TYPE OF MULTIPLE TUMORS REPORTED AS ONE PRIMARY and MULTIPLICITY COUNTER Codes for PROSTATE Cases

The coding guidance provided below was taken from SEER SINQ #20071096; ACoS I&R # 25580, 28389, 28988, 28833, 28521 & 26350, the December 2009 LTR Memo and page 115 of the 2012 FORDS coding manual.

DO NOT AUTOMATICALLY Code "(00) SINGLE TUMOR" for Type of Multiple Tumors Reported as One Primary and "01" for the Multiplicity Counter. [Single tumors *should not be automatically assumed*.] These codes SHOULD BE USED ONLY when a *surgical* pathology report states there is a SINGLE tumor. Often prostate cancers tend to be multifocal rather than solitary tumors. **These codes *SHOULD NEVER BE BASED ON BIOPSY FINDINGS*.** *In the absence of such documentation (for example, biopsy only case) CODE BOTH fields to "99."*

Use Multiplicity Counter **code 99 (Unk if multiple tumors)** for prostate tumors when the number of tumors is NOT given/specified/documented by the pathologist OR is simply NOT available. As stated above, this includes **positive biopsy only** cases *regardless of the number of biopsies performed or positive sections of the prostate found*. For example, sextant core bx of prostate revealed adenocarcinoma in LT Apex/Mid/Base and RT Mid. No surgical resection performed; patient chose hormone TX. In this example, both the Type of Multiple Tumors (TMT) and Multiplicity Counter (MC) should be coded to 99. The pathologist only indicated which **sections** of the prostate were positive, **NOT** the number of prostate tumors or nodules present.

It is rare, but not impossible for a pathologist to record the number of prostate tumors or nodules. If the pathologist documents the number of prostate tumors or nodules present upon a surgical resection, code to that. However, if he/she documents that the prostate tumors are "multifocal or multicentric" but ***does not*** *document the number of tumors or foci present*, you would **code the Multiplicity Counter to 89 (multicentric, multifocal, number unknown).**

Coding Examples:

RRP path: Adenoca, **multifocal** dz, largest foci 2cm	Code TMT=40 & MC=**89**
RT/LT Lobe Prostate bxs: adenoca **(bx only case)**	Code TMT=**99** & MC=**99**
RALP path: Adenoca gl8, dominant nodule lt apex	Code TMT=40 & MC=99
RRP path: Adenoca bilat, tumor sz 1.3cm & 1cm	Code TMT=40 & MC=02
RARP path: Adenoca, 9 measured foci, largest 4.3cm	Code TMT=40 & MC=09
Prostate Rsxn: **single** focus (3mm) Adenoca	Code TMT=00 & MC=01