APPENDIX E:
MULTIPLE PRIMARY DETERMINATION

MULTIPLE PRIMARY DETERMINATION

For all cases diagnosed January 1, 2007 and later, the *2007 Multiple Primary and Histology Coding Rules* (MP/H) should be utilized. MP/H represent the first site-specific multiple primary and histology rules developed to promote consistent and standardized coding. Physician guidance by specialty pathologists and clinicians was integral to the review and revision process. Regular consultation with the editors of ICD-O-3 clarified ICD-O-3 codes and ensured the new rules accurately reflect the ICD-O-3 editors' intent and purpose.

The 2007 MP/H rules include site specific rules for lung, breast, colon, melanoma of the skin, head and neck, kidney, renal pelvis/ureter/bladder, and malignant brain. A separate set of rules addresses the specific and general rules for malignant solid tumors originating in all other sites. The multiple primary rules guide and standardize the process of determining the number of primaries. The histology rules contain detailed histology coding instructions. For example, there are instructions and guidance for identifying histologic lineages, differentiating between general (NOS) terms and specific histologic types, and correctly assigning mixed and combination codes.

Determining Multiple Primaries for Solid Malignant Tumors – diagnosis dated January 1, 2007 and later

A. General Instructions

1. Use the MP/H rules to determine the number of reportable primaries. Do NOT use these rules to determine case reportability, stage or grade

2. The 2007 MP/H rules **replace all previous** multiple primary and histology coding **rules.**

3. The rules are **effective** for cases **diagnosed January 1, 2007** and after. Do not use these rules to abstract cases diagnosed prior to January 1, 2007.

4. Read the **General instructions** and the **site-specific Equivalent Terms and Definitions** before using the multiple primary rules.

5. The MP/H rules are available in three formats: flowchart, text, and matrix. The **rules are identical,** only the formats differ. Use the rules in the format that is easiest for you to follow.

6. **Do not use** a physician's statement to decide whether the patient has a recurrence of a previous cancer or a new primary. Use the multiple primary rules as written **unless a pathologist compares** the present tumor to the "original" tumor and states that this tumor is a recurrence of cancer from the previous primary.

MULTIPLE PRIMARY DETERMINATION

B. How to use the MP/H Rules

1. Use the **Multiple Primary** rules to **make a decision on the number of primary malignancies** to be abstracted for reportable solid malignant tumors.

2. Use the **site-specific rules** for the following sites:
   a. Brain, malignant (intracranial and CNS)
   b. Brain, benign and borderline (intracranial and CNS)
   c. Breast
   d. Colon
   e. Head and Neck
   f. Kidney
   g. Lung
   h. Malignant Melanoma of the Skin
   i. Renal pelvis, ureter, bladder and other urinary

3. Use the **Other Site rules** for solid malignant tumors that occur in primary sites not covered by the site-specific rules.

4. Each module (Unknown if Single or Multiple Tumors, Single Tumor, Multiple Tumors) is an independent, complete set of coding rules. To determine which set of rules to use:
   a. Where there is no tumor in the primary site, only metastatic lesions are present:
      i. Use the primary site documented by a physician and use the multiple primary and histology coding rules for that primary site
      ii. If no primary is documented, code the primary site as unknown and use the general multiple primary and histology coding rules. Use the "Unknown if Single or Multiple Tumors" module to determine multiple primaries and the "Single Tumor" module for coding histology.

   b. To choose the appropriate module (Unknown if Single or Multiple Tumors, Single Tumor, Multiple Tumors):
      i. Use the multiple primary and histology coding rules for the primary site
      ii. Determine the number of tumors:
         a.) Do not count metastatic lesions
         b.) When the tumor is only described a multicentric or multifocal and the number of tumors is not mentioned, use the "Unknown if Single or Multiple Tumors" module
         c.) When there is a tumor or tumors with separate microscopic foci, ignore the separate microscopic foci and use the "Single Tumor" or "Multiple Tumor" modules as appropriate
         d.) When the patient has a single tumor, use the "Single Tumor" module
         e.) If there are multiple tumors, use the "Multiple Tumor" module

   c. See the Equivalent Terms and Definitions for Head and Neck for guidance in coding the primary site
   d. Use the primary site documented by the physician on the medical record

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5. If a **single primary,** prepare **one abstract**

6. If there are **multiple primaries,** prepare **two or more abstracts**

7. Rules are in hierarchical order within each module (Unknown if Single or Multiple Tumors, Single Tumor, Multiple Tumors). Use the first rule that applies and **STOP**

The MP/H Rules is available online at:
http://seer.cancer.gov/tools/mphrules/download.html

Determining Multiple Primaries for Solid Malignant Tumors – diagnosis prior to January 1, 2007

More Than One Malignant Cancer

If more than one primary malignant cancer is diagnosed, a separate report must be submitted for each primary. The VCR, like most central registries in the United States, follows the rules of the Surveillance, Epidemiology and End Results (SEER) Program for determination of multiple primary cancers. The reference information contained in this section is taken from the *SEER Program Code Manual, Third Edition, January 1998*.

The determination of how many primary cancers a patient has is, of course, a medical decision, but operational rules are needed in order to ensure consistency of reporting by all participants. Basic factors include the site of origin, the date of diagnosis, the histologic type, the behavior of the neoplasm (i.e., in situ versus malignant), and laterality.

In general, if there is a difference in the site where the cancer originates, it is fairly easy to determine whether it is a separate primary, regardless of dates of diagnosis and differences in histology.

Likewise, if there is a clear-cut difference in histology, other data such as site and time of diagnosis are not essential. In some neoplasms, however, one must be careful since different histologic terms are used, for example, *leukemic phase of* or *converting to*, to describe progressive stages of the same disease process.

MULTIPLE PRIMARY DETERMINATION

Lymphatic or Hematopoietic Disease

The Hematopoietic Database and Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual should be used for all hematopoietic and lymphoid neoplasms, regardless of the date of diagnosis. This database also has a multiple primary calculator associated with it; this calculator should be used to determine whether the new disease is a recurrence of the original diagnosis or if it represents a new primary. This database and manual are also available at the SEER website:
http://seer.cancer.gov/tools/heme/index.html

GUIDELINES FOR DETERMINING MULTIPLE PRIMARIES FOR LYMPHATIC AND HEMATOPOIETIC DISEASES

1. **Lymphoma and Leukemia Terminology -** *Lymphoma* is a general term for hematopoietic solid malignancies of the lymphoid series. *Leukemia* is a general term for liquid malignancies of either the lymphoid or the myeloid series. While it is recognized some malignancies occur predominantly (or even exclusively) in liquid or solid form, because so many malignancies can potentially arise as either leukemias or lymphomas (or both), all hematopoietic malignancies are assumed to have this potential.

2. **Lymphoid and Myeloid Series -** Malignancies of the lymphoid series are considered to be different from those of the myeloid series. Therefore a lymphoid malignancy arising after diagnosis of a myeloid malignancy (or myelodysplastic or myeloproliferative disorder) would be considered a subsequent (new) primary; however, a myeloid malignancy diagnosed after a previous myeloid malignancy would not count as a subsequent primary. Histiocytic malignancies are considered different from both lymphoid and myeloid malignancies.

3. **Hodgkin and Non-Hodgkin Lymphoma -** Hodgkin lymphoma is considered to be different from non-Hodgkin lymphoma (NHL). Among the NHLs, B-cell malignancies are considered different from T-cell/NK cell malignancies. Therefore, a B-cell malignancy arising later in the course of a patient previously diagnosed with a T-cell malignancy would be considered a subsequent primary; however, a T-cell malignancy diagnosed later in the same patient would not be considered a subsequent primary.

4. **Sequence of Diagnosis -** The sequence of diagnosis affects whether a diagnosis represents a subsequent primary. In some cases, the order of occurrence of the two diagnoses being compared is a factor in the decision whether the second diagnosis is a new primary.

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ICD-O-3 TABLE

SINGLE VERSUS SUBSEQUENT PRIMARIES OF LYMPHATIC AND HEMATPOIETIC DIESASE

Both diseases diagnosed
on or after 01/01/2001

or

First diagnosis made prior to 2001 and
second diagnosis made on or after 01/01/2001

The table that was used prior to the Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and Hematopoietic Database SHOULD NO LONGER BE USED!!!! <u>ALL CASES</u> regardless of date of diagnosis should be coded using the above noted references.

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