



# Solid Tumor Rules

## Lung



### Introduction

[https://en.wikipedia.org/wiki/List\\_of\\_awareness\\_ribbons](https://en.wikipedia.org/wiki/List_of_awareness_ribbons)

### Multiple Primaries:

Do **not** code multiple tumors based on biomarkers

- Biomarkers NOT used for determining multiple primaries
- Physician may stage as multiple primaries based on biomarkers or other factors: Physician staging does not impact our decision as to whether it is a single/multiple primary Follow the Multiple Primary Rules; do not code multiple primaries based on biomarkers

**Tables** There are several tables in the Lung Solid Tumor Rules. Use table 1 to determine the **correct site code**

**Table 1: Coding Primary Site** Do not use Table 1 to code other fields such as laterality.

Code to **mainstem bronchus C340** when it is **specifically stated to be in the MSB**

“Bilateral” means the structure occurs on both sites; do not use that terminology to code laterality!

Table 1 provides guidance for suprahilar masses and terminology such as mass extending down/up into the hilus, as well as how to code the lobar bronchi.

**Note:** When **only called bronchus**, code to the **lobe** in which the bronchial tumor is **located**.

**Table 2: Combo/Mixed Histology Codes** Use Table 2 as directed by the Histology rules

Don't consult the table UNLESS the histology rules instruct you to do so. There are only **3** histology rules that send us to consult this table: **H7, H8, and H15**

#### To use this table

1. Compare the **terms** in the **diagnosis** (pathology, cytology, radiographic, clinical) to the terms in **Column 1**  
**Note: Column 1 is labeled “Required Terms”**
2. When **BOTH** Required terms above and below the AND are present, use the **combination code** in **Column 2**
3. The **last row** in the table is a **“last resort”** code: adenocarcinoma mixed subtypes 8255

Do not use Table 2 in the following situations:

- For tumors with both **invasive** and **in situ** behavior. The **Histology Rules** instruct to code the invasive histology
- When one of the histologies is described as **differentiation or features**
- When the terms are a **NOS** and a **subtype/variant** of that NOS. See the **Histology Rules** for instructions on coding a NOS and a subtype/variant in a single tumor or multiple tumors abstracted as a single primary

Some combinations can be either in situ or invasive; others are limited to a /2 or /3 behavior code.

- When a code is **limited to in situ**, /2 will be **added** to the code (both components are in situ)
- When a code is **limited to invasive**, /3 will be **added** to the code (both components are invasive)



**Table 3: Specific Histologies, NOS, and Subtype/Variants**

Specific or NOS Histology Term and Code	Synonym of Specific or NOS	Subtype/variant of NOS and Code
<p><b>Adenocarcinoma 8140</b></p> <p><b>Note 1:</b> Mucinous adenocarcinoma for lung only is coded as follows:</p> <ul style="list-style-type: none"> <li>• <b>8253/3*</b> when                             <ul style="list-style-type: none"> <li>o Behavior unknown/not documented (use staging form to determine behavior when available)</li> <li>o Invasive</li> </ul> </li> <li>• <b>8257/3*</b> when                             <ul style="list-style-type: none"> <li>o Microinvasive</li> <li>o Minimally invasive</li> </ul> </li> <li>• <b>8253/2*</b> when                             <ul style="list-style-type: none"> <li>o Preinvasive</li> <li>o In situ</li> </ul> </li> </ul>	<p>Adenocarcinoma NOS Adenocarcinoma in situ <b>8140/2</b> Adenocarcinoma invasive <b>8140/3</b></p>	<p>Acinar adenocarcinoma/adenocarcinoma, acinar predominant <b>(for lung only) 8551*</b> Adenoid cystic/adenocystic carcinoma <b>8200</b> Colloid adenocarcinoma <b>8480</b> Enteric adenocarcinoma/pulmonary intestinal-type adenocarcinoma <b>8144</b> Fetal adenocarcinoma <b>8333</b> Lepidic adenocarcinoma/adenocarcinoma, lepidic predominant <b>8250/3*</b></p> <p>Mucinous carcinoma/adenocarcinoma <b>(for lung only)</b> in situ <b>8253/2*</b>; invasive <b>8253/3*</b> minimally invasive <b>8257/3*</b> microinvasive <b>8257/3*</b> preinvasive <b>8253/2*</b></p>
<p><b>Note 2:</b> Non-mucinous adenocarcinoma for lung only is coded as follows:</p> <ul style="list-style-type: none"> <li>• <b>8256/3*</b> when                             <ul style="list-style-type: none"> <li>o Microinvasive</li> <li>o Minimally invasive</li> </ul> </li> <li>• <b>8250/2*</b> when                             <ul style="list-style-type: none"> <li>o Preinvasive</li> <li>o In situ</li> </ul> </li> </ul>		<p>Micropapillary adenocarcinoma/adenocarcinoma, micropapillary predominant <b>8265</b> Mixed invasive mucinous and non-mucinous adenocarcinoma <b>8254*</b></p> <p>Non-mucinous adenocarcinoma <b>(for lung only)</b> in situ <b>8250/2*</b> microinvasive <b>8256/3*</b> minimally invasive <b>8256/3*</b> preinvasive <b>8250/2*</b></p> <p>Papillary adenocarcinoma/adenocarcinoma, papillary predominant <b>8260</b></p>

Use Table 3 **ONLY** as directed by the **Histology Rules** to assign the more common histology codes for lung tumors

**Column 1** contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variant**

**Column 2** contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

**Column 3** contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

**Table notes in Column 1:** The histologies listed in the column 1 notes for mucinous and non-mucinous adenocarcinoma are subtypes/variants in column 3. These notes want to make sure we code lung mucinous and non-mucinous adenocarcinomas correctly!



## Multiple Primary Rules

<b>Rule M3</b>	Abstract <b>multiple primaries</b> when there are separate, <b>non-contiguous tumors</b> in sites with ICD-O site codes that differ at the second CXxx and/or third character CxXx. <b>Note:</b> When <b>codes differ</b> at the second or third characters, the tumors are <b>different primary sites</b> .
<b>Rule M4</b>	Abstract <b>multiple primaries</b> when the patient has a subsequent tumor after being <b>clinically disease-free</b> for greater than <b>three years</b> after the original diagnosis or last recurrence.  Per Rule M4, if recurrence happens more than 3 years after diagnosis or last recurrence, the <b>clock starts over</b> . <b>Example:</b> A patient is diagnosed 2/14/2017. Patient then has a subsequent tumor diagnosed 2/14/2020. Those tumors are <b>EXACTLY</b> 3 years apart. <b>Keep reading the rules.</b> Only use Rule M4 when the tumors are greater than <b>3 years</b> apart.
<b>Rule M5</b>	Abstract <b>multiple primaries</b> when there is <b>at least one</b> tumor that is small cell carcinoma <b>8041</b> or any small cell subtypes/variants AND another tumor that is <b>non-small cell carcinoma 8046</b> or any non-small cell carcinoma subtypes/variants.
<b>Rule M6</b>	Abstract <b>multiple primaries</b> when separate/non-contiguous tumors are two or more <b>different subtypes/variants</b> in Column 3, <a href="#">Table 3</a> Timing is irrelevant.  Per Rule M6, when tumors are different subtypes in column 3, we have <b>SYNCHRONOUS</b> tumors.

**Example:** The tumors may be subtypes/variants of the same or different NOS histologies.

- **Same NOS:** Biphasic synovial sarcoma 9043/3 and epithelial cell synovial sarcoma 9042/3. Per Table 3, both are subtypes of sarcoma NOS 8800/3; Abstract multiple primaries.
- **Different NOS:** One tumor is spindle cell synovial sarcoma 9041/3; a subtype of sarcoma NOS 8800/3; the other is atypical carcinoid 8249/3, a subtype of small cell/NET NOS 8041; Abstract multiple primaries. (also separate primaries according to Rule M8 (different rows = different primaries))

Specific or NOS Histology Term and Code	Synonym of Specific or NOS	Subtype/Variant of NOS and Code
<b>Sarcoma NOS 8800/3</b>	<div style="border: 1px solid red; padding: 2px; display: inline-block;">Same, NOS</div> <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-top: 10px;">Different, NOS</div>	Biphasic synovial sarcoma <b>9043/3</b> Epithelioid cell synovial sarcoma <b>9042/3</b> Pulmonary artery intimal sarcoma/low-grade malignant myxoid endobronchial tumor <b>9137/3</b> Pulmonary myxoid sarcoma with EWSR1 CREB1 translocation <b>8842/3</b> Spindle cell synovial sarcoma <b>9041/3</b> Synovial sarcoma <b>9040/3</b>
Small cell carcinoma <b>8041/3</b> <b>Note:</b> Large cell carcinoma with neuroendocrine differentiation lacks NE morphology and is coded as large cell carcinoma, not large cell neuroendocrine carcinoma	Reserve cell carcinoma Round cell carcinoma SCLC Small cell carcinoma NOS Small cell neuroendocrine carcinoma	Atypical carcinoid <b>8249/3</b> Combined small cell carcinoma <b>8045/3</b> Typical carcinoid <b>8240/3</b> Neuroendocrine carcinoma, NOS Well-differentiated neuroendocrine carcinoma



**Rule M7**

Abstract a **single primary** when synchronous, separate/non-contiguous tumors in **the same lung** are on **the same row** in [Table 3](#)

Per Rule M7, if we have tumors in the **same lung** on the **same row** of Table 3, they are abstracted as a single primary.

Specific or NOS Histology Term and Code	Synonym of Specific or NOS	Subtype/Variant of NOS and Code
Small cell carcinoma <b>8041/3</b>  One Row	Reserve cell carcinoma	Atypical carcinoid <b>8249/3</b>
	Round cell carcinoma	Combined small cell carcinoma <b>8045/3</b>
	SCLC	Typical carcinoid <b>8240/3</b>
	Small cell carcinoma NOS	Neuroendocrine carcinoma, NOS
	Small cell neuroendocrine ca	Well-differentiated neuroendocrine carcinoma

The **same** row means the tumors are:

The same histology (same four-digit ICD-O code) **OR**

One is the preferred term listed in column 1, and the other is a synonym for the preferred term (column 2) **OR**

A NOS or one of its synonyms (column 1/column 2) and the other is a subtype/variant of that NOS (column 3)

The synonyms listed in column 2 all have the **SAME histology** as the preferred term in the same row in column 1.

So, all of these terms in column 2 have the same histology code (8041) as small cell carcinoma

**Example:** If you had a reserve cell carcinoma (column 2) and a round cell carcinoma (column 2), the tumors have the same histology, so they represent a single primary

A small cell carcinoma (column 1) and a reserve cell carcinoma (column 2) would be the same primary

**Rule M8**

Abstract **multiple primaries** when separate/non-contiguous tumors are:

- On different rows in [Table 3](#)
- A combination code in [Table 2](#) and a code from [Table 3](#)

**Note 1:** Timing is irrelevant. Tumors may be synchronous or non-synchronous

Per Rule M8, when the tumors are on **different rows** of Table 3 or one tumor is a combo code from Table 2 and the other is a code in Table 3 we have multiple primaries.

**Rule M9**

Abstract a **single primary** when there are **simultaneous multiple** tumors:

- In **both** lungs (multiple in right and multiple in left) **OR**
- In the **same lung OR**
- **Single** tumor in one lung; **multiple** tumors in **contralateral** lung

**Rule M10**

Abstract a **single primary** when an **in situ** tumor is diagnosed **after** an **invasive** tumor **AND** tumors occur in the same lung

**Rule M11**

Abstract **multiple primaries** when there is a **single** tumor in **each lung** (one tumor in the right lung and one tumor in the left lung).

**Note 1:** The only **exception** is when there is **proof** that one tumor is **metastatic**.

- Tissue from both tumors is compared and the pathologic diagnoses definitively says one tumor is metastatic
- Attending physician, oncologist, or pulmonologist state unequivocally that the tumor in the contralateral lung is metastatic  
o Unequivocal means that no words such as “probably, possibly, most likely, etc.” are used in the statement



# Multiple Histology Rules

## Important Notes for Coding Histology

Code the histology:

- **Prior** to neoadjuvant therapy
- Using priority list and Histology rules
- Do not change histology to make the case applicable to staging

**Exception:** If the initial diagnosis is based on histology from **FNA, smears, cytology**, or from a regional or metastatic site, and neoadjuvant treatment is given and followed by resection of primary site which identifies a different or specific histology, code the histology from the primary site.

Code **most specific** histology from either **resection** or **biopsy**:

- The term “most specific” usually refers to a subtype/variant
- Code the invasive histology when there are in situ and invasive components in single tumor
- When there is a discrepancy between biopsy and resection (2 different histologies/different rows), code the histology from the most representative specimen (the greater amount of estimated tumor)

## Coding Histology

1. Code the **most specific** histology or **subtype/variant**, regardless of whether it is described as:
  - A. The majority of predominant part of tumor
  - B. The minority of tumor
  - C. A component

These terms must describe a carcinoma or sarcoma
2. Code histology described as **differentiation** or **features of ONLY** when there is a specific ICD-O code for the NOS w/ features or differentiation
3. Code histology described by **ambiguous terms ONLY** when the condition in A or B are met:
  - A. The only diagnosis available is **one histology** term described by ambiguous terminology
  - B. There is a **NOS histology and a more specific** (subtype/variant) described by ambiguous terminology
4. **DO NOT CODE** histology described as:
  - Architecture
  - Foci; focus; focal
  - Pattern

### Single tumor

### Rule H1

and

### Multiple Tumors

### Rule H10\*

(Rule H10: Histology must be in ALL tumors reported as a single primary)

Code **mucinous** adenocarcinoma as follows (for lung only)

- **8253/3** when Behavior unknown/not documented or Invasive
- **8257/3** when Microinvasive or Minimally invasive
- **8253/2** when Preinvasive or In situ

**Note in H1:** When mucinous carcinoma is mixed with another histology, such as adenocarcinoma and mucinous carcinoma, code mucinous **ONLY** when mucinous is **documented to be greater than 50%** of the tumor.

**Note in both H1 and H10:** These are **new codes and terms** that allow **mucinous adenocarcinoma** to be analyzed **separately** from **colloid** carcinoma.


**Single tumor Rule H2  
and  
Multiple Tumors Rule H11\***

Code **non-mucinous** adenocarcinoma as follows (for lung only)

- **8256/3** when Microinvasive or Minimally invasive
- **8250/3** when Preinvasive or In situ

(Rule H11: Histology must be in ALL tumors)

**Single tumor Rule H3  
and  
Multiple Tumors  
Rule H12**

Code the specific histology when the diagnosis is **non-small cell carcinoma** (NSCLC) **consistent with** (or any other ambiguous term) a **specific carcinoma** (such as adenocarcinoma, squamous cell carcinoma, etc.) when:

- The histology is clinically confirmed by a physician (attending, pathologist, oncologist, pulmonologist, etc.)
- The patient is treated for the histology described by an ambiguous term

**Note:** if the case does not meet the criteria in the first two bullets, code non-small cell lung cancer (NSCLC) 8046

**Single tumor Rule H4  
and Multiple Tumors Rule H13\***

Code the histology when only **one histology** is present  
(Rule H13: **All** tumors are the **same** histology)

**Single tumor Rule H5  
and  
Multiple Tumors Rule H14\***

Code the **invasive** histology **when in situ** and **invasive** histologies are present  
(Rule H14: all tumors may be mixed in situ and invasive **OR** one tumor may be in situ and the other invasive; Also, the tumors may be a NOS and subtype/variant, **BUT** if the subtype/variant is in situ, code the NOS (the invasive histology)

**Single tumor Rule H6  
and  
Multiple Tumors Rule H15\***

Code the **subtype/variant** when there is a **NOS** and a **SINGLE subtype/variant** of that NOS  
(Rule H15: All tumors may be mixed histologies as long as those are a NOS and a single subtype/variant of that NOS **OR** 1 tumor is the NOS and the other a subtype/variant of that NOS)

**Single tumor Rule H7**

Code the histology that comprises the **greatest percentage** of tumor when two or more of the listed histologies are present  
**Note:** If percentages are unknown, continue through the rules.

**Single tumor Rule H8  
and  
Multiple Tumors Rule H16**

Code a combination code when there are multiple histologies **AND**

- The combination is listed in [Table 2](#) in Equivalent Terms and Definitions, the ICD-O and all updates **OR**
- You received a combo code from [Ask A SEER Registrar](#)

**Single tumor Rule H9**

Code adenocarcinoma with mixed subtypes **8255** for

- Multiple adenocarcinoma subtypes **OR**
- Any combination of histologies which are not listed in [Table 2](#) in the Equivalent Terms and Definitions.