

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Introduction

Note 1: Tables and rules refer to ICD-O rather than ICD-O-3.2. The version is not specified to allow for updates. Use the currently approved version of ICD-O. Tables and rules refer to ICD-O rather than ICD-O-3. The version is not specified to allow for updates. Use the currently approved version of ICD-O.

Note 2: 2007 MPH Other Site Rules and 2018 Solid Tumor Other Site Rules are used based on **date of diagnosis**.

- Tumors diagnosed 01/01/2007 through 12/31/2022: Use 2007 MPH Rules
- Tumors diagnosed 01/01/2023 and later: Use the 2023 Solid Tumor Rules and Solid Tumor General Instructions
- An original tumor diagnosed **before** 1/1/2018 and a subsequent tumor diagnosed 1/1/2023 or later in the same primary site: Use the 2023 Solid Tumor Rules and Solid Tumor General Instructions

Note 3: For those sites/histologies which have recognized biomarkers, the biomarkers are most frequently used to target treatment. Currently, there are clinical trials being conducted to determine whether these biomarkers can be used to identify multiple primaries and/or histologic type. Follow the Multiple Primary Rules; do not code multiple primaries based on biomarkers.

Note 4: De novo (previously called frank) adenocarcinoma arises in the mucosa of the small bowel/intestines, not in a polyp.

Note 5: Polyp-specific ICD-O codes remain valid for small bowel/intestine sites.

Changes from 2007 MPH Rules

These changes are effective with cases diagnosed 1/1/2023 and later. Changes are based on 4th and 5th Edition WHO Classification of Tumors Books for the following sites: Digestive System Tumors, Female Genital Tumors, Endocrine Organs, Tumors of the Eye, Soft Tissue and Bone, and Urinary and Male Genital Organs.

1. The previous 2007 MPH Rules instructed you to “Code the histology from the most representative specimen.” For all sites included in 2023 Other Sites Solid Tumor Rules, the instruction is now “Code the most specific histology from biopsy or resection. When there is a discrepancy between the biopsy and resection (two distinctly different histologies), code the histology from the most representative specimen (the greater amount of tumor).”

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2. Histology tables for the majority of site groups covered by Other Sites Solid Tumor Rules have been added as histology coding reference tools. See the Site or Site Group Histology-Specific Tables section for more information.

3. In place of adding numerous site-based histology rules to the 2023 revision, the histology tables will include additional coding instructions and notes to assign the correct ICD-O code when appropriate.

Note 1: Not all sites are included in the tables

Note 2: Each histology table may include coding tips specific to that site group.

Note 3: To assign the correct ICD-O code, it is necessary to refer to the site-specific histology table to determine if there are additional coding instructions or criteria that must be met to assign a code.

Note 4: Given the number of sites included in Other Sites Rules, additional histology coding (H) rules were limited to the more common sites.

4. Rectum and Rectosigmoid were included in the Colon Rules beginning 1/1/2018.

Equivalent or Equal Terms

These terms can be used interchangeably:

- Acinar adenocarcinoma, adenocarcinoma (for prostate only)
- Adenocarcinoma, glandular carcinoma
- And; with; (duct **and** lobular is equivalent to duct **with** lobular)
Note: “And” and “with” are used as synonyms when **describing multiple histologies** within a **single tumor**.
- Basal cell carcinoma; basal cell adenocarcinoma (Prostate primaries only, both are coded 8147)
- Carcinoid; NET; neuroendocrine tumor
- Carcinoma; adenocarcinoma
 - A histology type must be stated for these terms to be equal
 - Example: Serous carcinoma and serous adenocarcinoma are both coded 8441
- Contiguous; continuous
- In situ; noninvasive; intraepithelial
- Multicentric; multifocal
- Mucinous; mucoid; mucous; colloid

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- Neuroendocrine carcinoma; NEC
- Polyp; adenoma; polyp NOS; adenomatous polyp
- Serosa; visceral peritoneum
- Simultaneous; existing at the same time; concurrent; prior to first course treatment
- Site; topography
- Tumor; mass; tumor mass; lesion; neoplasm
 - The terms tumor, mass, tumor mass, lesion, and neoplasm are **not** used in a **standard manner** in clinical diagnoses, scans, or consults. **Disregard** the terms unless there is a **physician’s statement** that the term is **malignant/cancer**
 - These terms are used **ONLY** to **determine** multiple primaries
 - **Do not** use these terms for **casefinding** or **determining reportability**
- Type; subtype; variant

Terms that are NOT Equivalent or Equal

These terms are **not equivalent**. There are no casefinding implications.

- **Bilateral** is not equivalent to either **single primary** or **multiple primaries**. See Multiple Primary rules for instructions.
- **Carcinoma, NOS 8010** is not equivalent to **adenocarcinoma, NOS 8140**
- **Component** is not equivalent to **subtype/type/variant**
 - **Note:** Component is only coded when the pathologist specifies the component as a second carcinoma/sarcoma
- **Phenotype** is not equivalent to **subtype/type/variant**

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Site or Site Group Histology-Specific Tables

Nineteen site-specific histology tables have been added to the Solid Tumor Other Sites module. Each table applies to a site or site group and lists histologies that commonly occur in those sites. These tables are based on the most recent WHO Classification of Tumors Books and/or College of American Pathologist (C.A.P.) protocols and do not list all possible histologies that may arise in that site.

In place of adding numerous site-based histology rules to the 2023 revision, the histology tables will include additional coding instructions and notes to assign the correct ICD-O code when appropriate. Follow the H rules and refer to the tables if directed.

Coding instructions and/or helpful information are located above the tables. Additional notes are found next to specific histologies listed in the table columns.

IMPORTANT: It is important to refer to these tables when determining a histology code as the notes may provide coding guidance.

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Table 1: Paired Organs and Sites with Laterality

Laterality must be coded for all of the following sites. SEER does allow coding laterality for sites not listed in Table 1.

Site Code	Site or Subsite
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

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Site Code	Site or Subsite
C492	Connective, subcutaneous, and other soft tissues of the lower limb and hip
C569	Ovary
C570	Fallopian tube
C620-C629	Testis
C630	Epididymis
C631	Spermatic cord
C690-C699	Eye and adnexa
C740-C749	Adrenal gland
C754	Carotid body

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Table 2: Mixed and Combination Codes

Instructions:

1. Compare the **terms** in the **diagnosis** (pathology, cytology, radiographic, clinical) to the terms in **Column 1**.
2. When the terms **match**, use the **combination code** listed in **Column 2**.
3. The **last row** in the table is a “**last resort**” code: adenocarcinoma mixed subtypes 8255.
4. Do not use this table unless instructed to by the Histology Rules.

IMPORTANT NOTE: Histology Tables 3-21 may include additional coding instructions for “mixed” histologies.

Note 1: Do not use Table 2 in the following situations:

- For tumors with both **invasive** and **in situ** behavior. The [Histology Rules](#) instruct to code the invasive histology.
- When one of the histologies is described as **differentiation or features**. A histology with differentiation or features is a single histology.
- When the terms are a **NOS** and a **subtype/variant** of that NOS. See the [Histology Rules](#) for instructions on coding a NOS and a subtype/variant in a single tumor or multiple tumors abstracted as a single primary.

Note 2: Some combinations can be either in situ or invasive; others are limited to a /2 or /3 behavior code.

- When a code is **limited to in situ**, /2 will be **added** to the code (both components are in situ)
- When a code is **limited to invasive**, /3 will be **added** to the code (both components are invasive)

Note 3: This table is not a complete listing of histology combinations.

Column 1 lists the **required terms for the combination code**.

Column 2 lists the **combination term and code** for histologies in **Column 1**.

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Required Histology Terms	Histology Combination Term and Code
<p>Small cell carcinoma/neuroendocrine tumor (NET)</p> <p>AND</p> <p>At least one of the following:</p> <ul style="list-style-type: none"> • Adenocarcinoma and any subtype/variant of adenocarcinoma • Adenosquamous carcinoma • Large cell carcinoma and any subtype/variant of large cell carcinoma (includes large cell neuroendocrine carcinoma) • Squamous cell carcinoma and any subtype/variant of squamous cell carcinoma • Non-small cell carcinoma 	<p>Combined small cell carcinoma 8045</p>
<p>Large cell neuroendocrine carcinoma</p> <p>AND</p> <p>Adenocarcinoma NOS OR Squamous cell carcinoma NOS OR Spindle cell carcinoma OR Giant cell carcinoma</p>	<p>Combined large cell neuroendocrine carcinoma 8013</p>
<p>Squamous carcinoma</p> <p>AND</p> <p>Basal cell carcinoma</p>	<p>Basosquamous carcinoma 8094</p>

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Required Histology Terms	Histology Combination Term and Code
Islet cell AND Exocrine carcinoma	Mixed islet cell and exocrine adenocarcinoma 8154
Acinar AND Endocrine/neuroendocrine	Mixed acinar-endocrine/neuroendocrine carcinoma 8154
Acinar AND Both of the following: Endocrine Ductal	Mixed acinar-endocrine-ductal carcinoma 8154
Ductal AND Endocrine/neuroendocrine	Mixed ductal-endocrine carcinoma 8154 Mixed ductal-neuroendocrine carcinoma 8154
Endocrine AND Exocrine	Mixed endocrine and exocrine adenocarcinoma 8154

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Required Histology Terms	Histology Combination Term and Code
Hepatocellular carcinoma AND Cholangiocarcinoma	Combined hepatocellular carcinoma and cholangiocarcinoma 8180
Adenocarcinoma AND Carcinoid/neuroendocrine carcinoma(NEC)/neuroendocrine tumor (NET)	Mixed adenoneuroendocrine carcinoma/combined carcinoid and adenocarcinoma 8244
Adenocarcinoma AND At least two of the following: Papillary Clear cell Mucinous/colloid Signet ring Acinar	Adenocarcinoma with mixed subtypes/Adenocarcinoma combined with other types of carcinoma 8255

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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. Example: serous papillary adenocarcinoma is coded 8441 per ICD-O-3.2
Papillary thyroid carcinoma (includes subtype/variants) AND Follicular (includes subtype/variants)	Papillary carcinoma, follicular variant 8340
Medullary AND Follicular (includes subtype/variants)	Mixed medullary-follicular carcinoma 8346
Medullary AND Papillary (includes subtype/variants)	Mixed medullary-papillary carcinoma 8347
Squamous carcinoma AND Adenocarcinoma	Adenosquamous carcinoma 8560

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Required Histology Terms	Histology Combination Term and Code
Any combination of the following sarcomas: Myxoid Round cell Pleomorphic	Mixed liposarcoma 8855
Embryonal rhabdomyosarcoma AND Alveolar rhabdomyosarcoma	Mixed type rhabdomyosarcoma 8902
Teratoma AND Embryonal carcinoma	Teratocarcinoma 9081
Any combination of the following: Embryonal carcinoma Seminoma Teratoma Yolk sac tumor	Mixed germ cell tumor 9085

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Required Histology Terms	Histology Combination Term and Code
Choriocarcinoma AND Any of the following: Embryonal Seminoma Teratoma	Choriocarcinoma combined with other germ cell elements 9101

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Table 3: Prostate Histologies

Table 3 lists the more common histologies for prostate.
C619 Prostate gland; prostate, NOS

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**.

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).
- Column 3 may contain NOS histologies which are part of a bigger histologic group. For example, acinar adenocarcinoma NOS 8140/3 (column 1) is a generic term which encompasses a number of histologies, including ductal adenocarcinoma 8500/3 (column 3). Ductal adenocarcinoma is also a NOS because it has subtypes/variants. The subtypes/variants are indented under the NOS (ductal adenocarcinoma) in column 3. There is also a note in column 1 which calls attention to the fact that ductal adenocarcinoma has subtypes/variants.
 - When subtypes/variants are indented under a NOS in Column 3, use coding rules for a NOS and a single subtype/variant. For example, ductal adenocarcinoma **8500/3** and papillary adenocarcinoma **8260/3** are a NOS and a subtype/variant, **NOT** two different subtypes.

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Coding notes for acinar adenocarcinoma subtype/variants:

- **Ductal adenocarcinoma 8500/3:** In prostate biopsies, the term “adenocarcinoma of prostate with ductal features” should be used in the pathology report and is coded 8140/3. In order to code ductal adenocarcinoma 8500/3, the ductal component must comprise >50% of the tumor with the percentage reported and from a radical prostatectomy specimen.
- **Intraductal carcinoma of prostate 8500/2:** Intraductal prostate carcinoma is most often associated with invasive acinar adenocarcinoma of ductal carcinoma.
- **Mucinous adenocarcinoma 8480/3:** In order to code 8480/3, the mucinous adenocarcinoma component must comprise >25% of the tumor, so the diagnosis must be made only in excision specimens.
- **Sarcomatoid carcinoma 8572/3:** Exceedingly rare and most commonly occurs during the development of high-grade adenocarcinoma, especially after irradiation.
- **Signet ring cell-like adenocarcinoma 8490/3:** In order to code 8490/3, the signet-ring-like cells must comprise >25% of tumor, so the diagnosis must be made only in excision specimens.

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Acinar adenocarcinoma 8140 Note: Ductal/intraductal adenocarcinoma 8500 is also a NOS with the following subtypes/variants: Cribriform adenocarcinoma 8201/3 Papillary adenocarcinoma 8260/3 Solid adenocarcinoma 8230/3	Acinar carcinoma Adenocarcinoma in situ 8140/2 Adenocarcinoma, NOS 8140/3 Adenocarcinoma with ductal features 8500/3 Atrophic adenocarcinoma 8140/3 Foamy gland adenocarcinoma 8140/3 Microcystic adenocarcinoma 8140/3 Pseudohyperplastic adenocarcinoma 8140/3 Prostatic intraepithelial-like carcinoma 8140/3	Acinar adenocarcinoma, sarcomatoid variant 8572/3 Adenocarcinoma with neuroendocrine differentiation 8574/3 Ductal/intraductal adenocarcinoma 8500 Cribriform adenocarcinoma 8201/3 Papillary adenocarcinoma 8260/3 Solid adenocarcinoma 8230/3 Mucinous (colloid) adenocarcinoma 8480/3 Signet ring-like cell adenocarcinoma 8490/3

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Specific or NOS Terms and Code	Synonym	Subtypes/Variants
<p>Adenocarcinoma with neuroendocrine differentiation 8574/3</p> <p><i>Note 1:</i> This histology is considered treatment-related neuroendocrine prostatic carcinoma demonstrating complete neuroendocrine differentiation or partial neuroendocrine differentiation with adenocarcinoma after androgen-deprivation therapy.</p> <p><i>Note 2:</i> Code 8574/3 only when there is no history of previous prostate adenocarcinoma or history of androgen-deprivation therapy.</p>		
Adenosquamous carcinoma 8560/3	Prostatic carcinoma with adenosquamous differentiation	
Basal cell adenocarcinoma 8147/3	Adenoid cystic basal cell carcinoma Adenoid cystic carcinoma Adenoid cystic carcinoma (solid pattern) Basal cell carcinoma of prostate	
<p>Mixed acinar-ductal adenocarcinoma 8552/3</p> <p><i>Note:</i> Assign code 8552/3 when the ductal component is not stated or less than 50% of the tumor.</p>		

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Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Neuroendocrine tumor 8240/3 <i>Note 1:</i> 50% of SmCC of prostate cases present as a de novo malignancy <i>Note 2:</i> SmCC of the prostate often occurs following androgen deprivation treatment for acinar adenocarcinoma	Well differentiated neuroendocrine tumor WD neuroendocrine tumor	Large cell neuroendocrine carcinoma 8013/3 Small cell neuroendocrine carcinoma 8041/3
Sarcoma, NOS 8800/3	Mesenchymal tumor, malignant	Stromal sarcoma 8935/3 Leiomyosarcoma 8890/3 Rhabdomyosarcoma 8900/3 Angiosarcoma 9120/3 Synovial sarcoma 9040/3 Osteosarcoma 9180/3 Undifferentiated pleomorphic sarcoma 8802/3 Solitary fibrous tumor, malignant 8815/3
Squamous cell carcinoma 8070/3 <i>Note:</i> In >50% of reported cases, there is an association with previous hormone or radiation therapy for prostatic adenocarcinoma. If a patient has a known history of acinar adenocarcinoma of prostate treated with hormone and/or radiation and subsequent findings of SCC, this is recurrence and not a new primary.	SCC, NOS	

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Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Urothelial carcinoma 8120/3 <i>Note 1:</i> Primary urothelial carcinoma of the prostate can rarely occur in the absence of a bladder tumor. <i>Note 2:</i> Urothelial carcinoma of the prostate are almost always found in the prostatic urethra.		

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Table 4: Testis Histologies

Table 4 lists the more common histologies for testis as stated in the College of American Pathologists (C.A.P.) testis protocol

C620 Undescended testis

C621 Descended testis

C629 Testis, NOS

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**.

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

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Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Germ cell tumor, NOS 9064/3	Germ cell neoplasia in situ 9064/2 Intratubular germ cell neoplasia 9064/2 Intratubular malignant germ cells 9064/2	Choriocarcinoma 9100/3 Embryonal carcinoma 9070/3 Spermatocytic seminoma/Spermatocytic tumor with sarcomatous differentiation 9063/3 Yolk sac tumor/Yolk sac tumor, prepubertal 9071/3 Teratoma with malignant transformation/Teratoma with somatic-type malignancy 9084/3
Leydig cell tumor, malignant 8650/3		
Sertoli cell carcinoma 8640/3	Sertoli cell tumor, malignant	

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Table 5: Esophagus Histologies

Table 5 list the more common histologies for the following esophagus subsites:

C150 Cervical esophagus

C151 Thoracic esophagus

C152 Abdominal esophagus

C153 Upper third of esophagus (proximal third of esophagus)

C154 Middle third of esophagus

C155 Lower third of esophagus (Distal third of esophagus)

C158 Overlapping lesion of esophagus

C159 Esophagus, NOS

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
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Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

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Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Adenocarcinoma, NOS 8140	Adenocarcinoma in situ 8140/2	
Adenoid cystic carcinoma 8200/3		
Adenosquamous carcinoma 8560/3		
Mucoepidermoid carcinoma 8430/3		
Squamous cell carcinoma 8070	Squamous carcinoma Squamous cell carcinoma in situ 8070/2 Squamous cell carcinoma, usual type	Basaloid squamous cell carcinoma 8083/3 Squamous cell carcinoma, spindle cell/squamous cell carcinoma, sarcomatoid 8074/3 Verrucous squamous cell carcinoma 8051/3
Undifferentiated carcinoma 8020/3		
Neuroendocrine tumor 8240/3	NET	Neuroendocrine carcinoma 8246/3 Large cell neuroendocrine carcinoma 8013/3 Small cell neuroendocrine carcinoma 8041/3
Mixed neuroendocrine-non-endocrine neoplasm (MiNEN) 8154/3 <i>Note:</i> Esophageal MiNENs usually consist of poorly differentiated NEC and either squamous cell carcinoma or adenocarcinoma	MiNEN	

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Table 6: Stomach Histologies

Table 6 list the more common histologies for the following stomach subsites:

C160 Cardia, NOS; gastric cardia; cardioesophageal junction; esophagogastric junction; gastroesophageal junction

C161 Fundus of stomach; gastric fundus

C162 Body of stomach; corpus of stomach; gastric corpus

C163 Gastric antrum; antrum of stomach; pyloric antrum

C164 Pylorus; pyloric canal; prepylorus

C165 Lesser curvature of stomach, NOS

C166 Greater curvature of stomach, NOS

C168 Overlapping lesion of stomach

C169 Stomach, NOS; gastric, NOS

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**.

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

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Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Adenocarcinoma, NOS 8140 <i>Note:</i> For stomach sites, code mucinous carcinoma (8480) or signet-ring cell carcinoma (8490) regardless of percentage	Adenocarcinoma in situ 8140/2 Adenocarcinoma of fundic gland type	Adenocarcinoma, intestinal type 8144/3 Hepatoid adenocarcinoma/Paneth cell carcinoma 8576/3 Medullary carcinoma with lymphoid stroma 8512/3 Micropapillary carcinoma 8265/3 Mucinous adenocarcinoma 8480/3 Mucoepidermoid carcinoma 8430/3 Papillary adenocarcinoma 8260/3 Parietal cell carcinoma 8214/3 Signet ring cell carcinoma/Poorly cohesive carcinoma 8490/3 Tubular adenocarcinoma 8211/3
Adenomatous polyp, high grade 8210/2	Adenomatous polyp, high grade dysplasia	
Adenosquamous carcinoma 8560/3		
Gastroblastoma 8976/3		
Glandular intraepithelial neoplasia, high grade 8148/2	Glandular intraepithelial neoplasia, grade III	
Intestinal type adenoma, high grade 8144/2		
Mixed adenoneuroendocrine carcinoma 8244/3	Combined carcinoid and adenocarcinoma Composite carcinoid MANEC Mixed carcinoid and adenocarcinoma	
Mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN) 8154/3		

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Neuroendocrine carcinoma (NEC) 8246/3		Large cell neuroendocrine carcinoma 8013/3 Small cell neuroendocrine carcinoma 8041/3
Neuroendocrine tumor, NOS 8240/3	Carcinoid Neuroendocrine tumor, grade 1 Well differentiated endocrine tumor/carcinoma	Enterochromaffin-like cell tumor 8242/3 Neuroendocrine tumor, EC-cell, serotonin-producing 8241/3 Neuroendocrine tumor, gastrin-producing (gastrinoma) 8153/3 Neuroendocrine tumor grade 2/neuroendocrine tumor grade 3 8249/3
Serrated dysplasia, high grade 8213/2		
Squamous cell carcinoma 8070/3		
Undifferentiated carcinoma 8020/3		Carcinoma with osteoclast-like giant cells 8035/3 Large cell carcinoma with rhabdoid phenotype 8014/3 Pleomorphic carcinoma 8022/3 Sarcomatoid carcinoma 8033/3

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Table 7: Small Intestine and Ampulla of Vater Histologies

Table 7 list the more common histologies for the following small intestine subsites:

C170 Duodenum

C171 Jejunum

C172 Ileum (excludes ileocecal valve C180)

C173 Meckel diverticulum

C178 Overlapping lesion of small intestine

C179 Small intestine, NOS; small bowel, NOS

C241 Ampulla of Vater; periampullary

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**.

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Table begins on next page

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Adenocarcinoma 8140	Ampullary carcinoma	Adenocarcinoma, intestinal type 8144/3 Medullary adenocarcinoma 8510/3 Mucinous adenocarcinoma 8480/3 Non-invasive pancreatobiliary papillary neoplasm with high grade dysplasia 8163/2 Pancreatobiliary-type carcinoma 8163/3 Poorly cohesive carcinoma/signet-ring cell carcinoma 8490/3 Tubular adenocarcinoma 8211/3
Adenomatous polyp, high grade 8210/2	Adenomatous polyp, high grade dysplasia	
Intestinal type adenoma, high grade 8144/2		
Mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN) 8154/3		
Neuroendocrine carcinoma 8246/3		Large cell neuroendocrine carcinoma 8013/3 Small cell neuroendocrine carcinoma 8041/3
Neuroendocrine tumor 8240/3	Neuroendocrine tumor, grade 1	Neuroendocrine tumor, grade 2/neuroendocrine tumor, grade 3 8249/3
Serrated dysplasia, high grade 8213/2		

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Table 8: Anus Histologies

Table 8 list the more common histologies for the following anal subsites:

C210 Anus, NOS

C211 Anal canal; anal sphincter

C212 Cloacogenic zone

C218 Overlapping lesion of rectum, anus, and anal canal

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**.

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Coding Notes for Anus: p16 test results can be used to code squamous cell carcinoma, HPV positive (8085) and squamous cell carcinoma, HPV negative (8086).

Table begins on next page

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific or NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma 8140		
Mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN) 8154/3		
Neuroendocrine carcinoma 8246/3		Large cell neuroendocrine carcinoma 8013/3 Small cell neuroendocrine carcinoma 8041/3
Neuroendocrine tumor 8240/3	Neuroendocrine tumor, grade 1	Neuroendocrine tumor, grade 2/neuroendocrine tumor, grade 3 8249/3
Squamous cell carcinoma 8070/3	Squamous cell carcinoma, usual type	Squamous cell carcinoma, HPV negative 8086/3 Squamous cell carcinoma, HPV positive 8085/3 Verrucous squamous cell carcinoma 8051/3
Squamous intraepithelial neoplasia, high grade 8077/2	AIN, grade II AIN, grade III Anal intraepithelial neoplasia, grade II Anal intraepithelial neoplasia, grade III HSIL Squamous intraepithelial neoplasia, grade II Squamous intraepithelial neoplasia, grade III	

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Table 9: Liver and Intrahepatic Bile Duct Histologies

Table 9 list the more common histologies for the following liver and intrahepatic bile duct subsites:

C220 Liver; hepatic, NOS

C221 Intrahepatic bile duct; biliary canaliculus; cholangiole

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**.

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Coding notes for Cholangiocarcinoma: Intrahepatic cholangiocarcinomas are almost exclusively adenocarcinomas and often diagnosed by cytology. Additional diagnostic molecular tests and clinical collaboration are needed to define a diagnosis of cholangiocarcinoma. Clinicians often indicate a clinical diagnosis of cholangiocarcinoma without pathologic confirmation. Per histology coding rules, pathology and cytology have priority over clinical/physician diagnosis. If the diagnosis of cholangiocarcinoma is made on a resected specimen, then code this histology.

Table begins on next page

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific or NOS Terms and Code	Synonyms	Subtypes/Variants
Carcinoma, undifferentiated 8020/3		
Cholangiocarcinoma 8160/3	Bile duct adenocarcinoma/carcinoma Intrahepatic cholangiocarcinoma (iCCA) Large duct intrahepatic cholangiocarcinoma Small duct intrahepatic cholangiocarcinoma	
Combined hepatocellular carcinoma and cholangiocarcinoma 8180/3	Hepatocholangiocarcinoma Mixed hepatobiliary carcinoma Mixed hepatocellular-cholangiocarcinoma	
Hepatoblastoma 8970/3		
Hepatocellular carcinoma 8170/3	Hepatocarcinoma Hepatocellular carcinoma, steatohepatic Hepatocellular carcinoma, macrotrabecular massive Hepatocellular carcinoma, chromophobe Hepatocellular carcinoma, neutrophil-rich Hepatocellular carcinoma, lymphocytic-rich Hepatoma, malignant Hepatoma, NOS	Hepatocellular carcinoma, fibrolamellar 8171/3 Hepatocellular carcinoma, scirrhous 8172/3 ; sclerosing hepatic carcinoma 8172/3 Hepatocellular carcinoma, clear cell 8174/3
Intraductal papillary neoplasm with high grade intraepithelial neoplasia 8503/2	Intraductal papillary neoplasm with associated invasive carcinoma 8503/3	
Mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN) 8154/3		

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific or NOS Terms and Code	Synonyms	Subtypes/Variants
Mucinous cystic neoplasm with high grade intraepithelial neoplasia 8470/2		
Mucinous cystic neoplasm with associated invasive carcinoma 8470/3		
Neuroendocrine carcinoma 8246/3		Large cell neuroendocrine carcinoma 8013/3 Small cell neuroendocrine carcinoma 8041/3
Neuroendocrine tumor 8240/3	Neuroendocrine tumor, grade 1	Neuroendocrine tumor, grade 2/ neuroendocrine tumor, grade 3 8249/3

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Table 10: Gallbladder and Extrahepatic Bile Duct Histologies

Table 10 list the more common histologies for the following gallbladder and extrahepatic bile duct subsites:

C239 Gallbladder

C240 Extrahepatic bile duct; bile duct, NOS; biliary duct, NOS; choledochal duct; common bile duct; common duct; cystic bile duct; cystic duct; hepatic bile duct; hepatic duct; sphincter of Oddi

C248 Overlapping lesion of biliary tract

C249 Biliary tract, NOS

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**.

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Table begins on next page

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific or NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma 8140/3	Biliary-type adenocarcinoma 8140/3	Adenocarcinoma, intestinal type 8144/3 Clear cell adenocarcinoma 8310/3 Intestinal-type adenocarcinoma 8144/3 Mucinous adenocarcinoma 8480/3 Poorly cohesive carcinoma/signet ring cell carcinoma 8490/3
Adenosquamous carcinoma 8560/3		
Bile duct carcinoma 8160/3	Cholangiocarcinoma	Bile duct cystadenocarcinoma 8161/3 Perihilar cholangiocarcinoma 8162/3
Biliary intraepithelial neoplasia, high grade 8148/2		
Carcinoma, NOS 8010/3		Undifferentiated carcinoma 8020/3
Intracystic papillary neoplasm with high grade intraepithelial neoplasia 8503/2	Intracystic papillary tumor with high grade dysplasia Intraductal papillary neoplasm with high grade dysplasia Intraductal papillary neoplasm with high grade intraepithelial neoplasia	
Intracystic papillary neoplasm with associated invasive carcinoma 8503/3	Intraductal papillary neoplasm with associated invasive carcinoma	
Mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN) 8154/3		
Mucinous cystic neoplasm with invasive carcinoma 8470/3		
Neuroendocrine carcinoma 8246/3		Large cell neuroendocrine carcinoma 8013/3 Small cell neuroendocrine carcinoma 8041/3

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific or NOS Terms and Code	Synonyms	Subtypes/Variants
Neuroendocrine tumor 8240/3	Neuroendocrine tumor, grade 1	Neuroendocrine tumor, grade 2/neuroendocrine tumor, grade 3 8249/3
Squamous cell carcinoma 8070/3		

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Table 11: Pancreas Histologies

Table 11 list the more common histologies for the following pancreas subsites:

C250 Head of pancreas

C251 Body of pancreas

C252 Tail of pancreas

C253 Pancreatic duct; duct of Santorini; duct of Wirsung

C254 Islet of Langerhans; islands of Langerhans; endocrine pancreas

C257 Other specified parts of pancreas; neck of pancreas

C258 Overlapping lesion of pancreas

C259 Pancreas, NOS

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**.

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Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

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Table begins on next page

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma, NOS 8140/3		Acinar cell carcinoma 8550/3 Colloid carcinoma/mucinous carcinoma 8480/3 Ductal adenocarcinoma/pancreatic ductal adenocarcinoma 8500/3 Hepatoid carcinoma 8576/3 Invasive micropapillary carcinoma 8265/3 Medullary carcinoma 8510/3 Mixed acinar-ductal carcinoma 8552/3 Mixed acinar neuroendocrine carcinoma/ mixed acinar-ductal neuroendocrine carcinoma 8154/3 Signet-ring cell (poorly cohesive) carcinoma 8490/3
Adenosquamous carcinoma 8560/3		
Glandular intraepithelial neoplasia, high grade 8148/2	Intestinal pancreatic intraepithelial neoplasia Oncocytic pancreatic intraepithelial neoplasia Pancreatic intraepithelial neoplasia (PanIN)	
Intraductal oncocytic papillary neoplasm, NOS 8455/2	Intraductal oncocytic papillary neoplasm with associated invasive carcinoma 8455/3	
Intraductal papillary mucinous neoplasm with high grade-dysplasia 8453/2	High-grade IPMN Intraductal papillary mucinous carcinoma, non-invasive	

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Intraductal papillary mucinous neoplasm with associated carcinoma 8453/3	Intraductal oncocytic papillary neoplasm with an associated invasive carcinoma Intraductal papillary mucinous carcinoma, invasive	
Intraductal tubulopapillary neoplasm 8503/2		
Intraductal tubulopapillary neoplasm with associated invasive carcinoma 8503/3		
Mucinous cystic neoplasm with high-grade dysplasia 8470/2	Mucinous cystadenocarcinoma, non-invasive Mucinous cystic neoplasm with high grade intraepithelial neoplasia Mucinous cystic tumor with high grade dysplasia	
Mucinous cystic neoplasm with an associated invasive carcinoma 8470/3	Mucinous cystic neoplasm with an associated invasive carcinoma	
Pancreatoblastoma 8971/3		
Solid pseudopapillary neoplasm of pancreas 8452/3	Solid pseudopapillary carcinoma Solid pseudopapillary neoplasm with high-grade carcinoma	
Squamous cell carcinoma 8070/3		
Undifferentiated carcinoma 8020/3		Undifferentiated carcinoma with osteoclast-like giant cells 8035/3 Undifferentiated carcinoma with rhabdoid cells 8014/3

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Table 12: Thyroid Histologies

Table 12 list the more common histologies for thyroid:
C739 Thyroid gland; thyroid, NOS; thyroglossal duct

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**.

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Carcinoma, anaplastic 8021/3	Undifferentiated (anaplastic) carcinoma	
Follicular thyroid carcinoma, NOS 8330/3	Follicular adenocarcinoma Follicular carcinoma Follicular carcinoma, widely invasive Infiltrative follicular carcinoma	Follicular carcinoma, encapsulated angioinvasive 8339/3 Follicular thyroid carcinoma, minimally invasive 8335/3 Well differentiated follicular adenocarcinoma 8331/3 Moderately differentiated follicular adenocarcinoma/ trabecular follicular carcinoma 8332/3

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Medullary thyroid carcinoma 8345	C cell carcinoma Parafollicular cell carcinoma Medullary carcinoma with amyloid stroma	
Oxyphilic adenocarcinoma 8290/3	Hurthle cell adenocarcinoma Hurthle cell carcinoma Follicular carcinoma, oxyphilic cell Oncocytic adenocarcinoma Oncocytic carcinoma	
Papillary thyroid carcinoma, NOS 8260/3 <i>Note:</i> For thyroid cancer only, the term micropapillary does not refer to a specific histologic type. It means that the papillary portion of the tumor is minimal or occult.	Classical (usual) papillary carcinoma Cribriform-morular variant of PTC Hobnail variant of PTC Papillary microcarcinoma (see note) Papillary thyroid carcinoma with fibromatosis/fasciitis-like stroma PTC Solid/trabecular variant of PTC	Columnar cell variant of PTC/Tall cell PTC 8344/3 Diffuse sclerosing PTC 8350/3 Encapsulated variant of PTC/Oncocytic variant of PTC 8343/3 Follicular variant of papillary thyroid carcinoma 8340/3 Non-invasive encapsulated follicular variant of papillary thyroid carcinoma 8343/2
Poorly Differentiated thyroid carcinoma 8337/3	Insular carcinoma	

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Table 13: Ovary Histologies

Table 13 list the more common histologies for ovary: **includes reportable neoplasms only**
C569 Ovary

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**.

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

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

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma of rete ovarii 9110/3		
Adenosarcoma 8933/3		
Adult granulosa cell tumor 8620/3		
Carcinosarcoma, NOS 8980/3	Malignant Mixed Mullerian Tumor/MMMT <i>Note: WHO indicates this term is now a related term/synonym for carcinosarcoma</i>	
Choriocarcinoma, NOS 9100/3		
Clear cell carcinoma, NOS 8310/3		
Endometrioid carcinoma, NOS 8380/3		
Germ cell tumor, NOS 9064/4	Germinoma	Immature teratoma, NOS 9080/3 Dysgerminoma 9060/3 Yolk sac tumor, NOS 9071/3 Embryonal carcinoma 9070/3 Mixed germ cell tumor 9085/3
Malignant Brenner tumor 9000/3		
Mesonephric-like adenocarcinoma 9111/3		
Mucinous carcinoma 8480/3		
Sarcoma, NOS 8800/3		Endometrioid stromal sarcoma, high grade 8930/3 Endometrioid stromal sarcoma, low grade 8931/3 Leiomyosarcoma, NOS 8890/3 Fibrosarcoma, NOS 8810/3

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Serous carcinoma, NOS 8441/3	Serous intraepithelial carcinoma 8441/2 Serous tubal intraepithelial carcinoma 8441/2 Serous endometrial intraepithelial carcinoma 8441/2 Serous cystadenocarcinoma, NOS 8441/3 Serous adenocarcinoma 8441/3 Serous papillary adenocarcinoma, NOS 8441/3 Papillary serous adenocarcinoma 8441/3 Serous surface papillary carcinoma 8441/3	High-grade serous carcinoma/HGSC 8461/3 Low-grade serous carcinoma/micropapillary serous carcinoma 8460/3 Serous borderline tumor, micropapillary variant/serous carcinoma, non-invasive, low grade 8460/2
Small cell carcinoma hypercalcemic type 8044/3		
Steroid cell tumor, malignant 8670/3		
Struma ovarii, malignant 9090/3		
Teratoma with malignant transformation 9084/3		
Undifferentiated carcinoma 8020/3	Dedifferentiated carcinoma	

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Table 14: Peritoneum Histologies

Table 14 list the more common histologies for peritoneum
C482 Peritoneum, NOS; peritoneal cavity

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**.

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Gastrointestinal stromal tumor 8936/3	GIST	
High-grade serous carcinoma 8461/3	Peritoneal serous carcinoma, high	
Low-grade serous carcinoma 8460/3		
Mesothelioma, Malignant 9050/3	Mesothelioma, NOS	Epithelioid mesothelioma, malignant 9052/3 Mesothelioma, biphasic 9053/3 Sarcomatoid mesothelioma 9051/3
Sarcoma, NOS 8800/3		Desmoplastic small round cell tumor 8806/3 Endometrioid stromal sarcoma, high-grade 8930/3 Endometrioid stromal sarcoma, low-grade 8931/3
Solitary fibrous tumor, malignant 8815/3		

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Table 15: Fallopian Tube Histologies

Table 15 list the more common histologies for fallopian tube
C570 Fallopian tube; uterine tube

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**.

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenosarcoma 8933/3	Mesodermal adenosarcoma	
Carcinosarcoma 8980/3	Malignant mixed Mullerian tumor	
Endometrioid adenocarcinoma, NOS 8380/3		
Serous carcinoma, NOS 8441/3	Serous tubal intraepithelial carcinoma (STIC) 8441/2	High-grade serous carcinoma 8461/3
Teratoma, malignant 9080/3	Immature teratoma	

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Table 16: Uterine Corpus Histologies

Table 16 list the more common histologies for uterine corpus

C540 Isthmus uteri; lower uterine segment

C541 Endometrium; endometrial gland; endometrial stroma

C542 Myometrium

C543 Fundus uteri

C548 Overlapping lesion of corpus uteri

C549 Corpus uteri; body of uterus

C559 Uterus, NOS

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**.

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Table begins on next page

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenosarcoma 8933/3	Mullerian adenosarcoma Adenocarcinoma with sarcomatous overgrowth	
Carcinoma, undifferentiated NOS 8020/3	Carcinoma, poorly differentiated Dedifferentiated carcinoma	
Carcinosarcoma, NOS 8980/3 <i>Note:</i> The most common carcinomas present in carcinosarcoma is endometrioid and/or serous.	Malignant mixed Mullerian tumor	
Clear cell adenocarcinoma 8310/3		
Endometrioid adenocarcinoma, NOS 8380/3	Endometrial atypical hyperplasia/endometrioid intraepithelial neoplasia 8380/2 Mismatch repair-deficient endometrioid carcinoma 8380/3 No specific molecular profile (NSMP) endometrioid carcinoma 8380/3 P53-mutant endometrioid carcinoma 8380/3 POLE-ultramutated endometrioid carcinoma 8380/3	Endometrioid carcinoma with squamous differentiation 8570/3
Mesonephric adenocarcinoma 9110/3		Mesonephric-like adenocarcinoma 9111/3

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Mixed cell adenocarcinoma 8323/3 <i>Note:</i> Mixed cell adenocarcinoma is comprised of endometrial carcinoma with two distinct histological types, in which one component is either serous or clear cell. Excludes dedifferentiated carcinoma and carcinosarcoma		
Mucinous carcinoma, NOS 8480		Mucinous carcinoma, intestinal type 8144/3
Neuroendocrine carcinoma NOS 8246/3		Large cell neuroendocrine carcinoma 8013/3 Mixed neuroendocrine non-neuroendocrine carcinoma (MiNEN) 8154/3 Small cell neuroendocrine carcinoma 8041/3
Perivascular epithelioid tumor, malignant 8714/3	PEComa, malignant	
Primitive neuroendocrine tumor 9473/3	PNET	
Sarcoma NOS 8800/3		Endometrial stromal sarcoma, high grade 8930/3 Endometrial stromal sarcoma, low grade 8931/3 Epithelioid leiomyosarcoma 8891/3 Leiomyosarcoma NOS/spindle leiomyosarcoma 8890/3 Myxoid leiomyosarcoma 8896/3 Undifferentiated sarcoma 8805/3
Serous carcinoma, NOS 8441/3		
Squamous cell carcinoma 8070/3		

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Table 17: Uterine Cervix Histologies

Table 17 list the more common histologies for uterine cervix

C530 Endocervix; internal os; cervical canal; endocervical canal; endocervical gland; Nabothian gland

C531 Exocervix; external os

C538 Overlapping lesion of cervix uteri; cervical stump; squamocolumnar junction of cervix

C539 Cervix uteri; cervix, NOS; uterine cervix

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**.

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Uterine Cervix Coding Notes

- In situ carcinoma of cervix (/2), any histology, is not reportable
- p16 is a valid test to determine HPV status and can be used to code HPV associated and HPV independent histologies

Table begins on next page

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma NOS 8140/3		Adenocarcinoma, HPV-associated 8483/3 Adenocarcinoma, HPV-independent 8484/3 Adenocarcinoma, HPV-independent, gastric type 8482/3 Adenocarcinoma, HPV-independent, clear cell type 8310/3 Adenocarcinoma, HPV-independent, mesonephric type 9110/3
Adenoid basal carcinoma 8098/3		
Adenosarcoma 8933/3	Adenocarcinoma with sarcomatous overgrowth	
Adenosquamous carcinoma 8560/3		
Carcinosarcoma 8980/3		
Endometrioid adenocarcinoma NOS 8380/3		
Germ cell tumor NOS 9064/3		
Mucoepidermoid carcinoma 8430/3		Choriocarcinoma NOS 9100/3 Endodermal sinus tumor/Yolk sac tumor 9071/3
Neuroendocrine carcinoma, NOS 8246/3		Large cell neuroendocrine carcinoma 8013/3 Mixed neuroendocrine non-neuroendocrine carcinoma (MiNEN) 8154/3 Small cell neuroendocrine carcinoma 8041/3
Neuroendocrine tumor, NOS 8240/3	Neuroendocrine tumor, grade 1	Neuroendocrine tumor, grade 2 8249/3

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Perivascular epithelioid tumor, malignant 8714/3	PEComa, malignant	
Sarcoma, NOS 8800/3		Endometrial stromal sarcoma, high grade 8930/3 Endometrial stromal sarcoma, low grade 8931/3 Epithelioid leiomyosarcoma 8891/3 Leiomyosarcoma NOS/spindle leiomyosarcoma 8890/3 Myxoid leiomyosarcoma 8896/3 Rhabdomyosarcoma 8900/3 Undifferentiated sarcoma 8805/3
Squamous cell carcinoma NOS 8070/3	SCC, NOS	Squamous cell carcinoma, HPV- associated 8085/3 Squamous cell carcinoma, HPV- independent 8086/3

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Table 18: Vagina Histologies

Table 18 list the more common histologies for vagina

C529 Vagina NOS; vaginal vault; fornix of vagina; Gartner duct; hymen

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**.

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Vagina Coding Note: p16 is a valid test to determine HPV status and can be used to code HPV associated and HPV independent histologies.

Table begins on next page

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma NOS 8140/3	Adenocarcinoma, Skene, Cowper and Littre gland origin Skene/periurethral gland adenocarcinoma	Adenocarcinoma, HPV-associated 8483/3
Adenoid basal carcinoma 8098/3		
Adenosarcoma 8933/3	Adenocarcinoma with sarcomatous overgrowth Mullerian adenosarcoma	
Adenosquamous carcinoma 8560/3		
Carcinosarcoma 8980/3	Malignant mixed Mullerian tumor	
Clear cell carcinoma 8310/3		
Endometrioid carcinoma 8380/3		
Germ cell tumor 9064/3		Yolk sac tumor 9071/3
Mesonephric adenocarcinoma 9110/3		
Mucinous carcinoma, NOS 8480/3		Mucinous carcinoma, gastric type 8482/3 Mucinous carcinoma, intestinal type 8144/3
Neuroendocrine carcinoma, NOS 8246/3		Combined small cell neuroendocrine carcinoma 8045/3 Large cell neuroendocrine carcinoma/combined large cell neuroendocrine carcinoma 8013/3 Small cell neuroendocrine carcinoma 8041/3
Neuroendocrine tumor, NOS 8240/3		

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Squamous cell carcinoma NOS 8070	SCC, NOS Squamous cell carcinoma in-situ 8070/2	High-grade squamous intraepithelial lesion/vaginal intraepithelial neoplasia, grade 2/vaginal intraepithelial neoplasia, grade 3 8077/2 Squamous cell carcinoma, HPV-associated 8085/3 Squamous cell carcinoma, HPV-independent 8086/3
Undifferentiated carcinoma 8020/3		

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Table 19: Vulva Histologies

Table 19 list the more common histologies for vulva

C510 Labium majus; labia majora, NOS; Bartholin gland; Skin of labia majora

C511 Labium minus; labia minora

C512 Clitoris

C518 Overlapping lesion of vulva

C519 Vulva, NOS; external female genitalia; fourchette; labia, NOS; labium, NOS; mons pubis; mons veneris; pudendum; skin of vulva

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**.

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Vulva Coding Note: p16 is a valid test to determine HPV status and can be used to code HPV associated and HPV independent histologies.

Table begins on next page

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adenocarcinoma 8140	Adenocarcinoma of anogenital mammary-like glands 8140/3	Adenocarcinoma, intestinal type 8144/3
Adenoid cystic carcinoma 8200/3		
Adenosquamous carcinoma 8560/3		
Basal cell carcinoma 8090		
Carcinoma, poorly differentiated 8020/3		
Epithelial-myoepithelial carcinoma 8562/3		
Germ cell tumor 9064/3		Yolk sac tumor NOS 9071/3
Myoepithelial carcinoma 8982/3		
Neuroendocrine carcinoma, NOS 8246/3		Combined small cell neuroendocrine carcinoma 8045/3 Large cell neuroendocrine carcinoma/combined large cell neuroendocrine carcinoma 8013/3 Small cell neuroendocrine carcinoma 8041/3
Neuroendocrine tumor, NOS 8240/3	Neuroendocrine tumor, grade 1 Neuroendocrine tumor, grade 2	
Paget disease, extramammary 8542/3		
Phyllodes tumor, malignant 9020/3		
Squamous cell carcinoma, NOS 8070		Squamous cell carcinoma, HPV-associated 8085/3 Squamous cell carcinoma, HPV-independent 8086/3
Sweat gland adenocarcinoma 8400/3		Adenoid cystic carcinoma 8200/3 Apocrine adenocarcinoma 8401/3 Eccrine adenocarcinoma 8413/3 Porocarcinoma, NOS 8409/3

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Table 20: Soft Tissue Histologies

Table 20 list the more common histologies for soft tissue as stated in the College of American Pathologists (C.A.P.) soft tissue protocol

- C490*** Connective, subcutaneous and other soft tissues of head, face and neck
- C491*** Connective, subcutaneous and other soft tissues of upper limb and shoulder
- C492*** Connective, subcutaneous and other soft tissues of lower limb and leg
- C493*** Connective, subcutaneous and other soft tissues of thorax
- C494*** Connective, subcutaneous and other soft tissues of abdomen
- C495*** Connective, subcutaneous and other soft tissues of pelvis
- C496*** Connective, subcutaneous and other soft tissues of trunk
- C498** Overlapping lesion of connective, subcutaneous and other soft tissues
- C499*** Connective, subcutaneous and other soft tissues, NOS

**For specific sites and C-codes, please refer to ICD-O-3 or ICD-O-3.1 topography lists*

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**.

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).
- Column 3 may contain NOS histologies which are part of a bigger histologic group. For example, sarcoma NOS 8800/3 (column 1) is a generic term which encompasses a number of histologies, including synovial sarcoma 9044/3 (column 3). Synovial sarcoma is also a NOS because it has subtypes/variants. The subtypes/variants are indented under the NOS

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

(synovial sarcoma) in column 3. There is also a note in column 1 which calls attention to the fact that synovial sarcoma has subtypes/variants.

- When subtypes/variants are indented under a NOS in Column 3, use coding rules for a NOS and a single subtype/variant. For example, synovial sarcoma **9044/3** and synovial sarcoma, biphasic/synovial sarcoma, poorly differentiated **9043/3** are a NOS and a subtype/variant, **NOT** two different subtypes.

Soft Tissue Coding Notes

- This is not an exhaustive list of all malignant soft tissue tumors. If a histology is not listed, refer to the current ICD-O versions and ICD-O updates. If the term is not listed, submit your question to [Ask A SEER Registrar](#).
- Soft tissue terminology used in clinical practice may differ from the terms listed in the table, ICD-O, and C.A.P. protocol. Many soft tissue histologies are compound terms and the word roots may be inverted. It is not possible to list all combinations and permutations of such compound terms. Check various permutations of the word roots in a compound term if the version is not listed in ICD-O.

Example: Myxofibrosarcoma and fibromyxosarcoma are the same and both coded 8811/3. The word roots have been inverted.

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Angiosarcoma 9120/3		
Epithelioid hemangioendothelioma 9133/3	Epithelioid hemangioendothelioma with WWTR1-CAMTA1 fusion Epithelioid hemangioendothelioma with YAP1-TFE3 fusion	
Fibrosarcoma, NOS 8810/3	Adult fibrosarcoma	Infantile fibrosarcoma 8814/3 Low-grade fibromyxoid sarcoma /Sclerosing epithelioid fibrosarcoma 8840/3 Myofibroblastic sarcoma/myofibrosarcoma 8825/3 Myxofibrosarcoma 8811/3 Solitary fibrous tumor, malignant 8815/3

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Fibrosarcoma, NOS 8810/3	Adult fibrosarcoma	Infantile fibrosarcoma 8814/3 Low-grade fibromyxoid sarcoma /Sclerosing epithelioid fibrosarcoma 8840/3 Myofibroblastic sarcoma/myofibrosarcoma 8825/3 Myxofibrosarcoma 8811/3 Solitary fibrous tumor, malignant 8815/3
Leiomyosarcoma 8890/3		
Liposarcoma, NOS 8850/3		Dedifferentiated liposarcoma 8858/3 Epithelioid/Pleomorphic liposarcoma 8854/3 Myxoid liposarcoma 8852/3 Myxoid pleomorphic liposarcoma 8854/3 Well differentiated liposarcoma 8851/3
Osteosarcoma, NOS 9180/3	Osteosarcoma, extraskeletal	
Rhabdomyosarcoma, NOS 8900/3		Alveolar rhabdomyosarcoma 8920/3 Ectomesenchymoma 8921/3 Embryonal rhabdomyosarcoma 8910/3 Pleomorphic rhabdomyosarcoma 8901/3 Spindle cell/sclerosing rhabdomyosarcoma 8912/3 (synonyms below) Congenital spindle cell rhabdomyosarcoma VGLL2/NCOA2/CITED2 rearrangement MYOD1-mutant spindle cell/sclerosing rhabdomyosarcoma Intraosseous spindle cell rhabdomyosarcoma (with TFCP2/NCOA2 rearrangements)

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
<p>Sarcoma, NOS 8800/3</p> <p><i>Note:</i> Synovial Sarcoma 9044/3 is also a NOS with the following subtypes/variant: Synovial sarcoma, biphasic/synovial sarcoma, poorly differentiated 9043/3</p>		<p>CIC-rearranged sarcoma 9367/3 Clear cell sarcoma of soft tissue 9044/3 Epithelioid sarcoma NOS/epithelioid sarcoma classical type/epithelioid sarcoma proximal or large cell type 8804/3 Extraskeletal Ewing sarcoma 9364/3 Extraskeletal myxoid chondrosarcoma 9231/3 Mixed tumor, malignant 8940/3 Myoepithelioma, NOS/myoepithelial carcinoma 8982/3 Ossifying fibromyxoid tumor, malignant 8842/3 Phosphaturic mesenchymal tumor, malignant 8990/3 Round cell sarcoma with EWSR1-non ETS fusions 9366/3 Sarcoma with BCOR genetic alterations 9368/3 Synovial sarcoma NOS 9044/3 Synovial sarcoma, biphasic/synovial sarcoma, poorly differentiated 9043/3</p>
<p>Undifferentiated sarcoma 8805/3</p>		<p>Undifferentiated pleomorphic sarcoma 8802/3 Undifferentiated round cell sarcoma 8803/3 Undifferentiated spindle cell sarcoma 8801/3</p>

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Table 21: Bone Histologies

Table 21 list the more common histologies for bone as stated in the College of American Pathologists (C.A.P.) bone protocol

C400* Long bones of upper limbs, scapula and associated joints

C401* Short bones of upper limb and associated joints

C402* Long bones of lower limb and associated limbs

C403* Short bones of lower limb and associated joints

C408 Overlapping lesion of bones, joints and articular cartilage of limbs

C409* Bone of limb, NOS

**For specific sites and C-codes, please refer to ICD-O-3 or ICD-O-3.1 topography lists*

For hematopoietic neoplasms such as lymphomas, myelomas, etc., see the [Hematopoietic Database](#).

Column 1 contains specific and NOS histology terms.

- **Specific** histology terms **do not** have **subtypes/variants**
- **NOS** histology terms **do** have **subtypes/variants**.

Column 2 contains **synonyms** for the specific or NOS term. Synonyms have the **same** histology **code** as the specific or NOS term.

Column 3 contains **subtypes/variants** of the **NOS** histology. Subtypes/variants **do not** have the **same** histology code as the NOS term.

- Column 3 may list more than one histology with the same ICD-O code. These histologies are separated with a slash (/).

Bone Coding Note: This is not an exhaustive list of all malignant bone tumors. If a histology is not listed, refer to the current ICD-O versions and ICD-O updates. If the term is not listed, submit your question to [Ask A SEER Registrar](#).

Table begins on next page

Other Sites Equivalent Terms and Definitions
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Specific and NOS Terms and Code	Synonyms	Subtypes/Variants
Adamantinoma 9261/3	Dedifferentiated adamantinoma	
Angiosarcoma 9120/3		
Chondrosarcoma, NOS 9220/3	Chondrosarcoma, grade 2 Chondrosarcoma, grade 3 Fibrochondrosarcoma	Chondrosarcoma, grade 1 9222/3 Clear cell chondrosarcoma 9242/3 Dedifferentiated chondrosarcoma 9243/3 Mesenchymal chondrosarcoma 9240/3 Periosteal chondrosarcoma 9221/3
Chordoma, NOS 9370/3	Chondroid chordoma Poorly differentiated chondroma	Dedifferentiated chondroma 9372/3
Epithelioid hemangioendothelioma, NOS 9133/3		
Fibrosarcoma, NOS 8810/3		
Giant cell tumor of bone, malignant 9250/3		
Leiomyosarcoma, NOS 8890/3		
Osteosarcoma, NOS 9180/3	Conventional osteosarcoma Osteoblastic sarcoma Osteogenic sarcoma, NOS Osteochondrosarcoma Osteosarcoma, extraskeletal Small cell osteosarcoma Telangiectatic osteosarcoma	High grade surface osteosarcoma 9194/3 Parosteal osteosarcoma 9192/3 Periosteal osteosarcoma 9193/3 Secondary osteosarcoma 9184/3
Sarcoma, NOS 8800/3		CIC-rearranged sarcoma 9367/3 Ewing sarcoma 9364/3 Round cell sarcoma with EWSR1-non ETS fusions 9366/3 Sarcoma with BCOR genetic alterations 9368/3
Undifferentiated pleomorphic sarcoma 8802/3		

Other Sites Multiple Primary Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Note 1: These rules are **NOT** used for tumor(s) described as metastases.

Note 2: 2007 MPH Rules and Solid Tumor rules are used based on date of diagnosis.

- Tumors diagnosed 01/01/2007 through 12/31/2022: Use the 2007 MPH Rules
- Tumors diagnosed 01/01/2023 and later: Use the Solid Tumor Rules
- The original tumor diagnosed before 1/1/2023 and a subsequent tumor diagnosed 1/1/2023 or later in the same primary site: Use the Solid Tumor Rules

Unknown if Single or Multiple Tumors

Rule M1 Abstract a **single primary**ⁱ when it is not possible to determine if there are **single** or **multiple** tumors.

Note 1: Use this rule only after all information sources have been exhausted.

Note 2: Examples of cases with minimal information include:

- Death certificate only (DCO)
- Cases for which information is limited to pathology report only
 - o Outpatient biopsy with no follow-up information available
 - o Multiple pathology reports which do not specify whether a single tumor or multiple tumors have been biopsied and/or resected

This is the end of instructions for Unknown if Single or Multiple Tumors

ⁱ Prepare one abstract. Use the [histology rules](#) to assign the appropriate histology code.

Other Sites Multiple Primary Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Single Tumor

Rule M2 Abstract a **single primary**ⁱ when there is a **single tumor**.

Note 1: A single tumor is always a single primary

Note 2: The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

Note 3: The tumor may be comprised of both in situ and invasive histologies.

Note 4: The invasive malignancy may arise in or is in a background of in situ/non-invasive neoplasm.

This is the end of instructions for Single Tumors

ⁱ Prepare one abstract. Use the [histology rules](#) to assign the appropriate histology code.

Other Sites Multiple Primary Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Multiple Tumors

Note 1: Multiple tumors may be single primary or multiple primaries.

Note 2: Includes combinations of in situ and invasive.

Important change to 2023 Other Sites Multiple Primary Rules: Rules M3 through M9 apply to specific sites and histologies.

Rule M3 **Acinar Adenocarcinoma (8140)** of the **prostate** is always a **single primary**ⁱ.

Note 1: Report only one acinar/adenocarcinoma of the prostate per patient lifetime.

Note 2: 95% of prostate malignancies are the common (acinar) adenocarcinoma histology (8140/3).

Note 3: If the patient has a previous acinar adenocarcinoma of the prostate in the database and is diagnosed with adenocarcinoma in 2023, it is a single primary.

Note 4: The rule applies to multiple occurrences of acinar adenocarcinoma of prostate and/or subtype variants of acinar adenocarcinoma of prostate listed in [Table 3](#).

Rule M4 Abstract multiple primariesⁱⁱ when the patient has a subsequent **small cell carcinoma** of the **prostate** more than 1 year following a diagnosis of acinar adenocarcinoma and/or subtype/variant of acinar adenocarcinoma of prostate ([Table 3](#)).

Note 1: Small cell carcinoma (SmCC) of the prostate is rare and accounts for less than 1% of prostate cancers.

Note 2: 50% of SmCC of the prostate cases present as a de novo malignancy

Note 3: SmCC of the prostate often occurs following androgen deprivation treatment (ADVT) and/or radiation therapy for acinar adenocarcinoma

Note 4: SmCC of the prostate are aggressive with poor clinical outcomes and survival.

Rule M5 **Retinoblastoma** is always a **single primary**ⁱ (unilateral or bilateral).

Rule M6 **Kaposi sarcoma** (of any site(s)) is always a **single primary**ⁱ.

Other Sites Multiple Primary Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Rule M7 Abstract a **single primary**ⁱ when **follicular** and **papillary** tumors in the **thyroid** are diagnosed **within 60 days** and tumors are:

- Papillary thyroid carcinoma, NOS and follicular carcinoma, NOS **OR**
- Papillary carcinoma, follicular variant and papillary thyroid carcinoma **OR**
- Papillary carcinoma, follicular variant and follicular carcinoma **OR**
- Any papillary thyroid carcinoma subtype/variant and any follicular subtype/variant listed in Column 3, [Table 12](#).

Rule M8 Abstract **multiple primaries**ⁱⁱ when separate/non-contiguous tumors are **anaplastic carcinoma** and any other histologies in the **thyroid**.

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

Rule M10 Tumors on both sides (right and left) of a site listed in [Table 1](#) are **multiple primaries**ⁱⁱ.

Rule M11 Adenocarcinoma in **adenomatous polyposis coli** (familial polyposis) with one or more in situ or malignant polyps is a **single primary**ⁱ.

Note: Tumors may be present in a single or multiple segments of small bowel, colon, rectosigmoid, rectum.

Rule M12 Abstract **multiple primaries**ⁱⁱ when the patient has a subsequent tumor after being clinically disease-free for greater than **one year** after the original diagnosis or recurrence.

Note 1: Clinically disease-free means that there was no evidence of recurrence in the same site on follow-up.

- Scopes are NED
- Scans are NED
- All other work-up is NED

Note 2: When there is a recurrence less than or equal to one year of diagnosis, the “clock” starts over. The time interval is calculated from the date of last recurrence. In other words, the patient must have been disease-free for greater than one year from the date of the last recurrence.

Note 3: When it is unknown/not documented whether the patient had a recurrence, **use date of diagnosis** to compute the time interval.

Note 4: The physician may state this is a recurrence, meaning the patient had a previous tumor and now has another tumor. **Follow the rules;** do not attempt to interpret the physician’s statement.

Other Sites Multiple Primary Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Rule M13 Tumors with ICD-O-3 topography codes that are different at the second (CXxx) and/or third characters (CxXx) are **multiple primaries**ⁱⁱ.

Example 1: A tumor in the penis C609 and a tumor in the rectum C209 have different second characters in their ICD-O-3 topography codes, so they are multiple primaries.

Example 2: A tumor in the cervix C539 and a tumor in the vulva C519 have different third characters in their ICD-O-3 topography codes, so they are multiple primaries.

Rule M14 Tumors with ICD-O-3 **topography** codes that **differ** only at the **fourth character** (CxxX) and are in any **one** of the following primary sites are **multiple primaries**ⁱⁱ.

- Anus and anal canal (C21_)
- Bone, joints, and articular cartilage (C40_ to C41_)
- Peripheral nerves and autonomic nervous system (C47_) (Cases diagnosed 1/1/2007 to 12/31/2017 ONLY)
- Connective subcutaneous and other soft tissues (C49_)
- Skin (C44_)

Rule M15 A de novo (frank) in situ or malignant adenocarcinoma and an in situ or malignant tumor in a **polyp** are a **single primary**ⁱ.

Rule M16 Multiple in situ and/or malignant polyps are a **single primary**ⁱ.

Note: Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.

Rule M17 Abstract a **single primary**ⁱ when synchronous, separate/non-contiguous tumors are on **the same row** in [Table 3-21](#) in the Equivalent Terms and Definitions.

Note: The same row means the tumors are:

- The same histology (same four-digit ICD-O code) **OR**
- One is the preferred term (column 1) and the other is a synonym for the preferred term (column 2) **OR**
- A NOS (column 1/column 2) and the other is a subtype/variant of that NOS (column 3)

Rule M18 Abstract **multiple primaries**ⁱⁱ when separate/non-contiguous tumors are on **multiple rows** in [Table 3-21](#) in the Equivalent Terms and Definitions. Timing is irrelevant

Note: Each row in the table is a **distinctly different** histology.

Other Sites Multiple Primary Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

- Rule M19** Abstract **multiple primaries**ⁱⁱ when an **invasive** tumor occurs **more than 60 days** after an **in situ** tumor.
Note 1: This rule applies to multiple tumors, one in situ and a separate malignant tumor.
Note 2: The purpose of this rule is to ensure the case is counted as an incident (invasive) case when incidence data are analyzed.
Note 3: Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.
- Rule M20** Abstract a **single primary**ⁱ when there are multiple tumors that do not meet any of the above criteria.
Note 1: Use this rule as a last resort. Confirm that you have not overlooked an applicable rule.
Note 2: When an invasive tumor follows an in situ tumor within 60 days, abstract a single primary.

This is the end of instructions for Multiple Tumors

ⁱ Prepare one abstract. Use the [histology rules](#) to assign the appropriate histology code.

ⁱⁱ Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Priority Order for Using Documents to Identify Histology

IMPORTANT NOTES

1. Code the histology diagnosed *prior* to **neoadjuvant treatment**.

Note 1: Histology changes may occur following immunotherapy, targeted therapy, and radiation therapy.

Note 2: Neoadjuvant treatment is any tumor-related treatment given prior to surgical removal of the malignancy.

Exception: If the initial diagnosis is based on histology from **FNA, smears, cytology**, or from a regional or metastatic site, and neoadjuvant treatment is given and followed by resection of primary site which identifies a different or specific histology, code the histology from the primary site.

2. Code the histology using the following priority list and the Histology Rules. Do not change histology in order to make the case applicable for staging.

The priority list is used for **single primaries (including multiple tumors abstracted as a single primary)**.

This is a hierarchical list of source documentation.

Code the **most specific** pathology/tissue from either the resection or biopsy.

Note 1: The term “most specific” usually refers to a subtype/variant.

Note 2: The histology rules instruct to code the invasive histology when there are in situ and invasive components in a single tumor.

Note 3: When there is a discrepancy between the biopsy and resection (two distinctly different histologies/different rows), code the histology from the most representative specimen (the greater amount of tumor).

1. **Tissue or pathology** report from primary site (in priority order)
 - A. Addendum(s) and/or comment(s)
 - B. Final diagnosis/synoptic report as required by CAP
 - C. CAP protocol (this is not the same as the CAP synoptic report)

Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Note 1: Addendums and comments on the pathology report are given highest priority because they often contain additional information about molecular testing, genetic testing, and /or special stains which give a more specific diagnosis.

Note 2: The pathologist's diagnosis from the pathology report is always reliable, so the final diagnosis is the second priority.

Note 3: The CAP protocol is a checklist which:

- Provides guidelines for collecting the essential data elements for complete reporting of malignant tumors and optimal patient care
- Allows physicians to check multiple histologies

2. **Cytology** (Fine needle biopsy from primary site, retroperitoneal, peritoneal, abdominal cavity fluid, ascites)

Example: Fine needle aspiration of ascites shows adenocarcinoma, and the resection pathology shows serous adenocarcinoma. Code serous adenocarcinoma 8441/3

3. Tissue/pathology from metastatic site

Note 1: Code behavior /3.

Note 2: The **tissue** from a **metastatic** site often shows **variations** from the primary tumor. When it is the **only** tissue available, it is **more accurate** than a scan.

4. Scan: The following list is not in priority order because they are not a reliable method for identifying specific histology(ies).

- A. MRI
- B. CT
- C. PET
- D. Ultrasound

5. Code the histology **documented** by the physician when none of the above are available. Use the documentation in the following

- A. Priority order:
- B. Treatment plan
- C. Documentation from Tumor Board
- D. Documentation from the medical record that refers to the original pathology, cytology, or scan(s)
- E. Physician's **reference to** type of cancer (**histology**) in the medical record

Note 1: Code the specific histology when documented

Note 2: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or as stated by the physician when nothing more specific is documented

Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Coding Histology

Important Information for using Other Sites Histology Tables:

1. Site-specific histology tables have been added to Other Sites Solid Tumor Rules. The majority of solid tumor sites excluding Head and Neck, Colon, Lung, Breast, Cutaneous Melanoma, Kidney, Urinary, and CNS now have site-specific histology tables.
2. Not all site groups have individual histology tables and will require the use of ICD-O and updates.
3. Site-specific histology tables are based on current WHO Classification of Tumors books and the current version of ICD-O. The tables may not include all histologies that could occur in that site.
4. In place of adding numerous site-based histology rules to the 2023 revision, the histology tables in Other Sites Terms and Definitions include additional coding instructions and notes to assign the correct ICD-O code when appropriate.

Note 1: The priority is to code the most specific histology. **DO NOT USE BREAST HISTOLOGY CODING RULES FOR THIS MODULE.**

Note 2: Only use this section for one or more histologies within a single tumor.

Note 3: Do not use this section in place of the Histology Rules.

1. Code the most specific histology or subtype/variant, regardless of whether it is described as:
 - A. The majority or predominant part of tumor
 - B. The minority of tumor
 - C. A component

Note 1: Some site specific histologies must meet a percentage requirement in order to be coded. Refer to the Histology Rules and the appropriate site group Histology Table for coding guidance.

Note 2: The terms above (A, B, C) must describe a **carcinoma** or **sarcoma** in order to code a histology described by those terms.

Example: When the diagnosis is adenocarcinoma with a component of papillary **carcinoma**, code papillary carcinoma 8260.

Negative example: When the diagnosis is simply adenocarcinoma with a papillary component. Code adenocarcinoma 8140. Do not assume this is a papillary carcinoma. This could be papillary differentiation or features.

Note 3: When the most specific histology is described as differentiation or features, see #2.

Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

2. Code the histology described as **differentiation** or **features/features of ONLY** when there is a specific ICD-O code for the “NOS with ____ features” or “NOS with ____ differentiation”.

Note: Do not code differentiation or features when there is no specific ICD-O code.

3. Code the specific histology described by **ambiguous terminology** (list follows) **ONLY** when A or B is true:

A. The only diagnosis available is **one histology** term described by ambiguous terminology

- CoC and SEER require reporting of cases diagnosed only by ambiguous terminology
- The final pathology diagnosis is an ambiguous term followed by a histology type
- Case is accessioned (added to your database) based on ambiguous terminology and no other histology information is available/documented

Example: Outpatient biopsy says **consistent with adenocarcinoma**. The case is accessioned (entered into the database) as required by both SEER and COC. No further information is available. Code the histology to adenocarcinoma. The case meets the criteria in **#3A**.

B. There is a **NOS histology and a more specific** (subtype/variant) described by ambiguous terminology

- Specific histology is clinically confirmed by a physician (attending, pathologist, oncologist, etc.) **OR**
- Patient is receiving treatment based on the specific histology described by ambiguous term

Example 1: The pathology diagnosis is adenocarcinoma consistent with tubular adenocarcinoma. The oncology consult says the patient has tubular adenocarcinoma of the stomach. This is clinical confirmation of the diagnosis, code tubular adenocarcinoma. The case meets the criteria in **bullet 1**.

Example 2: The pathology diagnosis is sarcoma consistent with myxosarcoma. The treatment plan says the patient will receive treatment for myxosarcoma. Treatment plan confirms myxosarcoma; code myxosarcoma. The case meets the criteria in **bullet 2**.

If the specific histology does not meet the criteria in #3B, then code the NOS histology.

Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

List of Ambiguous Terminology

Apparently	Most likely
Appears	Presumed
Comparable with	Probable
Compatible with	Suspect(ed)
Consistent with	Suspicious (for)
Favor(s)	Typical (of)
Malignant appearing	

4. Do not code histology when described as:

- Architecture
- Foci; focus; focal
- Pattern

Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Single Tumor: In Situ Only
(All parts are in situ)

- Rule H1** Code the histology documented by the physician when the **pathology/cytology** report is **not available**.
Note 1: Priority for using documents to code histology when pathology/cytology report is not available
- Documentation in the medical record that refers to the pathologic or cytologic findings
 - Physician’s reference to type of cancer in the medical record
- Note 2:* Code the specific histology when documented.
Note 3: Code the histology to 8000/2 (cancer, in situ/non-invasive) or 8010/2 (carcinoma in situ, NOS) as stated by the physician when nothing more specific is documented.
- Rule H2** Code the histology when only **one histologic type** is identified.
Note 1: Do not code terms that do not appear in the histology description.
Note 2: Use [Tables 3-21](#) to code histology. New codes, terms, and synonyms are included in Tables 3-21 and coding errors may occur if the table is not used.
Example: Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the final diagnosis.
- Rule H3** Code **8210** (adenocarcinoma in adenomatous polyp), **8261** (adenocarcinoma in villous adenoma), or **8263** (adenocarcinoma in tubulovillous adenoma) **only when:**
- The final diagnosis is **adenocarcinoma/carcinoma** in a polyp **OR**
 - The final diagnosis is **adenocarcinoma/carcinoma**, and a residual polyp or polyp architecture is recorded in other parts of the pathology report **OR**
 - The final diagnosis is **adenocarcinoma/carcinoma** and there is reference to residual or pre-existing polyp **OR**
 - There is documentation that the patient had a **polypectomy**
- Important note: For cases diagnosed 1/1/2023 forward:** If the final diagnosis indicates a histology other than adenocarcinoma/carcinoma arising in a polyp, code the specific histology. This applies to all sites.
Example: Endometrial biopsy shows endometrioid adenocarcinoma in situ arising in a polyp. Code endometrioid adenocarcinoma, in situ.

Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Rule H4 Code the **subtype/variant** when a **NOS** and a **single subtype/variant** of that NOS are present.

- Adenocarcinoma in situ, NOS (**8140**) and a specific in situ adenocarcinoma
- Carcinoma in situ, NOS (**8010**) and a specific in situ carcinoma
- Melanoma in situ, NOS (**8720**) and a specific in situ melanoma
- Sarcoma, NOS (**8800**) and a specific sarcoma
- Squamous cell carcinoma, NOS (**8070**) and a specific squamous cell carcinoma

Note 1: The specific type may be identified as type, subtype, variant or predominantly.

Note 2: Do not code architecture and pattern.

Note 3: Refer to [Tables 3-21](#) in Terms and Definitions for additional coding instructions. There may be exceptions to this rule.

Rule H5 Code a **combination code** when there are multiple specific in situ histologies or when there is an NOS with multiple specific in situ histologies **AND**

- The combination is listed in [Table 2](#) in Equivalent Terms and Definitions, ICD-O and all updates **OR**
- You receive a combination code from [Ask A SEER Registrar](#)

Note 1: The rules are hierarchical. Use this rule when previous rules do not apply.

Note 2: Submit a question to Ask A SEER Registrar when a combination is not listed in Table 2 in Equivalent Terms and Definitions, ICD-O, and all ICD-O updates.

This is the end of instructions for a Single Tumor: In Situ Components
Code the histology according to the rule that fits the case

Single tumor: Invasive and In Situ Components

Rule H6 Code the **invasive histology** when both invasive and in situ components are present.

Note 1: Use [Tables 3-21](#), ICD-O, and all ICD-O updates to determine if the term containing both invasive and in situ histologies has a specific ICD-O code.

Example: Intraductal papillary mucinous neoplasm with associated carcinoma has both in situ (intraductal) and associated invasive carcinoma and has an ICD-O code of 8453/3

Note 2: When the term is not listed in [Tables 3-21](#), ICD-O, and ICD-O updates, ignore the in situ term.

This is the end of instructions for a Single Tumor: Invasive and In Situ Components
Code the histology according to the rule that fits the case

Jump to [Equivalent Terms and Definitions](#)

Jump to [Multiple Primary Rules](#)

Other Sites Solid Tumor Rules
For cases diagnosed 1/1/2023 forward

Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Single Tumor: Invasive Only

- Rule H7** Code the histology documented by the physician when the **pathology/cytology** report is **not available**.
Note 1: Priority for using documents to code histology when pathology/cytology report is not available
- Documentation in the medical record that refers to the pathologic or cytologic findings
 - Physician’s reference to type of cancer in the medical record
 - CT, PET, or MRI scans
- Note 2:* Code the specific histology when documented.
Note 3: Code the histology to 8000/3 (cancer, malignant neoplasm) or 8010/3 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
- Rule H8** Code the histology from a **metastatic site** when there is **no pathology/cytology** from the primary site.
Note: Code the behavior /3.
- Rule H9** Code **8140** (adenocarcinoma, NOS) for **prostate primaries** when the diagnosis is:
- Acinar adenocarcinoma/carcinoma **OR**
 - Adenocarcinoma **OR**
 - Adenocarcinoma with ductal features **OR**
 - Atrophic adenocarcinoma **OR**
 - Foamy gland adenocarcinoma **OR**
 - Microcystic adenocarcinoma **OR**
 - Pseudohyperplastic adenocarcinoma **OR**
 - Prostatic intraepithelial-like carcinoma
- Rule H10** Code the histology when only **one histologic type** is identified.
Note 1: Do not code terms that do not appear in the histology description.
Example: Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.
Note 2: If histology is papillary carcinoma of the thyroid, continue through the rules.

Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

- Rule H11** Code **8210** (adenocarcinoma in adenomatous polyp), **8261** (adenocarcinoma in villous adenoma), or **8263** (adenocarcinoma in tubulovillous adenoma) **only when:**
- The final diagnosis is **adenocarcinoma/carcinoma** in a polyp **OR**
 - The final diagnosis is **adenocarcinoma/carcinoma**, and a residual polyp or polyp architecture is recorded in other parts of the pathology report **OR**
 - The final diagnosis is **adenocarcinoma/carcinoma** and there is reference to residual or pre-existing polyp **OR**
 - There is documentation that the patient had a polypectomy
- Important note for cases diagnosed 1/1/2023 forward:* If the final diagnosis indicates a histology other than adenocarcinoma/carcinoma arising in a polyp, code the specific histology.
- Example:* Cervix biopsy shows endometrioid adenocarcinoma arising in multiple polyps. Code endometrioid adenocarcinoma.

- Rule H12** Code the subtype/variant for pancreas primaries when the diagnosis is **ductal carcinoma/adenocarcinoma** **AND**
- Adenosquamous carcinoma **8560/3**
 - Colloid/mucinous carcinoma/adenocarcinoma **8480/3**
 - Hepatoid carcinoma **8576/3**
 - Large cell carcinoma with rhabdoid phenotype **8014/3**
 - Medullary carcinoma **8510/3**
 - Signet-ring/poorly cohesive carcinoma/adenocarcinoma **8490/3**
 - Undifferentiated carcinoma **8020/3**
 - Undifferentiated carcinoma with osteo-clast-like giant cells **8035/3**

- Rule H13** Code the **subtype/variant** when there is a **NOS** and a **single subtype/variant** of that NOS, such as the following:
- Cancer/malignant neoplasm, NOS (**8000**) **AND** a subtype/variant of cancer
 - Carcinoma, NOS (**8010**) **AND** a subtype/variant of carcinoma
 - Adenocarcinoma, NOS (**8140**) **AND** a subtype/variant of adenocarcinoma
 - Squamous cell carcinoma, NOS (**8070**) **AND** a subtype/variant of adenocarcinoma
 - Melanoma, NOS (**8720**) **AND** a subtype/variant of melanoma
 - Sarcoma, NOS (**8800**) **AND** a subtype/variant of sarcoma
- Note:* See [Tables 3-21](#) to find NOS and subtype/variants. There may be exceptions to this rule.

Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Rule H14 Code anaplastic carcinoma of thyroid (8021) or undifferentiated carcinoma of thyroid (8020) when other thyroid histologies are present in a **single** tumor.

- Treatment and prognosis will be largely determined by the anaplastic or undifferentiated component.
- This rule is new for 2023

Rule H15 Code **dedifferentiated carcinoma (8020)** when mixed with endometrioid carcinoma/adenocarcinoma.

- Dedifferentiated carcinoma is a distinct entity which has worse prognosis than endometrioid adenocarcinoma.

Rule H16 Code **papillary carcinoma/adenocarcinoma** of the **thyroid** to papillary adenocarcinoma, NOS (8260).

Rule H17 Code **papillary microcarcinoma** of **thyroid** to papillary adenocarcinoma, NOS (8260).

Note: For thyroid primaries only, the term micropapillary/papillary microcarcinoma does not refer to a specific histologic type. In North America, it means the papillary component of the tumor is minimal or occult.

Rule H18 Code **papillary carcinoma, follicular variant** of **thyroid (8340)** when there are multiple papillary and follicular carcinoma subtypes/variants:

- Papillary thyroid carcinoma, NOS and follicular carcinoma, NOS **OR**
- Papillary carcinoma, follicular variant and papillary thyroid carcinoma **OR**
- Papillary carcinoma, follicular variant and follicular carcinoma **OR**
- Any papillary thyroid carcinoma subtype/variant and any follicular subtype/variant listed in Column 3, [Table 12](#)

Rule H19 Code a combination code when there are multiple specific histologies or when there is an NOS with multiple specific histologies **AND**

- The combination is listed in [Table 2](#) in Equivalent Terms and Definitions, ICD-O and all updates **OR**
- There are coding instructions for the combination in the applicable histology [Tables 3-21](#) **OR**
- You receive a combination code from [Ask A SEER Registrar](#)

Note 1: The rules are hierarchical. Use this rule when previous rules do not apply.

Note 2: Submit a question to [Ask A SEER Registrar](#) when a combination is not listed in Table 2 in Equivalent Terms and Definitions, ICD-O, and all ICD-O updates.

This is the end of instructions for a Single Tumor: Invasive Only
Code the histology according to the rule that fits the case

Jump to [Equivalent Terms and Definitions](#)

Jump to [Multiple Primary Rules](#)

Other Sites Solid Tumor Rules
For cases diagnosed 1/1/2023 forward

Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Multiple Tumors Abstracted as a Single Primary

- Rule H20** Code the histology documented by the physician when the **pathology/cytology** report is **not available**.
Note 1: Priority for using documents to code histology when pathology/cytology report is not available
- Documentation in the medical record that refers to the pathologic or cytologic findings
 - Physician's reference to type of cancer in the medical record
 - CT, PET, or MRI scans
- Note 2:* Code the specific histology when documented.
Note 3: Code the histology to 8000/3 (cancer, malignant neoplasm) or 8010/3 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

- Rule H21** Code the histology from a **metastatic site** when there is **no pathology/cytology** from the primary site.
Note: Code the behavior /3.

- Rule H22** Code **8140** (adenocarcinoma, NOS) for **prostate primaries** when the diagnosis is:
- Acinar adenocarcinoma/carcinoma **OR**
 - Adenocarcinoma **OR**
 - Adenocarcinoma with ductal features **OR**
 - Atrophic adenocarcinoma **OR**
 - Foamy gland adenocarcinoma **OR**
 - Microcystic adenocarcinoma **OR**
 - Pseudohyperplastic adenocarcinoma **OR**
 - Prostatic intraepithelial-like carcinoma

Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Rule H23 Code **8077/2** (Squamous intraepithelial neoplasia, high grade) for the following:

- AIN, grade II/Anal intraepithelial neoplasia, grade II
- AIN, grade III/Anal intraepithelial neoplasia, grade III
- Biliary intraepithelial neoplasia, high grade
- CIN with severe dysplasia
- Conjunctival intraepithelial neoplasia grade III (CIN III)
- High-grade squamous intraepithelial neoplasia, grade II
- High-grade intraepithelial neoplasia, grade III
- High-grade squamous intraepithelial lesion (HSIL)
- Intraepithelial neoplasia grade II/III
- Squamous intraepithelial neoplasia, grade II
- Squamous intraepithelial neoplasia, grade III
- Vaginal intraepithelial neoplasia, grade III/VAIN III

Note 1: Code 8077 cannot be used for glandular intraepithelial neoplasia such as pancreatic intraepithelial neoplasia (PAIN).

Note 2: This list may not include all reportable neoplasms for 8077/2. See SEER Program Coding and Staging Manual or STORE manual for reportable neoplasms.

Rule H24 Code **8148/2** (Glandular intraepithelial neoplasia grade III) for the following:

- Pancreatic intraepithelial neoplasia (PanIN III)
- High grade biliary intraepithelial neoplasms (BiIN III)
- Biliary intraepithelial neoplasm Grade 3/BiIN-3
- Esophageal intraepithelial neoplasm, high grade

Note: This list may not include all reportable neoplasms for 8148/2. See SEER Program Coding and Staging Manual or STORE manual for reportable neoplasms.

Rule H25 Code the histology when only **one histologic type** is identified.

Note: Do not code terms that do not appear in the histology description.

Example: Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis

Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

Rule H26 Code the histology of the underlying tumor when there is **extramammary Paget disease** and an underlying tumor of the **anus, perianal region, or vulva**.

Rule H27 Code **8210** (adenocarcinoma in adenomatous polyp), **8261** (adenocarcinoma in villous adenoma), or **8263** (adenocarcinoma in tubulovillous adenoma) **only when**:

- The final diagnosis is **adenocarcinoma/carcinoma** in a polyp **OR**
- The final diagnosis is **adenocarcinoma/carcinoma**, and a residual polyp or polyp architecture is recorded in other parts of the pathology report **OR**
- The final diagnosis is **adenocarcinoma/carcinoma** and there is reference to residual or pre-existing polyp **OR**
- There is documentation that the patient had a polypectomy

Important note for cases diagnosed 1/1/2023 forward: If the final diagnosis indicates a histology other than adenocarcinoma/carcinoma arising in a polyp, code the specific histology.

Example: Cervix biopsy shows endometrioid adenocarcinoma arising in multiple polyps. Code endometrioid adenocarcinoma.

Rule H28 Code **papillary carcinoma, follicular variant of thyroid (8340)** when there are multiple papillary and follicular carcinoma subtypes/variants:

- Papillary thyroid carcinoma, NOS and follicular carcinoma, NOS **OR**
- Papillary carcinoma, follicular variant and papillary thyroid carcinoma **OR**
- Papillary carcinoma, follicular variant and follicular carcinoma **OR**
- Any papillary thyroid carcinoma subtype/variant and any follicular subtype/variant listed in Column 3, [Table 12](#)

Rule H29 Code **papillary microcarcinoma** of thyroid to papillary carcinoma/adenocarcinoma of the **thyroid to 8260**.

Note: For thyroid primaries only, the term micropapillary/papillary microcarcinoma does not refer to a specific histologic type. In North America, it means the papillary component of the tumor is minimal or occult.

Rule H30 Code the single **invasive** histology for **combinations of invasive and in situ**. Ignore the in situ terms.

Note: If the Multiple Primary Rules indicate an invasive tumor and separate in situ tumor are a single primary, code the invasive histology.

Other Sites Histology Rules
Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia
For Cases Diagnosed 1/1/2023 Forward

- Rule H31** Code the subtype/variant for **pancreas** primaries when the diagnosis is **ductal carcinoma/adenocarcinoma** AND
- Adenosquamous carcinoma **8560/3**
 - Colloid/mucinous carcinoma/adenocarcinoma **8480/3**
 - Hepatoid carcinoma **8576/3**
 - Large cell carcinoma with rhabdoid phenotype **8014/3**
 - Medullary carcinoma **8510/3**
 - Signet-ring/poorly cohesive carcinoma/adenocarcinoma **8490/3**
 - Undifferentiated carcinoma **8020/3**
 - Undifferentiated carcinoma with osteo-clast-like giant cells **8035/3**

- Rule H32** Code the **subtype/variant** when there is a **NOS** and a **single subtype/variant** of that NOS, such as the following:
- Cancer/malignant neoplasm, NOS (**8000**) AND a subtype/variant of cancer
 - Carcinoma, NOS (**8010**) AND a subtype/variant of carcinoma
 - Adenocarcinoma, NOS (**8140**) AND a subtype/variant of adenocarcinoma
 - Squamous cell carcinoma, NOS (**8070**) AND a subtype/variant of adenocarcinoma
 - Melanoma, NOS (**8720**) AND a subtype/variant of melanoma
 - Sarcoma, NOS (**8800**) AND a subtype/variant of sarcoma
- Note:* See [Tables 3-21](#) in to find NOS and subtype/variants. There may be exceptions to this rule.

- Rule H33** Code a combination code when there are multiple specific histologies or when there is an NOS with multiple specific histologies AND
- The combination is listed in [Table 2](#) in Equivalent Terms and Definitions, ICD-O and all updates OR
 - There are coding instructions for the combination in the applicable histology [Tables 3-21](#) OR
 - You receive a combination code from Ask A SEER Registrar
- Note 1:* The rules are hierarchical. Use this rule when previous rules do not apply.
Note 2: Submit a question to [Ask A SEER Registrar](#) when a combination is not listed in Table 2 in Equivalent Terms and Definitions, ICD-O, and all ICD-O updates.

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary
Code the histology according to the rule that fits the case