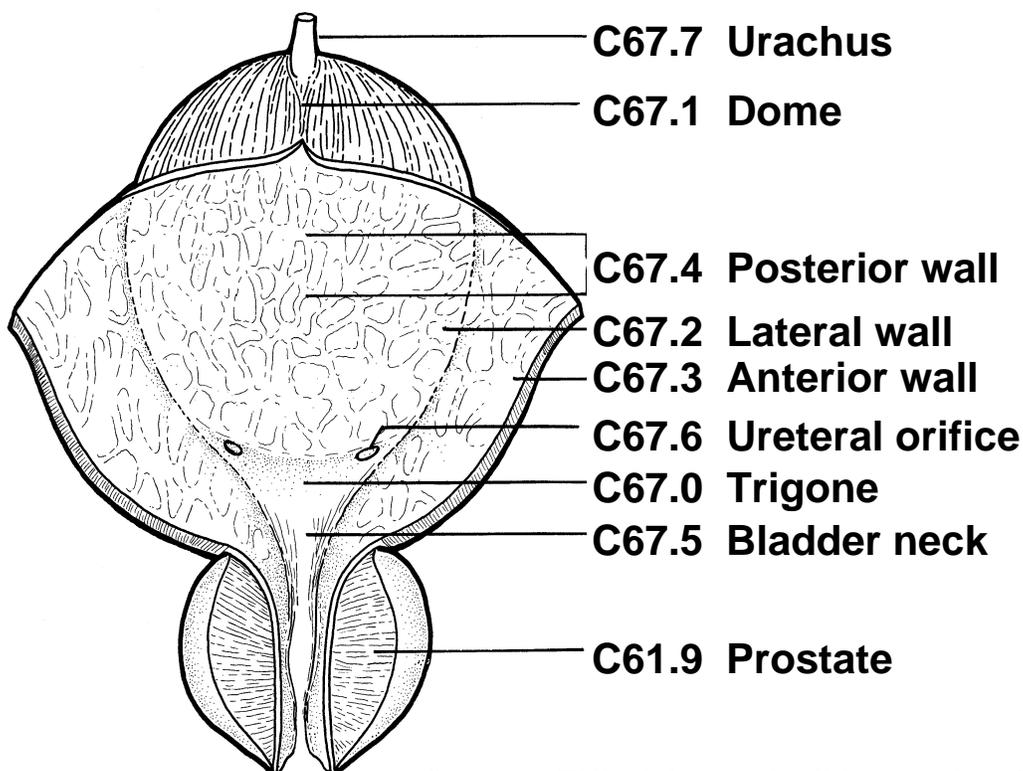


**SEER Site-Specific Coding Guidelines****BLADDER****C67.0–C67.9****Primary Site**

- 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 6<sup>th</sup> Digit Code.

Term	Grade	ICD-0-3 Morphology 6 <sup>th</sup> 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.

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**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