COLON AND RECTUM SOLID TUMOR RULES

ABSTRACTORS TRAINING

COLON AND RECTUM SOLID TUMOR RULES

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

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
- Note 1: Table and rules refer to ICD-O rather than ICD-O-3 to allow for the most updated version of ICD-O.
- Note 2: 2007 MPH Rules and 2018 Solid Tumor Rules are used based on date of diagnosis.
  - Tumors diagnosed 01/01/2007 through 12/31/2017 use 2017 MPH rules
  - Tumors diagnosed 01/01/2018 and later use 2018 Solid Tumor Rules
  - Original tumor diagnosed before 01/01/2018 and subsequent tumor diagnosed 01/01/2018 or later in the same primary site use the 2018 Solid Tumor Rules.

COLON AND RECTUM MAJOR CHANGES IN 2018

- 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 intraepithilelial 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.
- New codes/terms are identified by asterisks (*) in the histology table in the Terms and Definitions

EQUIVALENT TERMS OR TERMS THAT ARE NOT EQUIVALENT

- 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

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Note1: These rules are NOT used for tumor(s) described as metastases.

Note 2: 2007 MPH Rules and 2018 Solid Tumor Rules are used based on date of diagnosis.

- Tumors diagnosed 01/01/2007 through 12/31/2017 use 2017 MPH rules
- Tumors diagnosed 01/01/2018 and later use 2018 Solid Tumor Rules
- Original tumor diagnosed before 01/01/2018 and subsequent tumor diagnosed 01/01/2018 or later in the same primary site use the 2018 Solid Tumor Rules.

Unknown if Single or Multiple Tumors

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

Single Tumor

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

COLON AND RECTUM – MP RULES

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 separate, non-contiguous tumors that differ at the second or third character.

Examples: Breast C50.X and Colon C18.X

Colon C18.X and Rectum C20.X

M5. Multiple primaries when separate tumors are two or more subtypes in Column 3, Table 1. The may be the subtypes of the same or of a different NOS histology

M6. Multiple primaries when separate non-contiguous tumors are on different rows in Table 1.

NOTE: Each row in the table is a distinctly different histology

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M7. 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

M8. Single primary if a subsequent tumor arises at the anastomotic site, AND

- The subsequent tumor occurs less than 24 months after the first tumor OR
- The tumor arises in colon/rectal wall and/or surrounding tissue; there is no involvement of the mucosa OR
- The pathologist or clinician documents an anastomotic recurrence

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M9. Multiple primaries when there are separate, non-contiguous tumors that differ at the fourth character C18.X

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.

M11. Single primary when separate, non-contiguous tumors are on the same row in Table 1

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M12. Single primary when an in situ tumor of the same histology occurs after an invasive tumor in the same site

M13. Single primary when an invasive tumor of the same histology occurs within 60 days of an in situ tumor in the same site

M14. 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

M15. Single primary when rules M1-M13 do not apply.

PRIORITY LIST FOR USING DOCUMENTATION TO CODE HISTOLOGY

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

Note: 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 &/Or Comments, Final diagnosis, CAP report
3. Tissue or cytology from a metastatic site
4. Radiology – a) CT b) PET c) MRI
5. Physician documentation
6. Cytology report from primary site (cytology is rarely used for colon and rectum)

TABLE 1. CODING MULTIPLE HISTOLOGIES

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

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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
- Any other carcinoma

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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 or mucinous is less than 50%
- Two histologies – adeno and signet ring cell carcinoma – and percentage is unknown or signet ring is less than 50%
- Adenocarcinoma in a polyp
- Adenocarcinoma intestinal type

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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

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.

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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 in 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