June 2026

Missouri Cancer Registry and Research Center

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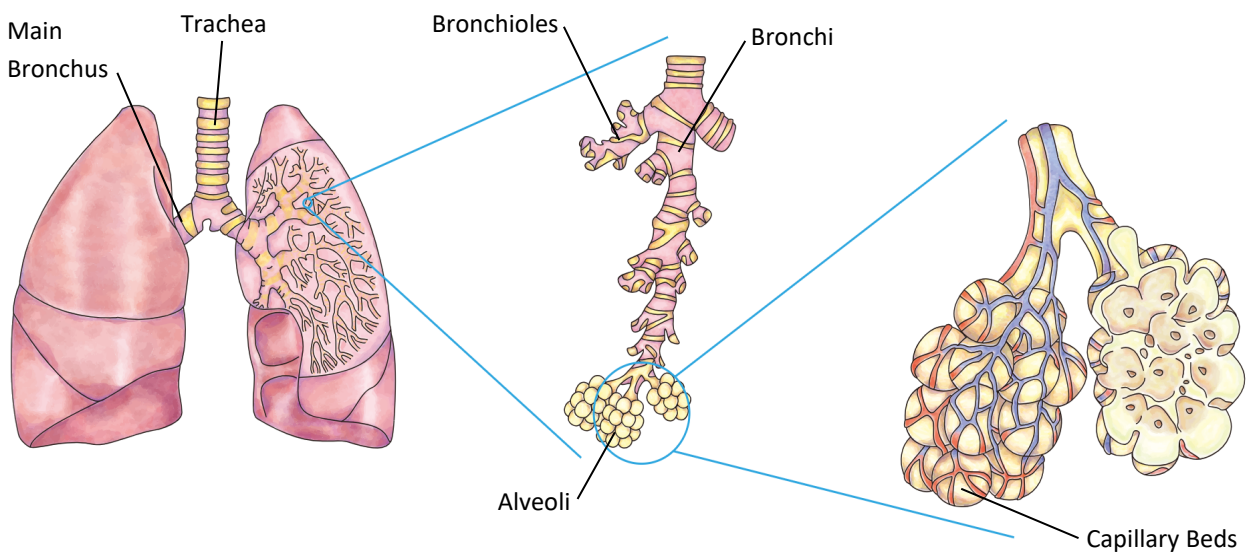
Coding...Abstracting...Education...

Ed 26:02
Lung

LUNG CANCER: ANATOMY & PRIMARY SITE

Anatomical Structures

- **Right lung**: 3 lobes (upper, middle, lower)
- **Left lung**: 2 lobes (upper, lower)
- **Bronchial tree**: Mainstem bronchus branching into segmental bronchi and bronchioles
- **Alveoli**: Microscopic air sacs where gas exchange occurs
- **Pleura**: Visceral and parietal layers surrounding the lungs



https://commons.wikimedia.org/wiki/File:202008_lung_detailed.svg

- Mainstem bronchus begins at the trachea and extends only a few centimeters into the lung where it divides into secondary bronchi.
- Mainstem bronchus divides several times throughout the lung making smaller and smaller segments and eventually ending with tiny air sacks called alveoli.
- Capillary beds of the alveoli are where the exchange of oxygen and carbon dioxide gases occur.

https://seer.cancer.gov/tools/solidtumor/current/STM_Combined.pdf

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SOLID TUMOR MANUAL - LUNG SITE GROUP

TABLE 1: CODING PRIMARY SITE - Use this table to determine the correct site code

- Table 1 has terms and anatomical descriptions that are not in the ICD-O.
- Use Table 1 to determine the correct site code only.

Terminology	Laterality	Site Term and Code
Bronchus intermedius **Carina** **Hilus of lung** **Perihilar**	Bilateral	Mainstem bronchus **C340** [1 2 3]
Lingula of lung	Left	Upper lobe **C341**
Apex **Apex of lung** **Lung apex** **Pancoast tumor** **Superior lobar bronchus** **Upper lobe bronchi**	Bilateral	Upper lobe **C341**
Middle lobe **Middle lobe bronchi**	Right	Middle lobe **C342**
Base of lung **Lower lobar bronchus** **Lower lobe** **Lower lobe bronchi** **Lower lobe segmental bronchi**	Bilateral	Lower lobe **C343**
Overlapping lesion of lung	Bilateral	Overlapping lesion of lung **C348** [4]
Bronchus NOS **Bronchogenic** **Extending up to the hilum** **Extending down to the hilar region** **Infrahilar NOS** **Lung NOS** **Pulmonary NOS** **Suprahilar NOS**	Bilateral	Lung NOS **C349** [5]
Lobar bronchi NOS **Lobar bronchus NOS**	Bilateral	Code the lobe in which the lobar bronchus tumor is present **C34__** [5]

[1] Mainstem bronchus starts at the trachea and extends only a few centimeters into the lung where it divides into secondary bronchi at the carina.
[2] Bronchus intermedius is the portion of the right mainstem bronchus between the upper lobar bronchus and the origin of the middle and lower lobar bronchi.
[3] Code to mainstem bronchus C340 when it is specifically stated in the operative report and/or documented by a physician.
[4] One lesion/tumor which overlaps two or more lobes
[5] C349 includes
- Multiple tumors in ipsilateral lobe, different lobes **OR** unknown if same/different lobe
- Tumor in bronchus, unknown if mainstem or lobar bronchus
- Tumor present, unknown which lobe
- Multiple tumors abstracted as a single primary

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TABLE 2: COMBINATION/MIXED HISTOLOGY CODES

Table is not a complete list of combinations

DO NOT use Table 2 for:

Tumors with invasive & in situ behavior

When histology is described as differentiation or features

When terms are a NOS and a Subtype/Variant of that NOS

Some combinations in Table 2 can be either in situ or invasive, others are limited to a /2 or /3 code.

When limited to in situ, /2 will be added to the code

When limited to invasive, /3 will be added to the code

Column 1	Column 2
Contains lists of required terms for the combination	Contains the combination term and the code that is to be used for the combination code

TABLE 3: SPECIFIC HISTOLOGIES, NOS, and SUBTYPE/VARIANTS

Use Table 3 to assign histology codes for lung tumors, as directed by the Histology Rules.

Rare histologies may **not** be listed in Table 3

Behavior codes (/2, /3) are listed when the term only has **one** possible behavior

IMPORTANT: Non-small cell lung carcinoma (NSCLC) is a broad group of cancers which includes all carcinoma types in Table 3 with the exception of:

Neuroendocrine tumors (NET), Neuroendocrine carcinoma (NEC)

Large cell neuroendocrine carcinoma/combined large cell neuroendocrine carcinoma

Sarcoma NOS 8800 (not a carcinoma) and all subtypes of sarcoma NOS

Column 1	Column 2
Contains specific and NOS histology terms. • Specific histology terms do not have subtypes or variants (column 2 is blank). • NOS histology terms have subtypes or variants listed in column 2. • Synonyms share the same histology code as the term under which they are indented. • Synonyms do not have behavior codes listed next to the term unless the term has only one possible behavior (/2 or /3)	Contains the **subtypes or variants** of the **NOS** histology listed in column 1. • Synonyms are indented under NOS terms in column 2 • Synonyms do not have behavior codes next to the term unless the term has only one possible behavior (/2 or /3)

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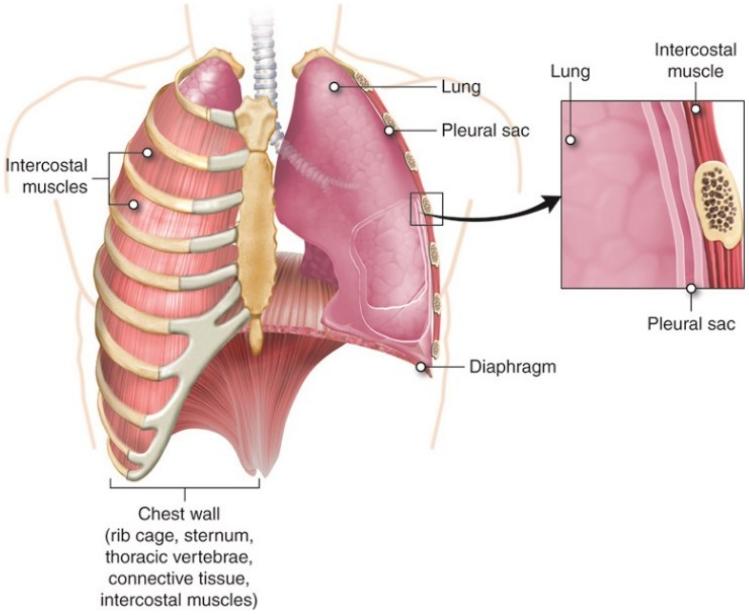
SSDI - SPREAD THROUGH AIR SPACE (STAS)

Spread through air space (STAS) is stated as micropapillary clusters, solid nests, or single cells of tumors extending beyond the edge of the tumor into the air spaces of the surrounding lung parenchyma. STAS is associated with an increased incidence of recurrence in tumors that have undergone limited resection.

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



https://staging.seer.cancer.gov/eod_public/input/3.3/lung_v9_2025/stas/?breadcrumbs=(~schema_list~),(~view_schema~,~lung_v9_2025~)

LUNG - SPREAD THROUGH AIR SPACES (STAS)

NEW FOR 2026

- **Effective Dx year 2026+ (Leave blank if diagnosis is prior to 2026)**
- **A physician statement can be used to code STAS if no additional information is available**
- **<u>Surgical resection must be performed to determine if there is STAS</u>**

  Exception: *In situ tumors (/2) can be coded 0 based on biopsy or surgical resection*
- **Record the STAS score stated from the path report**
- **Code 9 when:**

  Surgical resection of primary site was performed and presence/absence is not documented on pathology report

  No surgical resection of primary site performed

  Surgical pathology report not available

https://www.naaccr.org/wp-content/uploads/2025/12/SSDI-Manual-v3.3_printed.pdf?v=1767794223

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