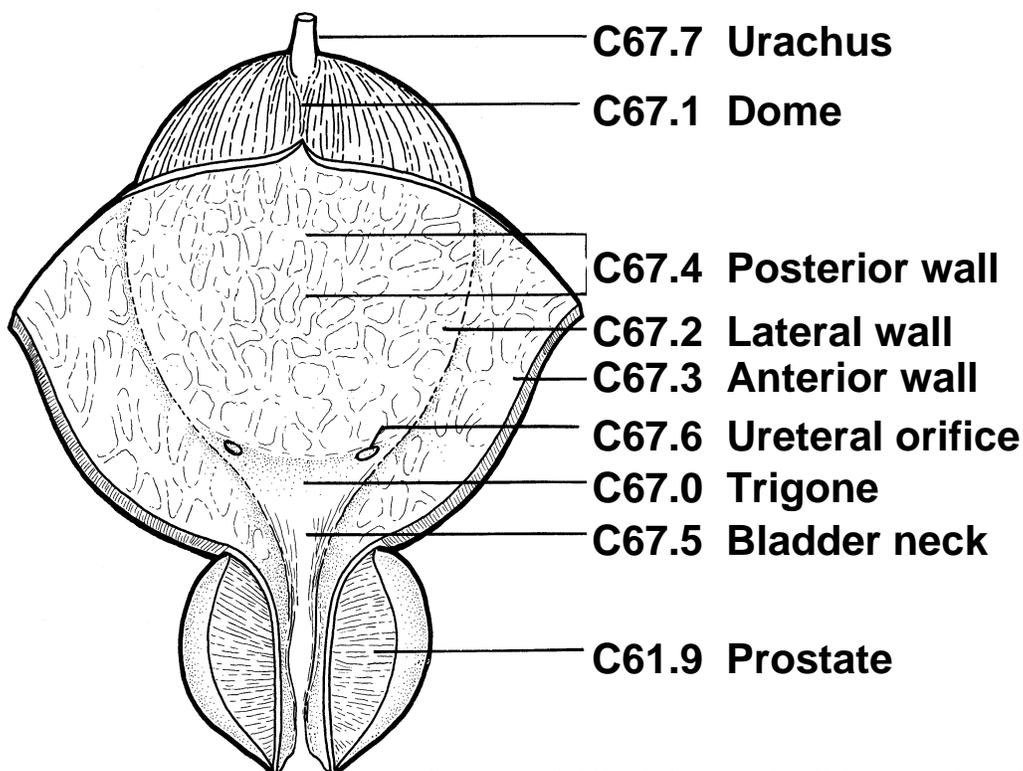


SEER Site-Specific Coding Guidelines**BLADDER****C67.0–C67.9****Primary Site**

- C670 **Trigone** of bladder
Base of bladder
Floor
- C671 **Dome** of bladder
Fundus
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

Figure 1

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

Multifocal Tumors

Invasive tumor in more than one subsite

Assign site code **C679** when the tumor is **multifocal** (separate tumors in more than one subsite of the bladder).

If the TURB or pathology proves **invasive** tumor in **one subsite** and **in situ tumor** in all **other** involved subsites, code to the subsite involved with **invasive** tumor.

Bladder Wall Pathology

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

Bladder Layer	Sub layer	Synonyms	Staging	Description
Mucosa		Epithelium, transitional epithelium, urothelium, mucosal surface, transitional mucosa	No blood vessels, in situ/noninvasive	First layer on inside of bladder Lines bladder, ureters, and urethra
	Basement membrane		No invasion of basement membrane is in situ Invasion/penetration of basement membrane is invasive	Single layer of cells that lies beneath the mucosal layer separating the epithelial layer from the lamina propria
	Submucosa	Submucous coat, lamina propria, areolar connective tissue	Invasive	Areolar connective tissue interlaced with the muscular coat Contains blood vessels, nerves, and in some regions, glands
Lamina propria	Submucosa, Suburothelial connective tissue, subepithelial tissue, stroma, muscularis mucosa, transitional epithelium		Invasive	
Muscle	Bladder wall	Muscularis, muscularis propria, muscularis externa, smooth muscle	Invasive	

The following terms are used when the tumor has extended **through the bladder wall** (invades regional tissue):

Serosa (Tunica serosa): The outermost serous coat is a reflection of the peritoneum that covers the superior surface and the upper parts of the lateral surfaces of the urinary bladder.

The serosa is part of visceral peritoneum. The serosa is reflected from these bladder surfaces onto the abdominal and pelvic walls.

Perivesical fat

Adventitia: Some areas of the bladder do not have a serosa. Where there is no serosa, the connective tissue of surrounding structures merges with the connective tissue of the bladder and is called adventitia.

HISTOLOGY

More than 90% of bladder tumors are transitional cell carcinoma.

About 6-8% of bladder tumors are squamous cell carcinomas.

About 2% of bladder tumors are adenocarcinoma. Adenocarcinomas tend to occur in the urachus or, frequently, the trigone of the bladder.

Other bladder histologic types include sarcoma, lymphoma, and small cell carcinoma.

Rhabdomyosarcoma occurs in children.

Behavior Code

If the only surgery performed is a transurethral resection of the bladder (TURB) and if it is documented that depth of invasion cannot be measured because there is no muscle in the specimen, code the behavior as malignant /3, not in situ /2.

Three-Grade System (Nuclear Grade)

There are several sites for which a three-grade system is used. The patterns of cell growth are measured on a scale of 1, 2, and 3 (also referred to as low, medium, and high grade). This system measures the proportion of cancer cells that are growing and making new cells and how closely they resemble the cells of the host tissue. Thus, it is similar to a four-grade system, but simply divides the spectrum into three rather than four categories (see comparison table below). The expected outcome is more favorable for lower grades.

If a grade is written as 2/3 that means this is a grade 2 of a three-grade system. Do not simply code the numerator. Use the following table to convert the grade to ICD-0-3 Morphology 6th Digit Code.

Term	Grade	ICD-0-3 Morphology 6 th Digit Code
1/3 1/2	Low grade	2
2/3	Intermediate grade	3
3/3 2/2	High grade	4

WHO grade is not used to code differentiation. For non-invasive bladder tumors, assign code 9 (unknown) to the Grade field.

First Course Treatment

Treatment Modalities (most common treatments)

TURB with fulguration

TURB with fulguration followed by intravesical BCG (bacillus Calmette-Guerin)

Usually used for patients with multiple tumors or for high-risk patients

TURB with fulguration followed by intravesical chemotherapy

Thiotepa

Mitomycin

Doxorubicin

Segmental cystectomy (rare)

Radical cystectomy in selected patients with extensive or refractory superficial tumor

Interstitial irradiation with or without external-beam irradiation

Implantation of radioisotopes

Treatments under clinical investigation (code under Other Treatment)

Photodynamic therapy after intravenous hematoporphyrin derivative

Intravesical interferon alfa-2a (papillary and in situ)

Chemoprevention agents to prevent recurrence

Chemotherapy administered prior to cystectomy or in conjunction with external-beam irradiation

Bladder C67.0-C67.9**CS Site-Specific Factor 2****Size of Metastasis in Lymph Nodes****Note:** See page A-150

Note: Code the size of the largest metastasis in a lymph node as documented in the pathology report, not the size of the lymph node. If the size of the metastasis is not documented, code the size of the largest involved lymph node as documented pathologically or clinically with pathology taking priority. Do not code the size of any node(s) coded in CS Mets at DX.

See page A-55

Code	Description
000	No regional lymph nodes involved
001-979	1 - 979 millimeter (mm); (Exact size of lymph node metastasis to nearest mm)
980	980 mm or larger
988	Not applicable: Information not collected for this case; (May include cases converted from code 888 used in CSv1 for "Not applicable" or when the item was not collected. If this item is required to derive T, N, M, or any stage, use of code 988 may result in an error.)
990	Microscopic focus or foci only and no size of focus given
991	Described as "less than 1 centimeter (cm)"
992	Described as "less than 2 cm" or "greater than 1 cm" or "between 1 cm and 2 cm"
993	Described as "less than 3 cm" or "greater than 2 cm" or "between 2 cm and 3 cm"
994	Described as "less than 4 cm" or "greater than 3 cm" or "between 3 cm and 4 cm"
995	Described as "less than 5 cm" or "greater than 4 cm" or "between 4 cm and 5 cm"
996	Described as "less than 6 cm" or "greater than 5 cm" or "between 5 cm and 6 cm"
997	Described as "more than 6 cm"
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record