

# 2018 SEER Solid Tumor Manual

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2018 KCR SPRING TRAINING

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## Colon and Rectum: 2018 Solid Tumor Rules

## Colon and Rectum Solid Tumor Rules

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### Separate sections for:

Introduction

Changes from 2007 MP/H rules

Equivalent Terms

Terms that are NOT Equivalent

Solid Tumor Rules DO NOT Apply to Tumors described as Metastatic

Table 1: Colon, Rectum, and Appendix; NOS and Variants and Subtypes

Tables 2: Histologies NOT Reportable for Colon, Rectum, and Appendix

Illustrations

Multiple Primary Rules

Histology Coding Rules

## Colon and Rectum Solid Tumor Rules

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Introduction

98% of colon cancers are adenocarcinoma or adenocarcinoma subtypes

Mixed histologies or subtypes other than mucinous/colloid or signet ring cell are **rare**

**A less common combination of mixed adenoneuroendocrine carcinoma (MANEC) is 8244**

### Frequently seen terms:

- NET Neuroendocrine tumor
- NEC Neuroendocrine carcinoma
- GIST Gastrointestinal stromal tumor

## Colon and Rectum Major Changes in 2018

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### **Pseudomyxoma peritonei is now classified as either high grade or low grade**

- High grade is malignant
- Low grade is not malignant

### **Dysplasias which have an in situ (/2) behavior code in the WHO ICD-O-3 Addendum are not reportable in the U.S.**

- Code this as CIS only if the pathologist states it as carcinoma in situ,
- or states intraepithelial neoplasia Grade III,
- or when the registry includes in their Policies and Procedures a pathologist's statement that high grade dysplasia is equivalent to carcinoma in situ

**Polyps are disregarded when coding histology.**

## Clarifications

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Equivalent terms – nothing new for 2018

Terms that are NOT equivalent

- 'exophytic' and 'polypoid' are NOT synonymous with an adenomatous polyp
- Mucin-producing and mucin-secreting adenocarcinoma (8481) are NOT synonymous with mucinous adenocarcinoma (8480)
- Polypoid adenocarcinoma is NOT equivalent to adenocarcinoma in a polyp

Solid Tumor rules DO NOT APPLY to metastatic tumors, such as

- Discontinuous local metastases and local recurrence at an anastomotic site
- Regional metastases in contiguous organs or regional lymph nodes
- Distant metastases in other sites or distant lymph nodes

## Example: Table 1: Histologies of the Colon, Rectum and Appendix

Histology Term and Code (may be specific term or NOS term)	Synonyms for Histology Term	Subtypes/ variants and Histology code
Neuroendocrine tumor Grade 1 8240	Carcinoid NOS Low-grade neuroendocrine tumor NET G1 NET Grade 1 Well differentiated neuroendocrine tumor	EC cell serotonin-producing NET 8241 Enterochromaffin cell carcinoid 8241 NET G2 8249 NET Grade 2 8249 Neuroendocrine tumor Grade 2 8249 Somatostatin-producing NET 8156

## Table 2. Histologies NOT Reportable for the Colon, Rectum, and Appendix (examples)

Histology and Code	Synonyms	Subtypes/Variants	Reason not reportable
Adenoma 8140/0	Adenoma, NOS	Tubular adenoma 8211/0 Tubulovillous adenoma 8263/0 Villous adenoma 8261/0	Non-malignant
Cowden associated polyp	Cowden disease Cowden syndrome Multiple hamartoma syndrome		Non-malignant

## Colon and Rectum – MP Rules

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M1. Unknown if Single or Multiple Tumors – Abstract as Single Primary

M2. Single Tumor – A single tumor is always a Single Primary

**NOTE:** Collision tumors are treated as two separate tumors. Use the Multiple Tumors Module

Multiple Tumors –

- M3. Single primary if diagnosis is adenomatous polyposis coli (FAP), **OR** >100 polyps are identified and adenocarcinoma is present (/2 or /3) in at least 1 polyp
- M4. Multiple primaries when there are multiple tumors present in topography codes that differ at the second, third, or fourth digit
- M5. Multiple primaries when separate tumors are two or more subtypes in Column 3, Table 1. They may be the subtypes of the same or of a **different NOS histology**

## Colon and Rectum – MP Rules

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- M6. Single primary when separate tumors are in the same row, Table 1. The tumors must be the same behavior code. They may be the same histology, or a synonym of the first histology, or an NOS and a subtype of **that NOS histology**
- M7. Multiple primaries when separate tumors are in different rows of Table 1. Each row is a distinctly different histology.
- M8. Multiple primaries if a subsequent tumor arises at the anastomotic site, and
  - **one tumor was an NOS and the second tumor is a subtype of that NOS term OR**
  - **The subsequent tumor occurs more than 24 months after the first tumor OR**
  - **The subsequent tumor arises in the mucosa**

## Colon and Rectum – MP Rules

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### Multiple Tumors –

- M9. **Single** primary if **subsequent tumor** at anastomotic site arises in colon wall or surrounding tissue and there is **no involvement of mucosa** OR physician documents it as **anastomotic recurrence**
- **M10.** Multiple primaries if diagnosed more than 1 year apart
- **NOTE: The time frame means clinically disease free for more than 1 year. If a patient has a recurrence within the 1 year, the 'clock' starts over, and the 1 year interval is computed from the date of last known recurrence. If recurrence is unknown, compute time from date of diagnosis.**

## Colon and Rectum – MP Rules

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### Multiple Tumors – (cont.)

- M11. Single primary when an in situ tumor of the same histology occurs after an invasive tumor in the same site
- M12. Single primary when an invasive tumor of the same histology occurs within 60 days of an in situ tumor in the same site
- M13. Multiple primaries when an invasive tumor occurs more than 60 days after an in situ tumor of the same histology, AND the patient had a resection of the in situ tumor
- M14. Single primary when rules M1-M13 do not apply.

## Colon and Rectum – Histology Rules

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Priority list for using documentation to code histology

Use the most specific tissue diagnosis; **may be from biopsy or resection**

- **The most specific is the subtype or variant term that may used for histology coding**

**1. Use the most specific term from biomarkers first**

**2. Use tissue reports in this order: Addenda, Comments, Final diagnosis, CAP report**

3. Tissue or cytology from a metastatic site

4. Physician documentation

5. Radiology – a) CT b) PET c) MRI

6. Cytology report from primary site (cytology is rarely used for colon and rectum)

## Colon and Rectum – Histology Rules

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General rules

- Use the histology terminology from Table 1 of the Colon and Rectum Solid Tumor rules
- If not found there, use the ICD-O- reference book
- Ignore 'cribriform' and comedo' when coding histologies
- Collision tumors are treated as two separate tumors
- Subtypes and variants are used when definitively described in the diagnosis; ambiguous terminology should NOT be used to code histology

## Table 1. Colorectal Histologies

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### CAN BE USED TO IDENTIFY SUBTYPES

1. Subtype
2. Type
3. Variant

### CANNOT BE USED TO IDENTIFY SUBTYPES

1. Architecture
2. Major/majority
3. Differentiation
4. Features
5. Foci, focus, focal
6. Pattern
7. Predominantly
8. Any ambiguous terminology

## Colon and Rectum – Histology Rules

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### Single tumor –

H1. Code 8574 when the diagnosis is exactly 'adenocarcinoma with neuroendocrine differentiation'. Do NOT use this code if the diagnosis is a subtype or variant of adenocarcinoma with neuroendocrine differentiation.

H2. Code the specific histology and ignore the polyp when the tumor originates in a polyp

H3. Code 8045 (combined small cell carcinoma) when the diagnosis is small cell carcinoma AND

- Adenocarcinoma
- Neuroendocrine carcinoma
- An other carcinoma

H4. Code mixed mucinous and signet ring cell



## Colon and Rectum – Histology Rules

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Single tumor (cont.) –

H4. Code mixed mucinous and signet ring cell as follows:

- Adenocarcinoma with mucinous and signet ring cell features – code adenocarcinoma 8140
- Mucinous carcinoma and signet ring cell carcinoma:
  - If mucinous part is greater than 50%, code mucinous 8480
  - If signet ring cell carcinoma is greater than 50%, code signet ring cell 8490
  - If percentages of subtypes are unknown, code adenocarcinoma with mixed subtypes 8255

H5. Code adenocarcinoma 8140 when:

- Two histologies – adeno and mucinous – and percentage is unknown
- Two histologies – adeno and signet ring cell carcinoma – and percentage is unknown
- Adenocarcinoma in a polyp
- Adenocarcinoma intestinal type

## Colon and Rectum – Histology Rules

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Single tumor – (cont.)

H6. Code 8480 when the diagnosis is exactly ‘mucinous adenocarcinoma’ (no modifiers) OR high grade, invasive, or malignant pseudomyxoma peritonei.

H7. Code the histology when only 1 histology is mentioned

H8. Code the invasive histology when both invasive and in situ are present in a single tumor

H9. Code the subtype or variant when both a subtype and an NOS histology are identified

## Colon and Rectum – Histology Rules

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### Multiple tumors –

H10. Code 8220 when the diagnosis is familial adenomatous polyposis (FAP) OR

there are >100 polyps and the path report says adenocarcinoma.

H11. Code 8221 when the diagnosis is adenocarcinoma in multiple adenomatous polyps AND FAP is not mentioned, but there are 2-100 polyps and the path report says adenocarcinoma.

H12. Code the invasive histology when both invasive and in situ are present in a single tumor

H13. Code the histology when only 1 histologic type is identified for all tumors

H14. Code the subtype/variant when the diagnosis is an NOS and a single subtype of that NOS

- Mixed adenoneuroendocrine carcinoma 8244
- Neuroendocrine 8246 and a subtype of neuroendocrine
- Sarcoma and a subtype of sarcoma