

Chapter 2

DETERMINING PRIMARY TUMORS – DIAGNOSED 2007 OR LATER

Adapted from the NCI 2007 Multiple Primary and Histology Rules

Now that you've learned how to determine if a case is reportable, you must next determine if the case is a single or a multiple primary. Use the following rules when abstracting cases diagnosed January 1, 2007 and later.

The 2007 Multiple Primary and Histology (MP/H) Coding Rules, sponsored by the National Cancer Institute (NCI) Surveillance Epidemiology and End Results (SEER) Program, present the first site-specific multiple primary and histology rules developed to promote consistent and standardized coding by cancer registrars. The rules include site-specific rules for lung, breast, colon, melanoma of the skin, head and neck, kidney, renal pelvis/ureter/bladder, and malignant brain cancers. A separate set of rules addresses the specific and general rules for malignant solid tumors originating in all other sites. The multiple primary rules standardize the process of determining the number of primaries. The histology rules contain detailed histology coding instructions. For example, there are instructions and guidance for identifying histologic lineages, differentiating between general (NOS) terms and specific histologic types, and correctly assigning mixed and combination codes.

The rules are available in three formats: flowchart, matrix and text. The different formats were developed to meet the needs of registrars who have different learning styles. The manual can be downloaded at <http://seer.cancer.gov/tools/mphrules/download.html>

*Note: The MP/H rules do not apply to hematopoietic primaries (lymphoma and leukemia), Kaposi sarcoma of any site or to the reportable benign or borderline intracranial or CNS tumors. Use the tables in Appendix A of the **FORDS (Facility Oncology Registry Data Standards) manual** to determine whether one of these types of cancer is a single or multiple primaries site. Primary site and timing are not applicable to determine number of primaries for these sites. The Web address for the FORDS manual is located on page A-26.*

Equivalent or Equal Terms

Multicentric = Multifocal
Tumor = Mass = Lesion = Neoplasm

Definitions

Note: Use the terms and definitions in the following table for all reportable cases except lymphoma and leukemia primaries (ICD-O3 histology codes 9590-9989).

Bilateral	Relating to the right and left sides of the body or of a body structure; bilaterality is not an indication of single or multiple primaries.
Clinical Diagnosis	A diagnosis that is not microscopically confirmed. It may be based on information from diagnostic imaging or the clinician's expertise.
Contiguous tumor	A single tumor that involves, invades, or bridges adjacent or connecting sites or subsites.
Focal	An adjective meaning limited to one specific area. A focal cancer is limited to one specific area or organ. The area may be microscopic or macroscopic.
Foci	Plural of focus.
Focus	A term used by pathologists to describe a group of cells that can be seen only by a microscope . The cells are noticeably different from the surrounding tissue by their appearance, chemical stain, or other testing.
Laterality	Indication of which side of a paired organ/site a tumor is located. (See Paired organ/site.)
Most representative specimen	The pathologic specimen from the surgical procedure that removed the most tumor tissue.
Multiple primaries	More than one reportable case.
Overlapping tumor	The involved sites are adjacent (next to each other) and the tumor is contiguous.
Paired organ/site	There are two sides, one on the left side of the body and one on the right side of the body. (See Laterality)
Recurrence <i>This term has two meanings:</i>	<ol style="list-style-type: none"> 1. The reappearance of disease that was thought to be cured or inactive (in remission). Recurrent cancer starts from cancer cells that were not removed or destroyed by the original therapy. 2. A new occurrence of cancer arising from cells that have nothing to do with the earlier (first) cancer. A new or another occurrence, incidence, episode, or report of the same disease (cancer) in a general sense – a new occurrence of cancer.
Single primary	One reportable case.
Unilateral	Relating to one side of the body or one side of a body structure.

Determining Multiple Primaries for Solid Malignant Tumors–General Instructions

A. General Information

1. The 2007 multiple primary and histology coding rules **replace all previous** multiple primary and histology coding rules.
2. The rules are **effective** for cases **diagnosed January 1, 2007** and after. Do not use these rules to abstract cases diagnosed prior to January 1, 2007.

3. Use these rules to determine the number of reportable primary sites. Do **not** use these rules to determine case reportability, stage, or grade.
4. Read the **General Instructions** and the **site-specific Equivalent Terms and Definitions** in the MPH manual before using the multiple primary rules.
5. The multiple primary and histology coding rules are available in **three formats**: flowchart, text, and matrix. The **rules are identical**; only the formats differ. Examples are given in three different formats beginning on page C2-9 so you can use the rules in the format that is easiest for you to follow.
6. **Notes** and **examples** are included with some of the rules to **highlight key points** or to add **clarity** to the rules.
7. **Do not use** a physician's statement to decide whether the patient has a recurrence of a previous cancer or a new primary. Use the multiple primary rules as written **unless a pathologist compares** the present tumor to the "original" tumor and states that this tumor is a recurrence of cancer from the previous primary.
8. Use the Determining Multiple Primaries: Hematopoietic Primaries (Lymphoma and Leukemia) rules and table "Definitions of Single and Subsequent Primaries for Hematologic Malignancies" to determine single versus multiple primaries for lymphoma and leukemia cases.

B. How to Use the Multiple Primary Rules

1. Use the **Multiple Primary** rules to **make a decision on the number of primary malignancies** to be abstracted for reportable solid malignant tumors.
2. Use the **site-specific rules** for the following primary sites:
 - Brain, malignant (intracranial and CNS)
 - Breast
 - Head and neck
 - Kidney
 - Lung
 - Malignant melanoma of the skin
 - Renal pelvis, ureter, bladder, and other urinary
3. Use the **Other Sites rules** for solid malignant tumors that occur in primary sites not covered by the site-specific rules.
4. Each module (Unknown if Single or Multiple Tumors, Single Tumor, Multiple Tumors) is an independent, complete set of coding rules.
 - a. When there is no tumor in the primary site, only metastatic lesions are present:

- I. Use the primary site documented by a physician and use the multiple primary and histology coding rules for that primary site.
 - II. If no primary site is documented, code the primary site as unknown and use the general multiple primary and histology coding rules. Use the “Unknown if Single or Multiple Tumors” module to determine multiple primaries and the “Single Tumor” module for coding histology.
- b. To choose the appropriate module (Unknown if Single or Multiple Tumors, Single Tumor, Multiple Tumors),
- I. Use the multiple primary and histology coding rules for the primary site.
 - II. Determine the number of tumors:
 - i. Do not count metastatic lesions.
 - ii. When the tumor is only described as multicentric or multifocal and the number of tumors is not mentioned, use the “Unknown if Single or Multiple Tumors” module.
 - iii. When there is a tumor or tumors with separate microscopic foci, ignore the separate microscopic foci and use the “Single Tumor” or “Multiple Tumors” modules as appropriate.
 - iv. When the patient has a single tumor, use the “Single Tumor” module.
 - v. If there are multiple tumors, use the “Multiple Tumors” module.
 - III. See the Equivalent Terms and Definitions for Head and Neck for guidance in coding the primary site.
 - IV. Use the primary site documented by the physician on the medical record.
5. If a **single primary**, prepare **one abstract**.
6. If there are **multiple primaries**, prepare **two or more abstracts**.
7. Rules are in **hierarchical** order within each module (Unknown if Single or Multiple Tumors, Single Tumor, and Multiple Tumors).

Use the first rule that applies and

STOP.

Information about the 2007 Histology Coding Rules

Note: Do not use these rules to determine case reportability.

1. The 2007 multiple primary rules **replace all previous** multiple primary **rules**.
2. The rules are **effective** for cases **diagnosed January 1, 2007** and after. Do not use these rules to abstract cases diagnosed prior to January 1, 2007.

3. The histology coding rules are available in **three formats**: flowchart, text, and matrix. The **rules are identical**; only the formats differ. The histology coding rules follow the multiple primary (site) coding rules in each site section. Use the rules in the format that is easiest for you to follow.
4. **Notes** and **examples** are included with some of the rules to **highlight key points** or to add **clarity** to the rules.
5. Rules are in **hierarchical** order within each section (Single Tumor and Multiple Tumors Abstracted as a Single Primary).

How to Use the Rules

1. Read the **General Instructions**.
2. Read the **site-specific Equivalent Terms and Definitions**.
3. Use these rules to make a decision on coding the histology for all reportable solid malignant tumors.
4. Use the multiple primary rules to determine whether the patient has a single or multiple primaries before coding the histology.
5. Code the histology for **each** primary in a **separate abstract**.
6. Use the **site-specific rules** for the following primary sites:
 - Brain, malignant (intracranial and CNS)
 - Breast
 - Colon
 - Head and neck
 - Kidney
 - Lung
 - Malignant melanoma of the skin
 - Renal pelvis, ureter, bladder, and other urinary
7. Use the **Other Sites rules** for all solid malignant tumors that occur in primary sites **not included** in the site-specific rules.
8. Determine whether the patient has a single tumor or multiple tumors that will be abstracted as a single primary site:
 - a. Do not count metastatic tumors.
 - b. When the tumor is described as multifocal or multicentric, use the Multiple Tumors module.

- c. When there is a tumor or tumors with separate foci of tumor do not count the foci.
 - d. Only count the tumors that will be used to prepare that abstract. For example, when there are two tumors that will be abstracted as multiple primaries, you would use the Single Tumor modules to determine the histology code for each of the abstracts.
9. **Each section** (Single Tumor and Multiple Tumors Abstracted as a Single Primary) contains an independent, **complete set of coding rules**. For example, if the patient has multiple tumors that will be abstracted as a single primary site, start with the first rule under the heading Multiple Tumors Abstracted as a Single Primary. Do not use any of the rules under the header Single Tumor.

Use the first rule that applies and

STOP.

Priority Order for Using Documents to Code Histology

Medical records frequently include multiple pathology reports and references to histologic diagnosis. Use the following instructions to identify which reports best represent the histology to be coded.

1. Pathology report:
 - a. From the **most representative** tumor specimen examined.
 - b. From the **final diagnosis**.
- Note 1:* Use information from **addenda** and **comments** associated with the final diagnosis to code the histology.
- Note 2:* A **revised/amended diagnosis** replaces the original final diagnosis. Code the histology from the revised/amended diagnosis.
- Note 3:* The new rules **limit** the information **to the final diagnosis**. The old rules allowed coding from information in the microscopic description. You will only use information from the microscopic portion of the pathology report when instructed to do so in one of the site-specific rules.
2. Cytology report.
3. When you do not have either a pathology report or cytology report, use information from:
 - a. Documentation in the medical record that references pathology or cytology findings.
 - b. Mention of type of cancer (histology) in the medical record.

Ambiguous Terms Used to Code Histology

When any of the following ambiguous terms are used to describe a more specific histology, code the more specific histology.
Apparent(ly)
Appears
Comparable with
Compatible with
Consistent with
Favor(s)
Most likely
Presumed
Probable
Suspect(ed)
Suspicious (for)
Typical (of)

Example: Non-small cell carcinoma, most likely adenocarcinoma. Code adenocarcinoma.

Note: For lymphomas, leukemias and other hematopoietic malignancies, primary site and timing are not applicable for determining single or multiple primaries – histology becomes the determining factor. Refer to the SEER ICD-O3 Hematopoietic Primaries table to determine if a specific histology is considered to be a single or subsequent primary. This table can be located on the Web at <http://seer.cancer.gov/icd-o-3>

The table is a reference only. Physician comments take precedence over the table.

Use the following for the determination of single or multiple primary sites of nonmalignant (behavior /0 or /1) primary intracranial and central nervous system tumors (C70.0-C72.9, C75.1-C75.3).

- Two histologies appearing in the same grouping in the following table are the **same**; code the more specific histology.
- Histology in the table and histology not in the table that have the same first three digits are the **same**; code its histology according to the rules for mixed histologies.
- Two histologies not appearing in the table but having the same first three digits are the **same**; code its histology according to the rules for mixed histologies.

- Multiple lesions with the **same** histology occurring in different sites are **separate** primaries **unless** a physician says they are metastatic.
- Multiple lesions with **different** histologies occurring in different sites are **separate** primaries **unless** a physician states otherwise.

Description	Histology Codes
Choroid plexus neoplasms	9390/0, 9390/1
Ependymomas	9383, 9394, 9444
Neuronal & neuronal-glial neoplasm	9384,9412, 9413, 9442, 9505/1, 9506
Neurofibroma	9540/0,9540/1,9541,9550,9560
Neurinomatosis	9560
Neurothekeoma	9562
Neuroma	9570
Perineurioma, NOS	9571/0

●* **Exception:** The following are recurrences of the original disease without time limits.

- Non-malignant (behavior = /0 or /1) primary intracranial and central nervous system tumors (C70.0–C72.9, C75.1–C75.3) within a single site (following the rules under “Site Differences,” including rules for laterality for paired sites) having the same histology (following the rules under “Histology Differences”).
- Kaposi sarcoma (9140) of any site.

Note: Consider Kaposi sarcoma as one primary site no matter what the site. Refer to “Primary Site” for coding rules.

Example of Flow Chart Format

Head and Neck Multiple Primary Rules-Flowchart

(C000-C148, C300-C329)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi's sarcoma M9140)



* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

UNKNOWN IF SINGLE OR MULTIPLE TUMORS	DECISION	NOTES
<p>M1</p> <pre> graph TD Q1{{Is it impossible to determine if there is a single tumor or multiple tumors?}} Q1 -- YES --> D1{{SINGLE Primary*}} Q1 -- NO --> I1[Go to Single Tumor or Multiple Tumors] </pre>	<p>SINGLE Primary*</p> <p>End of instructions for Unknown if Single or Multiple Tumors</p>	<p>Tumor(s) not described as metastasis.</p> <p>Use this rule only after all information sources have been exhausted.</p> <p>Example 1: History and physical exam states large tumor in nasopharynx. Biopsy base of tongue shows squamous cell carcinoma. No further information available. Abstract as a single primary.</p> <p>Example 2: Pathology report states extensive squamous cell carcinoma involving nasopharynx and larynx. Fragments of epiglottis positive for squamous cell carcinoma. No other information available. Abstract as a single primary.</p>
SINGLE TUMOR	DECISION	NOTES
<p>M2</p> <pre> graph TD Q2{{Is there a single tumor?}} Q2 -- YES --> D2{{SINGLE Primary*}} Q2 -- NO --> I2[Go to Multiple Tumors.] </pre>	<p>SINGLE Primary*</p> <p>End of instructions for Single Tumor.</p>	<p>1. Tumor not described as metastasis. 2. Includes combinations of in situ and invasive</p> <p>The tumor may overlap onto or extend into adjacent/contiguous site or subsite.</p>

Example of Matrix Format

Head and Neck Multiple Primary Rules – Matrix C000-C148, C300-C329 (Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

- * Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
 ** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
UNKNOWN IF SINGLE OR MULTIPLE TUMORS						
M1					Use this rule only after all information sources have been exhausted. <i>Example 1:</i> History and physical exam states large tumor in nasopharynx. Biopsy base of tongue shows squamous cell carcinoma. No further information available. Abstract as a single primary. <i>Example 2:</i> Pathology report states extensive squamous cell carcinoma involving nasopharynx and larynx. Fragments of epiglottis positive for squamous cell carcinoma. No other information available. Abstract as a single primary.	Single*
SINGLE TUMOR					1. Tumor not described as metastasis 2. Includes combinations of in situ and invasive	
M2	Single				The tumor may overlap onto or extend into adjacent/contiguous site or subsite.	Single*
MULTIPLE TUMORS Multiple tumors may be a single primary or multiple primaries					1. Tumors not described as metastases 2. Includes combinations of in situ and invasive	
M3	Right side and left side of a paired site				See Table 1 for list of paired sites	Multiple**
M4	Upper lip (C000 or C003) and lower lip (C001 or C004)					Multiple**
M5	Upper gum (C030) and lower gum (C031)					Multiple**

Example of Text Rule Format

Head and Neck Multiple Primary Rules - Text C000-C148, C300-C329 (Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

UNKNOWN IF SINGLE OR MULTIPLE TUMORS

Note: Tumor(s) not described as metastasis

- Rule M1** When it is not possible to determine if there is a single tumor or multiple tumors, opt for a single tumor and abstract as a single primary.*
Note: Use this rule only after all information sources have been exhausted.
Example 1: History and physical exam states large tumor in nasopharynx. Biopsy base of tongue shows squamous cell carcinoma. No further information available. Abstract as a single primary.
Example 2: Pathology report states extensive squamous cell carcinoma involving nasopharynx and larynx. Fragments of epiglottis positive for squamous cell carcinoma. No other information available. Abstract as a single primary.

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
 This is the end of instructions for Unknown if Single or Multiple Tumors.

SINGLE TUMOR

Note 1: Tumor not described as metastasis
Note 2: Includes combinations of in situ and invasive

- Rule M2** A single tumor is always a single primary. *
Note: The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

This is the end of instructions for Single Tumor.

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

MULTIPLE TUMORS

Multiple tumors may be a single primary or multiple primaries.

Note 1: Tumors not described as metastases
Note 2: Includes combinations of in situ and invasive

- Rule M3** Tumors on the right side and the left side of a paired site are multiple primaries. **
Note: See Table 1 for list of paired sites.
- Rule M4** Tumors on the upper lip (C000 or C003) and the lower lip (C001 or C004) are multiple primaries. **
- Rule M5** Tumors on the upper gum (C030) and the lower gum (C031) are multiple primaries. **

Choose the format that's easiest for you to follow.

The information in all three formats is exactly the same.

See Appendix III for rules to determine multiple primaries and histology if the cancer was diagnosed BEFORE 2007.

