



This Month's Topic: MP/H: Common Misconceptions and Clarifications

MP/H Coding Manual & Texas Cancer Registry:

The Multiple Primary and Histology Coding Rules manual is available in PDF format and may be downloaded as a single file or by section. Refer to website: <http://www.seer.cancer.gov/tools/mphrules/download.html>.

In the Texas Cancer Registry's Cancer Reporting Handbook, the MP/H Rules are in Appendix O in the Text Format. The TCR does not collect the following data items: Date of Conclusive Terminology, Multiplicity Counter, Date of Multiple Tumors, and Type of Multiple Tumors Reported as One Primary.

Manual Sections & Formats:

The manual contains site-specific rules for **lung, breast, colon, melanoma of the skin, head and neck, kidney, renal pelvis/ureter/bladder (urinary sites), benign brain, and malignant brain**. A separate set of rules addresses the specific and general rules for all other sites.

Each section has its own Terms & Definitions and Coding Rules.

The Rules are available in three formats: flowchart, matrix and text. The different formats were developed to meet the needs of different learning styles; however, the rules are identical in each of the three formats. Using all three formats is not recommended; it is best to choose one format.

General Instructions – Points to Note:

- Use these rules to determine the number of reportable primaries. Do not use these rules to determine case reportability, stage, or grade.
- Recurrence: This term has two meanings:
 - The **reappearance of disease** that was thought to be cured or inactive (in remission). Recurrent cancer starts from cancer cells that were not removed or destroyed by the original therapy.
 - A **new occurrence of cancer** arising from cells that have nothing to do with the earlier (first) cancer. A new or another occurrence, incidence, episode, or report of the same disease (cancer) in a general sense – a new occurrence of cancer.
- **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.

- Priority order for using Documents to Code Histology:
 - 1.) Pathology report: from the most representative tumor specimen examined; from the final diagnosis.
 - 2.) Cytology report
 - 3.) When you do not have either a pathology or cytology report:
 - a. Refer to documentation in the record that references pathology or cytology findings or mention of type of cancer.

Common Misconceptions:

- **Multiple Primaries:**

- **URINARY SITES:** If a patient has two or more bladder Papillary Transitional Cell Carcinomas in his/her lifetime (i.e. one in 1997 and the second in 2007), these are considered the same primary.
 - Refer to Rule M6 of the Urinary Sites section which states, "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." This rule has no timing attached to it.
 - M6 is used when these histologies are on one path report or on several path reports years apart. M6 covers situations where the patient had (for example) papillary tumor at diagnosis and then had a diagnosis of Transitional cell carcinoma/urothelial carcinoma.
- **LUNG:** If a patient has bilateral lung cancers, one in each lung, refer to rule M6 of Lung section: a single tumor in each lung is/are multiple primaries unless stated or proven to be metastatic.
 - Be cautious: If one tumor is metastatic to the other, this must be proven by a biopsy or surgery by the Pathologist. Do not consider as metastatic otherwise.

- **Histology:**

- **KIDNEY:** If the diagnosis of a Kidney tumor is "Renal Cell Carcinoma, Clear Cell Type," code to the Clear Cell Carcinoma, 8310.
 - Refer to Kidney section, Rule H5, which states to code the specific type when the diagnosis is Renal Cell Carcinoma, NOS, and one specific renal cell type. (Use Table 1 to identify specific renal cell types.)
 - Almost all of the sites have rules that refer to this. They state that specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with __ differentiation. They state the same for in-situ tumors, with the addition of tumors being identified as pattern and architecture.
- **OTHER SITES:** If a patient has a tumor in the Colon and the diagnosis is, "Adenocarcinoma arising in a tubulovillous adenoma," code it as 8263/3.
 - Refer to Other Sites section, Rule H12 which states, "Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma) when: the final diagnosis is adenocarcinoma in a polyp, etc."
 - It is important to know that the adenocarcinoma originated in a polyp.

- **BREAST:** If a patient is diagnosed with Inflammatory Breast Carcinoma (IBC), you may only code the histology as 8530/3 if the diagnosis was discovered pathologically (biopsy or other surgery). If the doctor states inflammatory carcinoma clinically, you may use that information to code CS Extension.
- Refer to Rule H13 or H22 of Breast section that states, "Code 8530 (inflammatory carcinoma) only when the final diagnosis of the pathology report specifically states inflammatory carcinoma."
- You would record dermal lymphatic invasion in Collaborative Staging.

Clarification:

- MALIGNANT BRAIN/CNS: Rule M5 should read, "Tumors in sites with ICD-O-3 topography codes with different second (Cxxx), third (Cxxx), and/or fourth characters (Cxxx) are multiple primaries."
- *The equivalent Rule for Benign Brain/CNS (Rule M4) reads correctly.*

Resources:

- *2007 Multiple Primary and Histology Coding Manual*
- SEER Website: <http://www.seer.cancer.gov/tools/mphrules/training.html>
- Inquiry and Response (I&R) System: <http://web.facs.org/coc/default.htm>
 - *Note: The Inquiry and Response System is being retired. Coming soon, the system will be replaced with a modern, interactive, virtual bulletin board called CAnswer Forum. This will allow users to submit and answer questions in an open forum and will allow for more real time responses.*