June 2025

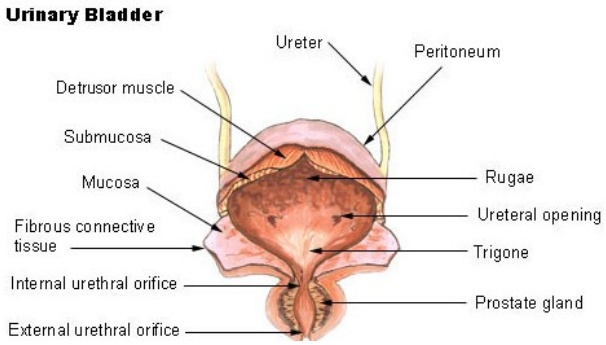
Missouri Cancer Registry and Research Center
Show-Me-Tips

Coding...Abstracting...Education…

Ed 25:02
Bladder

Bladder Cancer

Bladder cancer begins when abnormal cells in the bladder grow uncontrollably. It is one of the most common cancers, particularly in older adults. Bladder cancer is four times more prevalent in men than women. Symptoms to watch for: Blood in urine (hematuria); Frequent urination; Pain during urination; Lower back pain



https://commons.wikimedia.org/wiki/File:Illu_bladder.jpg#/media/File:Illu_bladder.jpg

Risk Factors & Prevention

- Avoid smoking, smoking is a major risk factor
- Limit exposure to harmful occupational chemicals in the dye, rubber, leather and paint industries
- Stay hydrated, drinking plenty of liquids can flush toxins and irritants from the bladder
- Regular check-ups with a family history of bladder cancer

Men are more likely to develop bladder cancer due to smoking habits and occupational exposures. Women are more likely to present with late stage bladder cancer due to urinary symptoms that can be contributed to urinary tract infections such as frequent urination or pain during urination.

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 of bladder; Below interureteric crest; Below interureteric field; Below interureteric ridge; Floor of bladder
Bladder, urachus C677	Mid umbilical ligament; Urachal remnant
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 calyces; Renal calyx
Ureter C669	-
Urethra C680	Cowper gland; Littre glands; Prostatic utricle; Urethral gland
Urinary system NOS C689	-

Bladder Cancer Classifications

Urothelial Carcinoma:
The most common type, affecting the bladder's inner lining.

Squamous Cell Carcinoma:
Often linked to chronic irritation or infection of the bladder wall lining.

Adenocarcinoma:
An uncommon form originating in mucus-secreting glands.

In US, 90% of bladder tumors are urothelial carcinoma; less than 5% are pure squamous cell carcinoma or pure adenocarcinoma.

https://seer.cancer.gov/tools/codingmanuals/

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

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Reportability, Differential Diagnosis, and Priorities

Healthcare professionals use specific tests to determine:
- **Number of Tumors**: Whether it's a single tumor or multiple
- **Histology**: The specific type of bladder cancer cells
- **Staging**: Determines how far the cancer has spread

Diagnostic tests include Urinalysis; Cystoscopy; Imaging (CT, MRI); Biopsy

Priority Order for Using Documentation to Identify Histology

1. Tissue or pathology report from primary site: addendum/comments in path report are given high priority, CAP protocol.
2. Cytology: usually urine
3. Tissue/pathology from a metastatic site: code the behavior /3, when it's the only info available, it's more accurate than a scan or only physician documentation.
4. Code the histology documented by the physician when none of the above are available.
5. Scans: CT, MRI: there is no priority order for scans because of their reliability method for identifying histology

Reportability Rules and Why They Matter

Applying standardized rules ensures data on bladder cancer cases remain consistent, which is crucial for accurate cancer statistics, epidemiological studies, and treatment planning. Properly distinguishing between a recurrence and a new primary tumor can affect staging, patient management strategies, and prognostic determinations.

NON-REPORTABLE URINARY TUMORS

HISTOLOGY TERM AND CODE	SYNONYMS
Benign perivascular epithelioid cell tumor 8714/0	Benign PEComa
Granular cell tumor 9580/0	
Hemangioma 9120/0	
Inflammatory myofibroblastic tumor 8825/1	
Inverted urothelial papilloma 8121/0	
Leiomyoma 8890/0	
Melanosis No code	
Neurofibroma 9540/0	
Nevus 8720/0	
Papillary urothelial neoplasm of low-malignant potential 8130/1	
Paraganglioma 8693/1 (Cases diagnosed prior to 1/1/2021)	Extra-adrenal pheochromocytoma
Solitary fibrous tumor 8815/1	
Squamous cell papilloma 8052/0	Keratotic papilloma
Urothelial dysplasia No code	
Urothelial papilloma 8120/0	
Villous adenoma 8261/0	

Code the most specific histology regardless of whether it is from a biopsy or resection - subtypes trumps the others.

Use the physician statement to code the histology when there is a differential diagnosis between two histologies on the path report and the physician calls it one of those histologies and treats it as that.

DO NOT CODE histology when described as:
- **Architecture**
- **Foci; focus; focal**
- **Growth pattern**
- **Pattern**

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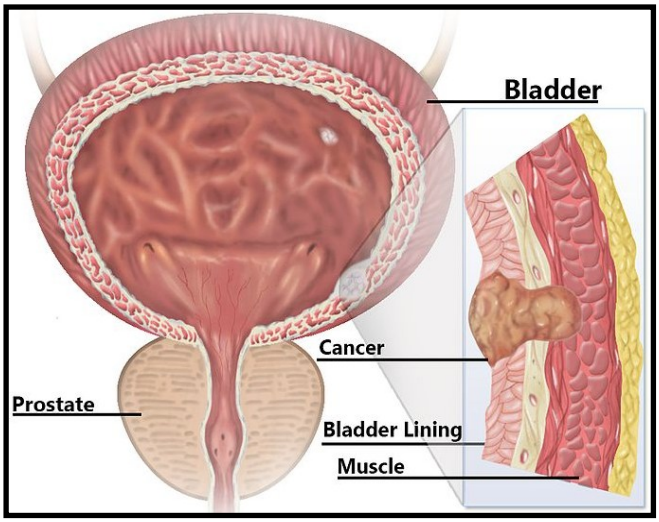
Bladder Wall Pathology

The bladder wall is composed of three layers. Mucosa, Lamina Propria, and Muscle.

When one of the following areas are stated, tumor extends through the bladder wall (regional invasion):
Perivesical fat
Serosa (part of visceral peritoneum and covers the superior surface and upper parts of the lateral surface of the bladder)
Adventitia (connective tissue of surrounding structures merge with the connective tissue of the bladder)



https://commons.wikimedia.org/wiki/File:Bladder_Cancer_(27785800576).jpg

Mucosa	Synonyms	Description
The mucosa is lined by transitional epithelium (urothelium). Tumors confined to this layer without invading the basement membrane are classified as in situ (noninvasive). Beneath the mucosa lies the basement membrane; penetration of this membrane signifies invasive disease.	Epithelium, transitional epithelium, urothelium, mucosal surface, transitional mucosa	The first layer inside the bladder, lines the bladder, ureters and urethra

Lamina Propria	Synonyms	Description
The lamina propria or suburothelial connective tissue, which contains blood vessels and nerves; invasion into this layer indicates progression beyond in situ.	(Submucosa) Suburothelial connective tissue, subepithelial tissue, stroma, muscularis mucosa, transitional epithelium	Single layer of cells beneath the mucosal layer separating the epithelial layer from the lamina propria

Muscle	Synonyms	Description
Muscularis propria (muscle layer) invasion denotes a more advanced stage. The outermost layer is either the **serosa** (a peritoneal covering) or **adventitia** (connective tissue), depending on the bladder region. Tumor extension into these outer layers or into perivesical fat is considered regional tissue invasion.	Muscularis, muscularis propria, muscularis externa, smooth muscle	The muscularis propria has circular and longitudinal muscle layers

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Solid Tumor Rules

Rule M4

Abstract multiple primaries when there are:

•Separate/non-contiguous tumors in the right AND left ureter AND

• No other urinary sites are involved with separate/non-contiguous tumors

Note 1: Only abstract a single primary when pathology confirms tumor(s) in contralateral ureter are metastatic.

Note 2: This rule is used only when there is no involvement by separate/ non-contiguous tumors in the renal pelvis, bladder, and urethra.

Rule M9

Abstract a single primary when the patient has multiple invasive urothelial cell carcinomas in the bladder. All tumors are either:

•Multiple occurrences of urothelial 8120 or urothelial subtypes 8130 (with exception of micropapillary) OR Multiple occurrences of micropapillary.

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

Note 2: Abstract only one /3 invasive urothelial bladder primary AND only one micropapillary urothelial 8131/3 bladder primary per the patient's lifetime.

• An occurrence of micropapillary and an occurrence of urothelial carcinoma would be multiple primaries (see previous rules).

Rule M10

Abstract multiple primaries when the patient has a subsequent tumor after being clinically disease-free for greater than three years after the original diagnosis or last recurrence.

Note 1: This rule does not apply when both/all tumors are urothelial carcinoma of the bladder (all subtypes/variants of 8120 except for 8131).

Rule M11

Abstract a single primary when there are urothelial carcinomas in multiple urinary organs.

Note 1: This rule is ONLY for urothelial carcinoma 8120 and all subtypes/ variants of urothelial carcinoma (with the exception of micropapillary). This rule does not apply to any other carcinomas or sarcomas.

Note 2: Behavior is irrelevant.

Note 3: This rule applies to multifocal/multicentric carcinoma which involves two or more of the following urinary sites:
•Renal pelvis
•Ureter
•Bladder
• Urethra

Example: Patient was diagnosed with Papillary Urothelial Carcinoma High Grade of the left ureter on 2/13/24. Papillary Urothelial Carcinoma High Grade of the Left Pelvic LN; Kidney; & Ureter on 4/11/24. Patient underwent a Left Ureter Resection that returned positive for Papillary Urothelial Carcinoma High Grade on 5/6/24. On 9/3/24 patient underwent a TURBT which showed Papillary Urothelial Carcinoma High Grade.

Is this a single or multiple primary?

Single primary per Rule M11 (UC's in multiple urinary organs)

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