

CODING COMPLEX MORPHOLOGIC DIAGNOSES

Effective for cases coded with ICD-O-3 diagnosed 01/01/2001 and after

Definition: Complex Morphology

- Diagnoses that challenge the usual rules
- Different cell types in one tumor
- Different subtypes of the same basic cell type
- Codes that can be used to identify tumors with multiple histologic entities

What's the Problem?

- Pathologists' use of 'category terms' like duct cell carcinoma and renal cell carcinoma
- Pathologists' use of 'mixed' to mean different things
- Pathologists' use of 'type' and 'subtype' interchangeably
- Registrars aren't pathologists

What's the Solution?

Combination codes

- Reduce overcounting of primary cancers
- Flag specific situations rather than losing them in an NOS code
- Are useful but require additional skills to use

Terminology

- In most cases, mixed = combined. Sometimes 'mixed' indicates a unique tumor, not a combination.
- 'Type' can be a
 - different cell
 - variant of the same cell
 - subset of a more generic term
- Terms are used interchangeably
- Collision tumor: two separate primaries that grow together

NOS vs. Complex code

- Meaning of NOS
 - Not Otherwise Specified
 - Not Elsewhere Classified
 - Term used in a general sense
- Complex codes
 - Sometimes a category rather than a specific histologic diagnosis

CODING COMPLEX MORPHOLOGIC DIAGNOSES

CODING MORPHOLOGY FOR SINGLE PRIMARIES (ALL SITES)

Coding mixed or multiple morphologies in a single primary

Apply these rules in priority order:

- A. Use a combination code
 - 8255/3 Renal cell carcinoma, mixed clear cell and chromophobe types
 - 8523/_ Infiltrating duct carcinoma mixed with other types of carcinoma
 - 8524/_ Infiltrating lobular carcinoma mixed with other types of carcinoma

- B. Code the more specific morphology
Non-specific morphologies:
 - » carcinoma, adenocarcinoma, melanoma, sarcoma*Example:* Poorly differentiated carcinoma, probably squamous in origin
Code to 8070/3 Squamous cell carcinoma

- C1. Code the majority of the tumor
If the diagnosis is “generic cancer of something type,” code the type.
Example: Duct carcinoma, cribriform type
Code to: 8201/3 Cribriform carcinoma

- C2. Code majority of tumor based on “majority words”
Majority words
 - Predominantly
 - “type”
 - “with features of”
 - “with ... differentiation”NOT majority words
 - “with foci of”
 - “with areas of”
 - “with elements of”

- D. Code the morphology with the highest code
Used infrequently—rule with lowest priority
Example: Pleural tumor containing malignant mesothelioma (9050) and neuroendocrine carcinoma (8246)
Code to 9050/3 Malignant mesothelioma

REMEMBER ICD-O-3 RULE F (The Matrix Principle)

L Use the appropriate 5th digit behavior code even if the exact term is not listed in ICD-O.

Example: if all the mixed tissue is *in situ*, it is OK to change a combination code listed in ICD-O-3 with a behavior of /3 to /2.

CODING COMPLEX MORPHOLOGIC DIAGNOSES

CODING COMPLEX BREAST HISTOLOGIES

Apply these guidelines in priority order. Use the first guideline that applies and stop.

Single Tumors with Complex Histology

1. If the diagnosis is both lobular and ductal (in situ or invasive or a combination), use code 8522.
Examples: Duct carcinoma and lobular carcinoma in situ -- code as 8522/3.
LCIS and DCIS -- code as 8522/2.
2. If the diagnosis is mixed invasive and in situ, code the invasive diagnosis.
Examples: Ductal carcinoma with extensive cribriforming DCIS -- code as 8500/3
Mucinous carcinoma in a background of ductal carcinoma in situ -- code as 8480/3
Infiltrating ductal carcinoma with DCIS, solid, cribriform and comedo type – code as ductal carcinoma, 8500/3.
3. Use a combination code if the diagnosis is duct carcinoma or lobular carcinoma mixed with another type of carcinoma.
Look for “and” or “mixed” in the diagnosis.
 - a. If the diagnosis is duct carcinoma mixed with another type of carcinoma (excluding lobular), use code 8523/_.
Examples: Duct carcinoma **and** tubular carcinoma – code as 8523/3.
DCIS and cribriform carcinoma in situ -- code as 8523/2
 - b. If the diagnosis is lobular carcinoma mixed with another type of carcinoma (excluding ductal), use code 8524.
Examples: Lobular and adenoid cystic carcinoma -- code as 8524/3
Tubular carcinoma and lobular carcinoma -- code as 8524/3
4. Code the specific type if the diagnosis is
 - Duct carcinoma, _____ type
 - Duct carcinoma, predominantly _____
 - Duct carcinoma with features of _____*Code the stated type (subtype) even if the code is lower than 8500.*
Look for the term “type,” “subtype,” or “variant” or terms that indicate the majority of the tumor.
Examples: Duct carcinoma, tubular type -- code as tubular carcinoma, 8211
Duct carcinoma with apocrine features -- code as apocrine carcinoma, 8401/3
5. If the diagnosis includes more than one subtype, use a combination code.
Examples: Duct carcinoma, cribriform and comedo types – code as 8523/3.
Duct carcinoma in situ, showing both solid and cribriforming subtypes -- code as 8523/2

Separate Tumors of Different Histologies in One Breast

6. If different histologies occur in separate tumors in the same breast, use a combination code if possible and count the case as a single primary.
Examples: LCIS UIQ right breast and duct carcinoma LIQ -- code as 8522/3
Paget disease of nipple and intraductal carcinoma, UOQ -- code as 8543/3

CODING COMPLEX MORPHOLOGIC DIAGNOSES

HISTOLOGY CODES FOR INVASIVE BREAST CANCERS

Histology code must reflect the invasive tumor; terms include invasion, infiltrating, infiltration

- I. Invasive only, single type, no in situ component**
- | | |
|---|--------|
| Invasive carcinoma | 8010/3 |
| Invasive adenocarcinoma | 8140/3 |
| Invasive ductal (duct) carcinoma | 8500/3 |
| Invasive lobular carcinoma (NOS and subtypes) | 8520/3 |
| Tubular carcinoma | 8211/3 |
| Mucinous (colloid) carcinoma | 8480/3 |
| Medullary carcinoma | 8510/3 |
| Adenoid cystic carcinoma | 8200/3 |
| Intraductal papillary carcinoma with invasion | 8503/3 |
| Apocrine adenocarcinoma | 8401/3 |
| Metaplastic carcinoma | 8575/3 |
| Other rare types | |
| Paget disease (rare without underlying carcinoma,
which is usually invasive, but may be DCIS only) | 8540/3 |
- II. Invasive only, 2 or more types, no in situ component**
- | | |
|---|--------|
| Invasive ductal and lobular | 8522/3 |
| Invasive ductal and mucinous (colloid) | 8523/3 |
| Invasive ductal and tubular | 8523/3 |
| Invasive ductal and cribriform (cribriform also invasive) | 8523/3 |
| Invasive lobular and other types (except ductal) | 8524/3 |
- III. Invasive, one type, with DCIS or/and LCIS present**
- | | |
|--|--------|
| Invasive ductal and DCIS (loses the DCIS) | 8500/3 |
| Invasive lobular and DCIS | 8522/3 |
| Invasive ductal and LCIS | 8522/3 |
| Invasive lobular and LCIS (loses the LCIS) | 8520/3 |
- IV. Invasive, 2 or more types, with DCIS or/and LCIS**
Code as in category II; the CIS will be lost

HISTOLOGY CODES FOR NON-INVASIVE BREAST CANCERS

No invasion present (DCIS and/or LCIS only)

- I. Intraductal (ductal carcinoma in situ, DCIS) only** 8500/2
- II. Intraductal, with one subtype specified**
- | | |
|--|--------|
| DCIS papillary (intraductal papillary) | 8503/2 |
| DCIS micropapillary or clinging | 8507/2 |
| DCIS cribriform | 8201/2 |
| DCIS solid | 8230/2 |
| DCIS comedo | 8501/2 |
- III. Intraductal, with two or more subtypes specified** 8523/2
- IV. Intralobular (lobular carcinoma in situ, LCIS)** 8520/2
- V. Both DCIS and LCIS** (any DCIS subtypes will be lost) 8522/2

CODING COMPLEX MORPHOLOGIC DIAGNOSES

Examples of Complex Breast Diagnoses (coded, with comments)

Assume these examples are single primaries.

- 8401/3 Core needle breast bx: PD infiltrating ductal carcinoma with apocrine subtype of ductal ca.
Code the stated subtype of the invasive component.
- 8500/3 FNA L breast mass, UIQ: Atypical hyperplasia with clusters suspicious for carcinoma.
Needle localization (L breast, UOQ) followed by exc bx: Scirrhous ductal carcinoma and DCIS (comedo pattern); TS = 1.8 x 2.0 x 2.0 cm; extensive cribriforming noted. Margins of resection are clean.
Code the invasive component. "Scirrhous" is an adjective meaning "hard" Although it has a code in ICD-O-3, ductal carcinoma is the more precise term. According to our medical advisor, ignore "scirrhous" when it is used in combination with another histologic descriptor. If the term is "scirrhous carcinoma," code as 8141/3.
- 8507/3 Infiltrating ductal ca; focal micropapillary invasive pattern and intralymphatic tumor are additional features.
Use the "micropapillary invasive" information to code the more specific term.
- 8520/3 Infiltrating lobular ca, pleomorphic variant, measuring 5.4 cm.
A pleomorphic variant (subtype) of lobular carcinoma is not the same as pleomorphic carcinoma. Code as lobular carcinoma, NOS.
- 8522/2 Right breast lumpectomy specimen: Extensive in situ carcinoma with mixed ductal and lobular features and the following characteristics: 1) Two foci suspicious but not definitive for invasion. 2) Solid and cribriform histologic patterns.
Use the guidelines in order. Code the ductal and lobular combination. For coding purposes, any ductal carcinoma subtype should be treated as ductal carcinoma when seen in combination with lobular carcinoma or LCIS.
- 8522/2 Excision bx right breast: Ductal carcinoma in situ with the following characteristics: 1) cribriform and solid subtype. 2) lobular carcinoma in situ.
Use the guidelines in order. Code the ductal and lobular combination.
- 8522/2 Left breast core needle bx: ductal carcinoma in situ with the following features:
1) Histologic type: cribriform and solid.
Excisional bx:
1) Lobular carcinoma in situ.
2) Rare microscopic foci of ductal carcinoma in situ with the following features:
a) Histologic type: cribriform.
3) Microcalcifications associated with DCIS and LCIS.
Use the guidelines in order. Code the ductal and lobular combination.
- 8522/2 Stereotactic breast bx: DCIS with the following features:
Pattern: cribriform and solid.
Excision bx: residual ductal carcinoma in situ with the following features:
Histologic type: Solid and cribriform types.
Medial margin: Rare foci reaching minimal criteria for lobular carcinoma in situ. Negative for invasive ca.
Code as ductal and lobular.

CODING COMPLEX MORPHOLOGIC DIAGNOSES

Examples of Complex Breast Diagnoses (coded, with comments), continued

- 8522/3 Infiltrating duct ca with focal lobular features and focal mucinous features. There is cribriform DCIS with focal comedonecrosis adjacent to the infiltrating component.
Use a combination code for the invasive component. Use the first guideline and code the lobular and ductal combination.
- 8522/3 Right breast excisional biopsy: infiltrating ductal carcinoma with areas of metaplastic carcinoma with associated DCIS, cribriform histologic type and multiple foci of lobular carcinoma in situ.
Code the combination of invasive ductal and lobular in situ. "With areas of" does not constitute a majority of tumor.
- 8522/3 Left breast mass excision:
1) Infiltrating carcinoma with the following features:
 Histologic type: infiltrating ductal carcinoma of apocrine type.
2) Ductal carcinoma in situ with the following features:
 1) Histologic type: Apocrine cell type with papillary and solid architecture.
 2) Scattered foci of lobular carcinoma in situ.
Use the combination of ductal and lobular.
- 8522/3 Ductal and papillary carcinoma with separate foci of lobular ca
Code ductal and lobular combination.
- 8522/3 Ductal ca, mucinous type, and LCIS.
Use the guidelines in order. Use the combination code of ductal and lobular.
- 8523/3 Mammogun bxs, R breast, 6 specimens:
Specimen #1, UIQ: Ductal carcinoma, in situ, cribriforming type, BR Score 3
Specimen #2, UOQ: NED
Specimen #3, LIQ: Infiltrating papillary ductal carcinoma, well differentiated
Specimen #4, LOQ: NED
Specimen #5: Central breast: NED
Specimen #6: Nipple complex: NED, flaky nipple observation on physical examination is negative for Paget's disease.
R MRM w/R axill LN dissect: Ductal carcinoma, in situ and infiltrating, cribriform and papillary features observed; BR Score 3 to 4. 16 of 23 R axillary LNs with papillary ductal carcinoma present.
Use a combination code to include the cribriform and papillary features.
- 8523/2 Exc bx, R breast, UOQ: DCIS, cribriform (comedocarcinoma) and micropapillary, nuclear gr. 3.
Codes as multiple subtypes of DCIS.
- 8523/2 Stereotactic bx left breast: cribriform ductal carcinoma in situ.
Excisional bx: residual ductal carcinoma in situ, solid type.
Use information from both procedures. Code as multiple subtypes of DCIS.

CODING COMPLEX MORPHOLOGIC DIAGNOSES

OTHER COMPLEX MORPHOLOGIC CODES

REVISED 6/17/2002

8255/3 Adenocarcinoma with mixed subtypes

Adenocarcinoma combined with other types of carcinoma

8323/3 Mixed cell adenocarcinoma

THE PROBLEMS

- Terms are not site-specific
- The usual key words we look for can be used for both diagnoses
- Only a pathologist would know the subtle difference between them

UNTIL WE GET FURTHER GUIDANCE ON THESE TWO HISTOLOGIES...

L Code mixed cell GYN carcinomas and mixed pancreatic islet cell carcinomas (very rare) to 8323.

L Code mixed tumors of all other sites to 8255 unless there is a better complex code available elsewhere.

GYN Cancers of Mixed Cell Types

- Example: Mixed cell adenocarcinoma of ovary can be any combination of
 - 8441 Serous adenocarcinoma
 - 8480 Mucinous adenocarcinoma
 - 8380 Endometrioid adenocarcinoma
 - 8070 Squamous cell carcinoma
 - 9000 Brenner tumor
- » If more than one mentioned in path report, code to 8323/3 Mixed cell adenocarcinoma

Renal Cell Carcinoma Subtypes

Renal cell carcinoma (NOS, including hypernephroma [obs])	8312/3
Clear cell	8310/3
Papillary (also called chromophil)	8260/3
Chromophobe	8317/3
Sarcomatoid (spindle cell)	8318/3
Granular cell	8320/3
Collecting duct carcinoma	8319/3
Renal oncocytoma	8290/0
Cyst-associated renal cell carcinoma	8316/3

- » If more than one mentioned in path report, code to 8255/3 Adenocarcinoma with mixed subtypes

CODING COMPLEX MORPHOLOGIC DIAGNOSES

EXAMPLES OF COMPLEX HISTOLOGIES

8255/3 Sigmoid: adenocarcinoma with focal mucinous and clear cell differentiation

8255/3 Renal cell ca, mixed clear cell and chromophobe

8255/3 Renal cell ca with mixed granular cell, clear cell, and collecting duct differentiation

8255/3 Renal cell ca, mixed granular cell and clear cell

8255/3 Lung: adenocarcinoma, mixed acinar and papillary type

8045/3 Lung: mixed carcinoma with poorly differentiated and small cell neuroendocrine carcinoma

8323/3 Endometrium: adenocarcinoma with clear cell, papillary and squamous differentiation

8323/3 Pancreas: mixed alpha cell and beta cell carcinomas

8045/3 COMBINED SMALL CELL AND NON-SMALL CELL CARCINOMA

For single tumors, code 8045/3 should be used for combinations or mixtures of small cell (oat cell) carcinoma and any other type of carcinoma (sometimes referred to as “non-small cell” carcinomas). Combinations containing small cell carcinoma and carcinoids, lymphomas, and sarcomas of the lung cannot be coded as 8045/3. For analysis purposes, 8045/3 is included with small cell carcinomas. There are several synonyms and other names for small cell carcinoma, and many different types of carcinomas and adenocarcinomas other than small cell that may be seen in combination with small cell carcinoma in a single tumor.

See Appendix 1 for a list of terms that mean small cell and a list of ‘other than small cell’ terms that should be coded to 8045/3 when combined with small cell carcinoma and diagnosed in a single tumor.

MIXED GERM CELL TUMORS

- 9081 Mixed embryonal carcinoma and teratoma
- 9085 Mixed germ cell
 - usually seminoma and something else
- 9101 Choriocarcinoma with other germ cell elements

- 9065 Germ cell tumor, nonseminomatous

CODING COMPLEX MORPHOLOGIC DIAGNOSES

CHOOSING A CODE FOR A MIXED GERM CELL TUMOR

- Identify the histologies and note which ones are present.
- Common germ cell tumors in order of prognosis
Non-seminoma (9070-9084, 9100)
 - Choriocarcinoma 9100
 - Yolk sac tumor 9071
 - Embryonal cell 9070
 - Teratoma 9080Seminoma (9061-9064)
- If one of the cell types is
 - choriocarcinoma, use 9101
 - embryonal cell, check 9081
 - teratoma, check 9081
 - seminoma and the other(s) non-seminoma, use 9085
- If NONE of the germ cell types is seminoma, use 9065

CODING TO THE HIGHER MORPHOLOGY CODE

When a complex morphology code is not available and there is no NOS-specific combination and there is no clear majority of one cell type...

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

L

Use the higher morphology code when

- the mixed tumor is glandular (adeno)carcinoma and something else (epithelial carcinoma, sarcoma, melanoma, etc.) and there is no combination code

Examples: Mixed transitional cell carcinoma and squamous cell carcinoma. *Code to higher code, 8120/3.*

Poorly-differentiated carcinoma with squamous and neuroendocrine differentiation. *Code to higher code, 8246/3.*

Oral mucosa: carcinoma with trabecular and acinar pattern. *Code to higher code, 8550/3.*

USING COMPLEX MORPHOLOGY CODES--SUMMARY

- Distinguish between 'subtype of generic term' and multiple cell types in same lesion
- Apply the coding rules in order.
- Understand that some combination codes represent categories, not specific cell types or combinations
- Not all combinations are listed in index
- Use the index AND numeric list
- When in doubt, ask your pathologist or central registry
- Check the pathology 'blue books' if available
- It's OK to change the behavior code
- Document, document, document your choice of codes

CODING COMPLEX MORPHOLOGIC DIAGNOSES

ICD-O-3 Combined and Mixed Histology Codes

Not included: commonly recognized combined histologies such as adenocarcinofibroma, carcinosarcoma, fibrohistiocytoma, or atypical teratoid/rhabdoid tumor.

Histologies that are not annotated are most likely simple combinations of two cell types that commonly occur together.

8045/3 Combined small cell carcinoma (see also Appendix 1)

- Mixed small cell carcinoma
- Combined small cell-large cell carcinoma
- Combined small cell-adenocarcinoma
- Combined small cell-squamous cell carcinoma

8094/3 Basosquamous carcinoma (C44._)

- Mixed basal-squamous cell carcinoma C44._)

8154/3 Mixed islet cell and exocrine adenocarcinoma (C25._)

- Mixed acinar-endocrine carcinoma (C25._)
- Mixed ductal-endocrine carcinoma (C25._)

8180/3 Combined hepatocellular carcinoma and cholangiocarcinoma (C22.0)

- Mixed hepatocellular and bile duct carcinoma (C22.0)
- Hepatocholangiocarcinoma (C22.0)

8244/3 Composite carcinoid

- Combined carcinoid and adenocarcinoma
- Mixed carcinoid-adenocarcinoma

8254/3 Bronchiolo-alveolar carcinoma, mixed mucinous and non-mucinous (C34._)

- Bronchiolo-alveolar carcinoma, Clara cell and goblet cell type (C34._)
- Bronchiolo-alveolar carcinoma, type II pneumocyte and goblet cell type (C34._)
- Bronchiolo-alveolar carcinoma, indeterminate type (C34._)

8255/3 Adenocarcinoma with mixed subtypes

- Adenocarcinoma combined with other types of carcinoma

8281/3 Mixed acidophil-basophil carcinoma (C75.1)

8323/3 Mixed cell adenocarcinoma *predominantly GYN tumor containing two or more of the following: serous, mucinous, endometrioid, clear cell, transitional cell (Brenner), or squamous cell tumor elements*

8346/3 Mixed medullary-follicular carcinoma (C73.9)

8347/3 Mixed medullary-papillary carcinoma (C73.9)

8522/3 Infiltrating duct and lobular carcinoma (C50._)

- Lobular and ductal carcinoma (C50._)
- Infiltrating duct and lobular carcinoma in situ (C50._)
- Intraductal and lobular carcinoma (C50._)
- Infiltrating lobular carcinoma and ductal carcinoma in situ (C50._)

CODING COMPLEX MORPHOLOGIC DIAGNOSES

- 8523/3 Infiltrating duct mixed with other types of carcinoma (C50._)**
Infiltrating duct and cribriform carcinoma (C50._)
Infiltrating duct and mucinous carcinoma (C50._)
Infiltrating duct and tubular carcinoma (C50._)
Infiltrating duct and colloid carcinoma (C50._)
- 8524/3 Infiltrating lobular mixed with other types of carcinoma (C50._)**
- 8560/3 Adenosquamous carcinoma**
Mixed adenocarcinoma and squamous cell carcinoma
Mixed adenocarcinoma and epidermoid carcinoma
- 8582/3 Thymoma, type AB, malignant (C37.9)**
Thymoma, mixed type, malignant (C37.9)
- 8770/3 Mixed epithelioid and spindle cell melanoma**
- 8855/3 Mixed liposarcoma**
- 8902/3 Mixed type rhabdomyosarcoma**
Mixed embryonal rhabdomyosarcoma and alveolar rhabdomyosarcoma
- 8940/3 Mixed tumor, malignant, NOS***unique tumor, not combined different cell types*
Mixed tumor, salivary gland type, malignant (C07._, C08._)
Malignant chondroid syringoma (C44._)
- 8950/3 Mullerian mixed tumor (C54._)** *very similar to 8951*
- 8951/3 Mesodermal mixed tumor** *unique tumor similar to 8950, may also be called carcinosarcoma*
- 8990/3 Mesenchymoma, malignant** *two or more distinct mesenchymal lines*
Mixed mesenchymal sarcoma
- 9081/3 Teratocarcinoma**
Mixed embryonal carcinoma and teratoma
- 9085/3 Mixed germ cell tumor** *two or more of the following: seminoma, embryonal carcinoma, yolk sac tumor, polyembryoma.*
Mixed teratoma and seminoma
- 9101/3 Choriocarcinoma combined with other germ cell elements**
Choriocarcinoma combined with teratoma
Choriocarcinoma combined with embryonal carcinoma
- 9362/3 Pineoblastoma (C75.3)**
Mixed pineal tumor (C75.3) *mature and immature forms of malignant pineal cells*
Mixed pineocytoma-pineoblastoma (C75.3)
Pineal parenchymal tumor of intermediate differentiation (C75.3)
Transitional pineal tumor (C75.3)
- 9382/3 Mixed glioma (C71._)** *two or more neoplastic components from different macroglial lineages: astrocytic, oligodendroglial, and/or ependymal*
Oligoastrocytoma (C71._)
Anaplastic oligoastrocytoma (C71._)

CODING COMPLEX MORPHOLOGIC DIAGNOSES

9596/3 Composite Hodgkin and non-Hodgkin lymphoma

9652/3 Hodgkin lymphoma, mixed cellularity, NOS

(background behind malignant cells is mixed, associated with HIV disease)

Classical Hodgkin lymphoma, mixed cellularity, NOS

9665/3 Hodgkin lymphoma, nodular sclerosis, grade 1

Classical Hodgkin lymphoma, nodular sclerosis, grade 1

Hodgkin disease, nodular sclerosis, lymphocyte predominance

Hodgkin disease, nodular sclerosis, mixed cellularity

(background behind malignant cells is mixed)

9675/3 Malignant lymphoma, mixed small and large cell, diffuse [obs] *(see also M-9690/3)*

(mix is size/appearance of malignant cells, not different cells)

Malignant lymphoma, mixed lymphocytic-histiocytic, diffuse [obs]

Malignant lymphoma, mixed cell type, diffuse [obs]

Malignant lymphoma, centroblastic-centrocytic, NOS [obs]

Malignant lymphoma, centroblastic-centrocytic, diffuse [obs]

9691/3 Follicular lymphoma, grade 2 *mix is size/appearance of malignant cells, not different cells*

Malignant lymphoma, mixed small cleaved and large cell, follicular [obs]

Malignant lymphoma, mixed lymphocytic-histiocytic, nodular [obs]

Malignant lymphoma, mixed cell type, follicular [obs]

Malignant lymphoma, mixed cell type, nodular [obs]

9805/3 Acute biphenotypic leukemia *morphologic and/or immunophenotypic characteristics of both myeloid and lymphoid cells or both B and T lineages*

Acute mixed lineage leukemia

Acute bilineal leukemia

CODING COMPLEX MORPHOLOGIC DIAGNOSES

Appendix 1.

8045/3 Combined Small Cell Carcinoma

For single tumors, code 8045/3 should be used for combinations or mixtures of small cell (oat cell) carcinoma and ANY other carcinoma (sometimes referred to as “non-small cell” carcinomas). Moreover, the related term “combined small cell-adenocarcinoma” includes all types of adenocarcinoma. Combinations with carcinoids, lymphomas and sarcomas of the lung cannot be included in 8045/3. For analysis purposes, 8045/3 is included with small cell carcinomas.

Examples: Small cell and bronchioloalveolar carcinoma
Oat cell and adenocarcinoma
Small cell neuroendocrine and squamous carcinoma
Round cell and large cell carcinoma

A single tumor diagnosis that includes a term from the first column plus a term from the second column should be coded to 8045/3.

Terms that mean “Small Cell”

Limited to ICD-O-3 codes 8041, 8042, 8043, 8044

Oat cell carcinoma
Reserve cell carcinoma
Round cell carcinoma
Small cell carcinoma
Small cell carcinoma, fusiform cell
Small cell carcinoma, intermediate cell
Small cell neuroendocrine carcinoma

Terms that mean other than “Small Cell”

(most common types of non-small cell lung cancers)

Adenocarcinoma (*partial list*)
NOS 8140
acinar (acinic cell) 8550
alveolar 8251
bronchioloalveolar 8250, 8252-8254
clear cell 8310
mucinous (colloid) 8480
papillary 8260
“scar” carcinoma 8140
scirrhous 8141
solid with mucin formation 8230
Adenosquamous carcinoma 8560
mixed adenocarcinoma and squamous cell 8560
Giant cell carcinoma 8031
Large cell carcinoma 8012
neuroendocrine 8013
with rhabdoid phenotype 8014
Mucoepidermoid carcinoma 8430
Non-small cell carcinoma, NOS 8046
Squamous cell (epidermoid) carcinoma 8070
acantholytic 8075
adenoid 8075
basaloid 8083
clear cell type 8084
keratinizing 8071
large cell keratinizing 8071
large cell nonkeratinizing 8072
nonkeratinizing 8072
pseudoglandular 8075
sarcomatoid 8074
small cell nonkeratinizing 8073
spindle cell 8074
Undifferentiated carcinoma 8020

Reference: International Classification of Diseases for Oncology, third edition. World Health Organization, 2000.