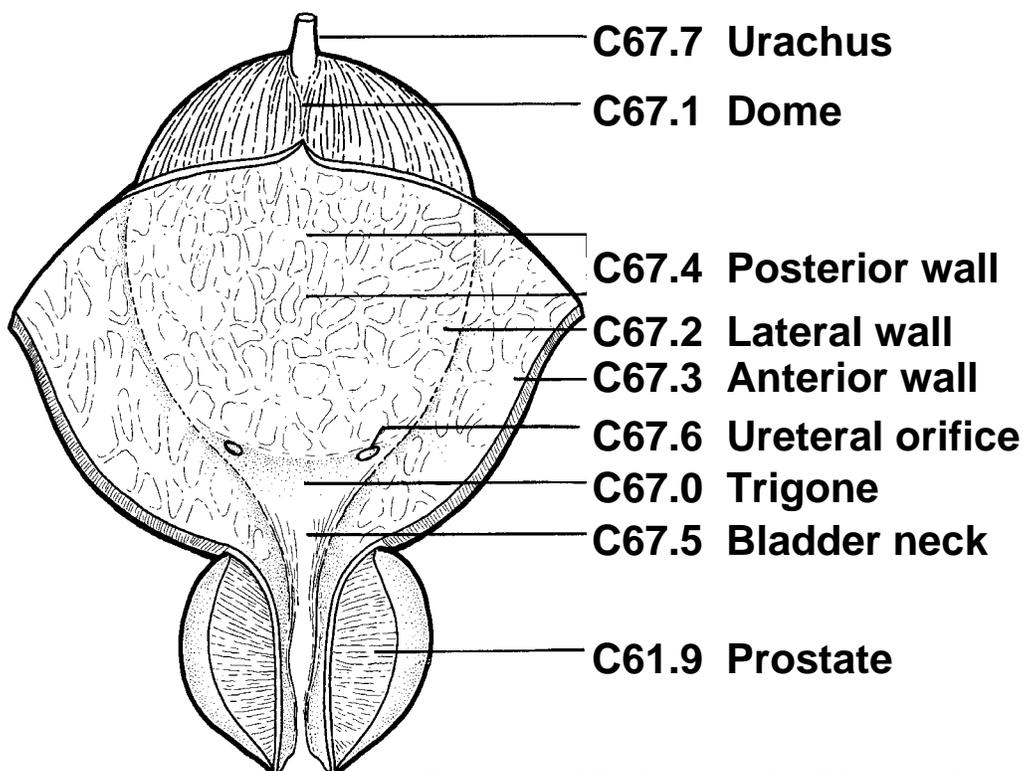


SEER Site-Specific Coding Guidelines**BLADDER****C67.0–C67.9****Primary Site**

- 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**

- C67.0 Trigone of bladder
- C67.1 Dome of bladder
- C67.2 Lateral wall of bladder
- C67.3 Anterior wall of bladder
- C67.4 Posterior wall of bladder
- C67.5 Bladder neck
- C67.6 Ureteric orifice
- C67.7 Urachus
- C67.8 Overlapping lesion of bladder
- C67.9 Bladder, NOS

Bladder**CS Tumor Size**

See Standard Table

Bladder**CS Extension**

Note 1: DISTINGUISHING NONINVASIVE AND INVASIVE BLADDER CANCER. The two main types of bladder cancer are the flat (sessile) variety and the papillary type. Only the flat (sessile) variety is called in situ when tumor has not penetrated the basement membrane. Papillary tumor that has not penetrated the basement membrane is called non-invasive, and pathologists use many different descriptive terms for noninvasive papillary transitional cell carcinoma. Frequently, the pathology report does not contain a definite statement of noninvasion; however, noninvasion can be inferred from the microscopic description. The more commonly used descriptions for noninvasion are listed below in Notes 2 and 3. Careful attention must be given to the use of the term "confined to mucosa" for urinary bladder. Historically, carcinomas described as "confined to mucosa" were coded as localized. However, pathologists use this designation for non-invasion as well. In order to rule out the possibility of coding noninvasive tumors in this category, abstractors should determine:

- 1) If the tumor is confined to the epithelium, then it is noninvasive.
- 2) If the tumor has penetrated the basement membrane to invade the lamina propria, then it is invasive. The terms lamina propria, submucosa, stroma, and subepithelial connective tissue are used interchangeably.
- 3) Only if this distinction cannot be made should the tumor be coded to "confined to mucosa."

Note 2: For papillary transitional cell carcinomas of the bladder, definite statements of non-invasion (Extension code 010) include:

- Non-infiltrating
- Non-invasive
- No evidence of invasion
- No extension into lamina propria
- No stromal invasion
- No extension into underlying supporting tissue
- Negative lamina propria and superficial muscle

Negative muscle and (subepithelial) connective tissue

No infiltrative behavior/component

Note 3: For papillary transitional cell carcinomas of the bladder, inferred descriptions of non-invasion (Extension code 030) include:

No involvement of muscularis propria and no mention of subepithelium/submucosa

No statement of invasion (microscopic description present)(underlying)

Tissue insufficient to judge depth of invasion

No invasion of bladder wall

No involvement of muscularis propria

Benign deeper tissue

Microscopic description problematic for pathologist (non-invasion versus superficial invasion)

Froned surfaced by transitional cell

No mural infiltration

No evidence of invasion (no sampled stroma)

Note 4: The lamina propria and submucosa tend to merge when there is no muscularis mucosae, so these terms will be used interchangeably.

Note 5: The meaning of the terms "invasion of mucosa, grade 1" and "invasion of mucosa, grade 2" varies with the pathologist who must be queried to determine whether the carcinoma is noninvasive" or "invasive."

Note 6: If Extension code is 010-060, Behavior Code must be 2. If Extension code is 100, Behavior Code may be 2 or 3. If Extension code is 160 or greater, Behavior Code must be 3.

Note 7: Statements meaning Confined to Mucosa, NOS (code 100):

Confined to mucosal surface

Limited to mucosa, no invasion of submucosa and muscularis

No infiltration/invasion of fibromuscular and muscular stroma

Superficial, NOS

Note 8: If a tumor is described as confined to mucosa (or the equivalents in Note 7) AND as papillary, use extension code 010 or 030. Use code 100 (confined to mucosa) only if the tumor is described as confined to mucosa but is not described as papillary.

Note 9: Assign code 230 if the only description of extension is through full thickness of bladder wall, and there is no clear statement as to whether or not the cancer has extended into fat. If there is documentation that tumor has breached the wall, including invasion into fat or beyond, use a code from 410 or higher.

Note 10: Periureteral in code 430 refers only to that portion of the ureter that is intramural to the bladder. All other periureteral involvement would be coded to 600.

Note 11: Extension from bladder into subepithelial tissue of prostatic urethra should be coded 160 and not code 600.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
010	PAPILLARY transitional cell carcinoma, stated to be noninvasive papillary non-infiltrating Stated as Ta with no other information	Ta	Ta	IS	IS

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
010 cont'd	on extension (See Notes 1 and 2) Jewett-Strong-Marshall Stage 0	Ta	Ta	IS	IS
030	PAPILLARY transitional cell carcinoma, with inferred description of non-invasion (See Note 3)	Ta	Ta	IS	IS
060	Sessile (flat) (solid) carcinoma in situ Carcinoma in situ, NOS Transitional cell carcinoma in situ Stated as Tis with no other information on extension Jewett-Strong-Marshall CIS	Tis	Tis	IS	IS
100	Confined to mucosa, NOS (see Notes 7 and 8)	Tis	Tis	L	L
150	OBSOLETE DATA RETAINED V0200 See codes 155 and 170 Invasive tumor confined to subepithelial connective tissue (tunica propria, lamina propria, submucosa, stroma) Stated as T1 with no other information on extension Jewett-Strong-Marshall Stage A	ERROR	T1	L	L
155	Invasive tumor confined to subepithelial connective tissue (tunica propria, lamina propria, submucosa, stroma)	T1	T1	L	L
160	Subepithelial connective tissue of prostatic urethra	T1	T1	L	L
170	Stated as T1 with no other information on extension Jewett-Strong-Marshall Stage A	T1	T1	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
200	OBSOLETE DATA CONVERTED V0200 See code 240 Muscle (muscularis propria) invaded, NOS	T2NOS	T2NOS	L	L
210	Muscle (muscularis propria) invaded: Superficial muscle--inner half Stated as T2a with no other information on extension	T2a	T2a	L	L
220	Muscle (muscularis propria) invaded: Deep muscle--outer half Stated as T2b with no other information on extension	T2b	T2b	L	L
230	Extension through full thickness of bladder wall BUT still contained within bladder wall (see Note 9)	T2b	T2b	L	L
240	Muscle (muscularis propria) invaded, NOS Stated as T2 [NOS] with no other information on extension	T2NOS	T2NOS	L	L
300	Localized, NOS	T1	T1	L	L
400	OBSOLETE DATA CONVERTED V0200 See code 430 Adventitia Extension to/through serosa (mesothelium) Peritoneum Periureteral fat/tissue Perivesical fat/tissue, NOS	ERROR	ERROR	ERROR	ERROR
410	Extension to perivesical fat/tissues (microscopic)	T3a	T3a	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
415	Stated as T3a with no other information on extension	T3a	T3a	L	L
420	Extension to perivesical fat/tissues (macroscopic) Extravesical mass Stated as T3b with no other information on extension	T3b	T3b	RE	RE
430	Adventitia Extension to/through serosa (mesothelium) Peritoneum Periureteral fat/tissue (see Note 10) Perivesical fat/tissue, NOS Stated as T3 [NOS] with no other information on extension	T3NOS	T3NOS	RE	RE
450	OBSOLETE DATA CONVERTED V0200 See code 810 Stated as T4 [NOS]	ERROR	ERROR	ERROR	ERROR
600	Prostatic stroma Prostate, NOS Ureter Urethra, including prostatic urethra (excluding subepithelial connective tissue, see code 160)	T4a	T4a	RE	RE
650	Parametrium Rectovesical/Denonvilliers' fascia Vas deferens; seminal vesicle	T4a	T4a	RE	RE
670	Uterus Vagina	T4a	T4a	RE	RE
680	Stated as T4a with no other information on extension	T4a	T4a	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
700	Bladder is FIXED	T4b	T4b	RE	RE
730	Rectum, male Pubic bone	T4b	T4b	RE	D
750	Abdominal wall Pelvic wall	T4b	T4b	D	D
800	OBSOLETE DATA RETAINED V0200 See codes 730 and 801 Further contiguous extension, including: Pubic bone Rectum, male Sigmoid	ERROR	T4b	D	D
801	Further contiguous extension including: Rectum, female Sigmoid	T4b	T4b	D	D
805	Stated as T4b with no other information on extension	T4b	T4b	RE	RE
810	Stated as T4 [NOS] with no other information on extension	T4NOS	T4NOS	RE	RE
950	No evidence of primary tumor	T0	T0	U	U
999	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	TX	U	U

Bladder**CS Tumor Size/Ext Eval**

Note: According to AJCC, staging basis for transurethral resection of bladder tumor (TURBT) is clinical and is recorded as CS Tumor Size/Ext Eval "1" (c).

Code	Description	Staging Basis
0	Does not meet criteria for AJCC pathologic staging: No surgical resection done. Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c
1	Does not meet criteria for AJCC pathologic staging: No surgical resection done. Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive techniques including surgical observation without biopsy. No autopsy evidence used.	c
2	Meets criteria for AJCC pathologic staging: No surgical resection done, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p
3	Either criteria meets AJCC pathologic staging: Surgical resection performed WITHOUT pre-surgical systemic treatment or radiation OR surgical resection performed, unknown if pre-surgical systemic treatment or radiation performed AND evaluation based on evidence acquired before treatment, supplemented or modified by the additional evidence acquired during and from surgery, particularly from pathologic examination of the resected specimen. No surgical resection done. Evaluation based on positive biopsy of highest T classification.	p
5	Does not meet criteria for AJCC y-pathologic (yp) staging: Surgical resection performed AFTER neoadjuvant therapy and	c

Code	Description	Staging Basis
5 cont'd	tumor size/extension based on clinical evidence, unless the pathologic evidence at surgery (AFTER neoadjuvant) is more extensive (see code 6).	c
6	Meets criteria for AJCC y-pathologic (yp) staging: Surgical resection performed AFTER neoadjuvant therapy AND tumor size/extension based on pathologic evidence, because pathologic evidence at surgery is more extensive than clinical evidence before treatment.	yp
8	Meets criteria for autopsy (a) staging: Evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy).	a
9	Unknown if surgical resection done Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

Bladder**CS Lymph Nodes**

Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Note 2: Regional nodes include bilateral and contralateral involvement of named nodes.

Note 3: In some cases, determination of the N category for TNM 6 is based on this field and CS Mets at DX.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement	N0	N0	NONE	NONE
100	OBSOLETE DATA RETAINED V0200 Regional lymph nodes (including contralateral or bilateral nodes): Perivesical Iliac: Internal (hypogastric) Obturator	ERROR	N1	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100 cont'd	External Iliac, NOS Sacral (lateral, presacral, sacral promontory (Gerota's), or NOS) Pelvic, NOS Regional lymph node(s), NOS Single regional lymph node less than or equal to 2 cm	ERROR	N1	RN	RN
150	SINGLE regional lymph node: Perivesical Iliac: Internal (hypogastric) Obturator External Iliac, NOS Sacral (lateral, presacral, sacral promontory (Gerota's), or NOS) Pelvic, NOS Regional lymph node, NOS Stated as N1 with no other information on regional lymph nodes	N1	*	RN	RN
200	OBSOLETE DATA RETAINED V0200 Single regional lymph node greater than 2 cm and less than or equal to 5 cm OR multiple regional nodes, none greater than 5 cm	ERROR	N2	RN	RN
250	MULTIPLE regional lymph nodes: Perivesical Iliac: Internal (hypogastric) Obturator External Iliac, NOS Sacral (lateral, presacral, sacral promontory (Gerota's), or NOS) Pelvic, NOS Regional lymph nodes, NOS Stated as N2 with no other information	N2	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
250 cont'd	on regional lymph nodes	N2	*	RN	RN
300	OBSOLETE DATA RETAINED V0200 Regional lymph node(s), at least one greater than 5 cm	ERROR	N3	RN	RN
350	Common iliac lymph node(s) Stated as N3 with no other information on regional lymph nodes	N3	*	D	D
400	350 + 150 Common iliac lymph node(s) plus single regional lymph node as listed in code 150	N3	*	D	D
450	350 + 250 Common iliac lymph node(s) plus multiple regional lymph nodes as listed in code 250	N3	*	D	D
500	OBSOLETE DATA RETAINED V0200 Regional lymph node(s), NOS (size and/or number not stated)	ERROR	N1	RN	RN
505	Regional lymph node(s), NOS (number not stated)	N1	*	RN	RN
800	Lymph nodes, NOS	N1	N1	RN	RN
999	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	NX	U	U

* For codes 150, 250, 350, 400, 450, and 505 ONLY, the N and M categories for AJCC 6th Edition are assigned based on the coding of this field, CS Mets at DX and Site-Specific Factor 2, Size of Metastasis in Lymph Nodes as shown in the Lymph Nodes Size Mets 00 Table AJCC 6, Lymph Nodes Size Mets 99 Table AJCC 6, Lymph Nodes Size Mets 11, 40, 55, 60 Table AJCC 6 or Lymph Nodes Size Mets 10 or 50 Table AJCC 6.

Bladder**Reg LN Pos**

Note: Record this field even if there has been preoperative treatment.

See Standard Table

Bladder**Reg LN Exam**

See Standard Table

Bladder**CS Mets at DX**

Note 1: Positive common iliac lymph nodes are coded under CS Lymph Nodes.

Note 2: In some cases, determination of the M category for TNM 6 is based on this field and CS Lymph Nodes. See CS Lymph Nodes for details.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No; none	M0	M0	NONE	NONE
10	OBSOLETE DATA RETAINED V0200 Common iliac nodes reclassified in AJCC 7th Edition as regional, see CS Lymph Nodes code 350 Distant lymph node(s): Common iliac	ERROR	M1	D	D
11	Distant lymph node(s)	M1	M1	D	D
40	Distant metastases, except distant lymph nodes (code 11) Carcinomatosis	M1	M1	D	D
50	OBSOLETE DATA RETAINED V0200 (40) + any of [(10) or (11)]	ERROR	M1	D	D
55	40 + 11 Distant metastases plus distant lymph node(s)	M1	M1	D	D
60	Distant metastasis, NOS Stated as M1 with no other information on metastases	M1	M1	D	D
99	Unknown Distant metastasis cannot be assessed Not documented in patient record	M0	MX	U	U