



Bladder



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Case for Working Through Topics

CC: 61 y.o. female w/ sx of frequency, urgency, and incomplete emptying of bladder. PE negative. Fitness trainer x 30 yrs.

Cystoscopy: (in office) tumor in bladder dome

CT abd/pel: mass in bladder dome w/ apparent extn into outer layers of bladder wall muscle. No adenopathy.

TURBT: 4.5 cm tumor in dome; partially resected deep into muscle at base for staging purposes

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Case for Working Through Topics

Segmental Resection of dome of bladder and bil PLND: Pelvic LNs grossly normal. No apparent extn. of tumor into serosa or perivesical fat

PATH: TURBT: mass in dome: high grade invasive sarcomatoid urothelial CA, invading detrusor muscle. Segmental Resection: Pel LNs: 0+/3 Rt and 0+/4 Lt obturator LNs. Bladder dome tumor: low grade invasive urothelial CA, w/ transmural invasion of pericyclic fat. No extension into serosa. Extensive small vessel and perineural invasion. Margins free.

Plan: Patient referred to medical oncologist

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Table 1: ICD-O Primary Site Codes

Site Term and code	Synonyms
Bladder, anterior wall C673	-
Bladder, dome C671	Roof; Vault; Vertex
Bladder, lateral wall C672	Lateral to ureteral orifice; Left wall; Right wall; Sidewall
Bladder neck C675	Internal urethral orifice; Vesical neck
Bladder NOS C679	Lateral posterior wall (no hyphen)
Bladder, overlapping lesion C678	Fundus; Lateral-posterior wall (hyphen)
Bladder, posterior wall C674	-
Bladder, trigone C670	Base/Floor of bladder; Below interureteric crest/field/ridge
Bladder, urachus C677	Mid umbilical ligament
Bladder, ureteric orifice C676	Just above ureteric orifice
Overlapping lesion of urinary organs C688	-
Paraurethral gland C681	-
Renal pelvis C659	Pelvis of kidney; Pelviureteric junction; Renal calyx/calices
Ureter C669	-
Urethra C680	Cowper gland; Prostatic utricle; Urethral glad
Urinary system NOS C689	-

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Multiple Primary Rules M1 – M4



Rule	Description	# Abstracts
M1	Not possible to determine if single or multiple tumors	Single
M2	Single tumor	Single
Separate non-contiguous tumors in both:		
M3	Rt and Lt renal pelvis	Multiple*
M4	Rt and Lt ureter	Multiple*



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Multiple Primary Rules M5 – M9



Rule	Description	# Abstracts
M5	Synchronous noninvasive in situ urothelial carcinoma (flat tumor) 8120/2 in BLADDER C67 _ AND 1 or both URETER(S) C669 AND no other urinary sites involved (code primary site to C67.8)	Single
M6	Invasive tumor > 60 days after in situ	Multiple
M7	Multiple occurrences of /2 urothelial carcinoma in the BLADDER (8120/2 and/or 8130/2)	Single
M8	Micropapillary (8131/3) and urothelial 8120/3 (including papillary 8130/3) carcinoma of the BLADDER	Multiple
M9	Multiple occurrences of /3 urothelial carcinoma or urothelial subtypes (EXCEPT micropapillary) in the BLADDER OR Multiple occurrences of micropapillary urothelial carcinoma (8131/3) in the BLADDER	Single



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M8 Micropapillary (8131/3) and urothelial 8120/3 (including 8130/3) carcinomas of **BLADDER** = multiple

Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
Urothelial carcinoma 8120	Clear cell (glycogen-rich) urothelial carcinoma 8120/3 Infiltrating urothelial carcinoma 8120/3 Infiltrating urothelial carcinoma with divergent differentiation 8120/3 Infiltrating urothelial carcinoma with endodermal sinus lines 8120/3 Infiltrating urothelial carcinoma with glandular differentiation 8120/3 Infiltrating urothelial carcinoma with squamous differentiation 8120/3 Infiltrating urothelial carcinoma with trophoblastic differentiation 8120/3 Lipid-rich urothelial carcinoma 8120/3 Microcystic urothelial carcinoma 8120/3 Nested urothelial carcinoma 8120/3 Plasmacytoid urothelial carcinoma 8120/3 Urothelial carcinoma in situ 8120/2	Giant cell urothelial carcinoma 8031/3 Lymphoepithelioma-like urothelial carcinoma 8082/3 Plasmacytoid/signet ring cell/diffuse variant Papillary urothelial (transitional cell) carcinoma in situ 8130/2 invasive 8130/3 Micropapillary urothelial carcinoma 8131/3 Poorly differentiated carcinoma 8020/3 Sarcomatoid urothelial carcinoma 8122/3

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M9 Multiple /3 UC or UC subtypes (EXCEPT 8131/3) in **BLADDER** OR Multiple /3 micropapillary (8131/3) in **BLADDER** are single primaries.

Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
Urothelial carcinoma 8120	Clear cell (glycogen-rich) urothelial carcinoma 8120/3 Infiltrating urothelial carcinoma 8120/3 Infiltrating urothelial carcinoma with divergent differentiation 8120/3 Infiltrating urothelial carcinoma with endodermal sinus lines 8120/3 Infiltrating urothelial carcinoma with glandular differentiation 8120/3 Infiltrating urothelial carcinoma with squamous differentiation 8120/3 Infiltrating urothelial carcinoma with trophoblastic differentiation 8120/3 Lipid-rich urothelial carcinoma 8120/3 Microcystic urothelial carcinoma 8120/3 Nested urothelial carcinoma 8120/3 Plasmacytoid urothelial carcinoma 8120/3 Urothelial carcinoma in situ 8120/2	Giant cell urothelial carcinoma 8031/3 Lymphoepithelioma-like urothelial carcinoma 8082/3 Plasmacytoid/signet ring cell/diffuse variant Papillary urothelial (transitional cell) carcinoma in situ 8130/2 invasive 8130/3 Micropapillary urothelial carcinoma 8131/3 Poorly differentiated carcinoma 8020/3 Sarcomatoid urothelial carcinoma 8122/3

Timing is irrelevant: Tumors may be synchronous or metachronous

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Multiple Primary Rules M10 – M14



Rule	Description	# Abstracts
M10	Subsequent tumor after being clinically dz-free > 3 years after dx/last recurrence (See M7 and M9 for UC in the BLADDER!)	Multiple
M11	Urothelial carcinomas (8120 and all subtypes/variants) in multiple urinary organs (renal pelvis, ureter(s), bladder, urethra)	Single
Separate non-contiguous (S/N-C) tumors:		
M12	2 or more different subtypes/variants in column 3 of Table 2	Multiple
M13	Different rows in Table 2	Multiple
M14	ICD-O topography code differs at 2nd CXxx or 3rd CxXx character (Different primary sites); (See M5 for 8120/2 in C67_ and C669)	Multiple



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Multiple Primary Rules M15 – M18



Rule	Description	# Abstracts
Rules M15-M18: Tumors must be in the SAME primary site		
M15	Synchronous separate non-contiguous tumors on same row in Table 2	Single
M16	In situ after invasive in same urinary site (can be NOS and subtype/variant)	Single
M17	Invasive tumor ≤ 60 days after in situ in same urinary site	Single
M18	Tumors do not meet any of the previous rules	Single



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Table 2: Specific & NOS, Synonyms, & Subtypes/Variants and Rules M12, 13, and 15

	Specific and NOS Histology Codes	Synonyms	Subtypes/Variants	
Row 1	Adenocarcinoma NOS 8140 <i>Note: Urachal carcinoma NOS is coded 8010/3. Urachal adenocarcinoma is coded 8140/3.</i>	Mixed adenocarcinoma Urachal adenocarcinoma	Clear cell carcinoma 8310 Endometrioid carcinoma 8380 Enteric adenocarcinoma 8144 Mucinous adenocarcinoma 8480	←
Row 2	Malignant melanoma 8720/3			←
Row 3	Malignant perivascular epithelioid cell tumor 8714/3	Malignant PEComa	M12: MP when different sybtypes	←
Row 4	Sarcoma NOS 8800/3 <i>Note: Rhabdomyosarcoma 8900 is a NOS with a subtype/variant of embryonal rhabdomyosarcoma/sarcoma botryoides 8910/3.</i>	M15: SP when synchronous tumors in same row <u>Same histo</u> or Col 1 or 2 + 1 sub/var Col 3; or Col 3 NOS + 1 indented sub/var Col 3	Angiosarcoma 9120/3 Chondrosarcoma 9220/3 Leiomyosarcoma 8890/3 Liposarcoma 8850/3 Malignant peripheral nerve sheath tumor (MPNST) 9540/3 Pleomorphic sarcoma 8802/3 Rhabdomyosarcoma 8900/3 Embryonal rhabdomyosarcoma/sarcoma botryoides 8910/3	←
	M13: MP when different rows, any column			
Row 5	Small cell neuroendocrine carcinoma 8041	Neuroendocrine carcinoma SmCC	Large cell neuroendocrine tumor 8013 Well-differentiated neuroendocrine tumor 8240	←
Row 6	Squamous cell carcinoma 8070	Pure squamous cell carcinoma SCC	Verrucous carcinoma 8051	←

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Table 2: Specific & NOS, Synonyms, & Subtypes/Variants and Rules M15, continued

	Specific and NOS Histology Codes	Synonyms	Subtypes/Variants	
Row 1	Adenocarcinoma NOS 8140 <i>Note: Urachal carcinoma NOS is coded 8010/3. Urachal adenocarcinoma is coded 8140/3.</i>	Mixed adenocarcinoma Urachal adenocarcinoma	Clear cell carcinoma 8310 Endometrioid carcinoma 8380 Enteric adenocarcinoma 8144 Mucinous adenocarcinoma 8480	←
Row 2	Malignant melanoma 8720/3			←
Row 3	Malignant perivascular epithelioid cell tumor 8714/3	Malignant PEComa		←
Row 4	Sarcoma NOS 8800/3 <i>Note: Rhabdomyosarcoma 8900 is a NOS with a subtype/variant of embryonal rhabdomyosarcoma/sarcoma botryoides 8910/3.</i>	M15: SP when synchronous tumors in same row <u>Same histo</u> or Col 1 or 2 + 1 sub/var Col 3; or Col 3 NOS + 1 indented sub/var Col 3	Angiosarcoma 9120/3 Chondrosarcoma 9220/3 Leiomyosarcoma 8890/3 Liposarcoma 8850/3 Malignant peripheral nerve sheath tumor (MPNST) 9540/3 Pleomorphic sarcoma 8802/3 Rhabdomyosarcoma 8900/3 Embryonal rhabdomyosarcoma/sarcoma botryoides 8910/3	←
Row 5	Small cell neuroendocrine carcinoma 8041	Neuroendocrine carcinoma SmCC	Large cell neuroendocrine tumor 8013 Well-differentiated neuroendocrine tumor 8240	←
Row 6	Squamous cell carcinoma 8070	Pure squamous cell carcinoma SCC	Verrucous carcinoma 8051	←

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How Many Primaries? Primary Site?



10/24/23: Cystoureteroscopy: abnormal areas in posterolateral wall of bladder, Lt proximal ureter, and Rt mid ureter (bxs performed); remainder of exam WNL.



10/24/23 Bladder tumor, posterolateral bladder wall, bx: **urothelial carcinoma in situ**; Left proximal ureter mass, bx: **urothelial carcinoma in situ**; Rt mid ureter mass, bx: **urothelial carcinoma in situ**.



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Urinary Rule M5



Single primary when:



- **SYNCHRONOUS** tumors
- With morphology **8120/2**
- That are in the **bladder and 1 or both ureters**
- **AND, no other urinary organs** are involved

Code Primary site to:
BLADDER C67.8



- If **ALL** of the above do not apply, continue through the rules!

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How Many Primaries?



- 1/3/2018: Bladder, TURBT - in situ urothelial carcinoma 8120/2



- 5/8/2019: Bladder, TURBT - papillary urothelial carcinoma non-invasive 8130/2



- 7/14/2022: Bladder, TURBT – urothelial carcinoma in situ o8120/2



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Urinary Rule M7



Single primary when tumors are:



- **ONLY** in the **BLADDER**
- Any combination of 8120/2 and 8130/2 (not micropapillary subtype)



- Synchronous or metachronous (timing doesn't matter)

Abstract only **one** /2 urothelial bladder primary per the patient's **lifetime**



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How Many Primaries?



- 1/3/2018: Bladder dome mass, bx – micropapillary urothelial carcinoma 8131/3; bladder base mass, bx – papillary urothelial carcinoma 8130/3



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Urinary Rule M8



Multiple primaries when tumors are:



- ONLY in the **bladder**
- Micropapillary urothelial carcinoma **8131/3** in 1 or more tumors and **either**
 - urothelial carcinoma **8120/3 OR**
 - papillary **8130/3** urothelial carcinoma in 1 or more tumors
- Synchronous or metachronous (timing doesn't matter)



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M8 Separate tumors that are Micropapillary (8131/3) and urothelial 8120/3 (including 8130/3) carcinomas of BLADDER = multiple primaries

Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
<p>Urothelial carcinoma 8120</p> <p><i>Note 1:</i> Previously called transitional cell carcinoma, a term that is no longer recommended.</p> <p><i>Note 2:</i> Micropapillary 8131 is a subtype/variant of papillary urothelial carcinoma 8130. It is an invasive /3 neoplasm with aggressive behavior.</p>	<p>Clear cell (glycogen-rich) urothelial carcinoma 8120/3</p> <p>Infiltrating urothelial carcinoma 8120/3</p> <p>Infiltrating urothelial carcinoma with divergent differentiation 8120/3</p> <p>Infiltrating urothelial carcinoma with endodermal sinus lines 8120/3</p> <p>Infiltrating urothelial carcinoma with glandular differentiation 8120/3</p> <p>Infiltrating urothelial carcinoma with squamous differentiation 8120/3</p> <p>Infiltrating urothelial carcinoma with trophoblastic differentiation 8120/3</p> <p>Lipid-rich urothelial carcinoma 8120/3</p> <p>Microcystic urothelial carcinoma 8120/3</p> <p>Nested urothelial carcinoma 8120/3</p> <p>Plasmacytoid urothelial carcinoma 8120/3</p> <p>Urothelial carcinoma in situ 8120/2</p>	<p>Giant cell urothelial carcinoma 8031/3</p> <p>Lymphoepithelioma-like urothelial carcinoma 8082/3</p> <p>Plasmacytoid/signet ring cell/diffuse variant</p> <p>Papillary urothelial (transitional cell) carcinoma</p> <p>in situ 8130/2</p> <p>invasive 8130/3</p> <p>Micropapillary urothelial carcinoma 8131/3</p> <p>Poorly differentiated carcinoma 8020/3</p> <p>Sarcomatoid urothelial carcinoma 8122/3</p>

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How Many Primaries?

- 1/3/2018: Bladder, TURBT - urothelial carcinoma 8120/3
- 5/8/2019: Bladder, TURBT - papillary urothelial carcinoma 8130/3
- 7/14/2022: Bladder, TURBT – urothelial carcinoma 8120/3

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Urinary Rule M9

Single primary when tumors are:

- ONLY in the **BLADDER** and are
 - Any combination of 8120/3 and 8130/3 (not micropapillary subtype) **OR**
 - Micropapillary urothelial carcinoma 8131/3
- Synchronous or metachronous (timing doesn't matter)
- Abstract only **one** /3 urothelial carcinoma bladder primary and only one micropapillary urothelial carcinoma bladder primary per the patient's **lifetime**

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M9 Multiple /3 UC or UC subtypes (EXCEPT 8131/3) in BLADDER OR Multiple /3 micropapillary (8131/3) in BLADDER are single primaries.

Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
Urothelial carcinoma 8120 <i>Note 1:</i> Previously called transitional cell carcinoma , a term that is no longer recommended. <i>Note 2:</i> Micropapillary 8131 is a subtype/variant of papillary urothelial carcinoma 8130 . It is an invasive /3 neoplasm with aggressive behavior.	Clear cell (glycogen-rich) urothelial carcinoma 8120/3 Infiltrating urothelial carcinoma 8120/3 Infiltrating urothelial carcinoma with divergent differentiation 8120/3 Infiltrating urothelial carcinoma with endodermal sinus lines 8120/3 Infiltrating urothelial carcinoma with glandular differentiation 8120/3 Infiltrating urothelial carcinoma with squamous differentiation 8120/3 Infiltrating urothelial carcinoma with trophoblastic differentiation 8120/3 Lipid-rich urothelial carcinoma 8120/3 Microcystic urothelial carcinoma 8120/3 Nested urothelial carcinoma 8120/3 Plasmacytoid urothelial carcinoma 8120/3 Urothelial carcinoma in situ 8120/2	Giant cell urothelial carcinoma 8031/3 Lymphoepithelioma-like urothelial carcinoma 8082/3 Plasmacytoid/signet ring cell/diffuse variant Papillary urothelial (transitional cell) carcinoma in situ 8130/2 invasive 8130/3 Micropapillary urothelial carcinoma 8131/3 Poorly differentiated carcinoma 8020/3 Sarcomatoid urothelial carcinoma 8122/3

Timing is irrelevant: Tumors may be synchronous or metachronous

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Multiple Primary Rules M10 – M14

Rule	Description	# Abstracts
M10	Subsequent tumor after being clinically dz-free > 3 years after dx/last recurrence (See M7 and M9 for UC in the BLADDER!)	Multiple
M11	Urothelial carcinomas (8120 and all subtypes/variants) in multiple urinary organs (renal pelvis, ureter(s), bladder, urethra)	Single
Separate non-contiguous (S/N-C) tumors:		
M12	2 or more different subtypes/variants in column 3 of Table 2	Multiple
M13	Different rows in Table 2	Multiple
M14	ICD-O topography code differs at 2nd CxXx or 3rd CxXx character (Different primary sites); (See M5 for synchronous 8120/2 in C67_ and C669)	Multiple

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Do Not Apply M10 When:

- Tumors are **synchronous** and 8120/2 **AND** the **ONLY** organs involved are the **BLADDER** and **ureter(s)**, see **M5**
- All tumors are in the **BLADDER**
 - **AND** are urothelial carcinoma in situ (8120/2) and/or non-invasive papillary urothelial carcinoma (8130/2), see **M7 OR**
 - Are micropapillary urothelial carcinoma (8131/3), see **M9 OR**
 - Are urothelial carcinoma (8120/3) and/or papillary urothelial carcinoma (8130/3), see **M9**

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How Many Primaries?



- 5/2018 Bladder base mass, TURBT: urothelial carcinoma **8120/3**



- 7/2019 Renal pelvis mass bx: papillary urothelial carcinoma **8130/3**



- 6/2022 Prostatic urethra, bx: micropapillary urothelial carcinoma **8131/3**



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Urinary Rule M11



- Single primary when separate, non-contiguous tumors are in multiple urinary organs (renal pelvis, ureter, bladder, urethra) AND are
 - urothelial carcinoma **8120** OR
 - papillary **8130** urothelial carcinoma OR
 - Micropapillary urothelial carcinoma **8131** OR
 - Any other subtype/variant of urothelial carcinoma (Table 2)
- Behavior doesn't matter
- Timing doesn't matter (as long as M10 does not apply)



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Multiple Primary Rules M15 – M18

Rule	Description	# Abstracts
Rules M15-M18: Tumors must be in the SAME primary site		
M15	Synchronous separate non-contiguous tumors on same row in Table 2	Single
M16	In situ after invasive in same urinary site (can be NOS and subtype/variant)	Single
M17	Invasive tumor ≤ 60 days after in situ in same urinary site	Single
M18	Tumors do not meet any of the previous rules	Single

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Table 2: Specific & NOS, Synonyms, & Subtypes/Variants and Rules M12, 13, & 15

	Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
Row 1	Adenocarcinoma NOS 8140 <i>Note: Urachal carcinoma NOS is coded 8010/3. Urachal adenocarcinoma is coded 8140/3.</i>	Mixed adenocarcinoma Urachal adenocarcinoma	Clear cell carcinoma 8310 Endometrioid carcinoma 8386 Enteric adenocarcinoma 8144 Mucinous adenocarcinoma 8480 M12: MP when different sybtypes
Row 2	Malignant melanoma 8720/3		
Row 3	Malignant perivascular epithelioid cell tumor 8714/3	Malignant PEComa	
Row 4	Neuroendocrine carcinoma, NOS 8246/3		Large cell neuroendocrine tumor/combined large cell neuroendocrine carcinoma 8013/3 Small cell neuroendocrine carcinoma 8041/3
Row 5	Neuroendocrine tumor, NOS 8240/3	Neuroendocrine tumor, grade 1 Well differentiated neuroendocrine carcinoma Neuroendocrine carcinoma, low grade	Neuroendocrine tumor, grade 2 8249/3 M13: MP when different rows, any column

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Table 2: Specific & NOS, Synonyms, & Subtypes/Variants and Rules M12, 13, & 15

	Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
Row 1	Adenocarcinoma NOS 8140 <i>Note:</i> Urachal carcinoma NOS is coded 8010/3. Urachal adenocarcinoma is coded 8140/3.	Mixed adenocarcinoma Urachal adenocarcinoma	Clear cell carcinoma 8310 Endometrioid carcinoma 8380 Enteric adenocarcinoma 8144 Mucinous adenocarcinoma 8480
Row 2	Malignant melanoma 8720/3		
Row 3	Malignant perivascular epithelioid cell tumor 8714/3	Malignant PEComa	
Row 4	Neuroendocrine carcinoma, NOS 8246/3		Large cell neuroendocrine tumor/combined large cell neuroendocrine carcinoma 8013/3 Small cell neuroendocrine carcinoma 8041/3
Row 5	Neuroendocrine tumor, NOS 8240/3	Neuroendocrine tumor, grade 1 Well differentiated neuroendocrine carcinoma Neuroendocrine carcinoma, low grade	Neuroendocrine tumor, grade 2 8249/3 M15: SP when synchronous tumors in same row Same histo or Col 1 or 2 + 1 sub/var Col 3; or Col 3 NOS + 1 indented sub/var Col 3

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	Specific and NOS Histology Codes	Synonyms	Subtypes/Variants
	Squamous cell carcinoma 8070	Pure squamous cell carcinoma SCC Pure squamous carcinoma of urothelial tract	Verrucous carcinoma 8051
	Urothelial carcinoma 8120 <i>Note 1:</i> Previously called transitional cell carcinoma , a term that is no longer recommended. <i>Note 2:</i> Micropapillary 8131 is a subtype/variant of papillary urothelial carcinoma 8130 . It is an invasive /3 neoplasm with aggressive behavior. <i>Note 3:</i> The histology term is exactly Plasmacytoid/signet ring cell/diffuse variant. All three terms are used together to indicate a specific variant (coded 8082/3).	Clear cell (glycogen-rich) urothelial carcinoma 8120/3 Conventional urothelial carcinoma 8120/3 Infiltrating urothelial carcinoma 8120/3 Infiltrating urothelial carcinoma with divergent differentiation 8120/3 Infiltrating urothelial carcinoma with endodermal sinus lines 8120/3 Infiltrating urothelial carcinoma with glandular differentiation 8120/3 Infiltrating urothelial carcinoma with squamous differentiation 8120/3 Infiltrating urothelial carcinoma with trophoblastic differentiation 8120/3 Large nested urothelial carcinoma 8120/3	Giant cell urothelial carcinoma 8031/3 Lymphoepithelioma-like urothelial carcinoma 8082/3 Plasmacytoid/signet ring cell/diffuse variant (see Note 3) Papillary urothelial (transitional cell) carcinoma in situ 8130/2 invasive 8130/3 low-grade papillary urothelial carcinoma with inverted growth pattern 8130/2 non-invasive papillary urothelial carcinoma, high-grade 8130/2 non-invasive papillary urothelial carcinoma, low-grade 8130/2 Micropapillary urothelial carcinoma 8131/3 Plasmacytoid urothelial carcinoma/ sarcomatoid urothelial carcinoma 8122/3 Poorly differentiated carcinoma/poorly differentiated urachal carcinoma 8020/3

See M8 for 8120 or 8130 w/ 8131 bladder tumors

Tubular and microcystic urothelial carcinoma 8120/3

M15: SP when synchronous tumors in same row
Same histo or
Col 1 or 2 + 1 sub/var Col 3; or
Col 3 NOS + 1 indented sub/var Col 3

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Summary: Coding Histology

Urinary Sites	
Tissue/path from primary	1
Cytology (urine)	2
Tissue/path from mets	3
Physician Documentation	4
Scans (MRI = CT)	5

*must describe a carcinoma or sarcoma
 ^ from primary site, **or**
 pleural/pericardial fluid

Code histology

- Before neoadjuvant therapy (exception applies)
- Using priority list & H rules
- Do not change histo to stage

Multiple Histologies

- Code most specific histo or subtype/variant whether described as majority*, predominant*, minority*, or component*
- Code NOS w/ features or differentiation ONLY when there is a specific code
- Use ambiguous terms ONLY when criteria met
- Do NOT code histology based on pattern architecture, focus/foci/focal

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Histology Rules

Single	Multiple	Rule
H1	H6	Code the histology when 1 histology is present (in all tumors)
H2	H7	Code invasive histology when both invasive and in situ are present (mixed in each tumor or ≥ 1 are invasive and ≥ 1 are in situ)
H3	H8	Code the subtype/variant when a NOS and a single subtype/variant of that NOS are present (all tumors may be NOS and a subtype/variant or 1 may be NOS and the other a subtype/variant)
H4	H9	Code mixed small cell carcinoma 8045 when dx is small cell NEC or subtype/variant of small cell NEC mixed w/ any carcinoma; ≥ 2 subtypes/variants of small cell NEC (for all tumors)
H5		Code 8120 when urothelial (8130 when papillary urothelial) (8131/3 when micropapillary) is mixed with: adenocarcinoma or adenocarcinoma subtypes or squamous cell carcinoma or squamous cell subtypes

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Exercise: Primary Site and Histology



- Primary Site? C671 Dome of Bladder
- Histology? 8122/3 Sarcomatoid UC



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SEER Meeting 2024



- 696 cases audited in SEER registries (2018 – 2020 dx yrs)
- 11% w/o path surgery had path grade
 - These were mostly TURBs
- 5% cases had incorrect grade (c vs p)
- Some used incorrect grading system



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Bladder Grading



- G grade priority notes:
 - Urothelial cancers use L, H, 9 grade
 - If only G1, G2, G3 documented, use 9
 - Adenocarcinomas and Squamous cell carcinoma use 1,2,3 or 9.
 - If only L or H documented, use 9
- Exception: Path grade CAN be coded if grade info from primary site AND histo confirmation from mets.
- G3 includes undiff & anaplastic

Urothelial CA	Name
8000	Neoplasm NOS
8010	Carcinomas NOS
8020	Carcinoma, undiff; PD urothelial CA
8031	Giant cell CA/urothelial
8082	Lymphoepithelial CA
8120	Transitional cell/invasive urothelial
8122	Urothelial CA, sarcomatoid
8130	Papillary TCC
8131	Urothelial CA, micropapillary/Giant cell
8041	Small cell carcinoma

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Bladder Grading



Adenocarcinomas and Squamous cell carcinoma use 1,2,3 or 9.

- If only L or H documented, use 9



- 1) Well differentiated
- 2) Moderately diff
- 3) Poorly diff/undiff
- G3 includes undiff & anaplastic
- Small cell CA (8041-8045) Grade 3 per CAP Cancer Committee
- Neuroendocrine – no specific grading system in WHO urinary book

- Exception: Path grade CAN be coded if grade info from primary site AND histo confirmation from mets.

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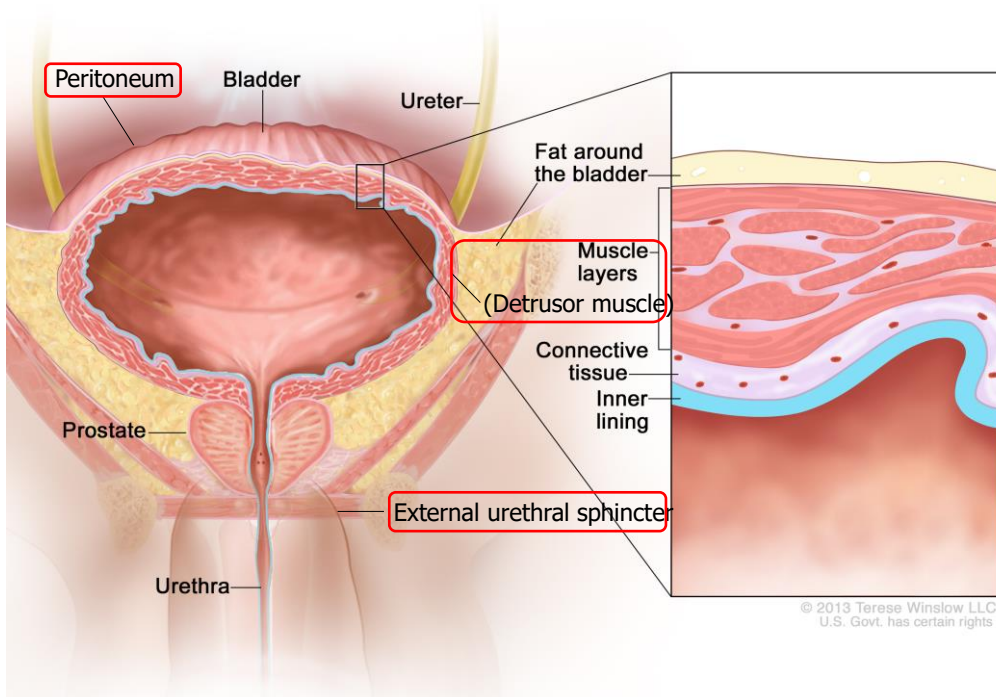


Staging Bladder Cancers

SS2018
EOD
AJCC

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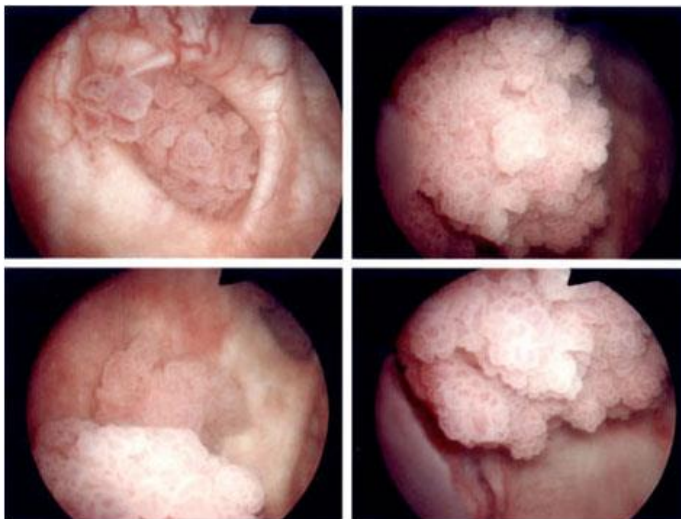


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Papillary TCC



Healthcommunities.com

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Notes: SS2018 and EOD, cont. Non-invasive flat transitional cell carcinoma

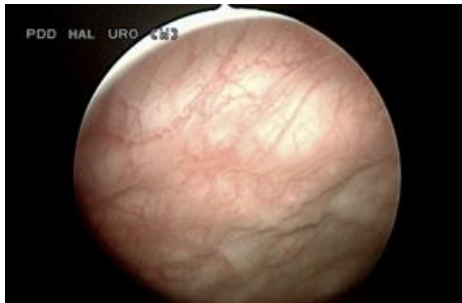
Confined to the mucosa

- Confined to epithelium – non-invasive (IS)
- Penetrated basement membrane to invade lamina propria – localized
- Distinction between involvement of epithelium and lamina propria cannot be determined – assign to “confined to mucosa, NOS” category
- Statements meaning confined to mucosa, NOS
 - Confined to mucosal surface
 - Limited to mucosa, no invasion of submucosa and muscularis
 - No infiltration/invasion of fibromuscular and muscular stroma
 - Superficial, NOS

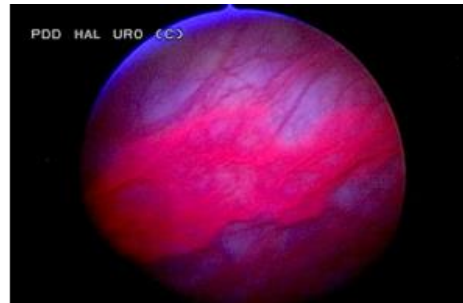
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Flat TCC



Bladder image using white light



Photodynamic diagnosis (PDD)
Same image after using blue
light cystoscopy

Photocure.com

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AJCC Rules for Classification

Clinical

- TURBT
- CT, MRI, PET for extravesical extension & LN

Pathological

Primary Tumor

- Radical or partial cystectomy
- Gross evaluation should be noted

Lymph nodes

- LN # and laterality does not matter
 - If no LNs removed, pNX

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AJCC - Clinical Findings

- Multiple tumors present
 - MD can record T_ + Suffix (m) or (#)
 - Example: 3 tumors, deepest in submucosa – T1(m) or T1(3)
 - Use “m” in descriptor field to indicate multiple tumors
- Bladder wall thickening **suggests cT3**
- Mobile mass
 - After macroscopic complete endoscopic resection, persistence of a mobile mass **suggests cT3**
- Fixed mass suggests **cT4**

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AJCC, SS2018, and EOD Primary Tumor

SS18	EOD	Description
0	000	Papillary TCC/UC Non-infiltrating/Non-invasive
		Papillary TCC/UC Stated to be non-invasive
		Papillary TCC/UC Inferred description of non-invasion
	050	Nonpapillary Carcinoma in situ, NOS
		Sessile (flat) (solid) carcinoma in situ
		TCC /UC in situ/non-infiltrating/non-invasive
		Multifocal papillary and nonpapillary in situ tumors

AJCC T: In situ based on whether papillary or flat

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AJCC, SS2018, and EOD Primary Tumor

SS18	EOD	Description
1	100	Confined to mucosa, NOS
	130	Lamina propria
		Stroma
		Subepithelial connective tissue
		Submucosa
		Subserosa
150	Localized, NOS	
170	Distal ureter: extension to subepithelial connective tissue of bladder and/or distal ureter	

AJCC T: One category for invasion of subepithelial connective tissues

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AJCC, SS2018 (2), and EOD Primary Tumor

Code	Extension to distal ureter	Code	Muscle (muscularis propria) of bladder only
250	Superficial muscle of bladder and/or distal ureter	200	Superficial muscle - inner half
			Deep muscle
350	or extension through wall of bladder and/or distal ureter	300	Deep muscle - outer half
			through full thickness of bladder wall BUT still contained w/in bladder wall
400	Muscularis propria invaded, NOS of bladder and/or distal ureter	370	Muscularis propria invaded, NOS of bladder only

AJCC T: subcategories for superficial versus deep muscle; SS18 code 2

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- EOD codes 200, 250, 300, 350
- Notes to be added: Pathological assessment only (requires a cystectomy)
- If surgery code is A000 – A270, per AJCC, pT codes 200,250,300,350 (muscle invas) can NOT be used
 - Codes 370 & 400 can be used when cystectomy done

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AJCC, SS2018, and EOD Primary Tumor

Extension to perivesical fat/tissues				
	SS18	EOD		
		MICRO	MACRO	NOS
Adventitia	2	Seen only under the microscope	Seen on imaging or in op note	Unknown if micro or macro
Distal periureteral tissue				
Periprostatic tissue				
Peritoneum		450	500	550
Serosa (mesothelium) (to/thru)				
Tunica serosa (to/through)				

AJCC T: Distinguishes microinvasion versus macroinvasion using subcategories

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AJCC, SS2018, and EOD Primary Tumor Extravesical Tumor w/ Extension to:

SS18 2	EOD 600	SS18 7	EOD 650
Parametrium		Large intestine	
Prostate, NOS		Rectum (male)	
Prostatic stroma		Small intestine	
Rectovesical/Denonvilliers' fascia		SS18 7	EOD 720
Seminal vesicle		Abdominal wall	
Ureter (excl. distal ureter)		Bone	
Urethra (incl. prostatic urethra)		Colon	
Uterus		Pelvic wall	
Vagina		Pubic bone	
Vas deferens		Rectum (female)	
SS18 2	EOD 700	Further contiguous extension	
Bladder is "fixed"			

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Exercise: cT, pT, ycT, ypT; EOD Primary Tumor

Case Scenario

- Clinical T cT2
- Pathological T pT3a
- Post Therapy Clin T Blank
- Post Therapy Path T Blank
- EOD Primary Tumor 450

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Regional Lymph Nodes – Bladder

Regional Nodes in the TRUE PELVIS

Perivesical

Internal iliac (hypogastric)

Obturator

External iliac

Presacral/sacral

Pelvic, NOS (all nodes within the true pelvis)

Regional Nodes BEYOND TRUE PELVIS

Common Iliac

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AJCC, SS2018, and EOD Regional Nodes

N	SS18	EOD	Description
Based on # pos. RLNs in TRUE PELVIS and whether Common Iliac LNs involved	*	000	No regional lymph node involvement
	3*	300	1 RLN in true pelvis (<u>excludes</u> common iliac)
	3*	400	>1 RLN in true pelvis (<u>excludes</u> common iliac)
	7	700	Common iliac lymph node(s) WITH or WITHOUT other regional lymph node(s)
	3*	800	Regional lymph node(s), NOS Lymph node(s), NOS
	*	999	Unknown; regional lymph node(s) not stated Regional lymph node(s) cannot be assessed Not documented in patient record Death Certificate Only

* Depends on regional extension and/or distant mets

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Exercise: cN, pN, ycN, and ypN; EOD Regional Nodes



–Clinical N cN0



–Pathological N pN0



–Post Therapy Clin N Blank

–Post Therapy Path N Blank



–EOD Regional Nodes 000

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AJCC, SS2018, and EOD Mets at Dx



M	SS18	EOD	Description
Based on whether distant LNs or other mets are present	-	00	No distant metastasis Unknown if distant metastasis
	7	10	Distant lymph node(s), NOS (Any LNs beyond common iliac)
		70	Carcinomatosis Distant metastasis WITH or WITHOUT distant lymph node(s) Distant metastasis, NOS
	-	99	Death Certificate Only

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Exercise: cM, pM, ycM and ypM;⁵⁵ EOD Mets

•Clinical M	<u>cM0</u>
•Pathological M	<u>cM0</u>
•Post Therapy Clin M	<u>Blank</u>
•Post Therapy Path M	<u>Blank</u>
•EOD Mets	<u>00</u>

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Exercise: Prognostic Stage Group; SS2018

cT2 cN0 cM0	
Clinical Stage group	<u>II</u>
pT3a pN0 cM0	
Pathological Stage group	<u>IIIA</u>
SS2018	<u>2</u>

Leave both post-therapy prognostic stage group fields blank since the patient did not have neoadjuvant therapy.

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Subcategories Available, but all you Have is the NOS (umbrella category)



When a T, N, or M subcategory is missing, but all subcategories of the T, N, or M category exist in a **single** prognostic stage group, assign the stage group (not 99) per the prognostic stage group table.



Bladder Example 1:

- T2a N0 M0 and T2b N0 M0 result in prognostic stage group II.
- If you have T2 N0 M0, assign prognostic stage group II.



Bladder Example 2:

- T3a N0 M0 and T3b N0 M0 result in prognostic stage group IIIA.
- If you have T3 N0 M0, assign prognostic stage group IIIA.



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SSDI



- NO assigned SSDI for bladder



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Funny Codes



- 15 Intravesical therapy
- 16 BCG or other immunotherapy
- Also must code chemo or immuno



- Problem? If surgery done (codes 20 or higher), codes 15 or 16 don't go anywhere because larger surgery codes override



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Transurethral Resection of Bladder Tumor (TURBT)



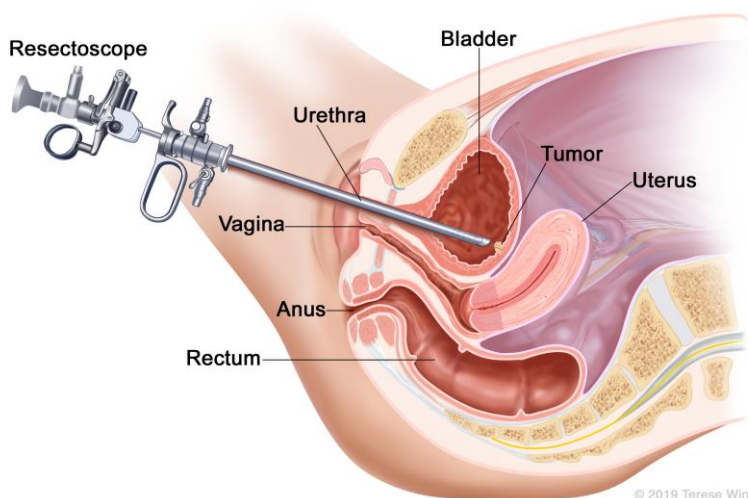
A270 IF just TURB,
no fulguration



A220 TURB +
fulguration
(electrocautery)



- Fulguration must be used to destroy tumor tissue, not just clean up



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Surgery Codes



- **NOT eligible** for **P stage** or **P grade**:
- A000 – A270 (surgeries thru TURB)
- A900 Surgery NOS



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Cystectomy Codes



- A300 Partial
- A500 Simple/total
- A600 Complete w/reconstruction
 - A610 + ileal conduit
 - A620 + continent reservoir
 - A630 + abdominal pouch
 - A640+ in situ pouch (orthoptic)

- A700 Pelvic exenteration
 - A710 Radical including anterior exenteration (cystoprostatectomy males, hysterectomy females)
 - A720 Posterior (includes rectum & anus)
 - A730 Total (anterior + posterior)
 - A740 Extended (pelvic blood vessels and/or bony pelvis)

A800 Cystectomy NOS

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Cystectomy

- Radical = Gold Standard
- Pouches made out of intestines
- Highest cure rates (>80% with T2)
 - Cure rates decrease with T3 or higher
- One of most morbid procedures for humans

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Lymphadenectomy

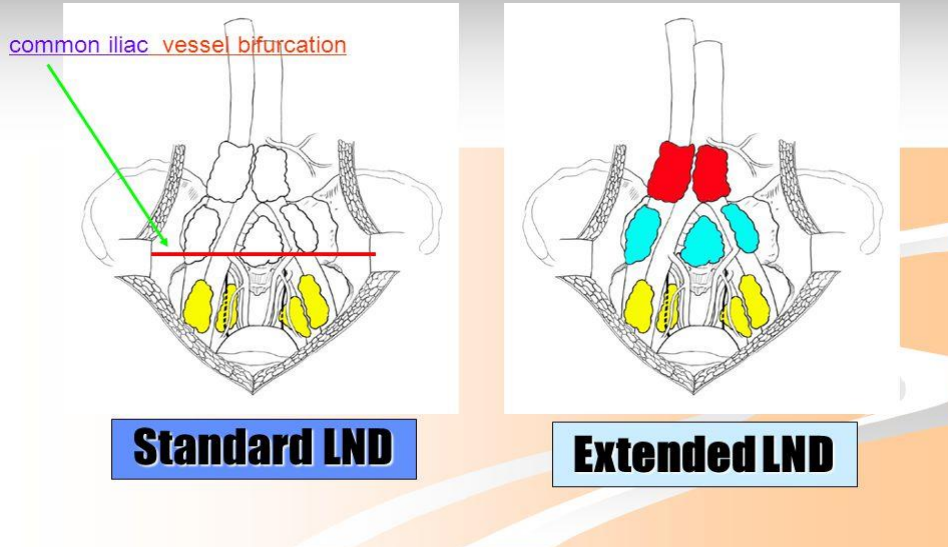
- If at least 10 LN removed, 5-year survival improved 44% to 61%
 - Improve staging info also
- OLD: remove iliac & obturator LN
- NEW: Include pre-sacral & common iliac LN

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Pelvic Lymphadenectomy



"Surgical Management of Invasive Bladder Cancer Yao Kai."

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Adjuvant Intravesical Tx for Early Stage

- WHEN?
- Multifocal CIS
- CIS + Ta or T1
- Grade 3 tumors
- Multifocal tumors
- Rapid recurrence after TURBT
- Adjuvant treatments
 - Thiotepa
 - Doxorubicin
 - Gemzar
 - Mitomycin-C
 - BCG (w/ or w/o maintenance doses)
- Could be done in doctors' offices
 - Get office access or make phone calls

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BCG



- Bacillus Calmette Guerin
 - Live attenuated (weak) bovine tuberculosis (mycobacterium bovis)



- In other countries, BCG = TB vaccine
 - Makes PPD positive
- Given 1/week for 6 weeks
 - If no recur, then 3 weekly booster tx may be given q 3 mos



- Must wait 2-3 weeks postop
- Cannot use when hematuria still present, traumatic cath present, UTI, or immunosuppressed



- If enters bloodstream, can lead to sepsis and/or death
- (National shortages of BCG in 2014 and 2019 caused changes in adjuvant choices – AUA recommends not using maintenance if shortage)

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Mitomycin-C



- Antitumor antibiotic (Chemo)
- Can be instilled immediately after TURB



- In O.R. or postop
- Only if sure no perforation occurred
- May not use if multiple lesions removed



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Gemzar



- Antimetabolite (Chemo)
- Can be instilled immediately after or w/in 24 hours of TURB
 - In O.R. or postop
 - Exclusions
 - Presence of gross hematuria
 - Presence of untreated UTI
 - Suspected bladder perforation



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ChemoRadiation



- Low cure rate
- MVAC hard on patients
 - Gemzar/Cisplat maybe easier
- RT changes bladder cells, may increase complications
- 1/3 patients get cystectomy after chemoRT



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Immunotherapy



- Approved drugs
 - pembrolizumab (Keytruda)
 - nivolumab (Opdivo)
 - atezolizumab (Tecavelumab (Bavencio)
 - durvalumab (Imfinzi)
 - nadofaragene firadenovec (Adstiladrin)
 - enfortumab vedotin ejfv (Padcev)
 - nogapendekin alfa inbakicept-plmn (Anktiva)



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PATIENT FOLLOW-UP

Risk Stratification for 1/2 Disease Recurrence



Low Risk	Intermediate Risk	High Risk
<ul style="list-style-type: none"> • Papillary urothelial neoplasm of low malignant potential • Low grade urothelial CA Ta AND ≤ 3 cm AND Solitary 	<ul style="list-style-type: none"> • Low grade urothelial CA T1 OR > 3cm OR Multifocal OR Recurrence within 1 year • High grade urothelial CA Ta AND ≤ 3 cm AND Solitary 	<ul style="list-style-type: none"> • High grade urothelial CA CIS OR T1 OR > 3 cm OR Multifocal • Very high-risk features (any) BCG unresponsive Variant histologies Lymphovascular invasion Prostatic urethral invasion

NCCN Guidelines 4.2024

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The End

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