

GRADE (OR DIFFERENTIATION)

| | |
|--------------------|----------|
| Column | 306-306 |
| Length | 1 |
| Source of Standard | SEER/COC |

Description:

THIS IS A REQUIRED DATA ITEM

The code which indicates the tumor's resemblance to normal tissue. A well-differentiated (Grade I) tumor closely resembles normal tissue. An undifferentiated (Grade IV) tumor is least similar to normal tissue. For lymphomas and leukemias, this field denotes cell lineage (T, B, Null or NK cell origin). For lymphomas and leukemias, The cell indicator takes precedence over grade/differentiation.

General Guidelines:

1. See below for rules for coding grade for the following primary sites: prostate, kidney, lymphoma, leukemia, astrocytoma, and sarcoma.
2. Code the grade from the final diagnosis in the pathology report. If there is more than one path report, and the grades in the final diagnoses differ, code the highest grade for the primary site from any pathology report.
3. If grade is not stated in the final pathology diagnosis, use the information in the microscopic section, addendum, or comment to code grade.
4. If more than one grade is recorded for a single tumor, code the highest grade, even if it is a focus.
5. Code the grade from the **primary tumor** only, never from a metastatic site or a recurrence.
6. Code the grade for all **unknown primaries** to 9 (unknown grade) unless grade is explicit by histology (i.e. anaplastic carcinoma (grade = 4).
7. Code the grade of the invasive component when the tumor has **both in situ** and **invasive** portions. If the **invasive** component **grade** is **unknown**, code the grade as unknown (9).
8. Code the information from the **consult** if the specimen is sent to a specialty pathology department for a consult.
9. If there are **multiple pathology consults**, ask the pathologist or physician advisor to determine which information should be used.
10. Do **not code** the grade assigned to **dysplasia**, i.e.: High grade dysplasia (adenocarcinoma in situ) would be coded to 9 (unknown grade).

GRADE (OR DIFFERENTIATION) (Cont'd)

Coding Grade for Cases without Pathology or Cytology Confirmation

Code the grade of tumor given on a Magnetic Resonance Imaging (MRI) or Positron Emission Tomography (PET) report if there is no tissue diagnosis (pathology or cytology report). Use the MRI or PET grade only when there is no tissue diagnosis.

In situ Tumors

In situ tumors are not always graded. Code the grade if it is specified for an in situ lesion unless there is an invasive component. Do not code the in situ grade if the tumor has both in situ and invasive component

Two-Grade System

Some cancers are graded using a two-grade system, for example, colon cancer. If the grade is listed as 1/2 or as low grade, assign code 2. If the grade is listed as 2/2 or as high grade, assign code 4.

Two-Grade Conversion Table

| Grade | Differentiation / Description | Code |
|------------|-------------------------------|------|
| 1/2, I/II | Low grade | 2 |
| 2/2, II/II | High grade | 4 |

Three-Grade System

There are several sites for which a three-grade system is used, such as peritoneum, endometrium, fallopian tube, prostate, bladder and soft tissue sarcoma. The patterns of cell growth are measured on a scale of 1, 2, and 3 (also referred to as low, medium, and high grade). This system measures the proportion of cancer cells that are growing and making new cells and how closely they resemble the cells of the host tissue.

If a grade is written as 2/3 that means this is a grade 2 of a three-grade system. Do not simply code the numerator. Use the following table to convert the grade:

Three-Grade Conversion Table*

| Grade | Differentiation / Description | Code |
|--------------|-------------------------------|------|
| 1/3, I/III | Low grade | 2 |
| 2/3, II/III | Intermediate grade | 3 |
| 3/3, III/III | High grade | 4 |

Note: Do not use for breast primaries. See below for breast primaries.

GRADE (OR DIFFERENTIATION) (Cont'd)

Breast Cancer

For breast primaries, more than one coding system may be indicated on the pathology report. Code the grade according to the priority list below.

Priority Order for Coding Breast Cancer Grade

Code grade in the following priority order:

1. Bloom-Richardson scores 3-9 converted to grade (See following table)
2. Bloom Richardson grade (low, intermediate, high)
3. Nuclear grade only
4. Terminology
 - a. Differentiation (well differentiated, moderately differentiated, etc).
5. Histologic grade
 - a. Grade 1/I/i, grade 2/II/ii, grade 3/III/iii, grade 4/IV/iv

Breast Grading Conversion Table

| BR Scores | BR Grade | Nuclear Grade | Terminology | Histologic Grade | Code |
|-----------|--------------|---------------|---------------------------|------------------|------|
| 3-5 | Low | 1/3; 1/2 | Well differentiated | I/III; 1/3 | 1 |
| 6, 7 | Intermediate | 2/3 | Moderately differentiated | II/III; 2/3 | 2 |
| 8, 9 | High | 2/2; 3/3 | Poorly differentiated | III/III; 3/3 | 3 |

Bloom-Richardson (BR)

1. **BR may also be called:** modified Bloom-Richardson, Scarff-Bloom-Richardson, SBR grading, BR grading, Elston-Ellis modification of Bloom Richardson score, the Nottingham modification of Bloom Richardson score, Nottingham-Tenovus, or Nottingham grade
2. BR may be expressed in **scores** (range 3-9)
3. The score is based on three morphologic features of “invasive no-special-type” breast cancers (degree of tubule formation/histologic grade, mitotic activity, nuclear pleomorphism of tumor cells).
4. Use the Breast Grading Conversion Table to convert the score, grade or term into the code
5. BR may be expressed as a **grade** (low, intermediate, high)
6. BR grade is derived from the BR score. **Note that the conversion of low, intermediate, and high for breast is different from the conversion used for all other tumors.**

Kidney Cancer

For kidney primaries, more than one coding system may be indicated on the pathology report. Code the grade according to the priority list below.

GRADE (OR DIFFERENTIATION) (Cont'd)

Priority Order for Coding Kidney Cancer Grade

Code grade in the following priority order:

1. Fuhrman's grade
2. Nuclear grade
3. Terminology (well diff, mod diff)
4. Histologic grade (grade 1, grade 2)

These prioritization rules do not apply to Wilms tumor (8960). Use the general rules for coding grade for Wilms tumor.

Prostate

For prostate primaries, more than one coding system may be indicated on the pathology report. Code the grade according to the priority list below.

Priority Rules for Coding Prostate Cancer Grade

Code grade in the following priority order:

1. Gleason's grade (Use the table to convert Gleason's grade information into the appropriate code)
2. Terminology
 - a. Differentiation (well differentiated, moderately differentiated, etc.)
3. Histologic grade
 - a. Grade 1/I/i, grade 2/II/ii, grade 3/III/iii, grade 4/IV/iv
4. Nuclear grade only

Gleason's Pattern

Prostate cancers are commonly graded using Gleason's score or pattern. Gleason's grading is based on a 5-component system, meaning it is based on 5 histologic patterns. The pathologist will evaluate the primary (majority) and secondary patterns for the tumor. The pattern is written as a range, with the majority pattern appearing first and the secondary pattern as the last number

Example: A Gleason pattern of 2 + 4 means that the primary pattern is 2 and the secondary pattern is 4.

GRADE (OR DIFFERENTIATION) (Cont'd)

Gleason's Score

The patterns are added together to create a score.

Example: If the pattern is 2 + 4, the pattern score is 6 (the sum of 2 and 4).

1. If the pathology report contains only **one number**, and that number is **less than or equal to 5**, it is a pattern.
2. If the pathology report contains only **one number**, and that number is **greater than 5**, it is a score.
3. If the pathology report specifies a specific **number out of a total of 10**, the first number given is the score.

Example: The pathology report says "Gleason's 3/10". The Gleason's score would be 3.

4. If there are **two numbers other than 10**, assume they refer to two patterns. The first number is the primary pattern and the second is the secondary pattern.

Example: If the pathology report says "Gleason's 3 + 5," the Gleason's score would be 8, the sum of 3 and 5.

Use the following table to convert Gleason's pattern or score into SEER codes:

Gleason Conversion Table

| Gleason's Score | Gleason's Pattern | Histologic Grade | Terminology | Code |
|-----------------|-------------------|------------------|---------------------------|------|
| 2, 3, 4 | 1, 2 | I | Well differentiated | 1 |
| 5, 6 | 3 | II | Moderately differentiated | 2 |
| 7, 8, 9, 10 | 4, 5 | III | Poorly differentiated | 3 |

Note: Gleason's score 7 was previously coded to moderately differentiated (2). Effective with cases diagnosed 1/1/2003, Gleason's score 7 is coded to poorly differentiated (3).

Astrocytoma

1. Do not use the **WHO grade** to code this field. Use terms from the diagnosis instead of the WHO grade.
2. Do not automatically code **glioblastoma multiforme** as grade IV. If no grade is given, code unknown, 9.
3. If **no grade** is given, code unknown, 9.

GRADE (OR DIFFERENTIATION) (Cont'd)

Lymphoma and Leukemia

1. Do not use the terms “high grade,” “low grade,” and “intermediate grade” to code differentiation. These terms refer to histology, not grade.
2. The designation of T-cell, B-cell, null cell, or NK cell has **precedence** over any statement of differentiation.

- a. Code ANY statement of **T-cell, B-cell, null cell, or NK cell:**

T-cell (**code 5**)

Cortical T
Mature T
Pre-T
Pro-T
T-cell phenotype
T-precursor

B-Cell (**code 6**)

B-cell phenotype
B-precursor
Pre-B
Pre-pre-B
Pro-B

Null-Cell; Non-T-non-B (**code 7**)

Null-cell
Non T-non-B
Common cell

NK (Natural Killer) cell (code 8)

NK/T cell

Cell type not determined, not stated or not applicable (code 9)

Combined B cell and T cell

- b. Use any source to code information on cell type whether or not marker studies are documented in the patient record.

Example: The history portion of the medical record documents that the patient has a T-cell lymphoma. There are no marker studies on the chart. Code the grade as T-cell.

Sarcoma

If sarcomas are graded low, intermediate, or high grade by the pathologist, use the three-grade system table.

GRADE (OR DIFFERENTIATION) (Cont'd)

| Codes | Description |
|--------------|--|
| 1 | Grade I; grade i; grade 1; well differentiated; differentiated, NOS |
| 2 | Grade II; grade ii; grade 2; moderately differentiated; moderately well differentiated; intermediate differentiation |
| 3 | Grade III; grade iii, grade 3; poorly differentiated; dedifferentiated |
| 4 | Grade IV; grade iv; grade 4; undifferentiated; anaplastic |
| 5 | T-cell; T-precursor |
| 6 | B-Cell; Pre-B; B-precursor |
| 7 | Null cell; Non T-non B |
| 8 | NK cell (natural killer cell) (effective with diagnosis 1/1/1995 and after) |
| 9 | Grade/differentiations unknown, not stated, or not applicable |

GRADE (OR DIFFERENTIATION) (Cont'd)

Terminology Conversion Table

| Description | Grade | Code |
|--|--------|------|
| Differentiated, NOS | I | 1 |
| Well differentiated | I | 1 |
| | | |
| Fairly well differentiated | II | 2 |
| Intermediate differentiation | II | 2 |
| Low grade | I-II | 2 |
| Mid differentiated | II | 2 |
| Moderately differentiated | II | 2 |
| Moderately well differentiated | II | 2 |
| Partially differentiated | II | 2 |
| Partially well differentiated | I-II | 2 |
| Relatively or generally well differentiated | II | 2 |
| | | |
| Medium grade, intermediate grade | II-III | 3 |
| Moderately poorly differentiated | III | 3 |
| Moderately undifferentiated | III | 3 |
| Pleomorphic | III | 3 |
| Poorly differentiated | III | 3 |
| Relatively poorly differentiated | III | 3 |
| Relatively undifferentiated | III | 3 |
| Slightly differentiated | III | 3 |
| Dedifferentiated | III | 3 |
| | | |
| High grade | III-IV | 4 |
| Undifferentiated, anaplastic, not differentiated | IV | 4 |
| Non-high grade | | 9 |

ABSTRACT PLUS:

In the CURRENT VALUE box, type the grade or select the grade from the drop-down table.

Click OK or press ENTER.

HISTOLOGIC TYPE ICD-O-3

| | |
|--------------------|----------|
| Column | 301-304 |
| Length | 4 |
| Source of Standard | SEER/COC |

Description:

THIS IS A REQUIRED DATA ITEM

Codes which describe the microscopic anatomy of the cells of the tumor being reported, using *ICD-O-3*. NAACCR adopted *ICD-O-3* as the standard coding system for cases diagnosed in 2001 and later, and recommended that prior cases be converted from *ICD-O-2*. The histology is a basis for staging and determination of treatment options. It affects the prognosis and course of the disease.

General Guidelines:

The histology can be coded only after the determination of multiple primaries has been made.

Synonyms and Equivalent Terms

Mixed, combined, and complex are **usually** used as synonyms when describing histology.

Definitions

Cancer, NOS (8000) and **carcinoma, NOS (8010)** are not interchangeable.

Carcinoma, NOS (8010) and **adenocarcinoma (8140)** are interchangeable (See ICD-O-3).

Complex (mixed, combined) histology: The pathologist uses **multiple histologic terms** to describe a tumor. The histologic terms are frequently connected by the word “and” (for example ductal and lobular carcinoma).

Different histology: The first three digits of the ICD-O-3 histology code are different.

Different subtypes: The NOS cell types often have multiple subtypes; for example, scirrhous adenocarcinoma (8143), adenocarcinoma, intestinal type (8144), and linitis plastica (8141) are subtypes of Adenocarcinoma, NOS (8140).

Mixed/combined histology: Different cell types in one tumor; terms used interchangeably. In most cases, the terms mixed and combined are used as synonyms; however the term mixed may designate a specific tumor.

Not Otherwise Specified (NOS): “Not Otherwise Specified.”

Definitions (Continued)

Same histology: The first three digits of the ICD-O-3 histology code are identical.

HISTOLOGIC TYPE ICD-O-3 (Cont'd)

Majority of Tumor:

| Terms that mean the majority of tumor | Terms that DO NOT mean the majority of tumor |
|--|--|
| Predominantly | With foci of |
| With features of | Focus of/focal |
| Major | Areas of |
| Type ¹ | Elements of |
| With Differentiation ¹ | Component ¹ |
| Pattern (Only if written in College of American Pathologists [CAP] Protocol) ² | |
| Architecture (Only if written in College of American Pathologists [CAP] Protocol) ² | |

Note: Examples of CAP protocols for specific primary sites may be found on the website - http://www.cap.org/cancerprotocols/protocols_intro.html

Coding Instructions

The histology can only be coded after the determination of multiple primaries has been made. Refer to “Determining Multiple Primaries” section of this manual to determine the number of primaries. Use all of the information for a single primary to code the histology.

1. If there is no tumor specimen, code the histology described by the medical practitioner.

Example 1: The patient has a CT scan of the brain with a final diagnosis of glioblastoma multiforme (9440). The patient refuses all further workup or treatment. Code the histology to glioblastoma multiforme (9440).

Example 2: If the physician says that the patient has carcinoma, code carcinoma, NOS (8010).

2. Use the histology stated in the **final diagnosis** from the pathology report. Use the pathology from the procedure that resected the majority of the primary tumor.

If a more specific histologic type is definitively described in the microscopic portion of the pathology report or the comment, code the more specific diagnosis.

3. Lymphomas may be classified by the **WHO Classification**, **REAL** system, **Rappaport**, or **Working Formulation**. The WHO Classification is preferred. See page 13 in the ICD-O-3 for a discussion of hematologic malignancies.

1 Effective 1/1/1999 diagnosis

2 Effective 1/1/2003 diagnosis

HISTOLOGIC TYPE ICD-O-3 (Cont'd)

4. If the only pathology specimen is from a metastatic site, code the appropriate histology code and use the malignant behavior code /3. Do not use the metastatic (/6) behavior code. The primary site and its metastatic site(s) have the same basic histology.

Histology Coding Rules for Single Tumor

- *The rules are in hierarchical order. Rule 1 has the highest priority.*
- *Use the rules in priority order.*
- *Use the first rule that applies to the case. (Do not apply any additional rules.)*

1. Code the histology if only **one type** is mentioned in the pathology report.
2. Code the **invasive histology** when both invasive and in situ tumor are present

Example: Pathology report reads infiltrating ductal carcinoma and cribriform ductal carcinoma in situ. Code the invasive histology 8500/3.

Exception: If the histology of the invasive component is an 'NOS' term (e.g., carcinoma, adenocarcinoma, melanoma, sarcoma), then code the histology of the specific term associated with the in situ component and an invasive behavior code.

3. Use a **mixed** histology code if one exists

Examples of mixed codes: (This is not a complete list, these are examples only)

8490 Mixed tumor, NOS
9085 Mixed germ cell tumor
8855 Mixed liposarcoma
8990 Mixed mesenchymal sarcoma
8951 Mixed mesodermal tumor
8950 Mixed Mullerian tumor
9362 Mixed pineal tumor
8940 Mixed salivary gland tumor, NOS
9081 Teratocarcinoma, mixed embryonal carcinoma and teratoma

4. Use a **combination** histology code if one exists

Examples of combination codes: (This is not a complete list; these are examples only)

8255 Renal cell carcinoma, mixed clear cell and chromophobe types
8522 Ductal and lobular carcinoma
8523 Infiltrating duct carcinoma mixed with other types of carcinoma
8524 Infiltrating lobular carcinoma mixed with other types of carcinoma
8560 Adenosquamous carcinoma
8045 Combined small cell carcinoma, combined small cell-large cell

HISTOLOGIC TYPE ICD-O-3 (Cont'd)

5. Code the **more specific term** when one of the terms is 'NOS' and the other is a more specific description of the same histology.

Example 1: Pathology report reads poorly differentiated carcinoma, probably squamous in origin. Code the histology as squamous cell carcinoma rather than the non-specific term "carcinoma."

Example 2: The pathology report from a nephrectomy reads renal cell carcinoma (8312) (renal cell identifies the affected organ system rather than the histologic cell type) in one portion of the report and clear cell carcinoma (8310) (a histologic cell type) in another section of the report. Code clear cell carcinoma (8310); renal cell carcinoma (8312) refers to the renal system rather than the cell type, so renal cell is the less specific code.

6. Code the **majority** of tumor.
 - a. Based on the pathology report description of the tumor.
 - b. Based on the use of majority terms. See definition for majority terms.
7. Code the **numerically higher** ICD-O-3 code. This is the rule with the lowest priority and should be used infrequently.

Histology Coding Rules for Multiple Tumors with Different Behaviors in the Same Organ Reported as a Single Primary

1. Code the histology of the invasive tumor when one lesion is in situ (/2) and the other is invasive (/3).

Example: At mastectomy for removal of a 2 cm invasive ductal carcinoma, an additional 5 cm area of intraductal carcinoma was noted. Code histology and behavior as invasive ductal carcinoma (8500/3).

Histology Coding Rules for Multiple Tumors in Same Organ Reported as a Single Primary

1. Code the histology when multiple tumors have the same histology.
2. Code the histology to adenocarcinoma (8140/_; in situ or invasive) when there is an adenocarcinoma and an adenocarcinoma in a polyp (8210/_ , 8261/_ , 8263/) in the same segment of the colon or rectum.
3. Code the histology to carcinoma (8010/_; in situ or invasive) when there is a carcinoma

HISTOLOGIC TYPE ICD-O-3 (Cont'd)

4. Use a **combination** code for the following:
 - a. Bladder: Papillary and urothelial (transitional cell) carcinoma (8130)
 - b. Breast: Paget Disease and duct carcinoma (8541)
 - c. Breast: Duct carcinoma and lobular carcinoma (8522)
 - d. Thyroid: Follicular and papillary carcinoma (8340)
5. Code the more specific term when one of the terms is 'NOS' and the other is a more specific description of the same histology.
6. Code all other multiple tumors with different histologies as multiple primaries.

How to determine same vs different histologies for benign and borderline primary intracranial and CNS tumors (C70.0-C72.9, C75.1-C75.3) (Based on histologic groupings)

When there are **multiple tumors**, use the following table to determine if the tumors are the same histology or different histologies.

Instructions for Using Histologic Group Table

1. **Both** histologies are listed in the **table**
 - a. Histologies that are in the same **grouping** or row in the table are the **same histology**.
Note: Histologies that are in the same grouping are a progression, differentiation or subtype of a single histologic category.
 - b. Histologies listed in **different groupings** in the table
2. One or both of the **histologies** is **not** listed in the **table** are **different histologies**.
 - a. If the **ICD-O-3 codes** for both histologies have the **identical** first three digits, the histologies are the **same**.
 - b. If the first three digits of the **ICD-O-3** histology code are **different**, the histology types are different.

Histologic groupings to determine same histology for non-malignant brain tumors

| Histologic Group | ICD-O-3 Code |
|---------------------------------------|------------------------------------|
| Choroid plexus neoplasm | 9390/0, 9390/1 |
| Ependymoma | 9383, 9394, 9444 |
| Neuronal and neuronal-gliial neoplasm | 9384, 9412, 9413, 9442, 9505, 9506 |
| Neurofibroma | 9540/0, 9540/1, 9541, 9550, 9560 |
| Neurinomatosis | 9560 |
| Neurothekeoma | 9562 |
| Neuroma | 9570 |
| Perineurioma, NOS | 9571 |

HISTOLOGIC TYPE ICD-O-3 (Cont'd)

Leukemia/Lymphoma (Chronic Lymphocytic Leukemia [CLL] and Small Lymphocytic Lymphoma [SLL])

Code the diagnosis of chronic lymphocytic leukemia (9823/3) and/or small lymphocytic lymphoma (9670/3) to SLL if there are positive lymph nodes or deposits of lymphoma/leukemia in organs or in other tissue. Code the histology to CLL if there are no physical manifestations of the disease other than a positive blood study or positive bone marrow.

Codes:

Identify the histology using the *International Classification of Diseases for Oncology (ICD-O), Third Edition*, Alphabetic Index (p.105-218) or the Morphology –Numerical section (p. 69-104).

ABSTRACT PLUS:

In the CURRENT VALUE box, type the 4-digit histology code.

or

Press F4 to display the drop-down table. In the SEARCH box of the drop-down table, type the morphology text. Type the full text description of the morphology until the correct description and code are highlighted.

Click OK or press ENTER.

NOTE: Only the first 4-digits of the 5-digit code in the morphology drop-down table will be inserted into the CURRENT VALUE box. The fifth digit is the behavior code and should be entered into the BEHAVIOR CODE field.

HISTOLOGY ICD-O-2

| | |
|--------------------|----------|
| Column | 296-299 |
| Length | 4 |
| Source of Standard | SEER/COC |

Description:

THIS IS A REQUIRED DATA ITEM

Codes which describe the microscopic anatomy of the cells of the tumor being reported, using *ICD-O-2*. NAACCR adopted *ICD-O-2* as the standard coding system for cases diagnosed in 1992 and later and recommended that prior cases be converted to *ICD-O-2*.

NOTE: See Histology *ICD-O-1*, item 1971, for *ICD-O-1* and field trial codes.

Clarification of Required Status:

This data item is required by all standard-setting organizations for cancer cases diagnosed from January 1, 1992 through December 31, 2000, and recommended for cases diagnosed before 1992.

When the histologic type is coded according to *ICD-O-2*, the behavior code must be coded according to *ICD-O-2* also.

Codes:

See *ICD-O-2*, Morphology Section.

Choose the most appropriate histology using the *ICD-O-2* codes in the Morphology-Numeric section (p. 25-49) and in the Alphabetic Index (p. 51-136).

Do not record the "M" that precedes the histology code.

Code according to the coding rules outlined on pages xxiv- xxxi of the *ICD-O-2*.

ABSTRACT PLUS:

In the CURRENT VALUE box, type the 4-digit histology code.

or

Press F4 to display the drop-down table. In the SEARCH box of the drop-down table, type the morphology text. Type the full text description of the morphology until the correct DESCRIPTION and CODE are highlighted.

Click OK or press ENTER.

ICD REVISION NUMBER

Column 1392-1392
Length 1
Source of Standard SEER/COC

Description:

THIS IS A REQUIRED DATA ITEM.

Indicator for the coding scheme used to code the cause of death.

General Guidelines:

Beginning with deaths occurring January 1, 1999, use code 1 (ICD-10).

If the patient has multiple records, the ICD Code Revision Used for Cause of Death must be identical on each record.

| Codes | Description |
|-------|---------------------------------|
| 0 | Patient alive at last follow-up |
| 1 | ICD-10 |
| 7 | ICD-7 |
| 8 | ICD-8 |
| 9 | ICD-9 |

ABSTRACT PLUS:

If the patient has expired, this data item must be changed to 1 (ICD-10).

In the CURRENT VALUE box, type 1.

Click OK or press ENTER.

ICD-O-3 CONVERSION FLAG

Column 1243-1243
Length 1
Source of Standard SEER/COC

Description:

THIS IS A REQUIRED DATA ITEM

Code specifying how the conversion of morphology codes from ICD-O-2 to ICD-O-3 was accomplished.

| Codes | Description |
|--------------|---|
| Blank | Not converted. |
| 0 | Morphology originally coded in ICD-O-3. |
| 1 | Morphology converted from ICD-O-2 without review. |
| 3 | Morphology converted from ICD-O-2 with review. |

ABSTRACT PLUS:

Disregard this data item.

INDUSTRY SOURCE

Column 142-142
Length 1
Source of Standard NPCR

Description:

THIS IS A REQUIRED DATA ITEM.

Code that best describes the source of industry information provided on this patient.

Rationale:

Industry information may come from a variety of sources. The most valid and reliable source of industry information for cancer patients has not yet been determined.

| Codes | Description |
|--------------|---|
| 0 | Unknown industry/no industry available. |
| 1 | Reporting facility records. |
| 2 | Death certificate. |
| 3 | Interview. |
| 7 | Other source. |
| 8 | Not applicable, patient less than 14 years of age at diagnosis. |
| 9 | Unknown source. |
| Blank | Not collected. |

ABSTRACT PLUS:

This field is generated by the software application.

INSTITUTION (HOSPITAL, FACILITY) REFERRED FROM

Column 2485-2494
Length 10
Source of Standard NAACCR

Description:

THIS IS REQUIRED DATA ITEM

Identifies the facility where the patient was diagnosed, or received any initial treatment for this reportable tumor before admission to the reporting hospital.

General Guidelines:

All Tennessee hospitals should use the 4-digit codes assigned by the Tennessee Cancer Registry preceded by 0's (e.g., 0000009510) to a total length of 10.

| Codes (Special Codes in addition to Tennessee Cancer Registry assigned codes) | Description |
|--|--|
| 0000000000 | Patient not referred from another institution. |
| 9999999999 | Patient referred, but referring institution's ID number unknown. |

Note: When these special codes are being used, their length in 0's or 9's should be right-justified and the length should be zero-filled to a total length of 10.

ABSTRACT PLUS:

In the CURRENT VALUE box, type the code for the facility from which the patient was referred.

or

Type the hospital name in the CURRENT VALUE box until the correct facility and ID number are highlighted.

Click OK or press ENTER.

INSTITUTION (HOSPITAL, FACILITY) REFERRED TO

Column 2495-2504
Length 10
Source of Standard NAACCR

Description:

THIS IS A REQUIRED DATA ITEM

Records the facility to which the patient was referred for further treatment for this reportable tumor after discharge from the reporting facility. Code 0's for class 3 and autopsy-only cases (if the patient was not referred to another facility from the reporting facility).

General Guidelines:

All Tennessee hospitals should use the 4-digit codes assigned by the Tennessee Cancer Registry preceded by 0's (e.g., 0000009510) to a total length of 10.

| Codes (Special Codes in addition to Tennessee Cancer Registry assigned codes) | Description |
|--|--|
| 0000000000 | Patient not referred to another institution. |
| 9999999999 | Patient referred, but referring institution's ID number unknown. |

Note: When these special codes are being used, their length in 0's or 9's should be right-justified within the field and the length should be zero-filled to a total length of 10.

ABSTRACT PLUS:

In the CURRENT VALUE box, type the code for the facility to which the patient was referred.

or

Type the hospital name in the CURRENT VALUE box until the correct facility and ID number are highlighted.

Click OK or press ENTER.

LATERALITY

| | |
|--------------------|----------|
| Column | 295-295 |
| Length | 1 |
| Source of Standard | SEER/COC |

Description:

THIS IS A REQUIRED DATA ITEM

Code for the side of the body or the side of a paired organ, on which the tumor originated.

General Guidelines:

Laterality at diagnosis describes the primary site only. Do not record metastatic sites as bilateral involvement.

Example: The patient has non-small cell carcinoma of the right lung with metastatic lesions in the left lung.
Code laterality as 1 because the cancer began in the right lung, but spread to the left lung.

Use code '3' if the tumor is confined to a single side of the paired organ and laterality is not known.

Example: The patient has one 5 cm mass in the upper pole of the kidney, which is a renal cell carcinoma.
Code laterality as 3 because laterality is not specified, but the tumor is only present on one side of a paired site.

Use code '9' for a midline tumor or when the laterality is unknown due to extensive disease.

Example: Excision of a melanoma just above the umbilicus.
Code laterality as 9 midline.

Example: A patient has a positive sputum cytology and is being treated with radiation for bony metastases.
Code laterality as 9 because there is no information concerning laterality in the implied diagnosis of lung cancer and the case is metastatic. The cancer may have started in the right lung, the left lung, or bilaterally, but there is no information to determine the laterality.

Code laterality for unknown primary sites (C80.9) as 0 (not a paired site).

Code laterality of non-paired sites as 0 (not a paired site).

Laterality codes of 1 - 9 must be used for the following sites except as noted. Only major headings are listed. However, laterality should be coded for all anatomic subsites included in ICD-O-3 unless specifically excluded. Such exclusions must be coded 0.

LATERALITY (Cont'd)

Sites for Which Laterality Codes Must Be Recorded

| ICD-O-3 Code | Site or Subsite |
|--------------|---|
| C079 | Parotid gland |
| C080 | Submandibular gland |
| C081 | Sublingual gland |
| C090 | Tonsillar fossa |
| C091 | Tonsillar pillar |
| C098 | Overlapping lesion of tonsil |
| C099 | Tonsil, NOS |
| C300 | Nasal cavity (excluding nasal cartilage, nasal septum) |
| C301 | Middle ear |
| C310 | Maxillary sinus |
| C312 | Frontal sinus |
| C340 | Main bronchus (excluding carina) |
| C341-C349 | Lung |
| 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 9) |
| C445 | Skin of the trunk (if midline, assign code 9) |
| 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 |
| C500-C509 | Breast |
| C569 | Ovary |
| C570 | Fallopian tube |
| C620-C629 | Testis |
| C630 | Epididymis |
| C631 | Spermatic cord |
| C649 | Kidney, NOS |
| C659 | Renal pelvis |
| C669 | Ureter |
| C690-C699 | Eye and adnexa |
| C700 | Cerebral meninges, NOS (Effective with cases diagnosed 1/1/2004) |
| C710 | Cerebrum (Effective with cases diagnosed 1/1/2004) |
| C711 | Frontal lobe (Effective with cases diagnosed 1/1/2004) |
| C712 | Temporal lobe (Effective with cases diagnosed 1/1/2004) |
| C713 | Parietal lobe (Effective with cases diagnosed 1/1/2004) |
| C714 | Occipital lobe (Effective with cases diagnosed 1/1/2004) |
| C722 | Olfactory nerve (Effective with cases diagnosed 1/1/2004) |
| C723 | Optic nerve (Effective with cases diagnosed 1/1/2004) |
| C724 | Acoustic nerve (Effective with cases diagnosed 1/1/2004) |
| C725 | Cranial nerve, NOS (Effective with cases diagnosed 1/1/2004) |
| C740-C749 | Adrenal gland |
| C754 | Carotid body |

LATERALITY (Cont'd)

| Codes | Description |
|-------|---|
| 0 | Not a paired site. |
| 1 | Right: origin of primary. |
| 2 | Left: origin of primary. |
| 3 | Only one side involved, right or left origin unspecified. |
| 4 | Bilateral involvement, lateral origin unknown: stated to be single primary. (Including: Both ovaries involved simultaneously, single histology. Bilateral retinoblastomas. Bilateral Wilm's tumors. |
| 9 | Paired site, but no information concerning laterality, midline tumor. |

ABSTRACT PLUS:

In the CURRENT VALUE box, type the appropriate *LATERALITY*.

or

Click on the appropriate code in the drop-down table to highlight it.

Click OK or press ENTER.