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Missouri Cancer Registry and Research Center
Show-Me-Tips

Coding...Abstracting...Education…

Ed 8:03

2018 Solid Tumor Rules
Changes from 2007 MP/H Rules

These changes are effective with cases diagnosed 1/1/2018 and later

Breast C500-C506, C508-C509

(Excludes lymphoma and leukemia M9590-M9992 and Kaposi sarcoma M9140)

1. **NST (No Special Type), mammary carcinoma NST, and carcinoma NST** are the new terms for duct or ductal carcinoma. Previously, it was thought that carcinoma originated in the ducts or lobules of the breast, hence the names duct carcinoma and lobular carcinoma. Current thinking is that carcinoma originates in the "terminal duct lobular unit" therefore the preferred term is NST or carcinoma NST.

2. **Mammary carcinoma** is a synonym for carcinoma no special type (NST)/duct carcinoma not otherwise specified (NOS) **8500.** It will no longer be coded as carcinoma NOS **8010.**

3. **DCIS/Carcinoma NST in situ** has a major classification change.
   A. Subtypes/variant, architecture, pattern, and features **ARE NOT CODED.** The majority of in situ tumors will be coded to DCIS 8500/2.
   B. It is very important to code the grade of all DCIS.
      i. Code grade as designated in current AJCC 8th Edition Manual, SEER Manual, COC STORE 2018 Coding Manual and NAACCR Site Specific Data Items and Grade Manual https://www.naaccr.org/SSDI/Grade-Manual.pdf
      ii. The current breast **WHO** edition emphasizes coding the **grade** of tumor rather than the **subtype/variant.**
      iii. The WHO editions are used internationally by pathologists to keep their nomenclature and histology identification current.
      iv. Over time, **subtypes/variants** will be diagnosed **less frequently.**

4. The invasive subtype/variant is coded **ONLY** when it comprises **greater than or equal to 90%** of the tumor. This change has been implemented in both the WHO and in the CAP protocols.

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

6. Excerpt from the CAP Invasive Breast Protocol (page 17): "A modified list is presented in the protocol based on the most frequent types of invasive carcinomas and terminology that is in widespread usage. The modified list is intended to capture the majority of tumors and reduce the classification of tumors being reported as 'other.' The WHO classification is presented for completeness".

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2018 Solid Tumor Rules continued

Colon C180-C189, C199, C209

(Excludes lymphoma and leukemia M9590-M9992 and Kaposi sarcoma M9140)

1. **Rectum** and **Rectosigmoid** are now included with the Colon Rules. In the 2007 MPH Rules, they were included with Other Sites.

2. There are new multiple primary rules which address **anastomotic recurrence.**

3. Neuroendocrine tumors (formerly carcinoid) arising in the appendix are reportable for cases diagnosed 1/1/2015 and forward.

4. **Rule clarification: Pseudomyxoma peritonei** (accumulation of mucin in the abdominal or pelvic cavity) now has a **two-tiered system** (WHO 2010) that classifies pseudomyxoma peritonei as either **high-grade** or **low-grade** (see below). Pseudomyxoma peritonei is usually associated with **mucinous** tumors of the appendix and is rarely associated with ovarian mucinous tumors.
   - **High**-grade pseudomyxoma peritonei is **malignant** /3
   - **Low**-grade pseudomyxoma peritonei is **NOT malignant** /0

5. There are **dysplasias** which have been assigned an **in situ behavior** code /2 in **WHO** and in **the ICD-O Update.** Despite becoming a /2, they are **NOT reportable in the US.** They are reportable in Canada.
   A. Dysplasia **was not** collected in the past. If dysplasia is added to the database with the same code as in situ tumors, there will be a **huge upsurge** in the **incidence** of in situ neoplasms.
      - There would be no way to **separate** the dysplasias from the in-situ neoplasms in the data base, which would cause problems with surveillance (long-term studies) since the prognosis and probabilities of disease progression are different between an in-situ tumor and a dysplasia
      - **Pathologists frequently use the term "severe dysplasia" or "high grade dysplasia" in place of carcinoma in situ. Code CIS ONLY** if the pathologist expressly states "CIS"
   B. The various agencies are looking for solutions to this issue

6. **Polyps** are now **disregarded** when coding histology. For example, adenocarcinoma in an adenomatous polyp is coded as adenocarcinoma 8140.

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

2018 Solid Tumor Rules continued

Lung C340-C343, C348, C349

(Excludes lymphoma and leukemia M9590-M9992 and Kaposi sarcoma M9140)

Note 1: Changes are **implemented slowly** over time, so it is not unusual for a pathology report to use an obsolete term. **Obsolete** terms and codes **can be used** when they are the **only information** available.

Note 2: WHO 4th Ed Tumors of Lung 2015 has a new classification of adenocarcinoma which is a significant change from the 2004 WHO classification. One of the major changes is discontinuing usage of the term **bronchioloalveolar carcinoma (BAC)** beginning with cases diagnosed 1/1/2018 and forward. The preferred term for BAC is now mucinous adenocarcinoma **8253.**

1. **New** and **changed** ICD-O histology codes have been added to **Table 3** and are identified by an asterisk. **(Use Table 3 as directed by the Histology Rules, in Lung Equivalent Terms and Definitions, to assign the more common histology codes for lung tumors.)** Some of those changes include:
   A. In situ and **minimally** invasive terms and codes.
   B. Terms assigned a **new histology** code.
   C. Histology codes assigned a **different preferred term** (18 codes with new preferred terms).

2. The following new terms and codes have been added. The new terms and codes are **for lung ONLY.** See **notes** in **Table 3**. The new codes and revisions are listed in the ICD-O-3 Histology Revisions on the NAACCR website **https://www.naaccr.org/2018-implementation/**

   A. Mucinous carcinoma/adenocarcinoma
   - **8253/3** when
     - Behavior unknown/not documented (use staging form to determine behavior when available)
     - Invasive
   - **8257/3** when
     - Microinvasive
     - Minimally invasive
   - **8253/2** when
     - Preinvasive
     - In situ

   Note: Previously, only **invasive** /3 codes were available for mucinous adenocarcinoma of the lung. It has been recognized that not all lung cancers are invasive /3 so new codes were implemented.

   B. Non-mucinous carcinoma/adenocarcinoma
   - **8256/3** when
     - Microinvasive
     - Minimally invasive
   - **8250/2** when
     - Preinvasive
     - In situ

The Solid Tumor rules may be accessed on the seer.cancer.gov website: https://seer.cancer.gov/tools/solidtumor/