
Other Sites STR

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What Tumors are Included in Other Sites?

- Digestive System (excluding colorectum)
- Female Genital Organs
- Endocrine Organs
- Eye
- Soft Tissue and Bone
- Male Genital Organs



Equivalent Terms and Definitions



Other Sites - Introduction

Set of Rules used is based on **year** of diagnosis of **current** tumor

Diagnosis Date of Current Tumor	Set of Rules Used
01/01/2007 – 12/31/2022	2007 MPH Rules and 2007 General Instructions
01/01/2023+	Solid Tumor Rules and Solid Tumor General Instructions (most current version)

An original tumor diagnosed before 1/1/2023* and a subsequent tumor diagnosed 1/1/2023 or later in the same primary site: Use the most current version of the Solid Tumor Rules and Solid Tumor General Instructions

* Paraganglioma histologies 8680/3, 8690/3, 8692/3, and 9693/3 for primary sites **C479**, C754 ,and C755 ONLY are in the Head and Neck module (Table 9) for cases diagnosed 1/1/**2019** forward

Other Sites – Changes From the 2007 MP/H Rules

- Code the most specific histology from bx or resection; code from most representative specimen when discrepancy between bx and resection
- Histology tables for the **majority** of sites added
 - Tables include additional coding instructions and notes for assigning the correct ICD-O code
 - Coding **instructions** and/or helpful information located **above** the tables (within a box)
 - Additional **notes** next to specific histologies in **column 1** of the table
 - Follow H rules **and consult tables** to check for additional coding tips/instructions/criteria for assigning the ICD-O code

Excerpt From Table 3: Prostate Histologies

Instructions

Coding notes for acinar adenocarcinoma subtype/variants:

- **Ductal adenocarcinoma 8500/3:** In prostate biopsies, the term “adenocarcinoma of prostate with ductal features” should be used in the pathology report and is coded 8140/3. In order to code ductal adenocarcinoma 8500/3, the ductal component must comprise >50% of the tumor with the percentage reported and from a radical prostatectomy specimen.
- **Intraductal carcinoma of prostate 8500/2:** Intraductal prostate carcinoma is most often associated with invasive acinar adenocarcinoma of ductal carcinoma.
- **Mucinous adenocarcinoma 8480/3:** In order to code 8480/3, the mucinous adenocarcinoma component must comprise >25% of the tumor, so the diagnosis must be made only in excision specimens.
- **Sarcomatoid carcinoma 8572/3:** Exceedingly rare and most commonly occurs during the development of high-grade adenocarcinoma, especially after irradiation.
- **Signet ring cell-like adenocarcinoma 8490/3:** In order to code 8490/3, the signet-ring-like cells must comprise >25% of tumor, so the diagnosis must be made only in excision specimens.

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Acinar adenocarcinoma 8140	Acinar carcinoma Adenocarcinoma in situ 8140/2 Adenocarcinoma, NOS 8140/3 Adenocarcinoma with ductal features 8140/3 Atrophic adenocarcinoma 8140/3 Foamy gland adenocarcinoma 8140/3 Microcystic adenocarcinoma 8140/3 Pseudohyperplastic adenocarcinoma 8140/3 Prostatic intraepithelial-like carcinoma 8140/3	Acinar adenocarcinoma, sarcomatoid variant 8572 Ductal/intraductal adenocarcinoma 8500 Cribriform adenocarcinoma 8201 Papillary adenocarcinoma 8260 Solid adenocarcinoma 8230 Mucinous (colloid) adenocarcinoma 8480 Signet ring-like cell adenocarcinoma 8490
Note: Ductal/intraductal adenocarcinoma 8500 is also a NOS with the following subtypes/variants: Cribriform adenocarcinoma 8201/3 Papillary adenocarcinoma 8260/3 Solid adenocarcinoma 8230/3		

Notes

Equivalent or Equal Terms

Acinar adenocarcinoma, adenocarcinoma (prostate primaries only)

Adenocarcinoma, glandular carcinoma

And; with (duct and lobular is equivalent to duct with lobular)

- Synonyms when describing multiple histologies within a single tumor

Basal cell carcinoma; basal cell adenocarcinoma (Prostate primaries only, both are coded 8147)

Carcinoid; NET; neuroendocrine tumor

Carcinoma; adenocarcinoma (histology must be stated)

- Ex. Serous carcinoma; serous adenocarcinoma (both coded to 8441)

Contiguous; continuous

Equivalent or Equal Terms

In situ; noninvasive; intraepithelial

Multicentric; multifocal

Mucinous; mucoid; mucous; colloid

Neuroendocrine carcinoma; NEC

Polyp; adenoma; polyp NOS; adenomatous polyp

Serosa; visceral peritoneum

Simultaneous; existing at the same time; concurrent; prior to FCOT

Site; topography

Tumor; mass; tumor mass; lesion; neoplasm

Type; subtype; variant

Terms that are NOT Equivalent or Equal

- Bilateral is **not** equivalent to either single primary or multiple primaries. See Multiple Primary rules for instructions
- Carcinoma, NOS 8010 is **not** equivalent to adenocarcinoma, NOS 8140 [UNLESS histologic type stated: ex. Serous carcinoma and serous adenocarcinoma are both 8441]
- Component is **not** equivalent to subtype/type/variant
 - Note: Component is only coded when the pathologist specifies the component as a second carcinoma/sarcoma
- Phenotype is **not** equivalent to subtype/type/variant

Table Index

#		#	Title
1	Paired Organs and Sites with Laterality	2	Mixed and Combination Codes
3	Prostate C619	12	Thyroid C739
4	Testis C620, C621, C629	13	Ovary C569
5	Esophagus C150-C155, C158, C159	14	Peritoneum C482
6	Stomach C160-C166; C168, C169	15	Fallopian Tube C570
7	Small Intestine and Ampulla of Vater C170-C173, C178, C179, C241	16	Uterine Corpus C540-C543, C548, C549, C559
		17	Uterine Cervix C530-C531, C538, C539
8	Anus C210-C212, C218	18	Vagina C529
9	Liver and Intrahepatic Bile Duct C220, C221	19	Vulva C510-C512, C518, C519
9a	Primary Site for Liver/IHBD	20	Soft Tissue C490-C496, C498, C499
10	Gallbladder and Extrahepatic Bile Ducts C239, C240, C248, C249	21	Bone C400-C403, C408, C409, C412-C414, C418, C419
		22	Thymus C379
11	Pancreas C250-C254, C257, C258, C259	23	Penis/Scrotum s C600-C602, C608, C609, C632

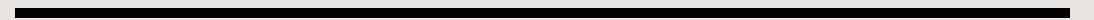
The tables in **bold** were added with the 2024 Update and can be used for 2023+ diagnoses.

**Table 1: Paired Sites
Laterality MUST be Coded For These Sites**

Site Code	Site or Subsite		
C384	Pleura		
C400	Long bones of upper limb, scapula, and associated joints		
C401	Short bones of upper limb and associated joints		
C402	Long bones of lower limb and associated joints		
C403	Short bones of lower limb and associated joints		
C413	Rib, clavicle (excluding sternum)		
C414	Pelvic bones (excluding sacrum, coccyx, symphysis pubis)		
C441	Skin of the eyelid		
C442	Skin of the external ear		
C443	Skin of other and unspecific parts of the face (if midline, assign code 5)		
C444	Skin of scalp and neck		
C445	Skin of the trunk (if midline, assign code 5)		
C446	Skin of upper limb and shoulder		
C447	Skin of the lower limb and hip		
C471	Peripheral nerves and autonomic nervous system of upper limb and shoulder		
C472	Peripheral nerves and autonomic nervous system of the lower limb and hip		
C491	Connective, subcutaneous, and other soft tissues of upper limb and shoulder		
C492	Connective, subcutaneous, and other soft tissues of the lower limb and hip		
C569	Ovary	C631	Spermatic Cord
C570	Fallopian tube	C690-C699	Eye and Adnexa
C620-C629	Testis	C740-C749	Adrenal gland



Multiple Primary Rules



M Rules 1-2

21 Other Sites MP Rules

M1 – **Single primary** when unknown if single or multiple tumors present

M2 – **Single primary** when single tumor

Rules M3 through M9 apply to **specific** sites and **histologies!**

M Rules 3-9 (Site/Histology Specific)

Rule	Description
M3	Acinar Adenocarcinoma (8140) , including subtypes/variants of acinar adenocarcinoma of the prostate , is always a single primary
M4	Multiple primaries when subsequent small cell carcinoma of the prostate >1 year following a dx of acinar adenocarcinoma (includes subtype/variant of acinar adenocarcinoma) of prostate
M5	Retinoblastoma is always a single primary (unilateral or bilateral)
M6	Kaposi sarcoma (of any site(s)) is always a single primary
M7	Follicular and papillary thyroid tumors dx'd w/in 60 days are a single primary
M8	Multiple primaries when separate, non-contiguous thyroid tumors are anaplastic carcinoma and any other histology
M9	Bilateral epithelial tumors of the ovary (same histo or NOS and subtype/variant) within 60 days are a single primary

Examples

2018: Prostate adenocarcinoma treated w/ EBRT; 2023: nodule identified on DRE; Radical prostatectomy: Sarcomatoid adenocarcinoma

How Many Primaries?

- A. One
- B. Two

1/5/2022: Prostate adenocarcinoma treated w/ ADVT; 1/5/2023: PSA normal; TRUS biopsy for difficulty passing urine reveals adenocarcinoma w/ neuroendocrine differentiation.

How Many Primaries?

- A. One
- B. Two

Rule M3

Excerpt from Table 3: Prostate Histologies

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Acinar adenocarcinoma 8140	Acinar carcinoma Adenocarcinoma in situ 8140/2 Adenocarcinoma, NOS 8140/3 Adenocarcinoma with ductal features 8140/3 Atrophic adenocarcinoma 8140/3 Foamy gland adenocarcinoma 8140/3 Microcystic adenocarcinoma 8140/3 Pseudohyperplastic adenocarcinoma 8140/3 Prostatic intraepithelial-like carcinoma 8140/3	Acinar adenocarcinoma, sarcomatoid variant 8572 ← Ductal/intraductal adenocarcinoma 8500 Cribriform adenocarcinoma 8201 Papillary adenocarcinoma 8260 Solid adenocarcinoma 8230 Mucinous (colloid) adenocarcinoma 8480 Signet ring-like cell adenocarcinoma 8490
<p>Note: Ductal/intraductal adenocarcinoma 8500 is also a NOS with the following subtypes/variants:</p> <p>Cribriform adenocarcinoma 8201/3</p> <p>Papillary adenocarcinoma 8260/3</p> <p>Solid adenocarcinoma 8230/3</p>		

Excerpt from Table 3

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
<p>Adenocarcinoma with neuroendocrine differentiation 8574/3</p> <p>Note 1: This histology is considered treatment-related neuroendocrine prostatic carcinoma demonstrating complete neuroendocrine differentiation or partial neuroendocrine differentiation with adenocarcinoma after androgen-deprivation therapy.</p> <p>Note 2: Code 8574/3 only when there is no history of previous prostate adenocarcinoma or history of androgen-deprivation therapy.</p>		<div data-bbox="942 704 2109 1248" style="border: 2px solid blue; padding: 10px;"> <p>Per SINQ 20240010</p> <p>Assign code 8574/3 only when there is</p> <ul style="list-style-type: none"> • A history of androgen-deprivation therapy or • No history of previous prostate adenocarcinoma • <i>We will edit the notes to make them more clear.</i> <p>Currently, there is no M rule for this; we need to go to the histology table and read the notes!</p> </div>

Excerpt from Table 3: Prostate

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
<p>Neuroendocrine tumor 8240/3 Note 1: 50% of SmCC of prostate cases present as a de novo malignancy Note 2: SmCC of the prostate often occurs following androgen deprivation treatment for acinar adenocarcinoma</p>	<p>Well differentiated neuroendocrine tumor WD neuroendocrine tumor</p>	<p>Large cell neuroendocrine carcinoma 8013/3 Small cell neuroendocrine carcinoma 8041/3</p> <div data-bbox="917 868 2188 1182" style="border: 2px solid blue; padding: 5px;"> <p>Rule M4, Note 3: SmCC of the prostate often occurs following androgen deprivation treatment (ADVT) and/or radiation therapy for acinar adenocarcinoma Per Lois Dickie (email dated 8/14/23), Code 8240 (or the subtype/variant) ONLY when it is the original dx (de novo).</p> </div>

Excerpt from Table 3

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
<p>Squamous cell carcinoma 8070</p> <p>Note: In >50% of reported cases, there is an association with previous hormone or radiation therapy for prostatic adenocarcinoma. If a patient has a known history of acinar adenocarcinoma of prostate treated with hormone and/or radiation and subsequent findings of SCC, this is recurrence and not a new primary.</p>		<p>If the patient develops [prostatic] squamous carcinoma AFTER a dx of prostatic adenocarcinoma AND has a history of ADVT and/or XRT for that prostatic adenocarcinoma, this is NOT a new primary.</p> <p>There is no M rule for this; we need to go to the histology table and read the notes!</p>

M Rules 10-13

M10 – Tumors on both sides of a paired organ (table 1) are **multiple primaries**

M11 - Adenocarcinoma in **adenomatous polyposis coli** (familial polyposis) with one or more in situ or malignant polyps is a **single primary**

M12 – **Multiple primaries** when subsequent tumor after being clinically disease for > 1 year

M13 – **Multiple primaries** when ICD-O-3 topography codes differ at 2nd (C**X**x.x) or 3rd (Cx**X**.x) characters

M Rules 14-16

M14 – Tumors in the following sites that differ at the 4th ICD-O character (Cxx.X) are **multiple primaries**

- Anus and anal canal (C21_)
- Bone, joints, and articular cartilage (C40_ to C41_)
- Connective subcutaneous and other soft tissues (C49_)
- Skin (C44_)

M15 – A de novo (frank) in situ or malignant adenocarcinoma and an in situ or malignant tumor in a **polyp** are a **single primary**

M16 – Multiple in situ and/or malignant polyps are a **single primary**

Example

Adenocarcinoma in the cardia of the stomach and a separate adenocarcinoma arising in a polyp in the esophagus.

How Many Primaries?

- A. One
- B. Two

Duodenum: 2 villous polyps with adenocarcinoma; Jejunum: 1 tubular polyp with adenocarcinoma

How Many Primaries?

- A. One
- B. Two

M Rules 17-21

M17 – Multiple primaries when separate, non-contiguous tumors are **different subtypes/variants** in Tables 3-23

M18 – Single primary when **synchronous**, separate, non-contiguous tumors are on the **same row** in Tables 3-23

M19 – Multiple primaries when separate, non-contiguous tumors are on **multiple rows** in Tables 3-23

M20 – Multiple primaries when an invasive tumor occurs > 60 days after an in situ tumor

M21 – Single primary when multiple tumors do not meet any of the above criteria

Rule M17

Excerpt from Table 3: Prostate Histologies

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Neuroendocrine tumor 8240/3 Note 1: 50% of SmCC of prostate cases present as a de novo malignancy Note 2: SmCC of the prostate often occurs following androgen deprivation treatment for acinar adenocarcinoma	Well differentiated neuroendocrine tumor WD neuroendocrine tumor	Large cell neuroendocrine carcinoma 8013/3 ← Small cell neuroendocrine carcinoma 8041/3 ←
Sarcoma, NOS 8800/3 <div style="border: 2px solid blue; padding: 5px; margin-top: 10px;"> Rule M17: Abstract multiple primaries when separate/non-contiguous tumors are two or more different subtypes/variants (same or different rows/NOS) in Column 3 </div>	Mesenchymal tumor, malignant	Stromal sarcoma 8935/3 ← Leiomyosarcoma 8890/3 ← Rhabdomyosarcoma 8900/3 ← Angiosarcoma 9120/3 ← Synovial sarcoma 9040/3 ← Osteosarcoma 9180/3 ← Undifferentiated pleomorphic sarcoma 8802/3 ← Solitary fibrous tumor, malignant 8815/3 ←

Rule M18

Synchronous, separate, non-contiguous tumors on the SAME ROW = SP

Excerpt from Table 3: Prostate Histologies

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Acinar adenocarcinoma 8140	Acinar carcinoma	Acinar adenocarcinoma, sarcomatoid variant 8572 ←
	Adenocarcinoma in situ 8140/2	
	Adenocarcinoma, NOS 8140/3	Ductal/intraductal adenocarcinoma 8500 ←
Note: Ductal/intraductal adenocarcinoma 8500 is also a NOS with the following subtypes/variants:	Adenocarcinoma with ductal features 8140/3	Cribriform adenocarcinoma 8201 ←
Cribriform adenocarcinoma 8201/3	Atrophic adenocarcinoma 8140/3	Papillary adenocarcinoma 8260 ←
Papillary adenocarcinoma 8260/3	Foamy gland adenocarcinoma 8140/3	Solid adenocarcinoma 8230 ←
Solid adenocarcinoma 8230/3	Microcystic adenocarcinoma 8140/3	Mucinous (colloid) adenocarcinoma 8480 ←
	Pseudohyperplastic adenocarcinoma 8140/3	Signet ring-like cell adenocarcinoma 8490 ←
	Prostatic intraepithelial-like carcinoma 8140/3	

Rule M19

Excerpt from Table 3: Prostate Histologies

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
<p>Neuroendocrine tumor 8240/3</p> <p>Note 1: 50% of SmCC of prostate cases present as a de novo malignancy</p> <p>Note 2: SmCC of the prostate often occurs following androgen deprivation treatment for acinar adenocarcinoma</p>	<p>Well differentiated neuroendocrine tumor</p> <p>WD neuroendocrine tumor</p>	<p>Large cell neuroendocrine carcinoma 8013/3</p> <p>Small cell neuroendocrine carcinoma 8041/3</p>
<p>Sarcoma, NOS 8800/3</p>	<p>Mesenchymal tumor, malignant</p>	<p>Stromal sarcoma 8935/3</p> <p>Leiomyosarcoma 8890/3</p> <p>Rhabdomyosarcoma 8900/3</p> <p>Angiosarcoma 9120/3</p> <p>Synovial sarcoma 9040/3</p> <p>Osteosarcoma 9180/3</p> <p>Undifferentiated pleomorphic sarcoma 8802/3</p> <p>Solitary fibrous tumor, malignant 8815/3</p>

Row 1

Row 2

Separate, non-contiguous tumors on DIFFERENT ROWs (any column) = MP



Histology Rules



Priority Order for using Documentation to Identify Histology

Code histology prior to neoadjuvant therapy

- EXCEPT when initial dx based on FNA, smears, cytology or from a regional or metastatic site and post neoadjuvant resection of primary identifies a different or specific histology)

Code histology using the following priority list and H rules; do not change the histology to make the case applicable to staging

Priority	Documentation
1	Tissue/path from primary
2	Cytology from primary site, cavity^ fluid, or ascites
3	Tissue/path from mets
4	Scans: MRI = CT = PET = US
5	Physician Documentation

^retroperitoneal, peritoneal, or abdominal

Instructions: Coding Histology

General:

- Histology tables for MOST sites
- Most common histologies included in tables
- If no table, or histology not listed in table, use ICD-O and updates

Notes:

- Priority is to code the most specific histology
- Use these instructions for one or more histologies in a SINGLE tumor
- Do not use instructions from the “coding histology” section in place of the histology rules

Instructions: Coding Histology

1. Code most specific histo or subtype/variant whether described as the majority* or predominant* part of the tumor, the minority* of tumor, or component*
 - Terms w/ asterisks MUST describe a carcinoma or sarcoma
2. Code NOS w/ features or differentiation ONLY when there is a specific ICD-O code for the NOS w/ features or differentiation

Instructions: Coding Histology

3. Code the histology described by ambiguous terminology (refer to STR for list) ONLY when A or B is true:
 - A. The only dx available is a single histology term described by ambiguous terminology
 - B. There is a NOS histology and a more specific histology described by ambiguous terminology AND the
 - Specific histology is confirmed by a physician OR
 - Patient is being treated based on the specific histology described by ambiguous terms
4. Do NOT code histology based on pattern architecture, focus/foci/focal

Other Sites: 35 H Rules!

16 apply to specific sites/histologies

- 2 for reportable Squamous intraepithelial neoplasia 8077/2
- 2 for reportable Glandular intraepithelial neoplasia 8148/2
- 2 for Acinar adenocarcinoma of the prostate 8140
- 6 for coding Thyroid histologies
- 2 for ductal carcinoma of the Pancreas mixed with other histologies
- 1 for endometrioid adenocarcinoma 8380
- 1 for extramammary Paget of anus, perianal region, vulva

19 apply to all sites

- 5 for hierarchy
- 3 for single histology
- 3 for polyps
- 3 for NOS + subtype
- 3 for multiple subtypes
- 2 for invasive + in situ

H Rule			Description
is	/	M	<u>is</u> : single in situ; <u>/</u> : single invasive; <u>M</u> : multiple tumors
1	9	22	Path/cytology not available, use physician documentation
	10	23	No path/cytol from primary site, code from metastatic site
2	12	27	Single histology, code that histology

Other Sites H Rules

H Rule			Description
is	/	M	<u>is</u> : single in situ; <u>/</u> : single invasive; <u>M</u> : multiple tumors
3		25	Code 8077/2 (squamous intraepithelial neoplasia, high grade) for the following: AIN II, AIN III, CIN w/ SD, HG SIN II, HG IN III, HG SIL
4		26	Code 8148/2 (glandular intraepithelial neoplasia, grade III) for the following: PanIN III, HG BiIN III, BiIN III, Esophageal intraep. Neoplasm HG
5	13	29	Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma) only when : Final dx is (a) adenocarcinoma/ carcinoma in a polyp OR (b) adenocarcinoma/ carcinoma and a residual polyp or polyp architecture is documented OR (c) adenocarcinoma/ carcinoma and reference to a residual or pre-existing polyp OR (d) patient had a polypectomy; 2023+ dx: if final dx is a specific histology in a polyp, code the specific histology

Examples (H5, H13, and H29)

Esophagus bx: Adenocarcinoma in situ in a villous polyp

Histology?

- A. 8140/2 Adenocarcinoma in situ, NOS
- B. 8261/2 Adenocarcinoma in situ in a villus adenoma

Cervix bx: Endometrioid adenocarcinoma in a polyp

Histology?

- A. 8210/3 Adenocarcinoma in a polyp
- B. 8380/3 Endometrioid adenocarcinoma

Other Sites H Rules

H Rule			Description
is	/	M	<u>is</u> : single in situ; <u>/</u> : single invasive; <u>M</u> : multiple tumors
6	15	34	NOS and single subtype/variant, code the subtype/variant
7	21	35	Multiple specific histo or NOS with multiple specific histo, assign a combo code from Table 2
	8	32	Invasive and in situ, code the single invasive histology
	11	24	Code 8140 (adenocarcinoma, NOS) for prostate primaries when the diagnosis is: acinar [adeno]carcinoma, adenocarcinoma, adenocarcinoma w/ ductal features, atrophic adenocarcinoma, foamy gland adenocarcinoma, microcytstic adenocarcinoma, pseudohyperplastic adenocarcinoma, prostatic intrepithelial-like carcinoma

Other Sites H Rules

H Rule			Description
is	/	M	<u>is</u> : single in situ; <u>/</u> : single invasive; <u>M</u> : multiple tumors
	16		Code anaplastic carcinoma of thyroid (8021) or undifferentiated carcinoma of thyroid (8020) when other thyroid histologies are present in a single tumor
	17		Code dedifferentiated carcinoma (8020) when mixed with endometrioid carcinoma/adenocarcinoma
	18		Code papillary carcinoma/adenocarcinoma of the thyroid to papillary adenocarcinoma, NOS (8260)
	19	31	Code papillary microcarcinoma of the thyroid to papillary adenocarcinoma, NOS (8260)

Other Sites H Rules

H Rule			Description
is	/	M	<u>is</u> : single in situ; <u>/</u> : single invasive; <u>M</u> : multiple tumors
	20	30	Code papillary carcinoma, follicular variant of thyroid (8340) when there are multiple papillary and follicular carcinoma subtypes/variants
		28	Code the histology of the underlying tumor when there is extramammary Paget disease and an underlying tumor of the anus, perianal region, or vulva
	14	33	Code the subtype/variant for pancreas primaries when the diagnosis is ductal carcinoma/adenocarcinoma AND adenosquamous carcinoma 8560/3, colloid/mucinous [adeno]carcinoma 8480/3, hepatoid carcinoma 8567/3, large cell carcinoma w/ rhabdoid phenotype 8014/3, medullary carcinoma 8510/3, signet-ring/poorly cohesive [adeno]carcinoma 8490/3, undifferentiated carcinoma 8020/3, undifferentiated carcinoma w/ osteoclast-like giant cells 8035/3



Table Updates

Changes to Tables w/ 2024 updates



Excerpt from Table 2: Mixed/Combo Codes

Required Histology Terms	Histology Combination Term and Code
Teratoma AND Embryonal carcinoma	Teratocarcinoma 9081
Any combination of the following: Embryonal carcinoma Seminoma Teratoma Yolk sac tumor	Mixed germ cell tumor 9085
Choriocarcinoma AND Any of the following: Embryonal Seminoma Teratoma	Choriocarcinoma combined with other germ cell elements 9101

2024 Updates to Table 2: Mixed/Combo Codes

<p>Papillary thyroid carcinoma (includes subtype/variants)</p> <p>AND</p> <p>Follicular (includes subtype/variants)</p>	<p>Papillary carcinoma, follicular variant 8340 (synonyms: Infiltrative follicular variant of papillary carcinoma; Widely invasive follicular variant of papillary carcinoma)</p> <p><i>Note:</i> First refer to ICD-O-3.2 and ICD-O updates to confirm if the mixed histology has a specific code.</p>
<p>Medullary</p> <p>AND</p> <p>Poorly differentiated carcinoma OR Anaplastic carcinoma OR Oncocytic carcinoma</p>	<p>Mixed medullary and poorly differentiated carcinoma / mixed medullary and anaplastic carcinoma / Mixed medullary and oncocytic carcinoma 8346</p>
<p>Hepatocellular carcinoma</p> <p>AND</p> <p>Cholangiocarcinoma</p>	<p>Combined hepatocellular carcinoma and cholangiocarcinoma 8180 (C221)</p>

Table 4: Testis Histologies

Germ cell tumor, NOS 9064 Row

<p>Germ cell tumor NOS 9064</p> <p>Note 1: The following teratomas are not reportable:</p> <ul style="list-style-type: none"> • Teratoma, prepubertal type 9084/0 • Teratoma, mature, prepubertal type 9084/0 	<p>Germ cell neoplasia in situ 9064/2</p> <p>Intratubular germ cell neoplasia 9064/2</p> <p>Intratubular malignant germ cells 9064/2</p>	<p>Choriocarcinoma 9100</p> <p>Embryonal carcinoma 9070</p> <p>Spermatocytic seminoma/ Spermatocytic tumor with sarcomatous differentiation 9063</p> <p>Yolk sac tumor/Yolk sac tumor, prepubertal 9071 (see Note 2)</p>
<p>Note 2: The following yolk sac tumor patterns are all coded 9071:</p> <ul style="list-style-type: none"> • Endodermal sinus/perivascular pattern • Glandular/alveolar pattern • Hepatoid pattern • Macrocystic pattern • Microcystic/reticular pattern • Myxoid pattern • Papillary pattern • Parietal pattern • Polyvesicular vitelline pattern • Sarcomatoid/spindle cell pattern • Solid pattern 		<p>Teratoma with malignant transformation/Teratoma with somatic-type malignancy 9084</p>

Table 5: Esophagus Histologies

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Adenocarcinoma, NOS 8140	Adenocarcinoma in situ 8140/2	
Adenoid cystic carcinoma 8200		
Adenosquamous carcinoma 8560		
Gastrointestinal stromal tumor 8936	GANT Gastrointestinal pacemaker cell tumor Gastrointestinal stromal tumor GIST, NOS GIST, malignant Gastrointestinal stromal sarcoma Succinate dehydrogenase-deficient gastrointestinal stromal tumor	

Same GIST row also added to:

- **Table 6** Stomach Histologies
- **Table 7** Small Intestine and Ampulla of Vater Histologies

Table 6: Stomach Histologies

Coding notes for Stomach:

- When both Lauren and WHO histologies are stated, code the WHO diagnosis.
 - Exception: If WHO diagnosis is adenocarcinoma, NOS and Lauren indicates a more specific type, code the specific histology.

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
<p>Adenocarcinoma, NOS 8140</p> <p><i>Note 1:</i> For stomach sites, code mucinous carcinoma (8480) or signet-ring cell carcinoma (8490) regardless of percentage.</p> <p><i>Note 2:</i> Paneth cell carcinoma is a rare subtype of adenocarcinoma. A specific ICD-O code has not been proposed by WHO. Code as 8140.</p>	<p>Adenocarcinoma in situ 8140/2</p> <p>Adenocarcinoma of fundic gland type</p> <p>Paneth cell carcinoma</p> <p>Added as synonym for 8140; Removed as a synonym for 8576</p>	<p>Adenocarcinoma, diffuse type 8145/3</p> <p>Adenocarcinoma, intestinal type 8144/3;</p> <p>Intestinal type adenoma, high grade 8144/2</p> <p>Hepatoid adenocarcinoma 8576</p> <p>Medullary carcinoma with lymphoid stroma 8512</p> <p>Micropapillary carcinoma 8265</p> <p>Mucinous adenocarcinoma 8480</p> <p>Mucoepidermoid carcinoma 8430</p> <p>Papillary adenocarcinoma 8260</p> <p>Parietal cell carcinoma 8214</p> <p>Signet ring cell carcinoma/Poorly cohesive carcinoma 8490</p> <p>Tubular adenocarcinoma 8211</p>

GIST row added (same row as slide17 for Table 5: Esophagus histologies)

Table 9: Liver & IHBD Histologies

Cases diagnosed before 1/1/2023:

Coding notes for Cholangiocarcinoma: Intrahepatic cholangiocarcinomas are almost exclusively adenocarcinomas and often diagnosed by cytology. Additional diagnostic molecular tests and clinical collaboration are needed to define a diagnosis of cholangiocarcinoma. Clinicians often indicate a clinical diagnosis of cholangiocarcinoma without pathologic confirmation. Per histology coding rules, pathology and cytology have priority over clinical/physician diagnosis. If the diagnosis of cholangiocarcinoma is made on a resected specimen, then code this histology.

Table 9: Liver & IHBD Histologies

Carcinoma, undifferentiated 8020/3		
Cholangiocarcinoma 8160/3 (C221)	Bile duct adenocarcinoma/carcinoma Intrahepatic cholangiocarcinoma (iCCA) Large duct intrahepatic cholangiocarcinoma Small duct intrahepatic cholangiocarcinoma	
Combined hepatocellular carcinoma and cholangiocarcinoma 8180/3 (C221)	Hepatocholangiocarcinoma Mixed hepatobiliary carcinoma Mixed hepatocellular-cholangiocarcinoma	
Hepatoblastoma 8970/3		
Hepatocellular carcinoma 8170/3 (C220)	Hepatocarcinoma Hepatoma, malignant Hepatoma, NOS <div style="border: 2px solid red; padding: 5px; display: inline-block;"> These 5 synonyms were previously synonyms for 8170 </div>	Hepatocellular carcinoma, fibrolamellar 8171 Hepatocellular carcinoma, scirrhous / sclerosing hepatic carcinoma 8172 Hepatocellular carcinoma (HCC), clear cell 8174 (synonyms below) <div style="border: 1px solid black; padding: 5px; display: inline-block;"> HCC, chromophobe HCC, lymphocytic-rich HCC, macrotrabecular massive HCC, neutrophile-rich HCC, steatohepatic </div>

NEW Table 9a: Guidelines for Assigning Primary Site for Liver and Intrahepatic Bile Duct 2023+ Diagnoses

Site of bx or cytology	Pathology or cytology diagnosis	Criteria	Primary Site/ Histology
Liver C220	Adenocarcinoma Adenocarcinoma subtypes/variants	Supporting documentation such as scans, lab tests, or definitive clinical diagnosis of intrahepatic bile duct primary and/or definitive diagnosis of cholangiocarcinoma	C221 8160/3
Liver C220	Adenocarcinoma Adenocarcinoma, subtypes/variants	No documentation supporting the primary site of intrahepatic bile duct is available in the medical record. This includes scans, lab tests or definitive clinical diagnosis. Liver is a common metastatic site for other neoplasms such as breast, lung, and colon. Code unknown primary site C809 when a primary site is not indicated in the pathology report or medical record	C809 8140/3
Liver C220 or IHBD C221	Hepatocellular carcinoma	Cancer PathCHART review has determined hepatocellular carcinoma is valid for liver C220 only. Code C220 regardless of biopsy/cytology site.	C220 8170/3
Liver C220	Combined hepatocellular carcinoma and cholangiocarcinoma	Cancer PathCHART review has determined combined hepatocellular carcinoma and cholangiocarcinoma is valid for intrahepatic bile ducts C221 only. Code C221 regardless of biopsy/cytology site	C221 8180/3

Table 10: Gallbladder and EHBD Histologies

Specific or NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma 8140	Biliary-type adenocarcinoma 8140	Adenocarcinoma, intestinal type 8144 Clear cell adenocarcinoma 8310 Mucinous adenocarcinoma 8480 Pancreatobiliary-type carcinoma 8163 Poorly cohesive carcinoma/signet ring cell carcinoma 8490
Adenosquamous carcinoma 8560		
Bile duct carcinoma 8160 (C240)	Cholangiocarcinoma	Bile duct cystadenocarcinoma 8161 Perihilar cholangiocarcinoma 8162
Biliary intraepithelial neoplasia, high grade 8148/2		

Table 11: Pancreas Histologies

Intraductal papillary mucinous neoplasm
8453

Intraductal papillary mucinous neoplasm
with high grade-dysplasia **8453/2**
High-grade IPMN **8453/2**
Intraductal papillary mucinous carcinoma,
non-invasive **8453/2**
Intraductal papillary mucinous carcinoma,
invasive **8453/3**

Intraductal papillary mucinous neoplasm
with associated invasive carcinoma
8453/3

Synonym **deleted**: “Intraductal oncocytic papillary neoplasm with an associated invasive carcinoma 8453/3”

Table 11: Pancreas Histologies

<p>Mixed neuroendocrine non-neuroendocrine neoplasm 8154</p>	<p>MiNEN Mixed acinar-endocrine carcinoma Mixed acinar-endocrine-ductal carcinoma Mixed acinar-neuroendocrine carcinoma</p>	
<p>Neuroendocrine carcinoma, NOS 8246</p>	<p>PanNEC</p>	<p>Large cell neuroendocrine carcinoma 8013 Small cell neuroendocrine carcinoma 8041</p>
<p>Neuroendocrine tumor, NOS 8240</p> <p><i>Note:</i> Pancreatic neuroendocrine tumor, non-functioning has the following synonyms (they are not subtype/variants):</p> <ul style="list-style-type: none"> • Clear cell neuroendocrine tumor, non-functioning pancreatic • Cystic neuroendocrine tumor, non-functioning pancreatic • Oncocytic neuroendocrine tumor, non-functioning pancreatic • Pleomorphic neuroendocrine tumor, non-functioning pancreatic 	<p>Neuroendocrine tumor, grade 1 PanNET</p>	<p>ACTH-producing tumor 8158 Enterochromaffin-cell carcinoid / Serotonin-producing tumor 8241 Gastrinoma 8153 Glucagonoma 8152 Insulinoma 8151 Neuroendocrine tumor grade 2 / neuroendocrine tumor grade 3 8249 Pancreatic neuroendocrine tumor, non-functioning 8150 (see note for synonyms) Somatostatinoma 8156 VIPoma 8155</p>

Table 12: Thyroid Histologies

Thyroid Coding Note: Papillary carcinoma, follicular variant, encapsulated/well demarcated, non-invasive is not reportable.

<p>Medullary thyroid carcinoma 8345</p>	<p>C cell carcinoma Parafollicular cell carcinoma Medullary carcinoma with amyloid stroma Medullary microcarcinoma</p>	
<p>Oxyphilic adenocarcinoma 8290</p>	<p>Encapsulated angioinvasive oncocytic carcinoma of the thyroid Hurthle cell adenocarcinoma Hurthle cell carcinoma Follicular carcinoma, oxyphilic cell Minimally invasive oncocytic carcinoma of the thyroid Oncocytic adenocarcinoma Oncocytic carcinoma Widely invasive oncocytic carcinoma of the thyroid</p>	

Table 12: Thyroid Histologies

<p>Papillary thyroid carcinoma, NOS 8260</p> <p><i>Note:</i> For thyroid cancer only, the terms micropapillary and papillary microcarcinoma do not refer to a specific histologic type. It means that the papillary portion of the tumor is minimal or occult.</p>	<p>Classical (usual) papillary carcinoma</p> <p>Clear cell papillary thyroid carcinoma</p> <p>Cribriform-morular variant of PTC</p> <p>Hobnail variant of PTC</p> <p>Micropapillary thyroid carcinoma (see note)</p> <p>Papillary microcarcinoma (see note)</p> <p>Papillary thyroid carcinoma with fibromatosis/fasciitis-like stroma</p> <p>PTC</p> <p>Solid/trabecular variant of PTC</p> <p>Spindle cell papillary thyroid carcinoma</p> <p>Warthin-like papillary thyroid carcinoma</p>	<p>Columnar cell variant of PTC/Tall cell PTC 8344</p> <p>Diffuse sclerosing PTC 8350</p> <p>Encapsulated variant of PTC 8343/3</p> <p>Follicular variant of papillary thyroid carcinoma 8340</p> <p>Oncocytic variant of PTC 8342</p>
<p>Poorly differentiated thyroid carcinoma 8337/3</p>	<p>Differentiated high-grade thyroid carcinoma</p> <p>Insular carcinoma</p>	

Table 13: Ovary Histologies

Adenocarcinoma, NOS 8140		Clear cell adenocarcinoma 8310 Endometrioid adenocarcinoma 8380 Mucinous adenocarcinoma, NOS 8480
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These 3 histologies used to have their own rows; those rows were deleted.

Mixed cell adenocarcinoma 8323 <i>Note:</i> At least two histologic types must be recognized in the tumor. Percentages may be stated but do not determine histology coding. The most common mixed tumor is comprised of endometrial and clear cell carcinomas.		
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Table 13: Ovary Histologies

<p>Carcinosarcoma, NOS 8980/3</p> <p><i>Note:</i> This pathology diagnosis may provide subtypes/variants of the carcinoma/adenocarcinoma component and/or sarcoma subtype/variant component.</p>	<p>Malignant Mixed Mullerian Tumor/MMMT</p> <p><i>Note:</i> WHO indicates this term is now a related term/synonym for carcinosarcoma</p>	<p>The same note was added to: Table 15: Fallopian Tube Histologies; Table 17: Cervix Histologies, and Table 18: Vagina Histologies</p>
<p>Choriocarcinoma, NOS 9100</p>		
<p>Germ cell tumor, NOS 9064</p>	<p>Germinoma</p>	<p>Immature teratoma 9080 Dysgerminoma 9060 Yolk sac tumor, NOS 9071/3 Embryonal carcinoma 9070 Mixed germ cell tumor / mixed teratoma-yolk sac tumor 9085</p>

- Serous carcinoma, NOS 8441” row:
 - “Serous borderline tumor, micropapillary variant” term **removed** from code 8460/2
 - Tumor, serous borderline-micropapillary variant (C56.9) [2018+ CASES ONLY; NOT REPORTABLE]

Table 13: Uterus Histologies

<p>Endometrioid adenocarcinoma, NOS 8380</p> <p><i>Note:</i> Endometrioid adenocarcinoma, NOS 8380/2 and 8380/3 have been designated biologically impossible for Myometrium (C542) per Cancer PathCHART review.</p>	<p>Endometrial adenocarcinoma/carcinoma</p> <p>Endometrial atypical hyperplasia/endometrioid intraepithelial neoplasia 8380/2</p> <p>Mismatch repair-deficient endometrioid carcinoma 8380/3</p> <p>No specific molecular profile (NSMP) endometrioid carcinoma 8380/3</p> <p>P53-mutant endometrioid carcinoma 8380/3</p> <p>POLE-ultramutated endometrioid carcinoma 8380/3</p>	<p>Endometrioid carcinoma with squamous differentiation 8570/3</p>
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Same note added to the following rows:

- “Carcinoma, undifferentiated NOS 8020/3
- “Mixed cell adenocarcinoma 8323”
- “Mucinous carcinoma, NOS 8480”
- “Neuroendocrine carcinoma NOS 8246/3

Also added as a synonym to the following Tables:

- Table 17: Uterine Cervix Histologies
- Table 18: Vagina Histologies

Table 20: Soft Tissue Histologies

Liposarcoma, NOS 8850/3		Dedifferentiated liposarcoma 8858/3 Epithelioid/Pleomorphic liposarcoma 8854/3 Myxoid liposarcoma 8852/3 Myxoid pleomorphic liposarcoma 8859/3 Well differentiated liposarcoma 8851/3
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Myxoid pleomorphic sarcoma listed as 8854/3 in 2023 update of STR

New Tables

- Table 22: Thymus Histologies
- Table 23: Penis and Scrotum Histologies

Questions?