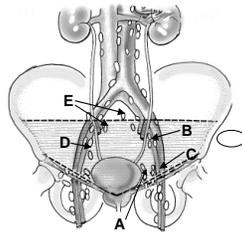
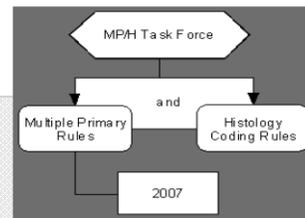


## Lymph Nodes – Ureter, Bladder

**Bladder and Distal Ureter**  
 Perivesical (A)  
 Iliac, internal (hypogastric) (B)  
 Obturator (C)  
 Iliac, external (D)  
 Sacral (E), presacral  
 Pelvic, NOS (all nodes within shadowed area)



**Also for ureter:**  
 Periureteral  
 Iliac, common



## Equivalent Terms, Definitions, Tables and Illustrations

10

## Introduction

- Change in groupings
  - Previous: Kidney, ureter, renal pelvis
- Now Bladder, ureter, renal pelvis
  - Lower urinary tract
  - Lined by transitional epithelium / urothelium

11

## Urothelium

- Frequent multiple or multifocal tumors
  - Field effect: Widespread change in urothelium
  - Implantation: Cells washed along in urine

12

## Definitions

### Intraluminal

- spread along the inner portion (lumen) of a tubular or hollow structure to a contiguous site
  - Example: bladder cancer with in situ intraluminal spread to ureter

### Contiguous sites (code as single primary)

- Renal pelvis and ureter
- Ureter and bladder
- Bladder and urethra
- Urethra and prostatic urethra

13

## Flat Carcinoma In Situ

- Direct spread within the epithelium
- Direct extension
- Field effect
- Implantation

14

## Squamous Cell Carcinoma

Pure squamous cell carcinoma has a poor prognosis

See histology coding rules H5 and H13

15

## Most Invasive - Bladder

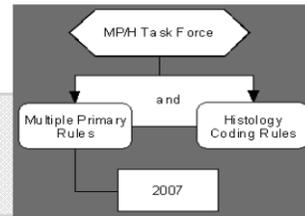
- Mucosa
- Lamina propria (some pathologists equate this to submucosa)
- Muscularis mucosa (this layer not always present, may not be mentioned)
- Submucosa
- Muscular layer (muscularis propria, detrusor muscle)
- Serosa, adventitia

16

## Most Invasive – Renal Pelvis and Ureter

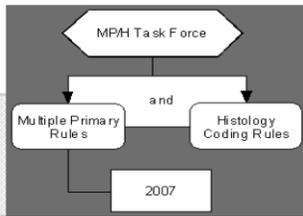
- Epithelium
- Subepithelial connective tissue, submucosa
- Periureteric fat, peripelvic fat.

17



## Multiple Primary Rules

18



## Unknown if Single or Multiple Tumors

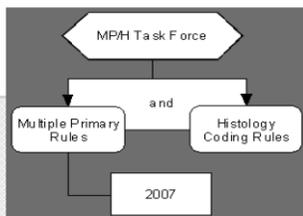
19

## 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.

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

20



## Single Tumor

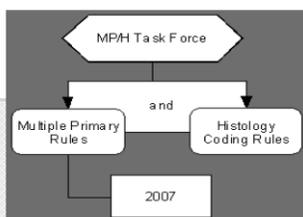
21

## M2

A *single tumor* is always a single primary.

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

22



## Multiple Tumors

23

## M3

When no other urinary sites are involved, tumor(s) in both the *right renal pelvis* and tumor(s) in the *left renal pelvis* are multiple primaries.

## M4

- When no other urinary sites are involved, tumor(s) in both the *right ureter* and tumor(s) in the *left ureter* are multiple primaries.

24

## M5

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

25

## M6

## M7

**BLADDER** tumors with any *combination* of the following histologies: *papillary carcinoma (8050), transitional cell carcinoma (8120-8124), or papillary transitional cell carcinoma (8130-8131)*, are a **single primary**.

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

26

## M8

**Change**

Urothelial tumors in two or more of the following sites are a **SINGLE** primary (See Table 1)

- Renal pelvis (C659)
- Ureter (C669)
- Bladder (C670-C679)
- Urethra /prostatic urethra (C680)

27

Urothelial/Transitional Cell Tumors	Code
With squamous differentiation	8120
With glandular differentiation	
With trophoblastic differentiation	
Nested	
Microcystic	
Transitional cell, NOS	
Papillary carcinoma	8130
Papillary transitional cell	
Micropapillary	8131
Lymphoepithelioma-like	8082
Plasmacytoid	
Sarcomatoid	8122
Giant cell	8031
Undifferentiated	8020

## M9

## M10

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

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

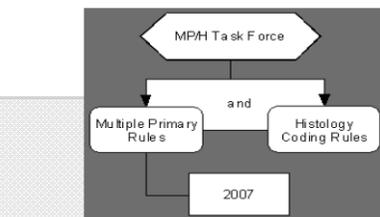
29

## M11

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

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

30



## Histology Rules

31

## Definitions

### Papillary vs. Flat Carcinoma

- Gross descriptions of tumor architecture or structure; not specific histologies
- Both apply to transitional cell/urothelial carcinoma

### Papillary tumor

- Warty growth projecting into lumen of organ
- Attached to wall by a stalk



In situ

Invasive

### Flat tumor

- Non-papillary tumor that lies flat against bladder tissue
- Worse prognosis than papillary tumor
- Also called carcinoma in situ



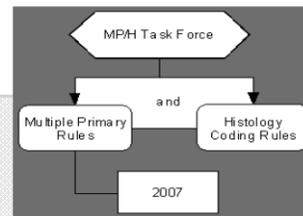
In situ

Invasive

## Superficial (Ta, Tis, T1)

- 70% of all cases
  - 15-20% will progress to stage 2
  - 50-70% Ta or T1 will recur
  - Ta: gr 1-2, recur rate 50%, progression rate 5%
  - T1 + CIS OR multifocal, gr 3 = 70% recur, 30% progress to stage 2
  - < 5% will have mets w/o having T2 or higher first

33



## Single Tumor

34

### H1

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

35

### H2

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

Note: Code the behavior I3

36

### H3

Code **8120** (transitional cell/urothelial carcinoma) when there is:

- Pure transitional cell carcinoma or
  - Flat (non-papillary) transitional cell carcinoma or
  - Transitional cell carcinoma with squamous differentiation or
  - Transitional carcinoma with glandular differentiation or
  - Transitional cell carcinoma with trophoblastic differentiation or
  - Nested transitional cell carcinoma or
  - Microcystic transitional cell carcinoma

37

### H4

Code **8130** (papillary transitional cell carcinoma) (Table 1 - Code 8130) when there is:

- Papillary carcinoma or
- Papillary transitional cell carcinoma or
- Papillary carcinoma and transitional cell carcinoma

38

### H5

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

### H6

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

39

### H7

Code the *most specific* histologic term.

Examples

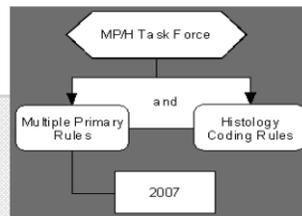
- Cancer/malignant neoplasm, NOS (8000) & a more specific histology or
- Carcinoma, NOS (8010) & a more specific carcinoma or
- Sarcoma, NOS (8800) & a more specific sarcoma (invasive only)

40

## H8

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

41



## Multiple Tumors Abstracted as a Single Primary

42

## H9 (same as H1)

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

43

## H10 (same as H2)

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

Note: Code the behavior /3

44

## H11 (same as H3)

Code *8120* (transitional cell/urothelial carcinoma) when there is:

- Pure transitional cell carcinoma or
  - Flat (non-papillary) transitional cell carcinoma or
  - Transitional cell carcinoma with squamous differentiation or
  - Transitional carcinoma with glandular differentiation or
  - Transitional cell carcinoma with trophoblastic differentiation or
  - Nested transitional cell carcinoma or
  - Microcystic transitional cell carcinoma

45

## H12 (same as H4)

Code *8130* (papillary transitional cell carcinoma) (Table 1 - Code 8130) when there is:

- Papillary carcinoma or
- Papillary transitional cell carcinoma or
- Papillary carcinoma and transitional cell carcinoma

46

## H13 (same as H5)

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

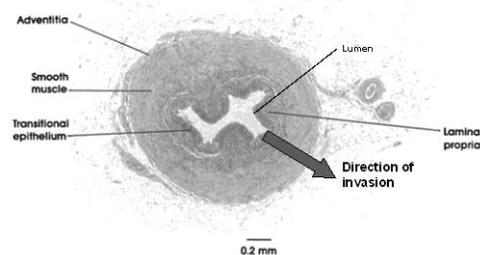
## H14 (same as H6)

Code the histology of the *most invasive* tumor.

- See Equivalent Terms under Urinary for "most invasive" terms

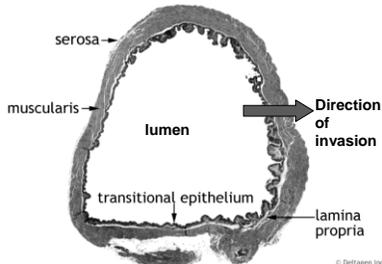
47

## "Most Invasive"—Renal Pelvis, Ureter



Source: [www.anatomyatlas.org/MicroscopicAnatomy/Images/Plate241.jpg](http://www.anatomyatlas.org/MicroscopicAnatomy/Images/Plate241.jpg)

**“Most Invasive” – Bladder Wall  
Cross Section of Bladder**



Source: Deltagen.com Histology Atlas

© Deltagen Inc.

**H15**

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

50

**Adjuvant Intravesical Tx**

- Multifocal CIS
- CIS + Ta or T1
- Grade 3 tumors
- Multifocal tumors
- Rapid recurrence after TURBT

51

S  
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**OPERATIVE NOTE 3/1/08**

Indication for surgery: Patient was diagnosed with non-invasive bladder cancer in 2005. She has had one recurrence in the interval, treated with BCG in the fall of 2007. Patient presented for office cystoscopy and inflamed lesion noted in right lateral wall. TURB is indicated.

PATH: Transitional mucosa, submucosa and smooth muscle (bladder tumor): Low grade papillary transitional cell carcinoma with focal invasion of lamina propria.

# PRIMARIES?

HISTOLOGY?

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FEB 2004: Hx bladder CIS dx March 2002. BCG treatment was completed June 2002. Cystoscopy 1/14/04 revealed papillary lesion on the left wall lateral to the ureteral orifice; anterior wall and the posterior wall and dome also had some papillary lesions.

FEB 2004: TURB PATH: Bladder bx:: High grade urothelial carcinoma (papillary TCC grade 3). No evidence for invasion of lamina propria or smooth muscle is present. In situ urothelial carcinoma is present.

AUG 2007: Hx CIS bladder. Completed BCG Nov, 2006. Cystoscopy on 8/1/07 showed some hyperemic areas near the dome of the bladder, worrisome for possible carcinoma in situ recurrence.

AUG 2007: TURB PATH: Papillary urothelial carcinoma, low grade. No lamina propria invasion seen.

# PRIMARIES?

HISTOLOGY?

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JUNE 2007 – Hematuria. He had CT scan abd/pel pelvis that showed a mass in right renal pelvis consistent with a TCC. Bladder cytologies & cystoscopy in office were normal.

JUNE 2007 OP: Right lap radical nephroureterectomy with removal of bladder cuff.

JUNE 2007 PATH: 1) RIGHT KIDNEY: Renal pelvis: MD papillary urothelial carcinoma with invasion of subepithelial connective tissue and lymphovascular invasion. (T1)

RIGHT URETER, EXCISION: Segmental periureteral lymphovascular involvement by urothelial carcinoma.

NOV 2007 Hx TCC right renal pelvis status post right nephroureterectomy 6/2007. Bladder was clear until 11/26/07 when he developed a tumor recurrence within the bladder. Path report from this showed a TALG TCCA. He received 6 weeks of BCG.

**# PRIMARIES?**

**HISTOLOGY?**

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02/08 PATH: BLADDER - High-grade urothelial carcinoma with invasion of smooth muscle and associated TCC in situ

04/08 OPERATIONS: Radical cystoprostatectomy with ileal conduit and bilateral pelvic lymph node dissection.

04/08 PATH: BLADDER: Focal residual in situ high grade urothelial carcinoma. No residual invasive carcinoma identified.

PROSTATE: Prostatic adenocarcinoma (Gleason 3 + 3). Tumor involves both the right and left prostate (approximately 5%) High grade prostatic intraepithelial neoplasia (high grade PIN) identified. No perineural invasion seen. Capsular and urethral margins negative for prostate carcinoma. Seminal vesicles uninvolved by prostatic carcinoma.

Five benign lymph nodes negative for metastatic carcinoma  
LEFT URETER, BIOPSY: Positive for urothelial carcinoma in ureteral wall.

**# PRIMARIES?**

**HISTOLOGY?**