

**SEER Site-Specific Coding Guidelines****Colon****C180–C189****Grade**

Colon cancer is often graded using a two-grade system; Low Grade (2) or High Grade (4). If the grade is listed as 1/2 or as low grade, convert to a grade 2. If the grade is listed as 2/2 or as high grade, convert to a code 4.

Code the highest grade given.

Term	Grade	SEER Code
Well differentiated	I	1
Fairly well differentiated	II	2
Low grade	I-II	2
Mid differentiated	II	2
Moderately differentiated	II	2
Partially differentiated	II	2
Partially well differentiated	I-II	2
Partially well differentiated	II	2
Relatively or generally well differentiated	II	2
Medium grade, intermediate grade	II-III	3
Moderately poorly differentiated	III	3
Moderately undifferentiated	III	3
Poorly differentiated	III	3
Relatively poorly differentiated	III	3
Relatively undifferentiated	III	3
Slightly differentiated	III	3
High grade	III-IV	4
Undifferentiated, anaplastic, not differentiated	IV	4

**Familial Polyposis**

Familial polyposis is an inherited, benign disease. The patients have hundreds of adenomatous polyps throughout their large intestines, and at times, throughout the digestive system. These polyps, if left untreated, invariably develop cancer.

Patients develop polyps as early as ten years of age, but more commonly at puberty. Approximately half of all patients with familial polyposis develop polyps by age 14 and 90% have detectable polyps by age 25.

These patients are usually treated with a colectomy. The pathology report will frequently identify carcinoma insitu in many of the polyps and may also identify invasive carcinomas. Prepare one abstract and code the primary site to colon, NOS (C189). Code the stage of disease using the most invasive of the cancers.

**Synonyms** for familial polyposis:

Adenomatosis of the colon and rectum (ACR)

Familial adenomatous colon polyposis

Familial adenomatous polyposis (FAP)

Familial colonic polyposis

Multiple familial polyposis

Polyposis coli

Page left blank

### Laterality

Laterality must be coded for all subsites.

### Tumor Markers

Estrogen and progesterone receptors (ERA and PRA) are positive in most breast cancers. A positive ERA and PRA indicates a better prognosis and response to estrogen therapy.

### Size of Primary Tumor

#### General Coding Guidelines

If **multiple masses** are present, code the diameter of the **largest invasive mass**. Ignore the insitu even if it is larger than the invasive.

If the patient had **neoadjuvant** treatment, code the **largest** tumor size **documented**, clinical or pathologic.

#### Tumors That Are Purely Invasive or Purely Insitu

For purely invasive or purely insitu tumors, record the size of tumor based on the following priority of reports.

#### Priority in which to use Reports to Code Tumor Size

1. **Pathology** report
2. **Operative** report
3. Physical examination
4. Imaging (**mammography**)
5. Imaging (**ultrasound**)

#### Single Tumors with Both Invasive and Insitu Components

Record the **size** of the **invasive** component, if given.

If **both** an **insitu** and an **invasive** component are present, and the invasive component is measured, record the size of the invasive component even if it is smaller.

*Example:* Tumor is 37 mm mixed insitu and invasive adenocarcinoma. Pathology documents that 14 mm is invasive.  
*Record tumor size as 014.*

**General Staging Guidelines**

**DO NOT USE** the following to determine tumor extension:

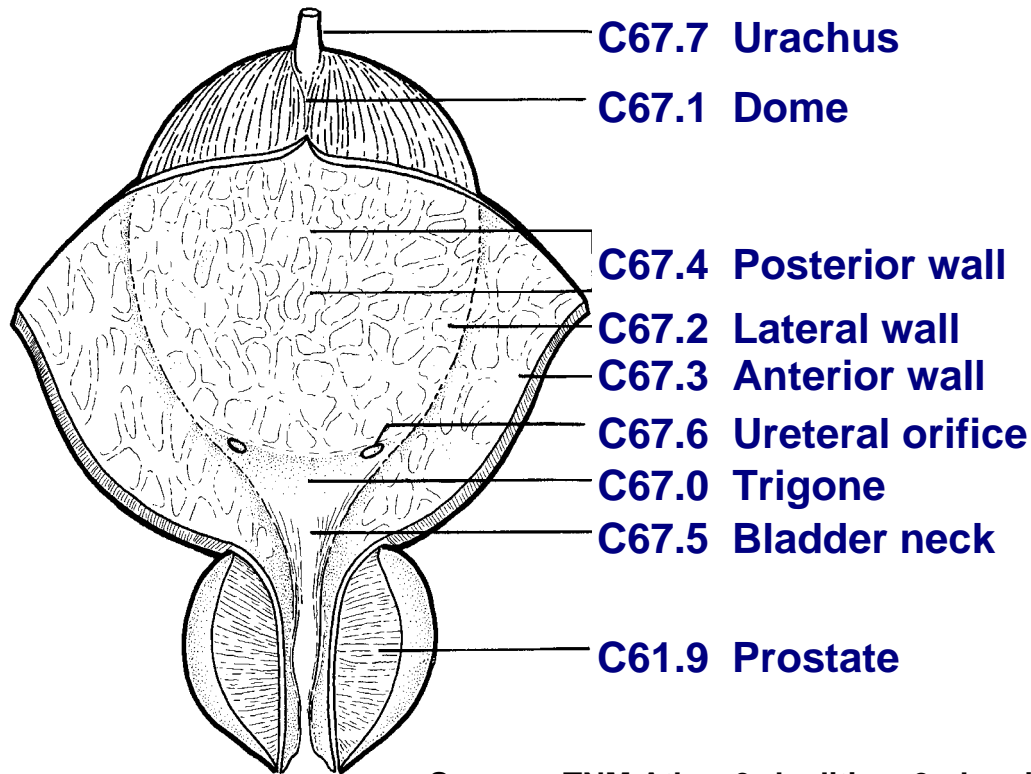
- A. Dimpling of the skin, tethering, nipple retraction, nipple involvement or skin changes other than those listed in CS extension code 51 (See also CS Extension, Note 1)
- B. **Microscopic** satellite skin nodules  
(**macroscopic** or **gross** nodules in skin of primary breast **are** used in staging)
- C. Microscopically proven invasion of lymphatic vessels within the breast

**SEER Site-Specific Coding Guidelines**  
**BLADDER**  
**C670–C679**

**Primary Site**

- C670 **Trigone** of bladder  
Base of bladder  
Floor
- C671 **Dome** of bladder  
Vertex  
Roof  
Vault
- C672 **Lateral wall** of bladder  
Right wall  
Left wall  
Lateral to ureteral orifice  
Sidewall
- C673 **Anterior wall** of bladder
- C674 **Posterior wall** of bladder
- C675 Bladder **neck**  
Vesical neck  
Internal urethral orifice
- C676 **Ureteric orifice**  
Just above ureteric orifice
- C677 **Urachus**  
Mid umbilical ligament
- C678 **Overlapping** lesion of bladder  
Lateral-posterior wall (hyphen)
- C679 **Bladder, NOS**  
Lateral posterior wall (no hyphen)

## Bladder Anatomy and ICD-O-3



Source: TNM Atlas, 3rd edition, 2nd revision

## Priority Order for Coding Subsites

Use the information from reports in the following priority order to code a subsite when the medical record contains conflicting information:

Operative report (TURB)

Pathology report

**Bladder Wall Pathology**

The bladder wall is composed of three layers. There may be “sub layers” within the major layer of the bladder.

Bladder Layer	Sub layer	Synonyms	Staging	Description
Mucosa		Epithelium, transitional epithelium, urothelium, mucosal surface, transitional mucosa	No blood vessels, insitu/noninvasive	First layer on inside of bladder Lines bladder, ureters, and urethra

**SEER Site-Specific Coding Guidelines**  
**THYROID GLAND**  
**C739**

**Coding Hormone Therapy**

Hormones as Replacement Therapy – Do Not Code as Treatment

The thyroid gland produces hormones that influence essentially every organ, tissue and cell in the body. When the thyroid is partially or totally removed, it is no longer able to secrete these essential hormones and the patient is placed on hormone replacement therapy. Do not code replacement therapy as treatment.

Hormone Treatment for Follicular Papillary Thyroid Cancer – Code in the Hormone Field

The growth of follicular cell cancer depends on thyroid stimulating hormone. Suppression of these hormones is thought to deprive the cells of a growth-promoting influence. Patients with follicular cell-derived cancers have been treated with supraphysiologic doses of thyroid hormone to suppress serum thyroid-stimulating hormones. This treatment has been an industry standard for more than forty years. Record the delivery of these hormones in the Hormone treatment field.

Generic Thyroid Drug Names

Levothyroxine /L-thyroxine  
Liothyronine  
Liotrix  
Methimazole  
Natural Thyroid  
Propylthiouracil / PTU  
Thyrotropin alfa

Thyroid Drugs Brand Names

Armour Thyroid  
Cytomel  
Levothroid  
Levoxyl  
Naturethroid  
Synthroid  
Tapazole  
Thyrogen  
Thyrolar  
Unithroid  
Westhroid

Page left blank