosed with a **glioblastoma multiforme 9440** (GBM).
 - **MPH2007**
 - Rule M6 applies to either a single tumor that “transforms” into a GBM OR separate tumors, the first being a glial tumor followed by a GBM.
 - This was places in the multiple tumor module and it was overlooked



Non-Malignant CNS

Tables

- **Adding terms/synonyms, and applicable primary sites to the following tables:**

— • Table 4: Non-reportable neoplasm

— • Table 5: Histologic types of non-malignant CNS tumors

— • Table 6: Specific Histologies, NOS, and Subtypes/Variants

— • New terminology

- No new codes



Urinary

Table 1:

- Urinary table 1: ICD-O Primary Site Codes
- Add the term “urachal remnant” as a synonym for bladder, urachus C677



Important Dates

- Cutaneous Melanoma Rules: Release late Fall, effective for cases diagnosed 1/1/2021 forward
- 2018 Solid Tumor Rules: Revised rules & Revision History documents posted late 2020/early 2021



Solid Tumor Revision History

- The Solid Tumor download page includes a section for revision history which includes comprehensive change logs for each update.
- The change logs are for reference only and should not be used in place of the solid tumor rules.

Questions regarding the Solid Tumor Rules should be directed to Ask a SEER Registrar at:

<https://seer.cancer.gov/registrars/contact.htm>



MP/H Other Sites

- 2007 Multiple Primary & Histology Rules (MP/H): Other Sites The Other Sites rules are currently being revised.
- Continue to apply the 2007 MP/H Other Sites Rules for cases diagnosed January 1, 2007 through December 31, 2021.

<https://seer.cancer.gov/tools/mphrules/download.html>



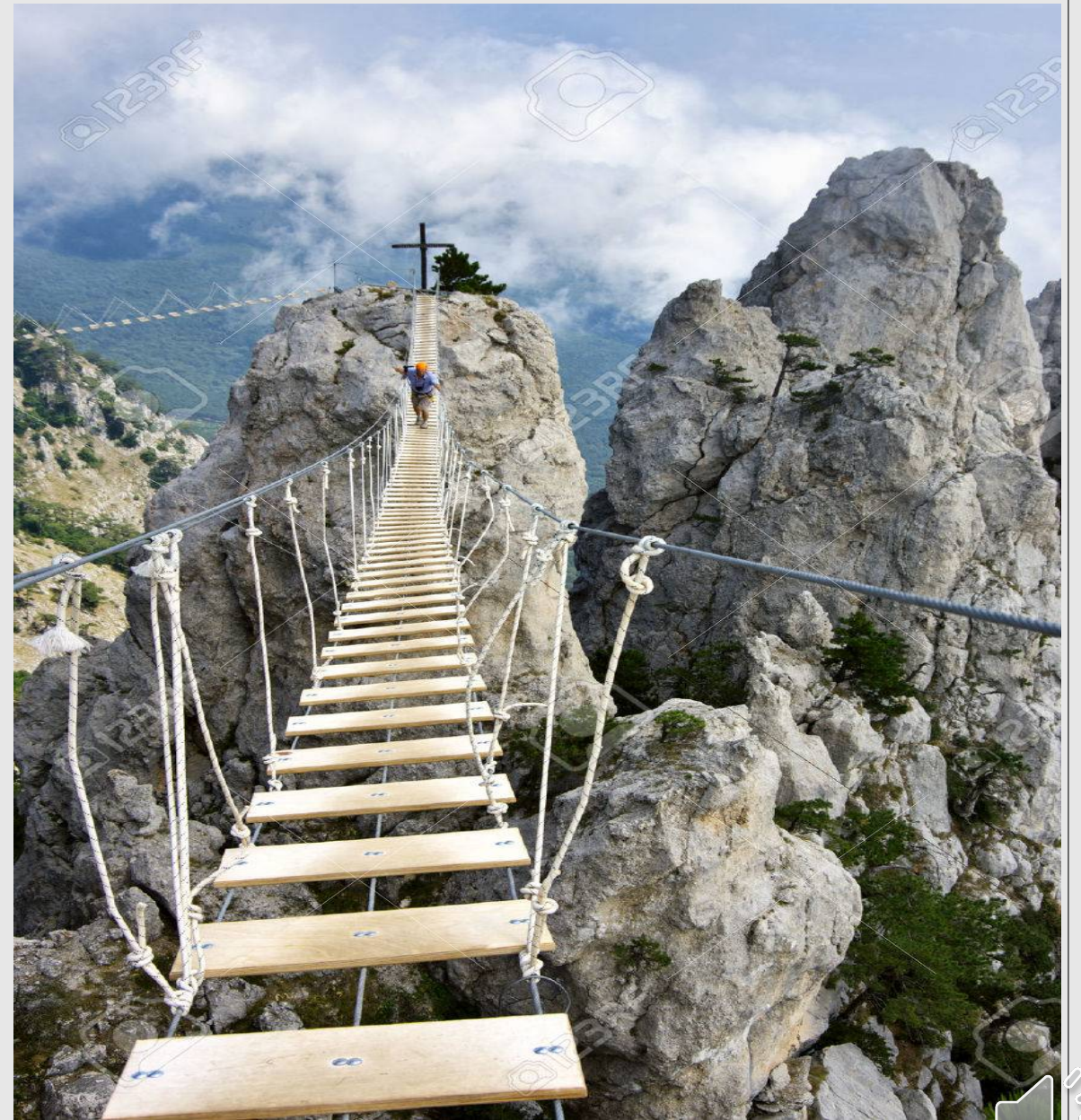
Other Sites - Status

Comprehensive revisions on the Other Site module are currently underway. They are anticipating new site-specific modules.

But.....



We will cross that bridge next year, with the changes for 2022!



Questions?

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