

Multiple Primary and Histology Rules 101 Format of MP/H Materials

By the end of this presentation:

- **Basic understanding of MP/H rules**
- **Pick a usage style**
- **Understand the MP/H rules and how they work**
- **Importance of reading**
- **How the equivalent terms work**

What we will cover:

- **General Information**
- **Format of new rules**
- **When and how to use the rules**
- **What to expect from the General Rules**

Important!

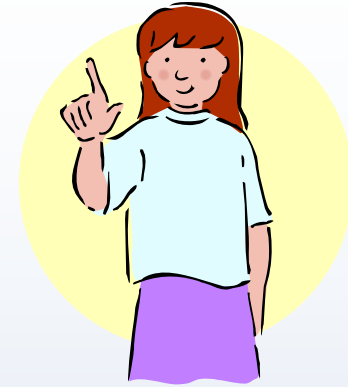
- The 2007 multiple primary rules *replace all previous* multiple primary rules.



When?

- 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.

Question ???



“How do I code a non-analytic case that comes to our hospital after 1/1/07 with residual/metastatic cancer diagnosed in 2005?”

Answer:



Use the previous rules.

Style

- **The histology/multiple primary coding rules are available in three formats:
flowchart
text
matrix**
- **The rules are identical, only the formats differ.**

Using the Rules

- ***Notes and examples*** are included with some of the rules to highlight key points or to add clarity to the rules.
 - They are not exclusive.
 - They do not replace the rules.

How to Use the Rules

1. Read the **General Instructions**
General Terms/Definitions
Used for all cases EXCEPT:
Hematopoietic Primaries
Benign or borderline CNS
DO NOT use for casefinding

How to Use the Rules

2. Read the site-specific equivalent or equal terms

“Multicentric” = “Multifocal”

or

“Tumor” = “Mass” = “Lesion”
= “Neoplasm”

How to Use the Rules

3. Used for: coding **histology** except for hematopoietic primaries (**Do Not** use for casefinding)
4. Use **multiple primary rules** before coding histology
5. Code **histology** for each primary

How to Use the Rules

6. Use **site-specific** rules for:

- Brain, malignant
- Breast
- Colon
- Head & Neck
- Kidney
- Lung
- Malignant Melanoma of Skin
- Renal Pelvis, ureter, bladder and other urinary

How to Use the Rules

7. Use **“Other Sites”** rules

8. Determine **single** vs. **multiple tumors**

- Don't count metastatic tumors
- Multicentric/multifocal = Unknown if single or multiple tumors
- Don't count the foci
- Only count tumors used to prepare abstract

How to Use the Rules

9. Each Section = Complete Set of Rules

***Stay within module**

10. Use the first rule that applies and



Pathology Reports

- **Code from the pathology report**
 1. from the ***most representative*** specimen examined
 2. from the ***final diagnosis***

Pathology Reports

Note 1: A *revised/amended diagnosis* replaces the original final diagnosis. Code the histology from the revised/amended diagnosis.

Note 2: The new rules *limit* the information *to the final diagnosis*. The old rules allowed coding from information in the microscopic description.

Pathology Reports

If there is **NO** pathology report:

1. Cytology report
2. Documentation in the medical record that references pathology or cytology

Using the Rules

The Multiple Primary Rules

3 independent modules

- 1. Unknown if Single or Multiple Tumors**
- 2. Single tumor**
- 3. Multiple tumors**

Rules in appropriate module

Using the Rules

The Histology Coding Rules

2 independent modules

- 1. Single Tumor (one primary site)**
- 2. Multiple Tumors abstracted as a single primary site**

Rules are hierarchical within each module

General Terms and Definitions

- **Bilateral**
- **Clinical Diagnosis**
- **Contiguous tumor**
- **Contralateral**
- **Different histology**
- **Different (multiple) primaries**
- **Focal**
- **Foci**
- **Focus**
- **Ipsilateral**
- **Most representative specimen**
- **Multiple primaries**
- **Overlapping tumor**
- **Paired organ/site**
- **Single histology**
- **Single (one) primary**
- **Unilateral**

General Terms and Definitions

(continued)

Recurrence

- 1. The reappearance of disease that was thought to be cured or inactive (in remission).**
- 2. A new occurrence of cancer arising from cells that have nothing to do with first cancer. A new occurrence of cancer**

General Terms and Definitions

(continued)

Recurrence *continued*

- **Do not use a physician's statement**
- **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 the previous primary.

Ambiguous Terms

- **Apparent(ly)**
- **Appears**
- **Comparable with**
- **Compatible with**
- **Consistent with**
- **Favor(s)**
- **Most likely**
- **Presumed**
- **Probable**
- **Suspect(ed)**
- **Suspicious (for)**
- **Typical (of)**

No “Negative” Lists

- *If it isn't listed, don't code it.*
 - ❖ No “Do not use ambiguous terms” list
 - ❖ No “Terms that do not represent the majority of the tumor” list

Using the Rules

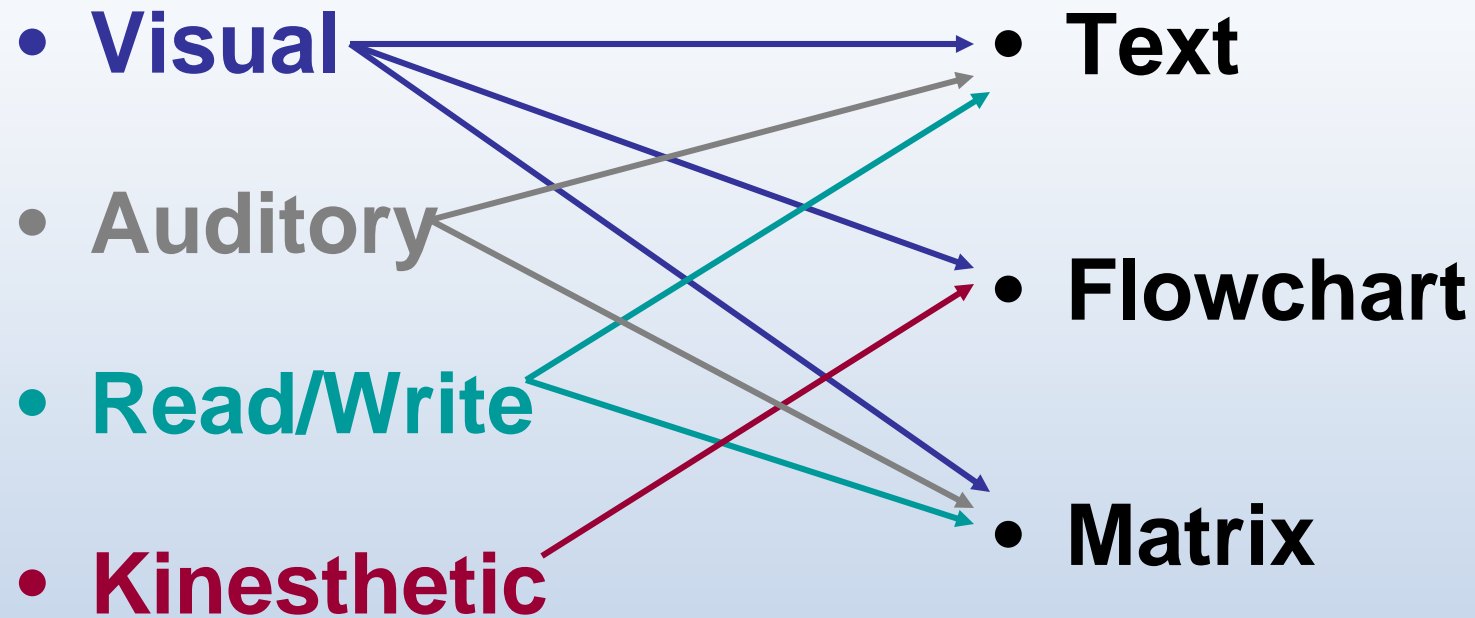
- **Notes and examples are included with some of the rules:**

- 1. Highlight key points**
- 2. Add Clarity**

They are NOT exclusive

They DO NOT replace the rules

Learning Styles



Use what works for you!

Example of **Text** Format

Multiple Primary Rules

M2 A single tumor is always a *single* primary

Note: The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

Histology Rules

H4 Code the *invasive* histologic type when a single tumor has invasive and in situ components.

Example of **Matrix** Format

Multiple Primary Rules

Rule	Site	Notes/Examples	Primary
M2	Single Tumor	The tumor may overlap onto or extend into adjacent/contiguous site or subsite.	Single

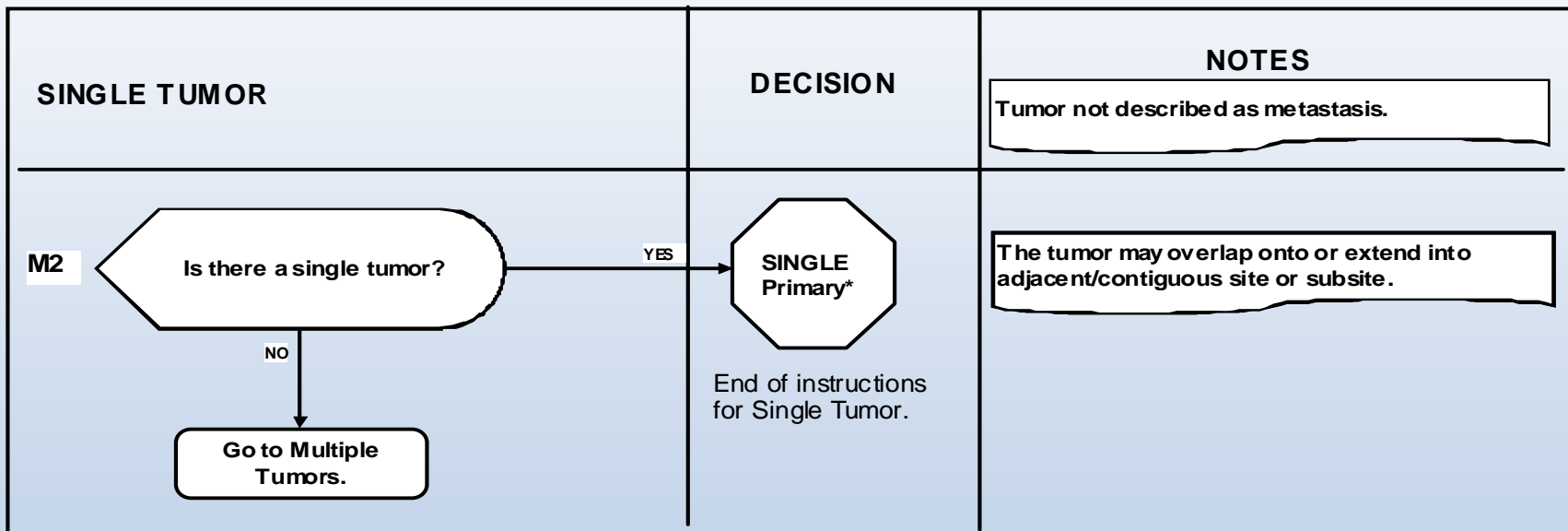
Histology Rules

Rule	Behavior	Notes/Examples	Code
H4	Invasive and in situ		The invasive histologic type

Example of **Flowchart** Format

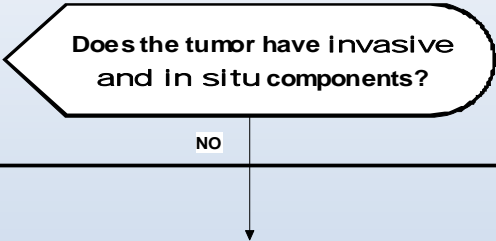
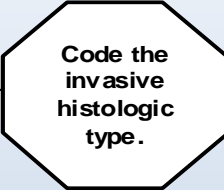
Multiple Primary Rules

LUNG



Example of **Flowchart** Format **Histology Coding Rules**

LUNG
SINGLE TUMOR

Rule	Action	Notes and Examples
<p>H4</p>  <pre> graph LR Q{Does the tumor have invasive and in situ components?} -- YES --> A[Code the invasive histologic type.] Q -- NO --> D[] </pre>		

Warning!

**Do not use all three
format of rules at the same
time**

Using the Rules

First the Multiple Primary Rules

3 independent modules:

**Unknown if Single or Multiple
Tumors**

Single Tumor

Multiple Tumors

Use rules in appropriate module

Using the Rules

Second are the Histology Coding Rules

Two independent modules:

Single Tumor (one primary site)

**Multiple Tumors abstracted as
a single primary site**

**Rules are hierarchical within each
module.**

Chart 1 – Lung Histology Groups and Specific Types

Note: This chart is based on the *WHO Classification of Tumors* for tumors of the lung. The chart is **not** a complete listing of histologies that may occur in the lung.

Chart Instructions: Use this chart with multiple primary rule M10 to identify types of non-small cell carcinoma. Use this chart with the histology rules to code the most specific histologic term. The tree is arranged in descending order. Each branch is a histology group, starting with the NOS or group terms and descending into the specific types for that group. As you follow the branch down, the terms become more specific.

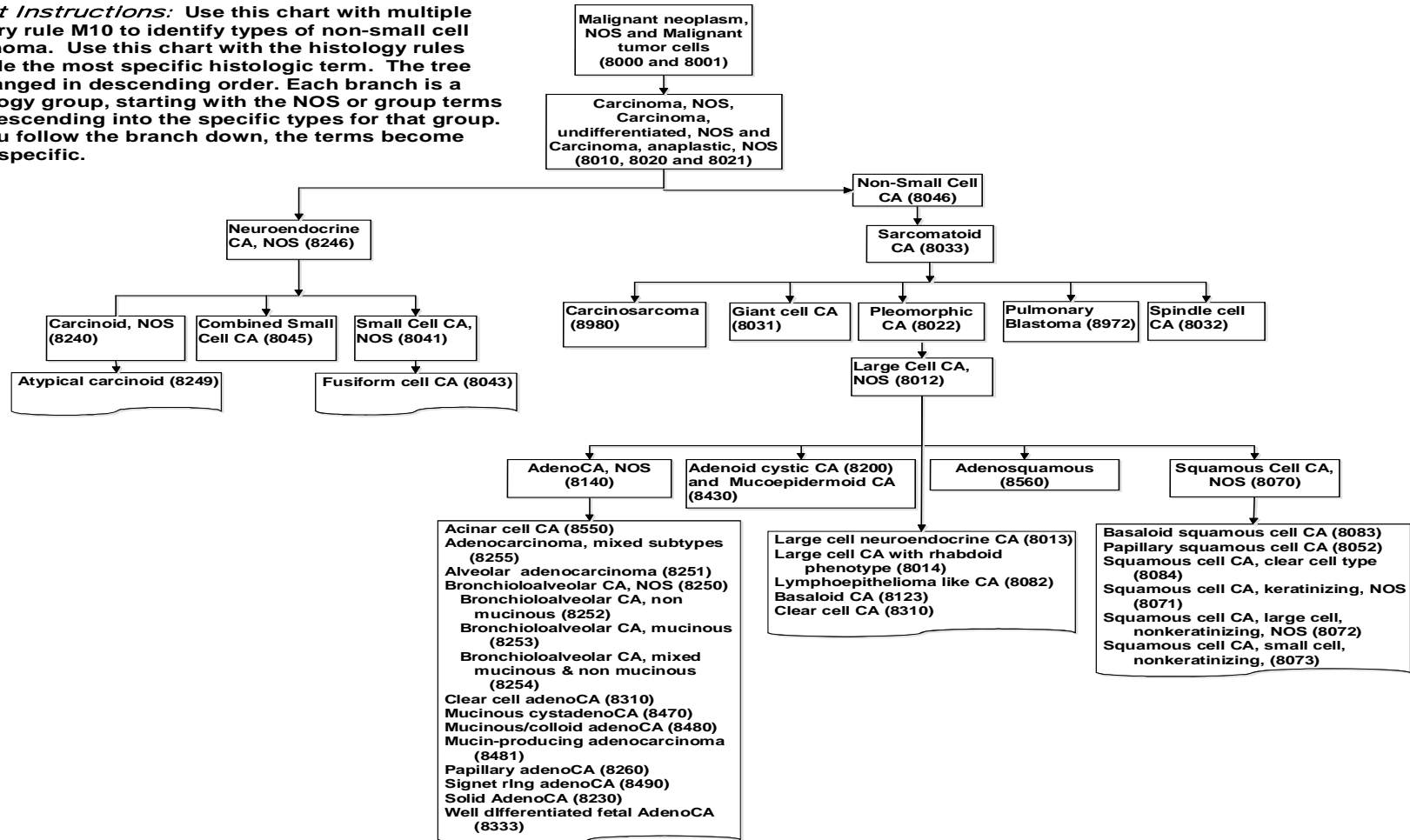


Chart 2 – Most Common Lung Histology Groups

Chart Instructions: Use this chart to identify the most common group terms and histology types.

Note: This chart is based on the *WHO Classification of Tumors* for tumors of the lung. The chart is **not** a complete listing of histologies that may occur in the lung.

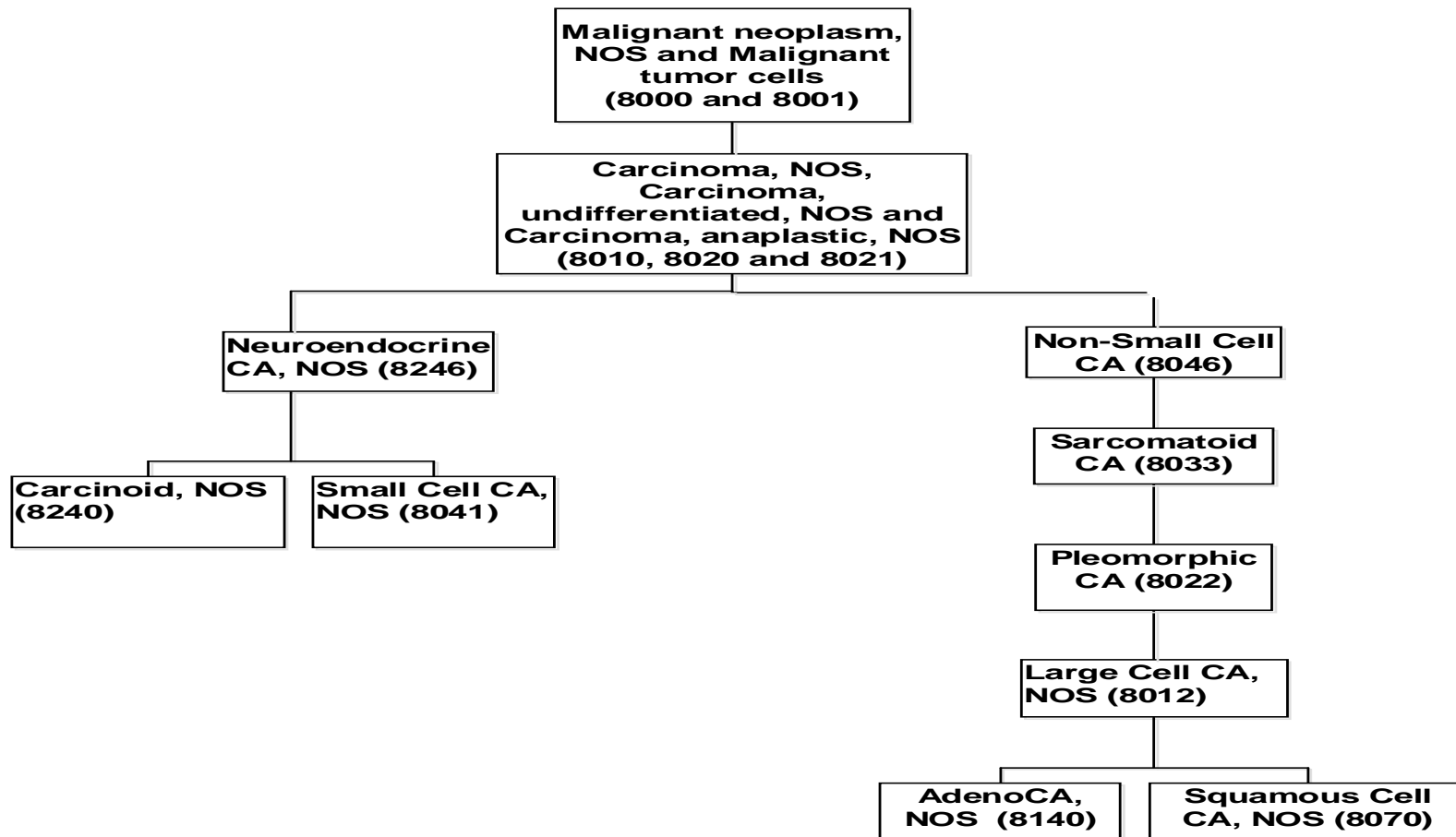


Table 1 –Combination/Mixed Codes for Lung Histologies

Note: This table is not a complete listing of histologies that may occur in the lung.

Column 1: Required Terms	Column 2: Additional Required Terms	Column 3: ICD-O-3 Term	Column 4: ICD-O-3 Code
Giant cell carcinoma AND spindle cell carcinoma		Giant cell and spindle cell carcinoma	8030
Small cell carcinoma AND one of the histologies in Column 2 <i>Note: Diagnosis must be small cell carcinoma (NOS), not a subtype of small cell</i>	Adenocarcinoma	Combined small cell carcinoma Mixed small cell carcinoma	8045
	Large cell carcinoma		
	Squamous cell carcinoma		
Squamous cell carcinoma* AND large cell nonkeratinizing		Squamous cell carcinoma, large cell, nonkeratinizing	8072
Squamous cell carcinoma AND small cell nonkeratinizing		Squamous cell carcinoma, small cell, nonkeratinizing	8073
Squamous cell carcinoma* AND one of the histologies in Column 2	Spindle cell carcinoma	Squamous cell carcinoma, spindle cell	8074
	Sarcomatoid	Squamous cell carcinoma, sarcomatoid	
A combination of at least two of the histologies in Column 2**	Acinar	Adenocarcinoma with mixed subtypes**	8255**
	Bronchioloalveolar carcinoma		
	Bronchioloalveolar carcinoma non mucinous (Clara cell/type II pneumocyte)		
	Bronchioloalveolar carcinoma mucinous (goblet cell)		
	Bronchioloalveolar carcinoma mixed mucinous and non-mucinous		
	Clear cell adenocarcinoma		
	Papillary adenocarcinoma		
	Solid adenocarcinoma		
Well-differentiated fetal adenocarcinoma			

Other Miscellaneous

- **Other Sites**

- **Similar to site-specific rules**
- **Some site-specific rules included**
 - Prostate
 - Ovary
 - Retinoblastoma
 - Kaposi sarcoma
 - Thyroid
- **Address remaining combination and mixed histology issues**

Lung
Multiple Primary
Rules

Unknown Number of
Tumors Module

Unknown Number Of Tumors

Note: Tumors 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 1: Use this rule only after all information sources have been exhausted

This is the end of instructions for Unknown Number of Tumors



Single Tumor Module

Single Tumor

Note: Tumor not described as metastasis

Rule M2 A single tumor is always a single primary. *

Note: The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

*Prepare one abstract.

This is the end of instructions for Single Tumor.

This is the end of instructions for Single Tumors



Multiple Tumors Module

Multiple Tumors

Multiple tumors may be a single or multiple primaries

Note: Tumors not described as metastases

Rule M3 Tumors in sites with ICD-O-3 topography codes that are different at second (Cxxx) and/or third character (Cxxx) are **multiple** primaries. **

Note: This is a change in rules; tumors in the trachea (C33) and in the lung (C34) were a single primary in the previous rules.

Multiple Tumors

Multiple tumors may be a single or multiple primaries

Note: Tumors not described as metastases

Rule M4 At least one tumor that is *non-small cell* carcinoma (8046) and another tumor that is *small cell* carcinoma (8041-8045) are multiple primaries.**

Multiple Tumors

Multiple tumors may be a single or multiple primaries

Note: Tumors not described as metastases

Rule M5 A tumor that is *adenocarcinoma with mixed subtypes (8255)* and another that is *bronchioloalveolar (8250-8254)* are multiple primaries. **

Multiple Tumors

Multiple tumors may be a single or multiple primaries

Note: Tumors not described as metastases

Rule M6 *A single tumor in each lung is multiple primaries. ***

Note: When there is a single tumor in each lung, abstract as multiple primaries unless stated or proven to be metastatic.

Multiple Tumors

Multiple tumors may be a single or multiple primaries

Note: Tumors not described as metastases

Rule M7 *Multiple tumors in both lungs with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxx) number are multiple primaries. ***

Multiple Tumors

Multiple tumors may be a single or multiple primaries

Note: Tumors not described as metastases

Rule M8 Tumors diagnosed more than three (3) years apart are multiple primaries.**

Multiple Tumors

Multiple tumors may be a single or multiple primaries

Note: Tumors not described as metastases

Rule M9 An invasive tumor following an in situ tumor more than 60 days after diagnosis is a multiple primary.**

Note 1: The purpose of this rule is to ensure that the case is counted as an incident (invasive) when incidence data are analyzed.

Note 2: Abstract as multiple primaries even if the medical record/physician states that it is recurrence or progression of disease.

Multiple Tumors

Multiple tumors may be a single or multiple primaries

Note: Tumors not described as metastases

Rule M10 Tumors with *non-small cell carcinoma, NOS (8046)* and a more *specific non-small cell carcinoma type (Chart 1)* are a single primary.*

Multiple Tumors

Multiple tumors may be a single or multiple primaries

Note: Tumors not described as metastases

Rule M11 Tumors with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxx) number are multiple primaries**

Note: Adenocarcinoma in one tumor and squamous cell carcinoma in another tumor are multiple primaries.

Multiple Tumors

Multiple tumors may be a single or multiple primaries

Note: Tumors not described as metastases

Rule M12 Tumors that do not meet
any of the above criteria are a
single primary.*

Note 1: When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

Note 2: All cases covered by this rule are the same histology.

Multiple Tumors

Multiple tumors may be a single or multiple primaries

Note: Tumors not described as metastases

Footnotes:

**** 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 abstract.***

This is the end of instructions for Multiple Tumors



Lung Histology Rules

**Excludes lymphoma and
leukemia M9590-9989 and
Kaposi Sarcoma M9140**

***Lung Histology
Rules***

Single Tumor Module

Single Tumor

Rule H1 Code histology documented by physician when there is no pathology/cytology specimen or pathology/cytology report is not available.

Single Tumor

Rule H1 continued

Note 1: Priority of documents

- *Documentation referring to pathologic/cytologic findings*
- *Physician's reference to type of cancer in medical record*
- *CT, PET, or MRI scans*
- *Chest x-rays*

Single Tumor

Rule H1 continued

Note 2: Code the specific histology when documented

Note 3: Code histology to 8000 or 8010 as stated by the physician when nothing more specific is documented

Single Tumor

Rule H2 Code histology from a metastatic site when there is no pathology/cytology specimen from primary site.

Note: Code behavior /3

Single Tumor

Rule H3 Code histology when only one histologic type is identified.

Note: *Do not code terms that do not appear in the histology description.*

Ex 1: *Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.*

Ex 2: *Do not code bronchioalveolar non-mucinous unless the words “non-mucinous” actually appear in the diagnosis.*

Single Tumor

Rule H4 Code invasive histologic type when a single tumor has invasive and in situ components

Single Tumor

Rule H5 Code most specific term using **Chart 1** when multiple histologies within same branch.

Examples of histologies within the same branch are:

- **Cancer/malignant neoplasm, NOS (8000) and a more specific histology or**
- **Carcinoma, NOS (8010) and a more specific carcinoma or**
- **Adenocarcinoma, NOS (8140) and a more specific adenocarcinoma or**
- **Sarcoma, NOS (8800) and a more specific sarcoma**

Single Tumor

Rule H5 continued

Note: The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation

Ex 1: Adenocarcinoma, predominantly mucinous.
Code 8480 (mucinous adenocarcinoma).

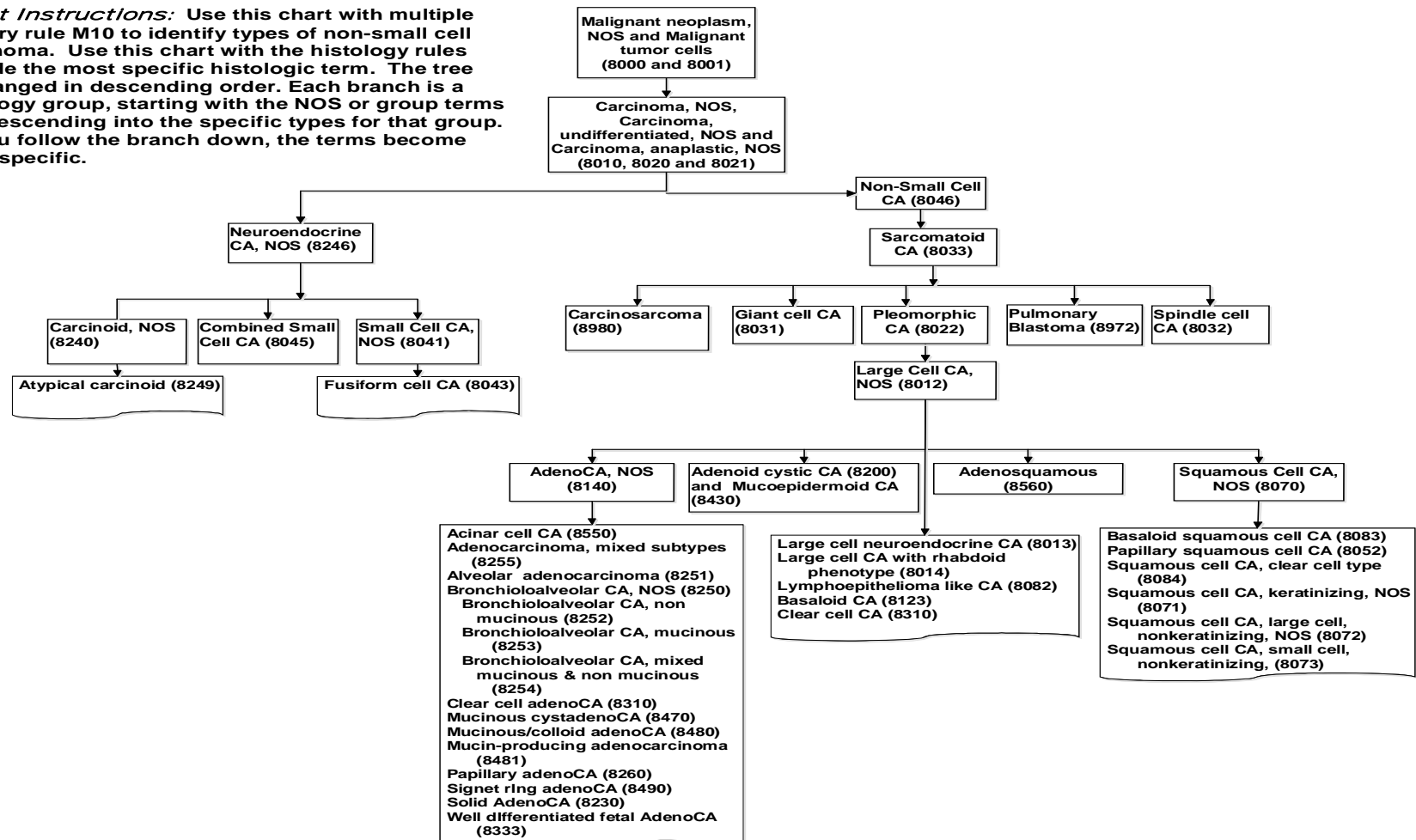
Ex 2: Non-small cell carcinoma, papillary squamous cell. Code 8052 (papillary squamous cell carcinoma).

Chart 1

Chart 1 – Lung Histology Groups and Specific Types

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Single Tumor

Rule H6 Code appropriate combination/mixed code (Table 1) when there are multiple specific histologies or when there is a non-specific with multiple specific histologies

Single Tumor

Rule H6 continued

Note: The specific histologies may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation.

Ex 1 (multiple specific histologies): Solid and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes).

Ex 2 (multiple specific histologies): Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma).

Ex 3 (non-specific with multiple specific histologies): Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes).

Table 1 –Combination/Mixed Codes for Lung Histologies

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	Bronchioloalveolar carcinoma mixed mucinous and non-mucinous		
	Clear cell adenocarcinoma		
	Papillary adenocarcinoma		
	Solid adenocarcinoma		
Well-differentiated fetal adenocarcinoma			

Single Tumor

Rule H7 Code the histology with the **numerically higher** ICDO-3 code.

This is the end of instructions for Single Tumor



***Lung Histology
Rules***

Multiple Tumor Module

Multiple Tumors Abstracted as a Single Primary

Rule H8 Code histology documented by physician when there is no pathology/cytology specimen/report available

Multiple Tumors Abstracted as a Single Primary

Rule H8 continued

Note 1: Priority of documents

- *Documentation that refers to pathologic/cytologic findings*
- *Physician's reference to type of cancer in medical record*
- *CT, PET, or MRI scans*
- *Chest x-rays*

Multiple Tumors Abstracted as a Single Primary

Rule H8 continued

Note 2: Code the specific histology when documented

Note 3: Code histology to 8000 or 8010 as stated by the physician when nothing more specific is documented

Multiple Tumors Abstracted as a Single Primary

Rule H9 Code the histology from a metastatic site when there is **no pathology/cytology specimen from primary site**

Note: Code behavior /3

Multiple Tumors Abstracted as a Single Primary

Rule H10 Code the histology when only one histologic type is identified.

Note: Do not code terms that do not appear in the histology description.

Ex 1: Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.

Ex 2: Do not code bronchioalveolar non-mucinous unless the words “non-mucinous” actually appear in the diagnosis.

Multiple Tumors Abstracted as a Single Primary

Rule H11 Code the histology of the **most invasive** tumor.

***Note 1:** This rule should only be used when the first three numbers of histology are identical (This is a single primary).*

***Note 2:** See Lung Equivalent Terms, Definitions, Charts, Tables, Illustrations for definition of most invasive.*

This is the end of instructions for Multiple Tumors



Chart 2 – Most Common Lung Histology Groups

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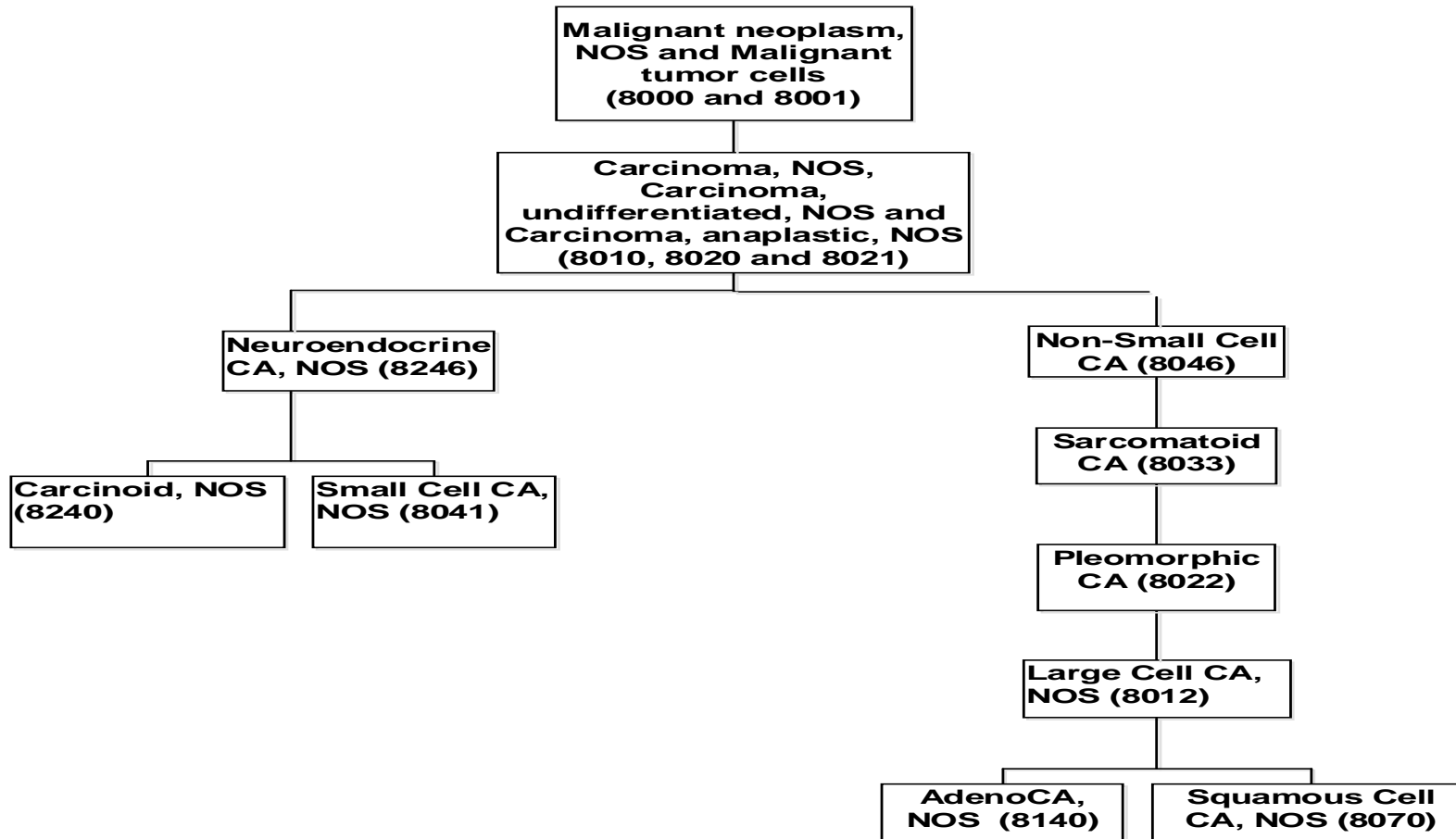


Chart 2: Most Common Lung Histology Groups

Chart Instructions: Use this chart to identify the most common group terms and histology types.

Note: This chart is based on the WHO Classification of Tumors for tumors of the lung. The chart is *not* a complete listing of histologies that may occur in the lung.

Table 1: Combination/Mixed Codes for Lung Histologies

Table Instructions: Use this table to select combination/mixed histology codes. Compare the terms in the diagnosis to the terms in columns 1 and 2. If the terms match, abstract the case using the ICD-O-3 histology code in column 4. Use the combination/mixed codes listed in this table only when the histologies in the tumor match the histologies listed below.

Table 1 *continued*

Use the combination/mixed codes for a single tumor when all histologies are present in a single tumor.

Note: This table is not a complete listing of histologies that may occur in the lung

Table 1 –Combination/Mixed Codes for Lung Histologies

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	Papillary adenocarcinoma		
	Solid adenocarcinoma		
Well-differentiated fetal adenocarcinoma			

Multiple Primaries and Histology Coding Rules–Lung Cases

Case 1

Lung bx: Poorly differentiated non-small cell lung carcinoma (mixed large cell undifferentiated and adenocarcinoma).

(Single primary)

Histology code: **8140**

Histology rule: **H7**

Multiple Primaries and Histology Coding Rules–Lung Cases

Case 2

Lung with moderately differentiated adenocarcinoma, mucin secreting cells, mixed acinar, papillary, and bronchioalveolar features.

(Single primary)

Histology code: **8255**

Histology rule: **H6**

Multiple Primaries and Histology Coding Rules–Lung Cases

Case 3

Poorly differentiated carcinoma, non-small cell type.

(Single primary)

Histology code: **8046**

Histology rule: **H5**

Multiple Primaries and Histology Coding Rules–Lung Cases

Case 4

Lung, right upper lobectomy: 2 nodules of carcinoma with mucin production (c/w pulmonary primary), one nodule has bronchoalveolar features, the other shows focal squamous differentiation.

(2 primaries)	#1	#2
Histology code:	8250	8070
Histology rule:	H5	H5

MP/H Task Force



National
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