



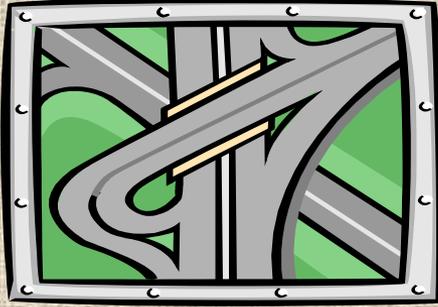
# Acknowledgments

- Arkansas Central Cancer Registry is in association with Arkansas Department of Health and is funded by CDC/NPCR Program



Department of Health and Human Services

Centers for Disease Control and Prevention



# Multiple Primaries/FORDS

“One Lane or Two”

Theressia C. Mitchell, RHIT, CTR

Arkansas Central Cancer Registry

# Goals and Objectives

- To help You identify
  - Single tumors
  - Multiple tumors
  - Subsequent tumors

To determine, how many abstracts to prepare



# Physician's Determination

- Enter the case into the database as a single or multiple primary as documented by the physician.



# Site Differences

- Primary Site/Laterality
- Topography code
  - Four characters, letter C followed by 3 digits
    - (eg, C61.9)
- First-three characters represent an individual organ
- Fourth character is a subsite or a portion of that organ

# Site Organ

- Site organs are represented by a single three-character ICD-0-3 code
- A difference in the third character of ICD-0-3 topography code designates a separate site for all primary sites (e.g. C64.9; C67.0) other than those listed below

# Subsites that represent unique primaries

- Colon (C18.0-C18.9) except polyps involving multiple segments
- Anus/anal canal (C21.0-C21.8)
- Pleura (Visceral, parietal, **NOS**) (C38.4)
- Bone (C40.0-C41.9)
- Melanoma of the skin (C44.0-C44.9)
- Peripheral nerves/autonomic nervous system (C47.0-C47.9)
- Connective tissue (C49.0-C49.9)
- Non-malignant meninges (C70.0-C70.9 with Behavior Code /0 or /1)

# Subsites unique (continued)

- Non-malignant brain (C71.0-C71.8 with Behavior Code /0 or /1)
- Non-malignant spinal cord, cranial nerves, and other parts of central nervous system (C72.0-C72.8 with Behavior Code /0 or /1)





# “One Lane”

- A **single** tumor of one histologic type
- A single lesion is **one** primary even if the lesion crosses site boundaries.
- A single lesion with mixed histologic types is **one** primary.
- Colon and Rectum Polyps
  - Simultaneous lesions and polyps in the same segment of the colon are a **single** primary
  - Polyps may be present in more than one segment of the colon. If the diagnosis reads “adenocarcinoma in multiple polyps,” it is **one** primary, colon, NOS (C18.9)

# “One Lane” (continued)

- Familial polyposis is a genetic disease characterized by polyps that increase in number and may cover the mucosal surface of the colon. The benign disease usually develops into adenocarcinoma in adenomatous polyposis coli or adenocarcinoma in multiple adenomatous polyps.

# Colon and Rectum Polyps

- If multiple segments of the colon, or the colon and rectosigmoid, or the colon, rectosigmoid and rectum are involved with adenocarcinoma in adenomatous polyposis coli or adenocarcinoma in multiple adenomatous polyps, it is a **single** primary. Code the primary site to colon, NOS (C18.9)

# Sites With More than One Code

- C01 Base of tongue; C02 Other and unspecified parts of tongue
- C05 Palate; C06 Other and unspecified parts of mouth
- C07 Parotid gland; C08 Other and unspecified major salivary glands
- C09 Tonsil; C10 Oropharynx
- C12 Pyriform sinus; C13 Hypopharynx
- C23 Gallbladder; C24 Other and unspecified parts of biliary tract

# More than One Code (continued)

- C30 Nasal cavity and middle ear; C31 Accessory sinuses
- C33 Trachea; C34 Bronchus and lung
- C37 Thymus; C38.0 Heart; C38.1-3 Mediastinum; C38.8 Overlapping lesion of heart, mediastinum and pleura
- C51 Vulva; C52 Vagus; C57.7 Other specified female genital organs; C57.8-9 Unspecified female genital organs
- C56 Ovary; C57.0 Fallopian tube; C57.1 Broad ligament; C57.2 Round ligament;

# More than One Code (continued)

---

- C60 Penis; C63 Other and unspecified male genital organs
- C64 Kidney; C65 Renal pelvis; C66 Ureter; C68 Other and unspecified urinary organs
- C74 Adrenal gland; C75 Other endocrine glands and related structures

# Paired Organ – Separate Site

- Each side of a paired organ is a separate site **unless** a physician determines one side is metastatic from the other
- Exception 1: The following are always single primaries:
  - Simultaneous bilateral involvement of ovaries with a single histology
  - Simultaneous bilateral retinoblastomas
  - Simultaneous bilateral Wilm tumors

# Paired Organ (continued)

- Exception 2: Disregard laterality for determination of single or multiple primaries for malignant (behavior of /2 or /3) tumors of the meninges (C70.\_), brain (C71.\_), and spinal cord, cranial nerves and other parts of central nervous system (C72.\_)
  - Both sides of a paired organ may be simultaneously involved with tumors. If the tumors are of the same histology, the patient may have one or two primaries. Consult the managing physician or the registry advisor
  - If there is one primary, prepare one abstract and code laterality to the side of origin

# Paired Organ (continued)

- If there is a single primary and the side of origin cannot be identified, prepare a single abstract and code laterality as 4 – bilateral involvement, side of origin unknown, stated to be a single primary



# Morphology

- The ICD-0-3 morphology code has **five** digits (eg, 8500/3). The **fifth** digit of the ICD-0-3 morphology code is the behavior code. The behavior code is not used to determine multiple primaries.
- Exception: Two primaries intracranial and central nervous system tumors (C70.0-C72.9, C75.1-C75.3) in which one is malignant (behavior of /2 or /3) and one is non-malignant (behavior of /0 or /1) are always separate primaries regardless of timing.

# Histology

- The first four characters of the ICD-O-3 morphology code is referred to as the “histology code.” Refer to the ICD-O-3 histology to determine whether two or more lesions represent the same tumor histologically.
- Example: Round cell carcinoma/Small cell carcinoma

# Histology (continued)

---

- Lesion(s) may have a single histology (the first three digits of the morphology code are the same) with invasive and in situ components. This is a **single histology**. Code the invasive component.



## “Two Lanes”

- If there are two primaries, complete two abstracts.
- If there are two separate lesions in paired organ sites, code each primary to the appropriate laterality.
- Multiple lesions with the **same** histology occurring in different sites are **separate** primaries unless a physician says they are metastatic.
- Multiple lesions with **different** histologies occurring in different sites are **separate** primaries unless a physician states otherwise.

# Histology Exceptions

Histology – A difference in the first three digits of the ICD-O-3 histology code indicates a **different** histologic type. (eg 8050/3;8092/3)

- #1: If one malignancy is stated to be carcinoma, NOS, or sarcoma, NOS and the second lesion is a more specific term such as large cell carcinoma or spindle cell sarcoma, consider this to be a **single** histology and code the more specific one.
- #2: For lymphatic and hematopoietic disease, use *Appendix A of FORDS* to determine which histologies represent single or multiple primaries.

# Histology Exceptions (continued)

- #3: Consider the following as a **single** histology, even though the first three digits of the ICD-O-3 morphology codes differ. Code its histology according to the rules for mixed histologies (Refer to the Coding Complex Morphologies rules, in packet)
  - Transitional cell carcinoma (8120-8130) of the bladder (C67.\_)
  - Ductal (8500) and lobular (8520) adenocarcinoma of the breast (50.\_)
- #4: Follow the rules for determining single or multiple primaries of nonmalignant primary intracranial and CNS tumors (FORDS pg 18)

# Timing



- Lesions occurring within two months of each other are “simultaneous.”
- If two malignancies of the same histology occur in the same site **simultaneously**, there is only **one** primary
  - Exception: Each occurrence of melanoma of the skin is a new or **separate** primary **unless** a physician says otherwise.

# Timing (continued)

- **Multiple** lesions with **different** histologies in a **single** site are **separate** primaries, whether they occur simultaneously or at different times.
- If **two** malignancies of the **same** histology and in the **same** site are identified more than two months apart, then there are **two** primaries. Complete a separate abstract for each one.
  - Exception: The following are recurrences of the original disease without time limits.

# Recurrence/no time limit

- Non-malignant primary intracranial and central nervous system tumors within a single site having the same histology
- Bladder primaries with morphology codes (8120-8130)
- Invasive adenocarcinomas of the prostate, site code C61.9
- Kaposi sarcoma (9140) of any site.
- Lymphoma and leukemia histologies that are determined from Appendix A – FORDS to refer to the same primary.

# Revising the Original Diagnosis

- New Information
- Primary Site
- No time limit
- Examples: Patient diagnosed with carcinomatosis, registry enters case as unknown primary (C80.9), carcinoma, NOS (8010/3, stage of disease unknown. Nine months later a paracentesis shows serous cystadenocarcinoma, the physician says patient has an ovarian primary.

# Revising (continued)

- Change primary site to ovary (C56.9), histology to serous cystadenocarcinoma (8441/3) and diagnostic confirmation to positive cytology study.
- A patient is referred from a nursing home to the hospital, a chest x-ray shows a cavitory lesion in the right lung, the family requested no further workup or treatment. Discharge diagnosis is “probable carcinoma of right lung.” Registrar abstracted lung primary (C34.9). Two years later a chest x-ray shows an unchanged lesion. The physician documents “lung cancer ruled out.”

# Revising (continued)

- Delete the case from the database
- Adjust the sequence number(s) of any other primaries the patient may have.



# Single or Multiple Primary?

- 1) A patient has separate, independent tumors on the lower gum (C03.1) and the anterior floor of the mouth (C04.0) – How primary(ies)?
- 2) The patient has multiple, separate simultaneous tumors in the trigone of the bladder (C67.0) and the lateral wall of the bladder (C67.2) of the same histology – How many primary(ies)?
- 3) A physician detects two lesions in the **same segment** of the colon. The path report identifies the lesions as adenoca (8140/3) and an adenoca in an adenomatous polyp (8210/3) – How many primary(ies)?

# Single or Multiple Primary

- 4) A stomach biopsy is interpreted as adenocarcinoma, NOS (8140/3). The pathology from the resection identifies the tumor as linitis plastica (8142/3). Which morphology?
- 5) The patient has separate, independent tumors in the sigmoid colon (C18.7) and the transverse colon (C18.4). How many primary(ies)?
- 6) A patient with bladder cancer is diagnosed with a mixed transitional cell carcinoma (8120/3) and epidermoid carcinoma (8070/3). How many primary(ies) and what is histology?

# Questions

- What, when, where, why, how?

