



Solid Tumor Rules - What's New in 2022



2022 Solid Tumor Rules

Updated September 17, 2021 (view [Revision History](#))



General Instructions

<https://seer.cancer.gov/tools/solidtumor/>

Ribbon Art by MesserWoland - own work created in Inkscape, based on the graphics by Niki K, Public Domain

• General Changes

- Effective dates for "Other Sites" rules extended to 2022 throughout

• Important Information for Coding Histology

- Information added about 2022 Guidelines for ICD-O-3.2 Histology Code and Behavior Update, effective for cases diagnosed 1/1/2022 forward

Breast

Note: this is not a complete list of the 2022 updates

• Terms that are NOT Equivalent or Equal

- Added: "Invasive carcinoma, NST with lobular features is not equivalent to invasive carcinoma with ductal and lobular features"

• Table 3: Specific Histologies, NOS/NST, and Subtypes/Variants

- Carcinoma NST 8500 row:
 - Subtype/variants added:
 - Ductal carcinoma in situ, solid type/intraductal carcinoma, solid type 8230/2
 - Solid carcinoma/solid adenocarcinoma 8230/3
- Lobular carcinoma 8520 row:
 - Synonym added:
 - Florid lobular carcinoma 8520/2
- Papillary carcinoma 8503 row:
 - Synonyms added:
 - Invasive ductal papillary carcinoma 8503/3
 - Papillary carcinoma of breast, NOS 8503/3
 - Subtype/variant added:
 - Tall cell carcinoma with reverse polarity 8509/3

Notable ICD-O-3.2 change for 2022: New Preferred Term for Solid Papillary Carcinoma

NAACCR 2022 Updates by Lois Dickie, CTR and Jennifer Ruhl, MS, CTR



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Breast (cont.)

• Histology Rules

- Rule H13: Code **metaplastic carcinoma, NOS**, or subtype/variant of metaplastic carcinoma, NOS when **invasive carcinoma, NST** OR **invasive lobular carcinoma** is present along with the metaplastic carcinoma
 - "Or invasive lobular carcinoma" added to rule statement

Colon

Note: this is not a complete list of the 2022 updates

• Table 1: Specific Histologies, NOS/NST, and Subtypes/Variants

- Adenocarcinoma row:
 - New Subtype/Variant added: High grade appendiceal mucinous neoplasm (HAMN)/Low grade appendiceal mucinous neoplasm **8480** - see Note 3
 - Note 3 added: "Effective 1/1/2022, LAMN becomes reportable and is coded 8480/2, unless the pathologist indicates invasive behavior, which is coded 8480/3. HAMN can be either /2 or /3 depending on the pathologist statement of behavior."



• Table 2: Histologies NOT Reportable for Colon, Rectosigmoid and Rectum

- New **non-reportable terminologies** added:
 - Adenomatous polyp, high grade dysplasia 8210/2 **Non-reportable terminology**
 - Intestinal-type adenoma, high grade 8144/2 **Non-reportable terminology**
 - Serrated dysplasia, high grade 8213/2 **Non-reportable terminology**
 - Tubular adenoma, high grade 8211/2 **Non-reportable terminology**
 - Villous adenoma, high grade 8261/2 **Non-reportable terminology**
- LAMN row:
 - Note added: "Note: LAMN is non-reportable for cases diagnosed prior to 1/1/2022. Beginning 1/1/2022, LAMN becomes a reportable neoplasm - See Table 1"

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Colon (cont.)

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New Colon Solid Tumor Rule H5

Code low grade appendiceal mucinous neoplasm (LAMN) and high grade appendiceal mucinous neoplasm (HAMN) 8480/2 when..."



- Diagnosis Date is 1/1/2022 forward **AND**
- Behavior is stated to be in situ/non-invasive **OR**
- Behavior is not indicated

Note 1: ICD-O-3.2 lists LAMN with behavior of /1. WHO 5th Ed Digestive Systems Tumors indicates this neoplasm is considered in situ. After consulting with WHO Digestive System editors, College of American pathologists, and AJCC GI chapter experts, the standard setting organizations have agreed LAMN should be collected and should be assigned a behavior code of /2 beginning with cases diagnosed 1/1/2022 forward.

Note 2: A diagnosis of LAMN or HAMN does not require the tumor be comprised of greater than 50% mucinous in order to be coded 8480.

Note 3: If the pathologist indicates LAMN or HAMN is invasive or has a malignant behavior, continue through the rules.

• Histology Rules

- Rule H6: Mucinous Adenocarcinoma rule
 - LAMN/HAMN terminology added
- Rules M7 and M8: The timing for subsequent tumors at the anastomosis has changed from 24 months to **36 months**
 - Effective for cases diagnosed beginning 1/1/2022 forward

Bladder

Note: this is not a complete list of the 2022 updates

• Terms that are Not Equivalent or Equal

- Added: Papillary growth pattern is not equivalent to papillary urothelial carcinoma



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Head and Neck

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- **Table 5: Tumors of the Oropharynx, Base of Tongue, Tonsils, Adenoids**

IMPORTANT CHANGE IN HPV CODING RULES



- Beginning with cases diagnosed 1/1/2022 forward, p16 test results can be used to code squamous cell carcinoma, HPV positive (8085) and squamous cell carcinoma, HPV negative (8086).
- Beginning 1/1/2022, non-keratinizing squamous cell carcinoma, HPV positive is coded 8085 for sites listed in Table 5 **only**. A diagnosis of non-keratinizing squamous cell carcinoma, NOS is coded 8072.
- Beginning 1/1/2022, keratinizing squamous cell carcinoma, HPV negative is coded 8086 for sites listed in Table 5 **only**. A diagnosis of keratinizing squamous cell carcinoma, NOS is coded 8071.

Lung

- **Table 2: Combination/Mixed Histology Codes**

- Combined small cell carcinoma row 8045:
 - "(includes large cell neuroendocrine carcinoma)" added to third bullet

- **Multiple Primary Rules**

- Rule M9: Abstract a **single primary** when there are **simultaneous multiple** tumors...
 - Note 5 added to emphasize that the multiple tumors must be diagnosed simultaneously to apply this rule.
- Rule M11: Abstract **multiple primaries** when there is a **single tumor in each lung**...
 - Note 6 added: "Tumors do **not** need to be diagnosed at the same time (simultaneous or synchronous)."



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