



Ovary Abstracting Tips



Primary Site

NAACCR Webinar: Ovary presented May 2024

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If it's not clear where the tumor originated, use the following criteria to distinguish ovarian primaries from peritoneal primaries.

- The primary site is probably **ovarian** when it's described as a bulky mass or omental caking, *unless*:
 - Ovaries have been previously removed.
 - Ovaries are not involved.
 - Ovaries have no surface implants/area of involvement > 5 mm.
- The primary site is probably **peritoneum** when it's described as seeding, studding, or salting.
 - Ovaries are not involved or only surface implants.
 - ◆ Ovarian implants are typically less than 5mm

Coding the primary site in cases with high grade serous carcinoma that are clinically called ovarian but on pathology, the pathologist calls the primary site fallopian tube and the gynecology oncology/managing physician continues to call the cases ovarian. Both the ovary and tube are involved. Sometimes also referred to as "tubo-ovarian." per SINQ 20210025: https://seer.cancer.gov/seer-inquiry/inquiry-search/?q=20210025&date_modified=&date_modified=&o=table&d=question&d=discussion&d=answer&d=year

- Primary site when there is **conflicting** information.
 - When the choice is between ovary, fallopian tube, or primary peritoneal, **without any indication of origin**, any indication of fallopian tube involvement indicates the primary tumor is a tubal primary.
 - ◆ Fallopian tube primary carcinomas can be confirmed by reviewing the fallopian tube sections on the pathology report to document the presence of either serous tubal intraepithelial carcinoma (STIC) and/or tubal mucosal invasive serous carcinoma.
 - Implants on serosal surface of the fallopian tube are mets. They are not to be considered primary tumors.
 - You may have to assign C579 as a last resort.
 - ◆ C579 will put you in a different Schema. Avoid using if possible!
 - For additional info, see the CAP GYN protocol, Table 1: Criteria for assignment of primary site in tubo-ovarian serous carcinomas. https://documents.cap.org/protocols/Ovary_FT_Perit_1.3.0.2.REL_CAPCP.pdf
- Primary site when there is a **conflict between the SEER coding rules and pathologist**.
 In the 2024 SEER manual, page 105 you will see the statement "...without designation of the site of origin...". That statement indicates that a designation of primary site by the pathologist or other physician would take precedence over the SEER coding rules.
 - Clarification from SEER says to go with physician/surgeon/pathologist statement of primary site over the SEER statement.

Histology

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

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For 2023+ cases, use the Other Sites rules for cases diagnosed 1/1/2023 forward.

New terms (not new codes) for 2018+:

8461/3 High-grade serous carcinoma

8460/3 Low-grade serous carcinoma



Histology (cont.)

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Code the histology diagnosed prior to neoadjuvant treatment. Code the most specific pathology from either resection or biopsy. (See the Histology Section of the Solid Tumor Rules: Other Sites for more information)

Serous Carcinoma:

- Serous Carcinoma 8441/3
 - Low grade serous carcinoma 8460/3
 - High grade serous carcinoma 8461/3

Starting with cases diagnosed in 2024, C56.9 and 8441/3 will trigger an edit stating this is an “unlikely” combination. Edit can be over-ridden.

Equivalent Terms and Definitions Table 2: Mixed and Combination Codes

| Required Histology Terms | Histology Combination Term and Code |
|---|--|
| Gyn malignancies with two or more of the following: Clear cell Endometrioid Mucinous Papillary Serous Squamous | Mixed cell adenocarcinoma 8323 <i>Note:</i> First refer to ICD-O-3.2 and ICD-O updates to confirm if the mixed histology has a specific code. <i>Example:</i> Serous papillary adenocarcinoma is coded 8441 per ICD-O-3.2. https://seer.cancer.gov/tools/solidtumor/ |



Serous Tubal Intraepithelial Carcinoma (STIC):

- Serous tubal intraepithelial carcinoma (C57.0) 8441/2
 - Arises in the fallopian tube
 - Assign an AJCC T1 (Tis is not a valid value)

Papillary serous carcinoma:

- Cases diagnosed prior to 1/1/2021: Since this term has a corresponding ICD-O code (8460/3), use that code, regardless of whether it’s high or low grade. Code the grade in the grade fields.
- For cases diagnosed 1/1/2021 forward, use 8441/3. Code the grade in the grade fields.

Solid Tumor Rules: Other Sites 2025 Update

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

Follow the rules in order. There are a few rules that apply to Ovary in the Other Sites Rules:

Rule M9: Bilateral epithelial tumors (8000-8799) of the **ovary within 60 days** are a **single primary**.

Note 1: Tumors must be the **same histology** or be an **NOS and subtype/variant** (are on the **same row** in Table 13)

List of the more common histologies for ovary

Epithelial (8000-8799)

- High grade serous carcinoma **8461**
- Clear cell carcinoma **8310**
- Endometrioid carcinoma **8380**
- Mucinous carcinoma **8480**
- Serous carcinoma **8441**
- ...

Non-epithelial

- Germ cell tumor, NOS **9064**
- Immature teratoma **9080**
- Dysgerminoma **9060**
- Yolk sac tumor **9071/3**
- Embryonal carcinoma **9070**
- ...



Solid Tumor Rules: Other Sites 2025 Update (cont.)

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

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Example 1: Patient was diagnosed with synchronous ovarian tumors. High grade serous carcinoma **8461** on right ovary and an endometrioid carcinoma **8380** on left ovary.

Is this a single primary or multiple primaries?

One primary per Rule M9 (Bilateral epithelial tumors (8000-8799) of the ovary within 60 days are a single primary)

Example 2: Patient was diagnosed with synchronous ovarian tumors. Germ cell tumor **9064** on right ovary and an Embryonal carcinoma **9070** on left ovary.

Multiple primaries per Rule M10. These are **not** epithelial histologies so Rule M9 does not apply.

Rule M10: Tumors on both sides (right & left) of a site listed in Table 1: Paired Organs and Sites with Laterality are **multiple primaries**.

For a bilateral fallopian tube primary diagnosed 2007 or later, abstract as two primaries using Rule M10. (The pathologist may stage it as T1b or T1c because AJCC staging says a T1 tumor is limited to one or both tubes. SEER Summary Stage code 1 also includes tumor limited to one or both tubes.)

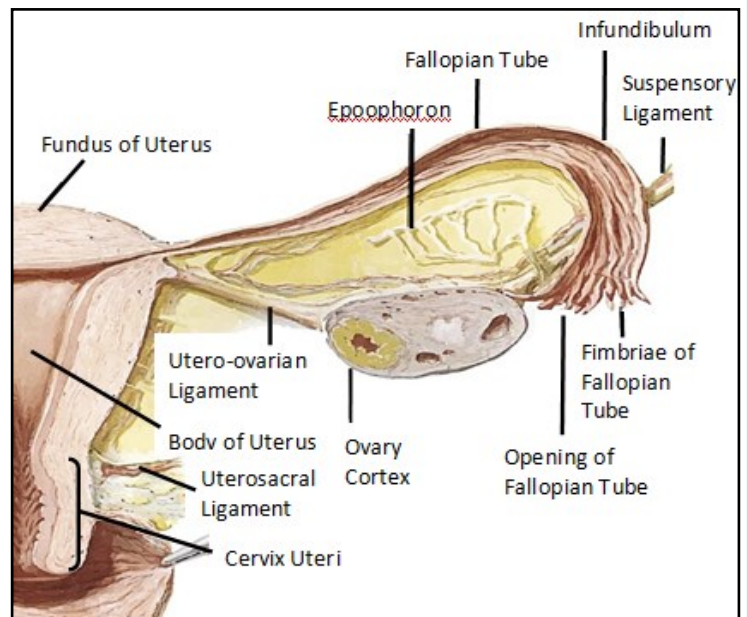
Rule M17 Abstract **multiple primaries** when separate/non-contiguous tumors are two or more **different subtypes/variants** in Column 3, Table 13 (Ovary Histologies) in the Equivalent Terms and Definitions.

Note: The tumors may be subtypes/variants of the same or different NOS histologies:

Table 13: Ovary Histology Examples:

- **Same Row:**
Clear cell adenocarcinoma **8310** and Endometrioid adenocarcinoma **8380** are both subtypes/variants of Adenocarcinoma, NOS **8140**.
They are distinctly different histologies
Abstract multiple primaries
- **Different Rows:**
Immature teratoma **9080** is a subtype/variant of Germ cell tumor, NOS **9064**; High-grade serous carcinoma/HGSC **8461/3** is a subtype/variant of Serous carcinoma, NOS **8441**.
They are distinctly different histologies
Abstract multiple primaries

https://commons.wikimedia.org/wiki/File:Anatomical_details_of_the_female_internal_genitalia.jpg



Coding Notes for Ovary: For ovarian primaries, code **9084/3 Teratoma with malignant transformation** when a malignant (/3) histology arises in a benign teratoma.



Grade

<https://apps.naacccr.org/ssdi/list/>

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- Ovary uses Grade Table 15
- Immature teratomas and serous carcinomas: use L, H, or 9
- All other histologies: use 1, 2, & 3 if a nuclear grade is documented, otherwise code 9
- Ovarian borderline tumors (/1): code "B" for grade
- Grade 3 includes anaplastic
- If you have a teratoma or serous carcinoma but don't have a statement of low or high, or if you have one of the other histologies but don't have a nuclear grade, use code 9.

General Grade Coding Instructions for Solid Tumors

- Code the grade from the primary site only
 - Do **NOT** code grade based on metastatic tumor or recurrence. **In the rare instance that tumor tissue extends contiguously to an adjacent site and tissue from the primary site is not available, code grade from the contiguous site**

| Code | Grade Description |
|------|---|
| 1 | G1: Well differentiated |
| 2 | G2: Moderately differentiated |
| 3 | G3: Poorly differentiated, undifferentiated |
| B | GB: Borderline Tumor |
| L | Low grade |
| H | High grade |
| 9 | Grade cannot be assessed (GX); Unknown |

All other Histology's {

Teratomas and Serous Carcinomas {

Note: Grade B for a Borderline Tumor

In ovarian patients, it is common for them to have implants from the ovary on the peritoneal surface.

- If you **ONLY** have grade info from a peritoneal or omental biopsy, you can use that to code grade even though it's not the primary site and even if it's not contiguous extension.

This is an exception they have made for ovarian/fallopian tube/primary peritoneal carcinomas **ONLY**.

CAnswer Forum: <https://cancerbulletin.facs.org/forums/node/92926>

Example: If you have a peritoneal biopsy showing high grade serous carcinoma, which is a common histology for ovary, you can use the grade from the peritoneal biopsy and code Clinical Grade as H.

SEER Summary Stage

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

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Ovary and Primary Peritoneal Carcinoma is separate from Fallopian Tube.

Note 3: Ascites, NOS should be excluded as a staging element.

Note 4: Isolated tumor cells (ITCs) are defined as single tumor cells or small clusters not greater than 0.2 mm, usually detected by immunohistochemical (IHC) or molecular methods. ITCs do not usually show evidence of malignant activity (e.g., proliferation or stromal reaction).

- Lymph nodes with ITCs only are **not** counted as positive nodes for Summary Stage

Note 5: Peritoneal implants outside the pelvis must be microscopically confirmed. Peritoneal implants may also be called seeding, salting, talcum powder appearance, or studding.



SEER Summary Stage (cont.)

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

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Note 6: If implants are mentioned, determine whether they are in the pelvis or in the abdomen and code appropriately to regional by direct extension or to distant. If not stated, code to distant.

Involvement of the pelvis is code 2.

Involvement of the abdomen is code 7.

ANY liver or spleen involvement

(whether capsular or parenchymal) is code 7.

Note: Code 7 Distant does not exactly line up with Stage IV in AJCC

SEER Summary Stage 0 In situ: noninvasive, intraepithelial

https://en.wikipedia.org/wiki/Ovarian_cancer

- Limited to ovarian mucosa
- Preinvasive
- Serous tubal intraepithelial carcinoma (STIC) (8441/2)

SEER Summary Stage 1 Localized only

Limited to one or both ovaries WITH capsule intact

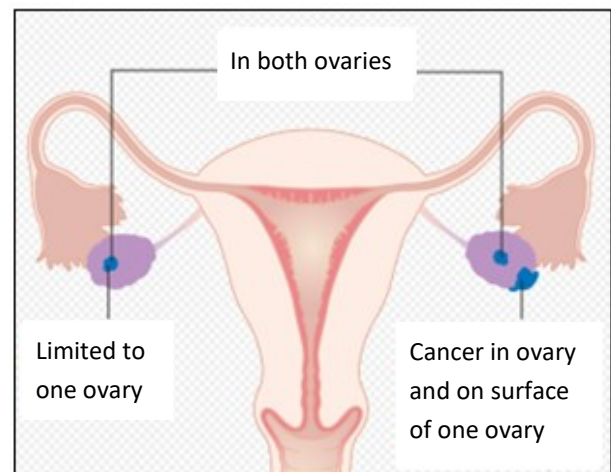
Limited to one or both ovaries WITH or WITHOUT surgical spill

Limited to one or both ovaries WITHOUT or UNKNOWN

- Tumor on ovarian surface
- Malignant cells in ascites or peritoneal washings

Confined to ovary, NOS

Localized primary peritoneal cancer



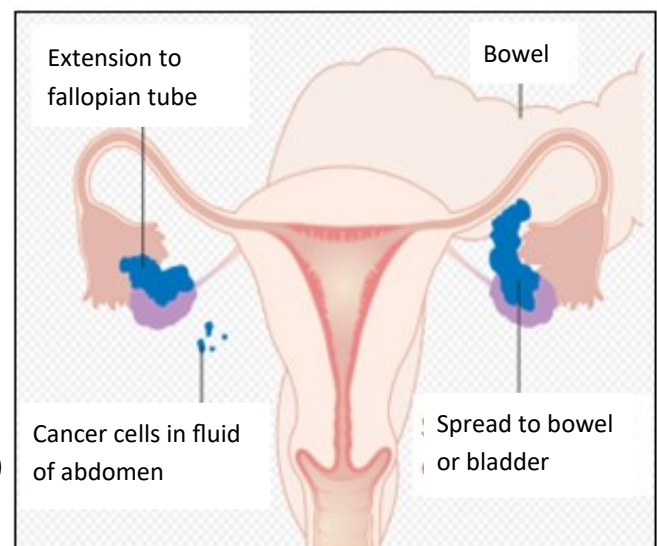
SEER Summary Stage 2 Regional by direct extension only

Limited to one or both ovaries WITH

- Tumor on ovarian surface
- Malignant cells in ascites or peritoneal washings
- Pelvic extension, NOS (below pelvic brim)

Extension to and/or discontinuous metastasis to any of the following

- | | |
|-----------------------|---------------------------------|
| • Adnexa | • Mesosalpinx |
| • Adjacent peritoneum | • Parametrium |
| • Bladder | • Pelvic wall |
| • Bladder serosa | • Rectosigmoid |
| • Corpus uteri | • Rectum |
| • Cul de sac | • Sigmoid colon |
| • Fallopian tube(s) | • (including sigmoid mesentery) |
| • Ligament(s) | • Ureter (pelvic portion) |
| | • Uterus, NOS |





SEER Summary Stage (cont.)

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

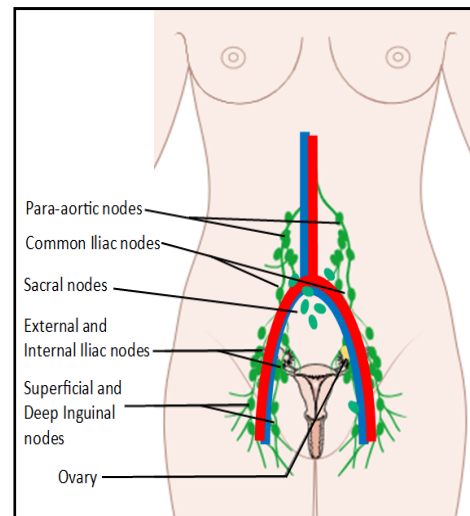
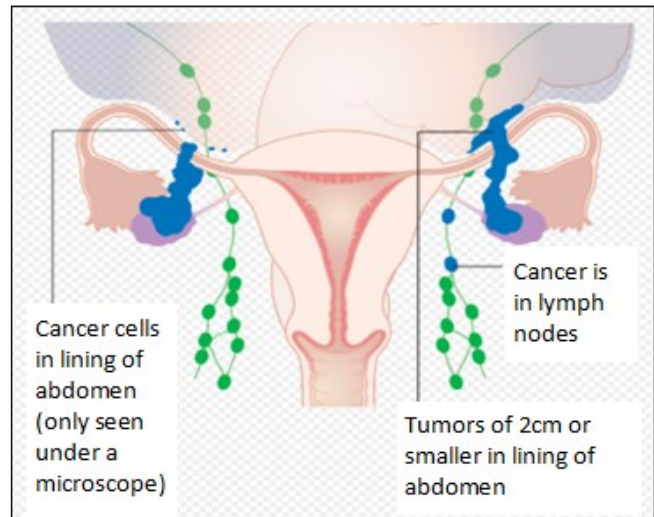
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SEER Summary Stage 3 Regional node(s) involved only

https://en.wikipedia.org/wiki/Ovarian_cancer

- Intra-abdominal
- Para-aortic, NOS
 - Aortic
 - Lateral aortic/lateral lumbar
 - Periaortic
- Pelvic, NOS
 - Iliac, NOS
 - ◆ Common
 - ◆ External Iliac
 - ◆ Internal Iliac (hypogastric, obturator, NOS)
 - Paracervical
 - Parametrial
 - Sacral, NOS
 - ◆ Lateral (laterosacral)
 - ◆ Middle (promonitiorial) (Gerota's LN)
 - ◆ Presacral
 - ◆ Uterosacral
- Retroperitoneal, NOS
- Subdiaphragmatic (primary peritoneal)
- Regional Lymph Node(s), NOS
 - Lymph node(s), NOS

Note: They may or may not take out regional nodes during surgery



https://commons.wikimedia.org/wiki/File:Diagram_of_the_lymph_nodes_in_the_pelvis_CRUK_040.svg

SEER Summary Stage 4 Regional by BOTH direct extension AND regional node(s) involved

- Codes (2) + (3)

SEER Summary Stage 7 Distant site(s)/lymph node(s) involved

- Distant site(s) (including further contiguous extension)
- Distant lymph node(s), NOS
- Distant metastasis, NOS
 - Carcinomatosis (involvement of multiple parenchymal organs)
 - ◆ WITH or WITHOUT distant lymph node(s) OR pleural effusion

