

DETERMINING THE NUMBER OF PRIMARIES

Trying to decide whether lesions are reportable as single or multiple primaries can be confusing. First, let's review the definition of separate sites.

1. For certain sites, a difference in the subsite indicates a separate primary. These sites are colon (C18), anus and anal canal (C21), bone (C40-C41), melanoma of skin (C44), nerves (C47), and connective tissue (C49).

For practical purposes, the only two sites where you are likely to encounter multiple primaries are colon and melanoma of the skin.

- For example, a melanoma of the skin of the arm (C44.6) and a melanoma of the skin of the leg (C44.7) are reported as two primaries.

2. For other sites, a difference in the main category (the two numbers after the C) of the site code is reported as a separate primary.

- For example, stomach (C16) and cecum (C18.0) are separate primaries and two abstracts would be prepared.

Prepare a single abstract when there is a difference in subsite.

- For example, two separate squamous carcinomas, one of the true vocal cord (C32.0) and one of the posterior surface of the epiglottis (C32.1) are reported as a single primary because there is a difference only in subsite.

3. Table 24 in ICD-O-3 and pages 9-10 in the SEER Program Code Manual list site code groupings that are considered one primary site for reporting purposes. The groups that you are most likely to use are head and neck, genitalia and urinary system. Examples:

- A lesion on the soft palate (C05.1) and a lesion on the buccal mucosa (C06.0) would be reported as a single primary.
- Squamous carcinoma of the vulva (C51) and squamous carcinoma of the vagina (C52) would be reported as a single primary.
- Transitional cell carcinoma of the renal pelvis (C65) and a separate transitional cell carcinoma of the ureter (C66) would be reported as a single primary.

4. When there are multiple lesions, a difference in the first three digits of the histology code usually means different histologies.

This means a difference in any of the first three digits of the histology code.

- An angiosarcoma (9120) and an angiomyxosarcoma (8894) are different at the first digit. These are separate histologies.
- A mucinous adenocarcinoma (8480) and a ductal carcinoma (8500) are different at the second digit. These are separate histologies.
- An alveolar adenocarcinoma (8251) and a papillary adenocarcinoma (8260) are different at the third digit. These are separate histologies.
- Oat cell carcinoma (8042) and small cell carcinoma (8041), because they are only different at the fourth digit, are the same histology for the purpose of determining the number of primaries to report.

PREPARE A SINGLE ABSTRACT FOR:

1. A single lesion with one histologic type.
2. A single lesion with multiple histologic types. Code the histology in priority order: 1) a combination code if one exists; 2) a more specific code; 3) majority of the tumor; 4) higher ICD-O-3 code.
Examples:
 - A breast tumor with a mucinous component (8480/3) and a ductal component (8500/3) is reported as a single primary. (Code the combination histology, 8523/3.)
 - A colon cancer biopsy reported as adenocarcinoma, NOS (8140/3) and described as mucinous adenocarcinoma (8480/3) when resected. (Code the more specific diagnosis, 8480/3.)
 - A stomach carcinoma, predominantly signet ring type. (Code the majority term, 8490/3.)
 - A bladder tumor with transitional cell CA (8120/3) and squamous cell carcinoma (8070/3) is a single primary. (No combination code; code to higher ICD-O-3 code, 8120/3.)
3. Multiple lesions of the same histologic type, if diagnosed in the same site within two months.
 - For example, oat cell carcinoma (8042/3) of the LUL of the lung (C34.1) and small cell carcinoma (8041/3) of the LLL of the lung (C34.3) are a single primary.
4. An adenocarcinoma NOS and a more specific type of adenocarcinoma in the same site within two months are a single primary. This occurs most often in the colon.
 - For example, two separate tumors in the ascending colon, an adenocarcinoma (8140/3) and a mucin-producing adenocarcinoma (8481/3), are a single primary.
5. Multiple tumors of different cell types that commonly appear together in the same primary site diagnosed within two months are reported as a single primary. Examples:
 - Ductal carcinoma in the UOQ and a lobular carcinoma in the LIQ are reported as a single primary (C50.9 -- 8522/3).
 - Separate nodules of follicular carcinoma and papillary carcinoma in the thyroid. (Use the combination code 8340/3)

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