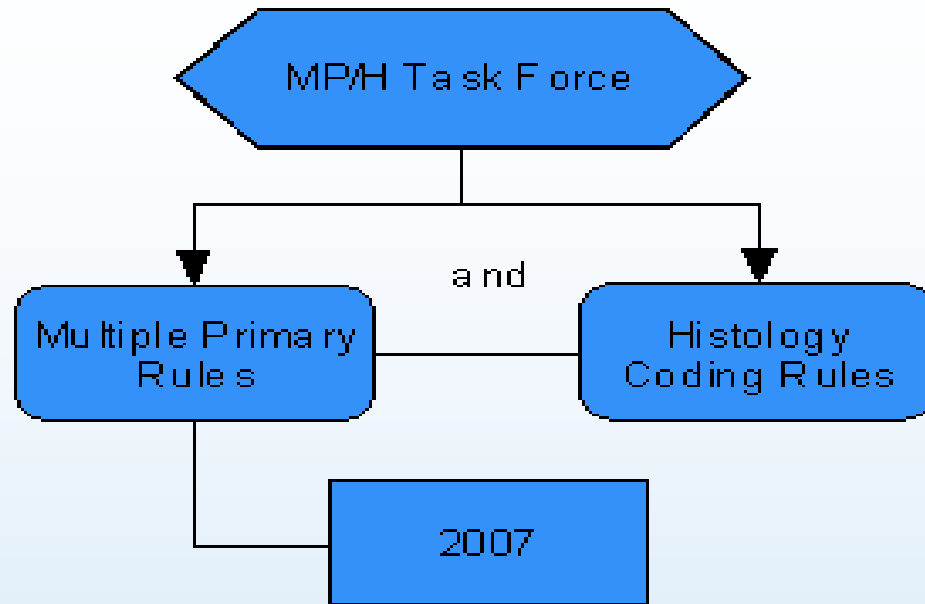


# LUNG



**Equivalent Terms, Def,  
Charts, Tables, Illustrations**

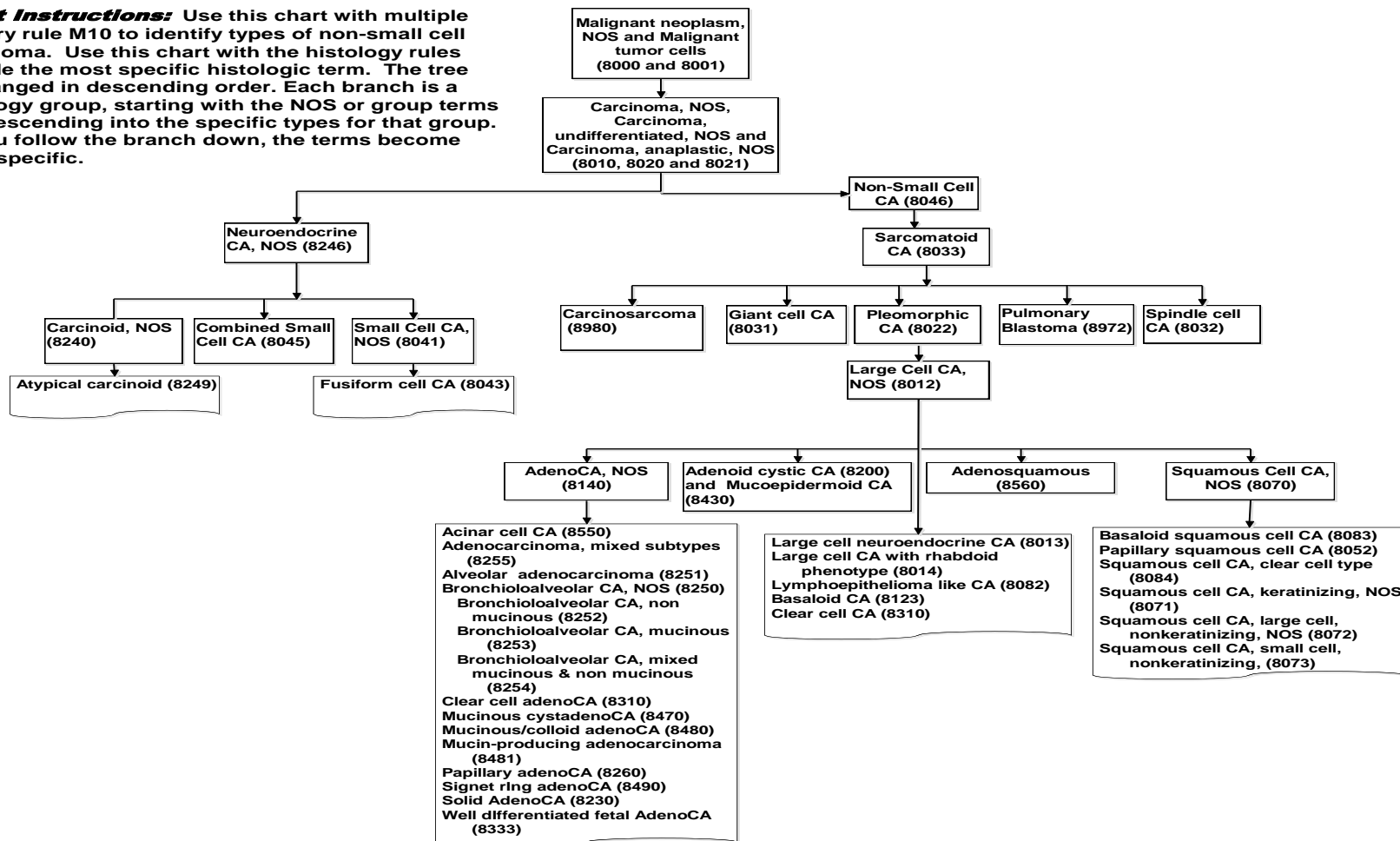
# Equivalent Terms

- Default
  - multiple tumors with only one biopsied
- Equivalent
  - Neuroendocrine ca – carcinoid

# Chart 1 – Lung Histology Groups and Specific Types

*Note:* This chart is based on the *WHO Classification of Tumors* for tumors of the lung. The chart is **not** a complete listing of histologies that may occur in the lung.

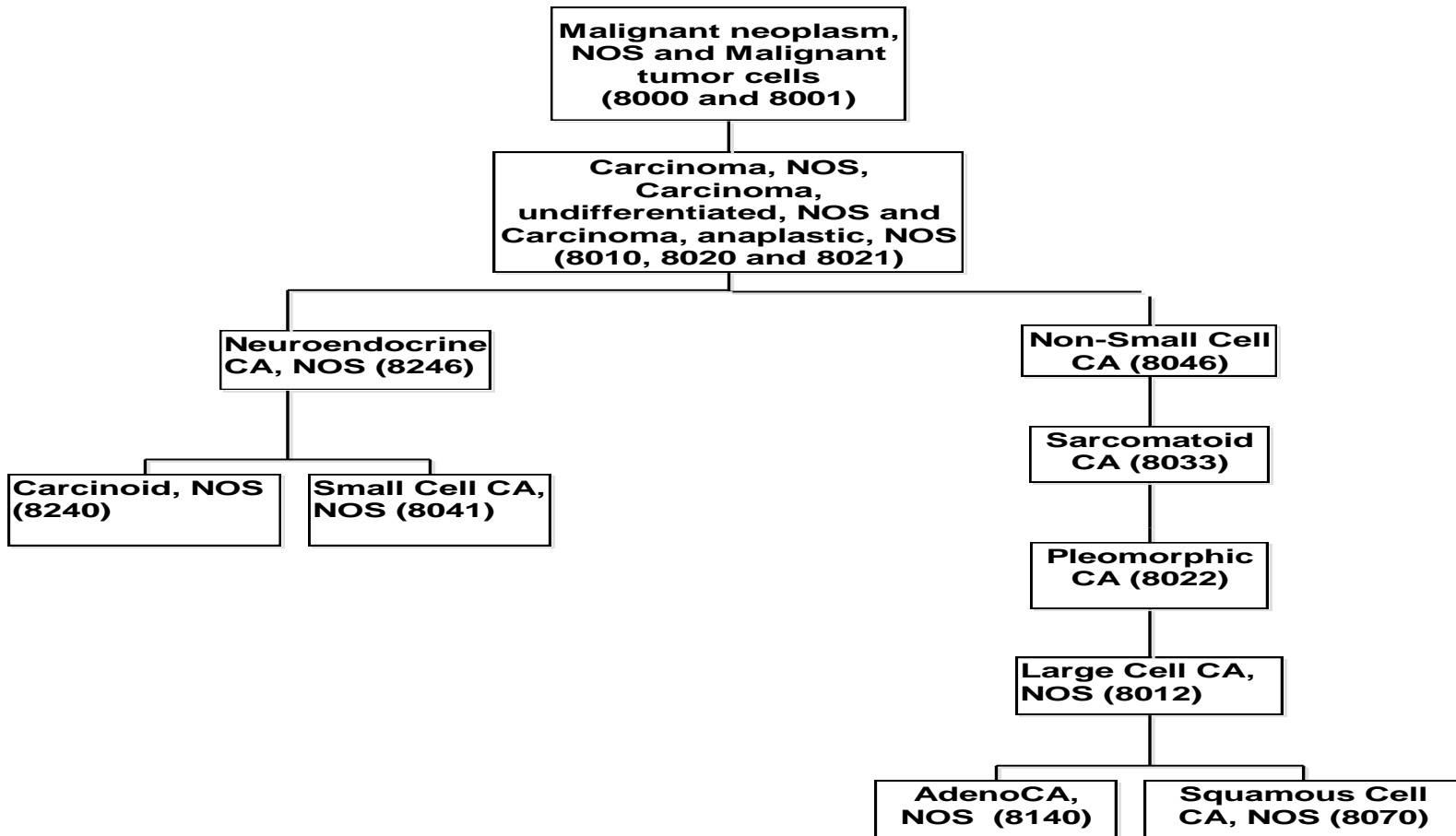
**Chart Instructions:** Use this chart with multiple primary rule M10 to identify types of non-small cell carcinoma. Use this chart with the histology rules to code the most specific histologic term. The tree is arranged in descending order. Each branch is a histology group, starting with the NOS or group terms and descending into the specific types for that group. As you follow the branch down, the terms become more specific.



## Chart 2 – Most Common Lung Histology Groups

**Chart Instructions:** Use this chart to identify the most common group terms and histology types.

**Note:** This chart is based on the *WHO Classification of Tumors* for tumors of the lung. The chart is **not** a complete listing of histologies that may occur in the lung.



# *Table 1 Instructions*

Use this table to select combination/mixed histology codes. Compare the terms in the diagnosis to the terms in columns 1 and 2. If the terms match, abstract the case using the ICD-O-3 histology code in column 4. Use the combination/mixed codes listed in this table only when the histologies in the tumor match the histologies listed below. Use the combination/mixed codes for a **single tumor** when all histologies are present in a single tumor.

**Note:** This table is not a complete listing of histologies that may occur in the lung

**Table 1 –Combination/Mixed Codes for Lung Histologies**

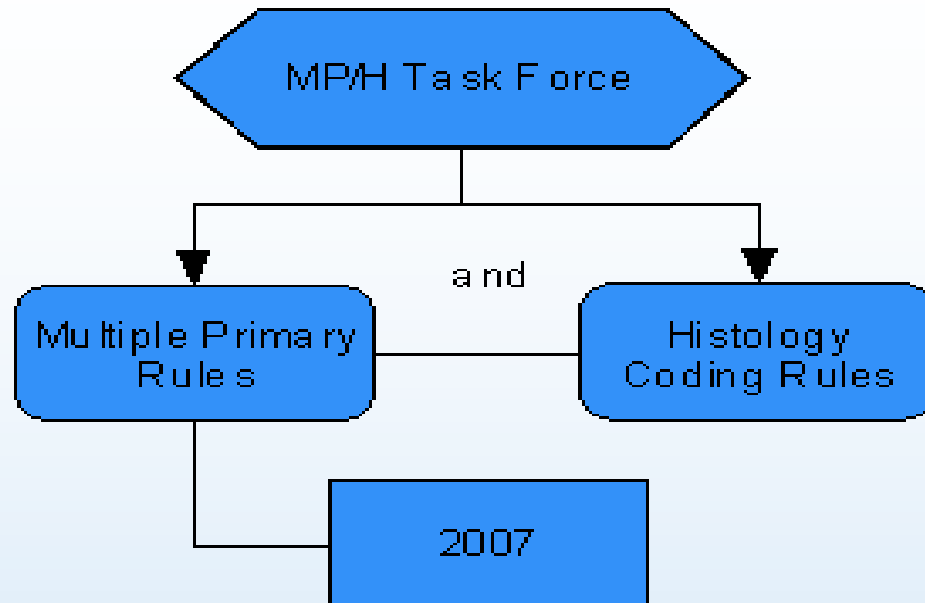
*Note:* This table is not a complete listing of histologies that may occur in the lung.

<b>Column 1: Required Terms</b>	<b>Column 2: Additional Required Terms</b>	<b>Column 3: ICD-O-3 Term</b>	<b>Column 4: ICD-O-3 Code</b>
Giant cell carcinoma AND spindle cell carcinoma		Giant cell and spindle cell carcinoma	8030
Small cell carcinoma AND one of the histologies in Column 2 <i>Note: <b>Diagnosis must be small cell carcinoma (NOS), not a subtype of small cell</b></i>	Adenocarcinoma Large cell carcinoma Squamous cell carcinoma	Combined small cell carcinoma Mixed small cell carcinoma	8045
Squamous cell carcinoma* AND large cell nonkeratinizing		Squamous cell carcinoma, large cell, nonkeratinizing	8072
Squamous cell carcinoma AND small cell nonkeratinizing		Squamous cell carcinoma, small cell, nonkeratinizing	8073
Squamous cell carcinoma* AND one of the histologies in Column 2	Spindle cell carcinoma	Squamous cell carcinoma, spindle cell	8074
	Sarcomatoid	Squamous cell carcinoma, sarcomatoid	
A combination of at least two of the histologies in Column 2**	Acinar	Adenocarcinoma with mixed subtypes**	8255**
	Bronchioloalveolar carcinoma		
	Bronchioloalveolar carcinoma non mucinous (Clara cell/type II pneumocyte)		
	Bronchioloalveolar carcinoma mucinous (goblet cell)		
	Bronchioloalveolar carcinoma mixed mucinous and non-mucinous		
	Clear cell adenocarcinoma		
	Papillary adenocarcinoma		
	Solid adenocarcinoma		
Well-differentiated fetal adenocarcinoma			

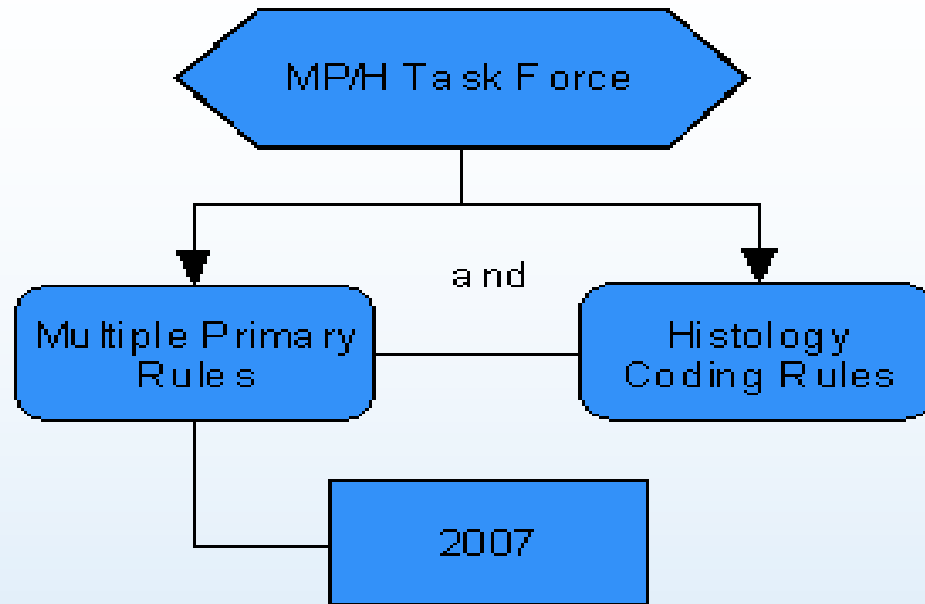
Column 1: Required Terms	Column 2: Additional Required Terms	Column 3: ICD-O-3 Term	Column 4: ICD-O-3 Code
Adenocarcinoma AND squamous cell carcinoma <i>Note: Diagnosis must be adenocarcinoma (NOS), not a subtype of adenocarcinoma</i>		Adenosquamous carcinoma	8560
Epithelial carcinoma AND myoepithelial carcinoma		Epithelial-myoepithelial carcinoma	8562

\* Squamous cell carcinoma and epidermoid carcinoma are synonyms.

\*\* **DO NOT USE** code **8255** for adenocarcinoma combined with mucinous subtypes such as mucinous “colloid” adenocarcinoma (8480) mucinous cystadenocarcinoma (8470) or signet ring adenocarcinoma (8490).



# Multiple Primary Rules



# Unknown if Single or Multiple Tumors

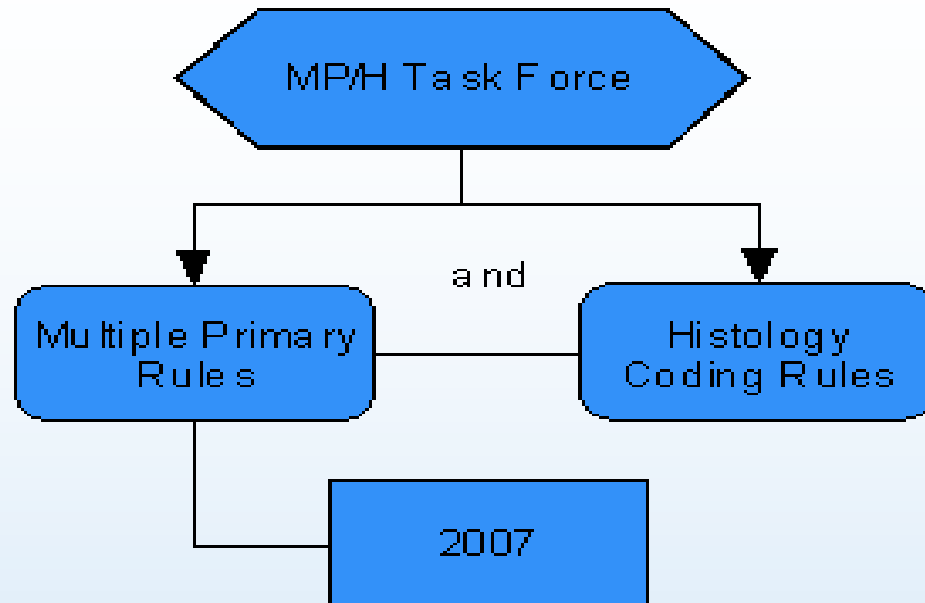
# M1

When it is not possible to determine if there is a **single** tumor **or multiple** tumors, opt for a single tumor and abstract as a single primary.

# M1 Notes

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

**Note 2:** Use this rule when only one tumor is biopsied but the patient has two or more tumors in one lung and may have one or more tumors in the contralateral lung. (See detailed explanation in Lung Equivalent Terms and Definitions).

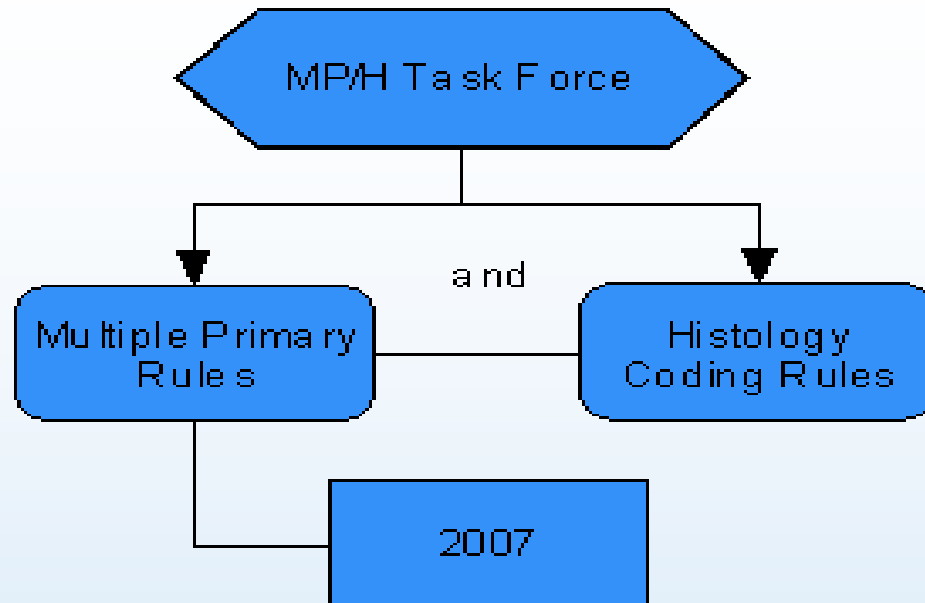


# Single Tumor

# M2

A **single tumor** is always a single primary.

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



# Multiple Tumors

# M3

Tumors in sites with ICD-O-3 **topography** codes that are **different** at the second (Cxxx) and/or third character (Cxxx) are multiple primaries.

**Note:** This is a change in rules; tumors in the trachea (C33) and in the lung (C34) were a single lung primary in the previous rules.

# M4

At least one tumor that is **non-small cell** carcinoma (8046) **and** another tumor that is **small cell** carcinoma (8041-8045) are multiple primaries.

# M5

A tumor that is **adenocarcinoma with mixed subtypes (8255)** and another that is **bronchioloalveolar (8250-8254)** are multiple primaries.

# M6

A **single** tumor in **each lung** is multiple primaries.

# M6 Note

When there is a single tumor in each lung abstract as multiple primaries unless stated or proven to be metastatic.

# M7

**Multiple** tumors in **both lungs** with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxx) number are multiple primaries.

# M8

Tumors diagnosed **more than three (3) years** apart are multiple primaries.

# M9

An **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis is a multiple primary.

# M9 Notes

**Note 1:** The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.

**Note 2:** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

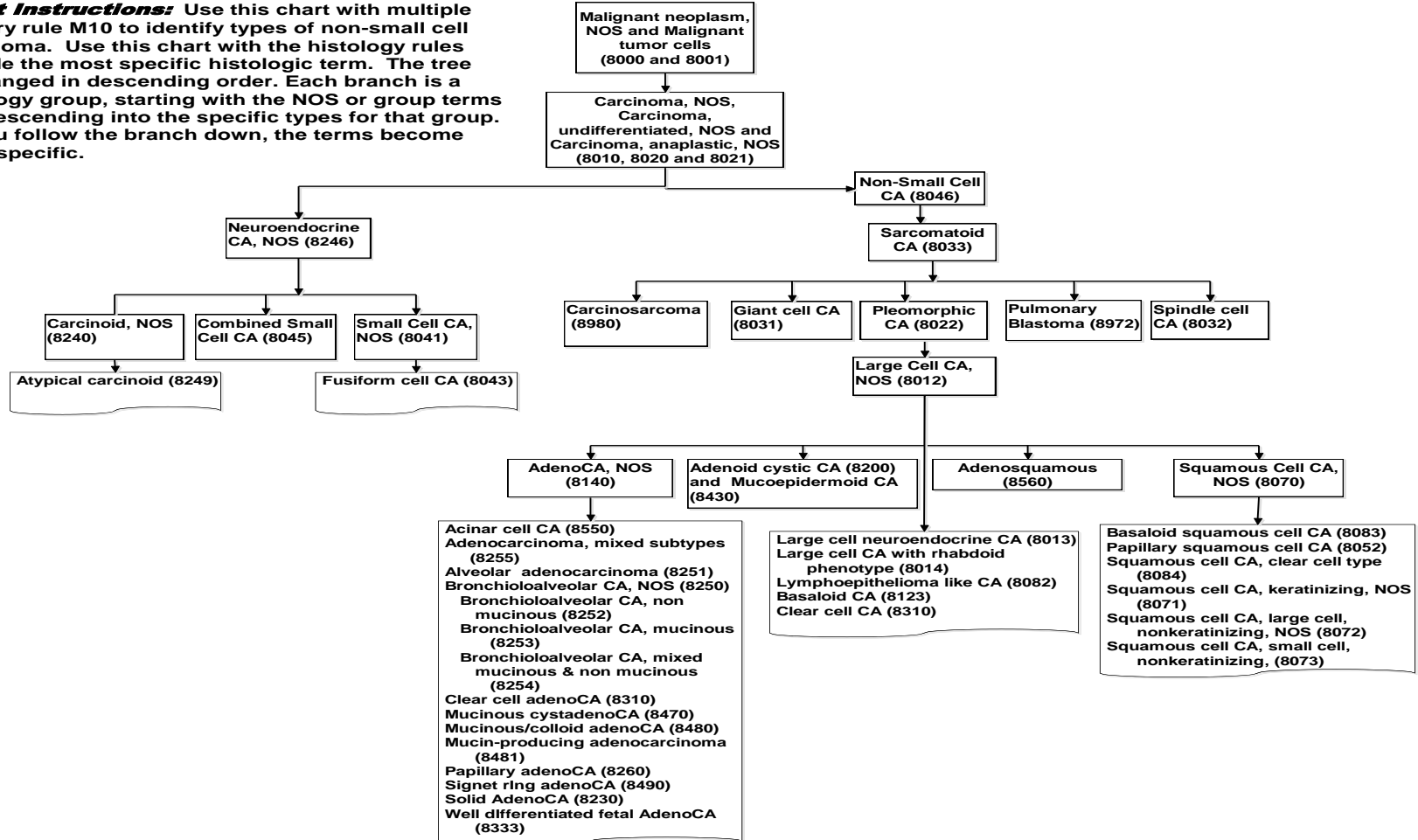
# M10

Tumors with **non-small cell carcinoma, NOS (8046) and a more specific non-small cell carcinoma type** (Chart 1) are a single primary.

# Chart 1 – Lung Histology Groups and Specific Types

**Note:** This chart is based on the *WHO Classification of Tumors* for tumors of the lung. The chart is **not** a complete listing of histologies that may occur in the lung.

**Chart Instructions:** Use this chart with multiple primary rule M10 to identify types of non-small cell carcinoma. Use this chart with the histology rules to code the most specific histologic term. The tree is arranged in descending order. Each branch is a histology group, starting with the NOS or group terms and descending into the specific types for that group. As you follow the branch down, the terms become more specific.



# M11

Tumors with ICD-O-3 **histology** codes that are **different** at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries.

# M11 Note

**Note:** Adenocarcinoma in one tumor and squamous cell carcinoma in another tumor are multiple primaries.

# M12

Tumors that **do not meet any** of the above **criteria** are a single primary.

# M12 Notes

**Note 1:** When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

**Note 2:** All cases covered by this rule are the same histology.

# M12 Examples

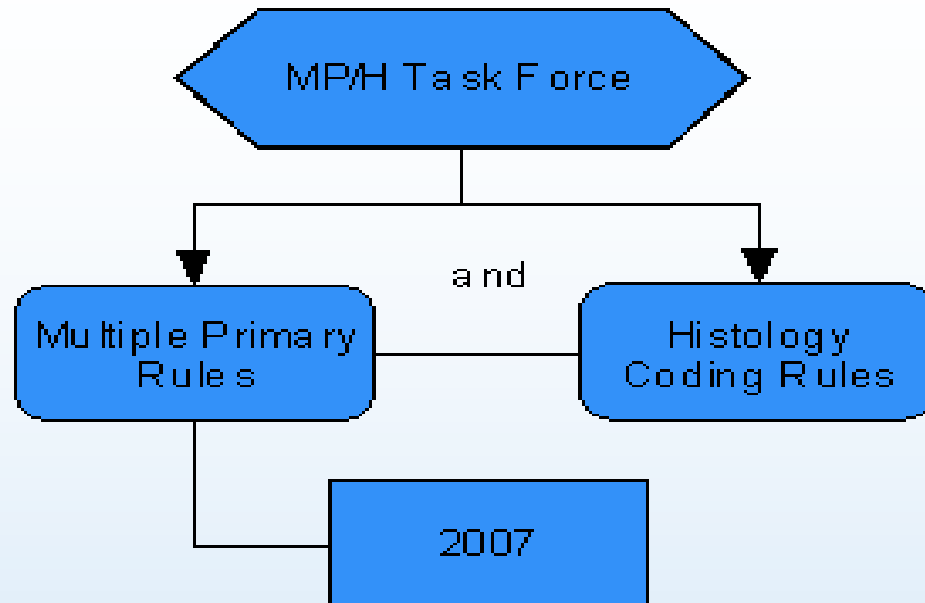
The following are examples of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary.

# M12 Examples

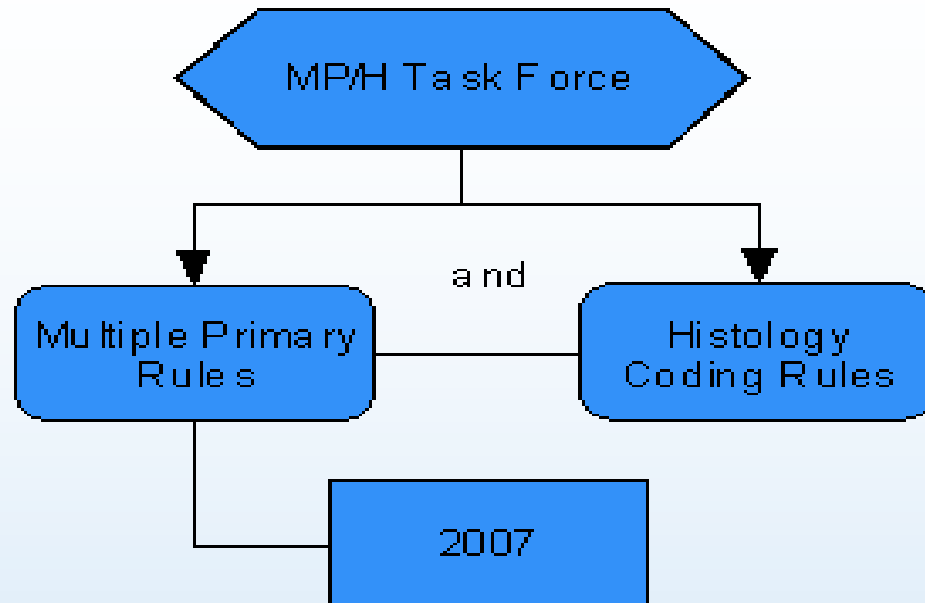
***Warning: Using only these case examples to determine the number of primaries can result in major errors.***

# M12 Examples

<p><b>Example 1:</b> Solitary tumor in one lung, multiple tumors in contralateral lung</p>	<p><b>Example 2:</b> Diffuse bilateral nodules (This is the only condition when laterality = 4)</p>	<p><b>Example 3:</b> An in situ and invasive tumor diagnosed within 60 days</p>
<p><b>Example 4:</b> Multiple tumors in left lung metastatic from right lung</p>	<p><b>Example 5:</b> Multiple tumors in one lung</p>	<p><b>Example 6:</b> Multiple tumors in both lungs</p>



# Histology Rules



# Single Tumor

# H1

Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

# H1 Note 1

**Note 1:** Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT, PET, or MRI scans
- Chest x-rays

# H1 Notes 2 and 3

**Note 2:** Code the specific histology when documented.

**Note 3:** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

## H2

Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site.**

**Note:** Code the behavior /3

# H3

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

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

# H3 Examples

***Example 1:*** Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.

***Example 2:*** Do not code bronchioalveolar non-mucinous unless the words “non-mucinous” actually appear in the diagnosis.

# H4

Code the invasive histologic type when a single tumor has **invasive and in situ** components.

# H5

Code the **most specific** term using Chart 1 **when** there are multiple histologies within the same branch.

# H5 Continued

Examples of histologies within the same branch are

- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Adenocarcinoma, NOS (8140) and a more specific adenocarcinoma or
- Squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma or
- Sarcoma, NOS (8800) and a more specific sarcoma

# H5 Note

The specific histology may be identified as type, subtype, predominantly, with features of, major, or with \_\_\_\_\_differentiation

# H5 Examples

**Example 1:** Adenocarcinoma, predominantly mucinous. Code 8480 (mucinous adenocarcinoma).

**Example 2:** Non-small cell carcinoma, papillary squamous cell. Code 8052 (papillary squamous cell carcinoma).

# H6

Code the appropriate combination/mixed code (Table 1) when there are **multiple specific histologies** or when there is a non-specific **with multiple specific histologies**.

# H6 Note and Examples

**Note:** The specific histologies may be identified as type, subtype, predominantly, with features of, major, or with \_\_\_\_\_differentiation.

**Example 1 (multiple specific histologies):**  
Solid and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes).

**Table 1 –Combination/Mixed Codes for Lung Histologies**

*Note:* This table is not a complete listing of histologies that may occur in the lung.

<b>Column 1: Required Terms</b>	<b>Column 2: Additional Required Terms</b>	<b>Column 3: ICD-O-3 Term</b>	<b>Column 4: ICD-O-3 Code</b>
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Small cell carcinoma AND one of the histologies in Column 2 <i>Note: <b>Diagnosis must be small cell carcinoma (NOS), not a subtype of small cell</b></i>	Adenocarcinoma	Combined small cell carcinoma Mixed small cell carcinoma	8045
	Large cell carcinoma		
	Squamous cell carcinoma		
Squamous cell carcinoma* AND large cell nonkeratinizing		Squamous cell carcinoma, large cell, nonkeratinizing	8072
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	Sarcomatoid	Squamous cell carcinoma, sarcomatoid	
A combination of at least two of the histologies in Column 2**	Acinar	Adenocarcinoma with mixed subtypes**	8255**
	Bronchioloalveolar carcinoma		
	Bronchioloalveolar carcinoma non mucinous (Clara cell/type II pneumocyte)		
	Bronchioloalveolar carcinoma mucinous (goblet cell)		
	Bronchioloalveolar carcinoma mixed mucinous and non-mucinous		
	Clear cell adenocarcinoma		
	Papillary adenocarcinoma		
	Solid adenocarcinoma		
Well-differentiated fetal adenocarcinoma			

# H6 Examples continued

***Example 2 (multiple specific histologies):***

Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma).

***Example 3 (non-specific with multiple specific histologies):*** Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes).

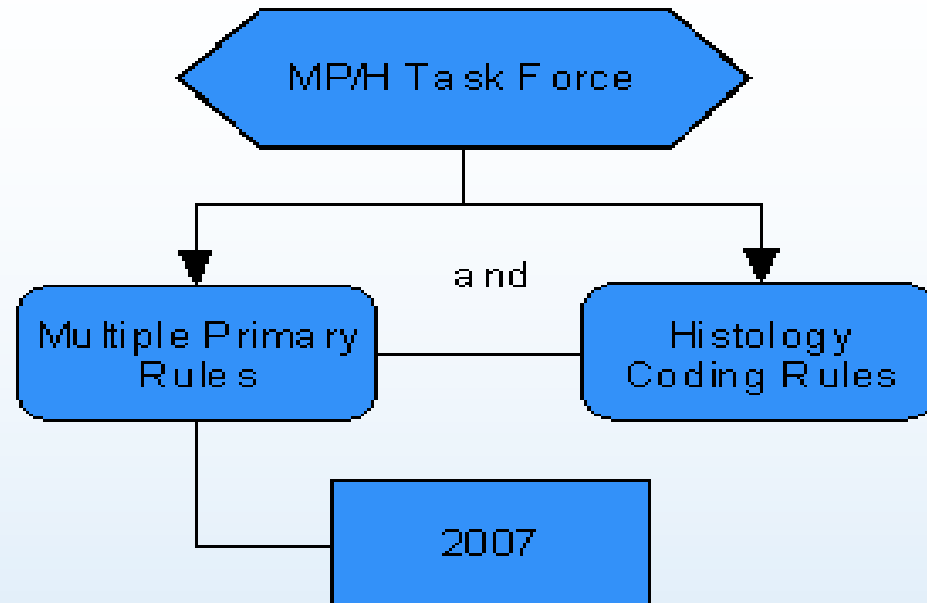
**Table 1 –Combination/Mixed Codes for Lung Histologies**

*Note:* This table is not a complete listing of histologies that may occur in the lung.

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	Large cell carcinoma		
	Squamous cell carcinoma		
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A combination of at least two of the histologies in Column 2**	Acinar	Adenocarcinoma with mixed subtypes**	8255**
	Bronchioloalveolar carcinoma		
	Bronchioloalveolar carcinoma non mucinous (Clara cell/type II pneumocyte)		
	Bronchioloalveolar carcinoma mucinous (goblet cell)		
	Bronchioloalveolar carcinoma mixed mucinous and non-mucinous		
	Clear cell adenocarcinoma		
	Papillary adenocarcinoma		
	Solid adenocarcinoma		
Well-differentiated fetal adenocarcinoma			

# H7

Code the histology with the **numerically higher** ICD-O-3 code.



# Multiple Tumors Abstracted as a Single Primary

# H8

Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

# H8 Note 1

**Note 1:** Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT, PET, or MRI scans
- Chest x-rays

# H8 Notes 2 and 3

**Note 2:** Code the specific histology when documented.

**Note 3:** Code the histology to 8000 (cancer/malignant neoplasm), or 8010 (carcinoma) as stated by the physician when nothing more specific is documented.

# H9

Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site.**

**Note:** Code the behavior /3

# H10

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

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

# H10 Examples

**Example 1:** Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.

**Example 2:** Do not code bronchioalveolar non-mucinous unless the words “non-mucinous” actually appear in the diagnosis.

# H11

Code the histology of the **most invasive** tumor.

# H11 Notes

**Note 1:** This rule should only be used when the first three numbers of the histology codes are identical (This is a single primary).

**Note 2:** See the Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive.

# H11 Notes Continued

- One tumor is in situ and one is invasive, code the histology from the invasive tumor.
- Both/all histologies are invasive, code the histology of the most invasive tumor.

# H12

Code the **most specific** term using Chart 1 **when** there are multiple histologies within the same branch.

# H12 Continued

Examples of histologies within the same branch are

- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Adenocarcinoma, NOS (8140) and a more specific adenocarcinoma or
- Squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma or
- Sarcoma, NOS (8800) and a more specific sarcoma

# H12 Note and Examples

**Note:** The specific histology may be identified as type, subtype, predominantly, with features of, major, or with \_\_\_\_\_differentiation

**Example 1:** Adenocarcinoma, predominantly mucinous. Code 8480 (mucinous adenocarcinoma).

**Example 2:** Non-small cell carcinoma, papillary squamous cell. Code 8052 (papillary squamous cell carcinoma).

# H13

Code the histology with the **numerically higher** ICD-O-3 code.

# MP/H Task Force



National  
Cancer Institute  
of Canada

Institut national  
du cancer  
du Canada

