Person with cancer—morphology of cancer, code (ICD-O-3) NNNN/N

Exported from METEOR (AIHW's Metadata Online Registry)

Person with cancer—morphology of cancer, code (ICD-O-3) NNNN/N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Morphology of cancer
METEOR identifier:	399491
Registration status:	Health, Standard 07/12/2011
Definition:	The histological classification of the cancer tissue (histopathological type) in a person with cancer, and a description of the course of development that a tumour is likely to take: benign or malignant (behaviour), as represented by a code.
Data Element Concept:	Person with cancer—morphology of cancer
Value Domain:	Morphology of cancer code (ICD-O-3) NNNN/N

Value domain attributes

Representational attributes

Classification scheme:	International Classification of Diseases for Oncology 3rd edition
Representation class:	Code
Data type:	Number
Format:	NNNN/N
Maximum character length:	5

Collection and usage attributes

Guide for use:	ICD-O morphology describes histology and behaviour as separate variables, recognising that there are a large number of possible combinations.
	In ICD-O, morphology is a 4-digit number ranging from 8000 to 9989, and behaviour is a single digit which can be 0, 1, 2, 3, 6 or 9.
	When the morphology is unknown, record 8000 and the appropriate behaviour code. For example, a tumour of unknown morphology with a behaviour code of "3" for a malignant primary site tumour would be recorded as 8000/3.

Source and reference attributes

Origin:	International Classification of Diseases for Oncology, Third Edition (ICD-O-3)

Data element attributes

Collection and usage attributes

| **Guide for use:** | Tumour morphology refers to the type of cell (histology) that has become neoplastic and its biologic activity (behaviour). |

Record the tumour morphology for patients who have been diagnosed with cancer.

Record the tumour morphology relating to the initial diagnosis and not for recurrent disease.

Record morphology codes in accordance with ICD-O-3 coding standards. Use the 5th-digit to record behaviour. Refer to the coding guidelines for morphology in ICD-O-3, pp 27-34.

If the morphology differs on multiple pathology reports for the same tumour, use the value from the most representative tumour specimen examined. For example, if the tumour is described as ductal on core biopsy but undifferentiated carcinoma on the excision specimen, the morphology would be coded as undifferentiated carcinoma (a lower code) which has a less favourable diagnosis.

Collection methods: This information should be obtained from the patient's pathology reports or, in the case of cancer registries, from the notification reports.

Comments: The information is collected so that tumours can be classified into clinically relevant groups based on their primary site and morphology. This provides a basis for staging and the determination of treatment options. The morphology of the cancer also affects the course of the disease and prognosis.

Source and reference attributes

Submitting organisation: Cancer Australia

Origin: World Health Organization

New South Wales Health Department

State and Territory Cancer Registries

Reference documents: New South Wales Inpatient Statistics Collection Manual. 2000/2001

Esteban D, Whelan S, Laudico A, Parkin DM (Editors) 1995. World Health Organization and International Association of Cancer Registries: Manual for cancer registry personnel, IARC Technical Report No 10. Lyon: International Agency for Research on Cancer

Fritz A et al. 2000. International Classification of Diseases for Oncology (ICD-O), 3rd edition. Geneva: World Health Organization

Relational attributes

Related metadata references: Supersedes Person with cancer—morphology of cancer, code (ICDO-3) NNNN/N
Health, Superseded 07/12/2011

Implementation in Data Set Specifications: Breast cancer (cancer registries) NBPDS
Health, Standard 01/09/2012

Cancer (clinical) DSS
Health, Superseded 08/05/2014

Cancer (clinical) DSS
Health, Superseded 14/05/2015

Cancer (clinical) NBPDS
Health, Standard 14/05/2015

Implementation in Indicators:

Used as Numerator

[Australian Health Performance Framework: PI 3.1.2–Incidence of selected cancers, 2019](#)
[Health](#), Superseded 13/10/2021

[Australian Health Performance Framework: PI 3.1.2–Incidence of selected cancers, 2020](#)
[Health](#), Standard 13/10/2021

[National Healthcare Agreement: PI 02-Incidence of selected cancers, 2013](#)
[Health](#), Superseded 30/04/2014

[National Healthcare Agreement: PI 02-Incidence of selected cancers, 2014](#)
[Health](#), Superseded 14/01/2015

[National Healthcare Agreement: PI 02-Incidence of selected cancers, 2015](#)
[Health](#), Superseded 08/07/2016

[National Healthcare Agreement: PI 02–Incidence of selected cancers, 2016](#)
[Health](#), Superseded 31/01/2017

[National Healthcare Agreement: PI 02–Incidence of selected cancers, 2017](#)
[Health](#), Superseded 30/01/2018

[National Healthcare Agreement: PI 02–Incidence of selected cancers, 2018](#)
[Health](#), Superseded 19/06/2019

[National Healthcare Agreement: PI 02–Incidence of selected cancers, 2019](#)
[Health](#), Superseded 13/03/2020

[National Healthcare Agreement: PI 02–Incidence of selected cancers, 2020](#)
[Health](#), Standard 13/03/2020

[National Healthcare Agreement: PI 02–Incidence of selected cancers, 2021](#)
[Health](#), Standard 16/09/2020

[National Healthcare Agreement: PI 02–Incidence of selected cancers, 2022](#)
[Health](#), Standard 24/09/2021

Used as Disaggregation

[Australian Health Performance Framework: PI 2.1.5–Survival of people diagnosed with cancer, 2019](#)
[Health](#), Superseded 01/12/2020

[National Healthcare Agreement: PI 24–Survival of people diagnosed with notifiable cancers, 2020](#)
[Health](#), Standard 13/03/2020

[National Healthcare Agreement: PI 24–Survival of people diagnosed with notifiable cancers, 2021](#)
[Health](#), Standard 16/09/2020

[National Healthcare Agreement: PI 24–Survival of people diagnosed with notifiable cancers, 2022](#)
[Health](#), Standard 24/09/2021